



**REVIEW OF GREEN PRESCRIPTIONS  
IN THE CAPITAL AND COAST  
DISTRICT HEALTH BOARD**

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*November 2003*

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# REVIEW OF GREEN PRESCRIPTIONS IN THE CAPITAL AND COAST DISTRICT HEALTH BOARD

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## EXECUTIVE SUMMARY

This report provides a review of the Green Prescription programme in the Capital and Coast DHB (C&CDHB). Other similar programmes within general practice/PHOs that advocate for an increase in activity and exercise have also been reviewed. Nutrition promotion is also related and has been introduced into the discussion. Key findings are as follows:-

- The Green Prescription programme provides a population-based approach to increasing activity and exercise that could be better utilised. The service could be improved by continued promotion of the programme in general practice and funding to enable additional services for clients.
- Updated information on sport and recreational activities available in the community would enhance the GRx programme and other programmes in PHOs.
- The model of service used by Ora Toa Health Unit could be applied to other Primary Health Organisations (PHOs). Staff provide activity, exercise and nutrition advice to clients referred to the agency. Health services within a particular locality are in a good position to understand the needs of the community and can advocate for, and coordinate physical activity options in their area.
- The Healthy Lifestyle Pasifika Project has been very successful in both Porirua and Wellington. Additional funding could be considered to support this programme.
- Overweight/obesity is a serious health issue for Maori and Pacific children. Services to manage this issue will require funding support from C&CDHB, the Ministry of Health and Regional Public Health, and a coordinated effort from health providers. Community initiatives developed from within the Maori and Pacific community should be encouraged.
- The concept of Lifestyle Coaches (Maori and Pacific) for adult, teens and children could be further explored.
- A low level of education is associated with a lower level of physical activity. Funding should therefore be directed to areas with a high, low-income population.
- Physical activity should be promoted in conjunction with the promotion of good nutrition. Smoking is also a relevant lifestyle issue that could be included in discussion with clients. Where possible, providers should be encouraged to manage funding in a holistic way to cover more than one area.
- Even without an organised programme health workers should continue to educate clients on the importance of increasing incidental physical activity each day ("snackactivity"). Money is not always required to gain the benefits of physical activity – exercise can be free.

## INTRODUCTION

Within *The New Zealand Health Strategy*<sup>1</sup> thirteen population health objectives have been identified that provide a focus for action for the Ministry of Health and District Health Boards. Of these, at least four relate to the need for New Zealanders to undertake more exercise, namely the need to reduce obesity, increase the level of physical activity, and reduce the incidence and impact of both diabetes and cardiovascular disease. Physical activity also reduces the risk of developing some cancers and anxiety and depression, and may assist in reducing alcohol misuse and in helping people quit smoking<sup>2</sup>.

Consistent with these objectives an objective has been identified in the Capital and Coast District Health Board (C&CDHB) District Strategic Plan 2002-7 of improving physical activity levels. A milestone to achieve this objective in the District Annual Plan 2003-2004 is to review green prescriptions (GRxs) in the board area.

This report provides a review of the Green Prescription programme in the Capital and Coast DHB (C&CDHB). Other similar programmes within general practice/PHOs that advocate for an increase in activity and exercise have been reviewed. Nutrition promotion is also related and has been introduced into the discussion.

## BACKGROUND AND CONTEXT

One third of New Zealand adults are not sufficiently active and are at risk of developing a range of health problems and diseases. In the last 10 years there has been an increase in obesity with 65% of middle-aged men and 45% of middle-aged women now overweight or obese<sup>3</sup>. In New Zealand obesity is a significant problem for Maori and Pacific children with 62% of Pacific and 41% of Maori children identified as overweight/obese. This compares to 24% of New Zealand European and Other children in the same category. A lower level of education is associated with a lower level of physical activity<sup>4</sup>.

*He Korowai Oranga Maori Health Strategy*<sup>5</sup> expands on the principles and objectives identified in the New Zealand Health Strategy providing more detail on how Maori health objectives will be achieved. The strategy recognises the need and desire for Maori to have *tino rangatirata* or self-determination over services. Maori are strongly motivated to seek their own solutions to health issues and manage their own services. The overall aim of the Maori Health Strategy is *whanau ora*/family health. Key ways in which *whanau ora* may be achieved are by involving Maori in decision-making, developing partnerships with iwi and Maori at governance and operational levels, ensuring all Maori populations have access to a choice of a Maori provider for a range of community-based services, and improving integration between providers.

A priority goal identified in *The Pacific Health and Disability Action Plan*<sup>6</sup> is to encourage and support healthy lifestyles by way of increasing the level of physical activity. Key ways to support the health of Pacific peoples are to ensure that health services are responsive to the needs of Pacific communities and supporting intersectoral partnerships as a means of enhancing service delivery.

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<sup>1</sup> Minister of Health. 2000. *The New Zealand health strategy*. Wellington: Ministry of Health.

<sup>2</sup> Ministry of Health. 2003. *DHB Toolkit: Physical activity*. Wellington: Ministry of Health.

<sup>3</sup> Physical Activity Taskforce. 1998. *Physical activity taskforce report*. Wellington: Hillary Commission for Sport, Fitness and Leisure.

<sup>4</sup> Ministry of Health. 2003. *DHB Toolkit: Physical activity*. Wellington: Ministry of Health.

<sup>5</sup> Minister of Health & Associate Minister of Health. 2002. *He korowai oranga – Maori health strategy*. Wellington: Ministry of Health.

<sup>6</sup> Minister of Health. 2002. *The Pacific health and disability action plan*. Wellington: Ministry of Health.

*The New Zealand Disability Strategy*<sup>7</sup> is also relevant to any discussion on physical activity. All recreational and sports facilities should be designed to be accessible and to protect the rights of people with disabilities. Disabled people should be actively included in any exercise programme.

A key health message is that 30 minutes of physical activity of moderate intensity on most days of the week will benefit health. However, activity does not have to be undertaken in a single session. Smaller “doses” of activity can add up the required amounts (“snackactivity”). According to a recent Ministry of Health<sup>8</sup> report more emphasis needs to be placed on encouraging people to undertake an increased amount of incidental non-recreational physical activity, such as walking instead of using a car. Money is not always required to gain the benefits of physical activity – exercise can be free<sup>9</sup>.

The Ministry of Health<sup>10</sup> notes that physical activity initiatives should be combined with, or sit alongside nutrition promotion, as the two are closely related.

## **GREEN PRESCRIPTIONS**

### ***What is a GRx?***

A GRx is an individual written prescription given by a doctor or nurse which prescribes physical activity as part of his/her health management. The prescription supports the Push Play programme and health message that an accumulated 30 minutes of moderate physical activity, preferably every day, promotes health.

The GRx is a national programme funded by Sport and Recreation New Zealand (SPARC) and Pharmac. Throughout New Zealand the GRx programme is delivered through the network of Regional Sports Trusts. In the lower North Island the programme is contracted through Sport Wellington Region. Other programmes managed by Sport Wellington Region include physical activity promotion for Maori, Pacific Island people, the elderly and the disabled.

### ***How does it work?***

As part of the programme, and in consultation with the client, the prescriber discusses increasing physical activity. Appropriate goals are identified and the patient is given a prescription identifying the type of activity recommended and the “dose” (frequency and duration). The patient gives informed consent to be phoned by an exercise specialist at least three times over a 3-4 month period for motivational counselling and follow-up support. Alternately, the patient can phone the service independently. The exercise specialists who provide phone advice in the Wellington region are of European ethnicity.

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<sup>7</sup> Minister for Disability Issues. 2001. *The New Zealand disability strategy; Making a world of difference - Whakanui Oranga*. Wellington: Ministry of Health.

<sup>8</sup> Ministry of Health. 2003. *DHB Toolkit: Physical activity*. Wellington: Ministry of Health.

<sup>9</sup> Ministry of Health. 1999. *Physical activity: Joint policy statement by the Minister of sport, Fitness and Leisure and the Minister of Health*. Wellington: Ministry of Health.

<sup>10</sup> Ministry of Health. 2003. *DHB Toolkit: Physical activity*. Wellington: Ministry of Health.

General practitioners and also practice nurses can issue a green prescription. The initial patient assessment and advice is estimated to take approximately 5 minutes. Staff are encouraged to provide feedback to participants on subsequent visits to the practice. Patients receive quarterly newsletters and other mailed materials such as specific exercise programmes. Support given by phone counsellors is free-of-charge to the client.

A GRx may be used for medical conditions such as obesity, hypertension, diabetes, osteoporosis, and anxiety and depression. Patients with unstable medical conditions, for example a recent myocardial infarction, are excluded from the programme.

Primary care practitioners are given four hours of training on the programme. An increasing number of practices are utilising computer prescribing as this saves time within the consultation.

### ***Evidence for the intervention***

A randomised controlled trial of 750 patients was undertaken in eastern Waikato between April 2000 and April 2001<sup>11</sup>. Patients were screened at reception, and as a result of their responses were given a form to prompt the general practitioner to discuss exercise.

In the intervention group mean total energy expenditure increased by 9.4kcal/kg/week, and leisure exercise by 35 minutes/week. Results identified a trend towards decreasing blood pressure and improved self-rating when assessed at 12 months using the SF-36 Quality of Life Score. Quality of life indicators that improved as a result of the programme were “general health”, “vitality”, “role physical” and “bodily pain”. For every 10 GRxs written, at 12 months one person achieved and sustained 150 minutes of moderate or vigorous leisure activity per week. The authors believed that prompting practice staff to deliver the intervention increased the effectiveness of the intervention.

### ***GRxs in C&CDHB***

Within New Zealand five full-time and five part-time personnel are employed to manage the GRx programme. The greater Wellington region has a full-time GRx Area Manager who liaises with practice nurses and other health professionals.

### ***National statistics***

For New Zealand as a whole total referrals for GRx for the Year July 2002 - June 2003 were 5809. This compares with 4925 for the previous year. In 2002 74% of clients were female, 26% were male and three-quarters (72%) were aged 40-69. A majority (86%) were NZ/European, 9% were Maori and 1.3% Pacific.

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<sup>11</sup> Elley, C.R., Kerse, N., Arroll, B., & Robinson, E. 2003. Effectiveness of counselling patients on physical activity in general practice: a cluster randomised controlled trial. *BMJ*, (326) 793.

### **Local statistics**

In the C&CDHB area referral rates to Green Prescriptions differ from practice to practice. Referrals rates in C&CDHB for the 2002-2003 period are as follows:–

**Table 1: Referral rates from GRx 2002-3 for C&CDHB**

<b>Month</b>	<b>Total referrals</b>	<b>Gender</b>	<b>Ethnicity</b>
June 2002	21	11-F; 10-M	Maori 10% Pacific 35% European 50% Other 5%
July	19	11-F; 8-M	
August	25	15-F; 8-M	
September	23	13-F; 10-M	
October	25	13-F; 12-M	
November	17	12-F; 5-M	
December	20	12-F; 8-M	
January 2003	24	13-M;11-F	
February	25	13-M;12-F	
March	26	12-F; 14-M	
April	25	14-F; 12-M	
May	27	15-F; 12-M	
June	26	14-F; 12-M	
July	27	15-F; 13-M	

N.B. – these figures refer to direct faxed referrals from medical centres to the Sports Trust only. In addition, Sport Wellington region receives approximately 20 self-referrals made directly to the 0800 number – 0800ACTIVE. Clients are offered the same telephone intervention as outlined above.

Locally, gender and ethnicity data differ from national figures. In C&CDHB the numbers of males and females referred are nearly equal. Across all months approximately 35% of referrals were Pacific, 10% Maori, 50% European and 5% Other or Asian ethnicity. The majority of Pacific and Maori referrals were from the Porirua and Newtown/South Wellington areas.

### **DHB contracts with Regional Sport Trusts**

Locally, the GRx programme is only funded to deliver telephone intervention. In some regions additional funding from DHBs has enabled the provision of one-to-one consultations (for example with dietitians), facility access for low-income patients and/or subsidised community exercise provision, and patient support groups/ exercise classes for patients who should exercise or lose weight for medical reasons. At the present time C&CDHB is not funding additional services.

In the Waikato District Health Board region additional funding to the Regional Sport Trust has enabled the establishment of a Lifestyle Coach position to provide one-to-one support and group intervention to Maori and low socioeconomic and geographically disadvantaged people in the DHB area. The focus is on the delivery of smokefree, nutrition and physical activity messages.

The GRx Area Manager reports that appropriately safe, supervised, low-cost physical activity options are problematic in Central and South Wellington and Porirua. Currently, the Sport Wellington Region funds a Pacific instructor to provide exercise classes twice a week in both Newtown and Porirua but may not be able to continue funding these classes after June 2004.

## **GRx Children's Programme**

The Green Prescription programme works with adults only. Many practitioners have expressed the need to provide programmes appropriate to children, particularly those with obesity.

In Nelson/Tasman a children's GRx programme has been developed as a pilot for children aged between 5 and 18 years of age. This evolved from the identification of service gap for children. It works as a family programme with the rationale that in order to support a child, parents and other family members must be role models. The aim of the programme is to make exercise enjoyable and become a way of life that persists long after the GRx programme has ended.

This programme works from Hospital Outpatients as a base, rather than general practice. Patients are referred by a paediatrician to the programme. An outline of the referral process is provided in Appendix One.

## **ORA TOA HEALTH UNIT**

Ora Toa Health Unit is an iwi health service in Porirua funded by the Ministry of Health to provide a physical activity and nutrition programme. Three Maori Physical Activity and Nutrition Educators are employed to give one-to-one nutrition and physical activity advice and deliver a range of low impact exercise programmes. Seventeen exercise classes are provided in Porirua and Plimmerton. The majority of classes are free-of-charge to clients; a few (for example line dancing) carry a modest charge. Classes include aqua-aerobics and a range of low-impact exercises for a variety of client groups – diabetics, an after school programme for primary children, after work and lunchtime classes, a women's group, a Salvation Army group, and basketball. "Sit" exercise classes are provided for kaumatua and clients who require a more sedentary programme for medical reasons. Referrals to the service are from the medical centres affiliated to the Porirua Plus Primary Health Organisation (PHO), and by word-of-mouth.

According to the workers employed, this service reaches a hard-to-reach group who would be unlikely to be motivated by phone contact with a physical activity advisor. One reason the service works so well is that personal, face-to-face contact is provided. Another is that within a small community the physical activity advisors are known to the referrers and this provides more confidence in the referral process.

In terms of numbers of clients supported one educator employed by Ora Toa provides personal support to approximately 70 clients and visits or makes phone contact on a weekly or monthly basis. The other educator employed would see similar numbers. The third educator has more of a nutrition focus. Clients remain with the service for a maximum of a year. The numbers of clients supported are high considering that client consultations are only one part of the role; the other is the delivery of exercise classes.

Staff employed have substantial work backgrounds in physical education/personal training and continue to attend regular education sessions offered by a range of providers on diabetes, nutrition and physical activity. One has a Diploma in Fitness and nutrition, the other a Diploma in Sport and Coaching. One has also worked previously with the Kokiri Marae Aukati Kai Paipa programme as a Quit Coach. However, while her knowledge and experience is used in the current position to assess readiness to quit smoking, clients are referred to another provider for smoking cessation support. It is noted that in a holistic or whanau ora model of care referral to another provider may not be required.

## **TUMAI MO TE IWI PHO**

Tumai mo te Iwi PHO in Porirua will shortly be employing a 0.5 FTE physical activity educator and a 0.5 FTE nutrition consultant. Those working in the organisation support the view that personal exercise advice works well for clients in Porirua.

## **HEALTHY LIFESTYLE PASIFIKA**

In 2001 the Wellington Division of the Cancer Society initiated a three year Healthy Lifestyle Pasifika project which aimed to improve the health and wellbeing of Pacific people in the Wellington region. The Cancer Society's interest in the project was to reduce the incidence of cancer and mortality by promoting an increased consumption of fruit, vegetables, bread and cereals and increased physical activity. The main programme funder was the Cancer Society, with Regional Public Health and Sport and Recreation New Zealand (SPARC) also contributing a proportion.

<b>Funding for the Healthy Lifestyle Pasifika Project</b>	
1 <sup>st</sup> Year - Cancer Society	\$23, 000
- Regional Public Health	\$5, 000
2 <sup>nd</sup> Year - Cancer Society	\$25, 000
- Regional Public Health	\$5, 000
- Sport & Recreation NZ (SPARC)	\$7, 500
3 <sup>rd</sup> Year - Cancer Society	\$25, 000
- Regional Public Health	\$5, 000

An initial focus of the group was to identify relevant activities that were already available in the community for Pacific people. Options identified were physical activity sessions at several community centres, health clinics and church groups.

Following a period of consultation the group agreed to develop a weekly lifestyle programme for Pacific clients over a period of 12 weeks (Appendix Two). Pacific providers in Wellington, Lower Hutt and Porirua have been funded to deliver the programme. Each week the programme has a physical activity component as well as a lifestyle education component. The programme will run twice a year and be evaluated at 6 and 12 months.

The physical activity sessions are designed to cater for clients who may not have been actively exercising for a while. The sessions utilise Pacific music, and functional movements are combined with Pacific movements to make the sessions enjoyable.

## **PACIFIC HEALTH SERVICE PORIRUA**

The Pacific Health Service Porirua has ensured that a range of staff are up-skilled in the area of activity and exercise. Community health workers are encouraged to undertake the Pacific Community Health and Social Services Certificate at Whitireia Polytechnic. At least four have also attended additional training with Sport Wellington on the management of gentle exercise with clients (“DIY exercise”).

The service has become involved in the Healthy Lifestyle Pasifika pilot (above). Classes have been so successful that a second (unfunded) class has been held each week. One identified difficulty establishing the programme has been the need to translate sessions into 7 languages. The additional day has allowed clients from Pacific groups to be directed to appropriate session days. Other problems encountered have been the need to develop translated resources for the programme.

## **PACIFIC HEALTH SERVICE WELLINGTON**

Pacific Health Service Wellington has recently completed one twelve week course of the Healthy Lifestyle Pasifika programme. The Manager of the Service reports that it has filled an important service gap as staff can now refer clients to this. Exercise groups are held in Strathmore, Newtown, and with Stagecoach bus drivers. A Pacific exercise instructor (in the process of completing a Diploma of Exercise Science) is employed part-time to manage the programme.

The Healthy Lifestyle Pasifika programme last 12 weeks. The course encourages clients to be self-motivated with regard to good nutrition and exercise when the programme ends and new clients are recruited for the next 12 week programme. The general feeling of staff is that Pacific people are much more likely to attend group exercise than be involved in exercise as an individual activity. A service gap identified is developing an increased range of exercise options available in the community when the programme ends.

## **PORIRUA HEALTH CARE CLUSTER**

An intersectoral group, the Porirua Health Care Cluster is currently meeting to manage a range of issues relating to diabetes. A concern was raised within the group that there is lack of knowledge and coordination of available exercise options in the community, and a partial stocktake of services has been undertaken.

## **DISCUSSION**

A review of the GRx programme and other activity and exercise programmes in general practice/PHOs has been provided. Health workers are in a good position to provide simple advice on the need to increase physical activity. They have the opportunity to refer patients to an exercise specialist - either the GRx programme, or if resident in Porirua, referring clients to one of three providers for exercise motivation and exercise classes.

In a recent New Zealand article<sup>12</sup> two lecturers from the School of Physical Education at the University of Otago contend that simple exercise advice is unlikely to achieve long term benefits. It is suggested that regular activity requires “expertise, time, monitoring and support”. Similar to referral to a dietitian the authors recommend that a system of referral to accredited exercise professionals be established.

In response, the point should be made that simple advice to exercise from a health provider costs little, and there are many community examples of exercise which does not require the support or oversight of trained exercise professionals. Notwithstanding, skilled exercise specialists have a valuable role, particularly in the provision of advice to people with complex needs. The cultural appropriateness of providers may influence the effectiveness of service delivery. Group exercise appears to be particularly important for Pacific populations. Locally, it is pleasing to note the availability of Maori and Pacific staff with exercise qualifications.

### *GRx Programme*

The GRx Programme is a population-based service providing exercise motivation and exercise prescription to clients referred. The programme could be further enhanced by provider workforce development and funding to enable additional services for clients. Exercise specialists could also be regularly updated on the range of services available in the community.

### *Services for Maori*

Ora Toa Health Unit have a useful model that could be applied to other PHOs. Health workers can refer with confidence to a service that is known to them and is a part of the PHO. All PHOs in the C&CDHB region work in a geographically-defined area. The personalised service appears to work well in Porirua. Staff in a specific locality are in a good position to understand the needs of the community and be able to advocate for and coordinate a range of physical activity options in their area.

### *Availability of exercise and activity programmes*

It is noted by the GRx Area Manager for the Sport Wellington Region that there are difficulties in finding appropriately safe, supervised, and low-cost physical activity options for patients in the community, particularly in central and south Wellington and Porirua. There would appear to be a range of exercise options available in Porirua, however it may be that health workers from one service or PHO feel they can not refer to another. Additional physical activity programmes could be developed in Central and South Wellington.

Services could be enhanced by improved information to general practice and GRx staff on exercise and activity options available in local communities.

### *Publicity about activity and exercise programmes*

There would seem to be a need for wider publicity of available activity and exercise options in the community. Locally, Sport Wellington Region is in the process of updating a local information on physical activity and sport and recreation activities in Kapiti. Similar local information could be made available in other areas. It is noted that local authorities also have an interest in informing the community of recreational opportunities in the region.

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<sup>12</sup> Handcock, P., & Jenkins, C. 2003. The green prescription: a field of dreams? *NZMJ*, 116 (1187).

### *Services for Pacific people*

The Healthy Lifestyle Pasifika Programme is working extremely well in Porirua and Newtown. The programme has surpassed all expectations in Porirua and additional unfunded sessions are being provided. C&CDHB could consider providing additional funding to support this programme. The Pacific Health Service Wellington has a skilled exercise instructor employed who could be involved in other programmes if developed.

### *Funding issues*

A lower level of education is associated with a lower level of physical activity. Funding should therefore be directed to areas with a high, low-income population.

In C&CDHB there are no dedicated activity and exercise programmes for obese children. While a children's Green Prescription programme similar to the project in Nelson has merit, given the high number of Maori and Pacific children who are overweight or obese, the management of this health issue is a high priority for these two groups. This is a project that will require assessment and coordinated effort from Regional Public Health and a range of health providers. The concept of Lifestyle Coaches for children or teenagers could be further explored.

It is noted that smoking is a lifestyle issue connected to nutrition and exercise. Providers are likely to be funded separately for different programmes, but could be encouraged to manage clients holistically where possible.

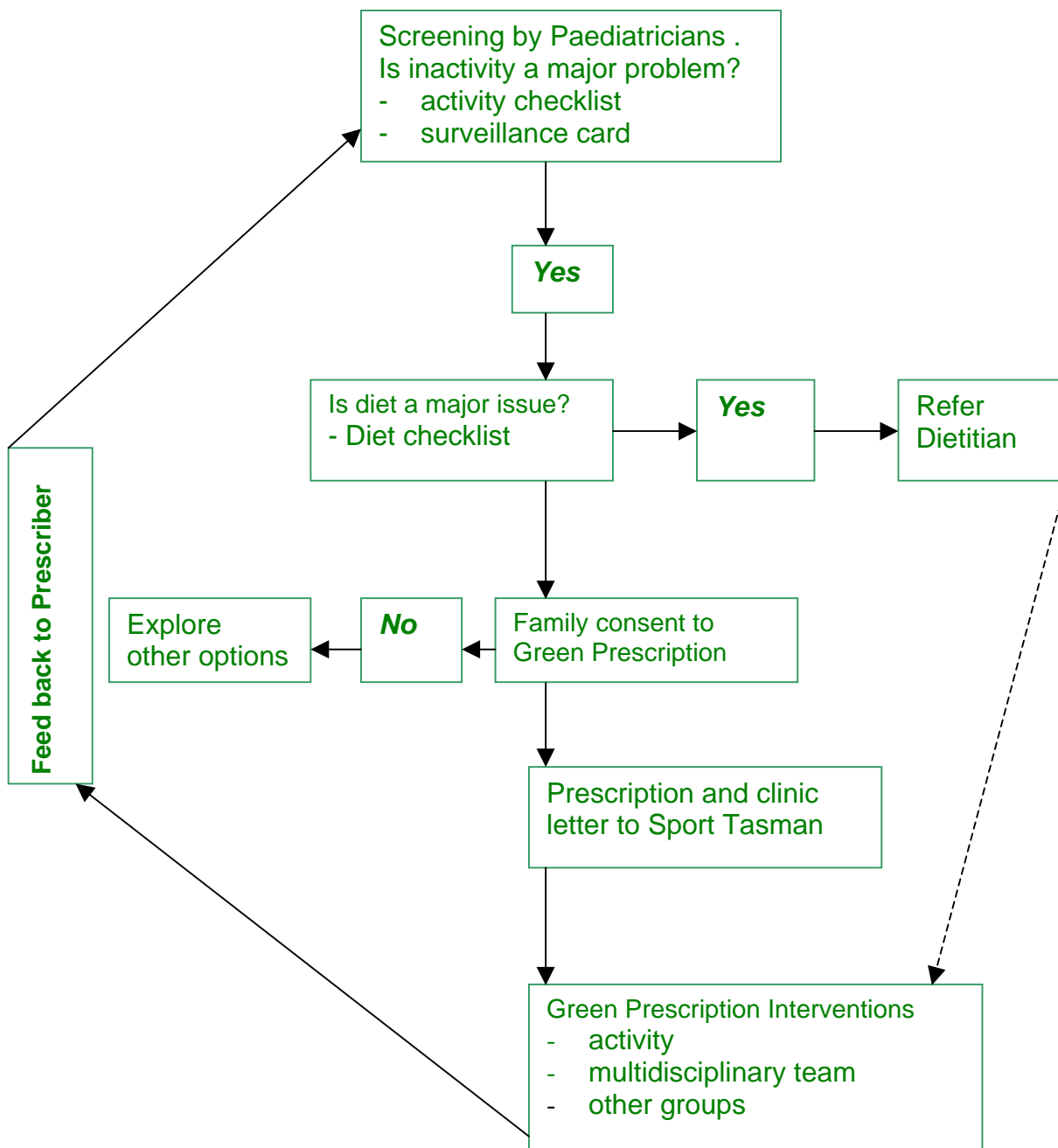
### *Exercise can be free*

Even without an organised programme health workers should continue to educate clients on the importance of increasing physical activity. Small doses of incidental activity ("snackactivity") have the potential to add up to the recommended 30 minutes of moderate physical activity on most days of the week. Cost should not necessarily be a factor as exercise can be free.

## **APPENDIX ONE**

### **Nelson/Tasman Green Prescription Active Health Programme**

**NELSON/TASMAN GRx ACTIVE HEALTH PROGRAMME  
REFERRALS FOR GREEN PRESCRIPTIONS FROM PAEDIATRIC OUTPATIENTS**



## **APPENDIX TWO**

### **Healthy Lifestyle Pasifika 12 week programme plan**

**HEALTHY LIFESTYLE PASIFIKA**  
**12 week Program Plan (two hours per week)**

<p><u>Week One</u></p> <ul style="list-style-type: none"> <li>• <i>Introduction</i></li> <li>• Action Plan</li> <li>• Physical Activity</li> </ul>	<p><u>Week Two</u></p> <ul style="list-style-type: none"> <li>• Action Plan</li> <li>• Healthy Lifestyle Education</li> <li>• Physical Activity</li> </ul>	<p><u>Week Three</u></p> <ul style="list-style-type: none"> <li>• Action Plan</li> <li>• Healthy Lifestyle Education</li> <li>• Physical Activity</li> </ul>	<p><u>Week Four</u></p> <ul style="list-style-type: none"> <li>• Action Plan</li> <li>• Cancer Education</li> <li>• Food Demonstration</li> <li>• Physical Activity</li> </ul>
<p style="text-align: center;"><b>Week Five</b></p> <ul style="list-style-type: none"> <li>• Action Plan</li> <li>• Diabetes &amp; Lifestyle Education</li> <li>• Physical Activity</li> </ul>	<p style="text-align: center;"><b>Week Six</b></p> <ul style="list-style-type: none"> <li>• Action Plan</li> <li>• Heart Disease and Lifestyle Education</li> <li>• Physical Activity</li> </ul>	<p style="text-align: center;"><b>Week Seven</b></p> <ul style="list-style-type: none"> <li>• Action Plan</li> <li>• Budget Cooking &amp; Food Labeling</li> <li>• Physical Activity</li> </ul>	<p style="text-align: center;"><b>Week Eight</b></p> <ul style="list-style-type: none"> <li>• <i>Action Plan</i></li> <li>• <i>Supermarket Tour</i></li> <li>• Physical Activity</li> </ul>
<p style="text-align: center;"><b>Week Nine</b></p> <ul style="list-style-type: none"> <li>• <i>Action Plan</i></li> <li>• <i>Cooking Demonstration</i></li> <li>• Recipe Swap</li> <li>• Physical Activity</li> </ul>	<p style="text-align: center;"><b>Week Ten</b></p> <ul style="list-style-type: none"> <li>• Action Plan</li> <li>• Screening</li> <li>• Physical Activity</li> </ul>	<p style="text-align: center;"><b>Week Eleven</b></p> <ul style="list-style-type: none"> <li>• Action Plan</li> <li>• Gardening ideas</li> <li>• Physical Activity</li> </ul>	<p style="text-align: center;"><b>Week Twelve</b></p> <ul style="list-style-type: none"> <li>• <i>Final Assessment</i></li> <li>• <i>Where to from here</i></li> <li>• Physical Activity</li> </ul>