

School of Public Health

Cancer Prevention Research Centre  
DirectorDisease Control & Prevention Division  
HeadElizabeth Eakin, PhD  
Professor of Health Behaviour Interventions  
NHMRC Senior Research Fellow

CRICOS PROVIDER NUMBER 00025B

# Queensland Parliamentary Inquiry into Personal Health Promotion Interventions Using Telephone and Web-based Technologies

30 April 2015

**Submission from the Division of Disease Prevention and Control, School of Public Health, The University of Queensland, Professor Elizabeth Eakin**

## Our Expertise

I am Professor of Health Behaviour Interventions, Director, Cancer Prevention Research Centre and Head, Division of Disease Prevention and Control within the UQ School of Public Health. For over a decade, our Centre has researched telephone-based health promotion interventions, as summarised in systematic reviews,<sup>1,2</sup> publications from randomised, controlled trials<sup>3-6</sup> and translational initiatives in which this evidence has been implemented in public health settings.<sup>7-9</sup> I am ranked first in Australia and internationally for publications in the area of telephone-delivered physical activity interventions according to the Web of Science.

## The Evidence

Based on the body of work referenced above and conducted in QLD, along with studies internationally, there is very strong evidence supporting the ability of telephone-delivered interventions to produce improvements in weight and related behaviours (physical activity and diet) among adults. This strong evidence base holds true for telephone-based interventions targeting both chronic disease prevention among adults with chronic disease risk factors (such as overweight/obesity) as well as among adults in the chronic disease management context (such as those with type 2 diabetes).

## Current Telephone-based Health Promotion Interventions in QLD

In terms of the ability to improve the chronic disease risk profiles of Queenslanders, one of the most promising current telephone-based health promotion programs is the *Get Healthy Service* (GHS). Initiated by the NSW Ministry of Health in 2009, and offered by Queensland Health since 2013, it is a free telephone coaching

service supporting adults to make sustained improvements to healthy eating, physical activity and achieving or maintaining a healthy weight.

As seen in evaluation of the first five years of GHS delivery (attached to this submission), the service has had good penetration among disadvantaged, regional and remote communities and among those most at risk for chronic disease. Outcomes achieved by completers of the six-month coaching program have been impressive: 56% lost between 2.5% - 10% of their initial body weight (an amount consistent with improved disease prevention outcomes); there was a 32% increase in the numbers consuming the recommended serves of fruit; a 27% improvement in those consuming the recommended vegetable serves; and a 28% improvement in the numbers meeting physical activity guidelines.<sup>10</sup> These are truly exceptional outcomes for a population-wide health promotion service that to date, has seen nearly 40,000 Australians register.

### **Experience in Other Jurisdictions**

In NSW, the *Get Healthy Service* is their flagship chronic disease prevention program, and it has been resourced accordingly. This has meant considerable and ongoing funding allocated to marketing, evaluation and research into quality improvement, all deemed important by the NSW Ministry of Health to effectively implement the service and justify continued resource allocation. Accordingly, and noting the earlier date of service initiation in NSW, and limited funding allocation to these additional elements in QLD, 93% of the 40,000+ GHS registrants have come from NSW, with only approximately slightly over 600 in QLD since its inception in early 2013.

The NSW Government has recently committed additional funding to the GHS for at least another three years. In QLD, GHS funding continues only through 30 June 2015, and is uncertain thereafter.

### **Opportunities for Collaboration**

Our research group has been closely involved with ongoing GHS evaluations and has worked with the NSW Ministry of Health and collaborators from the University of Sydney on research related to service improvements. We would welcome the opportunity to engage in similar collaborations with QLD Health, particularly around optimal GHS implementation, pending the refunding of the service in QLD.

Further, there is considerable potential for integration and collaboration between the GHS and numerous multi-sectoral partners, including industry, primary care, hospital and health services and various government agencies, whose employees and constituents would benefit from the service, and who might be engaged into the future as co-funders.

## Recommendations

The *Get Healthy Service* is an effective, evidence-based health promotion service with great potential to improve the chronic disease risk profiles of adults across the geographically disperse state of QLD. As such, it could sit as an effective component of the suite of measures proposed as part of the action plan for *A Healthier Queensland*. However, limited resource allocation has meant that it has been undersubscribed in QLD and it is now at risk of not being refunded.

It is thus recommended:

1. That the *Get Healthy* (telephone coaching) *Service* be refunded in QLD.
2. That this refunding include allocation for marketing, ongoing evaluation and research into service improvement to ensure effective implementation and outcomes.
3. That GHS implementation be integrated with other health promotion campaigns and initiatives (e.g., Healthier Happier; workplace health and diabetes prevention initiatives) and key health partners (e.g., general practice; hospital and health services; cancer, heart and diabetes NGOs) to maximise its reach.

Respectfully submitted,



**Elizabeth Eakin | Professor | NHMRC Senior Research Fellow**

**Director | Cancer Prevention Research Centre**

**Head | Division of Disease Prevention and Control**

School of Public Health | The University of Queensland | Public Health Building |  
Herston Rd | Herston Qld 4006 | Australia

<http://www.sph.uq.edu.au/cprc/>

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