

Promoting physical activity
and nutrition within a primary
health care environment

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Also refer to Appendix three for a list of contacts of public health providers, District Health Boards and others.

Executive Summary

Increasing physical activity and improving nutrition across populations has proven health benefits in reducing cardiovascular disease, diabetes and other major diseases (e.g. some cancers). Work in this area should be given urgent priority across the health sector as obesity is increasing at an alarming rate.

Current research and best-practice strongly indicate that primary care and public health providers can work together in primary health care settings (PHOs in NZ) to achieve a more integrated personal health and public health approach to prevention of cardiovascular disease, diabetes, and cancer.

The report introduces a range of evidence-based public (or population) health interventions for PHOs to increase physical activity and improve nutrition an overview of key references and other background material.

Effective health promotion programmes funded from primary health care settings will require investment in sufficient human resource for planning and implementation. A key benefit for PHOs integrating a health promotion approach, is the development of a wellness focus that is likely to appeal to the broader community with the opportunity for both personal health and health promotion practitioners to add value to each others work.

Barriers to better integration of primary care and health promotion identified by key informants are resistance by personal health and health promotion personnel to work together and develop a shared understanding and respect for differing work methods, and limited resources for public health initiatives. A significant risk is the waste of scarce resources on ineffective programmes.

Conclusions

The research evidence for effective health promotion interventions that increase physical activity, improve nutrition or reduce obesity highlights that individual or stand alone approaches are less likely to succeed. More effective programmes include multiple components that foster social networks and seek to enhance the broader community or environment so that healthy choices are easy choices. Local, regional and national public health action needs to include activity across the continuum of health promotion from one-to-one health counselling through to community development and community action, and policy and environmental advocacy.

Enhancing current clinical activity through screening, risk assessments and using the Green Prescription is important. From a health promotion viewpoint, establishing a few effective interventions to encourage organisations to be more health focused, developing community action programmes that foster physical activity and improved nutrition, and being involved in advocacy policy and environmental change is likely to achieve the best outcomes. Figure 1 outlines some examples of effective actions

that PHOs could do to increase physical activity and improve nutrition thus reducing the prevalence of diabetes and cardiovascular disease.

Health promotion funding in PHOs will vary according to the size of the enrolled population. Small PHOs (less than 15,000 enrolled population) may wish to consider sub-contracting with existing providers or working in partnership with them. Small PHOs will need to limit the number of interventions in any programme of activity.

PHOs are encouraged to liaise with Auckland and Northland DHB Regional Public Health Unit staff, and NGO providers.

Examples of effective interventions used to promote physical activity and improved nutrition across the public health continuum

Key messages

Eat a variety of nutritious foods
Eat less fatty, salty and sugary foods
Eat plenty of vegetables and fruits
Fully breastfeed infants for at least six months
Be active everyday for at least 30 minutes in as many ways as possible
Add some vigorous exercise for extra benefit and fitness
Aim to maintain a healthy weight throughout life
Promote and foster the development of environments that support healthy lifestyles

Individual Focus ←-----→ **Population Focus**

1. Screening, individual risk assessment, immunisation	2. Health information	3. Health education counselling & skill development	4. Social marketing	5. Organisational development	6. Community action	7. Economic and regulatory activities
<p>Use standard screening tools and recommended protocols.</p> <p>Carry out community screening for diabetes or other risk factors.</p> <p>Referral to exercise classes or fitness and recreation facilities, negotiate subsidies or introductory offers.</p> <p>Face to face, telephone or mail follow-up.</p>	<p>Provide brief verbal advice, written prescriptions (e.g. Green Prescription), brochures, and other handouts.</p>	<p>Group supermarket tours to understand food labelling and healthy choices.</p> <p>Re-inforce the Heart Foundation's "Pick the tick" initiative.</p> <p>Facilitate family involvement and social support.</p> <p>Encourage families to reduce the amount of time children watch television.</p> <p>Establish support groups.</p> <p>Use structured counselling (e.g. Motivational interviewing) and goal setting.</p>	<p>Support national/regional advertising initiatives such as "Push Play", "5+ a day", and "Pick the tick".</p> <p>Iwi or Pacific radio advertising.</p> <p>Use posters and signs available from national initiatives in prominent locations.</p> <p>Note: Important to collaborate with others (e.g. pool resources for regional advertising, build on national programmes)</p>	<p>Use the Heart Foundation's "Hearty Hearts" programme in local pre-schools (liaise and work with the Heart Foundation; adapt for local community).</p> <p>Work with local butchers, supermarkets, café, workplaces to ensure healthy food choices are available and promoted.</p> <p>Use school-based programmes (policy, and education to ensure healthy food choices in tuck-shops, removal of drink vending machines).</p>	<p>Encourage the development of Walking School Buses and other initiatives that support children walking to and from school.</p> <p>Set up walking groups.</p> <p>Provide local exercise classes.</p> <p>Establish gardening initiatives.</p> <p>Support existing community development programmes (e.g. Pacific Heartbeat).</p>	<p>Prepare submissions or advocate on national and local policy. For example:</p> <ul style="list-style-type: none"> • Elimination of food advertising directed at children. • Establishment of increased pricing or a fat tax on unhealthy foods. • Improved lighting in parks or other ways to improve walkways in parks.
⇒ Enhance current clinical activity			⇒ Focus on establishing a few interventions and collaborate with public health providers			

1. Introduction

This report outlines various options for Primary Health Organisations (PHOs) seeking to establish 'health promotion' initiatives that foster increased physical activity and improved nutrition within communities. The information presented will be useful for decision-makers, planners and practitioners within the health sector who seek to understand the integration of a population health approach within primary health care settings.

This report has two aims.

1. To identify possible roles for primary health care organisations in preventing cardiovascular disease and diabetes through promoting physical activity and improved nutrition.
2. To identify options for Primary Health Organisations (PHOs) in the Northern Region seeking to develop health promotion programmes to reduce the incidence of diabetes and cardiovascular disease.

1.1 What is public health?

Public health¹ is about promoting well-being and preventing ill health before it happens. Public health takes a population health approach by taking into account all the determinants of health, while personal health is about improving the health of individuals.

Health promotion is one aspect of public health (health protection being the other major aspect) and includes five components as described by the Ottawa Charter:

- Building healthy public policy.
- Creating supportive social, physical and cultural environments for health.
- Strengthening community action for health.
- Developing personal skills so people can take action to improve their own health.
- Reorienting health services if necessary to make them accessible and acceptable to the population they serve.

More simply, effective health promotion often involves coordinated community action, media activity, and policy work. The following discussion outlines what PHOs should consider in developing effective health promotion programmes to promote increased physical activity and improved nutrition.

¹ Refer to *Health for all people, He organga mo te katoa: An overview of public health* (Ministry of Health, 2002) available from www.moh.govt.nz.

1.2 Diabetes and cardiovascular disease a priority for prevention efforts

Reducing the health impacts of diabetes and cardiovascular disease are priority areas for the District Health Boards in the Auckland area (and for the country in the *New Zealand Health Strategy*). Adequate levels of physical activity and healthy nutrition are important in the prevention of these diseases. Prevention efforts are seen as being critical to curb the increasing treatment costs due in part to the dramatic increases in the proportion of the population who are obese. These increasing costs are unsustainable and preventative measures are urgently required.

The Ministry of Health currently funds population-based public health programmes (refer Appendix three for a list of current providers and other contacts) aimed at promoting physical activity and nutrition. The Ministry is supportive of further development of these initiatives especially through the extra funding being made available for PHOs, but something that PHOs and DHBs decide. Collaboration and coordination of efforts is essential for effective use of resources and will underpin all funding contracts.

Promotion of physical activity and improved nutrition is a priority² because:

- Cardiovascular disease is a leading cause of death and hospitalisations.
- Diabetes is a leading cause of hospitalisations and a significant risk factor for other major health problems.
- The Ministry of Health estimates that in 1997, the direct health care costs of obesity were \$135 million and as more people become obese the costs will rise further.
- There are approximately 160,000 people in New Zealand with type 2 (non-insulin dependent) diabetes, 50% or more of cases being undiagnosed, and the incidence of diabetes is rising sharply, particularly among Maori and Pacific peoples (estimated to increase by 97 percent and 117 percent respectively by 2021).
- Cardiovascular disease and diabetes will continue to increase without increased prevention efforts and further stretch personal health services, thus placing a huge burden on the overall health system.
- Physical inactivity:
 - is common (approximately one third of New Zealanders);
 - comes second only to smoking as a modifiable risk factor for poor health;
 - accounts for 8% of all deaths (approximately 2,000 per annum); and
 - is most likely to be the most important factor leading to the increase in obesity, diabetes, and cardiovascular disease, and other degenerative diseases.
- Thirty minutes plus (even in 10 minute chunks) of moderate intensity (e.g. brisk walking) on most days of the week can benefit health for adults, and any increase in physical activity is beneficial.

² These health facts are sourced from various background documents (e.g. *Toolkits*, the *Healthy Eating-Healthy Action Strategy*, and the *Cancer Control Strategy*) outlined in the references.

- Poor nutrition plays a major role in the leading three causes of death (i.e. ischaemic heart disease, cancer and stroke), as well as the aetiology of major health conditions of obesity, type 2 diabetes, hypertension and dental disease.
- There are inadequate population nutrition levels of fruit and vegetable intake (i.e. not eating five plus servings of fruit and vegetables a day), inadequate bread and cereal intake, and inadequate calcium intake, high levels of fat intake (including saturated fatty acids), high-sugar food intake, and high dietary sodium (salt) intake, especially related to lower socio economic deprivation.
- More than 1000 people die each year from obesity related health problems, double the annual road toll (Ministry of Health 1999). More than half the population are either overweight (35%) or obese (17%). Maori and Pacific have considerably higher levels of obesity than New Zealand Europeans.
- The Ministry of Health predicts (based on the current rate of increase) that there will be a 73 percent increase in the prevalence of obesity in New Zealand – from 17% of the population to 29% – by the year 2011.
- Physical activity reduces the risk of colon and breast cancer, and may reduce the risk of prostate, lung, and endometrial cancers. Obesity is a risk factor for colon, breast (post menopausal), endometrial, renal-cell, and oesophageal cancer.
- There is strong evidence to link colorectal cancer, breast and lung cancers, with a number of foods and dietary habits. These three cancers are important causes of morbidity and mortality in New Zealand. Other cancers have also been linked to different foods. Increasing fruit and vegetable consumption and fibre intake, decreasing fat intake, and reducing the incidence of obesity, could reduce cancer risk.

1.3 Key physical activity and nutrition messages

The Ministry of Health's background document to the draft *Health Eating-Healthy Action Strategy*³ states that, "*Improving nutrition, increasing physical activity and reducing obesity in the population would have significant impact on the health and wellbeing of many New Zealanders. The key population messages [include]...*

- *Eat a variety of nutritious foods;*
- *Eat less fatty, salty and sugary foods;*
- *Eat plenty of vegetables and fruits;*
- *Fully breastfeed infants for at least six months.*

- *Be active everyday for at least 30 minutes in as many ways as possible;*
- *Add some vigorous exercise for extra benefit and fitness.*

- *Aim to maintain a healthy weight throughout life;*
- *Promote and foster the development of environments that support healthy lifestyles."*

³ *Healthy Eating-Healthy Action, Oranga Kai – Oranga Pumau: A Background to improve nutrition, increase physical activity and help maintain a healthy body weight, Ministry of Health, December 2002.*

The Ministry of Health's background document and draft strategy recommend that approaches to improve nutrition, increase physical activity and reduce obesity should be multi-levelled and use a range of strategies. The document presents some pertinent information for organisations planning interventions.

- Women living in deprived areas appear to suffer disproportionately from obesity and overweight and they are also more likely to not be able to purchase adequate or appropriate food for their families.
- Ability to participate in physical activity may also be adversely affected due to lack of money. Lower socioeconomic status is also associated with poorer health generally, poorer housing and lower levels of education. Developing services and programmes that meet the needs of people from lower socioeconomic groups should be a key focus.
- Improving nutrition, physical activity and promoting a healthy bodyweight is an issue for all age-groups but good habits should be developed from an early age. A focus on infants, children and young people, using the family/whanau setting, provides a sound environment for supporting positive behavioural change.
- The environment (e.g. types of food available, access to physical activity, transport, etc) has been identified as a key to improving nutrition, increasing physical activity and reducing obesity. Supportive environments where the healthy choices are the easy choices need to be developed and considered in all planning.
- Identified key messages (listed on page 8) should be consistently communicated.

1.4 An integrated approach to the promotion of physical activity and nutrition

An integrated approach to increased physical activity and improved nutrition has been signalled in the Ministry of Health's draft strategy, *Healthy Eating - Healthy Action. Oranga Kai - Oranga Pumau*. It aims to improve environments and lifestyles so it is easier for New Zealanders to be active and access a healthier diet. It seeks to increase our efforts to break down the social, economic, cultural and environmental barriers that prevent people from eating well, living physically active lives and maintaining a healthy body weight. The focus will be on innovative and integrated solutions, not just the promotion of lifestyle changes that individuals make for themselves. It will require a major commitment and change in areas such as transport, local government, the food industry and the workplace so that a healthy, more active lifestyle is more achievable for everyone.

Current understanding (refer to *Toolkits* and the draft *Healthy Eating – Healthy Action, Oranga Kai – Oranga Pumau* strategy, Ministry of Health, 2002) of the prevention of cardiovascular disease and diabetes through the promotion of physical activity and improved nutrition indicates the need for a range of activity.

- Comprehensive and intersectoral strategies that address the multiple risk factors across all ages.
- Sustained action over time.
- Co-ordinated local, regional and national action.

- A broad view of prevention and management that requires interventions to occur at a range of levels e.g.
 - the environment;
 - the whole population and population sub-groups;
 - individuals (e.g. screening).
- Greater collaboration between personal health and public health providers.
- A focus on priority groups, including sedentary people, older people, children and adolescents, those of lower educational status, those at risk of specific diseases and conditions that could benefit the most from physical activity and improved nutrition.
- Action to reduce inequalities in health, with particular emphasis being placed on prevention programmes that are culturally appropriate and accessible for Maori, Pacific people, migrants and refugees, disabled and lower-socio economic and educational status groups.
- Health promotion within workplaces, schools, and community settings. These are important locations for promoting physical activity and improved nutrition through policy changes, provision of services and information, and generally making healthy choices, easy choices.

1.5 Primary Health Organisations: new model of primary health care

Primary Health Organisations provide further opportunities enhance health and well-being in their communities. The three-year funding package, commencing in July 2002, includes new funding of at least \$2 (including GST) per enrolled person per year for health promotion programmes to be delivered by PHOs. Key aspects of PHOs are outlined below.

- Funding is related to the number of enrolled patients with extra funding being provided for PHOs that have high percentages of Maori, Pacific peoples, and lower income people.
- They involve the community in the development and delivery of services.
- They provide a minimum set of essential population-based and personal first-line services (e.g. after-hours service).
- They must demonstrate that they are working with other providers within their regions to ensure that services are co-ordinated around the needs of their enrolled populations (e.g. multidisciplinary approach, ensure links with public health providers, etc).
- They are run as not-for-profit organisations.

1.6 Health promotion programmes in PHOs

Any prevention and health promotion activity needs to be set within a broader context of public health⁴. The Ministry of Health has prepared health promotion programme guidelines for PHOs⁵. PHO health promotion programmes should demonstrate:

- The principles of health promotion practice based on a recognised health promotion planning approach.
- How they will develop partnerships with local iwi, hapu, whanau Maori communities and to develop appropriate health promotion programmes for Maori health gain.
- How they will involve Maori at all levels in the decision-making, planning, development and delivery of health promotion programmes in primary health care settings.
- How they will link with Pacific communities.
- How they will influence the wider determinants of health and identify ways of strengthening protective factors, reducing risk factors and reducing inequalities.
- Partnership with affected communities in decisions about health promotion priorities, design, actions and evaluation.
- Collaboration with existing health promotion providers to build on existing programmes and services.
- How they align with local, regional and national strategic goals and priorities.
- How they will ensure the quality of health promotion services.

In broad terms developing a health promotion programme involves problem definition, solution generation, and committing support and resources for quality health promotion action. Developing a health promotion programme is a complex task and should be undertaken by someone with recognised competencies and experience.

1.6.1 Funding for PHO health promotion activities

Public health funds represent less than 2 percent of the total health spend. The extra funds for PHO health activity are also relatively small. Even with reasonable numbers of enrolled patients, PHOs will only receive funds to employ 1-2 full time equivalents (see Table 1 on page 12).

⁴ The Ministry of Health has produced an overall framework for public health (*Achieving health for all people, Whakatutuki te orange hauora mo nga tangata katoa: A framework for public health action for the New Zealand Health Strategy*, Ministry of Health, 2002) that needs to be considered in all planning and funding decisions.

⁵ Refer to the Ministry of Health's (2002), *A Guide To Developing Health promotion programmes in Primary Health Organisations*.

Table 1. PHO funding for public health activity in four broad bands by number of enrolled patients

Number of enrolled patients	Range of health promotion funding
0-9,643	\$0-\$24,000
14,063-24,107	\$25,000-\$60,000
34,313-40,179	\$61,000- \$100,000
56,250-200,893	\$100,000-\$500,000

Note: Based on maximum funding of \$2.49 plus GST.

For funding levels less than \$60,000, consideration should be given by PHOs to sub-contracting with existing providers. For example, it is estimated that around \$70,000 is needed to employ and resource one FTE including all overheads.

If a PHO decides to employ dedicated health promotion practitioners and/or community development staff, it is important that strong linkages are formed with existing public health providers (refer contacts list at end of document).

It is recommended that if staff numbers are small, the PHO limit the number of interventions in any programme of activity.

1.6.2 Possible health promotion interventions by a PHO

Figure 1 below illustrates a continuum of health promotion from an individual focus to a population focus is well articulated by the Victorian Government Department of Human Services, 2000 (cited in Ministry of Health, *A Guide To Developing Health Promotion Programmes In Primary Health Organisations*, December 2002).

Figure 1. Public health continuum (Source: Victorian Government Department of Human Services, 2000)

Individual Focus <----->				-----> Population Focus		
1. Screening, individual risk assessment, immunisation	2. Health information	3. Health education counselling & skill development	4. Social marketing	5. Organisational development	6. Community action	7. Economic and regulatory activities

Using Figure 1 as a framework for effective interventions, examples of interventions to promote physical activity and improved nutrition that might apply in a PHO setting have been outlined in Figure 2 on page 13. The evidence for these interventions is available from the Ministry of Health's background document⁶ and other referenced documents (see key references on page 26).

⁶ *Healthy Eating-Healthy Action, Oranga Kai – Oranga Pumau: A Background to improve nutrition, increase physical activity and help maintain a healthy body weight*, December 2002, Ministry of Health, Wellington.

Figure 2. **Examples** of effective interventions used to promote physical activity and improved nutrition across the public health continuum

Key messages

Eat a variety of nutritious foods
Eat less fatty, salty and sugary foods
Eat plenty of vegetables and fruits
Fully breastfeed infants for at least six months
Be active everyday for at least 30 minutes in as many ways as possible
Add some vigorous exercise for extra benefit and fitness
Aim to maintain a healthy weight throughout life
Promote and foster the development of environments that support healthy lifestyles

Individual Focus ←-----→ **Population Focus**

1. Screening, individual risk assessment, immunisation	2. Health information	3. Health education counselling & skill development	4. Social marketing	5. Organisational development	6. Community action	7. Economic and regulatory activities
<p>Use standard screening tools and recommended protocols.</p> <p>Carry out community screening for diabetes or other risk factors.</p> <p>Referral to exercise classes or fitness and recreation facilities, negotiate subsidies or introductory offers.</p> <p>Face to face, telephone or mail follow-up.</p>	<p>Provide brief verbal advice, written prescriptions (e.g. Green Prescription), brochures, and other handouts.</p>	<p>Group supermarket tours to understand food labelling and healthy choices.</p> <p>Re-inforce the Heart Foundation's "Pick the tick" initiative.</p> <p>Facilitate family involvement and social support.</p> <p>Encourage families to reduce the amount of time children watch television.</p> <p>Establish support groups.</p> <p>Use structured counselling (e.g. Motivational interviewing) and goal setting.</p>	<p>Support national/regional advertising initiatives such as "Push Play", "5+ a day", and "Pick the tick".</p> <p>Iwi or Pacific radio advertising.</p> <p>Use posters and signs available from national initiatives in prominent locations.</p> <p>Note: Important to collaborate with others (e.g. pool resources for regional advertising, build on national programmes)</p>	<p>Use the Heart Foundation's "Hearty Hearts" programme in local pre-schools (liaise and work with the Heart Foundation; adapt for local community).</p> <p>Work with local butchers, supermarkets, café, workplaces to ensure healthy food choices are available and promoted.</p> <p>Use school-based programmes (policy, and education to ensure healthy food choices in tuck-shops, removal of drink vending machines).</p>	<p>Encourage the development of Walking School Buses and other initiatives that support children walking to and from school.</p> <p>Set up walking groups.</p> <p>Provide local exercise classes.</p> <p>Establish gardening initiatives.</p> <p>Support existing community development programmes (e.g. Pacific Heartbeat).</p>	<p>Prepare submissions or advocate on national and local policy. For example:</p> <ul style="list-style-type: none"> • Elimination of food advertising directed at children. • Establishment of increased pricing or a fat tax on unhealthy foods. • Improved lighting in parks or other ways to improve walkways in parks.
⇒ Enhance current clinical activity			⇒ Focus on establishing a few interventions and collaborate with public health providers			

2. Effective interventions for promoting physical activity and improved nutrition⁷

“An appropriate public health mix of strategies, including mass media campaigns to initiate community awareness, environment and policy interventions to allow sustainable change, and individual motivation and counselling, especially through primary care, should be the corner stone of a successful mix of interventions (Bauman, 2002: 23⁸).”

2.1 Evidence for effectiveness

The nature of health promotion interventions compared to more individual or clinical interventions means that the evidence for health promotion is less empirically based. For example, it is difficult to carry out randomised controlled trials for most health promotion interventions as they require long-term community development processes involving whole populations. However, there is an evidence base for health promotion which predominantly relies on theories of behaviour change and evaluations of programmes. The evidence base for one-to-one interventions is also limited, but does include some evaluations that have used randomised controlled trials. The evidence base for obesity prevention is very limited.

2.2 Effective public health activity

The background document⁹ to *Healthy Eating-Healthy Action* strategy summaries key issues and evidence for different approaches to improve nutrition, increase physical activity, and maintain a healthy body weight. Key findings¹⁰ from this report are outlined below.

⁷ This section is based on Ministry of Health documents and literature reviews conducted by Melinda Gardner and Robyn Whittaker, along with reference to various health promotion, physical activity, and nutrition reports, and conference papers.

⁸ Eat & run: The first Australian Nutrition, Physical Activity and Cancer Conference: Program Book.

⁹ *Healthy Eating-Healthy Action, Oranga Kai – Oranga Pumau: A Background to improve nutrition, increase physical activity and help maintain a healthy body weight*, December 2002, Ministry of Health, Wellington.

¹⁰ Readers seeking specific references should refer to the background report available from the Ministry of Health.

2.2.1 Programmes

Effective programmes to increase consumption of vegetables and fruit include the following:

- Multimedia programmes to increase awareness of the range of vegetables and fruit.
- School-based programmes promoting the benefits of 5 + A DAY.
- Increasing availability of vegetables and fruit by ensuring appropriate meals available at restaurants.
- Increasing availability of low cost vegetables and fruit to low income communities.

Programmes that increase awareness of healthy food choices, such as Pick the Tick and 5 + A DAY have high consumer awareness of around 90 percent.

Supermarket and catering interventions have shown an effect on food purchases, at least in the short term. Interventions included improved identification of healthy options and accessibility to healthier versus non-healthier options, which then resulted in decreased fat intake.

2.2.1 Effective interventions

Interventions that had the most sustained effect on diet-related outcomes are as follows.

- Interventions based on behavioural theories rather than provision of information.
- Some degree of personalisation of the intervention.
- The provision of feedback.
- Multiple contacts over a sustained period of time.
- Simple identification of meal time options.

In a major review of 217 studies (Contento et al 1995) aimed at evaluating the effectiveness of nutrition education for the public it found that the more effective programmes had the following characteristics.

- They took into account the motivations of particular population groups.
- They involved self esteem and feedback.
- They required active participation.

The evaluation of a number of New Zealand based programmes found the following.

- Programmes which link to community aspirations and needs were likely to be more successful.
- Effective programmes had defined goals and were well planned.
- Community programmes could be enhanced when supported by programmes which operated on a national level.
- School settings were ideal for reaching and influencing most young people.
- Strategies need to counter the influence of advertising, especially for young people (Evaluation Associates 1999).

Evaluation of Maori community nutrition programmes in New Zealand indicated that community nutrition programmes developed and delivered by Maori resulted in a number of positive outcomes (e.g. changes in food served at social gatherings).

A number of international interventions have shown adequate evidence to support effective ways of increasing physical activity. Common elements in successful strategies include the following points.

- National political endorsement and commitment along with collaboration of a wide range of government and non-government agencies.
- Creation of, or enhanced access to, places for physical activity combined with informational outreach activities in a range of settings including the workplace, community and schools.
- Community wide campaigns, e.g. support and self-help groups, counselling for physical activity, risk factor screening, community events and the creation of walkways.
- Point of decision prompts to encourage stair use, e.g. motivational signs placed close to lifts and escalators to encourage stair use can increase stair use by over 50 percent, ethnic specific messages can be more effective than generic messages for some population groups.
- Individually adapted health behaviour change programmes, e.g. goal setting, self-monitoring, building social support, behavioural reinforcement, problem solving, and relapse prevention.
- School based physical education programmes, e.g. modified curricula and policies to increase physical activity for all such as increasing the amount of physical education time can increase activity.
- Social support interventions in community settings that focus on building, strengthening, and maintaining social networks, such as walking groups.
- Encouragement of mainstream and specialised sport and recreation opportunities.

Green Prescriptions are a well-documented example of an individually adapted behaviour change programme proven to increase the number of people engaging in recreational physical activity relative to people receiving verbal advice only (Swinburn 1998). Green Prescriptions are a health practitioner's written advice for a person to be active. Free follow-up is available through regional sports trusts. However for Pacific peoples, many of whom do not visit GPs, anecdotal evidence suggests exercise programmes developed by Pacific public health providers may offer a more acceptable and effective approach.

The Push Play physical activity awareness campaign (run by SPARC) promotes the 30 minutes physical activity message and has been running since 1999. The campaign appears successful compared to similar campaigns internationally and has over 50 percent community awareness and five percent of people said they had engaged in more physical activity after having seen the advertisements.

An example of a social support intervention that has been evaluated is the Hikoi 2002 (Wehipeihana 2001). Modelled on the National Heart Foundation's Stroll, Strut, Stride programme, Hikoi encourages people to walk with their whanau, making it fun to lose weight and get fitter. The number of teams participating increased from 5 in 1995 to 82 in 2002 (approximately 800 people).

There are a number of other possible areas where interventions could be effective. However, some have not been evaluated or there is insufficient evidence to demonstrate an effect at this stage. Any nutrition or physical activity strategy should be sustainable long term, multi-levelled and adequately resourced.

2.3 Theories of behaviour change

Theories of behaviour change usually underpin health promotion across the continuum of one-to-one interventions to broader population-wide interventions. Various models of behaviour change have been espoused and used to develop public health programmes and health counselling (e.g. social marketing based on the wheel of change, motivational interviewing, health beliefs model, etc). Most examine various factors that need to be in place to motivate individuals or groups of individuals to change behaviour. Most successful programmes result in small changes in behaviour (i.e. 5-15%). For example, a comparison of the effectiveness of different GP interventions cited by Bauman (2002)¹¹ shows that:

- Smoking advice achieves around 5% quit rates.
- Alcohol advice achieves 10-14% change in drinking patterns.
- Nutrition advice achieves around 5-8% change.
- Physical activity advice achieves around 10% increase in physical activity.

However, when spread across whole populations, these small changes in behaviour can have a significant impact on health outcome and status.

Behaviour change is often underpinned by increasing awareness, improving knowledge, changing attitudes, and creating supportive environments for positive health. Programmes should include synergistic components for individuals, social networks, and the broader community environment, and be accessible, personally relevant, and empowering. Working with communities (e.g. involving the community in programme planning and development), and not at them, is also fundamental to effective health promotion programmes¹².

Moving from general theories of behaviour change, various specific interventions have been shown to have some effectiveness and are briefly outlined below¹³.

Exercise

There is evidence of a reasonable effect from:

- GP advice to patients to take more exercise.
- Behaviour modification programmes using a combined approach.

¹¹ Eat and Run conference proceedings, Australia, 2002.

¹² Based on presentation notes by Louise Mainvil, University of Otago at the Eat and Run Conference, Australia 2002.

¹³ Adapted from Jepson (2000). The effectiveness of interventions to change health-related behaviours: A review of reviews. Medical Research Council, University of Glasgow.

There is evidence of a modest effect or likely to be effective from:

- Physical activity promotion schemes in primary care.
- Workplace interventions to increase the number of workers who exercise regularly.
- Interventions that encourage walking (but do not require attendance at a facility).

Diet

There is evidence of a reasonable effect from:

- Health promotion programmes based on theories of behavioural change and which encourage goal setting.
- Family therapy programmes aimed at preventing the progression of obesity in already obese children.
- Combined behavioural, diet and exercise programmes for treatment of obesity.

There is evidence of a modest effect or likely to be effective from:

- Dietary advice as a primary prevention in adults.
- School-based programmes that include eating behaviours as a component of the programme.
- Health promotion interventions to improve the diet of older people.
- Weight-reducing diets in overweight hypertensive persons.
- Community-based programmes aimed at women of childbearing age.
- Diet plus exercise for weight loss.

2.4 Effective interventions proven in primary health care setting

A literature review search was undertaken to address the effectiveness of physical activity and nutrition interventions in primary care to reduce the incidence of diabetes type 2 and/or cardiovascular disease.¹⁴ Eleven reviews including two Cochrane reviews and five further systematic reviews were found on the effectiveness of physical activity and/or nutrition interventions; 12 published papers on the effectiveness of nutrition strategies in primary care and eight published papers on the effectiveness of physical activity initiatives in primary care were found. A previous paper by Dr Robyn Whittaker, *Dietary interventions to prevent obesity in primary care: a literature review (2001)* was adapted for the section on the effectiveness of nutrition strategies in primary care. A full copy of both papers including search strategies and references is available from available from the Ministry of Health, Northern Region Public Health Locality Team (refer contact details in Appendix three). An overview of the literature review is provided below.

¹⁴ *Effectiveness of physical activity and nutrition interventions in primary care.* Dr Melinda Gardner, Northern DHB Support Agency Ltd. 02 September 2002.

Some of the key points raised in the literature are as follows.

- Diabetes prevention is not straightforward despite the extensive documentation of risk factors and suggested strategies to lower the risk of diabetes disease.
- Recruiting or reaching people through general practice is thought to be an excellent way to make contact with the target population, especially key 'at risk' groups.
- Many physical activity primary care initiatives utilised expertise from outside to minimise the time involvement of the general practitioner.
- Clear physical activity intensity and duration guidelines for different age groups are required. The standard recommendation of 30 minutes brisk walking most days of the week that may be appropriate for many adults and sedentary people may be of inadequate intensity to recommend for children and adolescents.
- Physical activity and nutrition interventions/programmes that are tailored to the needs of individuals would appear to be most effective compared with general health education or health promotion messages.
- Maintaining long term beneficial changes in physical activity and nutrition behaviour is known to be very difficult.
- Even small changes in physical activity levels and improved nutrition intake would have enormous public health benefits.
- Some researchers consider that physicians' effectiveness in getting their sedentary patients to be physically active extends beyond their offices and that they can influence policies related to promoting physical activity in the community. For example, health care professionals could provide school boards with the health reasons for recesses, physical education in classes, after-hours recreations, play areas and limiting the availability of unhealthy snack foods in school settings.

The main findings for different risk groups are presented below. While there are some promising physical activity and nutrition interventions in primary care (and other settings), there is not compelling evidence for their long term effectiveness to date. That is not to say that initiatives are not effective, but rather that further research is needed, especially research that is New Zealand primary care/public health focused.

Effective interventions for children

Two systematic reviews reported that the most promising interventions in children appeared to be those that favoured reducing sedentary behaviour. For example, there is some evidence that reducing the amount of time children spend watching television prompts increases in physical activity and reductions in obesity.

Effective interventions for adolescents

Few papers were found in the review specifically addressing the effectiveness of primary care based nutrition and physical interventions among adolescents. A primary care tailored action plan to change behaviour among adults and some adolescents resulted in short term reductions in fat consumption and increases in fruit and vegetable consumption and moderate physical activity levels, although those

receiving extended interventions (frequent telephone and mail) did not do better than those receiving the less intensive intervention (infrequent telephone and mail).

A review of 12 previous reviews evaluated the effectiveness of school-based strategies for the primary prevention of obesity and for promoting physical and/or nutrition. The review was inconclusive in determining which aspects of the design and components of school-based interventions were most effective in reducing obesity and promoting physical activity and/or nutrition in children and adolescents. The investigators noted that some interventions were more effective than others at modifying one criterion, but not another, and effects were not necessarily seen in both sexes.

Effective interventions for sedentary people

The Green Prescription is targeted at sedentary people and there is reasonable evidence for the use of the Green Prescription in a New Zealand general practice setting to increase physical activity amongst this group.

Effective interventions for adults

According to some investigators there is sufficient evidence to recommend integration of key strategies of physical activity counselling into routine practice. These include tailored interventions and written materials, although questions remain about the effectiveness long term.

A systematic review by the US Preventive Task Force (2002) found that there is insufficient evidence to recommend for or against behavioural counselling in primary care settings to promote physical activity in adults. The reviewers considered that multi-component interventions combining provider advice with behavioural interventions to facilitate and reinforce healthy levels of physical activity appear the most promising. Such interventions were described as including patient goal setting, written exercise prescriptions, individually tailored physical activity regimens, and mailed or telephone follow up assistance provided by specially trained staff. Linking primary care patients to community-based physical activity and fitness programmes may also enhance the effectiveness of primary care clinician counselling.

Effective interventions for low income, ethnic minority groups and populations with disability

No reviews were found on the effectiveness of physical activity and/or nutrition interventions in reducing cardiovascular/diabetes type 2 incidence/risk for the following target groups: Māori including Māori with a family history of diabetes and/or cardiovascular disease; Pacific Island including Pacific Island people with a family history of diabetes and/or cardiovascular disease; people with a disability or at risk of chronic conditions and diseases; women with children; pregnant women; post-obese; ex-smokers and women post pregnancy.

2.5 Summary of effectiveness

The research evidence for effective public health interventions that increase physical activity, improve nutrition or reduce obesity, highlights that individual or stand alone approaches are less likely to succeed. More effective programmes include multiple components that foster social networks and seek to enhance the broader community or environment so that healthy choices are easy choices. Local, regional and national public health action needs to include activity across the continuum of public health from one-to-one health counselling through to community development and community action, and policy and environmental advocacy.

3. Key informant interviews

Key informants (within the Ministry of Health's Northern Region Locality) from 12 organisations¹⁵ providing services related to physical activity and nutrition, the prevention of cardiovascular disease, and type 2 diabetes were interviewed during November and December 2002 using a structured interview¹⁶. Organisations included a range of local, regional and national public health providers, primary care organisations, and health research organisations.

Key informant interviews were carried out to identify the key benefits, barriers, risks and opportunities for establishing public health action initiatives and where possible, to identify existing successful programmes, resources and support that would help primary care organisations further promote physical activity and nutrition. Themes from the interviews are summarised below.

3.1 Benefits and opportunities of more integrated primary care and public health

In summary, a range of potential benefits for integrating health promotion within primary care settings was identified by the key informants and focused around the following points.

- Community involvement and responsiveness in primary care settings might be improved, especially;
 - practitioner and patient relationships, i.e. both might view each other more positively, and
 - health promotion and primary care roles might complement each other better and result in improved (i.e. increased number and more appropriate) referrals between GPs and community-based public health providers.
- Primary care facilities are an access point for the community and a focus for coordinating activity. They;
 - could provide a “one stop shop” of health services,
 - could provide a coordinating role to avoid duplication and waste of resources,
 - have patients that are enrolled, therefore have a known population,
 - are places of contact with the community, and
 - could facilitate communities of interest around specific health issues.
- Public health numbers and resources might be strengthened through better sharing of resources.
- The development of an integrated model might lead to reduced health practitioner (e.g. GP, Practice Nurse, etc) workload and overall reduction in health costs. It could also help to develop a bigger/wider picture of the population and create a move away from a disease focus.

¹⁵ Refer Appendix one for a list of organisations from whom representatives were interviewed.

¹⁶ Refer Appendix two for a copy of the introductory letter and interview prompt sheet.

- Primary care practitioners might view patients more holistically and be more likely to address a range of conditions, rather than specific symptoms through promoting an improved lifestyle (e.g. diet) and understanding the impact of the environment (e.g. housing) on health.

Some public health providers felt there are opportunities for developing improved services and felt they could work alongside primary care organisations to deliver public health initiatives that are more community-based.

A range of opportunities were identified by the key informants. There are opportunities for both primary care organisations and current public health providers. These focus around the following points.

- The development of a team approach to health and treatment.
- The development of a preventative model that could identify other conditions in more early stages.
- Better integration of primary care and public health, improved coordination of existing services, and improved relationships.
- Business development, improved marketing of services, broader involvement with community groups and agencies.

Opportunities for PHOs with extra health promotion funding include the following:

- The utilisation of existing public health programmes and resources.
- The formation of joint ventures or partnerships with public health providers (e.g. public health providers could deliver components of health promotion programmes – either directly funded by PHOs or by reorienting MOH service specifications).
- The adoption of specific projects suitable for delivery through primary care (e.g. providing home visits to elderly patients to identify fall hazards).
- Clinical staff could become more involved in prevention initiatives (e.g. GPs with an interest in domestic violence being more involved in community prevention groups).

Opportunities for public health providers include the following:

- Better utilisation of current services, e.g. increased referrals to groups, etc.
- Potential access to at-risk populations.

3.2 Barriers and risks of integrated primary care and public health

The key barrier identified by many of those interviewed related to the treatment focus of primary care organisations, i.e. medical model as opposed to a prevention model. Obviously the focus of primary care organisations is the treatment of diseases. For some respondents this focus was perceived as limiting the amount of attention public health or preventative initiatives can be given. It was also perceived by some that a treatment ideology is engrained in primary care practitioners who may have difficulty taking on a prevention role beyond a limited health education or counselling approach.

The following comments relating to this barrier, were provided by some key informants.

- A limited capacity of current primary practitioners to take on extra work.
- Limited funding to employ specialised health promotion staff, dietitians, social workers, etc.
- A lack of expertise to deal with the community, or to work in a community setting.
- Friction between GPs and public health providers.
- A lack of knowledge, understanding or appreciation of public health activity.
- Resistance to work in new ways.

Other barriers mentioned included the following points.

- The business or profit motive of primary care organisations.
- Some people have lots of GPs, use multiple A&E clinics or move around for a variety of reasons, including avoiding debts.
- The costs for some patients visiting a GP are too high, especially for prescriptions. Some people delay visits, which could limit the scope for prevention efforts.
- Primary care organisations are hierarchical in nature, and public health staff may be poorly considered by medical staff.
- Perceived competition for limited resources.
- It may be potentially confusing for the community if multiple providers are trying to work on similar issues in the same setting (e.g. two providers working with the same school).
- Primary care practitioners are often too fixed in an evidence-based approach, while much public health activity is difficult to evaluate in terms of hard evidence, especially intersectoral projects.

The main risk identified for primary care organisations and funders was around ineffective use of resources and poorly developed, targeted or utilised activity:

- Programmes can be captured by people who don't need help or programmes are developed that don't reach the most in need.
- Practitioners can be drawn into lifestyle counselling as opposed to population initiatives (health promotion and other public health activity, e.g. advocacy).

Public health providers also identified that extra funding of PHOs could mean limited extra funding for current public health initiatives, yet these are under-resourced.

3.3 Coordination and training critical to success

Achieving more integration of public health within primary care will take time and require a sustained and concerted effort by the health sector. From the key informant interviews, the key resources and support identified as being required by primary care organisations and public health providers are:

- The development and provision of coordination mechanisms.
- The development and provision of training in:
 - public health knowledge and skills;

- the use of specific programmes;
- upskilling of clinicians.
- The provision of support for public health staff employed by PHOs:
 - networking;
 - mentoring.
- The provision of assistance and advice with programme planning, evaluation and other health promotion skills.
- The fostering of partnerships.

3.4 Promising local interventions

From the key informant interviews, several providers have developed promising physical activity and nutrition interventions within their communities. Examples provided included the following.

- The provision of community exercise groups (using kapa haka or Pacific movements) that also incorporate kai or food advice.
- Setting up of community gardens and encouraging home gardens.
- Screening of diabetes in community settings.
- The provision of healthy food and related promotions within schools and pre-schools aimed at the whole family.
- Supermarket tours and other support group initiatives.

3.5 Linkages with current public health providers

There are approximately 20 national and regional public health physical activity and nutrition contracts delivering services in Auckland and Northland. Maori and Pacific providers deliver many of these services. Population coverage and target population information (age, sex, ethnicity) are not readily available, but a recent evaluation indicates that there is a comprehensive mix of programmes being delivered to a high standard. The report identified gaps in public health physical activity and nutrition services for Asian populations, low income non-Maori and non-Pacific people.

It is unclear to what extent the existing programmes link with the primary care sector. From the key informant interviews some linkages were identified, but there appears to be considerable room for improved communication and understanding between primary care and prevention providers.

Appendix three provides a list of key contacts to assist all parties more easily establish appropriate networks. The Ministry of Health is planning ongoing support activities to foster improved collaboration between parties.

Acknowledgements

This report has been compiled by Martin Dawe, Health & Safety Developments on behalf of the Ministry of Health, Northern Public Health Directorate. Martin Dawe also took over project management and related tasks of the Physical Activity and Nutrition strategies in primary care project from Dr Melinda Gardner, Northern DHB Support Agency Ltd in October 2002.

Much of the information in this report has been sourced directly from various Ministry of Health documents. The authors of these documents (especially the Healthy Action - Health Eating background document) are acknowledged.

Dr Melinda Gardner prepared a literature review on effective interventions in the primary care setting that formed the basis of Section 2.3.3.

Dr Andrew Lindsay and Dr Melinda Gardner prepared a background document summarising the Public Health Nutrition and Physical Activities Programmes within Auckland and Northland.

The project team consisted of Ministry of Health, Northern DHB Support Agency Ltd, Northland DHB, Waitemata DHB, Auckland DHB Pacific Representative, Counties Manukau DHB, and MAPO. The project operated under the auspices of the Northern Region Public Health Steering Group. The project team and steering group are thanked for their direction and input into the project.

Key informants interviewed as part of this project are thanked for their time and honest discussion around the issues.

Key references

All Ministry of Health documents available from www.moh.govt.nz.

Ministry of Health, 2002. *Healthy Eating-Healthy Action, Oranga Kai – Oranga Pumau: A Background to improve nutrition, increase physical activity and help maintain a healthy body weight*, December 2002 Draft, Ministry of Health, Wellington.

Ministry of Health, 2002. *Healthy Eating - Healthy Action. Oranga Kai - Oranga Pumau. Towards an integrated approach to physical activity, nutrition and healthy weight for New Zealand. A draft for consultation, 2002*, Ministry of Health, Wellington.

Ministry of Health Toolkits:

- Physical activity: to increase the level of physical activity
- Improve nutrition: To improve nutrition
- Obesity: To reduce the rate of obesity
- Cancer Control: To reduce the incidence and impact of cancer

Ministry of Health, 2001. *A Guide for Establishing Primary Health Organisations*. Ministry of Health, Wellington.

Ministry of Health, 2002. *Minimum Requirements for PHOs*. Ministry of Health, Wellington.

Ministry of Health, 2002. *A Guide To Developing Health promotion programmes in Primary Health Organisations*. December 2002, Ministry of Health, Wellington.

Ministry of Health, 2002. *Achieving health for all people, Whakatutuki te orange hauora mo nga tangata katoa: A framework for public health action for the New Zealand Health Strategy*. Ministry of Health, Wellington.

Ministry of Health, 2002. *Health for all people, He organga mo te katoa: An overview of public health*. Ministry of Health, Wellington.

Ministry of Health, 2002. *Towards a Cancer Control Strategy for New Zealand, Marihi Tauporo, A discussion document*. Ministry of Health, Wellington.

Effectiveness of physical activity and nutrition interventions in primary care. Dr Melinda Gardner, Northern DHB Support Agency Ltd. 02 September 2002.

Appendix one: Organisations involved in key informant interviews

One or more representatives from the following organisations were interviewed as part of the key informant component for this report.

Auckland Regional Public Health
Centre for Social and Health Outcomes Research and Evaluation
Diabetes Auckland
Diabetes Projects Trust
Food with Attitude Programme
Health Pacifica
Health Promotion Forum
Health Star Pacific
National Heart Foundation
Ngati Hine Health Trust, Hauora Whanui
Otahuhu Union Health Centre
Pasefika Healthcare
Procure Health Limited
SPARC

Appendix two: Key informant introduction letter and interview prompt

[HSD letterhead]

30 October 2002

<mail merge>

Dear

Promoting Physical Activity and Nutrition

The Ministry of Health, Auckland Locality has contracted Health & Safety Developments to carry out a project to explore the options for primary care organisations to further develop health promotion initiatives that promote physical activity and improved nutrition for surrounding populations. The project is being developed under the auspices of the Northern Region Public Health Steering group which includes the Ministry, the four Northern region DHBs, Northern DHB Support Agency Ltd and MAPO.

As part of this project, a series of interviews with key informants will be carried out and you have been put forward as a key contact for <organisation>. I will contact you in the next few days to confirm your availability for interview, and/or determine any suggested alternative representatives.

As background, I have included the aim of the interviews and broad questions I plan to ask. Also enclosed is a Ministry of Health publication that provides an overview of public health for those not familiar with this approach.

If you require any further information on this project, please either contact Bruce Macdonald, Senior Locality Manager, Public Health, Auckland Locality, Ministry of Health by telephone (09) 580-9036 or email: bruce_macdonald@moh.govt.nz or myself (contact details below).

Regards

Martin Dawe
Director

Physical Activity and Nutrition Project Key informant interview information

Aim of interviews:

To determine the perceived benefits, barriers, risks and opportunities for primary care organisations (especially PHOs) in developing physical and nutrition public health action (i.e. a population approach, e.g. including screening, health education/counselling and broader health promotion, disease/injury prevention initiatives).

Note: Focus on physical activity and nutrition, but not exclusively because of the potential to generalise across issues (e.g. use of brief interventions for alcohol and drug abuse).

Questions:

1. What do you perceive are the key benefits for primary care organisations [such as their organisation, if appropriate] in establishing public health action initiatives?
2. What do you perceive are the key barriers and risks for primary care organisations [such as their organisation, if appropriate] in establishing public health action initiatives?
3. What do you perceive are the key opportunities for primary care organisations [such as their organisation, if appropriate] in establishing public health action initiatives?
4. Including your own organisation, do you know of any successful public health action initiatives currently operating within the primary care setting? In your opinion, what makes the initiative successful?
5. What resources or other support would help primary care organisations [like yours, if appropriate] to develop effective public health action initiatives? How could existing public health providers best support (or further support) primary care organisations?
6. What do you think primary care organisations/PHOs could do, to better promote physical activity, improved nutrition and obesity reduction for their surrounding communities?

Appendix three: Current providers and other contacts

i. Ministry of Health and District Health Board contacts

Name	Role, Organisation, Postal address	Email	Telephone
Bruce Macdonald	Senior Locality Manager, Public Health Ministry of Health Private Bag 92-522 Wellesley Street Auckland	Bruce_macdonald@moh.govt.nz	580-9036
Barbara Lusk	Portfolio Manager Ministry of Health Private Bag 92-522 Wellesley Street Auckland	Barbara_lusk@moh.govt.nz	580-9123
Aseta Redican	GM Pacific Health Auckland District Health Board Private Bag 93-502 Takapuna	asetar@adhb.govt.nz	630-9943 ext 4907
Robyn Whittaker	Waitemata District Health Board Private Bag 93-503 Takapuna	Robyn.whittaker@waitematadhb.govt.nz	486-8920
Dr Andrew Lindsay	Public Health Physician Counties Manukau District Health Board Private Bag 94052 South Auckland Mail Centre	alindsay@cmdhb.org.nz	262-9534
Chris Farrelly	GM Community and Public Health Northland District Health Board PO Box 742 Whangarei	chrisf@nhl.co.nz	09-430-4100
Megan Tunks	Project Manager Auckland Regional Public Health Unit PO Box 41-200 St Lukes	mtunks@adhb.govt.nz	261-1620

ii. Public health providers

Contact details of most of the providers listed below can be found within the Provider Directory available from the Ministry of Health (www.moh.govt.nz) or from Joanna Bourke-Vete, telephone (09) 580 9107 or email: joanna_bourke-vete@moh.govt.nz

- Agencies for Nutrition Action – Christchurch-based national provider of nutrition and physical activity co-ordination services - (regional fora, newsletter, website).
- Auckland DHB Public Health Unit - a range of nutrition and physical activity public health programmes including advice to industry, gardening project.
- Diabetes Auckland – Mt Eden - education sessions, supermarket tours, and information on diabetes.

- Diabetes Project Trust - Otara - exercise groups, diabetes prevention health promotion, support for people with diabetes, developing programme for obese adolescents.
- Hapai Te Hauora Tapui Ltd - Auckland - co-ordinate public health actions of four Maori providers.
- Hauora Whanui - Kawakawa - nutrition and physical activity public health programme.
- Health Pacifica - Mangere - Pacific nutrition and physical activity public health programme focussing on children and families, exercise groups.
- Health Promotion Forum - national organisation - Training in public health, newsletter and website.
- Health Star - Glen Innes - nutrition and physical activity public health programme focussing on children and families, radio sessions.
- Ki A Ora Ngati Wai Trust - Whangarei - nutrition and physical activity public health programme.
- Moto'otua Ltd - Auckland - exercise programmes for Pacific community groups.
- National Heart Foundation - National development of early childhood, school, workplace, catering interventions, resource production, newsletters, website. Plus regional (based in Auckland, Northland and Kaitaia) - implementation of the above.
- Northland DHB - Public Health Unit - Whangarei - nutrition and physical activity public health programmes.
- Obesity Action Coalition - Wellington - obesity advocacy actions. (Interested organisations can become members).
- Pacific Health and Welfare Inc - Auckland - radio programmes in first languages.
- Pacific Island Heartbeat - Auckland - national and regional nutrition and physical activity public health programmes for Pacific people, Pacific resource production, and regular newsletter.
- Pasifica Healthcare - Henderson - nutrition and physical activity public health programme focussing on Pacific children and families, gardening project, youth project and cardiovascular intervention for men.
- Regional Sports Trusts - promotion of physical activity.
- SPARC - Wellington - national coordination of Sports Trust activities.
- Te Hauora O Te Hiku O Te Ika - Kaitaia - nutrition and physical activity public health programme.
- Te Hotu Manawa Maori - Auckland based national provider - training of nutrition and physical activity community workers, Maori resource production, newsletter, website.
- Te Runanga O Te Rarawa - Kaitaia - nutrition and physical activity public health programme.
- Te Whanau o Waipareira Trust - Henderson - nutrition and physical activity public health programme focussing on Maori, training of Maori community workers, cardiovascular intervention for men.
- Women's Health Action - Auckland - breastfeeding advocacy.