

**Top line summary of results from  
the first 18 months of the Get Healthy Information and Coaching Service<sup>®</sup>  
- NSW only -**

On 23 February 2009, the NSW Department of Health launched the Get Healthy Information and Coaching Service<sup>®</sup>. The Get Healthy Information and Coaching Service<sup>®</sup> is a free and confidential telephone based Service that provides information and ongoing coaching support to NSW adults who would like to eat healthier, be more active or achieve and maintain a healthy weight. During this time more than 12,650 contacts have been made to the Service.

An independent evaluation of the Get Healthy Information and Coaching Service<sup>®</sup> is being provided by the Prevention Research Collaboration, an academic collaboration across the University of Sydney, the University of Technology and the University of Queensland. The key elements of the evaluation are to assess the Service from a process, outcomes and economic perspective.

As part of the evaluation, all participants (i.e. information and coaching Service users) are invited to consent to provide personal information such as their socio-demographics, referral sources, medical history, health-related behaviours, goals and perceived self-efficacy in achieving those goals.

This summary highlights the key findings from the Get Healthy Information and Coaching Service<sup>®</sup> (GHS) within NSW for the first 18 months of the Service (i.e. February 2009 to August 2010).

**Key Findings**

- Participants in the GHS are more likely to be:
  - female, aged 40-49 years, high school educated and work full-time.
  - from lower socio-economic backgrounds and from regional areas of NSW in the GHS when compared to the NSW population. From an equity perspective, these results demonstrate that the Service is reaching people who are most in need.
- Preliminary results of Service participants who have completed 6 months of coaching indicate significant improvements in self-reported weight, waist circumference, BMI, healthy eating and physical activity behaviours, namely:
  - A reduction in weight by an average of 3.5 kg.
  - A reduction in waist circumference by an average of 4.5 cm.
  - A 10% reduction in the proportion of coaching participants with an obese BMI.

The more detailed summary below is presented in three sections: Service usage statistics, summarising the participants who have contacted the Service; changes in self-reported risk factors; and changes in self-reported behaviours.

## **1. Service usage statistics**

### **How many people have contacted the Get Healthy Information and Coaching Service<sup>®</sup>?**

For the period February 2009 to August 2010 over 12,650 contacts had been made to the Service. Telephone calls represented the most frequent mode of contacting to the Service (78%), followed by emails (8%) and faxes (5%).

During this time there were more than 1,900 requests for information kits and over 3,200 requests for coaching. Due to the characteristics associated with delivering a population-based telephone service, a high proportion of total contacts to the Service represent existing participants.

Among new callers to the Service, 18% requested information kits and 44% registered to participate in the 6 month coaching program. More than 520 people had completed their 6 months of health coaching by the end of August 2010.

### **Who contacts the Get Healthy Information and Coaching Service<sup>®</sup>?**

The demographics of the people who contacted the Service and requested either the information kit or coaching (i.e. Get Healthy Service participants) are as follows (sample sizes vary from n=4,714 to 4,828):

- 80% were women; 20% were men.
- The majority of participants were aged between 40-59 years (49%), with just under one in five (19%) in the 30-39 age group.
- 40% had a high school education, one in four (25%) had a diploma or certificate, and under one in three (32%) had a degree or higher.
- Over one in three participants (35%) were employed full-time, one in four (24%) worked either part-time or casually and one in four were either retired (16%) or not currently working (9%).
- Half (50%) of participants were classified as belonging in the 3<sup>rd</sup> (23%) and 4<sup>th</sup> quintile of disadvantage (28%) which was proportionally greater than the NSW adult population (i.e. 20.1% NSW adults in the 3<sup>rd</sup> quintile; 19% of adults in the 4<sup>th</sup> quintile).
- Just under one in five Service participants (19%) were in the most disadvantaged quintile, which reflected the NSW adult population (also 19%).
- Over two in five (43%) Service participants were living in regional and remote areas of NSW. There was a greater proportion of Service participants residing in inner regional areas of NSW than the proportion of residents (i.e. 27% compared to 23%) which was also similar for outer regional areas of NSW (i.e. 14% Service participants compared to 11% residents).
- Two and a half per cent of participants identified as Aboriginal or Torres Strait Islander and 7% spoke a language other than English at home.

## 2. Changes to risk factors among Service coaching participants

Preliminary results regarding the impact of the Service amongst coaching participants who have completed the full 6 months of the coaching program is available for approximately 490 participants, using a matched pair data analysis. Only those participants who consented for their data to be included for evaluation purposes are reported.

### Reductions in weight:

- Coaching participants had lost an average of 3.5 kg when comparing their self-reported average at baseline (85.9 kg) and 6 months (82.4 kg).
- Amongst those coaching participants who set a weight loss goal as part of their coaching (n=309), an average of 4 kg was lost (baseline: 88.4 kg; 6 months: 84.4 kg).

### Reductions in waist circumference:

- Coaching participants had lost an average of 4.5 cm from their baseline self-reported waist circumference measurement (100.7 cm) compared to their average at 6 months (96.2 cm). The recommended waist circumference for men is 94 cm or less and for women it is 80 cm or less.<sup>1</sup>
- The proportion of participants classified as having a greatly increased waist circumference risk reduced by 7.6% between baseline and 6 months.

### Reductions in Body Mass Index (BMI):

- The average BMI for coaching participants reduced from 31.4 at baseline to 30.1 at 6 months.
- The proportion of coaching participants classified as obese (i.e. BMI=30+) reduced from 52% at baseline to 42% at 6 month follow-up. Similarly, the proportion of coaching participants with an acceptable BMI (i.e. 18.5 < 25) increased from 12% to 19%. Interestingly, the proportion of coaching participants with an overweight BMI increased from baseline to 6 months (i.e. 36% to 39%), reflecting the downward movement of participants with an obese BMI. Table 1 summarises these differences:

**Table 1: The Body Mass Index (BMI) of coaching participants at baseline and 6 months**

BMI	Baseline	6 months
Acceptable (18.5 <25)	11.5	18.5
Overweight (25<30)	36.2	39.2
Obese (≥30)	51.5	41.9

<sup>1</sup> The risk for chronic disease increases for men when their waist circumference ranges from 94 to 102 cm, and risk greatly increases from 102 cm. For women chronic disease risk increases when waist measurement ranges from 80cm to 88cm, with measurements of 88 cm or more, representing greatly increased risk. These measurements may vary depending on ethnic background.

### **3. Changes in self-reported behaviour among Service coaching participants**

#### **Vegetable serves per day:**

- Self-reported consumption of vegetables increased from an average of 3 serves per day prior to coaching commencement to 3.8 at coaching completion.
- The proportion of coaching participants who reported consuming 5 or more serves of vegetables each day increased from 20% at baseline to 37% at 6 months.

#### **Fruit serves per day:**

- Self-reported consumption of fruit increased from an average of 1.8 serves to 2 serves per day following coaching completion.
- The proportion of coaching participants who reported consuming 2 or more serves of fruit each day increased from 58% at baseline to 74% at 6 months.

#### **Take away meals per week:**

- Self-reported frequency of take away meal consumption decreased from 0.8 times per week at baseline to 0.3 times per week at 6 months.

#### **Sweetened drink serves per day:**

- Prior to coaching, self-reported consumption of sweetened drinks was an average of 0.5 cups per day, however at 6 months this was decreased to 0.1 cups on average per day.

#### **Physical activity levels:**

- Participants' physical activity levels were classified as being either sufficient or insufficient at baseline and 6 months.
- Sufficient levels of physical activity were defined as consisting of either:
  - $\geq 5$  sessions/week walking, or  $\geq 5$  sessions/week moderate physical activity, or
  - 3-4 sessions/week walking and  $\geq 1$ -2 sessions/week moderate activity, or
  - $\geq 1$ -2 sessions/week walking and 3-4 sessions/week moderate activity.
- At baseline, one in two (50%) participants reported being sufficiently active, which increased to 58% at 6 months.

## **Conclusions**

These data represent the first eighteen months of the Get Healthy Service. During that time there were more than 1,900 requests for information kits and over 3,200 requests for coaching. Service participants were more likely to be female, high-school educated, from lower socio-economic backgrounds and work full-time. From an equity perspective, these results demonstrate that the Service is reaching those people most in need.

More than 520 people had completed the 6 months of health coaching offered. Of the matched pair data for coaching participants at baseline and 6 months, the first eighteen months of data show that coaching participants have achieved significant reductions in self-reported weight, waist circumference and BMI during the period of coaching. At the completion of coaching, participants reported increasing their average intake of fruit and vegetables, decreasing the frequency with which they consumed take away meals on average, and also decreasing their average consumption of sweetened drinks. The proportion of coaching participants who reported increasing their physical activity also increased. This suggests that the Service has been able to positively support participants in making changes to their lifestyle.