

A settings approach to tackling hypertension

Tool H5

A local hypertension strategy can most practically be constructed around the main settings for the various interventions. These are likely to include:

Home

- Early life influences such as breastfeeding, child nutrition and active play.
- Family eating habits and physical activity patterns.
- Sure Start programmes and children's centres.

Potential partners for this setting include:

Parents, midwives, health visitors, GPs, community dietitians or public health nutritionists, social workers, playgroup leaders, voluntary groups, food retailers, leisure services, health promotion and public health specialists.

School

- A whole-school approach – curricular and non-curricular.
- Reducing the salt content of school meals and snacks, and providing healthy choices.
- Developing food choice skills and cooking skills.
- Creating opportunities for sports and physical activities.
- Encouraging active travel to and from school.
- Developing family and community involvement.
- Advising on children's personal health guides.

Potential partners for this setting include:

Pupils and students, parents, school nurses, teachers, headteachers, school governors, local education authority, local communities, road safety officers, community dietitians or public health nutritionists, school caterers and lunchtime assistants, leisure services, health promotion, and public health specialists.

Workplace

- Reducing the salt content of all catering and providing healthy choices.
- Encouraging active transport and active team pursuits.
- Enforcing smoke-free workspaces.
- Developing family and community involvement.
- Promoting employee health checks.

The priority should be larger employers, beginning with the NHS and local authority(ies).

Potential partners for this setting include:

Employees and their families, managers, human resources staff, occupational health, facilities managers, leisure services, catering providers, trade unions, health promotion and public health specialists.

Communities

- Developing awareness of hypertension and its prevention, detection and control among vulnerable, 'at-risk' communities.

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Resources

- Engaging local people in healthy lifestyles initiatives.
- Encouraging local advocacy for culturally appropriate, health-promoting environments and facilities.
- Fostering a culture of prevention and adherence to health checks.

Potential partners for this setting include:

Community members and leaders, local charities, faith groups, voluntary groups, outreach workers, project workers, primary care staff, regeneration and neighbourhood renewal workers, community safety workers, road safety officers, local businesses, leisure providers, primary care staff, local media, health promotion and public health specialists.

Primary care

- Contributing to the primary prevention of hypertension by providing appropriate lifestyles advice and motivation.
- Referring suitable patients for specialist dietetic advice or an exercise programme.
- Setting up a weight control programme for the most 'at-risk' patients.
- Setting up a hypertension case-finding and management programme.

Potential partners for this setting include:

Patients and carers, practice staff, pharmacists, optometrists, community dietitians or public health nutritionists, exercise facilitators, fitness coaches, leisure providers, secondary care providers, health promotion and public health specialists.

Other settings

These might include the 'high street' (retail opportunities), health fairs, major sporting events and media campaigns.

Potential partners for these settings

Potential partners might include most of those previously mentioned, as well as local media resources, such as newspapers, radio and television.