The success of the Get Healthy Information & Coaching Service in Tasmania, July 2010 to December 2013

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Population Health Services, DHHS
Presentation overview:

- What does being healthy mean to you
- What is the GHS, who is it for and how does it work
- Evaluation framework
- Service usage
- Participant profiles
- Effectiveness of the service
- Data limitations
- Participant experiences
- Marketing and promotion
- Summary

The Get Healthy Information & Coaching Service® is a joint Australian, State and Territory Government initiative under the National Partnership Agreement on Preventive Health.
What does being healthy mean to you?
In Tasmania:

- 2 in 3 adults are overweight or obese
- 1 in 7 adults meet the national nutrition guidelines for fruit and vegetable consumption
- 3 in 10 adults meet the minimum national physical activity guidelines.
What is the Get Healthy Service?

• Free, confidential telephone-based service that helps adults:
  
  ✓ Eat healthily
  ✓ Be active
  ✓ Achieve and maintain a healthy weight
Who is the Get Healthy Service for?

Adults 18+ at risk of developing chronic disease due to having one or more risk factors, which are:
- Not meeting national healthy eating or physical activity guidelines; and/or
- Being overweight/obese.

Complex / multiple chronic diseases

Diagnosed chronic disease

Healthy but ‘at risk’ population who have one or more risk factor

‘Healthy’ population who have no identifiable risk factors

Not appropriate for Service and needing referral

May be appropriate for Service but would need medical clearance before participating

Appropriate for the Service
## How does it work?

<table>
<thead>
<tr>
<th>Information only</th>
<th>Six-month coaching program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone advice</td>
<td>Ten free <em>individually tailored</em> telephone coaching calls</td>
</tr>
<tr>
<td>A comprehensive information kit</td>
<td>A comprehensive coaching kit</td>
</tr>
<tr>
<td>Referral to other services as required e.g. Quit line</td>
<td><em>Your own</em> university qualified health professional for six months</td>
</tr>
<tr>
<td>Opportunity to join the coaching program at any time</td>
<td>Calls made at a time that suits you</td>
</tr>
</tbody>
</table>

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How does it work?

**Self-referral**
(Telephone, email or website)
- Request information-only
- Sent information-only Pack

**Secondary referral**
(GPs and Health care provider)
- Request coaching support
  - Didn't need medical clearance
    - Commence coaching
  - Need medical clearance
    - Obtain clearance
    - Up to 10 coaching calls over 6 months
    - Complete coaching
Evaluation framework

• Are we reaching the right target groups?
• Are our marketing and communication strategies working? (Is there the right level of awareness?)
• Are participants adhering to coaching?
• Are participants’ satisfied with the service? (reasons for dropping out rates, testimonials)
• How can we improve the service?
Evaluation framework

• Is the service effective at changing behaviour (physical activity, healthy eating)
• Is the service effective at improving psychosocial factors (stress levels, confidence)
• Is the service effective at improving anthropometric measures (body weight, waist circumference)
• What is the longer term sustainability of lifestyle changes?
N = 1,760 joined the GET HEALTHY SERVICE
94.6% consented to have their data included in the evaluation
n=1665
July 2010 – December 2013

INFORMATION ONLY PARTICIPANTS
n=381
(22.9%)

COACHING PARTICIPANTS
n=1284
(77.1%)

Medical clearance status unknown
n=35 (2.7%)

Medical clearance required
n=583
(45.4%)

Medical Clearance NOT required
n=666
(51.9%)

Enrolled in the coaching program
n=993
(77.4% of those that registered for coaching)
(59.6% of those requesting info or coaching)

Withdrawn from coaching
n=602
(60.6%)

Still in coaching program
n=96
(9.7%)

Completed program
n=295
(29.7%)
Participant profiles
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Socio-demographic characteristics of participants

<table>
<thead>
<tr>
<th>Category</th>
<th>GHS</th>
<th>Tas Pop (2011 census)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>51</td>
<td>80.8</td>
</tr>
<tr>
<td>Year 12/lower</td>
<td>36.5</td>
<td>52.6</td>
</tr>
<tr>
<td>English as first language</td>
<td>98.6</td>
<td>91.7</td>
</tr>
<tr>
<td>ATSI status</td>
<td>4.3</td>
<td>4</td>
</tr>
<tr>
<td>Urban</td>
<td>53.4</td>
<td>64.8</td>
</tr>
</tbody>
</table>
Comparison between GHS participants and adults in the Tasmanian population, according to SEIFA

<table>
<thead>
<tr>
<th>Quintile</th>
<th>GHS Participants</th>
<th>Tasmanian Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st quintile (most disadvantaged)</td>
<td>46.9%</td>
<td>36.2%</td>
</tr>
<tr>
<td>2nd quintile</td>
<td>15.4%</td>
<td>14.9%</td>
</tr>
<tr>
<td>3rd quintile</td>
<td>19.5%</td>
<td>20.9%</td>
</tr>
<tr>
<td>4th quintile</td>
<td>10.0%</td>
<td>20.5%</td>
</tr>
<tr>
<td>5th quintile (most advantaged)</td>
<td>7.4%</td>
<td>7.5%</td>
</tr>
<tr>
<td>Missing</td>
<td>0.9%</td>
<td></td>
</tr>
</tbody>
</table>

SEIFA quintiles for GHS participants (Jul 2010-Dec 2013) vs. Tasmanian Population (SEIFA LGA data 2011)
Participants who complete the program Vs withdraw from program

Likely to be:
- Older
- Retired
- Non-Aboriginal

No differences between:
- Gender
- Education
- Language spoken at home
- SEIFA status
Effectiveness of the coaching program
Risk factor profile of participants

- 82.7% were overweight / obese
- 46.1% had increased / greatly increased waist circumference risk*
- 49.3% did not eat recommended serves of fruit (2/day)
- 77% did not eat recommended serves of vegetables (5/day)
- 58.6% do not undertake the recommended levels of weekly physical activity (5x30min mod activity/week)

* (high level missing data)
## Anthropometric changes

<table>
<thead>
<tr>
<th></th>
<th>Baseline (n=459)</th>
<th>3mths (n=459)</th>
<th>6 months (n=297)</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weight (kg)</td>
<td>87.5</td>
<td>84.6*</td>
<td>82.9*</td>
<td>↓ 4.7kg</td>
</tr>
<tr>
<td>Body Mass Index (kgm²)</td>
<td>31.3</td>
<td>30.3*</td>
<td>30.2*</td>
<td>↓ 1.6kgm²</td>
</tr>
<tr>
<td>Waist circumference (cm)</td>
<td>101.8</td>
<td>98.9*</td>
<td>97.3*</td>
<td>↓ 5.5cm</td>
</tr>
</tbody>
</table>

*statistically significant

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### Physical activity changes

<table>
<thead>
<tr>
<th></th>
<th>Baseline (n=459)</th>
<th>3mths (n=459)</th>
<th>6 months (n=297)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of 30min sessions of walking (past week)</td>
<td>2.7</td>
<td>3.7*</td>
<td>4.1*</td>
</tr>
<tr>
<td>Total physical activity (30 min sessions past week)</td>
<td>3.8</td>
<td>5.6*</td>
<td>7.0*</td>
</tr>
</tbody>
</table>

*statistically significant
### Nutrition changes

<table>
<thead>
<tr>
<th></th>
<th>Baseline (n=459)</th>
<th>3mths (n=459)</th>
<th>6 months (n=297)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Daily serves of vegetables</td>
<td>2.8</td>
<td>3.8*</td>
<td>4.2*</td>
</tr>
<tr>
<td>Daily serves of fruit</td>
<td>1.5</td>
<td>1.9*</td>
<td>2.0*</td>
</tr>
<tr>
<td>Number of takeaway meals per week</td>
<td>0.7</td>
<td>0.4*</td>
<td>0.2*</td>
</tr>
<tr>
<td>Number of sweetened drinks per day</td>
<td>0.4</td>
<td>0.1*</td>
<td>0.1*</td>
</tr>
</tbody>
</table>

*statistically significant
Changes in key psychosocial factors

✓ Improvements in feeling stress and dealing with stress (after 3 and 6 months of coaching)

✓ Participant confidence (eating healthier, exercising, and achieving weight related goals)

✓ Progression in stage of change (physical activity and healthy diet)
Limitations with data

- Use of self reported data
- Use of health coaches to collect the data (risk of social desirability)
- High attrition rate
- No control group
- Only presents short term behaviour change
- NSW study: Improvements sustained after 6-months of completing coaching
Participant’s experience

As a Volunteer Ambulance Officer, surf life saver, volunteer fight fighter and paramedic student, 51-year old Alan from Cygnet 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.

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

“Being a Volunteer Ambulance Officer, I’m seeing the results of sedentary lifestyle and poor diet on our community. I think Get Healthy has an important role in the community.”
Participant’s experience

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,” said Julie-Anne.

“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! Thanks!
Marketing and Promotion of the Get Healthy Service
Promotional Strategies

• Mass media advertising through TVCs, press ads, radio, online advertising, mobile billboards and bus advertising.
• Promotion through partners e.g. TML, TACH, health professionals, Workcover Workplace Health and Wellbeing Advisory Service and local events
• Direct marketing mailout of letters to targeted households in low SES areas inviting participation in GHS.
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<tr>
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</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>%</td>
<td>n</td>
<td>%</td>
<td>n</td>
</tr>
<tr>
<td>Mass media</td>
<td>462</td>
<td>68.2</td>
<td>339</td>
<td>67.3</td>
<td>99</td>
</tr>
<tr>
<td>Health Professionals¹</td>
<td>83</td>
<td>12.3</td>
<td>42</td>
<td>8.3</td>
<td>30</td>
</tr>
<tr>
<td>Direct Mail Out</td>
<td>16</td>
<td>2.4</td>
<td>12</td>
<td>2.4</td>
<td>200</td>
</tr>
<tr>
<td>Workplaces</td>
<td>53</td>
<td>7.8</td>
<td>45</td>
<td>8.9</td>
<td>13</td>
</tr>
<tr>
<td>Family/Friends</td>
<td>35</td>
<td>5.2</td>
<td>39</td>
<td>7.7</td>
<td>19</td>
</tr>
<tr>
<td>Other</td>
<td>28</td>
<td>4.1</td>
<td>27</td>
<td>5.4</td>
<td>35</td>
</tr>
<tr>
<td>TOTAL</td>
<td>677</td>
<td>100</td>
<td>504</td>
<td>100</td>
<td>396</td>
</tr>
</tbody>
</table>
Summary

• High drop-out rate (similar to other states, similar models)
  • Service improvements (call backs, literacy levels of materials)
• Strong reach into disadvantaged communities – equitable program
• Effective with those who complete coaching (3 months and 6 months)
• NSW research suggests sustainability of changes
Summary

• Mass media campaigns provide universal reach and “branding” awareness to support GHS use.
• Targeted promotional activities ensure that GHS continues to be used most by those from vulnerable communities.
• Access the full evaluation report from: www.gethealthy.tas.gov.au and click ‘Participants Results’.
Questions?

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