

Working with Primary Care on Physical Activity and Nutrition Initiatives - Lessons Learned



ANA Conference
29 July 2010

Outline

- Perspectives
- Relationships and Trust
- Government Direction
- Let's Beat Diabetes to Creating a Better Future
- Summary



Perspectives

- Primary Care - DHB
- Government Agency – DHB – Primary Care
- Industry Association Body – observation of DHBs and Primary Care
- DHB – Primary Care



Relationships and Trust

- Do you know your colleagues within the DHB/PHO that have a responsibility for nutrition/physical activity/disease prevention?
- How often do you meet /talk /develop and implement initiatives with them?
- Do you know what they do/ or how they do their work?
- Is there trust in that relationship?



Learning

"Learning is a social process that occurs through interpersonal interaction within a cooperative context. Individuals, working together, construct shared understandings and knowledge."



Current Political Focus

- Clinical Leadership
- Devolution of services to Primary Care –Getting more for less
- Greater co-operation between DHBs – regionalisation
- Reduction in the number of PHOs
- Increased focus on quality and improvement
- Establishment of clinical networks to assist in planning, delivering and evaluating services
- Self responsibility
- Greater co-ordination of care through Primary Care, greater accessibility and earlier intervention “Better Sooner More Convenient”
- Tailoring to at risk groups



For those in HEHA

- HEHA becomes “weight management” focused with a greater focus on disease prevention
- More of a clinical issue than public health



In Other Words

- A huge time of change and uncertainty for many across the health sector



What this has meant to us in Counties Manukau

- Lets Beat Diabetes
 - ✓ Right approach – prevention and promotion
 - ✗ Enough primary care involvement
 - ✗ Met the wants of our community
 - ✗ As effective as it could be



Creating a Better Future

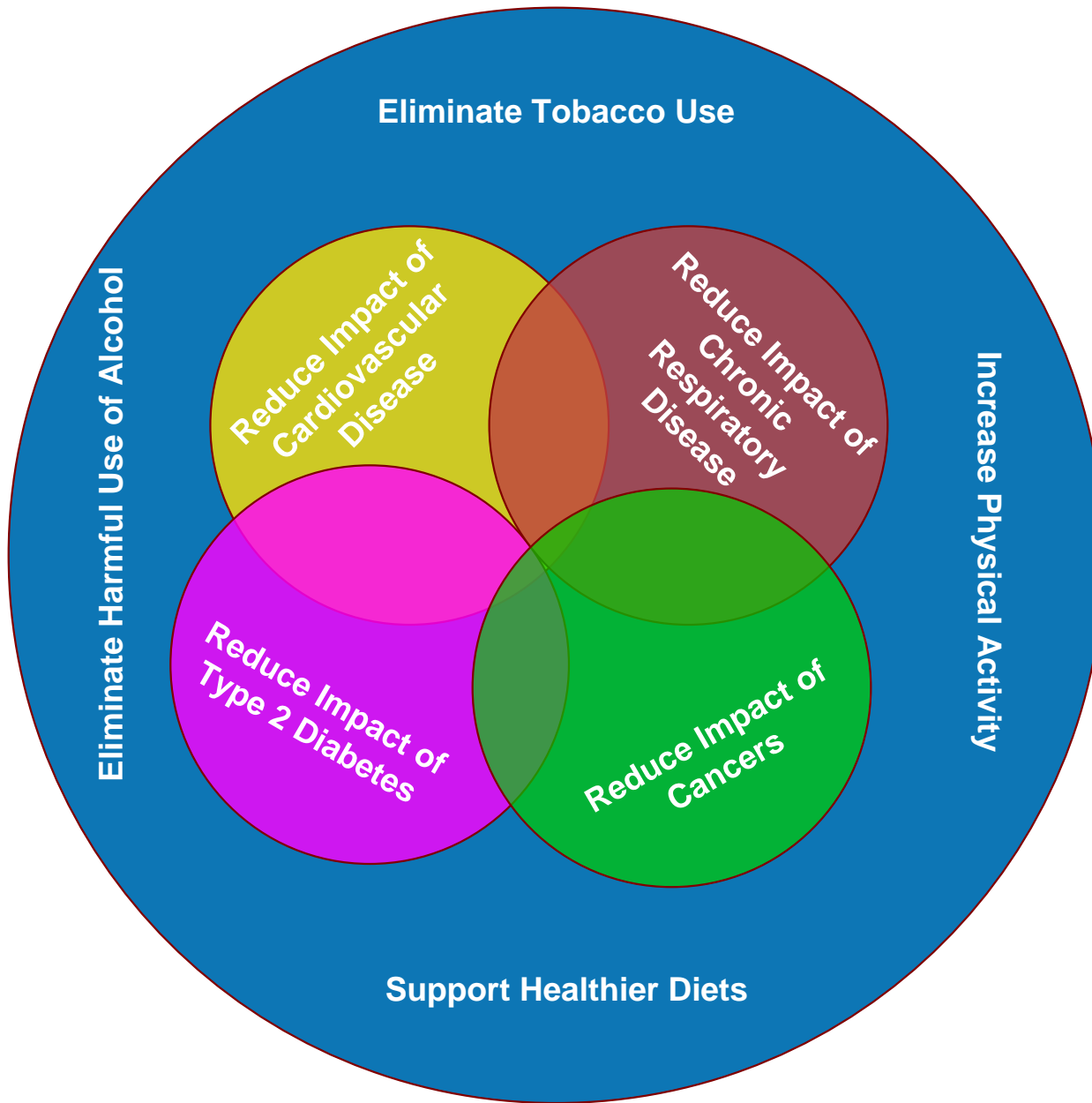
- Evolved from Lets Beat Diabetes
 - ✓ Right approach – prevention and promotion
 - ✓ Primary Care sitting around the table from strategy design to Operational Plan development
 - ✓ More adequately meets the wants of our community
 - ✓ Pools funding/roles together to help create efficiencies
 - ✓ Takes on board Government direction



Creating a Better Future

- ✓ PHO Regional Health Promotion Plan aligned to this strategy
- ✓ PHO representatives attend the “team” meetings held every 2 weeks
- ✓ PHO management representation on our Community Partnership Group as well as PHO Health Promotion Working Group and representative from joint DHB-PHO Diabetes and Cardiovascular Advisory Group
- ✓ PHO Manager representative also invited to participate on Community Partnership Group
- ✓ PHOs contracted to provide Dietitian and Project Management Support





Aim

The aim of this plan is to

- prevent or delay the onset of cardiovascular disease, diabetes, chronic respiratory disease and cancers (NCD)
- improve health outcomes and quality of life for those with disease
- reduce health inequities.



Goals

- The incidence of NCD is reduced overall and in particular rates in those populations experiencing the greatest inequities in health outcomes are reduced.
- Those living with NCD experience an improved quality of life, health and wellbeing, particularly amongst those populations experiencing the greatest inequities in health outcomes.
- People are inspired, empowered and encouraged to promote their own health, interact effectively with health care and support services and be active partners in managing disease.
- Health care and support services are built around the needs of the population, fit for purpose, responding effectively to the present disease burden and increasing opportunities for health-promoting activity.



Core Components

1. Enhancing community leadership, capacity and action
2. Developing personal, family and whaanau capacity and leadership for active engagement in being healthy
3. Working with intersectoral partners to create environments that support healthy living
4. Improving the quality of interventions for common disease
5. Facilitating health and social care integrated around the needs of those affected by NCD and their family and whaanau
6. Advancing the knowledge base for action



Where does Nutrition and Physical Activity Sit within this Plan?

Everywhere – not just prevention but also to improve management of chronic disease and improved health outcomes

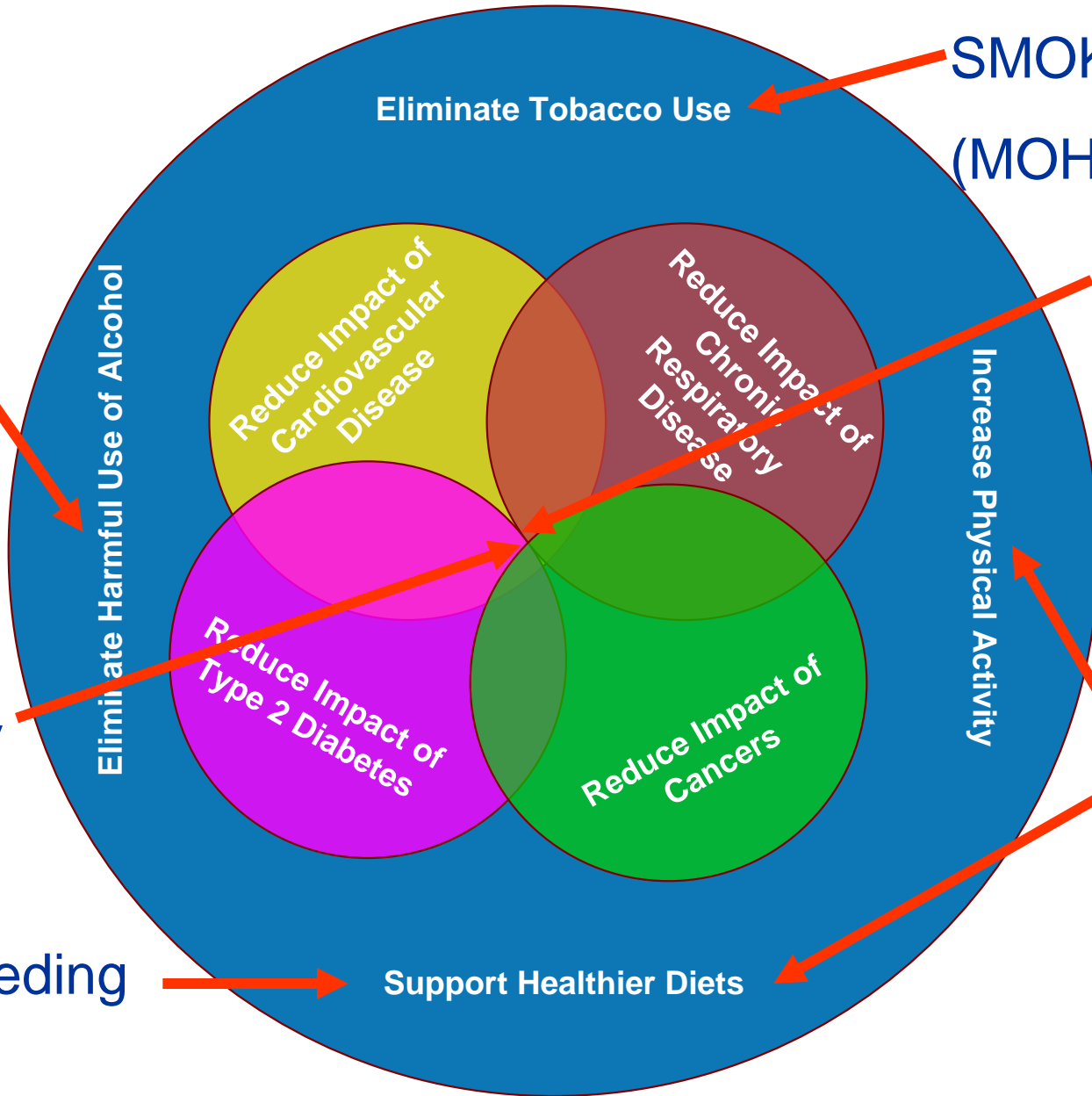


CMDHB
Alcohol
and Drug
Plan

SMOKEFREE
(MOH)

Primary
Care
Funding

HEHA
(MOH)



Eliminate Harmful Use of Alcohol

Eliminate Tobacco Use

Increase Physical Activity

Support Healthier Diets

Reduce Impact of
Cardiovascular
Disease

Reduce Impact of
Chronic
Respiratory
Disease

Reduce Impact of
Type 2 Diabetes

Reduce Impact of
Cancers



Secondary
Care
Funding

Breastfeeding
– HEHA
(MOH)

Summary of Lessons Learned

Time for adaptive change

- Need to challenge our own beliefs
- Whose values, beliefs and attitudes or behaviours have to change for progress to take place?
- What shifts in priorities, resources and power are necessary?
- What sacrifices will have to be made and by whom?



Final Point

The potential power of our collective knowledge and experience is far greater if we work together than if we work apart

