

# **Government response to recommendations of the Health and Ambulance Services Committee: Inquiry into personal health promotion interventions using telephone and web-based technologies (Report No. 2)**

## **Introduction**

A fundamental aim of any health system is to prevent disease and reduce ill-health so that people remain as healthy as possible for as long as possible.

The Queensland Government's *Action for a Healthier Queensland* election commitments and related budget measures are working to strengthen prevention and improve health and wellbeing. A comprehensive whole-of-government and whole-of-community approach is essential to ensure that healthy choices are always easy choices and that necessary services are readily accessible and affordable by all sectors of society. The Queensland Government is establishing broad partnerships and opportunities for action among government, non-government and private sectors to improve access to health services for all.

On 27 March 2015, the Legislative Assembly referred an inquiry into personal health promotion interventions using telephone and web-based technologies to the Health and Ambulance Services Committee to examine their effectiveness in maintaining and/or improving health and wellbeing.

The Committee tabled its report containing five recommendations to the Minister for Health and Minister for Ambulance Services and two recommendations to the Queensland Government on 12 June 2015.

The Committee found that there is evidence that personal health promotion interventions using telephone and web based technologies can deliver clinically appropriate and cost effective outcomes to improve an individual's wellbeing.

The Committee determined that personal health promotion interventions should be evidence-based, be developed and delivered in conjunction with stakeholders and subject to ongoing evaluation to determine and improve efficacy.

The Committee found that effective health promotion requires a multi-strategy approach, must be evidence based and can be strengthened by collaboration with stakeholders, clinicians, primary health networks and the private sector.

The scope of this Inquiry was limited to personal health promotion interventions using telephone and web based technologies. Most web based interventions are targeted to help healthy people maintain their wellbeing, and to reduce risk in those whose lifestyle behaviours mean they may be more likely to develop chronic disease. There are also important interventions which focus on those already diagnosed with a chronic disease or condition. Here the intervention aims to aid self-

management of the disease and reduce its burden on the individual and the health system. Interventions for this group of individuals often need a different and more tailored approach to those targeting people who are healthy or may be at risk.

Personal health promotion interventions are not, however, sufficient on their own to improve health and wellbeing in a sustainable way. Healthy changes at the population-wide level require a mix of individual, population and system level responses. Accordingly, the Department of Health's strategic framework for improved health and wellbeing focuses on:

- public policy and legislation;
- sector development;
- social marketing;
- personal skills development;
- risk assessment, early intervention and counselling; and
- health surveillance and research.

The Department of Health currently funds the following telephone and web based personal health promotion interventions:

- Get Healthy Information and Coaching Service;
- Quitline telephone service;
- Coaching Patients on Achieving Cardiovascular Health (COACH) telephone service;
- Healthier.Happier. social marketing campaign, including web-based and smart-phone apps;
- If you smoke web-based application ([www.qld.gov.au/ifyousmoke](http://www.qld.gov.au/ifyousmoke)).

Investment in personal health promotion interventions (including telephone and web-based) is one element of the Department of Health's strategic framework for improved health and wellbeing. Future investment in telephone and web based personal health promotion interventions will be made in consideration of identified needs or gaps and other health promotion and social marketing priorities.

The Committee's report includes five recommendations to the Minister for Health and Minister for Ambulance Services, and two recommendations to the Queensland Government. All recommendations are accepted, with two recommendations accepted subject to further investigation (Nos. 4 and 5).

## Response

Committee Recommendation	Government Response
<p>1. The Committee recommends the Minister for Health and Minister for Ambulance Services develop a strategy for use of personal health promotion interventions using telephone and web-based technologies that considers:</p> <ul style="list-style-type: none"> <li>• health promotion and social marketing and how to effect behaviour change;</li> <li>• the differences between the delivery of telemedicine and personal health promotion interventions;</li> <li>• how to identify target populations, particularly those at risk;</li> <li>• how to identify areas of duplication and unmet needs; and</li> <li>• how personal health promotion interventions fit into the greater health promotion strategy and maps how current activities are integrated into those broader strategies.</li> </ul>	<p><b>Accepted</b></p> <ul style="list-style-type: none"> <li>• The Queensland Government accepts the Committee’s recommendation for improved quality, targeting and integration of personal health promotion interventions. The Department of Health’s existing strategic framework for improved health and wellbeing captures these considerations. Future investments will be carefully assessed against these considerations and current interventions reviewed to see if they require strengthening.</li> <li>• Telephone and web-based personal health promotion interventions provide an easily accessible, flexible and cost-effective platform to enable and support healthy behaviour change.</li> <li>• Web-based interventions (including smart phone applications or ‘apps’) are particularly useful tools in social marketing due to their reach, interactivity and popularity across age groups. The Department’s <i>Healthier.Happier.</i> smart-phone apps, and <i>If you smoke</i> web-based app are examples of successful use of this technology. Smart-phone or web-based apps must, however, consider media consumption data and be concept tested to ensure appropriateness and uptake.</li> <li>• The Department applies a tailored approach to telephone interventions delivered over a longer time period such as <i>Get Healthy</i> and <i>COACH</i> (which supports people with a chronic disease and is delivered by health professionals).</li> </ul>

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	<ul style="list-style-type: none"> <li>• More intensive management and treatment of patients is provided through telehealth and is clinician-led.</li> <li>• In delivering telephone or web-based interventions the Department of Health considers fit for purpose and target populations, and applies the appropriate clinical and marketing standards.</li> </ul>
<p>2. The Committee recommends the Queensland Government ensure that investment in, or endorsement and use of, any personal health promotion interventions using telephone or web-based technologies does not occur unless:</p> <ul style="list-style-type: none"> <li>• there is a sufficient evidence base for the effectiveness of the intervention;</li> <li>• rigorous evaluation has taken place, or if not, there is sufficient time and resources allocated for evaluation; and there is clinician support for the intervention, particularly where the intervention has application to people already diagnosed with a chronic disease or condition.</li> </ul>	<p><b>Accepted</b></p> <ul style="list-style-type: none"> <li>• The Queensland Government accepts the Committee’s recommendation that investment in, or endorsement and use of, personal health promotion interventions using telephone or web-based technologies by the Queensland Government should be underpinned by evidence of its effectiveness.</li> <li>• The Department of Health assesses the evidence base, and undertakes research as required, to inform investment decisions. If an emerging intervention does not have a sufficient evidence base but shows promise, it may be implemented and resources allocated for evaluation, and the intervention reviewed as further evidence is gathered.</li> <li>• Where the intervention is designed to support those with a diagnosed medical condition, the Department of Health’s approach is for a strong evidence base and clinician support. This is demonstrated by its delivery of the COACH Program which was developed by the University of Melbourne; has a strong evidence base; referral is by self-referral or clinicians and the service is delivered by appropriately trained health professionals.</li> <li>• The Queensland Government is not responsible for the investment or endorsement decisions of private or non-government bodies in personal health promotion interventions.</li> </ul>

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<p>3. The Committee recommends the Queensland Government consider funding independent research into areas where the evidence base for personal health promotion interventions using telephone and web-based technologies is non-existent or poor, including but not limited to:</p> <ul style="list-style-type: none"> <li>• the long term cost effectiveness of personal health promotion interventions using telephone and web-based technologies;</li> <li>• the effectiveness of personal health promotion interventions using telephone and web-based technologies in Indigenous populations; and</li> <li>• quantifying the effects of behaviour change.</li> </ul>	<p><b>Accepted</b></p> <ul style="list-style-type: none"> <li>• The Queensland Government agrees that research into personal health promotion interventions including, for example, the impact on long-term behaviour changes, cost-effectiveness and suitability of personal health promotion interventions in different populations, can be strengthened.</li> <li>• The Department of Health will consider opportunities to support research into telephone or web-based applications (where the application is considered a promising tool for delivery of an intervention and a gap in knowledge is identified) within the context of delivering its strategic framework for improved health and wellbeing.</li> </ul>
<p>4. The Committee recommends the Minister for Health and Minister for Ambulance Services investigate options to:</p> <ul style="list-style-type: none"> <li>• draft and promote standards or guidelines for personal health promotion interventions using telephone and web-based technologies, that consider: <ul style="list-style-type: none"> <li>• the role of health professionals in the development, implementation, monitoring and assessment;</li> <li>• quality control, including processes to ensure programs are targeted correctly (eg, programs aimed at ‘walking well’ should not be offered to people with underlying health conditions); and</li> <li>• consumer protection.</li> </ul> </li> <li>• develop and market a certification or endorsement scheme for personal health promotion interventions using telephone and web-based technologies, similar to the Heart Foundation Tick.</li> </ul>	<p><b>Accepted</b></p> <p>The Queensland Government agrees to further investigate options to draft and promote standards or guidelines and certification or endorsement schemes for personal health promotion interventions as described in recommendation 4.</p>

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<ul style="list-style-type: none"> <li>determine arrangements to administer the certification or endorsement scheme for personal health promotion interventions using telephone and web-based technologies.</li> </ul>	
<p>5. The Committee recommends the Minister for Health and Minister for Ambulance Services raise the issue of certification and setting of standards with the Australian Government and other States and Territories through the COAG Health Council (CHC) with the aim of establishing uniform national standards.</p>	<p><b>Accepted subject to results of investigation under Rec 4.</b></p> <ul style="list-style-type: none"> <li>The Queensland Government will consider this recommendation in light of the outcome of investigations conducted in accordance with Recommendation 4.</li> </ul>
<p>6. The Committee recommends the Minister for Health and Minister for Ambulance Services investigate options to encourage partnerships for the development and delivery of personal health promotion interventions between the Queensland Government and:</p> <ul style="list-style-type: none"> <li>the private sector – with both commercial and not-for-profit organisations;</li> <li>universities and other research institutions; and</li> <li>primary health care networks and general practitioners</li> </ul>	<p><b>Accepted</b></p> <ul style="list-style-type: none"> <li>The Queensland Government supports partnership models when pursuing opportunities for collaboration and recognises the innovation, expertise, knowledge and market awareness of the commercial, university and non-government sectors in the design of health inventions.</li> <li>The Department of Health currently funds a range of personal health promotion interventions developed and/or delivered by partners such as The Good Foundation to deliver <i>Jamie’s Ministry of Food</i>, the Ethnic Communities Council of Queensland Ltd for a lifestyle multicultural program, Diabetes Australia Queensland for <i>Need for Feed</i> and Central Queensland University for <i>10,000 Steps</i>. The <i>Get Healthy</i> program is delivered through a private provider and evaluated by a university.</li> <li>The <i>Health for Life! Taking action on diabetes</i> program funded in the 2015-16 budget will be a further opportunity to engage with a variety of providers outside of Government to deliver an</li> </ul>

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	<p>enhanced version of the program delivered in Victoria. An important part of the program design will be to increase integration with, and referrals between other service providers and networks while gathering evidence of what works in different populations and the longer term outcomes of the program.</p>
<p>7. The Committee recommends the Minister for Health and Minister for Ambulance Services consider funding the Get Healthy Information and Coaching Service (GHS) in Queensland beyond 30 June 2015. In extending the funding period for the GHS, the Committee recommends consideration be given to:</p> <ul style="list-style-type: none"> <li>• Providing targeted funding to market the GHS;</li> <li>• Providing targeted funding to evaluate the GHS. This should include, but not be limited to, an evaluation of the long term cost effectiveness of the GHS and an evaluation of behaviour change over time to determine whether, and to what degree, people maintain healthy lifestyle behaviours beyond their participation in the GHS; and</li> <li>• Identifying ways to integrate the GHS with other health promotion campaigns and initiatives, including partnerships across workplace health promotion programs and preventative screening programs.</li> </ul>	<p><b>Accepted</b></p> <ul style="list-style-type: none"> <li>• The Queensland Government advises that the Department of Health has extended funding for the Get Healthy Information and Coaching Service (GHS) until 30 June 2016.</li> <li>• The GHS is integrated with the <i>Healthier.Happier.</i> campaign and workplace wellness initiatives. Integration across interventions and targeted funding for marketing and/or evaluation will be a component of any future investment decisions. Evaluation of the New South Wales GHS program has shown significant maintenance effects for weight loss, reduced weight circumference and increased fruit consumption was maintained six months after completion of the program. However physical activity and vegetable consumption increases were not maintained and it is agreed that longer term evaluation is needed to assess the long term cost and behaviour change effectiveness of the program.</li> <li>• The Queensland Government will also deliver the <i>Health for Life! Taking action on diabetes</i> program across the state in 2016. This chronic disease prevention program will target risk factors for type 2 diabetes, cardiovascular disease, obesity and some cancers. <i>Health for Life! Taking action on diabetes</i> will be</li> </ul>

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	<p>available to Queensland adults at high risk of developing these conditions, and will offer a health risk assessment and access to a range of interventions including telephone health coaching, to help people make sustainable lifestyle changes.</p> <ul style="list-style-type: none"> <li>• The Department of Health will be engaging partners in the establishment of <i>Health for Life!</i> through a tender process with the aim of integrating with existing services such as the GHS.</li> </ul>