

Health *first*

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Cataract Surgery Numbers Increase

Being able to drive again at night to band practice is just one of the benefits of cataract surgery according to Barrie Young of Kaiapoi. That and being able to tell the difference between a hare and a rabbit from fifty paces (you need to be able to see their hind legs).

Under a recent Government initiative aimed at lifting the number of cataract operations done nationally, the Canterbury District Health Board (CDHB) now has additional funding for cataract operations, bringing it into line with other regions.

Mr Young who is, among many things, an amateur photographer, a saxophonist and a keen cyclist says, "You don't realise just how badly your eyes have deteriorated until you have your sight reinstated."

He has nothing but praise for CDHB's eye department and Clinical Director of Ophthalmology Professor Mark Elder. "They really looked after me. They made me feel very relaxed and the operation itself was over in less than an hour. And for me, the improvement was almost immediate."

Professor Elder says, "one way to measure the cost benefit of an operation is in terms of 'quality adjusted life years'. Cataract surgery is right up there, near the top because of the difference it can make to a person's life. Enabling people to see again has a huge impact on independent healthy living."

"With this additional funding from Government – and we certainly aren't talking huge amounts here (about \$700,000) – we have significantly increased the number of operations that we can do. For the 2006/07 financial year the Ministry of Health's target for us is to do 991 operations. As of December we've already done 537 – that's 54 ahead of target."

In conjunction with the initiative, a partnership

between CDHB and other healthcare providers has resulted in a much more streamlined assessment process. "There is now much more community-based assessment by GPs and ophthalmologists," says Professor Elder.

"Rather than waiting months for an outpatients'

appointment at the hospital, people are being assessed in the community and know within a matter of weeks whether they are eligible for an operation. Under this new system you know where you stand which, in many ways, is as important as a drop in the waiting time."



Barrie Young, back behind the wheel.



Clinical Director of Ophthalmology Professor Mark Elder.

Get on Yer Bike

If one of your New Year's resolutions is to do more exercise, then the upcoming national Bike Wise Week is just what you need. From 24 February - 4 March, New Zealanders are encouraged to ditch the car and take their bike instead.

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Helping Cantabrians to exercise – a community effort



Gordon Davies

Running, walking, skating – I don't mind which they choose but hope as many Canterbury District Health Board staff as possible will be at the finish line of this year's The Star City 2 Surf with Pump. The CDHB is wholeheartedly supporting staff who register for this year's event and is encouraging other organisations to do the same for their employees. We are offering all of our entrants a free t-shirt, a chance to win spot prizes and a light lunch when they make it to QEII. In business terms, we are literally walking the walk for a cause to which our organisation is totally committed.

Not only does moderate exercise reduce the risk of most

lifestyle diseases – diseases that we work so hard to prevent and treat - it alleviates stress, makes people happier and fosters mental alertness. Certainly features I like to see in the people that work for me and in all Cantabrians.

There are a number of measures that businesses can take to encourage their employees to put some exercise into their day. Giving someone time to co-ordinate lunchtime running and/or walking groups is one of a variety of simple steps that can be taken. From a business perspective, there are positive spinoffs in getting people walking and talking and having fun together, fully supported by management. If there is not enough time to participate in the City 2 Surf, keep an eye out for another event and survey your staff to see how many would like to take part with your help. For more ideas about getting your team motivated to exercise, call the CDHB's

Community and Public Health team on 379 9480.

In the meantime, I will be encouraging CDHB staff to put on their trainers and get out into the fresh air each and every day until the big event on Sunday 25 March and through the rest of the year.

Gordon Davies
CEO
Canterbury District Health Board

Health Services Planning Project

What is it about?

The Canterbury District Health Board (CDHB) recently established a programme called Health Services Planning to develop a comprehensive plan for Canterbury's future health services (until 2015). The plan will look at new ways to integrate health services and will lead the way in redesigning Canterbury's health services around the people of Canterbury.

Why has it been started?

We need to re-design our health care systems to improve the health status of the people of Canterbury. We aim to do this by looking at new ways to deliver health services with a more patient-focused approach, and through greater integration and collaboration of health services. In order to get the planning right, everyone needs to be involved, including patients and the community. Once the Health Service Plan is complete, we will be able to determine what services will be required in Canterbury and this will help us plan investment (of health services), facilities and workforce developments.

Who is involved?

Healthcare is everyone's responsibility. Several groups will be formed to support and participate in the Health Services Planning programme.

People who have experienced health services will be asked to participate in the planning process, and to be involved in the discussions regarding opportunities and solutions to improve health services and health outcomes for the people of Canterbury.

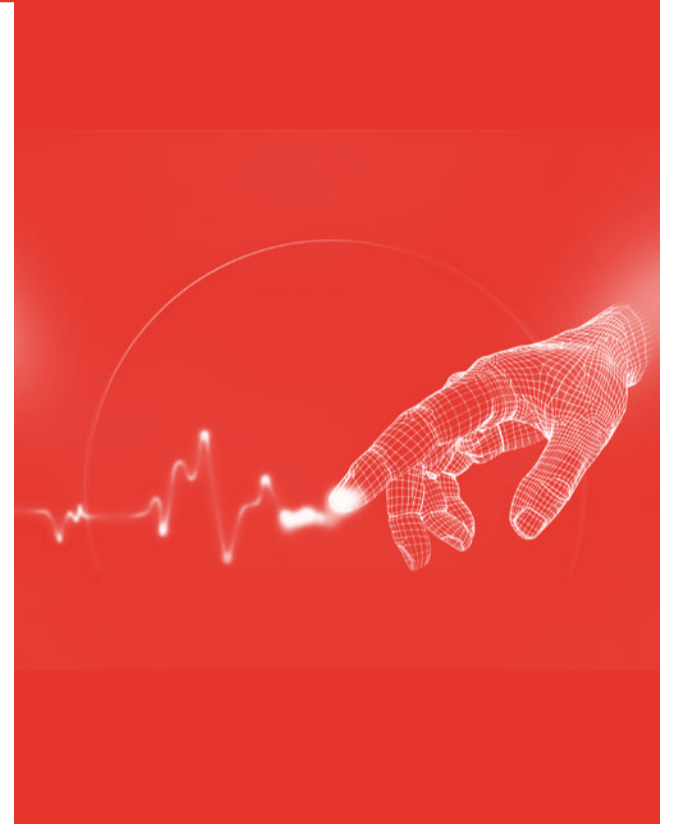
We will be rolling out the programme by 'focus areas' or major disease groups. Consumers and community representatives relevant to each focus area will be asked to participate alongside health practitioners, including hospital staff, primary care representatives, and CDHB Planning and Funding team, in the planning process.

What's happened so far?

Planning for Child Health, Eye Health, the Kaikoura Community, and Respiratory Health has begun. The Health Services Planning teams for these areas have made significant progress with involving interested parties and preparing the planning documents.

How to get involved?

One of the most exciting developments in the programme will be consumer involvement. In order to understand how we can better meet our community's needs, we need to talk to the consumers of health services – people like you. We are still working on how this involvement will be structured so look out for more information in the next issue of HealthFirst.



VOLUNTEERS NEEDED FOR STUDY

You are invited to participate in hospital-based research project investigating the effects of dietary supplementation with **coenzyme Q10 on reducing the risk of heart disease.**

Coenzyme Q10 is essential for energy production in our bodies and it is also an antioxidant.

You may be eligible for the study if you are:

- A male aged 40-65 years old.
- Currently taking cholesterol lowering medication.
- Have excess weight around your abdomen.

The study will involve 5 visits to the hospital over 28 weeks. Travel costs of up to \$25 will be reimbursed for all visits.

If you are interested please contact:

Jo Young
Lipid & Diabetes Research Group, Christchurch Hospital
Phone: 364-1186, E-mail: joanna.young@cdhb.govt.nz

MALE VOLUNTEERS WANTED FOR STUDY

Are you a little rounder than you would like but otherwise healthy?

- We are seeking healthy males aged between 40- 65 years old who carry a little excess weight around their abdomen for a study to assess cardiovascular health.
- By participating in this study you can learn more about your **own risk of cardiovascular disease.**
- Travel costs of up to \$20 will be reimbursed for both visits.

If you are interested please contact:

Jo Young
Lipid & Diabetes Research Group, Christchurch Hospital
Phone: 364-1186, E-mail: joanna.young@cdhb.govt.nz

NEW COURSES

The University of Canterbury's Health Sciences Centre is offering two new courses for 2007 as part of its Postgraduate Diploma and Masters qualifications in Health Sciences. The new courses are Family Nursing, which is taught collaboratively with CPIT's School of Nursing; and Bioethics, which examines the issues raised by advances in medicine and biological sciences. These courses are not only open to anyone with health qualifications, but also to those who have a bachelor's degree and an interest in the health sector.

More information on these programmes can be found on the website: www.health.canterbury.ac.nz or email healthsciences@canterbury.ac.nz

Binge Eating Volunteers

Researchers at University of Otago's Christchurch School of Medicine are calling for volunteers to take part in a study that will examine ways to improve the treatment of people who binge eat.

The trial, which is funded by the Health Research Council of New Zealand, will include people who have been diagnosed with a binge eating disorder or bulimia nervosa.

The aim of the new study is to introduce changes to the usual treatment used for people who binge eat, called Cognitive Behavioural Therapy. Currently, a therapist helps the individual to understand the cues, thoughts and situations that help to trigger binge eating but researchers say there are limitations to this treatment because a third of patients relapse or do not improve.

They want to assess whether making two changes to this treatment will help patients.

One change will concentrate on the individual's deeper beliefs while the other will focus on appetite and knowing how to stop eating.

If you would like to take part in the study, or find out what is involved, please contact Sarah Rowe or Andrea Bartram at the Christchurch School of Medicine and Health Sciences, phone (03) 372 0400 or sarah.rowe@chmeds.ac.nz

Planning for Growth and Healthy Communities

The Christchurch City Council, Selwyn and Waimakariri District Councils, Environment Canterbury and Transit New Zealand have joined forces to draft the Greater Christchurch Urban Development Strategy. The strategy examines ways to tackle growth issues more effectively and it includes a Health Impact Assessment report which was coordinated by the Canterbury District Health Board (CDHB). Hailed as a New Zealand first in the health sector, the report is based on the premise that people's health is hugely influenced by policy decisions made by government and non-government organisations outside the traditional health sector.

The report offers recommendations to encourage healthy lifestyles to support the target of tackling growth issues more effectively. Six factors are considered by the report: air quality, water quality, social connectedness, housing, transport, and engagement with Maori.

Dr Anna Stevenson, who spearheaded the team writing the report, says good urban design can help improve the wellbeing of the communities by making healthy choices easy and practical.

"We have known for decades that busy roadways and heavy traffic flows can act as a barrier to people getting enough exercise. They also decrease air quality and discourage social contact," says Dr Stevenson.

"Good urban planning, however, will ensure traffic density is kept to a minimum in areas where people need to be active, and ensure safe and attractive options for people to access parks, playgrounds and neighbours."

If you would like to download the Health Impact Assessment report visit: www.greaterchristchurch.org.nz or for more information, contact City Council Public Health Registrar, Dr Anna Stevenson, ph (03) 941 8816.

Open Wide!

Plans Underway to boost Oral Health Service in Canterbury



Lyttelton children keeping their teeth clean.

Significant changes are planned for oral health services in Canterbury as part of a wider, Government-led initiative to improve community-based oral health facilities and reduce the incidence of dental disease among young people.

While the Canterbury District Health Board's (CDHB) focus is principally on those aged 0-18 years, the model will have the flexibility to provide extended oral health services to other groups in the community, including older adults.

Upgrading the current school dental service is at the heart

of the CDHB's suggested improvements to dental care for children aged up to 12 years.

"Recent reviews of the School Dental Service have shown that services are often hampered by ageing equipment, buildings and models of service delivery that are no longer meeting community needs," says Sue Dasler, Project Manager. "Dental therapists working in the clinics are among those most passionate about the need for change."

The CDHB's service model suggests reducing the number

of dental clinic sites in Canterbury so that dental care can be delivered from larger community clinics more suitable for modern day dentistry, and during extended hours. The clinics would be based in communities of greatest need and be supported by mobile clinics and portable equipment. This would allow therapists to examine children's teeth on school sites and refer them to a community clinic if necessary.

"By using this model we would be able to provide a more comprehensive range of dental care including dental therapists, dentists and dental assistants," says Sue. "The model also provides opportunities for trained oral health workers to deliver oral health education and fluoride programmes."

Young people from Year 9 upwards will continue to have their oral health care provided free of charge by dentists in the community until their eighteenth birthday.

For children aged 0-2 years, the model suggests an improved preventive service to be provided by Well Child Services at prescribed contact times.

"Re-orientation of the current services for young people from a treatment to prevention focus is key to the success of the model," says Sue. "At the end of the day we want to see fewer dental cavities and less dental disease among our young people, particularly those with the poorest oral health including Maori and Pacific Island children and those from socially disadvantaged families."

She says consultation is continuing with all key stakeholders and a community advisory group has been established to help direct the project. Individual schools and communities will be consulted on changes to oral health services in their areas during consultation on Territorial Local Authority community and area plans.

The proposal will be presented to the Ministry of Health for funding this month.



Jenny Mayne, retiring Registered Dental Therapist, checks the teeth of 12-year-old Emma Brown at Heaton Intermediate School.

Dental Therapist Retires after 33 Years

Brushing twice a day with fluoride toothpaste, remembering to 'spit not rinse', and cutting down on sugary drinks all helps to improve oral health, says retiring dental therapist Jenny Mayne, who has peered into thousands of children's mouths over the last 33 years.

Based at Heaton Intermediate School for the last 12 years, Jenny says her greatest encouragement has been seeing children's mouths which need little action from her. And while the worst kept mouths may make the headlines, a significant proportion of children's teeth these days are clean, strong and well cared for.

"I'm an advocate of fluoride, because as a dental therapist you can see the impact it makes. Fluoride toothpaste has definitely made a difference. Oral health has improved since it arrived and the best thing any parent can do is ensure children brush twice a day with fluoride toothpaste and watch the type of drinks they purchase."

Jenny's career in dental health occurred by chance. What she thought was merely a visit to the School for Dental Nurses to have a look around the premises, became an interview for a training position! While that took her slightly by surprise,

Jenny has never regretted her decision to become a dental therapist. "It's been a long career that I've always enjoyed."

Over the last three decades Jenny has seen some significant changes in dental health care. "When I started, the filling materials for baby teeth were copper amalgams. It came as little pellets that we'd heat over a flame and mix. For permanent teeth we had to weigh the alloy and mercury and mix them with a mortar and pestle. Now it all comes ready prepared in a capsule and you make the perfect mix without any worries.

"The old and slow pedal-driven drills have now been replaced with high-speed drills, making the whole process much easier and less time consuming, while local anaesthetics for all children minimise the pain. And xrays, which were once a rarity, are now routinely performed, especially for intermediate-aged children."

For Jenny, it is the day to day variety that has kept her interested all these years. "The children are all different with quite different needs and we tailor the appropriate care to suit. This keeps the job a challenge. All mouths are definitely not the same!"

Helping Parents Quit Smoking

Mrs A is pregnant with her first child and is anxious as she is aware that her cigarette smoking could cause harm to her baby. She attends an appointment at the CDHB Women's and Children's Health division antenatal clinic, where a midwife refers her to the 'Smokechange' programme for an assessment of her smoking. Mrs A participates in the programme, along with her partner, and within several months they are both smokefree. As a result there is now less likelihood that Mrs A will have complications during her pregnancy. In addition, her baby is safe from the effects of tobacco smoke and will have a better start in life. Her baby is also less likely to need a stay in the neonatal intensive care unit and less likely to require admission to the children's ward during its early years.

One out of three unborn children is exposed to cigarette smoke. While most people are aware that smoking is bad for health, it is especially important to communicate the effects of both first and second-hand smoke on unborn and newborn children so that parents and would-be parents can get support early. The womb is a child's first home so it is important to protect them at the earliest opportunity.

Smoking is the number one preventable cause of pregnancy loss and major complications. Women who are exposed to tobacco smoke through their own or others smoking are at higher risk of, among other things, infertility, miscarriage, some congenital abnormalities, stillbirth, low birth weight babies and SIDS (Sudden Infant Death Syndrome). And then there is the financial burden – it can cost around \$7000 a year when two parents smoke 20 cigarettes a day at \$10.00 a packet.

In line with the Canterbury District Health Board's (CDHB) smokefree policy, staff in the Women's and Children's Health division have recently reviewed the way they intervene with women who are pregnant and who also smoke.

In consultation with the team at Education for Change, Jane Waite, Manager of Maternity Services has arranged for all clinical and non-clinical staff in maternity services to receive additional education on smoking in pregnancy and how it can best be managed. "This is a very important issue



The Christchurch Women's Hospital Team involved in the Smokechange project. Back row: Wendy Templer (Charge Midwife, Christchurch Women's Hospital Maternity Outpatients); Jane Waite (Manager of Maternity Services); Lynne King (Clinical Midwifery Educator). Front row: Tina Hewitt (Clinical Midwifery Educator); Dawn Gourdie (CDHB Smokefree Coordinator).

for the health of our women and babies," says Jane.

Education for Change is a community organisation and, as part of their Smokechange programme, they provide support for women who want to have smokefree pregnancies. Stephanie Cowan, Director of Education for Change, says their approach is "a little, and often, by many over time. Every time a pregnant woman sees a health

professional the issue of smoking should be raised and she should be offered support to help her change her behaviour around smoking."

If you are pregnant and you or your partner smokes call Smokechange for free support on (03) 379 9947 and leave your name and contact details.

Get on Yer Bike

Continued from page 1

If one of your New Year's resolutions is to do more exercise, then the upcoming national Bike Wise Week is just what you need. From 24 February - 4 March, New Zealanders are encouraged to ditch the car and take their bike instead.

Bike Wise Week is a nationally coordinated event, with plenty of activities happening right here in Christchurch. Why not rally your work colleagues to ride a bike during the Bike Wise Business Battle (19 February – 4 March) and compete against other businesses in the region to see who can get the highest percentage of staff to ride a bike. You can ride wherever you feel comfortable for a minimum of 2km or 10 minutes. If riding on the road is not your thing, try cycling round your local park or designated cycle tracks such as Bottle Lake Forest. There are heaps of prizes up for grabs, including 20 sumptuous shouts, Avanti bikes, Ground Effect clothing and more. To sign up for the challenge, go to www.bikewisebattle.org.nz.

Or how about simply getting on your bike and going for a ride. Christchurch is a great city for biking, with a range of rides to suit all abilities. Why not give some of these rides a go:

1. Hagley Park (off and on road)

Travel through tree-lined paths on shared use tracks through and around Hagley Park. Take your pick on a range of distances to suit you or your family.

2. Mcleans Island (off road)

This is a 10km one-way, single track circuit that travels through pine forest over undulating ground. It is ideal for anyone with an off road bike who is over eight years and who has average fitness for their age.

3. Bottlelake Forest (off road)

This is an all purpose recreational reserve with a wide variety of single tracks and trails to suit a range of fitness levels.

4. Avon River circuit (off and on road)

Follow the river from Victoria Square to New Brighton using a dedicated cycle route that combines on road cycle lanes and off road paths. This track is 11km one way and is great for all ages and types of bikes.

5. The Little River Rail Trail (off road)

Running from near Motukarara to the picnic area at Catons Bay, Lake Forsyth /Te Wairewa, this 20 km one-way shared use track is ideal for anyone with a bike that can go off road.

6. Princess Margaret Hospital to Tai Tapu (on road)

This 30km (approx) circuit via Hoon Hay Valley and the Old Tai Tapu Road has lots of flat stretches and a few tiny hillocks to keep things interesting.

7. BMX

Kyle Park BMX track and the BMX area at the Bexley Reserve near Bexley Road offer a range of half pipes, hills and jumps for those who are up for it.

8. The traverse track parallel to the Summit Road (off road)

This is a good moderate level ride for cyclists seeking some challenging, fast flowing track without too many hills. Start at the top of Victoria Park in the pine forest and traverse as far as you like, then come back again.

9. Victoria Park to Marleys Hill (off road)

This is a moderate/difficult ride with some tricky sections on a mixture of 4WD and single track. The ride starts off Dyers Pass Road opposite the old entrance to Victoria Park. It is a steady climb with some steep pinches to the top of Marleys Hill. The return ride is fast and flowing. This ride can also be ridden via Worsleys track.

10. Short Bays (on road)

If you are a recreational cyclist who doesn't mind a slog up Dyers Pass Road to the Sign of the Kiwi, then this is the ride for you. Enjoy some fast downhill to the bottom where you turn left at the intersection immediately at the foot of the hill and head round the bays to Lyttelton, over Evans Pass and down into Sumner, then back round the base of the hills (Bridle Path Road, Centaurus Rd etc) to Colombo Street.

11. Godley Head circuit (off road)

This ride goes from Greenwood Park out to Godley Head and return. It is a moderate ride with some short technical sections but mostly fast flowing single track with nothing too steep. A side trip down a track called 'Anaconda' above Taylors Mistake beach is well worth it – if you like a fast flowing track with bermed corners. There are three starting points: at Greenwood park near the top of Mt Pleasant Road, from the Evans Pass carpark or from Godely Head carpark.

12. Long Bays (on road)

This is a more challenging day ride that takes in a scenic circuit round the base of the Port Hills on the city side, out to Tai Tapu, over Gebbies Pass to Teddington, around past Governors Bay to Lyttelton, over Evans Pass to Sumner and back to the city. It is 75 km and takes about three to five hours without too many stops.

13. Rapaki (off road)

This is a hard ascent up from the end of the Rapaki Road to Summit Road, then turn right and head along the Traverse Track to the head of Victoria Park. From here there are several routes to take you down to the end of Victoria Park, or you can use Bownvale Track to take you all the way down to Bownvale Ave.

14. Little River to Akaroa (on road)

The 49 kilometre route via the Summit Road is a challenging ride for anyone, including the elite. It takes in a number of tough hill climbs and finishes with a long downhill into Akaroa. This follows the most challenging parts of Le Race Event. You will need to be fit and competent in your riding skills before attempting this, but the panoramic scenery on the Summit is spectacular on a clear day. Remember to pack extra clothes and food as you could be exposed to the weather, and if possible organise a good friend to meet you in Akaroa and take you back to Little River, so you don't need to do the ride in reverse. (www.seasonofcycling.co.nz)

Tens of thousands of New Zealanders will be taking part in Bike Wise Week – it's all about having fun and giving it a go, so get on yer bike!

For more information visit www.bikewise.co.nz or www.seasonofcycling.co.nz.

Recruitment Initiative to Attract More Young Maori into Health Careers

The Canterbury District Health Board (CDHB) is taking the lead on behalf of the South Island's six DHBs in developing an innovative new recruitment programme to attract more young Maori into health careers.

The one-year Te Wai Pounamu Recruitment Specialist Project, led by the Mokowhiti Consultancy, targets Year 9-11 Maori students throughout the South Island and aims to challenge the perception that careers in health are limited to being a doctor or a nurse.

Cazna Luke, Kaiwhakahaere for Mokowhiti Consultancy, says, "We want to get the message across that there are many exciting career opportunities available within the health sector, other than the traditional nurse or doctor. We want to encourage young Maori to think about careers like health management, legal services and roles in promoting healthy lifestyles. Our aim is to catch students before they make subject decisions at high school which may later mean pathways into health careers are closed to them. We want to give students the information they need to make informed career decisions."

The project will include a roadshow which will be rolled out to a selection of South Island high schools from February to October 2007. Canterbury schools will pilot the roadshow in late February, before it is taken to the rest of the island in June/July.

While a DVD will be part of the presentation, the general format will be flexible in order to accommodate

each school's requirements.

The final phase of the project will be an independent evaluation undertaken by Te Rau Matatini Aotearoa Maori Mental Health Workforce Development.

The CDHB is the largest employer in the South Island, with 8235 staff in total, 3760 of which are full time employees. Of the 70% of the workforce who elected to disclose their ethnicity in a 2005 survey, just 1.5% (or 176) identified as Maori (Maori make up 9% of Canterbury's total population).

"Currently Maori are under-represented in our workforce and we need to address this," Hector Matthews, CDHB's Executive Director Maori and Pacific Health says.

"The Te Wai Pounamu Recruitment Specialist Project is a short term initiative with long term goals. As the target audience is around the 13-15 age group, it will be a while before we see any of them embarking on careers in health, but we're doing the groundwork now so that in the future our workforce will better reflect our cultural diversity."



Hector Matthews, CDHB's Executive Director Maori and Pacific Health, with Cazna Luke, Kaiwhakahaere for Mokowhiti Consultancy.

Teenage Girls More Likely To Exercise After School, With a Friend

In response to declining physical activity levels among young females and increasing obesity in young people, Sport Canterbury together with Partnership Health Canterbury have just completed a survey to identify the barriers and motivators to being physically active in 15-18 year olds.

The survey targeted females from 14 high schools (along with three alternative learning centres and two home schools), with some very interesting results. When it comes to physical activity, adolescent girls are not influenced by external factors such as peer or family pressure. They are also probably unlikely to be more active if their GP or nurses advises them to be. Instead, girls undertake physical activity for personal reasons which include enjoyment, health benefits and social contact. Inactive girls are more attracted to social sport and active leisure activities such as skateboarding and swimming. The main barrier to being physically active is a lack of free time, while the main motivator is being active with someone else, in a social setting. Participants in the survey also indicated a preference

to be active outside of school, rather than during school time.

The survey's recommendations focus on two key areas:

- Motivating the inactive to become active
- Preventing the decline of physical activity in currently active females.

In order to motivate adolescent girls to become more active, they need more 'out of school' activities, with the majority of girls preferring to be physically active after rather than before school. Girls would benefit from low cost memberships to gyms, pools or leisure complexes, and social interaction, or 'having someone to go with' is also important. To counter the barrier of lack of free time, physical activities need to be built into everyday life. Specific initiatives for Pacific and Asian populations are also needed, as they have the highest rates of inactivity (34.6% and 46.7% respectively).

Sport Canterbury and Partnership Health Canterbury are now looking at some of the ways these recommendations can be implemented.



Is Your Organisation Ready for an Influenza Pandemic?

Influenza epidemics have occurred at the rate of three every 100 years for the last several centuries. Whether the next one will be due to the avian strain (commonly referred to as Bird Flu) is not certain, although it is currently the top candidate, but preparedness for the next pandemic is valuable in any case.

Many people saw what happened with Y2K and SARS and feel an avian influenza pandemic will be a similar non-event. These people overlook the fact that Y2K and SARS were non-events because we were prepared. Avian flu could be similarly negligible in its impact if proper planning occurs.

Using the 1918 pandemic as a model (the closest thing of a similar nature) the following table gives an indication of how many people will be affected over a six-eight week period.

	Pandemic Total	Biggest weekly total
Ill	255,585.	59,481
Ill at home.	153,351	35,689
Need assisted care	76,676	17,844
Hospital level care	25,559	5948
Deaths	3892	1190

Based on these figures, there would be health service overload for both hospitals and general practices, along with considerable community disruption. A pandemic is therefore not just a health services issue, it is a community matter that needs the cooperation and involvement of the whole of society.

High Level Planning

This is already occurring at many levels – internationally, by the World Health Organisation and nationally, by our own Government. Local Governments, District Health Boards, Civil Defence, airports and ports are also involved in New Zealand's high level planning.

Personal Preparedness

The preparations you can make, at a personal level, can be summarised as the 'Six S'. They are:

- **Stock Up.** Have a good supply of food and normal medicines on hand, including paracetamol.

- **Separate.** Keep your distance (at least one metre) from other people.
- **Smother** coughs and sneezes – use a tissue, a handkerchief or, in emergencies, your hand.
- **Soap up.** In other words, wash your hands. Influenza viruses, like other viruses and bacteria, get on to your hands either directly or from contaminated objects. You can remove the virus by washing your hands properly.
- **Stay home.** If you are unwell, do not go out. You need the rest and neither your employer or your friends will welcome you spreading the disease around.
- **Self help.** Be prepared to look after yourself as others may not be available to help you.

Business Preparedness

It is likely there will be large numbers of people who will not be able to go to work. Estimates are that 40-60% absenteeism will occur because staff are either ill themselves or have to take care of ill family members. If schools and child care centres close, staff may also have to stay at home to look after children. **Business Continuity Plan** is therefore essential.

Make sure that you have adequate supplies on hand. Sourcing alternative suppliers of materials and services would be a good way to ensure your business keeps operating, should one of your regular contractors stop supplying you.

Employment Policies

Appropriate policies will need to be in place to suit a pandemic situation. These include:

- **Exclusion policies** – if employees who are ill are not excluded from work, the disease could rapidly spread throughout the rest of the staff.
- **Sick and temporary leave policies** – special sick leave policies may be required to cover staff who are ill and may feel under pressure to come to work because they have no sick leave entitlement remaining.
- **Leave to care for family members and for bereavement** – it is likely that staff will need time off to cope with family who are sick at home or to look after children.
- **Overtime** – Staff shortages could result in a need for unaccustomed overtime that requires appropriate planning.
- **Work from home** – in some situations it may be possible for some employees to work from home.
- **Sickness and care** – although not a direct responsibility of an employer, it would be worthwhile setting up a system which ensures that staff who are absent have the

appropriate care that they need. This would also assist in their safe and speedy return to work.

Occupational Safety and Health for Staff

- **Staff Awareness** – staff are more likely to trust employers and turn up for work if they feel they are being adequately provided for. The major factor in building this trust is to keep them advised of what is being done to prepare for an eventuality such as a pandemic.
- **Advice on home and family readiness** – helping your staff to be able to care for themselves and their family is the first step in any emergency situation.
- **Plan routine staff immunisations** – an annual flu vaccination campaign in a work place is a cost-effective way to help minimise the effects of normal influenza outbreaks on your business. It also avoids normal influenza being mistaken for an influenza pandemic.
- **Personal protective equipment** – the level of personal protective equipment required will depend on the nature of the job. Masks are certainly essential for those who are going to be exposed to sick people as part of their job, for example nurses, doctors and ambulance staff. However in most employment situations masks should not be necessary and in some cases, if they are not properly used or disposed of, they can cause more problems than they prevent.
- **Physical separation** – staff need to know that by keeping one metre away from a person they can significantly reduce the risk of transmitting the disease.
- **Personal hygiene** – the value of hand washing cannot be underestimated. Respiratory viruses such as influenza, and even the common cold, can all be spread by hand. This can either be directly (coughing into the hand or touching the nose) or indirectly through droplets spread onto surfaces. The virus can live for a few hours on a door knob or a desk surface and can pass from there onto other people's hands. Proper hand washing will help prevent this.
- **Other** – vaccines are currently not available and although potentially useful it is probable that they will take several months to become available. Tamiflu can be used to limit the development of the disease in people who have been exposed, but widespread use for prevention would be an extremely wasteful use of a scarce and expensive resource.

Dr Mel Brieseman
Medical Officer of Health, Canterbury

Sexual Health Checks Recommended

Keeping tabs on your own sexual health is sensible and responsible behaviour for anyone who is sexually active. Just as it is important to visit a dentist for good oral health, so is it worthwhile to ensure your sexual health is sound, says Canterbury District Health Board (CDHB) Sexual Health Centre Clinical Director, Dr Edward Coughlan.

The Canterbury District Health Board (CDHB) runs a free, confidential and comprehensive specialist service at its Sexual Health Centre at 33 St Asaph St, Christchurch. Anyone requiring tests, treatment and follow up for sexually transmissible infections and/or associated genito-urinary problems including HIV disease is welcome to come to the centre.

Many GP practices and the Family Planning Association (9 Washington Way, Christchurch) also offer some patients free sexual health checks. Those under 25 can also get free checks at 198 Youth Health Centre (Hereford Street, Christchurch).

Clinical Director Dr Edward Coughlan says while youth make up the largest number of clients, people of all ages come to the clinic.

Clinical Charge Nurse, Allison Morton says examinations are conducted with the patient's consent, and tests are taken as needed. "These will comprise swabs for gonorrhoea, chlamydia and other organisms, a cervical smear for women if due, and a blood test for syphilis and hepatitis B. Men are asked to pass urine. HIV testing is done at your request."

The greatest concern is the prevalence of chlamydia, a bacterial sexually transmitted infection which frequently provides no symptoms.

"We have a sustained increase in the amount of chlamydia we're detecting," says Dr Coughlan.

Men who have contracted chlamydia often do not have any symptoms. Women may get abnormal symptoms such as pain passing urine, discharge or bleeding, but again in most cases there will be none. The good news is that chlamydia can be detected easily by testing. For men this is a simple urine test; for women it is a urine test or swab. Neither procedure is painful or time consuming, says Dr Coughlan.

"The new tests are specific and very sensitive with results in a few days to a week. And even better is the fact that the treatment is easy – antibiotic tablets."

Left undetected or untreated however, chlamydia can cause real and lasting problems. In women it can cause pelvic inflammatory disease, which in turn may also cause an ectopic pregnancy, difficulty in getting pregnant and ongoing pain in the pelvis. In men chlamydia can cause swelling and pain in the tissues which join the testicles to the spermatic cords, inflammation of the urethra, ongoing discomfort in the testicles, and infertility from scarred tubes.

Dr Coughlan says while there is no formal screening programme, it makes very good sense for young people or those who have had multiple sexual partners to be tested. "They should have a test if they have never had one before, between partners, if they have symptoms suggestive of chlamydia, and

if pregnant. It should be treated as good health maintenance, just as we look after our teeth, or our car!"

And parents, he says, may wish to encourage their young people to be tested too, "from a sense of personal health responsibility, especially if they are interested in becoming grandparents some day."

Be Safe, Use Condoms

Condoms offer good protection from contracting chlamydia, gonorrhoea, or HIV disease (AIDS). The CDHB's Sexual Health Centre advises to always use a condom when having sex with a casual partner, in order to protect yourself from sexually transmitted diseases.

But Health Advisor, Carol Constanti points out that while condoms offer good protection against some diseases, they are not so effective against herpes and the human papilloma virus (HPV) or the wart virus. Human Papilloma Virus type 16 and 18 cause 70% of cervical cancer. There is now a vaccine which is very effective against this. Some vaccines available also provide some protection (90%) against genital warts. The vaccine does not work against HPV types already contracted, so it is probably best to be vaccinated prior to becoming sexually active. However if you are already sexually active you may still benefit from the vaccine's protection. General Practitioners will administer it, but it is expensive – between \$450-\$500 for the three-injection course in New Zealand.

New EXIT Procedure helps Christchurch Baby



Neonatologist Peter Schmidt, Professor of Obstetrics and Gynaecology, Pippa Kyle, and Consultant Paediatric Surgeon Russell Blakelock with baby Logan.

In a first for Christchurch Hospital and the South Island, a baby has been operated on outside the womb, while still connected to his mother via in-utero placental circulation.

A routine scan at 23 weeks detected a cystic tumour growing in baby Logan's neck. Pippa Kyle, Professor Obstetrics and Gynaecology and Head of Department at Christchurch Women's Hospital said by 24-25 weeks the cystic tumour was very prominent, extending 5cm across the front of the baby's neck.

"The worry was that it would block the oesophagus and trachea and impede breathing at the time of delivery. So we kept a close watch on its development and by the time the pregnancy had advanced to 29 weeks, there were clear adverse symptoms for both the mother and baby."

Because Logan's mother, Irene was beginning to carry excessive fluid, three litres of amniotic fluid were removed and 30mls were drained from Logan's cyst under ultrasound guidance.

Keeping a very close watch on Logan's development, Professor Kyle and the team including Paediatric Surgeon Russell Blakelock and Neonatologist Peter Schmidt, conducted a raft of tests to check the baby's health and to determine the exact nature and extent of the tumour.

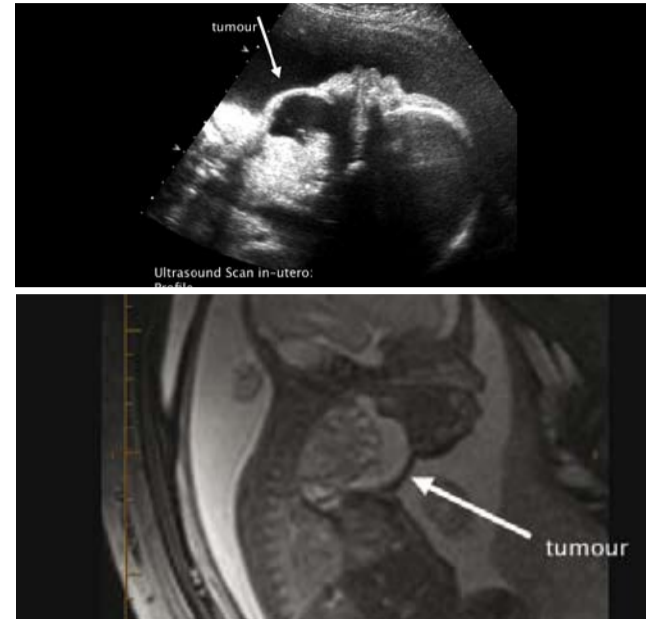
"We then considered early delivery and we held a number

of meetings to decide on a plan. We decided on delivery at 32 weeks involving a very complex and specialised caesarean section, keeping the baby very relaxed and on placental circulation while we located its airway and could insert tubing to enable it to breathe after delivery."

Overseas studies, including one Professor Kyle witnessed herself, called this the EXIT (Ex-utero Intrapartum Treatment for a neck tumour) procedure. It is conducted at partial delivery and gives the best chance of survival for the baby because it provides the opportunity to perform surgery and secure the airway prior to separation from the placental circulation.

EXIT procedures were pioneered in the United States and the Christchurch team sourced this information plus consulted colleagues in Auckland and Australia.

All the planning culminated on November 7 after Logan's cyst was drained again inutero under ultrasound guidance. Then in a packed theatre at Christchurch Hospital, Irene underwent a caesarean section during which Logan's head, chest and an arm were delivered. In a finely detailed procedure using a fibre optic telescope, the breathing tube was positioned and the baby was given pain relief in a process lasting just 15 minutes. Then the full delivery was performed, the cord was cut and young Logan was handed to neonatal staff and was



stabilised overnight. The whole birth procedure took about an hour and Logan's mother was then transferred back to Christchurch Women's Hospital.

"It was a fantastic outcome for everyone concerned," says Professor Kyle. "The operation was a huge morale booster for us all, and a good example of diagnostic work and team work. It was another example of what is possible with the new Women's Hospital on the main campus, and the ease of staff being able to meet together."

The following morning, Logan had his tumour surgically removed – a major operation involving three surgeons. Russell Blakelock, Consultant Paediatric Surgeon, led the surgical team. "Our role was to look after the baby's airway in association with the Paediatric Anaesthetic team led by Dr David Linscott. The surgical team included paediatric surgeons and ear nose and throat surgeons.

"Happily it soon became evident that our planned approach was going to work. We had a trial run before the delivery to make sure we were fully prepared and when the day came we all felt we were as prepared as we could be. Working as a team of many specialties like that, with everyone focusing on the well-being of the child and the mother, is one of the most exciting things to be involved with."

The baby is now doing well in the Neonatal Intensive Care Unit at Christchurch Women's Hospital. His mother is very grateful that the procedure was so successful. Having given birth normally to her three older children, Irene found the discovery of the cyst alarming. But she always had 100 per cent confidence in the medical team who would be looking after her and her new baby.

"I knew that they would be doing everything possible to ensure a good outcome for the baby and for me. I'm just so glad to have him. Considering that he wasn't actually due until New Year's Eve, and what he has been through, he is doing very well."

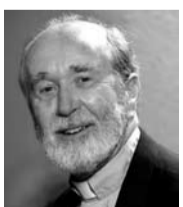
Canterbury District Health Board Profiles



Syd Bradley, Chairman (re-appointed), has been closely involved in the governance of the health sector for 15 years, and has chaired the Canterbury District Health Board for the past four years.



Olive Webb, Deputy Chairman (elected), is a clinical psychologist with over 30 years' experience and works as a health and disability consultant around New Zealand. She has served on the Canterbury District Health Board for four years and is committed to rural health issues and delivery.



David Morrell (elected) has served on the Canterbury District Health Board for three years and is well known for his time as Christchurch City Missioner. He is committed to more accessible and affordable health services for everyone.



Robin Booth (elected) is a self-employed builder/renovator and author who has served three years on the Canterbury District Health Board. He has a strong interest in community health and preventative medicine.



Alister James (elected) served 20 years as a City Councillor and is a lawyer with a particular interest in the effective delivery of adolescent, mental health, alcohol and drug treatment services.



Heather Carter (elected) trained and worked as a psychotherapist and is now a workplace and personal development consultant. Women's health and senior health are her particular interests.



Jo Kane (elected) is a Waimakariri District councillor and Deputy Mayor, who believes in protecting family health, and well-being as a basic right for all.



Laurence Malcolm (elected) is a doctor and former professor of community health. He has served on World Health Organisation committees and is internationally recognised as an expert in health and medical care.



Neville Fagerlund (appointed) is a chartered accountant in public practice with 30 years' experience. He has provided financial and commercial advice to community health organisations and providers for several years.



Karen Guilliland (re-appointed) is Chief Executive of the New Zealand College of Midwives. She is a member of the Pharmac board.



Norman Dewes (re-appointed) is the chief executive of the urban Maori authority based in Canterbury. He has a background in education, social work, sport and recreation and is particularly experienced in helping unemployed into the workforce.

2007 Board Meetings

Monthly board meetings, open to the public, are scheduled for March 9, April 13, May 11, June 8, July 13, August 10, September 7, October 12, November 9 and December 10. They will begin at 9am and be held in the Board Room, Level 3, The Princess Margaret Hospital, unless otherwise advised. You can check information on the Canterbury District Health Board (CDHB) website: www.cdhb.govt.nz.

Birthing Units Increase Services for Unwell Mothers



Diana Willetts with baby Luka

Many women experience morning sickness during pregnancy, but for a few it becomes a more serious problem. Diana Willetts knows what it is like to have her life turned upside down by Hyperemesis Gravidarum – vomiting and nausea so severe that it can cause electrolyte disturbances, serious weight loss and nutritional deficiencies.

“I started feeling really unwell within three weeks of becoming pregnant and it basically lasted until just a couple of weeks before I gave birth,” says Diana. “It was absolutely terrible. I felt sick *all* the time. I had to give up work after about six weeks because I was just too ill. Even the smell of cucumber from across the room was too much, and for a while there I was having trouble keeping water down.”

Approximately one in every 500 pregnant women suffers from Hyperemesis Gravidarum. In Canterbury, about 150 women experience Hyperemesis each year. It can be debilitating, not to mention potentially dangerous. However, thanks to recent changes to re-hydration services, help for women with this condition is more readily available.

The Canterbury District Health Board (CDHB) has increased its services to help improve the management of

women with Hyperemesis and reduce hospital admissions. Now, instead of having to travel into Christchurch Women’s Hospital for treatment, women will be able to visit the primary birthing units at Burwood and Lincoln hospitals for re-hydration and support to manage their nausea and vomiting. The service will also remain at Rangiora Hospital.

Diana had a particularly severe case of Hyperemesis and had to visit the re-hydration services at Christchurch Women’s seven times during her pregnancy. However she was also able to visit Rangiora Hospital on a couple of occasions, which was closer to home and a more convenient option for her.

CDHB’s Maternity Manager Jane Waite says “Women with hyperemesis will, in the first instance, need to be assessed at Christchurch Women’s Hospital, as they are at the moment. After this, if they stay reasonably well and do not require admission, they will be able to visit the closest birthing unit to home for re-hydration.”

“Re-hydrating women before they become so sick they have to be admitted to hospital makes a lot of sense and, in the long term, it is much better for the health of the mother and

baby. Visiting a primary birthing unit rather than coming into a hospital bed also seems to help women cope better with day to day living during this difficult time,” she said.

After their initial assessment at Christchurch Women’s Hospital, women who suffer from Hyperemesis will be able to visit the primary birthing units when their condition starts to deteriorate. At the primary unit, they will be assessed to determine the best course of treatment, receive blood and urine tests, be given intravenous fluids, receive advice on management of their condition and be discharged before the end of the day.

“The staff at Christchurch Women’s and Rangiora were absolutely fantastic,” says Diana. “Their support, and the support of my partner and family, helped me get through this.”

Diana gave birth to a healthy baby girl, Luka, “a dreamboat baby” who is helping her mother forget the previous nine months!

Given the annual number of spring babies, a significant number of Canterbury women will currently be experiencing the nausea and vomiting associated with most pregnancies during the first 16 weeks.

Practical tips for managing nausea and vomiting include eating and drinking small amounts, and resting often.

Tips for drinks:

- Drink fluids that you like (except alcohol) and drink often
- Sip fluids. Aim for a ½ glass every hour. Try water or watered down cordial or juices
- Try a milky Milo before bed
- Try sucking on ice cubes or boiled sweets or iceblocks
- Liquid meals may be more easy to tolerate – try Complan or Sustagen or flavoured milk.

Tips for food:

- Keep eating – try and keep snacks close by – use a lunch box to keep snacks handy
- Try some protein – flavoured milk, cheese, dairy food, yoghurt
- Salty – chips, crackers, pretzels, vegemite or marmite on toast and crackers
- Wet – tinned or fresh fruit, iceblocks, soup, jelly, mashed potato and gravy, ice-cream
- Sweet – fruit, lollies, eg barley sugars, biscuits, ice cream and jelly
- Dry – bread, toast, crackers, dried fruit, muffins
- Ginger – ginger biscuits, ginger ale, ginger tea, ginger crystallised, ginger tablets.

Other tips:

- Ask family or friends to help with child care
- Slow down, get more rest and if possible reduce working hours
- Try taking vitamins and tablets if prescribed at night
- If you wake in the night have a drink and a snack
- Carry fluid with you wherever you go.

Health Lecture Series 2007

The Christchurch School of Medicine and Health Sciences is once again running its popular Health Lecture Series. These public lectures are free to attend and provide an opportunity to discuss health issues in our community with some of the country’s leading health professionals.

Wednesday 28 February, 7:30pm
Breast cancer advances through teamwork and research
Associate Professor Bridget Robinson, Oncologist, Christchurch Hospital.

Wednesday 7 March, 7.30pm
How hormones help heavy hearts
Professor Mark Richards, Director, Christchurch Cardioendocrine Research Group;

National Heart Foundation Chair in Cardiovascular Studies; Cardiologist, Christchurch Hospital.

Wednesday 14 March, 7.30pm
The Christchurch Health and Development Study – highlights of 25 years of research
Professor David Fergusson, Department of Psychological Medicine.

Wednesday 21 March, 7.30pm
Transforming health care – re-designing Canterbury’s health services
Dr Nigel Millar, Chief Medical Officer, CDHB.

Wednesday 28 March, 7.30pm

Latest advances in treatment of osteoarthritis
Dr Lisa Stamp, Rheumatologist, Christchurch Hospital.
Mr Gary Hooper, Orthopaedic Surgeon, Christchurch Hospital.

Wednesday 4 April, 7.30pm
HIV/Aids in New Zealand and overseas – where to from here? Professor Steve Chambers, Infectious Diseases, Christchurch Hospital.

The lectures are held at the Rolleston Lecture Theatre, 2 Riccarton Avenue. Parking is available in the hospital car park on the corner of Tuam and Antigua Streets. For more information, call (03) 364 1199 or visit www.chmeds.ac.nz

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www.cdhb.govt.nz

Canterbury

District Health Board

Te Poari Hauora o Waitaha