Entry category: Commitment to working together to improve community health and wellbeing

This category is for health care and community organisations, teams or individuals who are working together, demonstrating innovative thinking and developing creative solutions that have improved the health outcomes and wellbeing of our Hawke's Bay community. This could include targeted hard-to-reach populations, overcoming social and cultural barriers and adopting unique solutions to health care issues.

Entrants must complete all sections	
Title of entry **Maximum of 70 characters** Be specific, eg "Community campaign targets at risk youth".	**Tackling Obesity : Dietitians more than prove their worth in Primary Care**
About your organisation **Maximum of 150 words** A brief paragraph providing an overview of your organisation. In the case of a collaborative entry - the lead organisation, working group goal, terms of reference or vision statement.	Lead organisation : HBDHB, Operations Directorate, Nutrition and Food Service. The goal of Healthy Hawke's Bay : *'Excellent health services working in partnership to improve the health and well-being of our people and reduce health inequities..* ', the vision of Totara Health : *'to reduce health inequalities and support high needs communities*' and Hastings Health Centre : *'promoting quality healthcare and integrating a wide range of services'* are all reflected in this work initiated by Dietitians working within General Practice. Dietitians, responding to the HBDHB vision, which acknowledges the value of moving services from secondary to primary care, seized the opportunity to work inclusively with health practitioners and patients/whanau in primary care settings. Working within the General Practice team, they have delivered: • more responsive, quality care • ready access to dietitians, their skills and services, • reduced health inequities, improved long term conditions and decreased the risk of malnutrition.
Name of organisation/s **Is entry submitted on behalf of one or a number of organisations?** It is very important that you describe who	This entry is submitted on behalf of the Nutrition and Food service at Hawke's Bay District Health Board, The Hastings Health Centre, and Totara Health.

is involved in this entry. This information is used in promotional materials, acknowledgements and inscribed onto awards, plaques and certificates.	
Contact person Name of person/s who can be contacted in regards to this entry.	Deborah Chettleburgh
Email of contact person/s.	Deborah.Chettleburgh@hawkesbaydhb.govt.nz
Phone of contact person/s.	06 8788109 x6970
SIGN OFF	
Your organisation's CEO, GM, Service Director or Manager who has reviewed and endorsed this entry into the 2018 HB Health Awards	Name:_____ Signature:_____ Date: _____

Commitment to working together to improve community health and wellbeing

This category is for health care and community organisations, teams or individuals, who are working together demonstrating innovative thinking and developing creative solutions that have improved the health outcomes and wellbeing of our Hawke's Bay community. This could include targeted hard-to-reach populations, overcoming social and cultural barriers and adopting unique solutions to health care issues.

Background **Judges weighting: 15%** • What was the situation you were wanting to improve? • Why was this an important area to address, for example to reduce inequities, improve access or make better use of health dollars • What were the desired goals or outcomes you	***The challenge: tackling obesity in the community*** We all know that obesity rates in New Zealand have sky rocketed over the last 20 years. Obesity rates are even higher among Maori and Pacific communities, with one in two Maori, and two in three Pacifica being obese **(1)**. Obesity increases the risk of developing Type 2 Diabetes (T2DM), cardiovascular disease, chronic kidney disease, and osteoarthritis, all contributing to a significant burden on the health system **(2).** The Primary Health Care Strategy states that "primary care needs to be accessible to people in their communities ", and population health objectives include improving nutrition and physical activity **(3).** ***The 'big idea' - Dietitians working in Primary Care*** The current secondary care model presents many barriers to access for some

wanted to achieve?	people. Also, health resources are constrained and despite the pressing need to effectively address the "obesity epidemic" dietitians are rarely available at the 'front line'. This initiative identified three Hawke's Bay General Practices who were both willing and able to work with dieticians, integrating them into their general practice teams. The aims: • improved and earlier access to dietitian services • patients seen in more familiar environments • determine what works and what doesn't in helping people adddress excess body weight.
Summarise the approach and process **Judges weighting: 35%** • Describe the steps taken to implement the proposed changes • Include any creative ideas or new thinking that was used to reach the desired outcome • Explain the approach taken to involve and communicate with patients, whānau, employees and other key stakeholders in the design and delivery of your improvement initiative	***The approach*** The *'Dietitians working in primary care'* initiative, that enabled dietitians to work as an integral part of general practice, was established in July 2015 and continued through to July 2018. The need for an increased and more targetted dietitian input into patient treatment and care had previously been identified, the steadily increasing rates of chronic diseases (obesity, diabetes, heart disease etc) having often been directly linked with poor eating habits and lack of exercise. In response, several GP practices were approached and offered the services of a HBDHB dietitian, to work alongside their primary care teams; Totara Health practices in Flaxmere and Nelson Street welcomed the opportunity. (*Enrolled practice population 15,052; Maori 6,699; Pacific 1,785;Q5 7,905)* Six months later, the service was extended to Hastings Health Centre. Two dietitians (working 0.5 FTE each), built highly successful relationships within the practices, following a similar integration model to the earlier 'Clinical Pharmacists in Primary Care' programme. The referral process was made quick and easy - open referral criteria meant any staff member could refer any patient they believed would benefit from dietitian advice. The aim was to reduce barriers to referral, ensure a timely response, and to work flexibly with the community, where a need was established. ***The process: relationships take time*** The dietitians spent time building relationships with the team. Getting to know staff and building their knowledge as to how best to utilise the dietitian service e.g. referring patients with pre-diabetes, gut issues, malnutrition, allergies in children and cardiovascular disease, was a priority. Time was also spent getting to understand the challenges faced in primary care and up-skilling staff's knowledge of nutrition - spending time with staff between appointments, having discussions during break times, and providing educational sessions as part of ongoing staff training programmes. ***Different ways of working***

While the priority focus was working directly with referred patients, innovation was embraced:

Healthy Workplace - Totara Health started a 'healthy workplace initiative' . Employee health checks were carried out by GPs and Nurses, but also included a dietitian visit to the workplace. Rather than having multiple one-on-one consults, the dietitians met with groups of workers at their workplace, a local meat works. Three 1-hour long sessions were provided over eight months. The employees were given workbooks to fill in during the sessions. The employees also had their body weight measured by the dietitians, and prizes were given out during the third session to those who had the largest decrease in percentage body weight.

Food box project - The dietitians designed a 'food box project' for Te Aranga Marae. This food box contained three separate, seven day menu plans for families who come to the Marae when running low on food (Marae provides the food). This package provides nutritious and cheap meals, and includes information on healthy eating.

Malnutrition sceening - Towards the end of 2017, the dietitians began implementing a malnutrition screening tool in Totara Health. The tool helps GPs and Practice Nurses identify older adults who are malnourished, or at risk of malnutrition. Simple dietary advice, appropriate handouts, or referal to the dietitians can follow as required. The dietitians worked with an IT expert to make the screening tool electronic for ease of use.

Outline the benefits and results

Judges weighting: 35%

- How did you measure your results against the goals and outcomes you set at the outset?
- Describe the effects of changes you have made to, for example, reduce inequities, improve access or make better use of health dollars
- Describe the benefits to patients, staff and the health and wellbeing of the Hawke's Bay community

Benefits and results

The benefits of having dietitian services available in primary care have exceeded expectations. These include;

- Strong and effective relationships with the GP team have been established
- Increasing flow of referrals over time
- Patients and whanau have had ready access to dietitian services and have used it well
- The model has convincingly demonstrated improved health outcomes with the potential to reduce hospitalisations
- Innovative ways of working in response to community and workplace need have proved beneficial
- Staff knowledge of nutrition etc has improved, and resources have been used more effectively with good outcomes.

***Table : Number of new assessments, follow ups and total patients seen at each GP practice from 2015-2017 (2018 data not as yet analysed*).**

OURHEALTH HAWKE'S BAY Whakawāteatia

Time frame		Flaxmere	Nelson st	HHC	Total
Oct 2016 – Mar 2017 (6 months)	New	29	52	37	118
	Follow up	50	93	45	188
	Total	79	145	82	306
Previous year (Aug 2015-Sept 2016)	New	106	105	65	276
	Follow up	97	118	46	261
	Total	203	223	111	537

Results : Better management of diabetes

In order to measure efficacy, data was kept on patients seen in the primary care clinic: the reason they were seen, changes in HbA1c (for those with diabetes or prediabetes), and changes in body weight.

- *From August 2015 to March 2018, HbA1c dropped by 4.8mmol/mol, on average. This equates to a 14.4% decrease in the risk of diabetes complications (4). This helped to prevent the progression of co-morbidities, and therefore prevent hospitalisations and further costs.*
- *From August 2015 to March 2017, the average reduction in body weight was 1.7kg. Even a small reduction in body weight can reduce risk of developing co-morbidities (5).*

The dietitians received a lot of positive feedback from GPs and Nurses at Totara Health and Hastings Health Centre. Many practice staff did not feel well-equipped to provide nutrition education to patients, nor was it realistic to do this in their usual '15 minute time slot'. They were grateful to be able to refer patients to the dietitian, who could always see them relatively promptly.
Dietitians were able to ensure nutrition information and handouts were available for GPs and Nurses to pass on to their patients when appropriate.

Benefits :Timely and appropriate dietary advice

Of major benefit for patients was being able to access dietary advice within the practice (weight reduction, micronutrient deficiencies, prediabetes, Chronic Kidney Disease, and high cholesterol). Many patients reported significant improvements in their quality of life. For example, improved mobility and a reduction in arthritic pain as a result of weight reduction, or less time taken off work due to gut problems. There was also a big impact on the children of many patients, who became the motivating factor in changing whanau's dietary habits. Some patients even brought their children to the appointments with them, so that they could also learn about healthy eating.

Benefits : Multidisciplinary approach benefits all

The Doctors and Nurses of the practices also benefitted. They were able to

consult and discuss issues or concerns with the dietitians, often asking questions regarding information they may have read in the media about nutrition. It also allowed a multi-disciplinary approach, in which the GP, Practice Nurse, and dietitian could work together to contribute to patient care.

See : Appendix for actual Case Examples

In summary what were the lessons learned

Judges weighting: 15%

- Are there any lessons learned along the way or things you would do differently next time?
- How will the improvements be sustained?
- Is there any potential to inform best practice and roll out in other places?

Summary :

The 'dietitian in primary care' role has proved a very effective way to work for all involved:

- providing a gateway for GPs and practice nurses to better help their patients, (***accessible and timely***)
- improving patient enagagement and care, with tangible results including enhanced quality of life for them and their whanau, (***effectiveness, improved care, wide impact***)
- increasing access to accurate and reliable nutrition information,
- patients seen in an environment in which they felt comfortable, and for a wide variety of health concerns, ***(right place)***
- service came at no charge to the patients; Practices are located in low socio-economic areas, (***affordability*)**
- Maori and Pacifica patients/whanau reached, (***reducing inequities)***
- Innovative approaches were developed including"My Food Box" project for a local Marae, and providing workplace education sessions. (***right place, right approach***)

Overall, the dietitians conclusively showed that primary care was the right setting in which to work, providing healthy eating and lifestyle advice, and tailoring this to a wide variety of comorbidities.

"I have been trying with this patient for five years to get him to change his eating habits. I am not sure what you have done, but his HbA1c has come down 15mmol/mol and he has lost 10kg. Keep up the good work."
(Quote from GP, Hastings Health Centre)

References

1. McElnay, C. Health equity in Hawkes Bay Technical Report 2014. Population Health Hawkes Bay (2014).
2. Ministry of Health. 2009. Report on New Zealand Cost-of-Illness Studies on Long-Term Conditions. Wellington: Ministry of Health
3. King, Hon A. The Primary Health Care Strategy 2001. Ministry of Health, Wellington (2001).
4. American Diabetes Association, 2003. Implications of the United Kingdom prospective diabetes study. Diabetes care, Volume 26 (Supp 1) p.S28-S32

5. Blackburn, G. Effect of Degree of Weight Loss on Health Benefits. Obesity Research (1995).

OURHEALTH
HAWKE'S BAY
Whakawāteatia

2018 HB Health Awards,
Communications Service
Hawke's Bay District Health Board
Private Bag 9014, Hastings 4156
Email: hbhealthawards@hbdhb.govt.nz