get healthy®

Information & Coaching Service

The story of the Tasmanian Get Healthy Information & Coaching Service®:

An effective service with population health impact and reach

1 July 2010 – 31 December 2013

Tasmanian Government

Acknowledgements

The basis of this report was The story of the NSW Get Healthy Information and Coaching Service®: An effective service with poulation health impact and reach, published by the NSW Ministry of Health & Prevention Resarch Collaboration: University of Sydney).[1] It has been adapted with permission to tell the story of the Get Healthy Information & Coaching Service® in Tasmania, and closely follows the structure, format and content of the NSW publication to facilitate comparison and ensure consistent reporting of results.

The Get Healthy Information & Coaching Service® in Tasmania is evaluated by the University of Sydney in collaboration with the Department of Health and Human Services (Tasmania).

The Get Healthy Information & Coaching Service® is a joint Australian, State and Territory Government initiative under the National Partnership Agreement on Preventive Health.

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1. Background

The Get Healthy Information & Coaching Service® (GHS) is a telephone-based service helping adults to make sustained improvements in healthy eating and physical activity, and to achieve and maintain a healthy weight.

GHS was developed by NSW Health in 2009 using the best evidence available. It is currently managed by Healthdirect Australia on behalf of Tasmania, NSW, Queensland, ACT and South Australia. The service is delivered by Healthways Australia.

In July 2010, GHS was launched in Tasmania as one of several interventions to combat chronic disease. High rates of chronic disease in Tasmania are having an adverse impact on the state healthcare system and economy.

GHS in Tasmania is funded through a mix of State funding and Commonwealth funding through the National Partnership Agreement on Preventive Health.

1.1 Levels of service

GHS provides two levels of service:[2]

1. Information-only:

Participants seeking 'information only' receive an evidence-based printed information package on healthy eating, physical activity and achieving and maintaining a healthy weight. This information is consistent with the Dietary Guidelines for Australian Adults[3] and the National Physical Activity Guidelines.[4] A one-off coaching and information session is also available.

2. Six-month coaching program:

Participants in the coaching program receive up to 10 coaching calls over six months from a health professional with additional qualifications in health coaching. The health coaches provide individually-tailored advice and support, and help with goal-setting, maintaining motivation, overcoming barriers and making sustainable lifestyle changes.[5] The health coaches are guided by behaviour change/self-regulation principles. The coaching calls are provided on a tapered schedule, with a higher intensity of calls in the first 12 weeks of the program to promote initiation of behaviour change, and less frequent calls during the latter 14 weeks for maintenance and prevent relapse.[6] Participants can pull out at any time and can also re-enrol after completing the six month program.

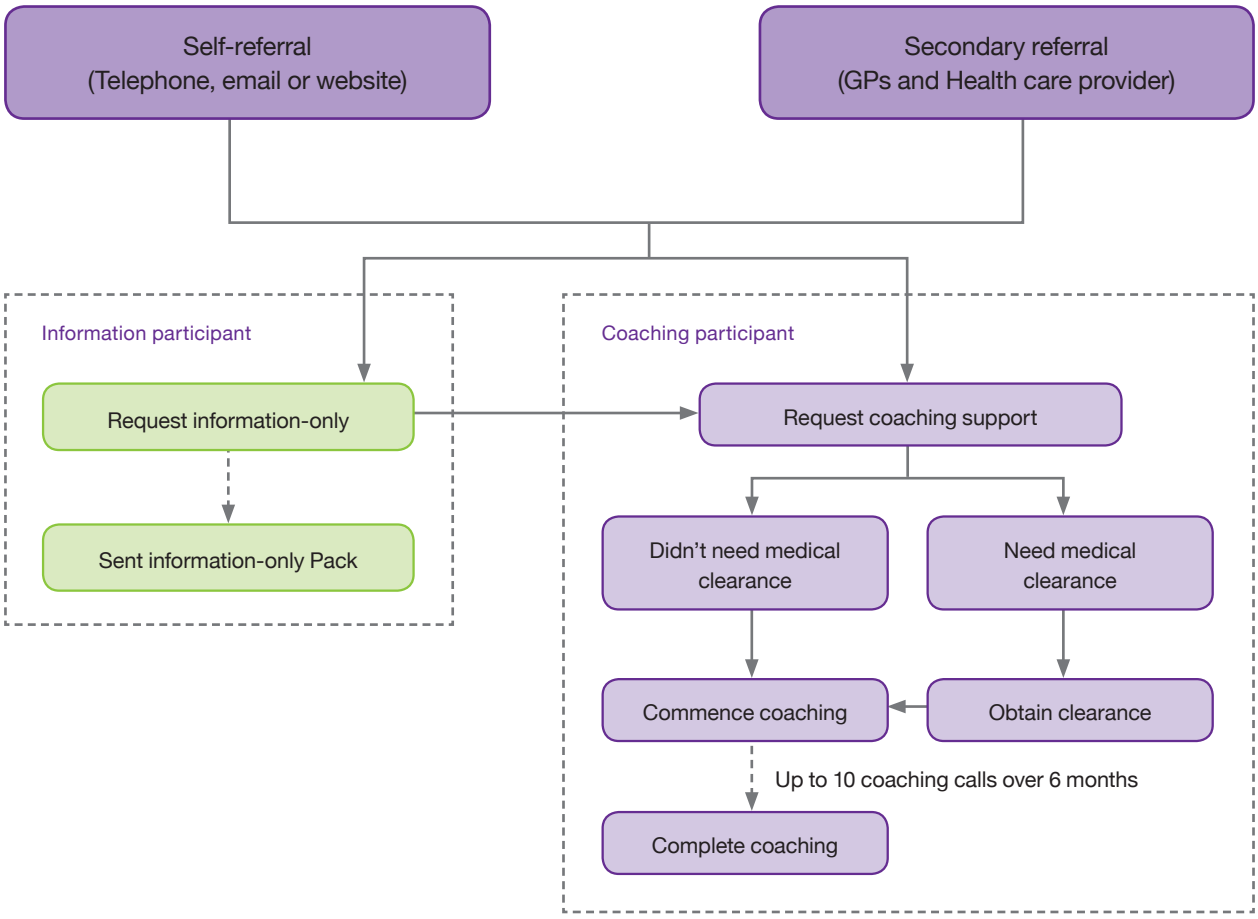
People enrolling in the coaching program undergo telephone-based medical screening. Those with unstable medical conditions or issues of potential concern are referred to their GP for medical clearance before coaching starts.

1.2 Enrolment

Adults aged 18 years and older can contact GHS by telephone, email or through the website. Coaching participants are recruited through two primary methods (see Figure 1):

1. **Self-referral:** generally triggered by media, local promotional activity (including through workplaces), word-of-mouth and by targeted mail outs.
2. **Secondary referral:** triggered by a recommendation and/or referral from a GP or other healthcare or service provider.

Figure 1: GHS overview and enrolment pathways.



1.3 Evaluation framework

The evidence from systematic reviews confirms telephone-based interventions are effective at increasing physical activity, improving nutrition and reducing weight in the short to medium term (three to six months) across various populations, in a range of settings, and using different intervention types.[6,7] Published reports demonstrating the translation of this research into population-wide programs is limited and therefore the GHS provides a rare example of dissemination.[7,8]

Accordingly, the primary goals of the GHS evaluation framework are to assess the process of implementation, the reach of the GHS (that is, who uses it) and the impact of GHS.[9] This involves collecting information about GHS promotional activities, delivery, reach (process evaluation) and participant outcomes (impact evaluation) using a pre- and post-test design to assess change in outcomes.[2]

Alan's Get Healthy Journey

As a Volunteer Ambulance Officer, surf lifesaver, volunteer fight fighter and paramedic student, 51-year old Alan knows the importance of being healthy.

"I got a letter about the Get Healthy Service. It was the right time for me, so I joined the coaching program and I'm finding it really helpful," Alan said.

"Through my work and study, I know what I should be doing. But getting healthy is not just *[sic]* about knowing what to do, it's about doing it!

"With my health coach, I've got someone skilled motivating and supporting me to stay on track, working with me through the challenges.

"I think Get Healthy has an important role in the community."

Alan Barton, Cygnet

2. Effectiveness of GHS

2.1 GHS use, 1 July 2010 – 31 December 2013

Since its introduction to Tasmania in July 2010 until December 2013, GHS received over 5200 contacts (calls, email, fax, web). While many of these were from existing participants, 1760 people asked for an information pack and/or coaching. Of these, 1665 (94.6% per cent) consented to their information being used for the GHS evaluation purposes.

Figure 2 (over the page) shows the level of participation at all stages of the GHS.

Requests for health coaching

Between 1 July 2010 and 31 December 2013, 1284 Tasmanians requested health coaching.

Medical clearance

Out of the 1284 requests for health coaching, 666 people (51.9 per cent) did not need medical clearance while 583 (45.4 per cent) did need medical clearance. Previous evaluations have shown there is a greater chance of participants not enrolling in coaching if they need medical clearance. In May 2012, changes were made to the medical clearance process to support increased enrolments in the coaching program. While there is some indication this change has been positive, data is not available to track this trend.

Accordingly, 993 Tasmanians enrolled in the coaching program between 1 July 2010 and 31 December 2013.

Withdrawal

Of the 993 Tasmanians who enrolled in the coaching program, 602 withdrew before completing the six-month program, representing a withdrawal rate of 60.6 per cent. Most withdrawals occurred in week 0 (30.0 per cent) and week one (14.1 per cent).

This pattern of withdrawal from a population-wide program, such as the GHS, where most participants self-refer following mass media campaigns, is not unusual and has been reported by weight loss and quit smoking programs which rely on similar recruitment strategies.[10, 11]

Julie-Anne's Get Healthy Journey

Last year, Julie-Anne was feeling tired, lethargic, depressed and unmotivated. Getting healthy has changed that.

"I weighed 110 kg and my clothes were no longer fitting. I knew it was time to bite the bullet, but I was having trouble sticking to any resolve I had to do something about it," Julie-Anne said.

"My Get Healthy coach helped me set realistic goals and overcome obstacles. She helped me focus on something I was struggling with or could improve on each call, and was always positive and encouraging about progress I'd made.

"During the six months [of the coaching program] I lost 15 kg. I ate much healthier, avoided excesses and exercised most days.

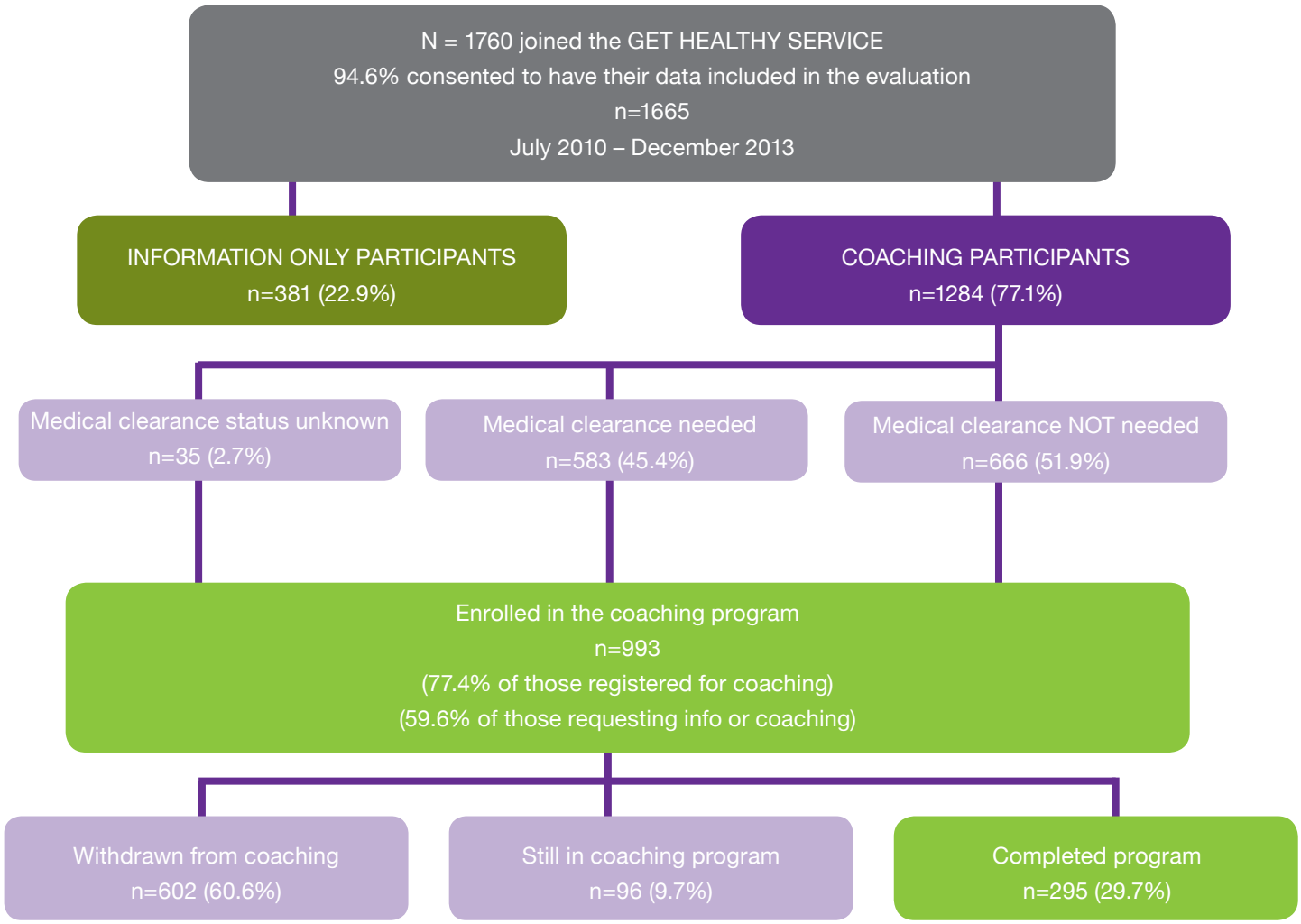
"I feel much better. My clothes fit again and my dog enjoys his walk too! I still have times when it is difficult to stay focussed and on track with my goal to lose weight. But now I have the resolve and the know-how to keep going. And if I need more help, I know where to find it. Thanks!"

Julie-Anne McKleaine, Legana

Program completion

A total of 295 participants had completed the six-month program at 31 December 2013, approximately 29.7 per cent of those who enrolled in the program.

Figure 2: GHS participant flow chart (July 2010 – December 2013) and participation rates



2.2 Socio-demographic profile of GHS participants

Table 1 shows the socio-demographic characteristics of Tasmanian GHS participants from 1 July 2010 to 31 December 2013. When compared to the Tasmanian population average, GHS participants are more likely to be female, older, have achieved Year 12 or lower as their highest education level, and speak English as their first language.

GHS is being used by people most in need, including those in the lowest quintiles of advantage and those with a high risk of chronic disease.

Table 1: Socio-demographic characteristics of GHS participants (July 2010 – December 2013)

		Information (n=381)		Coaching (n=1284)		ALL (N=1665)	
		n	%	n	%	n	%
Gender	Female	299	78.5	1046	81.5	1345	80.8
Age	40-59 years	177	46.5	577	44.9	754	45.3
Education	Year 12 or lower	222	58.3	654	50.9	876	52.6
	Diploma and above	157	41.2	622	48.4	779	46.8
Employment	Employed	222	58.3	599	46.7	821	49.3
Aboriginal status	Aboriginal	17	4.5	54	4.2	71	4.3
Language	English	374	98.2	1267	98.7	1641	98.6
SEIFA*	1st & 2nd quintile (most disadvantaged)	235	61.7	802	62.5	1037	62.3
Region†	Urban	198	52.0	691	53.8	889	53.4
	Rural	176	46.2	585	45.6	761	45.7

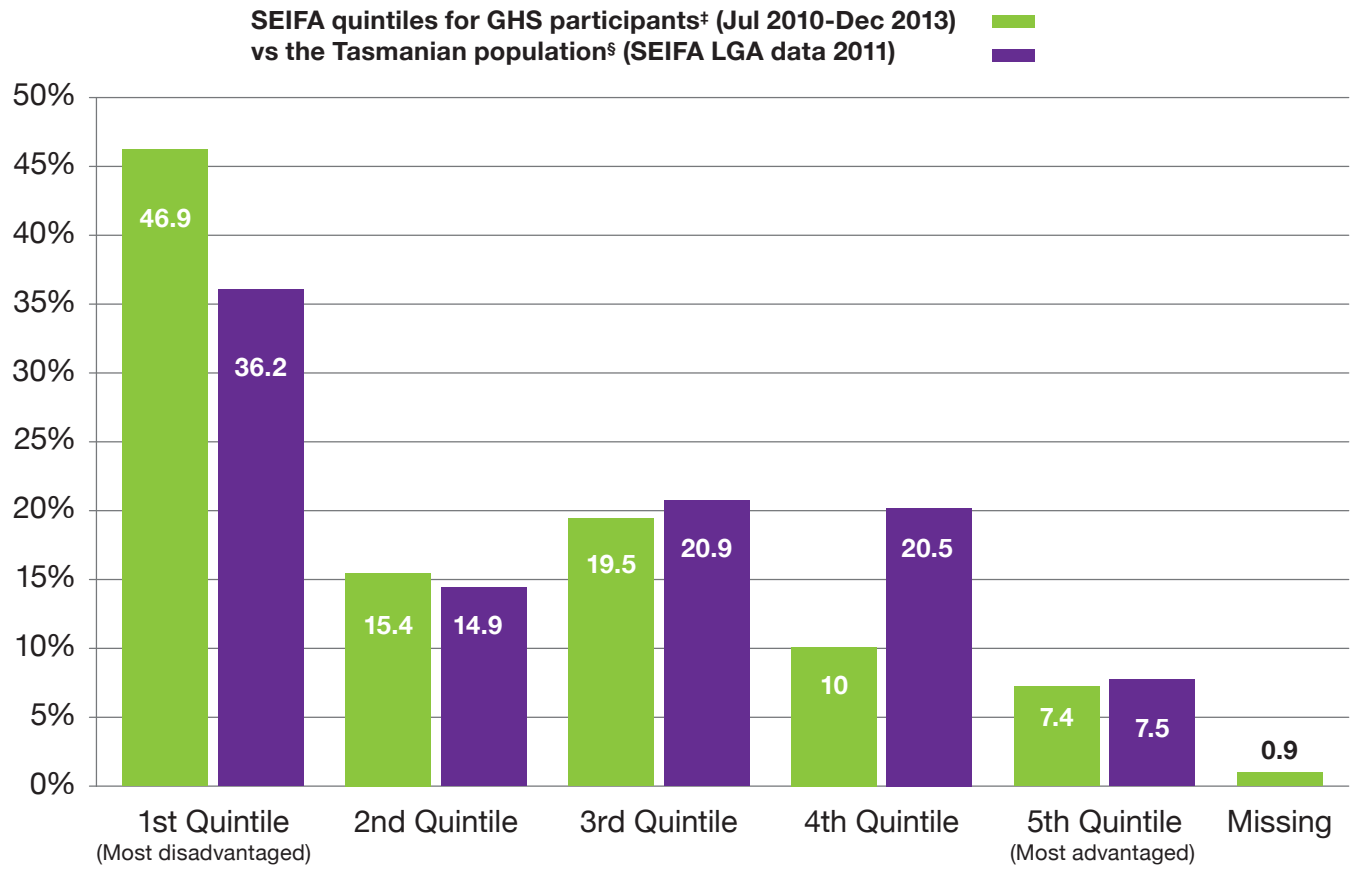
*Socio-Economic Indexes for Areas (SEIFA) is a measure of socio-economic status.

†Region data in this report uses 2006 ARIA scores mapped to ABS Postal Areas. It is not comparable with data provided in previous GHS reports due to a change in data analysis.

Those who complete the six-month coaching program are more likely to be in the 40-59 years age bracket and retired or not working. There are no statistical differences in gender, education, or SEIFA status between those who withdraw and those who complete the program.

Importantly, GHS is being used by participants living in the most disadvantaged areas in Tasmania (see Figure 3).

Figure 3: Comparison between GHS participants and adults in the Tasmanian population, according to SEIFA



‡Data is from University of Sydney Service Usage report Tasmania 1 July 2010 - 31 December 2013.
§Calculations were from the Australian Bureau of Statistics 2011 Local Government Association (LGA) decile data, categorised into quintiles and percentages calculated from usual resident population per quintile/total number of usual resident population for all LGAs.

2.3 Risk factor profile of GHS coaching participants (July 2010 - December 2013)

The following list details the risk factor profile of the coaching participants who enrolled in the coaching program between July 2010 and December 2013:

- 31.3 per cent were overweight and a further 51.4 per cent were obese according to their Body Mass Index (BMI) classification
- 5 per cent had an increased risk and a further 41.1 per cent had a greatly increased risk of chronic disease due to their waist circumference
- 49.3 per cent ate less than the recommended level of two daily serves of fruit
- 77 per cent ate less than the recommended level of five daily serves of vegetables
- 54 per cent did not undertake the recommended levels of weekly physical activity.

2.4 Effectiveness of the six-month coaching program

GHS participants who complete either three months of coaching or the full six-month coaching program make significant improvements to their:

- Weight
- Waist circumference
- BMI
- Physical activity
- Healthy eating behaviours.

Table 2 shows GHS is facilitating significant lifestyle improvements where it is needed most. GHS participants considerably reduced their risk of chronic disease.

Tasmanian participants who complete the 6-month coaching program on average lose 4.7kg and 5.5cm off their waist circumference.

GHS is facilitating significant lifestyle improvements where it is needed most.

Table 2: Anthropometric and behavioural risk factor changes from the baseline date and three and six months later, for GHS coaching participants (July 2010 – December 2013)

Risk Factor	3 month change (n=459)		6 month change (n=297)**	
	mean change (std dev)	p-value	mean change (std dev)	p-value
Weight (kg)[II]	-2.9 (5.9)	<0.0001	-4.7 (5.2)	<0.0001
Waist circumference (cm)[II]	-3.0 (4.8)	<0.0001	-5.5 (6.6)	<0.0001
BMI kg/m2[II]	-1.0 (2.3)	<0.0001	-1.6 (1.9)	<0.0001
Fruit (daily serves)[#]	0.4 (1.1)	<0.0001	0.5 (1.2)	<0.0001
Vegetables (daily serves)[#]	1.0 (1.5)	<0.0001	1.3 (1.7)	<0.0001
Sweetened drinks (daily serves)[#]	-0.2 (0.9)	<0.0001	-0.2 (1.0)	<0.0001
Takeaway meals (weekly serves)[#]	-0.3 (0.9)	<0.0001	-0.4 (0.9)	<0.0001
Walking (no. 30 min sessions) in past week[#]	1.1 (2.7)	<0.0001	1.4 (2.9)	<0.0001
Total physical activity (no. 30 min sessions) in past week[#]	1.7 (3.4)	<0.0001	2.9 (4.7)	<0.0001

[II]Paired t-test undertaken for paired samples for significant mean difference.

[#]Non-parametric test undertaken for related samples for significant median difference.

**The number of participants who completed six months of coaching (n=297) is different to the number reported in Figure 2 (n=295) due to different data sources and timing of data collection.

2.5 Maintenance of behaviour change of coaching participants in NSW

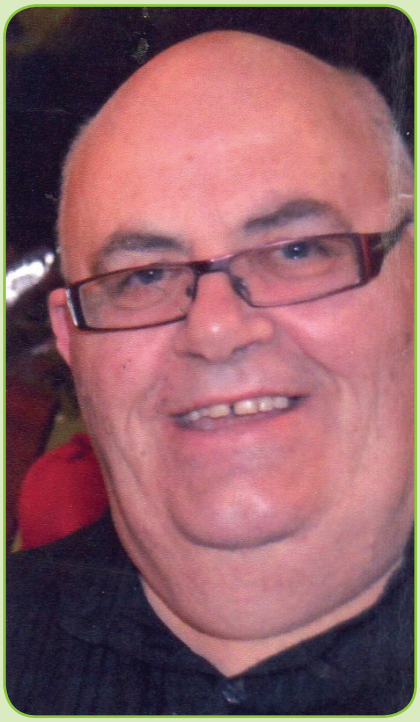
Tasmania is yet to undertake a follow-up survey six months after participants complete the GHS coaching program. However, a follow-up study[12] in NSW showed the anthropometric improvements (weight, waist circumference and BMI) made at the completion of the coaching program were maintained for a further six months (12 months from the commencement or baseline date).

When participants were surveyed six months after graduating from the coaching program (12 months after starting) the following results were found in relation to maintenance of behaviour change:

- Participants' weight remained lower than at the baseline date; and the weight achieved at completion of the coaching program had been maintained
- Participants' waist circumference remained lower than at the baseline date and the waist circumference achieved at completion of the coaching program had been maintained
- Participants' BMI remained lower than at the baseline date and the BMI achieved at completion of the coaching program had been maintained
- Participants were still eating more serves of fruit than at the baseline date and the improvements achieved at completion of the coaching program had been maintained
- Participants were still eating more serves of vegetables than at the baseline date however the level of improvement achieved at completion of the coaching program had not been fully maintained
- The proportion of participants undertaking the recommended levels of physical activity was still better than at the baseline date, however, the level of improvement achieved at completion of the coaching program had not been fully maintained.

After adjusting for baseline levels and socio-demographic variables, the coaching program had significant maintenance effects for all anthropometric measurements and fruit consumption.

Barry's Get Healthy Journey

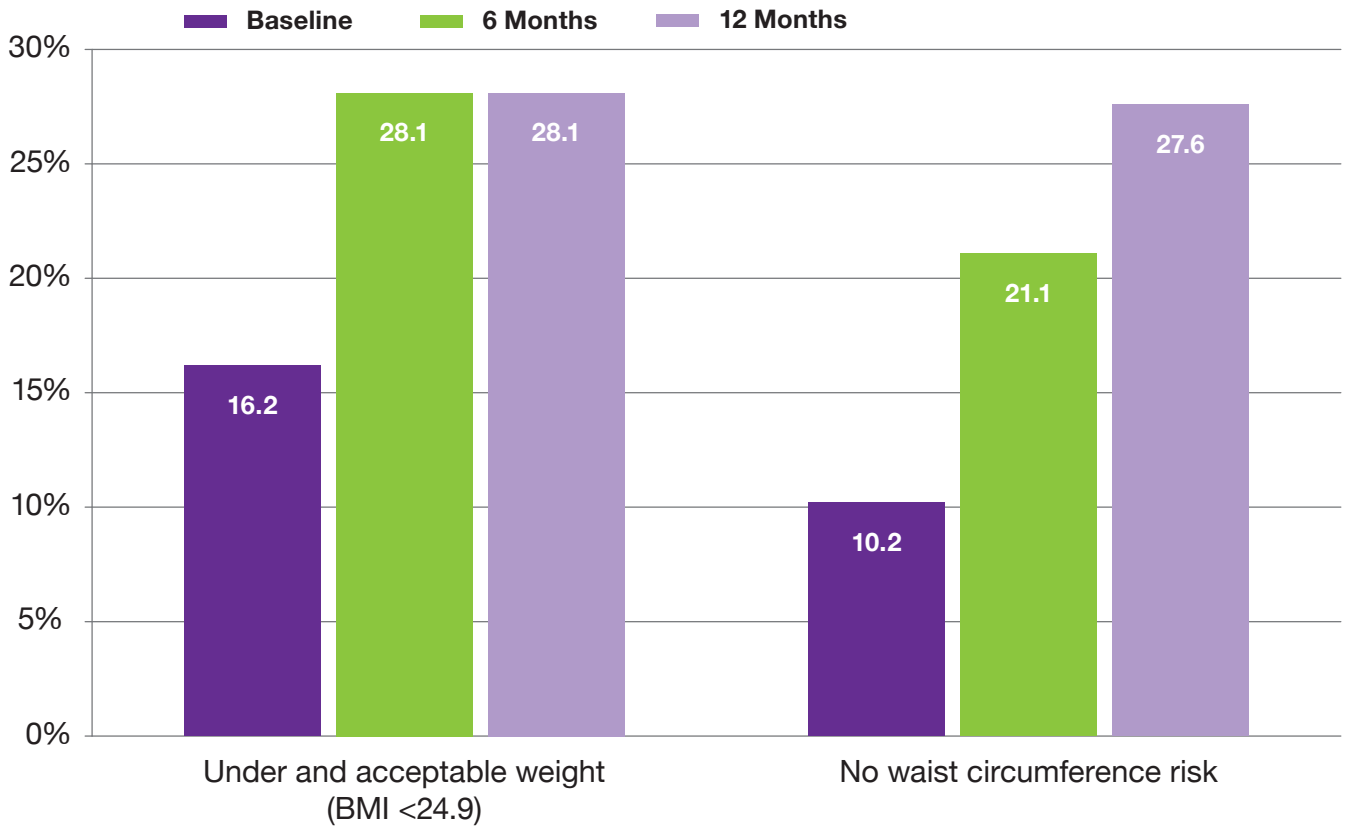


"I am very grateful in relation to the Get Healthy program. Not only has it helped greatly in my case, but also my wife as well. I am very happy to have been involved, and can highly recommend it. Thank you Kelly [health coach]!"

Barry Saltmarsh, Burnie

Figure 4 shows the proportion of NSW GHS coaching participants classified as being a healthy weight and with 'no risk' waist circumference after completing the coaching program and six months later (12-months from starting the coaching program).

Figure 4: Proportion of participants with acceptable Body Mass Index and waist circumference risk at baseline date (commencement of the coaching program), and six and 12 months later



2.6 Cost of GHS

NSW Health funded the Prevention Research Collaboration to undertake a costing study for the GHS in NSW.[13] This study showed that:

- Once people were committed to the six-month coaching program, key desirable outcomes (such as five per cent or more weight loss) were more frequently achieved after 26 weeks of coaching than 12 weeks of coaching
- The marginally increased cost of keeping people in the coaching program for the full 26 weeks compared to 12 weeks is justified given the improved outcomes at 26 weeks
- The mean coaching costs ranged from $640 to $1030 per coaching participant depending upon the assumptions used to develop the models (and the inclusions of fixed, variable and marketing costs)
- Models that excluded the costs of marketing had substantially lower costs as marketing costs were estimated at $350 per person.

Using the default formula outlined in this study (which included all possible costs for the GHS), the average cost for each GHS coaching participant in Tasmania is about $1000. This is a small investment when compared to the costs saved through the prevention of chronic conditions, such as type 2 diabetes. The average cost to the community for someone with type 2 diabetes and no complications has been estimated to be $9 095 a year.[14] The GHS only needs to prevent a few cases of type 2 diabetes each year to pay for itself in the long term.

3. GHS marketing and promotion

3.1 Marketing mix

The following strategies have been used to promote GHS and encourage participation.

Mass media

- Television commercials (TVCs) and Community Service Announcements:
  - GHS specific 30-second and 15-second TVCs
  - National Swap It, Don't Stop It! TVCs with GHS branding and contact details in the end frame
- Press advertising, through major regional newspapers, local free newspapers, magazines, newsletters and niche business and healthcare publications
- Radio Community Service Announcements
- Facebook and the Mercury online advertising
- Mobile billboard
- Bus advertising

Mass media advertising provides wide reach and brand awareness to support GHS use.

Targeted promotional activities ensure GHS continues to be used most by those from the most vulnerable communities and those at risk of chronic disease.

Promotion through partners, health professionals and events

- Direct referral from GPs, Aboriginal Controlled Health Services and other health professionals
- Promotion through the Workplace Health and Wellbeing Advisory Service (WorkCover Tasmania)
- Distribution of information and display of posters in workplaces and through workplace health and wellbeing activities
- Distribution of information and display of posters in health service waiting areas
- Distribution of information at local events including Agfest and health promotion events

Direct marketing

- Letter from the Chief Health Officer to households in targeted areas (areas of relative socio-economic disadvantage), inviting people to contact GHS.

3.2 Referral sources

Callers to GHS are asked how they found out about the service or their referral source. To date, the highest referral source was media (predominantly TV advertising), however, direct mail first began in September 2012 and is likely to be a significant source of referral in the future. Only 10 per cent of callers to GHS were referred by GPs and health professionals.

Table 3 shows the number of contacts made to GHS by the information or referral source.

Table 3: Contacts to the GHS by referral source (July 2010–December 2013)

	July 10 – Jun 11		Jul 11 – Jun 12		Jul 12 – Jun 13		Jul 13 – Dec 13[††]		ALL	
	n	%	n	%	n	%	n	%	n	%
Mass media	462	68.2	339	67.3	99	25	19	18.8	919	54.8
Health professionals[‡‡]	83	12.3	42	8.3	30	7.6	12	11.9	167	10
Direct mail	16	2.4	12	2.4	200	50.5	55	54.5	283	16.9
Workplaces	53	7.8	45	8.9	13	3.3	0	0	111	6.6
Family/friends	35	5.2	39	7.7	19	4.8	10	9.9	103	6.1
Other	28	4.1	27	5.4	35	8.8	5	5	95	5.7
TOTAL	677	100	504	100	396	100	101	100	1678	100

[††]Six months of data available only for this year.

[‡‡]Health professionals include GPs, nurses, allied health professionals.

3.3 Effectiveness of various promotional strategies

It is difficult to assess the effectiveness of individual promotional strategies as a variety of strategies form the ongoing marketing mix and none have been tested independently. However, analysis suggests that:

1. There was a dose response relationship between media advertising and the number of contacts to GHS (that is, the number of new contacts increased as media advertising increased), which is also reported by NSW GHS.[15] However, there is a ceiling beyond which extra spend on TV advertising is less cost effective.
2. Direct mail is effective at driving people to the service and targeting people living in relatively disadvantaged areas. Although further analysis is needed about the impact of the direct mail out in Tasmania, it appears calls triggered by direct mail are more likely to result in enrolments compared to those triggered by media. This is supported by research conducted by NSW Health.[16]
3. Other promotional strategies play a supporting role that is hard to quantify, but is likely to strengthen brand awareness and prompt memory.

4. Future Directions

GHS has succeeded in delivering significant health improvements to those who complete the coaching program. Further effort needs to go into increasing participation, by increasing enrolments and decreasing passive withdrawals. This will be achieved through the service delivery contract for GHS that includes targets to reducing withdrawal rates, as well as strengthening partnerships with health and community workers to increase their referrals to GHS.

NSW Health will be funding the Prevention Research Collaboration to provide further analysis of the economic benefits of the GHS.

In 2014, our focus in Tasmania will be to:

- Better engage with health professionals, in particular general practice and pharmacies
- Provide an ongoing mix of general and targeted advertising and promotion, including direct mail to reach low socioeconomic communities and workplaces
- Develop a targeted strategy to engage men in the service
- Implement a partnership with the fitness industry to promote GHS.

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