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turning diabetes around

Mr Brook Hastie  
Research Director  
Health and Ambulance Services Committee  
By email: [hasc@parliament.qld.gov.au](mailto:hasc@parliament.qld.gov.au)

Submission 013

Dear Mr Hastie

Please find attached a submission from Diabetes Queensland to the Health and Ambulance Services Committee inquiry into Telephone and Web Based Health Promotion Interventions.

Technology-based health interventions are an important part of the work undertaken by Diabetes Queensland, and it is a pleasure to be able to contribute to this Inquiry.

Yours sincerely

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## DIABETES QUEENSLAND SUBMISSION TO HEALTH AND AMBULANCE SERVICES COMMITTEE INQUIRY INTO TELEPHONE AND WEB BASED HEALTH PROMOTION INTERVENTIONS

Diabetes Queensland is one of Queensland's largest not-for-profit community health organisations, delivering services to more than 200,000 people living with diabetes across the state, of which almost 50,000 are financial members of the organisation. We also deliver a range of innovative health promotion programs to prevent type 2 diabetes.

Health promotion interventions are designed to change lifestyle behaviours, which if continued, could lead to illness or worsening health. As a preventative measure, they significantly lessen the impact on the health system and improve the quality of life.

Type 2 diabetes is a good example of the need for well-resourced and targeted health promotion initiatives to improve health outcomes and reduce the burden on the health system.

Diabetes is the world's fastest growing chronic disease. 200,000 Queenslanders already have the condition and the numbers continue to grow by 62 new cases every day. Economic and social costs of diabetes are increasing exponentially, with type 2 diabetes estimated to have cost Australia \$14.6 billion in 2013, growing to \$30 billion by 2025. Of these costs, 40% are directly attributable to hospital care.

Diabetes is the largest cause of preventable hospitalisations in Queensland. In 2011-12, there were 8,209 hospitalisations directly due to diabetes. There were an additional 44,780 hospitalisations where diabetes was a factor but not the primary cause.

Diabetes is a condition that is largely managed by the person who is diagnosed. There is a definable need for information and support beyond the doctor's rooms to master and maintain complex self-management behaviours. The condition is also lifelong, meaning these supports need to be in place from point of diagnosis, but continue to provide assistance throughout the person's life.

Some population groups are more vulnerable to diabetes. For example Aboriginal and Torres Strait Islander Australians are three times more likely to develop diabetes than their non-Indigenous counterparts and increased rates of diabetes are also seen in culturally and linguistically diverse communities.



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Yet, type 2 diabetes can be prevented or delayed in up to 60% of cases by living a healthy lifestyle that includes physical activity, a healthy diet and maintaining a healthy weight. These factors can effectively be addressed through well-coordinated, multi-pronged health promotion initiatives.

## **1. Evidence for telephone and web based health promotion interventions.**

The internet is highly accessible to most Australians with 77% of Australian households having Broadband internet (1) and while women are more likely to use the internet for health related activities, a large proportion of men also use the internet for this purpose (2, 3).

There is growing evidence to support the use of telephone and web based health promotion initiatives to improve health outcome and reduce incidence of chronic disease (4-9). In addition, Facebook and other social networking sites are increasingly being used as platforms for health promotion (10-14).

These approaches are cost effective, have potential for broad reach and can provide services to geographically isolated areas (15-18).

While there is huge potential for these approaches, caution needs to be taken in applying them in isolation as they are unlikely to meet the needs of all Queenslanders and are unlikely to achieve sustained behaviour change unless they are supported by other initiatives.

## **2. Existing Programs**

There are a number of programs locally and internationally that have utilised phone or web based approaches to health promotion. Below is a brief outline of programs delivered by Diabetes Queensland and our affiliates.

- **Life!** – delivered by Diabetes Victoria and funded by Vic Health, the Life! program is an evidence-based Diabetes Prevention Program that offers both face-to-face and a telephone coaching service to people at high risk of type 2 diabetes. The program has seen impressive results in the reduction of risk of type 2 diabetes as well as considerable changes to chronic disease risk factors such as weight, fruit and vegetable consumption and physical activity.
- **Diabetes Queensland Helpline** – Diabetes Queensland's Helpline is a free service offered to all Queenslanders. People with diabetes, their carers, health professionals and people concerned about their risk of diabetes can call the Helpline during business hours and speak to a qualified health professional, and be provided with support and general health advice. The Helpline provides services to approximately 70,000 Queenslanders per year.
- **Connect2** – Delivered by Diabetes Queensland, Connect2 is a peer support program which connects trained volunteers who have type 2 diabetes with people who have

been newly diagnosed with type 2 diabetes. The volunteers offer a regular schedule of telephone support, motivation and a peer's understanding of the issues faced.

Volunteers for the program are trained, which is the key to the program's success. However, many volunteers are also based in areas outside of Brisbane. For this reason, webinars have been established to enable training across the State without the need or the costs of travel. This increases the reach and therefore the success of the program.

The results of the program have been positive. Participants demonstrate a greater adherence to the annual cycle of care (medical check-ups and visits to allied health professionals such as podiatrists and dietitians), as well as engaging in better activity levels and diet.

In this way, the program is highly cost-effective. People with diabetes who are better able to manage their blood glucose levels are much less likely to be admitted to hospitals with complications or emergencies.

- **Aboriginal and Torres Strait Islander Online Peer Support** – In 2014 the Aboriginal and Torres Strait Islander Online Peer Support program was launched.

Targeting Aboriginal and Torres Strait Islander Queenslanders living with type 2 diabetes, the program is offered via a closed group on Facebook and is delivered by trained volunteers who are also community members living with type 2 diabetes.

Early indication is the program provides a successful model for providing support to Aboriginal and Torres Strait Islander people living with type 2 diabetes, as well as being successful in achieving a broad geographical reach with a small investment.

- **Get on Track challenge** – the Get on Track Challenge platform allows individuals to monitor their physical activity and fruit and vegetable intake and compete in a team-based challenge to improve their overall health. The program has resulted in sustained increase in physical activity and fruit and vegetable consumption.

Diabetes Queensland also recognises the important services already delivered by Queensland Health including Get Healthy Information and Coaching, 13Health and Quitline.

### **3. Considerations**

#### **Streamlining approaches**

As the potential of telephone and web-based services is increasingly recognised, there is a risk of a crowded market place where consumers are overwhelmed with services and find it challenging to find the right program to suit their needs. Web-based and telephone health promotion services need to be well planned and coordinated to ensure that people can easily find the right program.

### **Consideration of demographics in use of technology**

There are some sections of the community who cannot be adequately catered for in a purely web-based approach. Given Queensland's population distribution and communications capabilities in regional areas, web-based technology should not be exclusively used as this could exclude people in need of the services. Additionally, age and comfort with technology should be considered.

Another group who may face challenges in web-based delivery are people from Culturally and Linguistically Diverse backgrounds. These communities are more likely to face challenges with regard to language and literacy and a web or telephone based approach may not meet cultural learning and behaviour change needs.

### **A range of programs and interactions is required**

While web based interventions provide one avenue of contact, there should be caution in moving programs to an exclusively technology-based platform. For prevention of type 2 diabetes and many other chronic diseases, older people and people from lower socio-economic backgrounds are an important target group. For these groups a lack of access to technology could exclude the very people who need to be involved most.

As a part of a suite of programs, technology-based contacts can greatly increase the reach into the community, but they can also lose the concentration necessary for achieving the best results if the necessary elements, such as training, are not put in place.

In examining the use of technology as a vehicle for health promotion interventions, a number of considerations need to be undertaken:

- Will the person benefit from face-to-face support or will remote contact through technology serve the same purpose;
- Is the web or telephone based service delivered in isolation or in conjunction with other services;
- Who is the target audience, and how will they become connected with the service.

### **Culturally appropriate programs**

Culture should be embedded into all health promotion programs to ensure accessibility and reach to vulnerable communities. Given the increased rates of type 2 diabetes in Aboriginal and Torres Strait Islander and culturally and linguistically diverse communities, embedding cultural considerations into all telephone and web based health promotion programs is particularly pertinent.

Some examples of how this can be achieved include:

- Ensuring consultation and consumer testing with these communities throughout the program development stage.
- Ensuring that all imagery and examples on web based programs represent the cultural diversity of Queenslanders.
- Ensuring web based programs are offered in a variety of languages.

- Ensuring Aboriginal and Torres Strait Islander and bilingual phone operators are employed as a matter of course who can provide services to both mainstream and specific cultural groups.
- Specific programs targeting these communities are also developed in addition to cultural considerations being embedded into mainstream services.

## **4. Opportunities and Recommendations**

### **A multi-faceted health promotion initiative to prevent type 2 diabetes in Queensland.**

Diabetes Queensland has developed the Diabetes Action Plan as a comprehensive approach to diabetes prevention and management. This includes the *Health for Life!* component which has received a Government commitment to fund.

*Health for Life!* will be based on best practice Diabetes Prevention Program models from Australia and abroad, but will recognise and address the fact that the way consumers access health information and health programs is changing rapidly and that traditional, group based, health programs no longer meet the needs of some consumers. It is proposed that *Health for Life!* will be built upon three main modalities: telephone coaching, group face to face sessions, and a digital service.

### **An outbound telephone support line for people with diabetes.**

A major initiative as part of the action plan is the proposed telephone support service. Diabetes Queensland proposes a targeted outbound telephone support line to contact people recently diagnosed to ensure they are aware of what they need to do stay out of hospital. This is coupled with ongoing telephone support as needed.

However, this is not in isolation, and is backed up by training of health professionals, structured education modules, a diabetes passport to contain comprehensive and accessible information, and developing a consistent model of care framework.

### **Centralised triage telephone service**

To ensure the right person accesses the right program a centralised triage point is required for both web based and telephone services. The existing 13Health service may serve as a potential entry point for these services and allow for Queenslanders to be directed to the appropriate program based on existing health conditions, service needs, health behaviours and preferences for service modes. There is potential for this triage service to direct Queenslanders not only to existing government programs but to services offered by external organisations such as the Diabetes Queensland Helpline.

### **Ensuring cultural considerations are embedded into all web based and telephone services.**

All web based and telephone health promotion programs should meet the diverse cultural needs of Queenslanders. This requires cultural considerations to be embedded into mainstream programs as well as creating programs that are specific to diverse communities.

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