Preventive Care: Supporting Women Living with Gynaecology Conditions With Alcohol, Smoking and Vaping

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Background:
Women awaiting gynaecological surgery or specialist outpatient care often face prolonged delays, contributing to poorer physical, psychological, and social outcomes. These delays may increase stress and substance use, including alcohol and smoking, alongside other modifiable risk factors such as poor nutrition and physical inactivity. Inequities are pronounced among rural, remote, and Aboriginal and Torres Strait Islander populations, highlighting the need for accessible and equitable models of care during waiting periods.

Description of Model of Care/Intervention:
Way to Wellness (WTW) is a telehealth, patient-centred intervention supporting women on waitlists by addressing modifiable health and mental health risks. The service includes structured risk assessments, brief advice, personalised counselling using Motivational Interviewing, goal setting, and referrals to evidence-based behaviour-change programs. It targets key domains including smoking, alcohol use, nutrition, physical activity, and emotional wellbeing.

Effectiveness/Acceptability/Implementation:
WTW was offered to 9,998 women, with 1,457 completing baseline assessments and 887 completing follow-up. The program reached priority populations (17.7% rural/remote; 6.9% Aboriginal and Torres Strait Islander). Among participants, 61.9% reported positive health changes, with 1,212 referrals made to targeted programs. Behaviour change indicators were strong: 92.9% reported readiness to improve health, 88.9% confidence in applying knowledge, and 86.2% actionable learning. Acceptability was high, with over 94% reporting positive experiences and 89.8% noting convenience.

Conclusion and Next Steps:
WTW is a feasible, scalable model for pre-consultation care. Future work includes expansion to other cohorts, longitudinal evaluation, and economic analysis.

Implications on communities, practice, policy and/or First Nations communities:
WTW demonstrates the value of early engagement to improve equity and readiness for care. It supports culturally responsive, accessible care for underserved populations, including First Nations communities, and rural and remote communities, and provides a scalable framework for integrating preventive health into waitlist management and informing policy.

Disclosure of Interest Statement: The authors have no conflicts of interest to disclose.