wellnessmy way

PILOT IMPLEMENTATION

Evaluation report

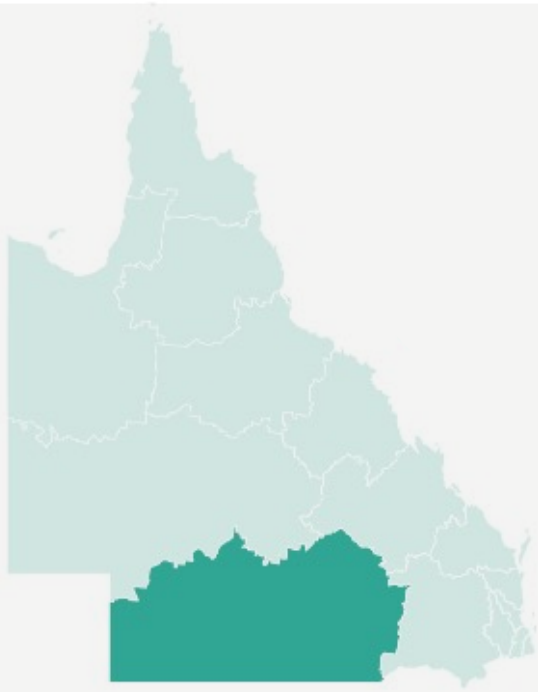
Contents

Acknowledgement of country

Health and Wellbeing Queensland acknowledges the Traditional Owners and Custodians of the lands from across Queensland. We pay our respects to the Elders past and present for they are holders of the memories, traditions, the culture and aspirations of Aboriginal and Torres Strait Islander peoples across Queensland.

Key outcomes and achievements

Reach



420

South West Queensland residents completed a health assessment

- Successfully reached consumers at risk of chronic disease

Effectiveness

- 284 referrals to prevention services were facilitated
- New pathways into prevention drove increased referrals and participation across a range of preventive health programs
- Significant improvements in fruit and vegetable consumption
- Improved adherence to alcohol guidelines, and reduction in weight

Implementation

- High consumer satisfaction
- Improved awareness and navigation to prevention support
- Boosted program uptake and trust through ‘Connectors’ and community promotion
- Strengthened cross-sector collaboration, creating a more connected and effective local prevention ecosystem

Introduction

This report presents the final evaluation findings from the implementation of the Wellness my Way pilot program in South West Queensland, implemented between 29 July 2024 and 30 June 2025.

The report has been prepared by Health and Wellbeing Queensland (HWQld), in collaboration with the Health and Wellbeing Centre for Research Innovation at The University of Queensland (HWCRI). The Wellness my Way Pilot was evaluated using a mixed-methods study design guided by the RE-AIM (Reach, Effectiveness, Adoption, Implementation and Maintenance) Framework[1], with an evaluation protocol collaboratively developed by HWQld and HWCRI[2]. Using data collected from consumers, programs, and stakeholders, the evaluation examined consumer uptake (reach), change in prevention program participation and consumer health outcomes (effectiveness), and consumer satisfaction and stakeholders' experiences of the pilot in South West Queensland (implementation).

The findings presented here provide an informed understanding of the program's potential impact in improving access to prevention programs and supporting a more coordinated local prevention ecosystem in South West Queensland.

1 Holtrop JS, Estabrooks PA, Gaglio B, et al. Understanding and applying the REAIM framework: Clarifications and resources. J Clin Transl Sci. 2021;5(1):e126.

2 Maddren C, et al. (2026). Development, Implementation and Evaluation of a Prevention Model of Care in South West Queensland - Wellness my Way: A Pilot Study Protocol. [Manuscript submitted for publication].

Partnership

Health and Wellbeing Queensland has led collaborative efforts with South West Hospital and Health Service's (SWHHS) HOPE Service, Queensland Health's Health Contact Centre (HCC) and the Health and Wellbeing Centre for Research Innovation (HWCRI) at The University of Queensland to bring Wellness my Way to the South West Queensland community.

South West Hospital and Health Service
Building better health in the bush

The University Of Queensland
AUSTRALIA

Way to Wellness
Learn. Plan. Change.

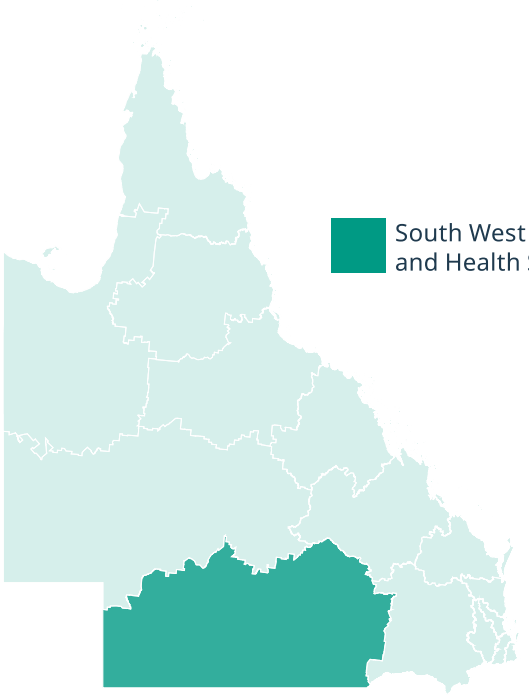
health + wellbeing Queensland

Queensland Government

Background

Chronic diseases are a major public health issue in Australia, leading to reduced quality of life, shorter life expectancy, and preventable hospitalisations. Many of these diseases are linked to modifiable risk factors such as poor nutrition, physical inactivity, excess weight, smoking and risky alcohol use.

The Western Queensland Primary Health Network region, which includes the South West Hospital and Health Service (SWHHS), has recorded some of the highest rates of potentially preventable hospitalisations in Australia[3]. In South West Queensland, this is likely driven by higher rates of modifiable health risk factors, contributing to the region's burden of chronic diseases such as type 2 diabetes and cardiovascular disease[4].



Together, these patterns highlight the urgent need for stronger prevention and early intervention efforts in the region.

While free and low-cost prevention programs are available, awareness and uptake can be limited, and consumers may experience challenges navigating available supports. This highlights an opportunity to strengthen connections across prevention pathways and support earlier intervention and engagement with preventive care.

To address this, the Wellness my Way program was piloted in South West Queensland from July 2024. The program offers a prevention model of care, supporting the region's prevention ecosystem by encouraging greater proactive community engagement with preventive health services and providing a single, streamlined entry point for accessing preventive care.

3 AIHW (Australian Institute of Health and Welfare), Potentially preventable hospitalisations in Australia by small geographic areas, 2020-21 to 2021-22, Australian Government, accessed 8 April 2025.

4 Western Queensland Primary Health Network, Joint Regional Needs Assessment, November 2024, accessed 12 June 2026.

Wellness my Way model

Wellness my Way is a community-based approach to prevention that combines community activation and local engagement to connect individuals with support through a single-entry point to prevention.

The model leverages the Health Contact Centre's Way to Wellness service, where participants complete a health assessment and receive personalised support from a telephone coach to identify health priorities, develop an action plan, and connect with suitable prevention pathways.

This process builds awareness of chronic disease related risk factors and supports early identification and reduction of modifiable risk factors for consumers at risk, in the early stages of, or with established chronic disease.

Participant's plans are shared with their GP (with consent), reinforcing the role of primary care and ensuring ongoing support, particularly for those who need further assessment or chronic disease management.

> "But I think it's great to be able to promote these programs that are free to access and that people are living in these rural towns can access without having to travel somewhere."
>
> LOCAL STAKEHOLDER

* An SMS invitation is sent to patients on public waiting lists for a specialist outpatient appointment


Zoro
DUNNES MEAT
"ZORO'S"

Pilot implementation

A place-based implementation approach was developed by HWQld for Wellness my Way, focused on collaboration, community activation, building workforce capability and shared responsibility for prevention across the region. This collective action aimed to broaden the program's reach and embed prevention into every day services and community life for longer term sustainability.

To strengthen local engagement, HWQld partnered with the Healthy Communities Team (now the HOPE service) at SWHHS to establish a regional network of 'Connectors'*. Through an expression of interest process, 11 local organisations across the Maranoa Regional Council region participated in the pilot, embedding promotion of Wellness my Way within their existing services, workplaces and community networks.

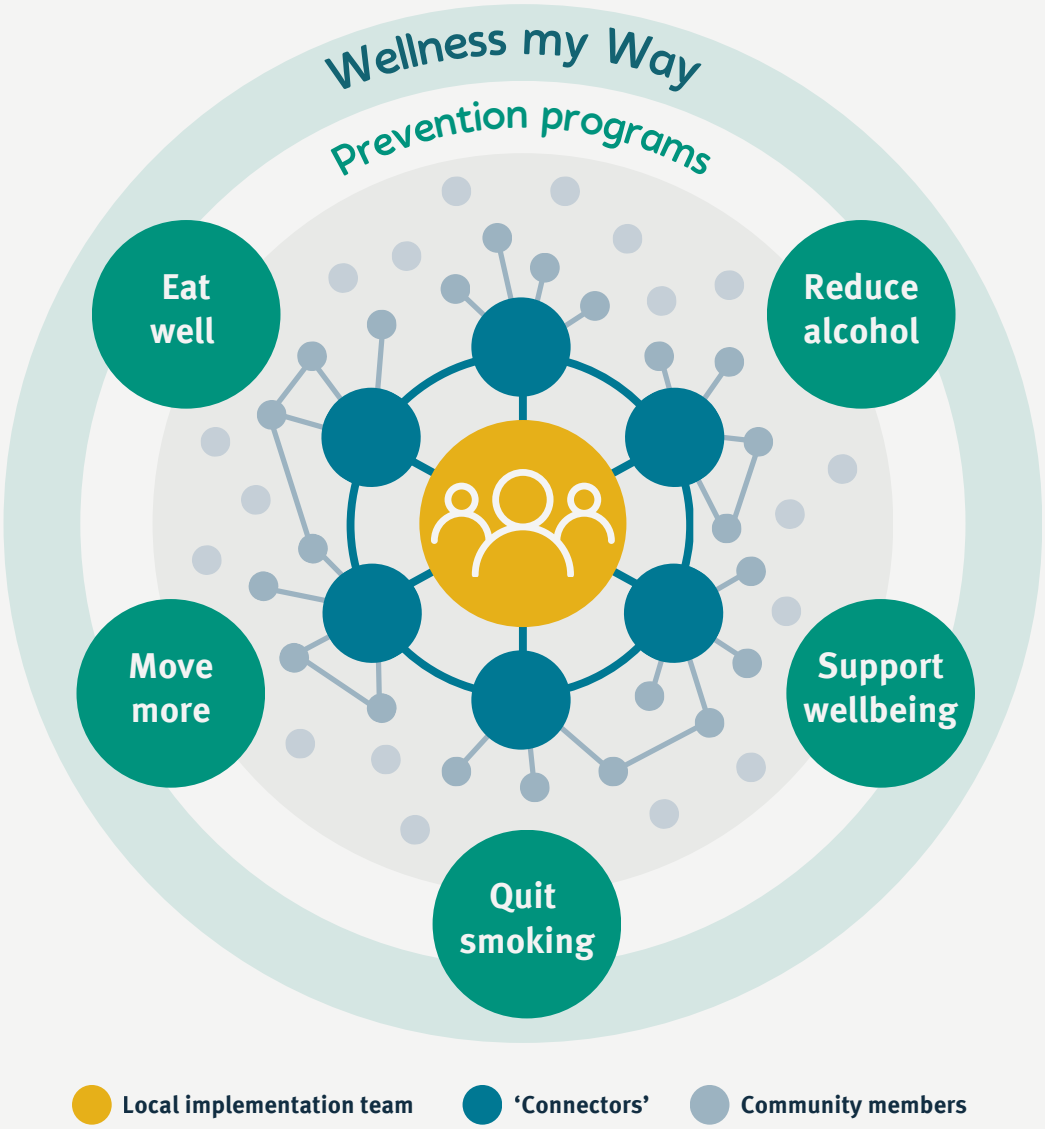
Participating organisations and their nominated Connectors were supported through collaborative workshops, resources and regular meetings that facilitated shared learning, continuous quality improvement and sustained motivation. By leveraging trusted local organisations and relationships, the Connector network expanded the program's reach and integrated prevention conversations into routine community interactions.

Supporting this implementation approach, HWQld delivered a locally tailored marketing campaign across South West Queensland during the pilot. Using locally relevant messaging and a mix of print, digital and community-based promotion, the campaign aimed to raise awareness of Wellness my Way and encourage participation. Promotional materials were distributed through paid digital and out-of-home advertising, community events and the Connector network, reinforcing prevention messages through existing community channels and creating multiple opportunities for people to engage with the program.

* Connectors' are local voices in the community that advocate for, raise awareness of and encourage participation in Wellness my Way.

> "We don't need to stick to traditional, this is a way we can get health assessments and the whole program out to the community making people more aware of their health."
>
> LOCAL STAKEHOLDER

> "So, developing those sort of partnerships across the community and the health settings... [It] can boost actually after Wellness my Way, it makes your communities more viable and stronger, cohesive."
>
> LOCAL STAKEHOLDER



Pilot organisations included:

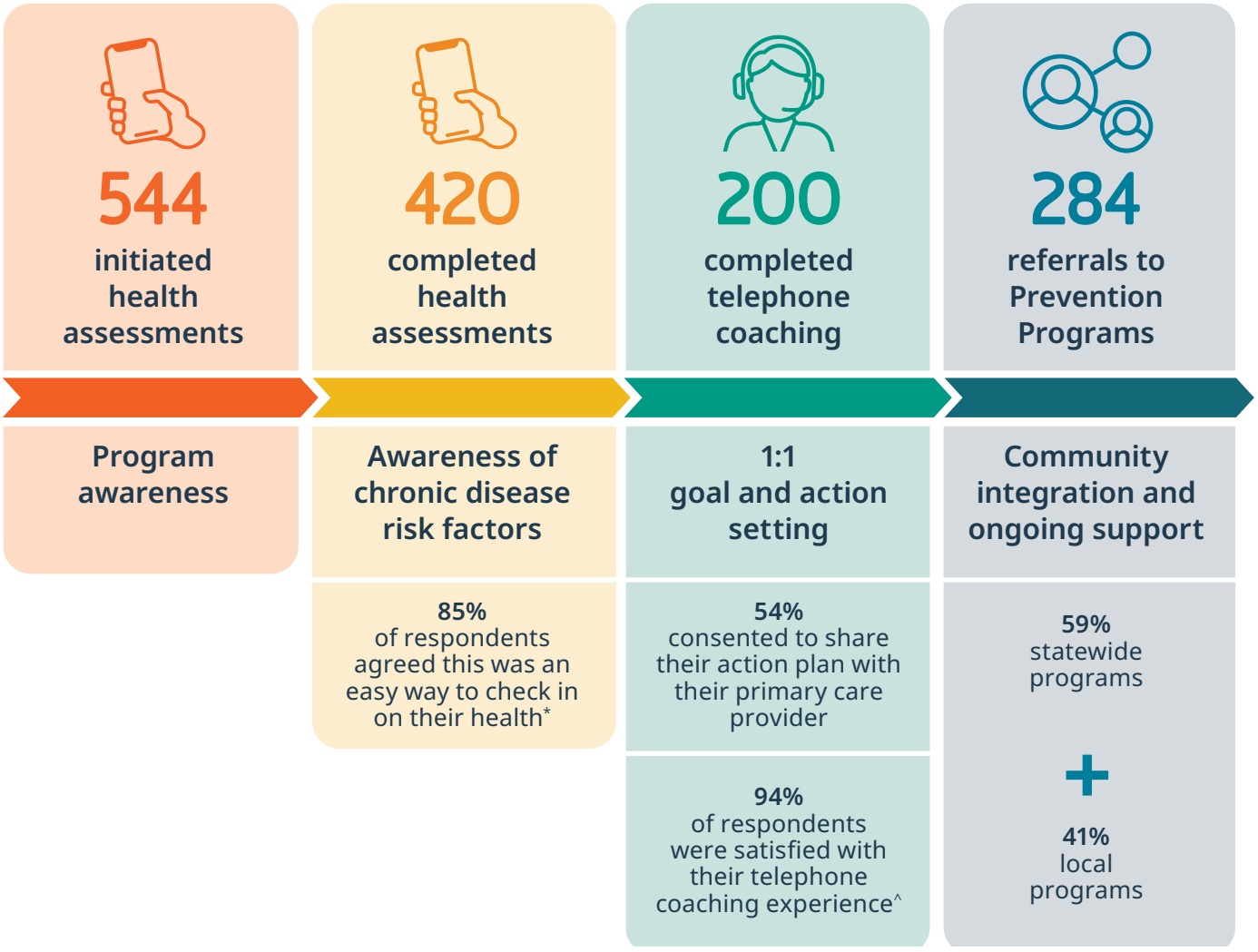
- Maranoa Regional Council
- DrugARM
- Mitchell Community Advisory Network (SWHHS)
- Queensland Ambulance Service
- RHealth (Medicare Mental Health)
- Roma Primary and Community Care
- SWHHS Healthy Communities Team
- Stride Mental Health
- Surat Medical Practice
- UnitingCare Injune
- Vital Health

Reach

Wellness my Way has demonstrated strong community engagement, with 420 health assessments completed during pilot implementation.

This demonstrates that South West Queenslanders are willing to engage with accessible and locally relevant prevention support. While completing the health assessment, every consumer receives brief intervention messaging, practical health information and an opportunity to reflect on their health, helping to build awareness and readiness for change.

Around half of participants then progressed to telephone coaching, where they received tailored support to set goals, develop an action plan and connect with prevention services. This provides further support for health behaviour change while strengthening engagement with prevention programs across the region.

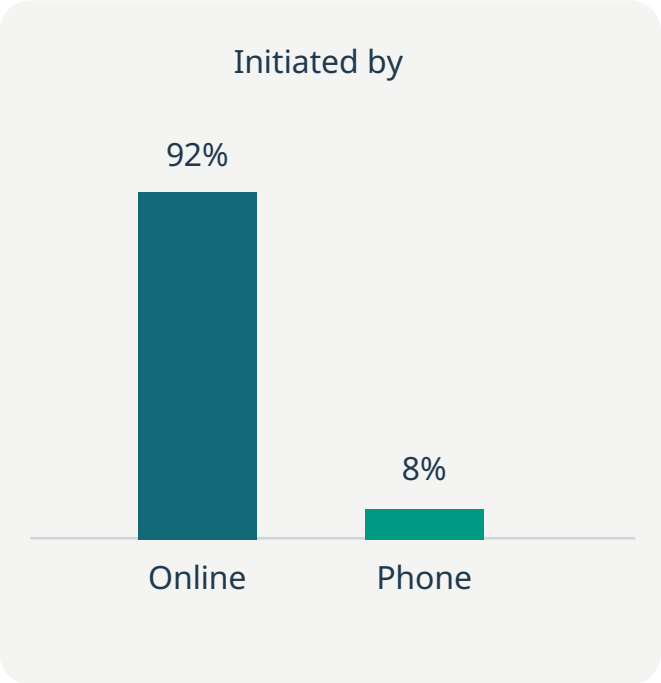


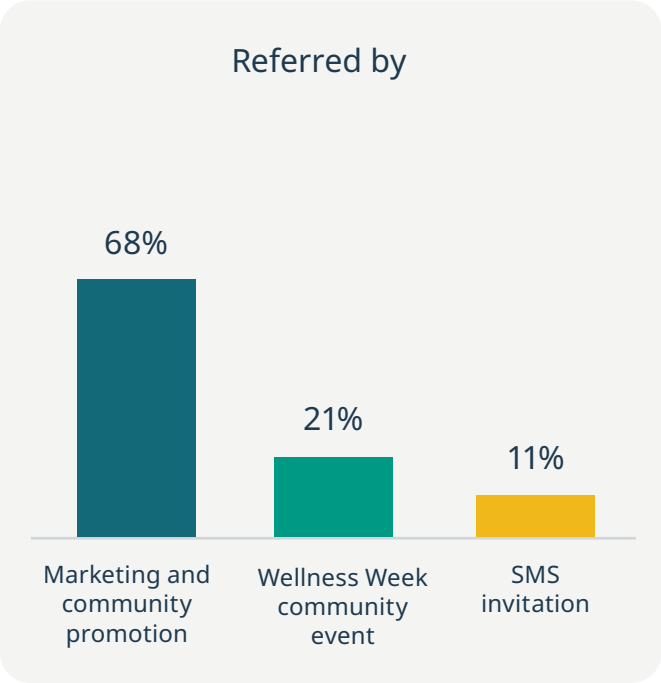
* Of the 46 participants who responded to this anonymous survey question. Responses may include participants from outside the SWHHS region.

^ Of the 50 participants who responded to this anonymous survey question. Responses may include participants from outside the SWHHS region.

Access

544 consumers initiated a health assessment. These health assessments were:

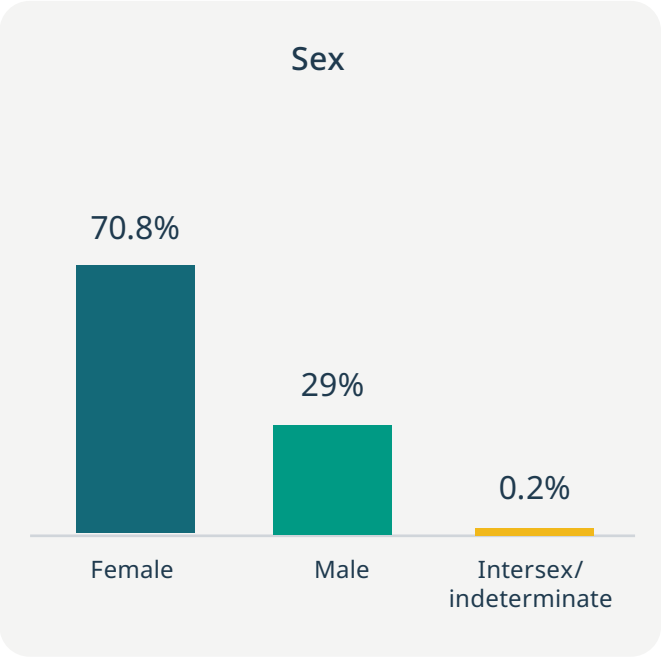


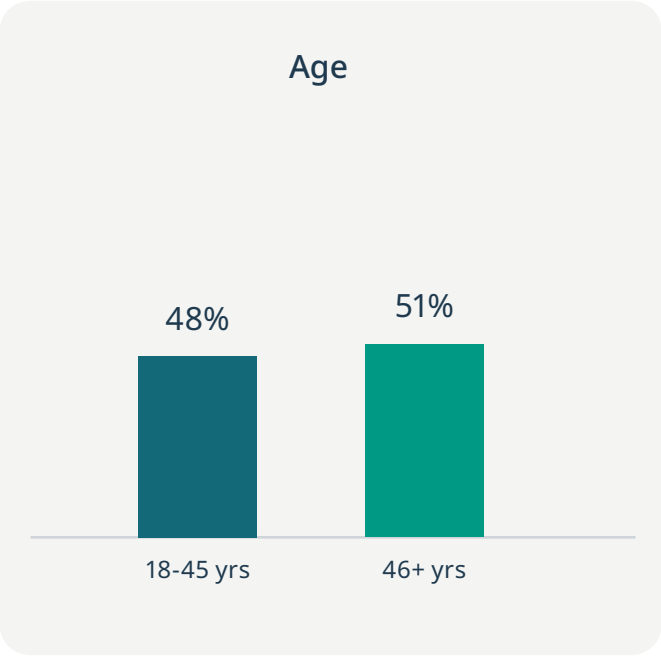


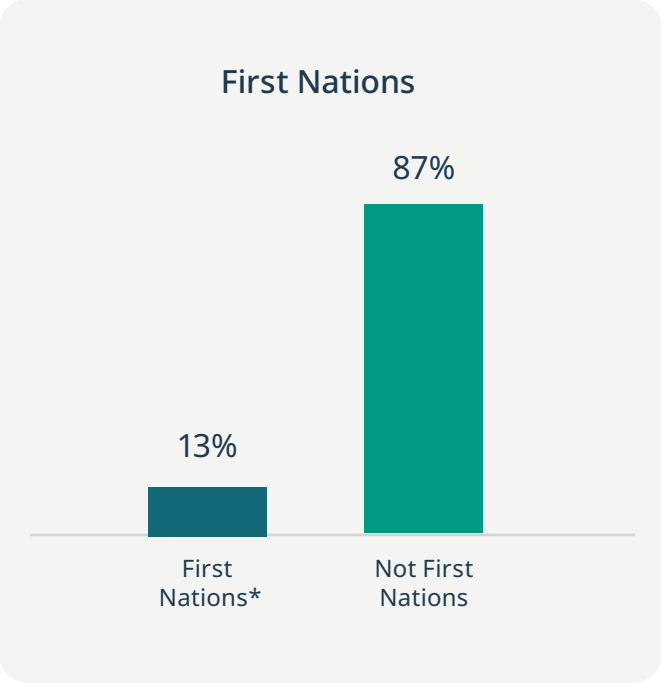
While uptake of the telephone entry point was low, promotional materials intentionally directed consumers to the digital pathway and not to the telephone entry point. Stakeholder consultation identified that there was low awareness across the South West with many forgetting, or not realising telephone entry was an option. This suggests that the high uptake of the online option may reflect awareness, rather than a preference for the online assessment alone.

Demographics

Of the 420 consumers who completed health assessments:







Overall, there were no significant differences in program completion rates across demographics, however some trends were observed.

While consumers aged less than 45 years were completing the health assessment at a similar proportion to those aged over 45, many did not progress to the telephone coaching call. Stakeholder consultation offered some potential explanations for this, with stakeholders describing that many consumers who entered the program found it difficult to engage in the telephone component due to work commitments, or disinterest from people who may not be ready to talk about their health with the coach.

* 84% of these consumers did not have a preference for a First Nations telephone coach

This pattern suggests that younger adults may benefit from additional digital or alternative engagement options to better support their progression into prevention programs.

13% of all 420 health assessments were completed by First Nations participants, however a higher proportion of these participants discontinued before progressing to the telephone coaching call compared to those who do not identify as First Nations. This suggests there may be value in further exploring the factors influencing engagement to better understand how the program can be tailored to meet the needs and preferences of First Nations participants.

Male and female participants had similar completion rates, despite fewer males participating overall. This suggests that once enrolled, males were just as likely as females to progress through the program, indicating that efforts to increase initial engagement among males may help improve their overall representation in the program. Male engagement grew steadily throughout the pilot and stabilised during the final four months. This trend may reflect the success of targeted strategies such as male orientated campaign messaging and environments.

Stakeholders also suggest that further workplace engagement and offering physical health checks alongside assessments could further boost participation in this hard-to-reach group.

Health status

Health profile of the 420 participants who completed a health assessment[5]:

3 in 4

were at intermediate/high risk of developing diabetes in the next 5 yrs (75%)

28%

reported at least 1 chronic condition:

- 8% were living with type 2 diabetes
- 5% had coronary artery disease
- 2% have had a previous stroke

The program successfully reached consumers at increased risk of chronic disease, with three quarters (75%) of participants who completed a health assessment at intermediate or high risk of developing diabetes in the next 5 years; and three quarters (75%) living with overweight or obesity. Risk level appeared to have little influence on program completion, suggesting the program was able to retain participants across different levels of chronic disease risk.

5 Health data is self-reported by consumers

3 in 4
were living with overweight or obesity (75%)

1 in 2
reported to not eat the recommended amount of fruit and vegetables (56%)

1 in 2
reported to be drinking alcohol at risky levels (48%)

30%
reported to not participate in sufficient levels of physical activity (almost 1 in 3)

1 in 8
reported currently smoking (13%)
6% reported currently vaping

1 in 7
had moderate or severe emotional wellbeing concerns (14%)

1 in 5
reported to take medication for high blood pressure (20%)

8%
of females reported a history of gestational diabetes

Participants not meeting physical activity guidelines were more likely to complete the full program compared to those who were already meeting physical activity guidelines. This suggests the telephone coaching model may have appealed to those seeking additional support to increase their physical activity.

In contrast, participants not meeting fruit and vegetable consumption guidelines were more likely to discontinue after completing the health assessment. However, among those who did progress through the program, significant improvements in fruit and vegetable intake were observed at six months.

This suggests the coaching model can effectively support nutrition-related behaviour change for participants who remain engaged.

Around half of consumers (1 in 2) were drinking above recommended alcohol guidelines, but uptake of alcohol-related referrals was low, with only 3% of eligible consumers accepting a referral during telephone coaching. Despite this low uptake of formal referral pathways for alcohol, for those who progressed through the program there was a trend of reduced alcohol consumption, with more participants drinking within recommended alcohol guidelines at six months.

Effectiveness

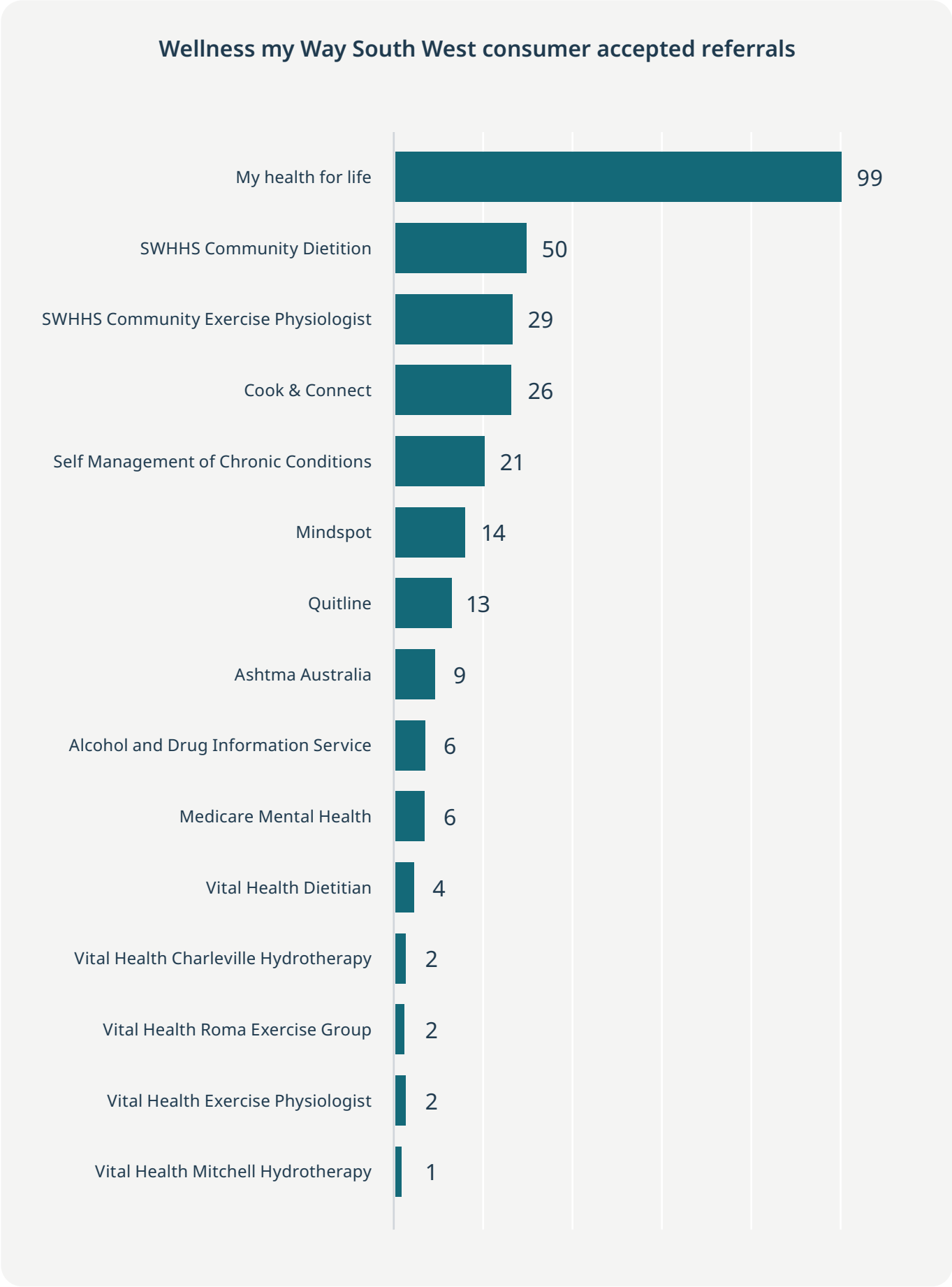
Wellness my Way has strengthened connections to prevention services across South West Queensland by increasing community awareness of local health and wellbeing programs and making it easier for residents to access the support they need.

Stakeholder feedback highlights improved understanding of available services and greater confidence in navigating prevention pathways. South West consumers who completed the program accepted 284 referrals to prevention programs.

> “..it connected me to services I wasn’t aware of.”
>
> CONSUMER

> “Before Wellness my Way there’s just a lack of knowledge on the availability of services.... Well just not that, I think there’s probably that lack of knowing the pathway in....”
>
> LOCAL STAKEHOLDER

Consumer accepted referrals



45%
referrals to programs supporting multiple health behaviours

7%
for mental wellbeing

28%
for dietary advice and support

4.5%
for smoking and vaping cessation

13%
for physical activity programs

2%
for alcohol and other drug support

Program-reported participation[6]

Increased awareness of and access to prevention programs through Wellness my Way is also reflected in program-reported participation data from prevention programs who accepted direct referrals from Wellness my Way. Consistent with qualitative findings showing improved awareness and action in preventive health, data reported from prevention programs indicate that Wellness my Way accounted for a substantial proportion of programs monthly participation. Where data are available, most programs reported increased participation across the South West region, in some cases up to 327%. This suggests a broader lift in preventive health engagement across the region during pilot implementation.

> “[There] was that lack of community, lack of health professionals knowing what referral pathways there are available. So, Wellness my Way has actually brought that all together .... it’s all in one place. You can go on the website or you can look in the toolkit....and back to that ripple effect thing, if they don’t necessarily choose to sign up to the Wellness my Way program, we still have a list of what services are there so we can directly send them there still.”
>
> – LOCAL STAKEHOLDER

6 These engagement data are self-reported from prevention programs.

Direct referrals

Programs reported the following engagement from the SWHHS region:

Program	Referrals from WmW (n)	Percentage of overall program participation attributed to WmW referrals (%)	Change in average monthly participation (pre/post WmW) (%)*
Statewide programs:	**141**	**18%**	**+33%**
Alcohol and Drug Information Service	NR	NR	NR
Asthma Australia	8	89%	NA
Medicare Mental Health	5	1%	+141%
My health for life	86	63%	+14%
Mindspot	13	30%	+86%
Quitline	9	4%	-28%
Self Management of Chronic Conditions	20	54%	+85%
Local programs:	**103**	**26%**	**+69%**
Headspace Roma	0	0%	+14%
SWHHS programs:	101	44%	+184%
SWHHS Community Dietitian	50	61%	+327%
SWHHS Community Exercise Physiology	26	24%	+127%
SWHHS Cook and Connect	25	68%	NA
Vital Health local exercise classes:	2	5%	-1.5%
Vital Health Charleville Hydrotherapy	2	9%	NR
Vital Health Mitchell Hydrotherapy	0	0%	+8%
Vital Health Surat Exercise Group	0	0%	-100%
Vital Health Roma Exercise Group	NA	NA	NA

* Average monthly referral rates were calculated to compare participation pre and post implementation.

NR = Not reported NA = Not applicable WmW = Wellness mw Way SQWHHS = South West Hospital and Health Service

Key achievements

State-wide programs

1 in 6
referrals from the SWHHS region to statewide programs originated from WmW (18%)

33%
increase in the monthly average engagement with statewide prevention programs across the South West (pre/post WmW)

63%
of all My health for life referrals from SWHHS originated from WmW

54%
of all Self Management of Chronic Conditions (SMoCC) referrals from SWHHS originated from WmW

89%
of all Asthma Australia referrals from SWHHS originated from WmW

Local programs

1 in 4
referrals to local programs originated from WmW (26%)

184%
increase in the monthly average engagement with locally run SWHHS prevention programs (pre/post WmW)

44%
of all local SWHHS prevention program referrals originated from WmW

Signposting

Wellness my Way also signposted consumers to a range of prevention programs where formal referral pathways were not available or not necessary.

While these programs could be discussed with consumers, referrals were not made on their behalf due to the absence or lack of need for formal referral processes. Regional engagement data were unavailable for most signposting programs. Of the few prevention programs that could report data (10,000 steps, Heart Foundation Walking, and Podsquad), most showed a decrease in engagement during the implementation period, except for Roma Parkrun, where an increase of 16% in monthly participation was reported. Some programs indicated they did not undertake marketing activities during the program implementation period, suggesting external factors may have contributed to this decrease.

The observed trends may indicate that signposting alone has less influence on consumer participation compared to the formal referral pathways offered by Wellness my Way. Formal referrals often involve a more direct and structured process, including proactive follow up, which may better facilitate consumer participation.

Change in consumer health behaviours[7]

Overall, the Wellness my Way pilot demonstrated promising evidence of effectiveness, supporting participants to adopt healthier behaviours and engage with preventive health services.

Participants that completed the six-month evaluation survey showed significant improvements in fruit and vegetable consumption, and showed positive trends with more participants meeting alcohol guidelines, reductions in weight, and high levels of ongoing engagement with primary care.

> "The wellness [action] plan contains a lot of great information. It becomes your assistant"
>
> CONSUMER

> "It taught me a lot about food and nutrition"
>
> CONSUMER

> "It has helped me to keep up with my steps and walking more – I try to do something every day"
>
> CONSUMER

This suggests the program has strong potential to improve prevention outcomes in regional Queensland.

At program completion, participants experienced significant improvements in:

- Meeting combined fruit and vegetable guidelines

And demonstrated positive trends, with more participants:

- Meeting alcohol consumption guidelines
- Reducing body weight, with an average weight loss of 1.87kg

- 1 in 2 participants agreed that the health and wellbeing action plan helped keep them focused on their health priorities (55%)

- 90% reported seeing their usual health care provider in the last 6 months

Findings also indicate potential that the health check alone could have positive impacts on consumer health behaviours, such as meeting fruit and alcohol guidelines.

7 Findings related to changes in health behaviours are based on self-reported data of the 97 participants who completed the 6-month evaluation.

Implementation

Consumers consistently highlighted the program's accessibility and positive communication

Health assessment

Consumers reported high satisfaction with the online health assessment.

82%
agreed that the online health assessment provided health information that was useful and relevant to their current health[8]

85%
agreed that the online health assessment was an easy way to check in on their health[9]

"Easy to access"
CONSUMER

"Made you think about your lifestyle."
CONSUMER

Telephone coaching

Those who completed the health assessment and telephone coaching reported a high satisfaction with the program.

80%
were likely to recommend the service to their friends and family[10]

92%
felt understood and supported by their telephone coach[11]

"The telephone coach was very supportive. He provided a selection of options and answered clearly all questions"
CONSUMER

"I think it has been a wonderful service and the referral options provided helped me to cope and feel better."
CONSUMER

8 Of the 56 participants who responded to this anonymous survey question. Responses may include participants from outside the SWHHS region.

9 Of the 46 participants who responded to this anonymous survey question. Responses may include participants from outside the SWHHS region.

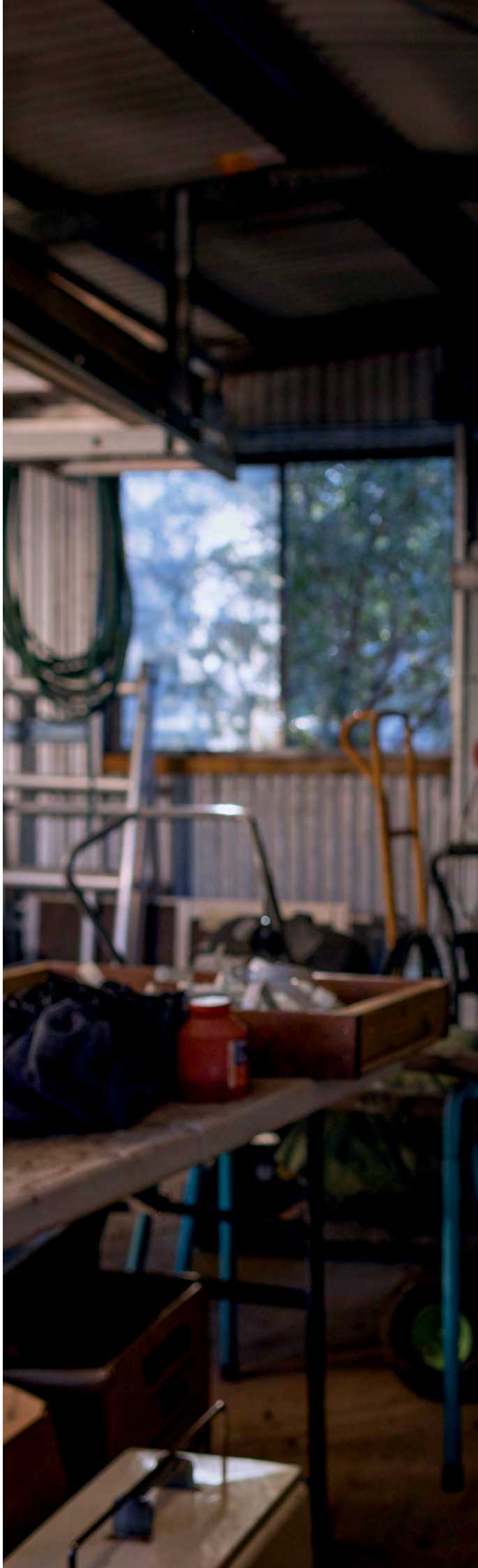
10 Of the 54 participants who responded to this anonymous survey question. Responses may include participants from outside the SWHHS region.

11 Of the 50 participants who responded to this anonymous survey question. Responses may include participants from outside the SWHHS region.

Qualitative evaluation

To understand how the program was experienced in practice, and whether it was seen as effective from stakeholders' point of view, feedback was collected from thirty-eight stakeholders and their perspectives analysed alongside engagement data.

This qualitative analysis helped build a clearer picture of implementation, including how the program was delivered, what worked well, where improvements could be made, and helped to contextualise the reported engagement data. The three key themes are described below.



Wellness my Way improved awareness and navigation to prevention support

Stakeholders described that Wellness my Way increased awareness of local prevention services and improved navigation of prevention pathways across South West Queensland. Connectors reported greater knowledge of available programs, enabling more confident and effective program utilisation and referral.

The program was also seen to foster stronger relationships and collaboration across organisations, reducing siloed work and increasing cross-sector communication. This improved coordination of prevention efforts and a more connected local prevention system. Overall, findings indicate improved awareness of, and access to, prevention services for both consumers and service providers.

> "I had no idea about all the community things that you guys have listed, promoted to the consumer. So yeah, it's definitely more options."
>
> LOCAL STAKEHOLDER

> "I feel like Wellness my Way is something that all of our team members have in common that we can work towards. Rather than working in our silos."
>
> LOCAL STAKEHOLDER

> "Without having these initial conversations and linking things together, these conversations wouldn't have been had, it's the impacts that you guys don't get to record and that are happening in our communities that are the most important."
>
> LOCAL STAKEHOLDER

> "I think from an organisational level there's more connections between different services. Even how you and I just talking about working together at an ex clinic, I think that wouldn't [have] happened... Yeah, just between organisations, stakeholder, engagement, involvement, collaboration, just like a networking I suppose aspect of it as well."
>
> LOCAL STAKEHOLDER

The implementation model enabled local community delivery and built trust and uptake

Stakeholders reported that the implementation approach was effective in building visibility, trust, and uptake of Wellness my Way across South West Queensland. The combination of Connector-led delivery, targeted local marketing, and visible community engagement created strong program recognition and reinforced credibility through trusted local relationships and consistent messaging.

Implementation supports, including workshops, regular catch-ups, and implementation toolkits, were valued for enabling local action and shared learning across the region. While formal organisation implementation 'action plans' were less consistently utilised over time, the overall approach supported embedding the program into routine practice where alignment with existing services and workforce capacity was strong. Variation in uptake highlighted the influence of local organisational context, suggesting opportunities to better tailor support to different service environments in future delivery.

> "I'm in general practice. So, we see people every day, on the floor, referring every day, all day..... So, it was quite easy for us I guess because just slotted into our everyday work life. So yeah, it was good. Amazing."
>
> LOCAL STAKEHOLDER

> "Definitely [helped] that it was everywhere..... I went to the pub one day and I've got a QR code up here and another one down there where you wash your hands and so it was seen everywhere. That definitely, you definitely got the program out there, you did a really good job on that."
>
> LOCAL STAKEHOLDER

Implementation enablers

- Trust in ‘Connectors’
- High-visibility of marketing and community-facing promotion (including events, physical resources, and local “faces”)
- Alignment with existing prevention-focused workflows and routine practice
- Structured implementation supports (workshops, catch-ups, resources and toolkits)

> “It was really smart to do the workshops and to place onus on community as what are you going to do for this? What have you committed to?”
>
> LOCAL STAKEHOLDER

> “I like the way we do it with our catch ups. We look at what’s coming up in the community and how I can integrate it with that event or things that I like it that way because then I’ve got a bit of a goal.”
>
> LOCAL STAKEHOLDER

> “When I first started, I started getting a little confused on some things, so having the pack [implementation toolkit] there was also really good to refer to.”
>
> LOCAL STAKEHOLDER

Implementation barriers

- Routine promotion was constrained by resources such as time, service context, staff buy-in and turnover.
- Reduced visibility of telephone entry point in promotional material.

> “It’s just a matter of how busy we are at the time. When we’re running hard, then it’s more burdensome. But from a holistic healthcare point of view, it sort of made sense. It really just depended on how fast we were running.”
>
> LOCAL STAKEHOLDER

> “I actually forgot that [the telephone entry option] was a thing while I was in Roma.”
>
> LOCAL STAKEHOLDER

Stakeholders valued Wellness my Way and consumer engagement was shaped by access, communication and contextual barriers and enablers.

Stakeholders view Wellness my Way as a valued approach to prevention, particularly its flexible, self-paced and non-medical design. Strong and consistent consumer engagement throughout the pilot further demonstrates the acceptability of the model to the community, while qualitative findings below provide insight into the factors that facilitated or constrained participation and ongoing engagement.

Lifestyle context

Long working hours, travel distances and limited after-hours service options were perceived by coaches as barriers to ongoing participation for consumers, particularly for people working on the land.

> "I think the referrals are great options. I think there's some really lovely ones there. I think it's just sort of being a little bit more creative with people around, like one lady I spoke to said, 'Look, I just cannot fit anything else in between work, driving to work, getting home', so she was going to do a little walk on her lunch break at work. So just sort of working with, just trying to be really present with people's lifestyles and what is and isn't possible is important."
>
> TELEPHONE COACH

Model design

The flexible, self-paced and non-medical approach supported engagement for many consumers, allowing participation at a time and pace that suited them.

> "And another important thing with it [Wellness my Way] was they could do it in their own time at their own pace...So that is that they didn't feel pressured."
>
> LOCAL STAKEHOLDER

Privacy and trust

Consumers and Connectors viewed coaches being located outside the local community as a strength, providing greater privacy and confidentiality. In contrast, some telephone coaches were worried that being external to the community could reduce trust and rapport with consumers.

> "Something I've also heard is that people like that their health coach is located not in their community. It's confidential... Yeah, they open up what they say."
>
> LOCAL STAKEHOLDER

Referral pathways

Coaches identified local referral options and options that offer face-to-face delivery were important facilitators of engagement.

> I do find that for most people when I do mention the referral sort of options like local face-to-face options, people are more willing to take part in those"
>
> TELEPHONE COACH

Digital literacy

Some stakeholders identified low digital literacy, particularly among seniors as a barrier to completing the online health assessment and entering the program.

> ...and the digital services, the older people, that barrier, they just particularly really struggled...They were like, 'Can I get it printed?'"
>
> LOCAL STAKEHOLDER

Drop out before telephone coaching

Some consumers were described to ignore the phone calls from telephone coaching staff, due to lack of awareness of the coaching component, time constraints, or disinterest.

> I feel like it can be quite confronting for people to have those conversations if they're not really wanting to do that, if they're not necessarily wanting to take it that far. It's a bit like, yeah, bit awkward."
>
> TELEPHONE COACH

> I know someone who meant well, but they were just super busy. They did the initial scan, the QR code, answer the questions, and then every time their phone rang with the no caller id, they're like, oh, I'm too busy. I don't have time."
>
> TELEPHONE COACH

Motivation for participation

Consumers who participated due to interest and curiosity from a professional standpoint or because of workplace-led involvement were perceived by coaches to have lower interest in making behavioural changes than those participating for their own health and wellbeing.

> I had few actually clients that did it because they actually work in community, so they just wanted to have an experience how it feels so they can recommend it and they actually like the assessments."
>
> TELEPHONE COACH

Stakeholder recommendations

Qualitative findings identified opportunities to further strengthen program delivery to support ongoing engagement by consumers, and continued acceptance by Connectors. Encouragingly, many of these recommendations have already been implemented through ongoing program improvement processes, reflecting a responsive approach to delivery and a commitment to continuous improvement.

Implementation

- Continuing to build confidence and knowledge of Connectors and organisations by encouraging their participation in Wellness my Way as consumers
- Strengthening marketing material through:
    - Clearer call to action
    - Visibility of the phone entry point
    - Awareness of the coaching component of the program
- Expand workplace engagement to increase reach amongst males
- Sustain and build on Connector engagement through regular communication, meetings and opportunities to share learnings
- Increase visibility of the list of available preventive services.

Model of Care

- Consider flexibility to opt in/out for the telephone coaching component
- Increase awareness of the operating hours of coaching team and appointment scheduling options
- Reviewing health assessment questions related to weight and Body Mass Index (BMI)
- Considering follow-up contact to support review and implementation of Wellbeing Action Plans.


EDEN

Summary

The evaluation of the Wellness my Way pilot in South West Queensland provides promising evidence of the program's reach, effectiveness and acceptability as a locally driven, single entry-point to preventive health support.

The evaluation also demonstrates improvements and positive trends in health behaviours following participation in the program, providing further evidence of its contribution to chronic disease prevention, and potential to ease pressure on Queensland's health system.

The local partnerships, connector engagement and regionally tailored marketing were important contributors to program trust, reach and engagement. The place-based implementation model generated positive ripple effects for prevention across the region. Stakeholders described how the program increased awareness of prevention services, strengthened local relationships and created new opportunities for collaboration between organisations and sectors. These outcomes contributed to a stronger and more coordinated prevention ecosystem across South West Queensland. Stakeholders also identified actionable opportunities to further enhance the program, ensuring its continued success and impact.

Ongoing implementation will benefit from opportunities to enhance engagement, particularly for younger adults, males, and First Nations participants. Future efforts should focus on refining implementation to address identified barriers such as strengthening support for the network of 'Connectors', and expanding workplace and community engagement to sustain and scale the program's impact across Queensland.

Overall, the findings demonstrate the value of coordinated, community-based approaches to prevention and provide a strong foundation for future implementation in rural and remote Queensland.

Acknowledgement

Health and Wellbeing Queensland acknowledges the contributions of all partners, stakeholders, participating organisations and community members who have supported the implementation and evaluation of Wellness my Way in South West Queensland.

We thank the participating organisations and their nominated Connectors, whose local knowledge, trusted relationships and commitment to prevention have been instrumental in raising awareness of the program and supporting community engagement.

Finally, we extend our appreciation to all stakeholders who generously shared their time, experiences and reflections as part of the qualitative feedback. Your insights are shaping the future of Wellness my Way and the approach to prevention for Queensland.

Wellness my Way is an initiative of the Queensland Government, delivered in partnership by Health and Wellbeing Queensland, Queensland Health's Health Contact Centre, South West Hospital and Health Service and The Health and Wellbeing Centre for Research Innovation at The University of Queensland.

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Building better health in the bush

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