

Annex 5C. New Zealand's Green Prescription (GRx)

Supplementary material for: Bull, F., S. Goenka, V. Lambert, and M. Pratt. 2017. "Physical Activity for the Prevention of Cardiometabolic Disease." In *Cardiovascular, Respiratory, and Related Disorders* edited by D Prabhakaran, S Anand, TA Gaziano, J-C Mbanya, Y Wu, and R Nugent. Volume 5 of *Disease Control Priorities, third edition*. Washington, DC: World Bank.

The GRx is issued by a general practitioner or practice nurse, in written form or electronically, after an initial assessment. GRx is then forwarded to the nearest GRx support person (a physical activity specialist), who makes contact with and encourages the patient to become more physically active through monthly phone calls or face-to-face meetings for three to four months or through community support groups for three to six months. Patient progress is reported back to the referring health professional and if required, the GRx can be refilled. An extensive body of peer-reviewed literature has found the GRx to be effective in changing self-reported and pedometer-measured levels of physical activity and also to be cost-effective.(Croteau, Schofield, and McLean 2006, Elley et al. 2003) The most likely persons to be referred are those with a chronic condition, older adults, or overweight persons,(Croteau, Schofield, and McLean 2006) he GRx has been found to be acceptable across a variety of cultural groups in New Zealand.(Tava'e and Nosa 2012).