

Green Prescription Patient Survey

2018 Report

June 2018

Green Prescription Patient Survey

2018 Report

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# Executive Summary

This report presents the findings from the 2018 Green Prescription (GRx) initiative patient survey, conducted for the Ministry of Health (the Ministry) during late March through end May 2018.

Introduction

The GRx patient survey allows the Ministry to monitor the performance of the GRx initiative each year. The ongoing success of the programme is measured against eight key performance indicators (KPIs), developed by the Ministry. This measurement is also used to provide feedback to the 17 contract holders around the country.

The survey was conducted as a mixed-method online, telephone and paper-based survey during the months of March, April and May 2018. A total of 10,000 participants were selected to take part in the survey from the N=20,849 programme participants put forward by contract holders. By the survey close-off date n=2,940 valid, completed responses were received during the survey period (n=1,934 on paper, n=706 online, and n=300 by telephone). This represents a participation rate of 29.4 percent, compared to 28.4 percent in 2016, 27.1 percent in 2015 and 28.6 percent in 2014.

The results presented in this report are weighted to be representative of the distribution of patients across the contract holders. Results based on the total sample have a maximum margin of error of plus or minus 2.3 percent (at the 95 percent confidence level).

Key findings

Table 1 (overleaf) summarises the KPI results for 2018. At the national level, the average result for eight out of nine of the KPIs is at or above the prescribed minimum level set by the Ministry.

Five out of 18 contract holders met or exceeded all nine KPIs; these were Sport Gisborne/Tairawhiti, Sport Whanganui, Sport Manawatu, Nelson Bays PHO and Marlborough PHO.

The indicator results and tables for each KPI are provided on the following pages. Note that the KPI scores are calculated excluding non-response. As agreed with the Ministry, in addition to excluding non-responses for the KPI reporting, the detailed sections of this report also exclude non-responses in the 2018 results. This is so that the findings in the body of the report align with how the KPI reporting is undertaken.

Due to the change in how non-responses are treated in the 2018 survey, comparisons with previous measures are indicative only, and should be treated with caution. As such comparisons between the 2018 and 2016 survey results are not specifically commented on.

Table 1: KPI summary table[[1]](#footnote-2)

|  |  |  |  |
| --- | --- | --- | --- |
| **Goal** | **Indicator** | **Average result** | **Number of providers that achieved KPI\***  |
| ***Participants…*** |  | **%** |
| *1…Are more active since receiving their GRx.* | Minimum of 48% of GRx participants are more active after 6-8 months of receiving their GRx  | 61 | 17 of 18 providers |
| *2…Adopt better nutritional habits.* | Minimum of 55% of GRx participants have made changes to their diet since receiving their GRx.  | 65 | 16 of 18 providers |
| *3…Receive effective support to maintain activity.* | Minimum of 65% of GRx participants feel more confident about doing physical activity.  | 73 | 16 of 18 providers |
| *4…Have a choice of activities that are relevant and appropriate for them.* | Minimum of 80% of GRx participants felt the physical activity suggested was appropriate for them.  | 83 | 15 of 18 providers |
| *5…Have a choice of activity providers that are relevant and appropriate for them.* | Minimum of 80% of GRx participants felt the activity provider suggested was appropriate for them.  | 83 | 15 of 18 providers |
| *6…Are motivated to participate in and follow their GRx.* | Minimum of 75% of GRx participants are motivated to get/stay physically active.  | 77 | 12 of 18 providers |
| *7…Are aware of and understand the benefits of physical activity.* | Minimum of 85% of GRx participants are aware of and understand the benefits of physical activity. | 77 | 5 of 18 providers |
| *8...Have noticed positive health changes since being more active.* | Minimum of 65% of GRx participants have noticed positive health changes. | 71 | 14 of 18 providers |
| *9…Receive consistent high quality services and support.* | Minimum of 80% of GRx participants are satisfied with the overall service and support provided. | 80 | 10 of 18 providers |

\*Results for Sport Auckland (Auckland and Counties), and CWCST (Canterbury and West Coast) have been counted individually for this table.

\*’Non-responses’ have been removed from these results.

KPI 1: Participants are more active since receiving their GRx

61 percent of patients who were issued a GRx 6-8 months ago are spending more time being active now, compared to before their GRx was issued. The remaining patients are either spending the same amount of time being active (28 percent) or less time (11 percent).

Table 2: KPI 1 Indicator: Minimum of 50% of GRx participants are more active after 6-8 months of receiving their GRx

Q8. Compared to the time before you were first prescribed a GRx, are you now spending...?

|  |  |
| --- | --- |
|  | Total |
| Base = | 583\* |
|  | % |
| More time being active | 61 |
| About the same amount of time being active | 28 |
| Less time being active | 11 |
| Total | 100 |

Total may not sum to 100% due to rounding.

\*Sub-sample based on those who received their prescription between 6-8 months ago and who answered the question.

\*Non responses have been removed from these results.

KPI 2: Participants adopt better nutritional habits

65 percent of patients have made changes to their diet since being prescribed their GRx, while 35 percent say they have not made any changes.

Table 3: KPI 2 Indicator: Minimum of 55% of GRx participants have made changes to their diet since receiving their GRx

Q10. Have you made any changes to your food and/or drink intake since being given your GRx?

|  |  |
| --- | --- |
|  | Total |
| Base = | 2799\* |
|  | % |
| No | 35 |
| Yes  | 65 |
| Total | 100 |

Total may not sum to 100% due to rounding.

\*Sub-sample based on those who answered the question.

\*Non responses have been removed from these results.

KPI 3: Participants receive effective support to maintain activity

73 percent of patients feel more confident about doing physical activity as a result of the support they received from their GRx support person. Just eight percent feel this is not the case.

Table 4: KPI 3 Indicator: Minimum of 70% of GRx participants feel more confident about doing physical activity

Q19g. Now thinking about the service and support you received, please indicate how strongly you agree or disagree with each of these statements… As a result of the support I got, I now feel more confident about doing physical activity regularly

|  |  |
| --- | --- |
|  | Total |
| Base = | 2654\* |
|  | % |
| Strongly agree | 36 |
| Agree | 37 |
| Neither agree nor disagree | 20 |
| Disagree | 5 |
| Strongly disagree | 3 |
| Total | 100 |

Total may not sum to 100% due to rounding.

\*Sub-sample based on those who had contact with a GRx support person and who gave a rating.

\*Non responses have been removed from these results.

KPI 4: Participants have a choice of activities that are relevant and appropriate for them

83 percent of patients feel that they have adequate choices in terms of the physical activities available to them. Just seven percent feel that the options suggested by the support person were not appropriate for them.

Table 5: KPI 4 Indicator: Minimum of 80% of GRx participants felt the physical activity suggested was appropriate for them

Q19b. Now thinking about the service and support you received, please indicate how strongly you agree or disagree with each of these statements… The physical activity options suggested were appropriate for me

|  |  |
| --- | --- |
|  | Total |
| Base = | 2676\* |
|  | % |
| Strongly agree | 35 |
| Agree | 47 |
| Neither agree nor disagree | 11 |
| Disagree | 5 |
| Strongly disagree | 2 |
| Total | 100 |

Total may not sum to 100% due to rounding.

\*Sub-sample based on those who had contact with a GRx support person and who gave a rating.

\*Non responses have been removed from these results.

KPI 5: Participants have a choice of activity providers that are relevant and appropriate for them

83 percent of patients feel that the activity provider that was suggested to them, while 17 percent feel that this was not the case.

 Table 6: KPI 5 Indicator: Minimum of 80% of GRx participants felt the activity provider suggested was appropriate for them

Q16. Was the activity provider right for you?

|  |  |
| --- | --- |
|  | Total |
| Base = | 1931\* |
|  | % |
| No | 17 |
| Yes | 83 |
| Total | 100 |

Total may not sum to 100% due to rounding.

\*Sub-sample based on those who had contact with a GRx support person and who gave an answer.

\*Non responses have been removed from these results.

KPI 6: Participants are motivated to participate in and follow their GRx

77 percent of patients feel their support person motivated them to get or stay physically active. Just eight percent say they were not motivated.

Table 7: KPI 6 Indicator: Minimum of 75% of GRx participants are motivated to get/stay physically active

Q19d. Now thinking about the service and support you received, please indicate how strongly you agree or disagree with each of these statements… The person I spoke to motivated me to get/stay physically active

|  |  |
| --- | --- |
|  | Total |
| Base = | 2654\* |
|  | % |
| Strongly agree | 39 |
| Agree | 38 |
| Neither agree nor disagree | 14 |
| Disagree | 5 |
| Strongly disagree | 3 |
| Total | 100 |

Total may not sum to 100% due to rounding.

\*Sub-sample based on those who had contact with a GRx support person and who gave a rating.

\*Non responses have been removed from these results.

KPI 7: Participants are aware of and understand the benefits of physical activity

77 percent of patients feel that as a result of their GRx, they now understand the benefits of physical activity. Just six percent feel this is not the case.

Table 8: KPI 7 Indicator: Minimum of 80% of GRx participants are aware of and understand the benefits of physical activity

Q19f. Now thinking about the service and support you received, please indicate how strongly you agree or disagree with each of these statements… As a result of receiving a GRx, I now understand the benefits of physical activity

|  |  |
| --- | --- |
|  | Total |
| Base = | 2646\* |
|  | % |
| Strongly agree | 38 |
| Agree | 40 |
| Neither agree nor disagree | 17 |
| Disagree | 4 |
| Strongly disagree | 2 |
| Total | 100 |

Total may not sum to 100% due to rounding.

\*Sub-sample based on those who had contact with a GRx support person and who gave a rating.

\*Non responses have been removed from these results.

KPI 8: Participants have noticed positive health changes since being more active

71 percent of participants have noticed positive health changes since taking part in the GRx initiative.

Table 9: KPI 8 Indicator: Minimum of 70% of GRx participants have noticed positive health changes

Q6. Have you noticed any positive changes in your health since you were first issued a GRx?

|  |  |
| --- | --- |
|  | Total |
| Base = | 2848\* |
|  | % |
| Yes | 71 |
| No | 17 |
| Don’t know/unsure | 12 |
| Total | 100 |

Total may not sum to 100% due to rounding.

\*Sub-sample based on those respondents who answered this question.

\*Non response have been removed from these results.

KPI 9: Participants receive consistent, high quality services and support

Overall, 80 percent of participants are satisfied with the service and support they received from their GRx provider. Just six percent are dissatisfied.

Table 10: KPI 9 Indicator: Minimum of 80% of GRx participants are satisfied with the overall service and support provided

Q20. The GRx support people aim to encourage you to be active, connect you to physical activities that suit you, and see how you are progressing. Given this aim, overall how satisfied are you with the service provided to you?

|  |  |
| --- | --- |
|  | Total |
| Base = | 2707\* |
|  | % |
| Very satisfied | 46 |
| Satisfied | 35 |
| Neither/nor | 13 |
| Dissatisfied | 4 |
| Very dissatisfied | 3 |
| Total | 100 |

Total may not sum to 100% due to rounding.

\*Sub-sample based on those who had contact with a GRx support person and who gave a rating.

\*Non responses have been removed from these results.

# Introduction

## Background

This report presents the findings from the 18th monitor of the Green Prescription (GRx) initiative. The Ministry commissioned Research New Zealand to undertake the research in March, April and May 2018.

Responsibility for the GRx initiative, including GRx Active Families, was transferred from SPARC to the Ministry in July 2009. Funding and management of the initiative was subsequently devolved to district health boards (DHBs) in July 2012.

## Objectives

The main objectives of the Green Prescription monitoring research are to allow the Ministry to:

1. Report against performance targets in respect of the GRx initiative.
2. Monitor the level of satisfaction with the GRx patient support service.
3. Monitor the impact of GRx in relation to any changes in physical activity of GRx patients.
4. Report on changes to patients’ health and dietary habits since their GRx was issued.
5. Provide feedback to DHBs, the GRx contract holders, GPs and nurses who are prescribing GRx.
6. Provide the Ministry with supporting information for liaison with other Government and non-Government agencies.

## Methodology

The research was conducted as a hybrid self-completion paper-based, telephone and online survey in March, April and May 2018. The population of interest for this survey is GRxpatients who had contact with a contract holder over the six months from July-December 2017.

Each GRx contract holder forwarded its patient list to Research New Zealand, identifying a total population of N=20,849 eligible GRx patients. Sampling for the survey was undertaken in three stages. Initially larger contract holders with greater than 700 patients were separated from smaller contract holders. A sample of n=2,343 Māori and Pacific patients was randomly selected from the combined lists of the larger contract holders, proportional to the total number of Māori and Pacific patients on these lists. All patients with known contact details on the lists of smaller contractor holders (n=3,493) were then selected. The third stage of sampling involved selecting a random sample of n=4,164 non-Māori and Pacific patients from the remaining lists of the larger contract holders, proportional to the total number of non-Māori and Pacific patients put forward on each provider’s list.

On 12 March 2018, each selected patient was sent a letter on Ministry letterhead inviting them to participate, along with a paper copy of the survey (see Appendix A), and a reply-paid envelope. The letter introduced the survey and its purpose, and also gave instructions for completing the survey on paper or online.

On 9 April 2018, 5,808 patients who had not yet responded were sent a reminder letter and 2,208 were sent a reminder email from Research New Zealand. Commencing 26 April 2018, all sampled Māori and Pacific patients, who had not yet responded, received a reminder call from Research New Zealand. This applied to n=1,407 Māori and Pacific patients and a randomly selected sample of n=1,164 non-Māori and Pacific patients. Of these, 1,174 were able to be contacted during the reminder call period (each was called a maximum of five times). The survey closed on 29 May 2018.

#### Changes to the questionnaire

The Ministry, with the input of Research New Zealand, reviewed the 2018 questionnaire. For the 2018 survey, four questions in relation to whether patients had been back to see their referrer since they were first issued a GRx were removed.

### Participation rate

A total of n=2,940 valid, completed responses were received during the survey period (n=1,934 on paper, n=706 online, and n=300 by telephone). This represents a participation rate of 29.4 percent, compared to 28.4 percent in 2016, 27.1 percent in 2015 and 28.6 percent in 2014. Table 11, on page 16, shows the achieved sample and participation rate for each of the contract holders.

Attempts to maximise participation in the survey included four activities:

1. The reminder letter and email.
2. The reminder phone calls targeted at all Māori and Pacific patients, as well as a randomly selected sample of non-responding non-Māori and Pacific patients.
3. The booster telephone interviews with randomly selected non-respondents from each providers list.
4. The use of a prize draw incentive - three prizes of $250 gift vouchers of the winners’ choice. This was publicised in the invitation letter, questionnaire and the reminder letter.

### Weighting and analysis

This year’s results were weighted to be representative of the proportion of patients from each contract holder. This is to account for the different sampling criteria applied to large and small contract holders and for the differing participation rates across contract holders. The weighted results for the total sample in the 2018 survey have a maximum margin of error of plus or minus 2.3 percent, at the 95 percent confidence level.

Overall results were tested for significant differences against the demographic variables in the survey, and against the Deprivation Index rating. Where meaningful, statistically significant differences for results of 10 percent or greater for particular subgroups of GRx patients have been commented on and can also be found highlighted in the Supplementary Tabulations in Appendix B. Where differences by a particular demographic characteristic are not noted (e.g. age or gender), this is due to their not being any meaningful statistically significant differences of 10 percent or greater when viewed by that variable. As in previous years, statistically significant differences of less than 10 percent have also been commented on for certain core questions (i.e. main reasons for being prescribed a GRx, positive health outcomes since being on a GRx, and reasons for no longer being on a GRx).

Due to the change in how non-responses are treated in the 2018 survey, comparisons with previous measures are indicative only, and should be treated with caution. For this reason, while previous years’ survey results are provided in some figures for the reader’s consideration, differences between the 2018 and 2016 survey results are not specifically commented on.

Table 11: Population, sample, and participation rate for each GRx contract holder

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **2018** | **2016** | **2015** | **2014** |
| **GRx contract holder** | **Eligible population** | **Participation rate** | **Number Selected** | **Achieved Sample** | **Maximum Margin of Error ±** | **Participation rate** | **Participation rate** | **Participation rate** |
| Sport Northland | 1,597 | 30.3% | 813 | 246 | 5.7% | 25.4% | 24.1% | 24.6% |
| Sport Auckland - Auckland | 2,474 | 22.2% | 383 | 85 | 10.4% | 24.6% | 21.5% | 21.9% |
| Sport Auckland – Counties | 2,979 | 21.2% | 429 | 91 | 10.1% | 20.9% | 28.1% | 19.7% |
| Harbour Sport | 2,356 | 22.8% | 813 | 185 | 6.9% | 20.9% | 24.3% | 28.6% |
| Sport Waikato | 2,479 | 27.6% | 813 | 224 | 6.2% | 25.6% | 21.2% | 29.3% |
| Sport Gisborne/Tairawhiti | 575 | 31.0% | 575 | 178 | 6.1% | 29.0% | 23.6% | 27.0% |
| Sport Bay of Plenty | 1,504 | 30.0% | 813 | 244 | 5.7% | 29.0% | 26.8% | 28.3% |
| Sport Hawke's Bay | 615 | 25.7% | 615 | 158 | 6.7% | 26.8% | 21.9% | 24.5% |
| Sport Taranaki | 581 | 21.9% | 581 | 127 | 7.7% | 32.3% | 28.7% | 34.3% |
| Sport Whanganui | 359 | 50.4% | 359 | 181 | 5.1% | 52.9% | 43.8% | 47.6% |
| Sport Manawatu | 816 | 34.9% | 816 | 285 | 4.7% | 35.4% | 43.9% | 50.6% |
| Sport Wellington | 1,350 | 27.1% | 813 | 220 | 6.0% | 27.9% | 25.7% | 24.4% |
| Nelson Bays PHO | 225 | 44.4% | 225 | 100 | 7.3% | 35.1% | 25.1% | 26.5% |
| CWCST – Canterbury/SCDHB | 1,251 | 32.2% | 488 | 157 | 7.3% | 24.4% | 31.8% | 35.5% |
| CWCST - West Coast | 954 | 27.1% | 325 | 88 | 10.0% | 31.3% | 30.0% | 30.6% |
| Sport Otago | 428 | 25.9% | 428 | 111 | 8.0% | 27.0% | 33.7% | 24.9% |
| Sport Southland | 422 | 34.1% | 422 | 144 | 6.6% | 35.3% | 29.8% | 27.1% |
| Marlborough PHO | 288 | 40.3% | 288 | 116 | 7.0% | 36.1% | 30.6% | 35.4% |
| **Total** | **20,892** | **29.4%** | **10,000** | **2,940** | **2.3%** | **28.4%** | **27.1%** | **28.6%** |

Note: Maximum margins of error have been adjusted to account for the eligible population size of respondents from each contract holder.

# Getting the Green Prescription

In this section, we examine when and why patients received a GRx, who referred them, and what, if any, advice they received on healthy eating.

|  |
| --- |
| Key findings**Sixty-nine percent of patients were first referred to GRx by their GP/Doctor.****About one third of this year’s patients were issued their first GRx more than eight months ago (35 percent). Just 13 percent had their first GRx issued in the last four months.*** The main reasons for being issued a GRx continue to be: weight problems, high blood pressure or risk of stroke, arthritis, back pain or problems and stress.

**About two thirds reported they have received information on healthy eating (64 percent).** |

## Green Prescription Referral Source

More than two thirds of all patients (69 percent) were first referred to GRx by their GP/Doctor, while 12 percent were first referred by a Practice Nurse and four percent by a Specialist Doctor (Figure 1). There were no referrals from Lead Maternity Carers.

Figure 1: Green Prescription Referral Source

Q1. Who first referred you to Green Prescription (GRx) for support?



About one third (35 percent) of this year’s patients reported they were issued their first GRx more than eight months ago. Thirteen percent had their first GRx issued in the last four months, while the remaining patients were issued their first GRx between 4-6 months ago (28 percent) or 6-8 months ago (23 percent).

Figure 2: Time since first Green Prescription

Q2. When did your referrer first prescribe a Green Prescription (GRx) for you?



Total may not sum to 100% due to rounding.
2018 results exclude non-response.

#### Significant differences

The following significant differences were observed for the 2018 results (see Appendix B for supplementary tabulations):

* **Employment Status:**
	+ Patients who were undertaking studying were more likely to report they were first prescribed a GRx by a GP/Doctor (85 percent, compared to 69 percent overall).
* **Contract holder:**
	+ Patients from Sport Bay of Plenty were more likely to report they were first prescribed a GRx by a GP/Doctor (80 percent, compared to 69 percent overall).
	+ Patients from Marlborough PHO were more likely to report their referrer first prescribed a GRx for them less than four months ago (25 percent respectively, compared to 13 percent overall).
	+ Patients from Sport Whanganui were more likely to report they were first prescribed a GRx more than eight months ago (65 percent, compared to 35 percent overall).

## Main reasons for Green Prescription

When patients were asked to identify the main reasons they were issued a GRx, 52 percent reported it was because of weight problems (Figure 3). Other common reasons included: arthritis (26 percent), back pain or problems (25 percent), high blood pressure or risk of stroke (23 percent), and stress (19 percent).

Figure 3: Main reasons for GP issuing Green Prescription

Q3. What were the main reasons you required a GRx for support to be more active?



Total may exceed 100% because of multiple response.

2018 results exclude non-response.

\*\*Categories pre-diabetes and diagnosed type 2 diabetes was added in 2014.

⁺Category “injury/surgery recovery” was added in 2016.

⁺⁺Category “injury recovery” was deleted in 2016.

Table 12: Main reasons for GP issuing Green Prescription 2013-2015

Q2. What were the main reasons you required a GRx for support to be more active?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | 2018 | 2016 | 2015 | 2014 |
| Base= | 2757 | 2843 | 2709 | 2858 |
|  | % | % | % | % |
| Weight problems | 52 | 53 | 56 | 54 |
| High blood pressure/risk of stroke | 23 | 25 | 26 | 28 |
| Arthritis | 26 | 22 | 23 | 25 |
| Back pain or problems | 25 | 22 | 22 | 23 |
| To relieve stress | 19 | 20 | 17 | 20 |
| High cholesterol | 16 | 18 | 21 | 22 |
| Diagnosed type 2 diabetes\*\* | 16 | 17 | 20 | 17 |
| To relieve depression/anxiety | 18 | 17 | 15 | 18 |
| Sleep problems | 14 | 16 | 17 | 16 |
| Asthma/breathing problems | 14 | 14 | 17 | 15 |
| Pre-diabetes/risk of diabetes\*\* | 10 | 13 | 14 | 11 |
| Injury/surgery recovery^ | 16 | 13 | - | - |
| Injury recovery⁺⁺⁺ | - | - | 11 | 10 |
| Heart problems | 11 | 11 | 14 | 13 |
| Stop smoking | 3 | 5 | 5 | 4 |
| Fall prevention | 7 | 5 | 7 | 6 |
| Osteoporosis | 6 | 4 | 5 | 5 |
| General fitness | 3 | 3 | 1 | 2 |
| Pregnancy^^ | 1 | 1 | - | - |
| Cancer⁺⁺ | - | - | 3 | 3 |
| Surgery recovery⁺⁺⁺ | - | - | 2 | 2 |
| Fibromyalgia\*\*\* | 1 | - | 1 | - |
| Other | 9 | 4 | 6 | 5 |
| Did not say/No response | - | 7 | 3 | 8 |

Total may exceed 100% because of multiple response.

2018 results exclude non-response.

⁺⁺Category “cancer” deleted in 2016.

⁺⁺⁺Category “surgery recovery” and “injury recovery” deleted in 2016.

\*\*Categories pre-diabetes/risk of diabetes and diagnosed type 2 diabetes added in 2014.

\*\*\*Coded from other specify response

^Category “injury/surgery recovery” added in 2016.

^^Category “pregnancy” added in 2016.

#### Significant differences

The following significant differences were observed for the 2018 survey results:

* **Age:**
	+ Patients aged under 25 years were more likely to report they were issued a GRx because of depression and anxiety (36 percent, compared to 18 percent overall).
	+ Patients aged 25–34 years old were more likely to report they were issued a GRx because of weight problems (63 percent, compared to 52 percent overall) and/or depression (30 percent, compared to 18 percent overall).
	+ Patients aged 35-49 years old were more likely to report they were issued a GRx because of weight problems (70 percent, compared to 52 percent overall).
	+ Patients aged 65 plus were more likely to report they were issued a GRx because of arthritis (40 percent, compared to 26 percent overall) and/or high blood pressure/risk of stroke (31 percent, compared to 23 percent overall).

In contrast, patients aged 65 plus were less likely to report they were prescribed a GRx because of weight problems (34 percent, compared to 52 percent overall).

* **Ethnicity:**
	+ Māori were more likely to report they were issued a GRx because of weight problems (68 percent, compared to 52 percent overall), high blood pressure/risk of stroke (30 percent, compared to 23 percent overall), asthma/breathing problems (21 percent, compared to 14 percent overall) and/or sleep problems (20 percent, compared to 14 percent overall).
	+ Pacific patients were more likely to report they were issued a GRx because of weight problems (62 percent, compared to 52 percent overall) and/or high blood pressure/risk of stroke (36 percent, compared to 23 percent overall).
* **Employment status:**
	+ Patients working full time were more likely to say they were issued a GRx because of weight problems (65 percent, compared to 52 percent), while being less likely to be issued a GRx because of arthritis (16 percent, compared to 26 percent overall) and/or back pain or problems (15 percent, compared to 25 percent overall).
	+ Unemployed patients were more likely to say they were issued a GRx because of depression/anxiety (29 percent, compared to 18 percent overall).
	+ Retired patients were more likely to report they were issued a GRx because of arthritis (38 percent, compared to 26 percent overall), high blood pressure or risk of stroke (30 percent, compared to 23 percent overall), heart problems (18 percent, compared to 11 percent overall) or fall prevention (15 percent, compared to seven percent overall).
	+ Sickness or invalid beneficiaries were more likely to report they were issued a GRx because of depression/anxiety (37 percent, compared to 18 percent overall), back pain or problems (36 percent, compared to 25 percent overall), stress (31 percent, compared to 19 percent overall), high cholesterol and/or sleep problems (both 23 percent, compared to 16 percent and 14 percent, respectively, overall) and/or asthma/breathing problems (21 percent, compared to 14 percent overall).
* **Community Services Card:**
	+ Patients who have Community Services Cards were more likely to report they were issued a GRx because of arthritis (30 percent, compared to 26 percent overall), back pain or problems (30 percent, compared to 25 percent overall), depression/anxiety (25 percent, compared to 18 percent overall) and/or asthma/breathing problems (18 percent, compared to 14 percent overall).
* **Disability:**
	+ Patients with a long-term disability or impairment were more likely to report they were issued a GRx because of arthritis (38 percent, compared to 26 percent overall), back pain or problems (33 percent, compared to 25 percent overall), injury recovery (21 percent, compared to 16 percent overall).
* **Contract holder:**
	+ Patients from Nelson Bays PHO and Sport Gisborne/Tairawhiti were more likely to report they were issued a GRx because of arthritis (48 percent and 39 percent, respectively, compared to 26 percent overall).
	+ Patients from Sport Wellington, Sport Hawke’s Bay and Sport Otago were more likely to report they were issued a GRx because of weight problems (all 65 percent. compared to 52 percent overall).
	+ Patients from Sport Taranaki were more likely to report they were issued a GRx because of fall prevention (20 percent, compared to seven percent overall).

### Profile of selected reasons for GRx

This sub-section profiles different types of GRx patients, according to the reason why their GRx was issued.

* **Weight Problems:**
	+ 52 percent of patients were issued a GRx to help with their weight problem.
		- Many of these patients also had high blood pressure or risk of stroke
		(28 percent), stress (26 percent), back pain or problems (26 percent), arthritis (24 percent), depression (24 percent) and/or high cholesterol (21 percent).
	+ The main types of activity recommended for these patients were walking (68 percent), swimming (57 percent), water/pool exercises (49 percent) and/or gym exercises (45 percent).
	+ 69 percent of these patients have noticed positive changes in their health.
	+ 63 percent of these patients are now spending more time being active.
	+ 71 percent of these patients have received advice on healthy eating.
	+ 76 percent have made changes to their diet since getting their GRx.
	+ 73 percent are female.
	+ 53 percent have secondary education or no qualifications.
	+ 48 percent are aged 45-64 years. Another 29 percent are aged under 45.
	+ 47 percent have a long-term disability or impairment.
	+ 57 percent are of European descent, 25 percent are Māori and 13 percent are Pacific people.
	+ 49 percent have a Community Services Card.
	+ 52 percent live in areas with the highest deprivation.
* **High Blood Pressure/Risk of Stroke:**
	+ 23 percent of patients were issued a GRx because they had high blood pressure or were at risk of stroke.
		- Many of these patients also had weight problems (61 percent), high cholesterol (41 percent), arthritis (35 percent), diagnosed type 2 diabetes (29 percent), back pain or problems (29 percent), sleep problems (26 percent) and/or stress (25 percent).
	+ The main types of activity recommended for these patients were walking (69 percent), swimming (58 percent), water/pool exercises (52 percent) and/or gym exercises (43 percent).
	+ 73 percent of these patients have noticed positive changes in their health.
	+ 62 percent of these patients are now spending more time being active.
	+ 68 percent of these patients have received advice on healthy eating.
	+ 70 percent have made changes to their diet since getting their GRx.
	+ 63 percent are female.
	+ 62 percent have secondary education or no qualifications.
	+ 46 percent are aged 65 plus. Another 41 percent are aged 45-64 years.
	+ 51 percent have a long-term disability or impairment.
	+ 53 percent are of European descent, 24 percent are Māori and 16 percent are Pacific people.
	+ 52 percent have a Community Services Card.
	+ 54 percent live in areas with the highest deprivation.
* **Arthritis:**
	+ 26 percent of patients were issued a GRx to help with their arthritis.
		- Many of these patients also had weight problems (47 percent), back pain or problems (40 percent), high blood pressure/risk of stroke (31 percent), high cholesterol (22 percent), stress (24 percent) and/or asthma/breathing problems (21 percent).
	+ The main types of activity recommended for these patients were walking (62 percent), swimming (57 percent), water/pool exercises (56 percent) and/or gym exercises (32 percent).
	+ 72 percent of these patients have noticed positive changes in their health.
	+ 61 percent of these patients are now spending more time being active.
	+ 63 percent of these patients have received advice on healthy eating.
	+ 64 percent have made changes to their diet since getting their GRx.
	+ 78 percent are female.
	+ 59 percent have secondary education or no qualifications.
	+ 53 percent are aged 65 plus. Another 43 percent are aged 45-64 years.
	+ 72 percent have a long-term disability or impairment.
	+ 64 percent are of European descent, 18 percent are Māori and 10 percent are Pacific people.
	+ 55 percent have a Community Services Card.
	+ 51 percent live in areas with the highest deprivation.
* **High Cholesterol:**
	+ 16 percent of patients were issued a GRx because they had high cholesterol.
		- Many of these patients also had weight problems (67 percent), high blood pressure or risk of stroke (58 percent), arthritis (35 percent), back pain or problems (35 percent), stress (33 percent) and/or diagnosed type 2 diabetes (30 percent).
	+ The main types of activity recommended for these patients were walking (75 percent), swimming (54 percent), water/pool exercises (51 percent) and/or gym exercises (43 percent).
	+ 72 percent of these patients have noticed positive changes in their health.
	+ 60 percent of these patients are now spending more time being active.
	+ 77 percent of these patients have received some advice on healthy eating.
	+ 72 percent have made changes to their diet since getting their GRx.
	+ 65 percent are female.
	+ 63 percent have secondary education or no qualifications.
	+ 51 percent are aged 45-64 years. Another 36 percent are aged 65 plus.
	+ 52 percent have a long-term disability or impairment.
	+ 52 percent are of European descent, 24 percent are Māori and 14 percent are Pacific people.
	+ 50 percent have a Community Services Card.
	+ 53 percent live in areas with the highest deprivation.
* **Diagnosed type 2 diabetes:**
	+ 16 percent of patients were issued a GRx because they had been diagnosed with type 2 diabetes.
		- Many of these patients also suffered from weight problems (59 percent), high blood pressure or risk of stroke (43 percent), high cholesterol (31 percent), arthritis (29 percent), back pain or problems (27 percent), and/or stress (19 percent).
	+ The main types of activity recommended for these patients were walking (74 percent), swimming (59 percent), water/pool exercises (48 percent) and gym exercises (45 percent).
	+ 74 percent of these patients have noticed positive changes in their health.
	+ 62 percent of these patients are now spending more time being active.
	+ 78 percent of these patients have received advice on healthy eating.
	+ 72 percent have made changes to their diet since getting their GRx.
	+ 62 percent are female.
	+ 57 percent have secondary education or no qualifications.
	+ 48 percent are aged 45-64 years. Another 33 percent are aged 65 plus.
	+ 50 percent have a long-term disability or impairment.
	+ 47 percent are of European descent, 24 percent are Māori and 17 percent are Pacific people.
	+ 51 percent have a Community Services Card.
	+ 57 percent live in areas with the highest deprivation.
* **Pre-diabetes/risk of diabetes:**
	+ 10 percent of patients were issued a GRx because they had been identified as pre-diabetic or at risk of diabetes.
		- Many of these patients also had weight problems (67 percent), high blood pressure or risk of stroke (39 percent), high cholesterol (36 percent), sleep problems (24 percent) and/or stress (25 percent).
	+ The main types of activity recommended for these patients were walking (68 percent), swimming (55 percent), water/pool exercises (49 percent) and/or gym exercises (38 percent).
	+ 75 percent of these patients have noticed positive changes in their health.
	+ 65 percent of these patients are now spending more time being active.
	+ 76 percent of these patients have received advice on healthy eating.
	+ 82 percent have made changes to their diet since getting their GRx.
	+ 70 percent are female.
	+ 52 percent have secondary education or no qualifications.
	+ 46 percent are aged 45-64 years. Another 33 percent are aged 65 plus.
	+ 49 percent have a long-term disability or impairment.
	+ 56 percent are of European descent, 28 percent are Māori and 12 percent are Pacific people.
	+ 47 percent have a Community Services Card.
	+ 47 percent live in areas with the highest deprivation.
* **Stress:**
	+ 19 percent of patients were issued a GRx to help with stress.
		- Many of these patients also had weight problems (70 percent), depression or anxiety (57 percent), sleep problems (41 percent), back pain or problems (41 percent) and/or high blood pressure or risk of stroke (31 percent).
	+ The main types of activity recommended for these patients were walking (70 percent), swimming (57 percent), water/pool exercises (48 percent) and gym exercises (46 percent).
	+ 68 percent of these patients have noticed positive changes in their health.
	+ 61 percent of these patients are now spending more time being active.
	+ 65 percent of these patients have received advice on healthy eating.
	+ 68 percent have made changes to their diet since getting their GRx.
	+ 75 percent are female.
	+ 52 percent have secondary education or no qualifications.
	+ 48 percent are aged 45-64 years. Another 26 percent are aged under 45 years.
	+ 60 percent have a long-term disability or impairment.
	+ 63 percent are of European descent, 23 percent are Māori, and 10 percent are Pacific people.
	+ 55 percent have a Community Services Card.
	+ 53 percent live in areas with the highest deprivation.
* **Depression/Anxiety:**
	+ 18 percent of patients were issued a GRx to help with depression or anxiety.
		- Many of these patients also suffer from weight problems (68 percent), stress
		(59 percent), sleep problems (38 percent), back pain or problems (35 percent) and/or high blood pressure or risk of stroke (26 percent).
	+ The main types of activity recommended for these patients were walking (66 percent), swimming (56 percent), water/pool exercises (50 percent) and gym exercises (46 percent).
	+ 64 percent of these patients have noticed positive changes in their health.
	+ 59 percent of these patients are now spending more time being active.
	+ 63 percent of these patients have received advice on healthy eating.
	+ 64 percent have made changes to their diet since getting their GRx.
	+ 71 percent are female.
	+ 53 percent have secondary education or no qualifications.
	+ 49 percent are aged 45-64 years. Another 31 percent are aged under 45 years.
	+ 60 percent have a long-term disability or impairment.
	+ 71 percent are of European descent, 19 percent are Māori, and seven percent are Pacific people.
	+ 65 percent have a Community Services Card.
	+ 56 percent live in areas with the highest deprivation.

## Advice received on healthy eating

As detailed in Figure 4, 64 percent of patients reported they had received advice on healthy eating.

Figure 4: Advice received on healthy eating (n=2868)

Q9. Have you received any specific advice on healthy eating?



Total may not sum to 100% due to rounding.

#### Significant differences

The following significant differences were observed for the 2018 survey results:

* **Ethnicity:**
	+ Mäori were more likely to have received specific advice on healthy eating (75 percent, compared to 64 percent overall).
* **Overall satisfaction**
	+ Satisfied patients were more likely to have received specific advice on health eating (71 percent, compared to 64 percent overall), whereas neutral (46 percent) and dissatisfied (59 percent) patients were more likely to have not received such advice (compared to 33 percent overall).
* **Contract holder:**
	+ Patients from Nelson Bays PHO (82 percent), Sport Southland and Sport Manawatu (79 percent, respectively) and Sport Gisborne/Tairawhiti (77 percent) were more likely to report they had received advice on healthy eating, compared to 64 percent overall.
	+ In contrast, patients from Sport Northland (53 percent), Sport Taranaki (52 percent) and Harbour Sport (45 percent) were more likely to have not received such advice, compared to 33 percent.

# Current status of Green Prescription

This section examines what has happened to patients in the time since their Green Prescription was issued. Specifically, whether patients are still following their GRx, reasons for not following it, any return visits they have made to the referrer and what happened at these subsequent visits.

|  |
| --- |
| Key findings**Forty-two percent of patients report they are still following their GRx.*** The main reasons given by those not following their GRx (either temporarily or permanently) continue to be: injury or health problems, lack of time due to work or family responsibilities and/or a lack of energy. Costs/financial reasons can also be a significant factor for some patients.
 |

## Current status of Green Prescription

Figure 5 shows that 42 percent of patients this year reported they were still following their GRx. Another 22 percent were doing physical activities different from their GRx. Seventeen percent said they were temporarily off their GRx and 19 percent were no longer following it.

Figure 5: Current status of Green Prescription

Q4. Are you currently...?



Total may not sum to 100% due to rounding.

2018 results exclude non-response.

#### Significant differences

The following significant differences were observed for the 2018 survey results:

* **Contract holder:**
	+ Patients from Marlborough PHO were more likely to still be following their GRx activities (65 percent, compared to 42 percent overall).

### Reasons for being off Green Prescription

The main reason for not following their GRx (either temporarily or permanently) continues to be injury or health problems (cited by 32 percent of these patients).

Other impediments were due to lack of time due to work (22 percent), family responsibilities (20 percent), cost/financial reasons (19 percent) and/or a lack of energy (18 percent).

Table 13: Reasons for being off GRx

Q5. If you are temporarily off or no longer following the GRx physical activities, why is this?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | 2018 | 2016 | 2015 | 2014 |
| Base= | 904\* | 1005\* | 994\* | 1062\* |
|  | % | % | % | % |
| Injury/health problems | 32 | 30 | 28 | 33 |
| Lack of time due to work | 22 | 22 | 16 | 17 |
| Lack of time due to family responsibilities | 20 | 20 | 17 | 19 |
| It costs too much/financial reasons^ | 19 | 16 | 17 | 6 |
| Lack of energy/too tired | 18 | 19 | 13 | 17 |
| It’s too hard to stick to a routine | 12 | 11 | 10 | 11 |
| Just didn’t want to^ | 7 | 7 | 6 | 6 |
| Moved elsewhere^ | 4 | 2 | 2 | 2 |
| Issues with admin/paperwork (not helpful, no follow up etc.) | 3 | 5 | 3 | 3 |
| I'm doing other physical activities (not GRx) | 3 | 3 | 2 | 5 |
| The programme ran its course/wasn't renewed GRx | 3 | 1 | 2 | 2 |
| I’m too old | 2 | 3 | 3 | 2 |
| Other | 13 | 12 | 14 | 11 |
| Did not say/No response | - | 7 | 11 | 10 |

Total may exceed 100% because of multiple response.

2018 results exclude non-response.

\*Sub-sample based on those temporarily off or no longer on a GRx.

^Category added to questionnaire in 2015. Previous year’s surveys the response was coded from the “other specify” responses. Therefore, comparisons with previous years’ surveys are indicative only due to this change.

#### Significant differences

The following significant differences were observed for the 2018 survey results:

* **Age:**
	+ Patients aged 35 - 49 years old were more likely to report being temporarily off or no longer following their GRx because of a lack of time due to work commitments (32 percent, compared to 22 percent overall) and/or that they just don’t wish to continue (16 percent, compared to seven percent overall).
* **Employment status:**
	+ Patients working full-time were more likely to report being temporarily off or no longer following their GRx because of a lack of time due to work (54 percent, compared to 22 percent overall).
	+ Patients who mainly stay at home were more likely to report being temporarily off or no longer following their GRx because of a lack of time due to family responsibilities (39 percent, compared to 20 percent overall).
	+ Retired patients and sickness/invalid beneficiaries are more likely to report being temporarily off or no longer following their GRx because of injury or health problems (46 percent and 45 percent respectively, compared to 32 percent overall).
	+ Sickness/invalid beneficiaries are also more likely to report being temporarily off or no longer following their GRx because of cost (33 percent, compared to 19 percent overall).
* **Disability:**
	+ Patients with a long-term disability or impairment were more likely to report being temporarily off or no longer following their GRx because of injury or health problems (47 percent, compared to 32 percent overall).
* **Overall satisfaction:**
	+ Patients who were dissatisfied overall were more likely to report being temporarily off or no longer following their GRx because of issues with admin/paperwork and support (13 percent, compared to three percent overall).

# Changes resulting from the GRx

Positive changes in patients’ health, diet and activity levels are key to the success of the GRx initiative. This section examines these changes, as well as whether patients are encouraging others to be more active since being issued with a GRx.

|  |
| --- |
| Key findings**71 percent of patients report they have noticed positive changes in their health since they were first issued with a GRx:** * The main changes that these patients noticed were feeling fitter or stronger, generally feeling better, more energy, weight loss, breathing easier, and feeling less stressed.

**Overall, 61 percent of patients say they were spending more time being active now, compared to before their GRx was issued.** * The main reason given for spending less time being active are illness/injury/health problems.
* Sixty-seven percent of patients say they have also encouraged others to be more active as a result of their Green Prescription.

**65 percent of patients report they have also made changes to their diet since being prescribed their GRx.** * The most common types of changes include: having less sugar, sugary foods and soft-drinks, eating less junk food or generally eating more healthily, eating smaller meals or eating less, drinking more water and eating more vegetables.
 |

## Positive changes in health

71 percent of patients said they had noticed positive changes in their health since they were first issued with a GRx (Figure 6).

Of those noticing changes, 57 percent said they felt fitter or stronger, 52 percent felt generally better, 43 percent had lost weight, 44 percent had more energy and 32 percent were breathing easier (Figure 7).

Figure 6: Whether positive changes in health have been noticed since first GRx

Q6. Have you noticed any positive changes in your health since you were first issued a GRx?



Total may not sum to 100% due to rounding.
2018 results exclude non-response.

Figure 7: Health changes noticed

Q7. If yes, what positive changes have you noticed?



Total may exceed 100% because of multiple response.

2018 results exclude non-response

Note: 2013 results not shown due to insufficient space.

\*Sub-sample based on those who had noticed change.

#### Significant differences

The following significant differences were observed for the 2018 results:

* **Age:**
	+ Patients aged 35-49 years were more likely to report they had lost weight (55 percent, compared to 43 percent overall), had more energy (54 percent, compared to 44 percent overall), feeling less stressed (41 percent, compared to 30 percent overall) and/or sleeping better (33 percent, compared to 23 percent overall).
	+ Patients aged 65 plus were more likely to report they had less joint pain or discomfort (32 percent, compared to 25 percent overall), had better balance (22 percent, compared to 16 percent overall) and/or they had lower blood pressure (21 percent, compared to 16 percent overall).
* **Ethnicity:**
	+ Mäori patients were more likely to report they had lost weight (52 percent, compared to 43 percent overall), had more energy (51 percent, compared to 44 percent overall), were breathing easier (46 percent, compared to 32 percent overall) and/or feeling less stress (37 percent, compared to 30 percent overall).
	+ Pacific patients were more likely to report they had more energy (58 percent, compared to 44 percent overall), lost weight (55 percent, compared to 43 percent), sleeping better (38 percent, compared to 23 percent overall), lower blood pressure (32 percent, compared to 16 percent overall) and/or lower cholesterol (22 percent, compared to 11 percent overall).
* **Employment status:**
	+ Patients working full-time were more likely to report they had lost weight (53 percent, compared to 43 percent overall), had more energy (52 percent, compared to 44 percent overall) and/or sleeping better (30 percent, compared to 23 percent overall).
	+ Unemployed patients were more likely to report they were less depressed/anxious (34 percent, compared to 19 percent overall), and/or had improved blood sugar levels (30 percent, compared to 14 percent overall).
	+ Sickness/beneficiary patients were more likely to report they were breathing easier (46 percent, compared to 32 percent).
	+ Patients who were currently studying were more likely to report they had lost weight (62 percent, compared to 43 percent overall).
* **NZDep Index:**
	+ Patients living in areas classified as being most deprived were more likely to report they were breathing easier (38 percent, compared to 32 percent overall).
* **Disability:**
	+ Patients with a long-term disability or impairment were more likely to report they had increased mobility (35 percent, compared to 28 percent overall).
* **Contract holder:**
	+ Patients from Sport Bay of Plenty were more likely to report they feel stronger/fitter (69 percent, compared to 57 percent overall) and/or had lost weight (54 percent, compared to 43 percent overall).
	+ Patients from Sport Whanganui were more likely to report they generally felt better (66 percent, compared to 52 percent overall) and/or had less back pain (29 percent, compared to 17 percent overall).

## Changes in activity levels

Overall 61 percent of patients reported they were spending more time being active now, compared to before their GRx was issued. The remaining patients were either spending the same amount of time being active (27 percent) or less time (12 percent).

Table 14 shows the levels of activity broken down by the amount of time since the GRx was issued. For those who had a GRx issued 6-8 months ago, 61 percent reported they were spending more time being active. 63 percent of patients who had a GRx issued more than 8 months ago were also spending more time being active.

Patients’ reasons for spending the same or less time being active are given in sections 5.2.1 and 5.2.2 overleaf.

Figure 8: Changes in activity levels since GRx was issued

Q8. Compared to the time before you were first prescribed a GRx, are you now spending...?



Total may not sum to 100% due to rounding.

Table 14: Changes in activity levels by time since GRx was issued

Q8. Compared to the time before you were first given a GRx, are you now spending...

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Total | Less than 4 months ago | 4 - 6 months ago | 6 - 8 months ago | More than 8 months ago |
| Base = | 2785 | 349 | 807 | 585 | 1009 |
|  | % | % | % | % | % |
| More time being active? | 61 | 65 | 58 | 61 | 63 |
| About the same amount of time being active? | 27 | 26 | 31 | 28 | 24 |
| Less time being active? | 12 | 9 | 11 | 11 | 13 |
| Total | 100 | 100 | 100 | 100 | 100 |

The base numbers shown are unweighted counts.

Total may not sum to 100% due to rounding.

2018 results exclude non-response

#### Significant differences

The following significant differences were observed for the 2018 results:

* **Ethnicity:**
	+ Mäori patients were more likely to report they were spending less time being active, compared to before they got their GRx (16 percent, compared to 12 percent overall).
* **Employment status:**
	+ Sickness or invalid beneficiaries were more likely to report they were spending less time being active, compared to before they got their GRx (18 percent, compared to 12 percent overall).
* **NZDep Index:**
	+ Patients living in areas classified as being least deprived were more likely to report they were spending about the same time being active, compared to before they got their GRx (34 percent, compared to 27 percent overall).
* **Overall satisfaction:**
	+ Patients who were satisfied overall were more likely to report they were no spending more time being active, compared to before they got their GRx (69 percent, compared to 61 percent overall), while those who were neutral or dissatisfied were more likely to report spending about the same amount of time being active (45 percent and 50 percent, respectively, compared to 27 percent overall).
* **Contract holder:**
	+ Patients from Marlborough PHO were more likely to report they were spending more time being active, compared to before they got their GRx (75 percent, compared to 61 percent overall).

### Reasons for spending the same amount of time being active

Patients were asked to identify the reasons why they were spending about the same amount of time being active now, as they were before their GRx.

The most frequently identified reasons included: illness, injury, pain or a medical condition (25 percent), increased workload/long hours/work commitments (13 percent) and already active enough (9 percent).

Table 15, below, shows all the reasons cited by at least one percent of patients.

Table 15: Reasons for spending about the same amount of time being active

Q8a. If spending about the same amount of time being active, why is this?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | 2018 | 2016 | 2015 | 2014 |
| Base= | 549\* | 727\* | 429\* | 436\* |
|  | % | % | % | % |
| Illness/injury/operation/pain/medical condition preventing, recovering | 25 | 22 | 24 | 28 |
| Increased workload/long hours/work commitments | 13 | 16 | 12 | 8 |
| Already doing enough, already/always been active/happy with what doing | 9 | 12 | 17 | 13 |
| Lack of motivation/laziness/depression^ | 6 | 9 | 6 | 7 |
| Family responsibilities | 5 | 9 | 7 | 10 |
| Too busy/no time | 10 | 8 | 11 | 9 |
| Not doing specified type of activity/level of activity | 2 | 7 | 0 | 6 |
| Lack energy/tired | 2 | 6 | 2 | 3 |
| Other commitments, holidays | 2 | 4 | 3 | 6 |
| Difficulty getting into, or lost, routine/didn't get into a habit | 2 | 3 | 3 | 2 |
| Costs/fees of activity too expensive | 2 | 3 | 4 | 3 |
| GRx has not helped | 4 | 2 | 1 | 0 |
| Lack of support | - | 1 | 2 | 1 |
| Getting too old/no longer up to it | 1 | 2 | 1 | 1 |
| Weather/darkness | 1 | 1 | 1 | 1 |
| Other miscellaneous reasons | 23 | 15 | 14 | 21 |
| No particular reason | - | 1 | 0 | 0 |
| Don't know | - | 0 | 1 | 0 |

Total may exceed 100% because of multiple response

2018 results exclude non-response.

^Category coded from other responses.

\*Sub-sample based on those who said why they spent about the same amount of time being active after first prescribed a GRx.

#### Significant differences

The following significant differences were observed:

* **Age:**
	+ Patients aged 50 to 64 were more likely to report they were spending about the same amount of time being active because of increased workloads, longer hours or work commitments (24 percent, compared to 13 percent overall).
* **Ethnicity:**
	+ Mäori patients were more likely to report they were spending about the same amount of time being active because of increased workloads, longer hours or work commitments (27 percent, compared to 13 percent overall).
* **Employment status:**
	+ Patients who work full-time were more likely to report they were spending about the same amount of time being active because of increased workloads, longer hours or work commitments (36 percent, compared to 13 percent overall).
	+ Sickness or invalid beneficiaries were more likely to report they were spending about the same amount of time being active because of illness or injury (44 percent, compared to 25 percent overall).
* **Overall satisfaction:**
	+ Dissatisfied patients were more likely to report they were spending about the same amount of time being active because their GRx has not helped (21 percent, compared to four percent overall).

### Reasons for spending less time being active

Table 16 summarises the main reasons patients are spending less time being active now, compared to before they were issued with their GRx.

Forty-nine percent reported they were spending less time being active now because of illness, injury, pain or health problems. This was distantly followed by a lack of motivation (12 percent), and/or work commitments (11 percent).

Table 16: Reasons for spending less time being active

Q8b. If spending less time being active, why is this?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 2018 | 2016 | 2015 | 2014 | 2013 |
| Base= | 205\* | 287\* | 189\* | 182\* | 263\* |
|  | % | % | % | % | % |
| Illness/injury/operation/pain/health problems  | 49 | 41 | 42 | 44 | 34 |
| Lack of motivation/laziness/depression | 12 | 16 | 13 | 16 | 7 |
| Increased workload/long hours/work commitments | 11 | 11 | 13 | 10 | 2 |
| Too busy/no time, other priorities/commitments (including study) | 8 | 3 | 10 | 15 | 5 |
| Family responsibilities (incl. pregnancy, home issues) | 6 | 10 | 8 | 5 | 6 |
| Lack energy/tired | 6 | 6 | 5 | 5 | 6 |
| Costs/fees of activity too expensive | 5 | 4 | 2 | 2 | 4 |
| Weather/darkness/daylight saving over | - | 3 | 3 | 2 | 0 |
| Not doing specified type of activity | 1 | 0 | 1 | 2 | 4 |
| Other miscellaneous reasons | 15 | 18 | 11 | 11 | 10 |
| No particular reason | - | 0 | 0 | 0 | 1 |
| Don't know | - | 0 | 0 | 0 | 0 |

Total may exceed 100% because of multiple response.

2018 results exclude non-response.

\*Sub-sample based on those who said why they spent less time being active since first prescribed a GRx.

#### Significant differences

The following significant differences were observed:

* **Employment status:**
	+ Patients who work full-time were more likely to report they were spending less time being active because of increased workloads, longer hours or work commitments (34 percent, compared to 11 percent overall).
* **Disability:**
	+ Patients with a long-term disability or impairment were more likely to report they were spending less time being active because of illness/injury/operation/pain/health problems (69 percent, compared to 49 percent overall).

## Changes in diet

Sixty-five percent of patients reported they had made changes to their diet since being prescribed their GRx. The types of changes made are examined in section 5.3.1, overleaf.

Figure 9: Changes to diet since Green Prescription

Q10. Have you made any changes to your food and/or drink intake since being given your GRx?



Total may not sum to 100% due to rounding.

2018 results exclude non-response.

### Types of changes made to diet

Figure 10 shows the most common changes patients made to their diets were: having less sugar and sugary foods, sweets and soft drinks (21 percent), eating more healthily or less junk food (16 percent), eating less or smaller meals (14 percent), drinking more water and/or eating more vegetables (12 percent respectively).

Other, less commonly cited reasons are shown in Table 17 on page 49.

Figure 10: Types of changes to diet since Green Prescription

Q10a. What changes?



Total may exceed 100% because of multiple response.

2018 results exclude non-response.

\*Sub-sample based on those who made changes to their diet.

Table 17: Other changes made to diet

Q10a. What changes (other)?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 2018 | 2016 | 2015 | 2014 | 2013 |
| Base= | 2714\* | 1967\* | 1641\* | 1694\* | 1884\* |
|  | % | % | % | % | % |
| Less takeaways/ fast food | 2 | 5 | 4 | 3 | 3 |
| No snacking/regular meals, breakfasts | 3 | 4 | 3 | 5 | 5 |
| Eat less (red) meat/more fish | 3 | 4 | 3 | 4 | 4 |
| Reading labels on food^ | 2 | 3 | 2 | 3 | 2 |
| Less dairy | 1 | 2 | 2 | 3 | 3 |
| Less coffee/tea | 2 | 2 | 1 | 1 | 2 |
| Cut down on salt use | 2 | 2 | 4 | 3 | 3 |
| More protein | 1 | 1 | 1 | 2 | 2 |
| More grain breads, fibre or similar | 1 | 1 | 2 | 2 | 2 |
| Supplements, dietary | - | 0 | 1 | 1 | 0 |
| Other miscellaneous reasons | 5 | 11 | 13 | 12 | 9 |
| No particular changes | 36  | 0 | 0 | 0 | 0 |
| Don't know | - | 0 | 0 | 0 | 0 |

Total may exceed 100% because of multiple response.

2018 results exclude non-response.

\*Sub-sample based on those who said what changes they have made to their food and/or drink intake.

#### Significant differences

The following significant differences were observed for the 2018 survey results:

* **Age:**
	+ Patients aged 50-64 years were more likely to report they had made changes to their food and/or drink intake since being given their GRx (72 percent, compared to 65 percent overall).
	+ Patients aged 65 plus were more likely to report they had not made changes to their food and/or drink intake since being given their GRx (43 percent, compared to 35 percent overall).
* **Ethnicity:**
	+ Pacific and Māori patients were more likely to report they had made changes to their food and/or drink intake since being given their GRx (75 percent and 74 percent respectively, compared to 65 percent overall).
* **Employment status:**
	+ Patients working full-time (73 percent), at home (75 percent) and students (80 percent) were more likely to report they had made changes to their food and/or drink intake since being given their GRx, compared to 65 percent overall.
	+ Retired patients were more likely to report they had not made changes to their food and/or drink intake since being given their GRx (44 percent, compared to 35 percent overall).
* **Overall satisfaction:**
	+ Satisfied patients were more likely to report they had received specific advice on healthy eating (71 percent, compared to 64 percent overall).
* **Contract holder:**
	+ Patients from Sport Taranaki and Sport Northland were more likely to report they had not made changes to their food and/or drink intake since being given their GRx (50 percent and 47 percent respectively, compared to 35 percent overall).

## Encouraging others to be active

Sixty-seven percent of patients had encouraged others to be more active as a result of their GRx (Figure 11), which is similar to that reported last year.

Figure 11: Encouraging others to be active

Q17. As a result of your GRx experience, have you encouraged others to become more active?



Total may not sum to 100% due to rounding.

2018 results exclude non-response.

\*Sub-sample based on those who had contact with a GRx support person.

#### Significant differences

The following significant difference was observed for the 2018 results:

* **Ethnicity:**
	+ Pacific patients were more likely to report that they had encouraged others to become more active (83 percent, compared to 67 percent overall).
* **Overall satisfaction:**
	+ Patients who were satisfied overall were more likely to report that they had encouraged others to become more active (76 percent, compared to 67 percent overall).
* **Contract holders:**
	+ Patients from Gisborne/Tairawhiti and Sport Whanganui were more likely to report that they had encouraged others to become more active (both 79 percent, compared to 67 percent overall).

# Contact with GRx support person

Once prescribed a GRx, patients are supposed to make contact with or be contacted by their assigned support person. This section examines:

* The nature of the initial contact with the support person and the activities the support person suggested.
* The types of providers they were referred to, if any and what follow-up support they have received.
* Who they do physical activity with.

|  |
| --- |
| Key findings**In most cases (64 percent), the support person contacted patients first. Twenty-seven percent of patients visited the support person, while relatively few patients called the phone number provided (four percent) or had not yet had any contact with their GRx support person (five percent).** * The main activities recommended by the GRx support people continue to be walking, swimming, water/pool exercises and gym exercises.

**In cases where there has been contact, 71 percent of patients report their GRx support person referred them to an activity provider. The main activity providers recommended to patients are swimming pools and gyms.*** Eighty-two percent of those referred thought the activity provider was appropriate for them.

**After their first contact, just six percent of patients said they have not received any follow-up contact or support from their GRx support person. Where follow-up has occurred, it was mostly by phone (54 percent) or through face-to-face contact (43 percent).** **About one third of patients report their GRx support person has given them an extension for longer support (38 percent).****In terms of who patients do physical activity with, 74 percent say they are active on their own, while 30 percent are active with adult family members and 22 percent with friends.** |

## Initial contact with the GRx support person

About two-thirds of patients reported that their GRx support person contacted them first (64 percent), while 27 percent visited them in person, and four percent called the number provided. Five percent said they had not had any contact with the GRx support person.

Figure 12: First contact with the GRx support person

Q11. How was contact first made with the GRx support person?



Total may exceed 100% because of multiple response.

2018 results exclude non-response.

#### Significant differences

The following significant differences were observed for the 2018 survey results:

* **Age:**
	+ Patients aged 65 years plus were more likely to report they went to see their support person in person (33 percent, compared to 27 percent overall).
* **Employment:**
	+ Patients working part-time and full-time were more likely to report their GRx support person contacted them first (74 percent and 71 percent respectively, compared to 64 percent overall).
	+ Retired patients were more likely to report they went to see their support person in person (34 percent, compared to 27 percent overall).
* **Education:**
	+ Patients with no qualifications were more likely to report they went to see their support person in person (33 percent, compared to 27 percent overall).
* **Contract holder:**
	+ Patients from Spot Southland (90 percent), Sport Taranaki (87 percent), Sport Hawke’s Bay (81 percent) and Nelson Bays PHO (80 percent) were more likely to report that their support person contacted them first (compared to 64 percent overall).
	+ Patients from Sport Bay of Plenty were more likely to report they went to see their support person in person (37 percent, compared to 27 percent overall).

## Activities suggested by GRx support person

The main activities recommended by GRx support people continue to be walking (63 percent), swimming (50 percent) and water/pool exercises (44 percent).

Figure 13: Activities suggested by the GRx support person

Q14. What, if any, physical activities did the GRx support person suggest to you?



Total may exceed 100% because of multiple response.

2018 results exclude non-response.

\*Sub-sample based on those who had contact with a GRx support person.

#### Significant differences

The following significant differences were observed for the 2018 results:

* **Age:**
	+ Patients aged under 25 years and those aged 35 to 49 years were more likely to report that their GRx support person suggested they take up gym exercises (58 percent and 48 percent, respectively, compared to 41 percent overall).
	+ Patients aged under 25-34 years were more likely to report that their GRx support person suggested they take up other home base activities (e.g. exercycle/treadmill; 29 percent, compared to 19 percent overall).
	+ Patients aged 50-64 years were more likely to report that their GRx support person suggested they take up swimming (56 percent, compared to 50 percent overall) or water/pool exercise (51 percent, compared to 44 percent overall).
	+ Patients aged 65 years plus were more likely to report that their GRx support person suggested they take up gardening (21 percent, compared to 16 percent overall) and/or Tai Chi (13 percent, compared to nine percent overall)
* **Gender:**
	+ Males were more likely to report their GRx support person suggested they take up gym exercises (47 percent, compared to 41 percent overall) and/or cycling (20 percent, compared to 14 percent overall).
* **Ethnicity:**
	+ Mäori patients were more likely to report their GRx support person suggested they take up swimming (63 percent, compared to 50 percent overall).
	+ Pacific patients were more likely to report their GRx support person suggested they take up gardening (27 percent, compared to 16 percent overall).
* **Employment status:**
	+ Retired patients were more likely to report their GRx support person suggested they take up gardening (21 percent, compared to 16 percent overall), Tai chi (14 percent, compared to nine percent overall) and/or join a GRx Community programme/group (24 percent, compared to 20 percent overall).
	+ Sickness/invalid beneficiaries were more likely to report their GRx support person suggested they take up swimming (59 percent, compared to 50 percent overall).
	+ Students were more likely to report their GRx support person suggested they take up gym exercises (63 percent, compared to 41 percent overall).
* **Education:**
	+ Patients with post-secondary qualifications were more likely to report their GRx support person suggested they take up walking (69 percent, compared to 63 percent overall), swimming (57 percent, compared to 50 percent overall) or gym exercises (50 percent, compared to 41 percent overall).
* **Disability:**
	+ Patients with a disability or impairment were more likely to report their GRx support person suggested they take up swimming (55 percent, compared to 50 percent overall) and/or water/pool exercises (53 percent, compared to 44 percent).
* **Overall satisfaction:**
	+ Neutral and dissatisfied patients were more likely to report their GRx support person did not make any suggestions (13 percent and 21 percent, respectively, compared to six percent overall).
* **Contract holder:**
	+ Patients from Sport Southland (79 percent), Sport Otago (77 percent) and Sport Bay of Plenty (76 percent) were more likely to report their GRx support person suggested they take up walking (compared to 63 percent overall).
	+ Patients from Nelson Bays PHO were more likely to report their GRx support person suggested they take up water/pool exercises (77 percent, compared to 44 percent overall), gardening (35 percent, compared to 16 percent overall) and Cycling (30 percent, compared to 14 percent overall).
	+ Patients from Gisborne/Tairawhiti and Sport Whanganui were more likely to report their GRx support person suggested they take up water/pool exercises (both 59 percent, compared to 44 percent overall).
	+ Patients from Canterbury/West Coast were more likely to report their GRx support person suggested they take up Tai chi or Yoga/Pilates (19 percent, respectively, compared to nine and 11 percent, respectively, overall).
	+ Patients from Sport Hawke’s Bay were more likely to report their GRx support person suggested they take up cycling (30 percent, respectively, compared 14 percent overall).
	+ Patients from Sport Manawatu were more likely to report their GRx support person suggested they take join a GRx Community programme/group (30 percent, respectively, compared 20 percent overall).
	+ Patients from Marlborough PHO were more likely to report their GRx support person suggested they take up water/pool exercises (63 percent, compared to 44 percent overall) or Tai chi (26 percent, compared to nine percent overall).

## Referrals to activity providers

Seventy-one percent of patients reported that their support person referred them to an activity provider. The main activity providers patients were referred to were swimming pools (51 percent) and gyms (45 percent). Eighty-two percent of those who were referred to a provider felt it was appropriate for them.

Figure 14 and 15: Referrals to activity provider and percent who considered the provider was appropriate

Q15. Were you referred to any of the following activity providers?

Q16. Was the activity provider right for you?



2018 results exclude non-response.

\*Sub-sample based on those who had contact with a GRx support person.

^Sub-sample based on those who were referred to an activity provider.

Figure 16: Type of activity provider referred to

Q15. Were you referred to any of the following activity providers?



2018 results exclude non-response.

^Sub-sample based on those who were referred to an activity provider.

#### Significant differences

The following significant differences were observed:

* **Age:**
	+ Patients aged under 25 years were more likely to be referred to a gym (63 percent, compared to 45 percent overall).
	+ Patients aged 50-64 years were more likely to be referred to a swimming pool (58 percent, compared to 51 percent overall).
* **Gender:**
	+ Male patients were more likely to be referred to a gym (54 percent, compared to 45 percent overall).
* **Ethnicity:**
	+ Mäori patients were more likely to be referred to a swimming pool (59 percent, compared to 51 percent overall).
* **Employment status:**
	+ Sickness/invalid beneficiaries were more likely to be referred to a swimming pool (62 percent, compared to 51 percent overall).
	+ Those who were unemployed and actively seeking a job were more likely to report they were referred to a sports club (11 percent, compared to three percent overall).
* **Education:**
	+ Patients with no qualifications were more likely to be referred to a swimming pool (58 percent, compared to 51 percent overall).
* **Disability:**
	+ Patients with a long-term disability or impairment were more likely to be referred to a swimming pool (60 percent, compared to 51 percent overall).
* **NZDep:**
	+ Patients living in areas classified as being least deprived were more likely to report they had been referred to a swimming pool (56 percent, compared to 51 percent overall).
* **Overall satisfaction:**
	+ Neutral and dissatisfied patients were more likely to report they had not been referred to any provider (42 percent and 48 percent, respectively, compared to 25 percent overall).
* **Contract holder:**
	+ Patients from Sport Auckland/Counties (59 percent), Harbour Sport (57 percent) and Sport Bay of Plenty (55 percent) were more likely to be referred to a gym (compared to 45 percent overall).
	+ Patients from Sport Whanganui (73 percent), Gisborne Tairawhiti (72 percent), Nelson Bays PHO (71 percent), Sport Hawke’s Bay (67 percent) and Marlborough PHO (66 percent) were more likely to report being referred to a swimming pool (compared to 51 percent overall).
	+ Patients from Sport Waikato were more likely to report they had not been referred to any activity provider (43 percent, compared to 25 percent overall).

## Companions when doing physical activity

When patients were asked who they do physical activity with, 74 percent reported that they exercise on their own, while 30 percent said they exercise with adult family members and 22 percent with friends (Figure 17).

Figure 17: Companions when doing physical activity

Q18. When you do physical activity, who is it with?



Total may exceed 100% because of multiple response.

2018 results exclude non-response.

⁺Sub-sample based on those who had contact with a GRx support person.

\*Categories added in 2016.

#### Significant differences

The following significant differences were observed:

* **Age:**
	+ Patients aged under 25 years were more likely to undertake physical activity with adult family members (51 percent, compared to 30 percent overall) and/or friends (38 percent, compared to 22 percent overall).
	+ Patients aged 25 to 34 years were more likely to undertake physical activity with adult family members (44 percent, compared to 30 percent overall), child family members (26 percent, compared to 13 percent overall), friends (35 percent, compared to 22 percent overall).
	+ Patients aged 35 to 49 years were more likely to undertake physical activity with child family members (27 percent, compared to 13 percent overall).
	+ Patients aged 65 plus were more likely to undertake physical activity with a GRx community programme/or group (22 percent, compared to 14 percent overall) and/or another organised group (15 percent, compared to 11 percent overall).
* **Ethnicity:**
	+ Mäori patients were more likely to undertake physical activity with friends (28 percent, compared to 22 percent overall).
	+ Pacific patients were more likely to undertake physical activity with child family members (26 percent, compared to 13 percent overall).
* **Employment status:**
	+ Patients working full-time were more likely to undertake physical activity by themselves (79 percent, compared to 74 percent overall).
	+ Patients working part-time were more likely to undertake physical activity with friends (29 percent, compared to 22 percent overall).
	+ Patients who mainly stay at home were also more likely to undertake physical activity with child family members (23 percent, compared to 13 percent overall).
	+ Retired patients were more likely to undertake physical activity with a GRx community programme/or group (23 percent, compared to 14 percent overall) and/or another organised group (16 percent, compared to 11 percent overall).
* **Education:**
	+ Patients with tertiary or other post-secondary qualifications were more likely to undertake physical activity by themselves (79 percent and 82 percent, respectively, compared to 74 percent overall).
* **Contract holder:**
	+ Patients from Nelson Bays PHO (36 percent), Sport Manawatu (30 percent) and Gisborne/Tairawhiti (27 percent) were more likely to undertake physical activity as part of a GRx Community programme/group (compared to 14 percent overall).
	+ Patients from Nelson Bays PHO were also more likely to report undertaking physical activity with friends (40 percent, compared to 22 percent overall).

## Follow-up support

After their initial contact, 54 percent of patients reported they were given support to follow their GRx activities over the phone. Smaller (yet still sizable) proportions received support face to face (43 percent), in written form (28 percent), through a programme or group (18 percent) or via text or email (30 percent). Just six percent of patients said they had not received any follow-up support.

Figure 18: How follow-up support was provided

Q12. After your first contact, how were you given support to follow your GRx activities?



Total may exceed 100% because of multiple response.

2018 results exclude non-response.

\*Sub-sample based on those who had contact with a GRx support person.

⁺Category was added to the questionnaire in 2014.

Over one third of patients report their GRx support person has given them an extension for longer support (38 percent). While a further 38 percent reported their support person had not given them an extension for longer support.

Figure 19: Extension for Longer Support

Q13. Has your GRx support person given an extension for longer support during the last year?



As detailed in Table 18 overleaf, however, there were no statistically significant differences in relation to positive changes to their health when comparing patients who had and who had not received an extension.

Table 18: Positive changes noticed by whether patients have been given an extension for longer support

Q7. Compared to being given an extension for longer support, what positive changes have you noticed…?

|  |  |  |
| --- | --- | --- |
|  | Given an extension | Not given an extension |
| Unweighted base = | 878 | 553 |
|  | % | % |
| Breathing easier | 34 | 27 |
| Feel stronger/fitter | 59 | 56 |
| Less stressed | 32 | 28 |
| Less joint pain/discomfort | 26 | 24 |
| Less back pain | 20 | 15 |
| More energy | 47 | 42 |
| Lower cholesterol | 12 | 12 |
| Lower blood pressure | 19 | 14 |
| Less medication | 9 | 8 |
| Lost weight | 48 | 41 |
| Smoking less | 5 | 3 |
| Sleeping better | 27 | 22 |
| Fewer illnesses | 9 | 9 |
| Generally feel better | 56 | 51 |
| Feel less depressed/anxious | 19 | 15 |
| Increased mobility | 31 | 26 |
| Better balance/fewer falls | 18 | 15 |
| Improved blood sugar levels | 17 | 11 |
| Other (Specify) | 3 | 4 |

The base numbers shown are unweighted counts.

Total may exceed 100% because of multiple responses.

2018 results for Q7 exclude non-response.

\*Sub-sample based on those respondents who have had contact with a GRx support person and who have noticed positive changes in their health since they were first issued a GRx.

#### Significant differences

The following significant differences were observed for the 2018 survey results:

* **Age:**
	+ Patients aged 25-34 years and 35 to 49 years were more likely to have received follow-up support through a text or email 44 percent and 43 percent, respectively, compared to 30 percent overall).
	+ Patients aged 65 plus were more likely to have received follow-up support through a GRx community programme/group (24 percent, compared to 18 percent overall).
* **Gender:**
	+ Males more likely to have received follow-up support face-to-face (50 percent, compared to 43 percent overall).
* **Ethnicity:**
	+ Mäori patients more likely to have received follow-up support by text message or email (36 percent, compared to 30 percent overall).
* **Education:**
	+ Patients who have tertiary education were more likely to have received follow-up support through a text or email (32 percent, compared to 22 percent overall).
* **Employment status:**
	+ Patients working full-time or part-time were more likely to have received follow-up support through a text or email (39 percent and 38 percent, respectively, compared to 30 percent overall).
	+ Retired patients were more likely to have received follow-up support through a GRx community programme/group (24 percent, compared to 18 percent overall).
* **Overall satisfaction:**
	+ Patients who were satisfied overall were more likely to have received follow-up support face-to-face/in person (49 percent, compared to 43 percent overall).
	+ Patients who were dissatisfied overall or neutral were more likely to have not received any follow-up support (25 percent and 12 percent, respectively, compared to six percent overall).
* **Contract holder:**
	+ Patients from Sport Southland (90 percent), Sport Taranaki (78 percent) and Harbour Sport (74 percent) were more likely to have received follow-up support through a phone call (compared to 54 percent overall).
	+ Patients from Marlborough PHO (80 percent), Gisborne/Tairawhiti (66 percent) and Sport Bay of Plenty (61 percent) were more likely to have received follow-up face-to-face (compared to 43 percent overall).
	+ Patients from Sport Southland (46 percent), Nelson Bays PHO (43 percent) and Sport Manawatu (42 percent) were more likely to have received follow-up support through brochures/leaflets (compared to 28 percent overall).
	+ Patients from Nelson Bays PHO (48 percent), Sport Manawatu (44 percent) and Gisborne/Tairawhiti (32 percent) were more likely to have received follow-up support through a GRx Community programme/group (compared to 18 percent overall).
	+ Patients from Sport Otago and Sport Waikato were more likely to report receiving follow-up support by text or email (68 percent and 47 percent, respectively, compared to 30 percent overall).

# Opinions about GRx support

Overall satisfaction with, and opinions about the GRx support service, are covered in this chapter. The chapter also goes into the details of why patients are satisfied or dissatisfied with the support and service they received.

|  |
| --- |
| Key findings**More than four-in-five patients are either very satisfied (49 percent) or satisfied (35 percent) with the support service provided to them.** * The main drivers of satisfaction are the:
	+ encouraging, motivating, supportive, helpful behaviour from support people,
	+ improved health, motivation and confidence experienced by patients,
	+ motivation to be active or more active by support people,
	+ follow-up contact/checks on progress.
* The main reasons given by patients who feel less than satisfied are:
	+ a feeling that the programme has insufficient follow-up or communication,
	+ that they received a lack of support or encouragement,
	+ that more suitable ideas are required to meet their needs and circumstances (e.g. time and travel distance constraints),
	+ cost, work and/or time barriers.

**As in previous years, patients are most likely to agree that the advice they received from their support person was helpful, their support person was understanding and supportive, that the suggested activities were appropriate and that the information and advice was relevant.** |

##

## Overall satisfaction with GRx service

Eighty percent of patients reported they were either very satisfied (45 percent) or satisfied (35 percent) with the support service provided to them (Figure 20), compared to 84 percent of patients last year.

Figure 20: Overall satisfaction with GRx support

Q20. The GRx support people aim to encourage you to be active, connect you to physical activities that suit you, and see how you are progressing. Given this aim, overall how satisfied are you with the service provided to you?



Total may not sum to 100% due to rounding.

2018 results exclude non-response.

\*Sub-sample based on those who had contact with a GRx support person.

#### Significant differences

The following significant differences were observed for the 2018 survey results:

* **Age:**
	+ Patients aged 65 plus were more likely to be very satisfied with the service provided to them by their GRx support person (51 percent, compared to 45 percent overall).
	+ Patients aged under 25 years were more likely to report being neither satisfied nor dissatisfied with the service provided to them by their GRx support person (27 percent, compared to 13 percent overall).
* **Employment status:**
	+ Retired patients were more likely to be very satisfied with the service provided to them by their GRx support person (53 percent, compared to 45 percent overall).
	+ Patients aged under 25 years were more likely to report being neither satisfied nor dissatisfied with the service provided to them by their GRx support person (27 percent, compared to 13 percent overall).
* **Contract holder:**
	+ Patients from Marlborough PHO (64 percent), Gisborne Tairawhiti (64 percent) and Sport Bay of Plenty (56 percent) were more likely to be very satisfied with the service provided to them by their GRx support person (compared to 45 percent overall).

### Reasons for satisfaction

Table 19 (page 75) shows the reasons patients provided for being satisfied with the support service they received overall, as well as comments on their experience of participating in the GRx initiative. The most common reasons for being satisfied continue to relate to:

* Encouraging, motivating, supportive and helpful behaviour from support people (cited by
29 percent of those who were satisfied).

The support people are very helpful and friendly. They checked up to see how I was doing and if I needed any help. I am very happy with the service I received. I think they have done a great job.

Definitely enjoyed the program and the support plus easier to do when in a motivated group scenario.

The GRx support people were very supportive and encouraged me to take part and to persist despite my physical limitations e.g. at first, riding a bicycle was hugely challenging for me, and they were incredibly patient with me, helping me to relearn to ride a bike. I am very grateful for them, they are fantastic.

* Improved health, motivation and confidence (14 percent).

GRx got me going. Now I look forward to going to the gym and I am eating healthier.

I am achieving what I intended to achieve. I have improved my health and wellbeing and lost 16kgs over four to five months.

It's helped with my exercise and the weight changes within myself, and it helped me give up smoking.

Overall I'm healthier physically and mentally and more motivated. It lifted the bar in terms of health maintenance.

* Being motivated to be active or more active by support people (11 percent).

Because if it wasn't for the person I saw I wouldn't be motivated to get out there and exercise. It helped me in my work as well to stay motivated and moving with clients, also more energetic in my personal life.

The programme motivated me to make changes in my physical activities and dietary choices. I now feel 100% fitter and healthier.

A lot more motivation, energy and laughter.

* Follow-up contact/checks on progress (11 percent).

They follow up and they motivate me to go walking. They are really good.

I received regular follow up, lots of encouragement, very friendly and helpful suggestions.

Because even when I couldn't make it they still contacted me and that's what I needed in my life, motivation and that’s what they gave to me - they are awesome!

I was very impressed with the regular contact, texts, emails, etc., very supportive.

#### Reasons for partial satisfaction

Despite being satisfied overall, small numbers of these patients also gave a reason why they were not completely satisfied with the service overall.

The most common reasons cited were: barriers such as travel, work or family responsibility (cited by five percent) and/or barriers relating to illness or injury (cited by three percent of satisfied patients) (Table 20).

Table 19: Reasons for being satisfied overall

Q20a. Please explain your answer (or any other comments you would like to make about your participation in GRx).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | 2018 | 2016 | 2015 | 2014 |
| Base= | 1482\* | 2286\* | 1311\* | 1304\* |
|  | % | % | % | % |
| Encouraging, motivating, supportive, helpful | 29 | 38 | 36 | 33 |
| Improved health, motivation, confidence/feel better, happier/see results | 14 | 16 | 8 | 16 |
| Motivated me to be active/more active, am more active as a result | 11 | 14 | 6 | 17 |
| Useful/good information/ advice/ explanations/ ideas/ suggestions | 8 | 14 | 8 | 13 |
| Service great/good/impressive | 2 | 14 | 5 | 6 |
| Excellent/great/awesome team, support | 5 | 13 | 5 | 1 |
| Follow-up contact received/checks on progress | 11 | 12 | 11 | 10 |
| Personal contact/attention | - | 9 | 2 | 3 |
| Empathetic, understands needs/situation, takes genuine interest, caring, listens | 6 | 7 | 4 | 7 |
| Appropriate activities - suitable for my lifestyle, abilities, condition | 9 | 6 | 5 | 9 |
| Friendly, lovely, pleasant, cheerful, enthusiastic people | 9 | 4 | 3 | 3 |
| No pressure/non-judgmental | 1 | 3 | 1 | 2 |
| Greater awareness/understanding of need to be/benefits of being more active | 2 | 3 | 1 | 5 |
| Help with activities/exercises | 2 | 2 | 0 | 2 |
| Great/good communicator - clear/concise/understandable | 2 | 2 | 1 | 1 |
| Easy to contact/talk to, accessible, approachable | 1 | 1 | 1 | 3 |
| Other - positive comment | 19 | 8 | 16 | 14 |
| No particular reason | - | 4 | 3 | - |

Total may exceed 100% because of multiple response.

2018 results exclude non-response.

\*Sub-sample based on those who gave a reason for being satisfied with the service and support provided.

Note: 2013 survey results are not directly comparable to those of previous years, due to a change in wording of the survey question. Any observed differences should be viewed with caution.

Table 20: Reasons for being partially satisfied overall

Q20b. Reasons for being partially satisfied

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | 2018 | 2016 | 2015 | 2014 |
| Base= | 1482\* | 2286\* | 1311\* | 1304\* |
|  | % | % | % | % |
| Other barriers: distance to travel, family responsibilities, work, time, cost | 5 | 3 | 4 | 6 |
| Illness/injury barriers - can't do exercises because of, doing what I can | 3 | 2 | 2 | 6 |
| More face-to-face/personal contact/support desired | 1 | 1 | 1 | 2 |
| Inappropriate activities for condition/age | 1 | 1 | - | 1 |
| Already active/doing own thing | - | 1 | 1 | 3 |
| A lack of contact or follow-up/more follow-up required | 2 | 1 | 1 | - |
| Need support/motivation, lack of motivation | 2 | 1 | 1 | 2 |
| Longer GRx period/GRx ran out, limited time only | 2 | 1 | 1 | 3 |
| More advice/information required | 1 | 1 | - | 1 |
| Self-motivated/up to me/my decisions | - | - | 1 | 2 |
| Staff too busy, not available, inexperienced/lack knowledge, staff issues | - | - | - | 1 |
| Other - negative comment | 4 | 2 | 3 | 5 |
| No particular reason | - | 2 | 3 | - |

Multiple response question.

2018 results exclude non-response.

\*Sub-sample based on those who gave a reason for being satisfied with the service and support provided.

#### Significant differences

* **Employment status:**
	+ Patients who were unemployed and actively seeking work were more likely to report being satisfied overall because their GRx support person motivated them to be more active (26 percent, compared to 11 percent overall).
* **Education:**
	+ Patients with tertiary qualifications were more likely to report being satisfied overall because the follow-up contact/checks on progress they received (18 percent, compared to 11 percent overall).
* **Contract holder**
	+ Patients from Gisborne/Tairawhiti were more likely to report being satisfied because their GRx support person was encouraging/motivating, supportive and helpful (48 percent, compared to 29 percent overall).

### Reasons for being less than satisfied

Table 21 shows the reasons patients provided for being dissatisfied with the support service they received, as well as comments relating to their experience of participating in the GRx initiative. The most common reasons for being dissatisfied continue to relate to:

* Insufficient follow-up or communication (33 percent of dissatisfied patients say this).

I feel that I wasn't given any follow up and the cost can be very demotivating.

Just cause I only had one contact with the support person and that was it, it wasn't engaging and motivating and I didn't want to take advantage of it.

No real follow up or support which regardless is not motivating.

* Lack of support or encouragement (18 percent).

The main problem was when I went to the on-site gym no one came to assist. I asked for assistance as to how to use the equipment on more than one occasion but was met with indifference. No follow up; staff were too intent on chatting to one another.

They gave minimal support. I had to contact them to arrange the first meeting, the first assessment was very basic. The trainer talked to me about the keto diet which was not suitable due to budget, time and the extreme nature of it. He then gave me two phone calls which were lame and not motivating. On the last appointment the trainer cancelled 15 minutes before by SMS as he did not have all his equipment. I told him I was at the gym and could meet. He didn't get back to me for an hour, by which time I was home even though I saw him in the GRx office at [town].

* More suitable ideas required (14 percent)

I think the Green Prescription program suits those who either have health problems, haven't been active for a long period of time or are old and need some inspirational advice to get fit again.

The person who contacted me and followed up was very encouraging. However I feel the options for consistent exercise in the area I live are very limited, both distance wise and accessibility wise. The closest pool for example is only open to the public for an hour or 2, 3 days a week and is very small. The other pool is over 40 minutes drive away. The cost of the closest gym is reduced but still is not always possible financially. Other options such as pilates or yoga are not reduced, are too expensive and have very limited session times. I was disappointed to learn that the green prescription only lasted 3 months.

* Cost barriers (14 percent)

I haven't been doing it, I only go once a week because of the cost.

I was referred to go back to swimming. I love swimming first thing in the morning. However the cost was just too much! Even saving $1 on a Tuesday or Thursday was difficult to keep up.

Because I could not afford the enrolment fee I only did the free trial period so there was only the initial contact with a support person which was very helpful. Had I been able to afford to enrol and carry on with the programme it may have been different.

* Work/time barriers (14 percent)

I am a very busy person as I work part-time and I also have a lot of groups I go to, so my time is limited. The person I got assigned to didn’t try [to] fit around my schedule and preferred me to contact him instead which I thought was wrong as he should have put in more effort [and] we only met once.

I had a first meeting face to face, the person was really enthusiastic and great communicator BUT all the free activities that he suggested to me were on the morning when I am working and the paid ones even with the discount I can’t afford them. Second time they contacted me by phone call, I asked the lady on the phone if she can call me back after 3pm as I was working and could not talk at that moment. She kept explaining to me and [asking] me questions... then she asked if I want some more help and I asked for a nutritionist and told her again I was at work and could not talk anymore. She texted me that she booked me an appointment at 12 something with a nutritionist... Which I could not go [to] as I work until 2.30/3pm... So overall was really frustrating. She did not call me back after 3 pm and book me an appointment that I could not go.

Apart from supermarket label reading sessions, that I didn't go to, because I already know this. There was nothing physical I could do because they are all during work hours. Is everyone that needs encouraging group fitness at home during the day? This service was a waste of time for me.

Table 21: Reasons for being less than satisfied overall

Q24b. Reasons for being less than satisfied

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | 2018 | 2016 | 2015 | 2014 |
| Base= | 330\* | 210\* | 242\* | 283\* |
|  | % | % | % | % |
| Insufficient follow-up/communication, contact stopped | 33 | 38 | 28 | 26 |
| More suitable ideas required (relevant to time available, travel distance, condition) | 14 | 23 | 15 | 16 |
| Lack of support/encouragement, need more support | 18 | 19 | 17 | 17 |
| Didn't change much/didn't help/no benefit | 2 | 19 | 4 | 14 |
| Empathy lacking, disinterested | 4 | 16 | 6 | 5 |
| A lack of personal contact; phone calls not sufficient | 9 | 11 | 4 | 5 |
| Insufficient staff/resources, lack of knowledge/experience | 4 | 10 | 10 | 12 |
| Cost barriers | 14 | 7 | 11 | 13 |
| No advice regarding exercises | 3 | 3 | 3 | 6 |
| Did it/left to do it myself, already motivated | 6 | 2 | 6 | 12 |
| Work/time barriers | 14 | 1 | 4 | 7 |
| Positive comment | 7 | 7 | 7 | 9 |
| Other | 18 | 20 | 23 | 17 |

Total may exceed 100% because of multiple response.

2018 results exclude non-response.

\*Sub-sample based on those who gave a reason for feeling less than satisfied with the service provided.

#### Significant differences

There were no meaningful significant differences when viewed by the demographic variables or contract holder.

## Opinions about GRx support

Figure 21 shows the opinions of patients about the service provided to them in relation to seven key attributes. Patients are most likely to strongly agree or agree that the advice they received from the support person was helpful (87 percent).

Figure 21: Opinions about GRx support (n=2672)\*

Q19. Now thinking about the service and support you received, please indicate how strongly you agree or disagree with each of these statements…



Total may not sum to 100% due to rounding.

2018 results exclude non-response.

\*Sub-sample based on those who had contact with a GRx support person.

Figure 22: Opinions about GRx support – Comparison with previous years

Q19. Now thinking about the service and support you received, please indicate how strongly you agree or disagree with each of these statements…



2018 results exclude non-response.

\*Sub-sample based on those who had contact with a GRx support person.

#### Significant differences

The following significant differences were observed in the 2018 survey:

* **Age:**
	+ Patients aged under 25 years were more likely to agree the advice given was helpful (64 percent, compared to 44 percent overall).
	+ Patients aged 35 to 49 years were more likely to neither agree or disagree that the person they spoke to was understanding (15 percent, compared to nine percent overall) or that as a result of receiving a GRx, they now understand the benefits of physical exercise (23 percent, compared to 17 percent overall).
	+ Patients aged 65 plus were more likely to agree that as a result of the support they received, they now feel more confident about doing physical activity regularly (42 percent, compared to 36 percent overall).
* **Employment status:**
	+ Patients who were unemployed/actively seeking a job were more likely to strong agree that the advice given was helpful (57 percent, compared to 43 percent overall), the suggested physical activity options were appropriate for them (48 percent, compared to 35 percent overall), that the person they spoke to motivated them to get/stay physically active (53 percent, compared to 39 percent overall).
	+ Patients who were mostly at home were more likely to agree that the person they spoke to was understanding and supportive (50 percent, compared to 40 percent overall).
	+ Retired patients were more likely to agree that the person they spoke to motivated them to get/stay physically active (44 percent, compared to 38 percent overall) and was understanding and supportive (46 percent, compared to 40 percent overall).
* **Education:**
	+ Patients with tertiary qualifications were more likely to neither agree nor disagree that as a result of receiving a GRx, they now understand the benefits of physical activity (23 percent, compared to 17 percent overall).
* **Overall satisfaction:**
	+ Patients who were satisfied with the service they received overall were more likely to strongly agree that the advice they were given was helpful (51 percent, compared to 43 percent overall), the suggested physical activity options were appropriate for them (43 percent, compared to 35 percent overall), the information and advice they were given was relevant to them (44 percent, compared to 36 percent overall), the person they spoke to motivated them to get/stay physically active (48 percent, compared to 39 percent overall), the person they spoke to was understanding and supportive (55 percent, compared to 46 percent overall) and that as result of receiving a GRx they now understand the benefits of physical activity (45 percent, compared to 38 percent overall).
* **Contract holders:**
	+ Patients from Marlborough PHO (62 percent), Gisborne Tairawhiti (57 percent) and Sport Manawatu (52 percent) were more likely to strongly agree that the advice they were given was helpful (compared to 43 percent overall).
	+ Patients from Marlborough PHO (53 percent), Gisborne Tairawhiti (49 percent), Sport Whanganui (48 percent) and Sport Manawatu (46 percent) were more likely to strongly agree that the suggested physical activity options were appropriate for them (compared to 35 percent overall).
	+ Patients from Marlborough PHO (55 percent) and Sport Southland (52 percent) were more likely to strongly agree that the information and advice they were given was relevant to them (compared to 36 percent overall).
	+ Patients from Marlborough PHO (67 percent), Gisborne/Tairawhiti (59 percent) and Sport Southland (54 percent) were more likely to strongly agree that the person they spoke to motivate them to get/stay physically active (compared to 39 percent overall), while patients from Sport Northland were more likely to neither agree nor disagree this was the case (25 percent compared to 14 percent overall).
	+ Patients from Marlborough PHO (75 percent), Sport Southland (65 percent) and Gisborne/Tairawhiti (64 percent) were more likely to strongly agree that the person they spoke to was understanding and supportive (compared to 46 percent overall),
	+ Patients from Marlborough PHO were more likely to strongly agree that as a result of receiving a GRx, they now understand the benefits of physical activity (56 percent, compared to 38 percent overall).

# Profile of respondents

This section outlines the profile of patients who took part in the 2018 survey, and compares this with profiles of respondents from previous surveys, as well as 2013 Census data, where appropriate.

Figure 23: Gender

Q21. Are you...?



Total may not sum to 100% due to rounding.

2018 results exclude non-response.

Figure 24: Age group distribution

Q23. To which of these age groups do you belong?



Total may not sum to 100% due to rounding.

2018 results exclude non-response.

Figure 25: Employment status

Q26. Which of the following best describes you?



Total may not sum to 100% due to rounding.

2018 results exclude non-response.

Figure 26: Whether have a disability

Q24. Do you have a disability or impairment that is long term (lasting 6 months or more) and causes you difficulty with, or stops you doing physical activity that people your age can usually do?



Total may not sum to 100% due to rounding.

2018 results exclude non-response.

Figure 27: Highest educational qualification

Q22. Which of these best describes your highest level of educational qualification?



Total may not sum to 100% due to rounding.

2018 results exclude non-response.

Figure 28: Deprivation index distribution (1 = least deprived, 10 = most deprived)



Total may not sum to 100% due to rounding.

Table 22: Ethnicity

Q25. Which ethnic group do you mainly identify with?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 2018 | 2016 | 2015 | 2014 | NZ 2013 Census |
| Base= | 2899 | 2843 | 2709 | 2858 |  |
|  | % | % | % | % | % |
| NZ European | 56 | 54 | 49 | 61 | 68 |
| Māori | 18 | 28 | 32 | 23 | 12 |
| Samoan | 4 | 4 | 8 | 4 | 3 |
| Cook Island Māori | 2 | 3 | 4 | 2 | 1 |
| Tongan | 2 | 3 | 4 | 1 | 1 |
| Niuean | 1 | 1 | 2 | 1 | 0 |
| Chinese | 1 | 1 | 0 | 1 | 4 |
| Indian | 3 | 2 | 1 | 3 | 4 |
| Other Asian | 3 | 1 | 1 | 1 | 4 |
| Other Pacific | 2 | 2 | 2 | 1 | 1 |
| British/European | 7 | 5 | 4 | 6 | 8 |
| Other  | 4 | 2 | 1 | 2 | 3 |
| Did not say | - | 1 | 1 | 0 | - |

Total may not sum to 100% due to rounding.

2018 results exclude non-response.

Table 23: Ethnicity (summary groups)

Q25. Which ethnic group do you mainly identify with?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 2018 | 2016 | 2015 | 2014 | NZ 2013 Census |
| Base= | 2899 | 2843 | 2709 | 2858 |  |
|  | % | % | % | % | % |
| European | 63 | 59 | 53 | 67 | 75 |
| Māori | 18 | 28 | 32 | 23 | 12 |
| Pacific | 10 | 13 | 19 | 9 | 6 |
| Asian | 7 | 4 | 3 | 5 | 12 |
| Other  | 4 | 2 | 1 | 2 | 3 |
| Refused | 1 | - | - | - | - |
| Did not say | - | - | 1 | 0 | - |

Total may not sum to 100% due to rounding.

2018 results exclude non-response.

Table 24: Age

Q23. To which of these age groups do you belong?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 2018 | 2016 | 2015 | 2014 | NZ 2013 Census |
| Base= | 2913 | 2843 | 2709 | 2858 |  |
|  | % | % | % | % | % |
| Under 18 years | 0 | 1 | 0 | 1 | 5 |
| 18 - 24 yrs | 3 | 4 | 3 | 3 | 12 |
| 25 – 29 yrs | 3 | 4 | 3 | 2 | 8 |
| 30 – 34 yrs | 4 | 4 | 4 | 3 | 8 |
| 35 – 39 yrs | 4 | 5 | 5 | 5 | 8 |
| 40 – 44 yrs | 6 | 8 | 7 | 7 | 9 |
| 45 – 49 yrs | 9 | 10 | 10 | 9 | 9 |
| 50 – 54 yrs | 10 | 11 | 12 | 11 | 9 |
| 55 – 59 yrs | 12 | 13 | 13 | 11 | 8 |
| 60 – 64 yrs | 12 | 11 | 11 | 12 | 7 |
| 65 – 69 yrs | 13 | 13 | 12 | 13 | 6 |
| 70 – 74 yrs | 12 | 9 | 10 | 11 | 4 |
| 75 – 79 yrs | 7 | 6 | 5 | 6 | 3 |
| 80 years or over | 4 | 4 | 3 | 4 | 5 |
| Did not say | 0 | - | 1 | 0 | - |

Total may not sum to 100% due to rounding.

2018 results exclude non-response.

Table 25: Age (summary groups)

Q23. To which of these age groups do you belong?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 2018 | 2016 | 2015 | 2014 | NZ 2013 Census |
| Base= | 2913 | 2843 | 2709 | 2907 |  |
|  | % | % | % | % | % |
| Under 25 yrs | 4 | 4 | 3 | 3 | 17 |
| 25 – 34 yrs | 7 | 8 | 8 | 6 | 15 |
| 35 – 49 yrs | 19 | 23 | 22 | 21 | 26 |
| 50 – 64 yrs | 34 | 34 | 36 | 35 | 23 |
| 65+ yrs | 36 | 31 | 31 | 35 | 18 |
| Did not say | 0 | - | 1 | 0 | - |

Total may not sum to 100% due to rounding.

2018 results exclude non-response.

Appendix A: Cover letter, reminder letter and questionnaire

Date

Name

Address 1

Address 2

Address 3

Salutation

We are interested in your views on the Green Prescription (GRx) programme, the support provided by «Location» and any lifestyle changes you have made. Even if you are no longer doing your GRx physical activities, your views are important to us.

The attached survey should take you around 10 minutes to complete. Once you have completed the survey, please post it back in the freepost envelope provided by **Tuesday 15 May 2018.** Alternatively you can complete the survey online by visiting https://surveys.researchnz.com/GRxSurvey 2018 and entering your unique survey ID and password.

**BE IN TO WIN!** As a token of our appreciation for your time and effort in helping us, all surveys completed and returned by **15 May 2018** will go into a draw to win one of three prizes of $250 worth of gift vouchers of your choice.

**What do I need to do to
provide my feedback online?**

**Step 1**: Go to:

<https://surveys.researchnz.com/GRxSurvey2018>

(Use your internet address bar, not a search engine)

**OR**

Scan the QR code below
using your smartphone or tablet:

****

**Step 2:** Enter your ID and password:

ID:
**GR65499**

Password:
**2DMRS1G**

**Step 3:** Click **Enter**

If you have any questions about the survey please refer to the Frequently Asked Questions on the back of this letter, or contact Annita Wood at Research New Zealand on 0800 273 732.

Kind regards



Gabrielle Roberts

Manager Primary Care

Community and Ambulance

Integrated Service Design

Service Commissioning

Ministry of Health

FREQUENTLY ASKED QUESTIONS

|  |
| --- |
| **You can still complete most of the questionnaire even if you have not made any lifestyle changes** |
| How did you get my name and address? | Your name and details were randomly selected, along with hundreds of others, from a list of those who have received a Green Prescription (GRx) or attended a nutrition and activity programme between July and December in 2017. |
| What’s the purpose of the survey? | The purpose of the survey is to get feedback from people who have received a GRx about their views on the initiative. |
| What’s involved? | Please complete the attached survey. There are no right or wrong answers and no preparation is required on your part.Or, you can complete the survey on-line now, by using the link provided on the front of this letter.  |
| How do I find the survey on the website? | The full website address on the front of the letter should be typed directly into your Internet address bar. Please do not try to search for the website using a search engine such as ‘Google’. |
| How long will the survey take? | It should take around 10 minutes to complete the survey. |
| Is the survey confidential? | Yes, it is confidential. Research NZ is bound by the Professional Code of Practice of ESOMAR, which prohibits them from identifying any person who takes part in a survey unless they have explicit consent from them to do so.Your results will only be grouped together with those of all the other people who take part in the survey, so that individual responses cannot be identified and to ensure your confidentiality. |
| Do I have to take part in the survey? | No, you don’t have to do the survey. Taking part in this survey is completely voluntary. The Ministry would however, greatly appreciate your help by completing the survey. |
| What do I do if I don’t want to take part? | If you don’t want to complete the survey, please call 0800 273 732 and quote your survey ID number: «IDNO»**.**  In addition to this letter, Research New Zealand will be sending a reminder letter to those that have not completed the survey after two weeks. |
| When does the survey close? | The survey will remain open until Tuesday 15 May 2018. |
| What if I want to find out more about it? | If you have any queries about the survey, please call Annita Wood or Mark Johnson (Research NZ, Project Managers) Freephone: 0800 273 732 or email GRxSurvey2018@researchnz.com. |
| What if I have trouble filling out the survey? | There are no right or wrong answers to the survey and no preparation is required on your part. If you need help filling out the survey, it is fine for a friend or family member to help you. |

Date

Name

Address 1

Address 2

Address 3

Salutation

Recently we sent you a survey because we are interested in your views on the Green Prescription (GRx) programme, the support provided by «Location» and any lifestyle changes you have made. Even if you are no longer doing your GRx physical activities, your views are important to us.

**Thank you** if you have already completed the questionnaire. If you did not receive the questionnaire or if you need a replacement, please call Research New Zealand on 0800 273 732 toll free and we will send you a replacement.

The survey should take you around 10 minutes to complete. Once you have completed the survey, please post it back in the freepost envelope provided by the **15th May 2018**. If you have misplaced your reply paid envelope, you can send your questionnaire back to: FREEPOST 2088, Research NZ, PO Box 10-617, Wellington 6143.

If you have any questions about the survey please refer to the Frequently Asked Questions on the back of this letter or you can contact Annita Wood on 0800 273 732. (If in Wellington, please call 499 3088) or email: GRxSurvey2018@researchnz.com.

Kind regards



**What do I need to do to
provide my feedback online?**

**Step 1**: Go to:

<https://surveys.researchnz.com/GRxSurvey2018>

(Use your internet address bar, not a search engine)

**OR**

Scan the QR code below
using your smartphone or tablet:

****

**Step 2:** Enter your ID and password:

ID:
**GR60001**

Password:
**4QQ9Q8G**

**Step 3:** Click **Enter**

**BE IN TO WIN!** As a token of our appreciation for your time and effort in helping us, all surveys completed and returned by **15 May 2018** will go into a draw to win one of three prizes of $250 worth of gift vouchers of your choice.

Annita Wood

Project Manager, Research New Zealand

**FREQUENTLY ASKED QUESTIONS**

|  |
| --- |
| **You can still complete most of the questionnaire even if you have not made any lifestyle changes** |
| How did you get my name and address? | Your name and details were randomly selected, along with hundreds of others, from a list of those who have received a Green Prescription (GRx) or attended a nutrition and activity programme between July and December in 2017. |
| What’s the purpose of the survey? | The purpose of the survey is to get feedback from people who have received a GRx about their views on the initiative. |
| What’s involved? | Please complete the survey. There are no right or wrong answers and no preparation is required on your part.Or, you can complete the survey on-line, by using the link provided on the front of this letter.  |
| How do I find the survey on the website? | The full website address on the front of the letter should be typed directly into your Internet address bar. Please do not try to search for the website using a search engine such as ‘Google’. |
| How long will the survey take? | It should take around 10 minutes to complete the survey. |
| Is the survey confidential? | Yes, it is confidential. Research NZ is bound by the Professional Code of Practice of ESOMAR, which prohibits us from identifying any person who takes part in a survey unless we have explicit consent from them to do so.Your results will only be grouped together with those of all the other people who take part in the survey, so that individual responses cannot be identified and to ensure your confidentiality. |
| Do I have to take part in the survey? | No, you don’t have to do the survey. Taking part in this survey is completely voluntary. The Ministry would however, greatly appreciate your help by completing the survey. |
| What do I do if I don’t want to take part? | If you don’t want to complete the survey, please call 0800 273 732 and quote your survey ID number: **«IDNO»**.  |
| When does the survey close? | The survey will remain open until Tuesday **15 May 2018**. |
| What if I want to find out more about it? | If you have any queries about the survey, please call Annita Wood (Research NZ, Project Manager) Freephone: 0800 273 732 or email GRxSurvey2018@researchnz.com. |
| What if I have trouble filling out the survey? | There are no right or wrong answers to the survey and no preparation is required on your part. If you need help filling out the survey, it is fine for a friend or family member to help you.  |

1. Note: The KPIs as detailed in the Executive Summary exclude those respondents who did not answer a particular question for some reason. However, in the body of the report non-responses are included. While this has been done to maintain consistency with how the survey has historically been reported, it does result in some discrepancies between figures in the Executive Summary and those reported in the chapters that follow. [↑](#footnote-ref-2)