

Health *first*

CANTERBURY DISTRICT HEALTH BOARD'S FREE COMMUNITY PUBLICATION

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Make sure your vote counts

From now until October 13 you can have your say in who is elected to represent you and your community on the Canterbury District Health Board.

Voting is already under way. Eighty-four candidates are standing for election to the Canterbury DHB – 75 in the urban Christchurch constituency, six in the North Canterbury constituency, and three in the region's other rural constituency of Mid-Canterbury.

Included in the envelope with your voting papers you should also have candidate profiles, and candidate conflict of interest statements.

It is the first time in 12 years that you have had such an opportunity to be involved in deciding the composition of the group charged with representing you and your community in decision-making for local health and disability services – your District Health Board.

The DHB elections are being held alongside council and community board elections in a postal vote, which closes on October 13. Up to 11 members will sit on each District Health Board – seven elected members and up to four Government-appointedees.

The Canterbury District Health Board is the biggest of the country's 21 DHBs.

It serves more than 430,000 people, and has an operating budget of around \$850 million.

The North Canterbury constituency comprises the Kaikoura, Hurunui, and Waimakariri areas. The Mid-Canterbury constituency comprises the Banks Peninsula, Selwyn, and Ashburton areas. People in each of these rural constituencies will be asked to elect one candidate.

People in the Christchurch City constituency will be asked to elect five candidates.

The new District Health Boards came into being on January 1 this year, and until now have been governed by Government-appointed members.

All lawfully registered parliamentary electors are eligible to vote for a candidate, or in the case of Christchurch, candidates. People may vote only for candidates standing for election in the constituency in which the elector lives.

Voting opened on September 24. To register your vote, complete your voting papers and return them to the returning officer by 12 noon on October 13.

Preliminary DHB election results should be available

Canterbury DHB constituencies



North Canterbury Constituency	- Population 48,800 1 elected member
Mid-Canterbury Constituency	- Population 60,900 1 elected member
Christchurch Constituency	- Population 324,000 5 elected members



Post your vote now.

from 7pm on October 13, with final results being publicly notified on October 20.

The newly elected Board members will take up their roles and assume their responsibilities 58 days after polling day, on December 10.

While the First Past the Post (FPP) voting system will be used for this year's DHB elections, the Government intends to introduce the Single Transferable Vote (STV) system from the 2004 DHB elections.

Remember:

- You should by now have your voting papers. If you do not have them, contact your local Council Electoral Officer.
- The postal vote is now open.
- Post your vote now: voting closes at 12 noon on October 13.

For more information:

- The Canterbury District Health Board Internet web-site, at www.cdhb.govt.nz provides easy access to election information.
- The Ministry of Health regularly updates DHB election information on its Internet web-site at www.moh.govt.nz/electionsdhb.
- Or contact the Canterbury District Health Board Secretariat, Peter Hines, on (03) 364 1231, or fax (03) 366 1456, or e-mail peter.hines@cdhb.govt.nz.

Candidates

- For a full list of candidates standing for election to the Canterbury District Health Board, turn to page 7.

Sharing our expertise

The Canterbury DHB has begun an initiative to improve access to training for community health providers.

Organisation Development and Training manager Sue Chapman says the idea is to promote a climate where expertise and knowledge are shared between hospital services and Board funded community services. A key aim is to improve access to learning opportunities for non-government organisations involved in health.

"Mental Health has been working with non-government organisations for a long time, and we're keen to extend this to other areas of health," she says.

Canterbury District Health Board staff training will, from now on, be opened up to community providers, with up to two places on each relevant course being made available — at cost or free if the course is being run by Canterbury District Health Board staff.

"A lot of what we do will be useful to others," Ms Chapman says. "It will also have benefits for us, and it will help us to develop closer relationships with our colleagues working in the community."

The concepts of collaboration and increased community involvement in health care are aligned with the New Zealand Health Strategy.

"There has been a change in the philosophy of this organisation — we are leaving the competitive health environment behind," she says.

A few words from the Chairman



Local body elections are just around the corner, and for the first time in 12 years the public will have a say in who will make decisions about their local health services.

The October 13 District Health Board elections will bring the Canterbury DHB to the final stage of transition from being an appointed board to being a board largely elected by the people of Canterbury.

Many of you will already have cast your votes, and I encourage everyone who is eligible to do so to participate in this important democratic process.

The new Board takes over its role in December, and it will have a challenging time ahead of it.

Next year will be a tight year financially, but the Government has allowed the Canterbury DHB to run at a deficit as we work towards break even in the next three years.

We all need to be smart about how we spend the money the Government allocates for health in Canterbury. We are already identifying ways to achieve efficiencies in health spending, by bulk buying with other DHBs. We also need to ensure we do not duplicate overheads and we are looking at working with others on this issue.

We need to focus on the future health needs of this region. Our draft Strategic Plan for health in Canterbury over the next five years is being worked on, and early next year you will get to have your say on this.

Syd Bradley

Canterbury District Health Board Chairman

The CDHB Chief Executive reports

My first months as chief executive have been busy and satisfying. During the past months I have gained a greater understanding of the region's health needs and the many issues facing the Canterbury District Health Board.

My role is not only to oversee the provider arm of the DHB (the hospitals and services) but also to head the DHB's newly devolved funding responsibilities. In this role I hope to ensure the Government's health strategies are realised in Canterbury resulting in better health outcomes for all sectors of our community.

A key priority is the development of our strategic plan. This will be based on the health needs of our community and after consultation with staff, other agencies and the community will be considered by our Board.

The strategic planning process will include increased consultation and input from the community in determining what services are provided and will lead to a closer working relationship with other health providers (including GPs) and community groups.

Several important issues have arisen during this time, including the fact that the Board is facing a \$20 million deficit. There are also industrial issues to resolve, and I hope we can continue to work through these issues without further industrial action. We have been engaged in discussion over the DHB's proposal for change, which includes responsibility for clinical budgets being devolved to clinicians. The concept is widely supported, and while there are many implementation issues these are being worked through.

While these issues have attracted much publicity staff have continued to provide a high standard of health care. A severe winter always brings challenges for health service providers. Staff have been extremely busy but have coped well. As usual Christchurch Hospital's Emergency Department has had a busy winter, and this work load has flowed through to the wards.

I have spent a great deal of time familiarising myself with the services the Board provides, and visiting our many sites throughout the region. I would like to thank all those who have given me such a warm welcome.



Rural health care is a key issue for this Board. I attended the recent Rural Mayors Forum, and we are working to formulate a Rural Health Plan to address identified needs.

The Board is developing a good working relationship with Maori and Pacific Island communities, and values their input into the needs analysis and strategic planning processes.

I have also been impressed, at my meetings with agencies such as Nurse Maude, Richmond Fellowship, and Pegasus Health, by the willingness of people and organisations to work together.

Despite the many issues we are working to resolve, I know that we provide quality health services in Canterbury and that, thanks to the efforts of dedicated staff, there are many strengths to celebrate. I hope you will enjoy reading about these in this and future issues of *Health First*.

Jean O'Callaghan

Canterbury District Health Board Chief Executive

Stepping out of the shadows

Peter was 15, in with the wrong crowd, and doing illicit drugs.

Bright, articulate, and creative, he was failing at school. His mother was worried. He was worried. Peter was losing control of his life, and he knew it.

Five years on, Peter (not his real name) can look back on that time and see just how close to the edge he was.

"I was having very disturbing thoughts, it was really frightening, and I was very depressed," he says. "I knew something wasn't right."

Peter didn't know it at the time, but at 15 he was suffering his first psychotic episode. He describes his thinking as "very disturbing" and says he heard voices, and became moody and socially withdrawn.

With his mother's help, he gradually realised that something had to change.

"I was hanging out with a bad crowd, and using illicit drugs - marijuana and speed," he says. "I realised it had to stop. Looking back on that time, I know my association with those people caused me a lot of pain."

At 15 he dropped everything, school and friends, to work at turning his life around.

He knew he couldn't do it on his own, but admitting to his doctor that he thought he was depressed wasn't easy.

His GP listened, and referred him to a psychiatrist. From there he was referred to the Psychiatric Emergency Service, and the Youth Specialty Service, and later to Totara House.

"All my life I've felt different from everyone else. I was hearing voices, and I was very depressed," Peter says. "It was hard to tell the doctor about that, but I never felt the shame that some people feel about mental illness."

Peter still has episodes of deep depression, but says he is better able to cope with them now. He has a supportive family and is flating with good friends, and he feels more at peace with himself.

He says it is like coping with rainy weather.

"You can liken the rain to feeling sad," he explains. "But it doesn't rain forever. The rain stops and the sun comes out. You won't always feel bad either. The pain can be intense, but it won't always be like that."

His advice to other young people is that there is no shame in asking for help.

"It's a cliché, but it really is okay to ask for help. A lot of people helped me, and I really appreciate what they did for me, they were great," he says. "I'd also urge people to really think before they make the choice to use illicit drugs - to think about their family, the people who will be there for them when they fall."

Peter has learned the hard way that his life is a precious gift.

"I'm learning to respect myself," he says. "I still have to work at that, and focus on the things that I can feel proud of myself for."

Finding help...

A wide help network is available to help young people through a mental health crisis.

- General practitioners, school counsellors, churches, and community youth organisations can help young people access specialist services.
- In Christchurch, the Psychiatric Emergency Service can be accessed by telephoning 0800 920 092 or 03 364 0482.
- Totara House, an Early Intervention in Psychosis Service is part of the Canterbury District Health Board's Mental Health Division. Staff welcome inquiries and referrals from any source.
- Mental Health Services, including Family Mental Health Services and the Youth Specialty Service, are listed in the hospitals section at the front of the White Pages telephone directory.
- The Telephone Book (white pages) lists a wide range of personal help services. Refer to Emergency Services at the front of the book to find the listing for Personal Help Services.
- Community Services are listed in the Yellow Pages telephone directory.
- Your local Citizens Advice Bureau will have comprehensive list of local community services.

Psychosis can be treated

Diagnosing mental illness in young people is complex, and for the young person it is a time of extreme vulnerability, confusion, and fear.

Totara House provides specialist treatment and intensive care and support for young people experiencing early psychosis. Totara House social worker Cynthia Spittal says that also means supporting the young person's family/whanau, and support is provided for up to two years.

Psychosis is a condition that affects a person's thought processes. Ms Spittal says it can lead to significant changes in mood, thinking, and behaviour.

"Symptoms vary from person to person," says Ms Spittal. "Often families and friends are the first to notice these changes."

The symptoms of psychosis can include: acting strangely, being suspicious, withdrawing from friends and family, socialising less, appearing confused, imagining things, hearing voices.

Like other illnesses, she says, psychosis can happen to anyone - "and it can be treated."

"It's really important that people who are experiencing psychosis get help early on," she says. "The symptoms can cause major disruption to the person's life, their study, their work, and their relationships."

Early treatment reduces the risk of other problems setting in, such as depression, anxiety, substance abuse, and other types of self-harm.

"And the sooner people get help, and start treatment, the better the outlook is for them long-term," she says.

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Students enjoy lessons in surgery at Ashburton Hospital

Ashburton Hospital is proving popular with fourth year medical students, who have had the opportunity to complete part of their surgical training there.

The students, who are studying at Otago University's Christchurch School of Medicine and Health Sciences, are sent to Ashburton Hospital on attachment for five weeks.

During that time they spend 2½ days each week at Ashburton Hospital. Each student is assigned to one of the hospital's three general surgeons.

Fourth Year Convenor (surgery) Mr Frank Frizelle says the arrangement works well for students and Ashburton Hospital staff alike.

"The students really enjoy their Ashburton attachment, and it is thrilling to see the support they get from the staff there," Mr Frizelle says. "The surgeons are excellent teachers, and there is a great willingness from the staff, and the patients, to help the students learn from their experience there."

Medical students Troy Smithers, Tin Lun Chiu, and Eugene Sia are the fourth group to have made the trip south, and say they wouldn't have missed it for the world.

"You get a lot more hands-on experience down here," says Mr Smithers. "You're one-on-one with the consultant, whereas in Christchurch Hospital there are three or four students to each consultant."

"We have really felt part of the team," says Mr Chiu. "It's been really interesting and everyone's been really keen to help us get the most that we can from being here."

A big advantage for students while in Ashburton is their ability to observe the surgeons' involvement with their patients right through from admittance to discharge, something they seldom see at Christchurch Hospital because there are so many people, consultants and doctors in training, involved

with each patient's care.

The three Ashburton surgeons, Phillip Godfrey, John MacDonald, and Tony Pierre have a wealth of experience to impart, says Mr Frizelle.

The students attend their surgeon's operating theatre sessions and outpatient clinics and work with the hospital's House Surgeon, observing emergency casualty work.

"They get an experience that is about general surgery in its broadest sense, and are involved in any surgical problem that comes through our doors, from appendicitis to serious road crash injuries," Mr Godfrey says.

His student can expect to see him remove gall bladders by laparoscopic surgery, repair hernias, perform bowel surgery, and do mastectomies.

"They get one-to-one contact with their consultant, and are scrubbed up and right there next to us," he says.

Mr Frizelle says it is the dedication of the Ashburton surgeons and their interest in teaching that has made the scheme so successful – and it could bring an important spin-off for the future.

"It gives them a taste of what it would be like to work in a secondary level provincial hospital, and

may mean they are more likely to consider secondary or primary care as a career option."

That appears to be true, with the students already saying it has changed their attitudes towards working in smaller centres.

"I hadn't even considered working in a hospital like this," says Mr Smithers. "I always thought it would be better to be in a big tertiary hospital, like Christchurch, but after this experience I definitely would consider a house surgeon rotation somewhere like Ashburton or Greymouth – I can see that I'd learn a lot from it."



Ashburton Hospital surgeon Phillip Godfrey discusses an X-ray with fourth year medical students Troy Smithers, Tin Lun Chiu, and Eugene Sia.



Fourth year medical student Tin Lun Chiu finds his surgery rotation at Ashburton Hospital a more hands-on experience.

Working to improve Maori health



Janice Donaldson

Improving health and disability services for Maori will also bring positive spin-offs for other groups in the Canterbury community, says Canterbury District Health Board Maori Manager, Janice Donaldson.

"By recognising and respecting Maori, and their rights and needs, others' needs will also be identified, because the health system will become more willing to recognise that not everyone is the same," she says.

Ms Donaldson, who is of Ngai Tahu descent, is the Board's first Maori Manager.

"It is a new position, and I think it is very exciting," she says. "It shows recognition of the many Maori who live in Canterbury and acknowledges that they have health needs that need to be addressed."

Appointing a Maori Manager shows that the Board is prepared to do more than pay lip service to those needs, and that there is a genuine commitment to improving the health status of Maori in Canterbury, she says.

Much good work has already been done in Canterbury and in other parts of New Zealand and she says it is important that the Board learns from that work and makes a commitment to take it further.

"Maori have been asking for some really quite straightforward things for a long time now," Ms Donaldson says. "In many ways Maori are almost invisible in the health system at present, and that is because we haven't been collecting ethnicity data well from people who use our services."

Good ethnicity data is needed to ensure that planning and funding are able to properly address the real needs of Maori, she says.

"We must have that information if we are to direct funding where it is really needed, to ensure that the health needs of Maori are met."

Ms Donaldson's position sits within the Board's funding and planning arm, so that she will have an influence at an early stage,

and to give her a good oversight of planning and funding of services that will begin to address the low health status of many Maori.

"While Maori are my first priority in this job, and I will be lobbying primarily for them, the changes that we are able to bring about will also benefit other groups," she says.

Maori workforce development in health is a big issue, she says.

"If we are serious about improving the health status of Maori we must get more Maori involved in health professions across the board, from community health services to medical specialties."

Ms Donaldson has a long history of involvement in health. She has previously worked for the Southern Regional Health Authority, and the Ministry of Health, and has worked for the Ngai Tahu Development Corporation. She is currently studying towards a Masters in Public Management.

Reaching out to Jasmine

Even before her premature arrival in the world a team of highly specialised health professionals had been working to keep Jasmine Neville alive.

Jasmine, now aged 18 months, was born 17 weeks early, at 23 weeks and 2 days gestation. Her mother, Tracey, began having contractions 18 weeks into her pregnancy, but with medical intervention from specialists at Christchurch Women's Hospital managed to hold off delivering Jasmine for another five weeks.

The tiny baby, weighing just 560 grams – little more than a block of butter – was straight away admitted to the Neonatal Intensive Care Unit at Christchurch Women's Hospital, where she stayed for 162 days fighting for her life.

Jasmine was Tracey and Rex Neville's second premature baby. The couple's elder daughter, India, now aged three, was born at 27 weeks gestation and spent 75 days in Sydney's Neonatal Intensive Care Unit.

Little Jasmine has spent much of her short life hooked

up to life-saving medical equipment. She has suffered major infections, has been admitted to hospital several times, and had surgery to correct feeding problems.

Mrs Neville says her daughter still had "huge problems" when they took her home for the first time.

"She had severe reflux, and she was still vomiting, being tube-fed, and was not gaining weight," she says. "If it hadn't been for the outreach nurses who still visit us at home, she would never have been able to come home when she did."

At 18 months, Jasmine has already been examined by an extraordinary number of health specialists – more doctors, nurses, and other health professionals than most of us would see in a lifetime.

"As a family, we've had great care and support in Christchurch, and we've felt very well informed about Jasmine's health needs," Mrs Neville says.

Jasmine is not out of the woods yet. She is continually fed, 24 hours a day, through a tube into her stomach. She is developmentally delayed, has hypotonic cerebral palsy, and attends the Champion Centre for early intervention therapy in these areas. She is still on oxygen and remains at high risk of infection.

That Jasmine is able to live at home with her family is thanks only to the Canterbury District Health Board's outreach nursing service and the support they have had from paediatricians, both in the Neonatal Unit and at Christchurch Hospital, says Mrs Neville.

Despite everything, she says Jasmine is a placid and happy child with "a smile that just lights up the room".



Paediatric Outreach Nurse Monica Erasmussen monitors Jasmine Neville's oxygen requirements, with help from Jasmine's sister, India.

Project aiming to improve mental health care

A Canterbury project is bringing specialist hospital mental health staff and general practitioners together to improve care for people with mental illness.

Access Canterbury was established 2½ years ago, as a joint venture between the Canterbury District Health Board's Mental Health Services, Pegasus Health, which comprises most Christchurch general practitioners, and the former Government's funding agency, the Health Funding Authority.

The project identified key areas in which patient care could be improved through better liaison between specialist services and general practitioners.

Since then Access Canterbury has worked to break down barriers between the two sectors, and encourages psychiatrists and other mental health professionals to liaise with general practitioners over patient care, and vice versa.

Access Canterbury mental health representative, Brian Jones, says the key focus for the project has been helping patients to have a smoother transition into and out of specialist care. A GP representative on the project, Sandra Hicks, acknowledges these transitions, and a lack of information sharing, were a constant source of frustration for GPs.

"Things have improved," Dr Hicks says. "There is a much better feeling of trust between general practice and secondary care, and that can only improve services for our patients."

Dr Jones says it became apparent early on in the project that the point at which patients move from one service to another – the transition – was a key area that had to be addressed.

"Any time of transition is a time of great vulnerability for people with mental illness, and the most vulnerable times of all are at admission to and discharge from specialist mental health care services," Dr Jones says.

The patient's ability to feel emotionally safe is hampered at these times, he says.

"Transition has been identified as a time of high risk for relapse, suicidal thinking, reduced compliance with medication, and disruption to personal and social relationships."

Access Canterbury has ensured that general practitioners are involved as an integral part of the patient's specialist care.

"We try to ensure that our patients have a GP, and that

the GP knows what is going on and is involved in the patient's discharge planning," Dr Jones says.

A list of Canterbury GPs and their Independent Practice Associations was established. The GPs were surveyed and another list made of those who were willing to be involved in the care of people with chronic mental illness.

When patients enter or leave specialist care they are encouraged to select, with the help of this list, a GP to whom their discharge information can be sent.

Dr Jones says the involvement of general practitioners is critical in the early diagnosis and treatment of mental illness and in providing people with quality follow-up care.

Dr Hicks says GPs are pleased to be part of the process, to be involved in and informed about the specialist psychiatric care their patients receive.

A shared care project is being developed which will link GPs and psychiatric consultant services, so that GPs will also be involved in patient assessments.

An advice required system allows GPs to access specialist advice within 72 hours.

"It might be that the GP wants to discuss a patient's medication dosage, for example," says Dr Jones. "The GP fills out a form, and faxes it to a central bureau within the Canterbury District Health Board. It is passed on to the appropriate service, and that service must provide the GP with a reply within 72 hours."

Dr Hicks says Access Canterbury is helping to streamline patient care.

"There have been big improvements, for health professionals in both sectors and most significantly, for patients," she says. "Patients will be seeing a GP who is better informed about the patient's mental health needs and who is likely to have had some discussion about their ongoing care with the specialist hospital services involved."

Dr Hicks says Access Canterbury has also meant that Canterbury GPs are better educated about common mental illnesses, especially depression and anxiety disorders.

Mental health consumer groups have been involved since the project's inception in 1999, and Access Canterbury is now looking to develop closer links with non-government organisations.

More than a social call

Children like Jasmine would not be able to live at home if it were not for the work of paediatric outreach nurses like Monica Erasmussen.

The team has three full-time and two part-time nurses who visit children with chronic illness at home. A palliative home-care service is also available, providing support and symptom control for children with terminal illnesses.

The children are under the care of a paediatrician and are referred to the paediatric outreach nurses by medical, nursing, and allied health workers at Christchurch Hospital or by the Neonatal Intensive Care outreach nurse at Christchurch Women's Hospital.

The outreach nurses provide a vital link for the child and his or her family with both the hospital multi-disciplinary team and community services.

"We do a wide range of work," says Ms Erasmussen.

This includes assessing, monitoring (blood testing, for example), and treating children at home.

"This allows children to be closely monitored but to remain at home with their families," she says.

The outreach service has a family-centred approach, and recognises the family as the child's main carer. Ms Erasmussen says the nurses offer support for the family at home, during a child's hospital admissions, and at hospital outpatient appointments.

Working mainly in Christchurch, the paediatric outreach nurses also visit children in some outlying areas.

"I love doing outreach work," Ms Erasmussen says. "I have many years experience in child health, mainly in the hospital setting. I enjoy the variety of work that visiting families in their home provides – it's a real privilege to be invited into people's homes and to work closely with them in what for many families are very challenging and difficult circumstances."

Monte Carlo Magic

This year's Rotary Club of Christchurch Charity Ball, Monte Carlo Magic, on October 13, aims to raise \$50,000 for the Rainbow Children's Trust.

Proceeds from the ball will be used to buy and equip two new cars for the Children's Outreach Nursing Service. The cars will be equipped with hands-free cell-phones, baby scales, digital stand-on scales, and auroscopes.

• For more information call the Rainbow Children's Trust on (03) 379 7879, or the Rotary Club of Christchurch Ball Committee on (03) 348 5056.

Improving wheelchair access

The powhiri, or welcome, onto a marae is one of the most important aspects of Maori protocol, but people with disabilities often find it difficult to take part in full ceremonial welcomes on many marae.

Now things are changing, and Rehua Marae in Christchurch is leading the way nationally.

The marae recently upgraded its facilities, making them fully accessible for people with disabilities. Kaumatua, Montero Daniels, says the major financial investment has been worth it.

“If someone can’t be welcomed onto a marae with other visitors then it is an embarrassment for that person and for the marae,” he says.

“The full powhiri is integral to marae life, but when someone in a wheelchair has to be taken round the back at the crucial moment, rather than through the front door of the wharenuī, then that is not a good start to any hui or tangi.”

The changes at Rehua Marae were prompted by Maori participants in a CCS hui at the marae nearly two years ago. At that time Rehua Marae made a commitment to do something about improving wheelchair access.

One year and \$20,000 later there is a range of facilities that make the marae completely accessible to people with disabilities. These include a wheelchair hoist to allow people to be lifted up the steps at the front of the wharenuī (meeting house), a specially designed bathroom with showers and toilets, and ramps into the wharekai (dining rooms).

CCS social worker Ruth Jones, who is herself disabled, says these changes mean that people like her can move more easily around the marae, and more importantly they are able to stay on the marae overnight. She says that with more than 60 Maori registered with CCS in Christchurch alone, this is an important advance.

“It’s really empowering as far I am concerned,” she says. “It means I can take part in a powhiri, hui, or a tangi and can fully participate in my culture, and it also helps other disabled people feel included when they visit the marae.”

Ruth Jones says there is still a long way to go before marae access around New Zealand is improved for people with disabilities. Part of the problem is awareness, but another restricting factor is economics. Rehua managed because it is an important marae, and it had assistance from CCS. In most cases there is simply not enough money to make the necessary improvements, even on a regional basis.

However, Ruth Jones believes that as Maori come to see the advantages of improved access, more marae will follow CCS policy and make themselves user-friendly for people with disabilities.



Improved wheelchair access means CCS Social Worker Ruth Jones can move more easily around Rehua Marae.

There is no place like home . . .



Community Therapy Services physiotherapist Paula Kenny and her client, Mrs Gray.

Community Therapy Services staff are out and about all day visiting people who need home-based care and disability support. Health First spent a morning out on the road with physiotherapist Paula Kenny.

Most days Paula sees six to 10 clients, mainly in Christchurch, but today she is heading west to see several clients in the Darfield area. By early afternoon she will have visited four elderly clients with a range of disability issues and covered a distance of more than 230km.

First we visit Mrs Gray, of Burnside, who was referred to Community Therapy Services yesterday, suffering excruciating pain from compression fractures in her back.

Recently diagnosed with osteoporosis, Mrs Gray is bedridden. Paula’s role is to assess Mrs Gray’s condition, but not a lot can be done until pain is controlled.

Paula will liaise with Mrs Gray’s general practitioner and with specialist staff at Princess Margaret Hospital and arrange for her to attend Princess Margaret Hospital as a day patient, once her condition has improved. There she will learn more about osteoporosis and be given exercises to help keep it under control.

We leave Mrs Gray, who will see Paula again tomorrow, and head west towards Mount Hutt.

Community Therapy Services is a multi-disciplinary team of physiotherapists, occupational therapists (OTs), and speech-language therapists – and two vital administration staff who process referrals, keep track of all the therapists, and generally keep the service ticking over.

“We do a lot of our work together,” Paula explains. “It’s all about problem solving and team work, and the physios and OTs will often go and visit patients together.”

Our next stop is at Sheffield to see Mr Duncan, who

has a history of falls and has become unsteady on his feet. He was referred to Community Therapy Services for mobility assessment and for interventions to help him remain safe at home.

It is Paula’s second visit to Mr Duncan and she is delighted with his progress. He is walking more confidently, and making good use of a walking frame.

An occupational therapist has also visited Mr Duncan. His bathroom and toilet have been equipped with rails for added support, a stool to sit on in the shower, and a rubber mat to prevent him slipping. His lounge chair has also been raised to make it easier for him to get in and out of by himself.

We push on to Windwhistle, to see Mrs Fowler, who has advanced osteoarthritis and is struggling to manage her elbow crutches. Paula hopes a walking frame may prove more suitable.

Our last visit is to Mr Bell, whose home is nestled beneath the eastern slopes of Mt Hutt, near Coleridge.

Mr Bell is severely disabled with Parkinson’s disease and dementia. He needs hospital-level care, but has remained at home and is cared for by his wife, who gets some home help and respite care support. Today Paula is helping Mrs Bell find easier ways of lifting her husband in and out of bed.

As we head back to town, Paula reflects on a busy but satisfying morning.

“It’s really rewarding and satisfying to be helping people to maintain their independence and have as good a life as possible at home,” she says. “A lot of families are providing wonderful support for their loved ones, and I feel really privileged to be involved in their care.”

Centre 'a powerhouse' of research and learning

A unique centre for research and learning has been established at Burwood Hospital — the Allan Bean Centre.

Patients at Burwood are encouraged to take charge of their rehabilitation, whether they have suffered a head injury, a heart attack, or a spinal injury.

Executive Director of the NZ Spinal Trust, Alan Clarke, says that can only happen when people have access to high quality information, which the Allan Bean Centre will provide.

"Its role is to hasten the full recovery and re-inclusion of people in society," Professor Clarke says.

The Allan Bean Centre, named after internationally respected spinal rehabilitation physician, Allan Bean, encourages people to exploit and cultivate their abilities, Professor Clarke says.

"It will help people regain control of their lives following severe illness or injury, and provide the information they need to live safely in a robust world."

At Burwood, rehabilitation starts on day one, and Professor Clarke says it is an educational, not a medical, process.

He says the Allan Bean Centre is set to become an international centre of excellence in rehabilitation. Unlike medical libraries, it will be open to all — patients, families, carers, staff, students, and the public — and has information to meet the individual needs of people in recovery.

Professor Clarke says the centre will also greatly enhance and reinforce Burwood's international reputation in research.

"It is an information powerhouse, reinforcing all other rehabilitation and disability information resources in New Zealand," he says.

The New Zealand Spinal Trust believes sound research is essential, he says.

"We believe that a research culture should pervade all our health institutions and, in the case of people with disabilities, this culture is the best way to guarantee them long term quality health care and independent living in society."

The Allan Bean Centre is run by the NZ Spinal Trust in partnership with the Canterbury District Health Board, and governed by a board of directors.

Professor Clarke says the Christchurch Polytechnic In-

stitute of Technology (CPIT) has been an enthusiastic supporter of the project from the start and is the primary education provider for the Burwood Campus. The Allan Bean Centre is operated as a branch of the CPIT library/information resource.

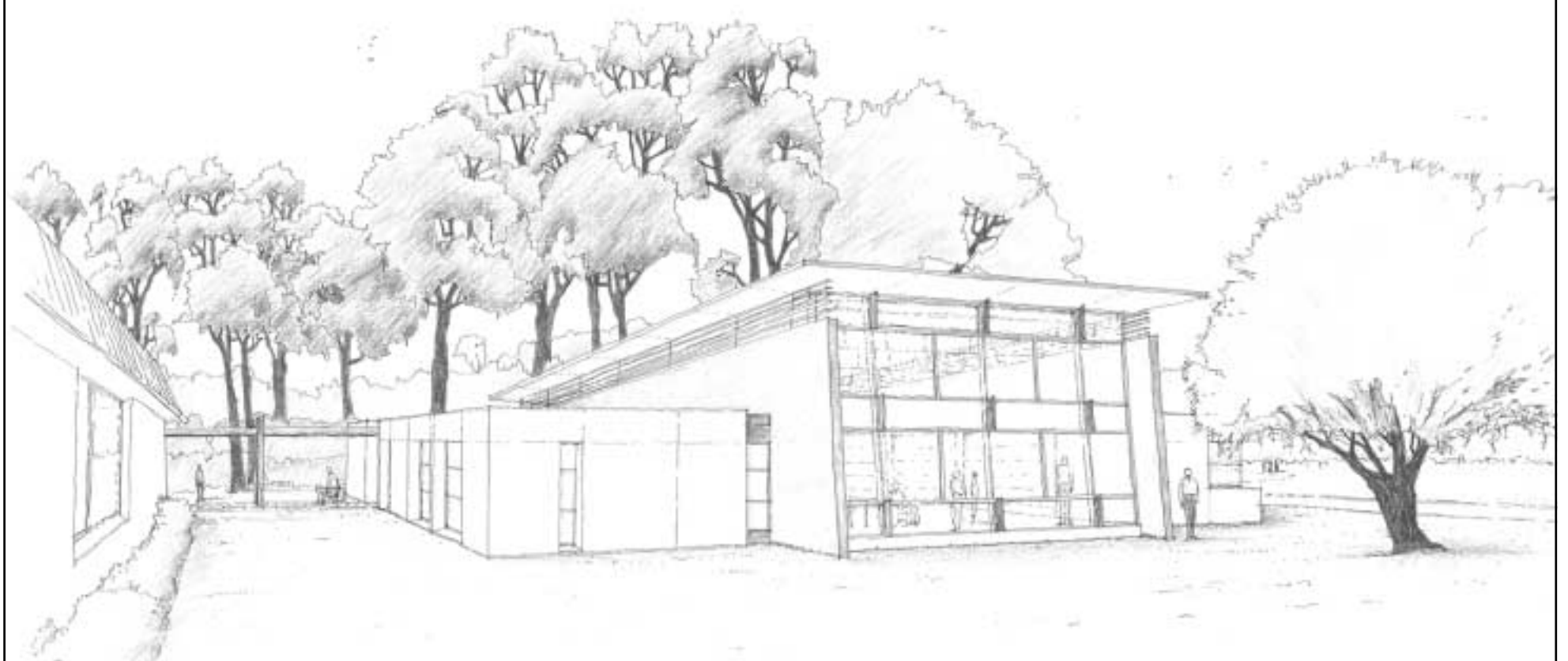
"The Allan Bean Centre is very much a Canterbury community project which will benefit many people by enriching the region's health and disability information network," he says. "Patients from all over New Zealand will benefit."

Professor Clarke says the Allan Bean Centre is based on a philosophy in which acute care is primarily the responsibility of the health professionals, while recovery and rehabilitation is primarily the responsibility of the patients themselves.

"The focus of the centre is to help recovering people fulfil this responsibility," he says.

• Christchurch MPs Ruth Dyson and Lianne Dalziel will officially open the Allan Bean Centre on October 26. A public appeal is also being held that week to raise awareness and funds for the centre.

The Allan Bean Centre on the Burwood Hospital campus.



Expect a telephone call . . .

In the first week of October volunteers representing the Canterbury Medical Research Foundation plan to telephone every household in Canterbury, seeking donations to fund local research into bowel cancer.

The foundation's secretary manager Guy Johnson says the target for the CMRF Bowel Cancer Telephone Appeal is \$1 million.

"That's fairly ambitious, but we think we can do it," Mr Johnson says. "We're hoping every household in Canterbury will contribute, because bowel cancer is a significant problem in this region."

New Zealand has one of the world's highest rates of bowel cancer, and statistics show that the disease is particularly prevalent in Canterbury and some other parts of the South Island.

For this reason, medical researchers in Canterbury are keen to find out more about the disease, its causes, and the best ways to prevent it and treat it.

Nearly 2500 new cases of bowel cancer are diag-

nosed each year in New Zealand, and the disease kills 1000 New Zealanders each year, making bowel cancer one of the top three most deadly cancers in this country.

Mr Johnson says the appeal would not be possible without the generous support of many in the community who have volunteered to telephone people to ask for donations.

The Bowel Cancer Telephone Appeal runs from October 1 to October 7. The Canterbury Medical Research Foundation has made arrangements with Telecom for donations of \$10, \$20, or \$30 to be added to the account holder's telephone bill on request.

People wanting to donate more to the appeal may send their donation, by cheque to the Canterbury Medical Research Foundation, at PO Box 2682, Christchurch.

• If you would like to volunteer to help during the appeal, or would like more information about the Canterbury Medical Research Foundation, telephone (03) 365-2857.

Bowel cancer facts

- Bowel cancer rates in New Zealand are among the highest in the world.
- Populations with high-fat diets also have high rates of bowel cancer.
- 25% of all deaths in New Zealand are caused by cancer.
- 15% of all cancer deaths in New Zealand are from bowel cancer.
- Bowel cancer is the second highest cause of cancer death among New Zealand men and the third highest cause of cancer death among New Zealand women.
- In 1997, 13.6% of newly registered New Zealand bowel cancers were in Canterbury, a region that then comprised 11.4% of the New Zealand population.
- In 1997, there were 122 deaths from bowel cancer in Canterbury (11.2% of New Zealand bowel cancer deaths that year).

Finding their own way...



Gloria Weeks, of the Association for Blind Citizens (Canterbury), and Fraser her guide dog: new tactile signs at Christchurch Hospital lifts are helping them find their way around.

Christchurch Hospital is a big and busy place. Even people who can see well sometimes get lost trying to find their way around, so imagine how difficult it is for those who cannot see.

"It's extremely frustrating and humiliating," says spokesperson for the Canterbury Branch of The Association of Blind Citizens of New Zealand, Gloria Weeks, who with her guide dog, Fraser, is a regular visitor to Christchurch Hospital.

One of the biggest problems for people who are blind or visually impaired is how to know which floor they are on when they step out of the lift.

"You could be anywhere," says Ms Weeks. "Sometimes there isn't anyone to ask. You think you're in the right place so you head off to where you think the clinic or ward is, only to find you're on the wrong floor."

Hospital orderlies are always willing to help, but many blind people have worked hard to become independent, and like to find their own way around.

Guide dog Fraser is familiar with Christchurch Hospital, and although he is very clever, he cannot read so is not much help in determining which floor they are on.

The Association of Blind Citizens raised their concerns with the management at Christchurch Hospital about 18 months ago, and Accreditation Coordinator, Karen Comber, says management was keen to improve signage to help blind and visually impaired people.

"We looked at a range of options . . . we hope this improvement will help people to find their way around the hospital independently."

Each public lift now sports a small raised sign on its call button plate, and a much larger sign on the lift architrave, which enables a person to feel with their left hand, at about waist height, which floor level they are on as they leave the lift. The signs have a raised surface, with the number of the floor written in numerals and in Braille.

Although the Association of Blind Citizens had hoped an audio system would be installed, Ms Weeks says the signs will make "an incredible difference" in the orientation and mobility of blind and visually impaired people at the hospital.

'Suitcase clinic' proves popular

Women in North Canterbury are benefiting from an initiative to establish a local cervical screening programme that links in with the National Cervical Screening Programme and Gynaecology Services at Christchurch Women's Hospital

The new clinic targets women in North Canterbury who, for various reasons, have not had regular smear tests.

Charge Midwife at Rangiora Hospital, Jane Waite, says there are many women in the North Canterbury region who have either never had a smear test or have not had one for many years. Many Maori women have also missed out on smear tests and are being encouraged to join the programme.

Cervical Screening Programme staff from Christchurch Women's Hospital visit the region to hold "suitcase clinics" at Rangiora Hospital, which Mrs Waite hopes will be every two months.

"They turn up with everything they need in a suitcase, and hold a clinic at a venue the women feel comfortable with," she says. "So far we've all been rapt with the response of the local women."

The first two clinics were fully booked, and of those who attended the first clinic 25% had either never had a smear or had not had one for a long time.

"A big issue for the women who are missing out on their regular smear seems to be the cost of a doctor's consultation," Mrs Waite says. "Cost is not a barrier with this clinic as it is provided free to the women."

While most of the women who attended the first clinic came from the Rangiora area, some had travelled from as far as Waikari.

"I think that shows that there is a need for this type of service in North Canterbury," she says.

Mrs Waite used to work at Christchurch Women's Hospital, and is liaising with her former colleagues to give North Canterbury women better access to care.

"I'm absolutely passionate about women's health," she says. "I think it's really important that we set up services that work for women in rural areas, and we have the highly skilled and experienced staff here to do it."

Rangiora Hospital's midwives are also experienced registered nurses, she says.

On-line with the Canterbury DHB

The Canterbury District Health Board's Internet website at www.cdhb.govt.nz has a wealth of interesting information.

Read an overview of the Board and its role. Find out when the next Board and Committee meetings are to be held, and what was discussed and decided at previous meetings.

Interest in the District Health Board elections is running high, and there is plenty of information about this process on the site.

The website has videos you can view of a range of activities carried out by CDHB hospitals and community services.

As well there is employment information and links to many other health sites, including the individual websites of major CDHB hospitals, with a wide range of information, including visiting hours.



Find out about our hospitals.

There are 84 candidates standing for election to the Canterbury District Health Board – 75 are standing in the Christchurch constituency, six in North Canterbury, and three in Mid-Canterbury.

The candidates are:

Christchurch Constituency:

(Surname, First Names – Affiliation)

Armstrong, Stuart Grant - Independent
 Astor, Stephen - Independent
 Austen, Jeffrey C - Independent
 Bagshaw, Philip - Independent
 Baillie, Tony - Independent
 Baker, Erin - Independent
 Barry, Gina Mary - N/A
 Bashir-Elahi (nee Dobbs), Lei-Anne - Independent
 Bennett, Robert - Independent
 Blaxall, Peter - Independent
 Booth, Robin - True Independent
 Braithwaite, Marty - Alliance for Christchurch 2021
 Brereton, Ross - Independent
 Bruce, Judith - Independent
 Brunton, Barry - Independent
 Cameron, Rod - Independent
 Collier, John Michael - Totally Independent
 Coster, Peter - Independent
 Crawford, Gray - Independent
 Dilger, Brian G - N/A
 Ewings, Colin Edward - Independent
 Garvey, Judy - Independent
 Graham, Paul - Independent
 Hall, Ian - Independent for Christchurch 2021
 Hansen, Michael - Electronic Schizophrenia (Sydenham, Wigram Group)
 Haslett, Greg - Independent
 Hasson, Sue - Independent
 Hay, Gilbert A - N/A
 Herman, David - Independent
 Hona, Ruru - Independent
 Hutchison, Craig - Independent
 Hutt, Vicky - N/A
 Jones, Steve - Independent
 Leighs, Tom - Independent
 Lynch, Rex - Independent
 Macdonald, Richard - Independent
 Maguire, Dennis - N/A
 Malcolm, Laurence - Independent
 Manning, Jennie - Independent
 Marsh, Doug G - Independent
 McKean, Bill - N/A
 McLennan, Mark - N/A
 McLeod, Helen - Independent
 Moore, Louise - Independent Citizens
 Morrell, David - Independent for Christchurch 2021
 Mouat, Clare - Schizophrenia Fellowship, Canterbury Branch Inc.
 Murahidy, Leona - Independent
 O'Connell, Kevin Patrick - Smoke-Free Ecology
 Ozimek, Mick - N/A
 Palfi, Tib - Independent
 Pemberton, Tony - N/A
 Pennell, Di - Green for Christchurch 2021
 Polson, Ivan - Independent
 Prince, Don - Methodist/Presbyterian/Quaker Social Issues Committee (Canterbury)
 Probert, John K - Independent
 Ragg, Paul Clement - N/A
 Rivers, Elizabeth - Independent Citizens
 Robertson, Ian - Independent
 Rycroft, David - Independent
 Sheridan, Evelyn - Independent
 Short, David G T - N/A
 Smith, Brendan - Independent
 Stocks, Peter - N/A
 Sullivan, Diana - Independent
 Talbot, Sally - Independent
 Talemaitoga, Api - Independent
 Te Hae, Ted Mita - Hauora Matauraka
 Tonkin, Major L - Independent
 Tremain, M Anne - N/A
 van Klink, Sharon - Independent
 Weakley, Brian B - Independent
 White, Paul - N/A
 Wilkie, Alison - Labour for Christchurch 2021
 Wright, Matt - Independent
 Yarwood, Bruce - Independent

North Canterbury Constituency:

Allardyce, Randall - Independent
 Gray, Linton - Independent
 Gregory, J Russell - Independent
 Lomax, Allison - Independent
 Poharama, Aroha Maria - The Hapu of Ngati Kuri
 Ropata, John (Hardfoot) - Mangamaunu Hapu

Mid-Canterbury Constituency:

Johns, Jillian - Independent
 McLay, Faith Anne - Independent
 Webb, Olive - Independent

Pacific people get fit and healthy

Planning for a healthy future in Canterbury



Enjoying a seniors fitness session, clockwise from top left, are: Seifa Lagahetau (instructor), Nina Meleisea, Penelope Uelese, and Olomanu Mau.

Seifa Lagahetau was so shocked by the poor health of many Pacific Island people in New Zealand that she became passionate about the issue.

When approached two years ago by a Pacific Community Health Project nurse, Siniva Talaga, the fitness instructor jumped at the chance to take a weekly Sit and Be Fit exercise class to help Pacific Island people in Christchurch back to health.

Eight nervous people turned up to the first session, and struggled through a 20-minute low-impact exercise class.

"Those eight people still come, but they're a lot fitter now," says Ms Lagahetau.

Now more than 50 people from all over Christchurch regularly attend the classes at the Wainoni and Aranui Family Centre in Hampshire Street. The classes are unusual in that people spend much of the session exercising while sitting in a chair – but participants still get a good work out.

"I've watched their progress and seen big improvements in their health, mobility and flexibility," she says. "It wasn't easy getting people along to start with, but they really enjoy it now."

People who attend the class are referred to the Pacific Community Health Nurses by hospital services, general practitioners, and other agencies. The nurses then begin encouraging people to join the class, working to reduce barriers such as financial constraints, travel problems, lack of mo-

bility, and low motivation so that people will join and keep attending the classes.

Most people at the class are middle-aged or elderly, and have a range of health problems, such as diabetes, asthma, high blood pressure, and arthritis, which affect their mobility and wellbeing.

Ms Lagahetau says the sessions have had a positive affect on people's lives, and have also encouraged them to be more active at home. She would like to see more such classes around the city, but says it is difficult to find Pacific Islanders who will train as instructors.

It is important that Pacific Island people front such programmes, she says.

"We have to be seen to be doing these things for ourselves, to set an example, but also so that it's not seen as just another palangi coming in and telling Pacific Islanders what to do."

The classes were set up under the Pacific Community Health Project Inc. in conjunction with the Union and Community Health Centre.

- For more information telephone The Union and Community Health Centre on (03) 366 8076.
- See the classes in action in the videos section of the Canterbury District Health Board's website: www.cdhb.govt.nz.

The Canterbury District Health Board is drafting its Strategic Plan for the next five to 10 years – a complex task that will set the Board's goals and objectives for the near and distant future.

Crucial to this process is the population health needs assessment analysis, which will give the Board the vital information it needs as it grapples with difficult decisions about funding and providing health and disability services throughout the region.

Planning manager Jane Cartwright says the health needs assessment analysis is well under way, and key data from that is being collated for inclusion in the Board's draft Strategic Plan.

Ms Cartwright says planning for future needs in health is a complicated task that will require much discussion and consultation, both within the Canterbury District Health Board and with the community.

Community consultation on the draft Strategic Plan is scheduled for early next year. Ms Cartwright says the draft plan will be released for consultation on January 14, and remain open for discussion and submissions until March 21.

Community engagement manager Nancy Stewart says people will have opportunities to involve themselves in the consultation process in a number of ways, for example by attending public meetings and/or writing submissions to address any issues or concerns they have about the draft strategic plan.

Ms Cartwright says the planning and funding team will prepare the final strategic plan for the Board's approval in early May. The Canterbury District Health Board's final Strategic Plan has to be available for the Minister of Health to approve by the end of June.

In formulating their strategic plans, all District Health Boards are guided by the requirements of the Government's New Zealand Health Strategy, which clearly outlines the key areas the Government wants them to focus on in improving the health of their populations.

Of the 61 objectives outlined in the New Zealand Health Strategy, the Board's focus will be on the 13 population health goals. Ms Cartwright says the Canterbury District Health Board's strategic plan must address these objectives as well as those in the Disability Strategy and the Maori Health Strategy.

The Government's priority population health objectives are:

- Reducing smoking.
- Improving nutrition.
- Reducing obesity.
- Increasing the level of physical activity.
- Reducing the rate of suicides and suicide attempts.
- Minimising harm caused by alcohol and illicit and other drug use to individuals and the community.
- Reducing the incidence and impact of cancer.
- Reducing the incidence and impact of cardiovascular disease.
- Reducing the incidence and impact of diabetes.
- Improving oral health.
- Reducing violence in interpersonal relationships, families, schools, and communities.
- Improving the health status of people with severe mental illness.
- Ensuring access to appropriate child health care services, including well child and family health care and immunisation.

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Canterbury District Health Board, PO Box 1600, Christchurch.
Board Secretariat Peter Hines, ph (03) 364 1231, fax (03) 364 1456. Or find us on-line at:

www.cdhb.govt.nz