

# Health *first*

CANTERBURY DISTRICT HEALTH BOARD'S FREE COMMUNITY PUBLICATION

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## Canterbury DHB takes lead role

**T**he Canterbury DHB has been identified as a national leader in developing health care improvement projects. Of the country's 21 District Health Boards, the Ministry of Health has chosen Canterbury and Northland to be "lead DHBs" to develop and pilot key projects that aim to improve health services.

General manager funding and planning, Karleen Edwards, says in giving the Canterbury DHB this responsibility, the Ministry has recognised the special projects already developed and under way in Canterbury.

In particular it recognises the projects developed under the umbrella of the highly successful Elder Care Canterbury project, which links health services for the elderly to maximise and expedite recovery from conditions such as strokes, hip fractures, and delirium.

"Canterbury has been chosen as a lead DHB because of the success of Elder Care Canterbury, a project that is seen as providing a very good mechanism for bringing people together and making positive things happen," says Dr Edwards.

As lead DHBs Canterbury and Northland will develop systems that provide a continuum of care, initially for older people. The work will sit within the framework of the newly released Health of Older People Strategy.

"That means developing an all-encompassing approach to health care for older people, from health promotion and prevention of illness or injury, right through various treatment regimes, to the end of life, and it's all about providing the right care in the right place at the right time."

Dr Edwards says the big advantage in such an approach is that it consolidates all the planning and funding of health services for a particular group.

"We have to remember that hospital care represents only a small part of Government-funded health services for the elderly," she says. "In the past budgets for hospital care have been separate from funding for other forms of care, but this sort of approach brings all the planning and funding for the care of older people into one bucket."

In selecting Canterbury and Northland, the Ministry has chosen two very different DHBs.

"Northland serves a largely youthful, rural, high Maori population. Canterbury on the other hand is a largely urban, ageing population," Dr Edwards says. "Between the two DHBs there is an opportunity to pilot projects that address the different needs of these types of populations."

Both DHBs will identify areas of particular need and develop pilot projects to address them. The projects will be monitored by the Ministry of Health, and if successful they will be applied elsewhere by other DHBs.

Dr Edwards says by identifying two "lead DHBs" the Ministry avoids the risk of DHBs unnecessarily duplicating work or reinventing projects that already exist elsewhere or are known to fail.

The Canterbury DHB will build on the success of the Elder Care Canterbury project, which has been expanded to provide expert advice for this work.

"This is a real opportunity for Canterbury," says Dr Edwards. "There is no doubt that we have really good services for older people in Canterbury and that we have already developed the strong community networks necessary for such a project to be successful."



Hoping to avoid Christmas chaos in the Emergency Department are Nurse Pip Matheson and Doctor Gareth Richards.

## All we want for Christmas is commonsense

**T**he festive season is a busy time for Christchurch Hospital's Emergency Department.

Christmas Day is the department's busiest day of the year and it remains busy throughout the Christmas and New Year break.

Staff say most of what they deal with on Christmas Day is Christmas-related — heart attacks after over-eating, elderly people falling over after drinking more than they usually would, and children and adults injuring themselves using toys and other Christmas presents.

You can help to ease the pressure on emergency staff by thinking ahead, being prepared and being careful.

It is important that the Emergency Department is used for emergencies only — this applies at all times, but is especially important during the busy holiday season.

Your general practitioner will have arranged cover for the holiday period. Telephone the doctor's rooms for details of the surgery's after-hours and public holiday arrangements.

### Don't let the silly season let you down:

- Roads will be busy: drive carefully and allow time to rest during long journeys.
- Don't forget your medications, and ensure you have adequate supplies to see you through your holiday.
- Alcohol increases the likelihood of accidents, so do not over-indulge. Do not drink and drive.
- Do not over-eat: this puts extra strain on your body.
- Walk off your Christmas dinner — this will help your body to cope.
- Adults: think twice before you try out the children's toys, especially skateboards, in-line skates and trampolines.
- Ensure children are well supervised when using such equipment and near roads or water.
- Be sun-smart: cover up, use a sun block, wear a hat and sunglasses — and stay out of the mid-day sun.
- Drink plenty of water in hot weather.
- Do not mix alcohol and swimming or boating.

## Working together for a healthy city

**A** new initiative is bringing together a wide range of health groups, local authorities, and community organisations to focus on a common goal: make Christchurch a healthier city.

Crown Public Health, the Canterbury District Health Board, the Ministry of Health, the Christchurch City Council, Otago University's Christchurch School of Medicine and Health Sciences, and He Oranga Pounamu are all involved in the project, which also has the commitment of many community organisations.

Lynley Cook, a Public Health Medicine Registrar with Crown Public Health, says the idea for the project came from awareness that there are many influences on health.

"The environment, employment, housing, education levels — all these sorts of things affect individuals' health and the health of a community," Dr Cook says. "We wanted as many groups as possible that work in health related areas or in areas that impact on health to be involved in the project."

Early next year the groups involved will formulate a health charter for the city.

The timing is right for such an initiative, she says.

"The culture of health has changed, and the focus now is more on working together than on competition."

Dr Cook says the project is based on Healthy Cities, a World Health Organisation initiative.

"There was an attempt to do this some time ago, but it never really got off the ground," she says.

"This time we have high-level commitment from key organisations, and the community is coming on board — and we have resource commitment to take the project forward."

- For more information about the Healthy Christchurch project, contact Crown Public Health, (03) 3799-480.
- Crown Public Health is soon to become part of the Canterbury District Health Board. Its speciality is population-based health services — health promotion and health protection activities that are concerned with the health of whole populations, or groups such as children or elderly people, rather than individuals.

## A few words from the Chairman



It is vital that we resolve the difficult industrial issues we are currently facing. Some of these issues are beyond the control of any individual Board, but I am encouraged by the Prime Minister's recent announcement that there will be significant new funding for health next year.

On balance, any new funding must be used to address workforce and health service needs. Moves to give DHBs longer-term certainty of funding are also pleasing.

We are also eagerly awaiting the results of the Health Minister's Workforce Advisory Committee, which must be given urgency.

For the first time in 12 years you have had your say as to who will make decisions about your local health and disability services.

There are many challenges facing the first elected Canterbury District Health Board. Next year will be a tight year financially, but the Government has allowed us to run at a deficit as we work towards break even in the next three years.

At their first meeting in December Board members will be asked to approve the Canterbury District Health Board's Draft Strategic Plan, which goes out for community consultation in January.

This consultation period is an opportunity for you, the public, to influence decision-making in health spending in Canterbury. I hope as many of you as possible will participate, so that our Strategic Plan truly reflects the health and disability needs of our community.

A busy year is drawing to a close. I wish you all a happy festive season and look forward to working with you through the challenges ahead in 2002.

Syd Bradley  
Canterbury District Health Board Chairman

## The CDHB Chief Executive reports

The year has raced by and is now drawing to a close. There have been many challenges during my first five months as Chief Executive and there are many more challenges to face in the year ahead.

Industrial action has made this a particularly difficult year for management and staff alike. We acknowledge that there are still many issues to resolve. The Board remains committed to working through these issues and we will do our best to ensure our workforce gets a fair deal.

A special thanks to all those staff who worked through this month's 50 hour strike. Regardless of their views they worked tirelessly to ensure their patients were safe and well cared for, and we can't thank them enough.

We now know who our elected Board members are. Congratulations to the successful candidates, and commiserations to those who were not elected. That 84 people stood for election to the Board demonstrates the huge interest there is in health in Canterbury. The elected members will attend their first Board meeting on December 14.

One of the first duties of the new Board will be to approve our draft Strategic Plan. This extremely important document sets the future direction for publicly funded health services in Canterbury. Community consultation on this document will occur early next year and I hope people will take the opportunity to become involved in that process.

Our health needs assessment was a vital part of the draft Strategic Plan process. This involved pulling together a wide range of health and social statistics from a variety of official sources. The assessment shows the health of Canterbury people to be similar to those living elsewhere in New Zealand. The full needs assessment and a summary of it are available from the Canterbury District Health Board or on our Internet site ([www.cdhb.govt.nz](http://www.cdhb.govt.nz)).

Crown Public Health has begun amalgamating with the Canterbury District Health Board. Crown Public Health has been very successful and the population health focus of the CDHB means the public health activities Crown Public Health staff are expert in will be critical to our future success in reducing the impact of a range of preventable diseases.

This year has been International Year of the Volunteer, and the contribution of voluntary workers to health is significant. We have many wonderful people who vol-



unteer at our hospitals throughout the Canterbury region and there are many more doing health-related voluntary work in the community. We do appreciate their efforts and thank them for all they do to help out in the health and disability sectors.

It is nearly Christmas, and children's services at Christchurch Hospital have received an early gift from the Rainbow Children's Trust. The trust was the recipient of this year's Rotary Club of Christchurch Ball, which raised \$ 65,000. This money was used to buy and medically equip two new cars for the Children's Outreach Nursing Service. Thank you to all those involved.

A big thank you too to all the Board's staff and the community providers throughout the region for their efforts in maintaining high quality health and disability services in Canterbury.

I wish you all a safe and happy Christmas and New Year. I look forward to working with you in 2002.

Jean O'Callaghan  
Canterbury District Health Board Chief Executive



Elected Board members meet the CDHB Chief Executive Jean O'Callaghan and Chairman Syd Bradley. From left: David Morrell, Alison Wilkie, Robin Booth, Olive Webb, Jean O'Callaghan, Syd Bradley, Erin Baker, Randall Allardyce, and Philip Bagshaw.

## Elected members line up for duty

For the first time in 12 years the community has helped to decide who will be charged with decision-making for local health and disability services, electing seven people from throughout Canterbury to the Canterbury District Health Board.

Eighty-four candidates stood for election to the Canterbury District Health Board making it no mean feat to be elected.

Those elected were: Randal Allardyce (North Canterbury), Philip Bagshaw (Christchurch), Erin Baker (Christchurch), Robin Booth (Christchurch), David Morrell (Christchurch), Olive Webb (Mid-Canterbury), and Alison Wilkie (Christchurch).

Of the seven elected members, only three had previously served on the Canterbury District Health Board – Philip Bagshaw, Olive Webb, and Alison Wilkie.

The successful candidates will attend their first meeting of the Canterbury District Health Board on December 14.

The new Board members will hit the ground running in December. One of the new Board's first tasks will be to approve the Canterbury District Health Board's Draft Strategic Plan, which is due to go out for community consultation in January.

• Turn to page 7 for more information about the elected Board members.

## Action plans put to test

Every year thousands of people in New Zealand are admitted to hospital with chronic obstructive pulmonary disease (COPD).

COPD costs the health system \$16.4 million a year in hospital costs alone, and at Christchurch Hospital patients can spend five to 16 days in hospital.

COPD is the third most common cause of death in New Zealand men and the fourth most common cause of death in New Zealand women.

The seriousness of this condition prompted clinicians to encourage self-management of the condition through patient action plans, devised by Canterbury Respiratory Services physician Professor Ian Town.

Now the Canterbury Respiratory Research Group at the Christchurch School of Medicine and Health Sciences has launched a new study into how well action plans work.

"We're wanting to find out how anxiety and other mental health factors affect people's ability to follow instructions on a management plan," says Clinical Psychologist and principal investigator Claire Dowson.

People who suffer from COPD are usually aged over 55 and have chronic bronchitis or emphysema, often caused by smoking.

The breathing passages are chronically narrowed making breathing extremely difficult, and some people with COPD are more prone to anxiety. The question is, do they follow their management plan in the same way as non-anxious people.

"We need to know more about the mental health of this group of patients so they can be managed better," says Ms Dowson.

A study carried out at Burwood Hospital's Cardio-Respiratory Ward in 1999 showed a third of COPD patients had an anxiety disorder.

"What we don't know yet, is whether anxiety affects the way they manage their disease," she says.

# Helping hand for new arrivals

Imagine what it must be like to be a refugee arriving in New Zealand. Circumstances have forced you to travel far from home, bringing few if any possessions, to start a new life in a country you had probably never heard of a short time ago.

Imagine it. That is exactly what staff at Crown Public Health did. Then they stopped imagining and started doing something to make a difference for a refugee family arriving in Christchurch.

Seven years after moving to New Zealand from the Philippines, Annie Davey, has never stopped thinking about the plight of people living in or fleeing from poverty or war.

Not content to think about it, she gets stuck in and encourages those around her to help.

Hence a small idea became a big project for Crown Public Health staff – fully furnish a home for a refugee family coming to Christchurch.

Crown Public Health staff took up the challenge with enthusiasm and passion – everyone got involved, discussing what the family (a woman and five children) would need and then gathering those things together.

It was just after the Tampa boat people were leading the news, and Annie Davey seized the moment.

It is not the first such project she has organised. Earlier efforts have involved sending water pumps, sewing machines, bicycles, and clothing to the Philippines. She has another consignment ready for her homeland, this time of books, but she cannot afford the freight charges.

Crown Public Health staff say they enjoyed the project, and that it helped them to be doing something positive during a time of international crisis.

“It was an opportunity to make a small difference,” says public health medicine registrar, Lynley Cook. “I’d encourage other workplaces to do this kind of thing – it brought us together and helped us to deal with what is happening in the world as well.”

“I feel good about the new arrivals,” says health promoter, Ann Currie.



Afghani refugees soon after their arrival in Christchurch in October.

Photo: The Press

“I think we’ll all have positive and welcoming feelings, not only for these new arrivals but for less fortunate people in our own city.”

“We all had a common goal, and we got to know each other better,” says health promoter, Neil Hellewell.

“It encouraged a heightened awareness among staff who might not see much of the refugee population, and it was fun to be a part of that,” says sexual health nurse, Chris Woods. “It was also a great way of recycling.”

“This project was about the spirit of giving. The family doesn’t know us and we don’t know them. We did this anony-

mously, and our job was done when the house was furnished,” says health promoter Maria Pasene. “We didn’t want any publicity or reward for what we did – it’s like planting seeds for trees we will never sit under.”

“My children became involved, and it helped them to cope with the big international scary stuff,” says health promoter Nicky Harrall.

When the house was furnished, the beds made, flowers left, and toys put out for the children, Maria offered a karakia (prayer) and they closed the door on what they all felt was “a nice safe family home”.

## Working towards recovery

For people who have a long-term mental illness, recovery is a long journey.

Helping people start out on that road to recovery and stay on track is the Canterbury District Health Board’s Work Assessment and Rehabilitation Service. The service is provided by a team of occupational therapists and occupational therapy instructors working at AcheronWorks in Riccarton and at Hillmorton Hospital’s Lincoln Green.

The Canterbury District Health Board is the largest provider of mental health services in New Zealand. Liaison occupational therapist Lilian Margetts says the Work Assessment and Rehabilitation Service receives referrals from throughout the mental health service, and liaises with units across the full spectrum of those services.

“People are referred to us when they have reached a point in their recovery when they are ready to address their vocational aspirations,” she says.

Attendance enables clients to identify their work skills and preferences. The Work Assessment and Rehabilitation

Service runs a wide range of programmes, including light industrial work, horticulture, catering, furniture construction and repairs, pickling, sewing, car maintenance, and a retail shop.

After referral, clients undergo an initial assessment to determine how they manage their illness or disability, their work aspirations and preferences, and how they manage their time. Following that, the client is ready to participate in setting up a rehabilitation plan.

Discharge planning is an equally important aspect, and often involves supported employment, which is a growth area for the Work Assessment and Rehabilitation Service.

Mrs Margetts says it is rewarding and satisfying work.

“While the person is here, we notice big changes, especially in their comfort and ability to cope with their mental illness,” she says. “They learn work habits and skills. They become less reliant on others and more independent – the person behind the disorder begins to emerge again, and that is really exciting.”

## Te Kakakura — strengthening Maori mental health

Christchurch initiative is helping Maori regain mental health.

Te Kakakura, a trust set up in partnership between Canterbury’s mental health service, the Comcare Charitable Trust, and local Maori, was established five years ago to develop community mental health services for Maori.

Canterbury District Health Board Kaumatua, Tahi Takao, says one of the aims was to reduce the readmittance rates for Maori discharged from hospital mental health services.

“The readmission rates for Maori were twice that of non-Maori,” Mr Takao says.

Readmission rates are falling, he says, and that is largely because Maori now have better mental health support in the community.

“It’s been a very positive thing,” he says. “The focus on kaupapa Maori has also been very significant, especially for people who don’t have strong whanau support or supervision. It has helped people to re-establish their identity and to forge links with local marae.”

There are four dimensions to Maori health – mind, body, spirit, and family – and Mr Takao says initiatives set up through the trust have helped to apply that philosophy to Maori mental health services.

Canterbury District Health Board Mental Health service manager Diana Grice says the project is now ready to be owned by Maori, who are about to take it over and run it themselves.

“It’s been a good way to set up a new service,” she says. “Maori have had the opportunity of good clinical leadership provided by the Mental Health Service, and good community care leadership from Comcare.”

In 1996 the Te Kakakura Trust established Whanau Whare, a level-four residential unit. Located in Colombo Street, it has eight beds and 24-hour staffing, and it runs on a philosophy of kaupapa Maori. The trust now also has six kaiawhina-a-rohe (community support workers) to help people living independently in the community.

“Both these initiatives are proving very successful, and they are both services designed by Maori for Maori,” says Ms Grice.

“We’re really proud to be leaving it in a very stable position financially, and with ongoing contracts.”

Mental Health Services will continue to have a clinical involvement in the services, she says.

“It’s been a very rewarding experience for us, and we know this has been and will continue to be a very positive initiative for Maori with mental health issues,” she says.

## A passion for Maori health



Bernice Tainui’s calendar is full of the voluntary commitments she has to a large number of community organisations.

Bernice Tainui: babies deserve a good start in life.

Among them are three health organisations for whom she is Kaumatua – Plunket, Early Start and Te Whare Tangata, a Maori sexual health initiative run by Crown Public Health. She is also involved in a support role, with Pegasus Health, the Breast Screening Programme and the Cervical Cancer Screening Programme.

“My passion is the babies,” she says. “It’s so important to look after mothers and babies, to teach the mothers to be good mothers and to give the babies a good start in life.”

As Kaumatua Bernice Tainui helps the organisations she works with to develop programmes that are culturally appropriate and relevant to Maori. She helps out at job interviews, trains staff in elements of Maori culture, and from time to time advises health workers on issues relating to their Maori clients.

She says there have been big changes in attitude to Maori involvement in health services.

“When I started at Plunket eight years ago there was only one Maori staff member, now there are eight – three Plunket nurses, two people working in the area of post natal depression, one office worker, and two kai awihina who offer support to Maori clients.”

Known to all as “Auntie”, Bernice Tainui loves being involved in her community, and especially being able to share her knowledge of things Maori with individuals and organisations who are willing to learn.

“I love it, I just love being involved,” she says. “Eons ago I was a nurse, so I’ve always been interested in health, especially Maori health, and I really want to see Maori people enjoy better health.”

• See Health First’s tribute to volunteers, next page.

## Volunteers offer valuable service support

Many of Canterbury's health and disability support services could not operate as successfully as they do without the generous support of unpaid workers who voluntarily give their time and effort to enrich the lives of others.

Their contribution is significant and yet it often goes unrecognised as they quietly go about their work. Their selfless deeds touch the lives of hundreds of Canterbury people every week.

Coordinator of Volunteers at Christchurch Hospital, Gaye Hall, says 117 people regularly do voluntary work at Christchurch Hospital alone, some of them giving more than 20 years of service.

As the International Year of the Volunteer draws to a close, *Health First* acknowledges the huge contribution of volunteers to the health and disability services of Canterbury.

This page and page 5 are dedicated to the many Canterbury people who regularly give their time to help others. We thank you all.

These stories highlight the work of nine people doing voluntary work in health or disability services in Canterbury – they are just a few of the many involved in such work throughout the region.

- If you would like to become a volunteer contact the Canterbury Volunteer Centre in Christchurch.



Hans Nijland enjoys a laugh with IHC's Connections supervisor Thelma Angell.

## Sideline support

At 23 Mike McLay has already spent more time in voluntary work than most of us would do in a lifetime. Over the last 14 years Mike McLay has worked his way up to divisional manager of the St John Burwood New

Brighton Division, and spends around 40% of his weekends doing voluntary work through St John – much of it providing pre-hospital emergency care at sporting and other public events.

The rugby season is particularly busy, with NPC, Super 12, international games, and club rugby to cover.

"Rugby is the bulk of our work, but we also cover other events where there is a high likelihood of injury – motor sports, equestrian events, events like the Coast to Coast, and also events like the Gathering," he says.

While the players in the professional era have a team doctor and physiotherapist to attend to them at the game, St John volunteers are vital for any serious injury, such as neck injuries.

And for major events like the recent sell-out NPC final between Canterbury and Otago it's not just a matter of turning up for the game with his first aid kit.

He and other members of the St John crew arrive 2½ hours before a big game to organise who will do what and where, and set up and check equipment.

Afterwards there is another hour or so packing up and debriefing.

Sometimes there is more action in the crown than on the field, but Mike McLay says recent efforts to limit the effects of alcohol are working.

"Some people still get a bit rough, but the plastic beer bottles and bag searches have made a big difference, lowering the risk heavy missiles causing injury in the crowd," he says.

Mike McLay is trained and qualified to Basic Ambulance Skills level to provide pre-hospital emergency care, and is proficient in giving patients oxygen, suction, and defibrillation.

He is keen to advance further, and hopes to get into the next intake for voluntary ambulance officer training – and that is a huge voluntary commitment.

"St John plays a big part in my life," he says. "If I do voluntary ambulance work that will increase, but it's what I want to do."

## A way of life...

Hans Nijland has been doing voluntary work since 1988, concentrating his efforts in the disability sector.

He works with people with physical disabilities at CCS and with people with intellectual disabilities at IHC.

"I retired in 1987 and my wife died in 1988. I didn't want to sit between four walls on my own, so I started doing voluntary work," he says.

He splits his time almost evenly between IHC and CCS, working two days a week at an IHC vocational centre, Connections, and two days a week for CCS, driving clients to and from classes and helping at swimming sessions.

*Health First* caught up with Hans at Connections, where he was enjoying friendly banter with some of the clients.

"Everybody knows me here," he says. "Some of them give me a hard time, and I tease them back – we have a lot of fun."

Hans Nijland says there are a lot of activities that some people with disabilities would not be able to enjoy without the help of volunteers, including recreational activities and holidays away from home.

"That's what I like about volunteering really," he says. "I know that what I'm doing helps improve the lives of others, and it improves my life too."

He also visits a community home and helps with crafts and recreational activities, goes on holidays with CCS clients to help out, and is involved in Boccia, a game similar to indoor bowls which is designed so that even people with severe disabilities can play.

For Hans Nijland volunteering has become a way of life.

"It's not a chore for me – I really enjoy it, it's like a hobby for my retirement, and doing these things for others helps me to stay healthy."



St John volunteer Mike McLay.

## Helping sick children through play therapy

With years of teaching behind her, Vivienne Hayward wanted to maintain contact with children during her retirement – so she became a volunteer at Christchurch Hospital's children's playroom.

The playroom is a haven of fun activities for preschool children having treatment at Christchurch Hospital.

Hospital play specialist Shyami Fernando says the play programme aims to offer therapeutic play activities to minimise the potential stress that children and young people may experience in hospital and to help them cope. Providing psychological preparation for children needing treatment and procedures is the main aspect of the play programme. This includes teaching and rehearsing coping strategies, support and distraction during procedures, pre and post-procedure healthcare play or other expressive activities.

As a former teacher, Vivienne Hayward has long known the therapeutic value of play, having visited sick children in hospital. Her role is to support the children as they play.

"When the children first come in you can see the strain in their faces, they are very apprehensive, but then they see the easel, the water trough, and all the wonderful toys, and they really do relax – their play distracts them from everything else they are going through."

Some children are unable to visit the playroom because of their treatment, so they get bedside opportunities for play interaction.

"I really enjoy coming in here and helping," says Vivienne Hayward. "I feel I am doing something useful, and it has certainly made me realise how lucky my own family has been to have had healthy children."

- Vivienne Hayward is one of many who do voluntary work at Christchurch Hospital. Toys and equipment in the children's playroom are provided mainly through the fundraising activities of a voluntary organisation, The Friends of Children in Hospital, and by individuals in the community.



Vivienne Hayward helps two-year-olds, Harriet Hanni, left, and Jessica Champion enjoy a happier time in hospital.

# Akaroa Hospital reaps a healthy harvest

**K**en Walker's freshly harvested vegetables are much appreciated by staff and patients at Akaroa Hospital.

Mr Walker has always been a keen gardener and his efforts yield a good crop. He deliberately grows more than he needs, offering the surplus to Akaroa Hospital.

"I suppose I've been doing that for Akaroa Hospital and the Pompellier House rest home for seven or eight years," he says. "You've got to do something when you're retired, and we're lucky to have a hospital and an old folks home here."

Mr Walker was one of the first babies born at Akaroa Hospital, in 1925, and has lived most of his life in the Banks Peninsula town.

These days arthritis slows him down a bit, but he still grows a variety of vegetables – silver beet, carrots, onions, radishes, lettuces, broad beans, and rhubarb.

He provides a garden-to-kitchen service, delivering freshly cut and washed vegetables daily. He also grows flowers, and gives these to the hospital too.

"They're always thankful for flowers," he says. "It's not much, what I do, a lot of people do a lot more, but I do think we're lucky to have the hospital here, and I'm happy to do my wee bit to help out."



Ken Walker delivers vegetables to June Sheppard at Akaroa Hospital.



Doug Young takes Joyce Rochester of Timaru to her appointment at Christchurch Hospital.

## Driven to help other people

**D**oug Young has been a volunteer driver for the Canterbury West Coast Division of the Cancer Society for about four years.

"I was retired and I saw that this was something I could do, so I became a volunteer driver," he says.

He and the other driver volunteers take cancer patients to their hospital appointments and home again. Doug also picks up, from the airport and bus depots, people arriving from out of town, and takes them to Davidson House, a facility providing accommodation to cancer patients from elsewhere who need treatment in Christchurch.

"I really enjoy my contact with these people and it's good for me to be able to help them," he says. "When I started doing this I was like everyone else, afraid of cancer, but now

I know what medical people can achieve these days is amazing."

The spirit and determination of the patients is admirable, says Doug.

"They're brilliant really," he says. "Along with the treatment, you need a good attitude, and these days you see more successes than anything else – they're winning the battle."

He says the support people get from the Cancer Society is incredible and that Davidson House is a wonderful facility.

"It's not easy being told you have cancer, and it takes time for some people to get their heads around it," he says. "But people relax here, they see they are not the only one going through this, and they feel supported – this place is a godsend to them."

## Regaining lost language skills



Julia Cummings, right, helps Vilma Baskell to articulate a word. Following her stroke Vilma Baskell has dyspraxia – she knows what she wants to say but has trouble making her mouth muscles articulate the words.

**J**ulia Cummings is one of several volunteers working with stroke patients who are clients of the Canterbury District Health Board's Community Therapy Service.

The volunteers work with groups and individuals, helping people who have lost language ability through a stroke to recover language skills.

The stroke patients are taken through a range of activities focusing on speaking, listening, reading, and writing skills.

Julia Cummings often works on reading comprehension activities helping people to regain lost reading skills, but inevitably this also involves helping them with their speech as they discuss the reading material.

"I had time available, and wanted to help people in some way," she says. "I inquired about voluntary work at the Volunteers Centre, and the description of this work appealed to me."

She helps out fortnightly with a group meeting in the St Albans area.

"I work on a one-to-one basis with the clients, and I really enjoy the interaction with them – they are very enjoyable people to work with and I gain a lot of personal satisfaction from my involvement."

## Hospitality ...

**B**eing new in town and not having paid work set Jane Fraser to thinking about voluntary work.

A newspaper article about the Nurse Maude Palliative Care and Hospice Service prompted the former occupational therapist to step up and offer her services there.

Nurse Maude's coordinator of volunteers, Margaret Albrow, says there are about 70 people who regularly volunteer for Nurse Maude, and Jane Fraser is one of 34 doing voluntary work within the Palliative Care and Hospice Service.

Her role is primarily to enrich the care of terminally ill patients by helping to provide a welcoming and hospitable environment for the patients, and for their family and friends.

Far from being a gloomy place, Jane Fraser says it is tranquil and homely.

"It's a lovely peaceful place for people who are nearing the end of their life," she says. "The staff are lovely and it's really a very nice, comforting and restful atmosphere for the patients and families."

As a volunteer, much of her time is spent making cups of tea for patients or family members, and doing housekeeping type activities such as attending to the family room, linen, the flowers, assisting with reception work, and helping at meal times.

"I was a little apprehensive at first about working with terminally ill people, but really, it's such a lovely place for people to be," she says. "It's more like a home than a hospital. You see some sad things of course, but it's lovely when children come in to visit, and I remember a patient whose dog was often brought in to visit her."

Jane Fraser says working in a place like the Hospice makes one feel grateful for good health.

"I've been very lucky," she says. "I do think it is important to put something back into the community, and I'm just happy that I have the time to do something useful for others."



Jane Fraser offers a visitor a cup of tea at the Hospice.

# Akaroa braces for hectic holidays



Checking emergency medical equipment at the Akaroa Volunteer Fire Brigade are deputy chief fire officer Mark Boyd, left, and chief fire officer Kim Stewart.

**D**uring the summer months Akaroa's health services are stretched to the limit.

Akaroa village is usually home to around 1000 people but in the holiday season the little resort's population can swell to 12,000.

"That puts a significant strain on our resources," says Akaroa Hospital unit manager Alison Gallagher.

The town's general practitioners Howard Wilson and Suzanne Knapp, hospital nurses and volunteer ambulance officers deal with a wide range of medical emergencies. These can include heart attacks, falls, removing fish hooks, stitching wounds, road crash victims, jet-ski crash victims and the like, not to mention visitors who have forgotten to bring their regular medications.

"It starts at Labour Weekend and it doesn't really let up until Easter," says Ms Gallagher.

New Year's Eve is particularly busy as people from miles around flock to the village centre to enjoy the festivities.

With more people out and about around the harbour and more cars on the road, the voluntary emergency services are also kept busy throughout the holiday season.

This summer the area will reap the rewards of a major community fund-raising effort for a new first response vehicle – a four-wheel-drive Toyota Hi-Ace van worth \$80,000 and equipped with everything you would find on a Christchurch road ambulance.

Akaroa Volunteer Fire Brigade Chief Kim Stewart says the new vehicle should be on the road by Christmas – just in time for the region's peak accident season.

## Plan ahead and cope with Christmas

**C**hristmas is a time many families look forward to with dread.

Coinciding with school holidays, hot weather, and travel plans, Christmas for many people is the most stressful time of the year.

Emergency services and social help agencies all report an increase in demand for their services in the lead up to and throughout the festive season.

Much of the stress of Christmas can be avoided if you plan ahead.

The following tips may help you ensure Christmas is more about merrymaking than mayhem.

- Plan ahead: Work out who you will spend Christmas with, and where.
- Make a list of things you need to do before Christmas, including gift and grocery shopping and holiday bookings, and start working through them.
- Budget for Christmas: it is an expensive time so plan for it. Be wary of credit – when the bills come in will you be able to pay them? Set children realistic expectations, in line with what you can afford.
- If child custody is an issue in your family, don't leave it to the last minute to decide who will have the children this Christmas.
- Avoid leaving all the preparation work for Christmas to one person in the family: share the load.
- Keep yourself and your children safe from violence. If you think violence is likely to occur over Christmas have a safety plan and be prepared to act on it.
- Keep the children safe: don't go partying and forget about them, ensure an adult is looking after them at all times.
- Party safely: don't drink and drive. If you are hosting a party, provide your guests with plenty of food and have non-alcoholic drinks available.
- Note the things that cause you stress this Christmas and act early next year to reduce their impact next Christmas.
- Look after each other: remember that for some people Christmas is a lonely, anxious, or sad time.

If Christmas is a bad time of year for you, don't suffer in silence. There is a wide range of help services available. Don't hesitate to seek help if you need it.

Emergency services and social agencies that can help are listed under Personal Help Services in your White Pages telephone directory.

Some of the agencies listed include Women's Refuge, Relationship Services, Lifeline, Youthline, the Salvation Army, the Christchurch City Mission, Age Concern, Budget Advisory Service, Alcoholics Anonymous, the Psychiatric Emergency Service – or contact your local Citizen's Advice Bureau for further information.

## Nursing skills aplenty at Kaikoura Hospital

**S**erving a small seaside and rural community that is at least 2½ hours by road from a major tertiary hospital has meant nursing staff at Kaikoura Hospital need to be multi-skilled and able to turn their hand to almost anything.

"We all have to be multi-skilled here," says nurse manager Christine Taylor. "We have a basic trauma unit, which means we deal with accident victims and medical emergencies until they are ready to be transferred by ambulance or helicopter to Christchurch Hospital."

Ms Taylor has worked at Kaikoura Hospital for 21 years, and has developed a wide range of clinical and management skills.

She is responsible for the hospital's 34 staff, runs the seven-bed rest home attached to the hospital, and is a qualified midwife who delivers babies and provides post-natal follow-up care for mothers and babies.

As the town is too small to support a radiographer, she is also qualified to take chest and limb X-rays, working under an exemption from Medical Radiation Technologists Regulations and attending regular training courses at Christchurch Hospital.

In a small community being multi-skilled is important if the hospital is to provide the wide range of services the people of the area need. Ms Taylor encourages Kaikoura Hospital's registered nursing staff to retain skills developed previously in their work history and to develop new skills in the areas of nursing that interest them.

Catherine Edwards came to Kaikoura Hospital with 10 years experience in emergency nursing. Her area of expertise is in the assessment, stabilisation, and treatment or transfer of seriously ill or injured patients.

While most of the hospital's acute work is responding to older people who have suffered medical emergencies, Ms Edwards says staff never know what is going to happen and have to be ready for anything.

"We are constantly updating and improving our

planning for emergencies," she says. "For instance, recent accidents in the area have alerted us to the possibility that we may have to treat people affected by major chemical spills, and we have spent some time updating our plans for dealing with those sorts of emergencies."

Betty Van Berkel came to Kaikoura Hospital 23 years ago with a background in coronary care nursing. She has maintained those skills and regularly attends study days at Christchurch Hospital to keep her up to date.

Sue Stronach's area of expertise is in diabetes and endocrinology, and she works hard to keep her skills up to date. Lyn Fitzgerald's special interest is in respiratory care, particularly asthma management. Linda Dickson came to Kaikoura Hospital after working at Princess Margaret Hospital and has maintained a strong professional focus on assessment, care, and rehabilitation of the elderly.

"Our other registered nurses are from general nursing backgrounds, but they are all developing special skills in areas that interest them," Ms Taylor says.

Geographical isolation is a big barrier to professional development, but Ms Taylor says nurses at Kaikoura Hospital do their best to participate in training opportunities.

"We work hard to provide a wide range of skills," she says. "It is all part of the challenge of working in a small town."



Nurses Christine Taylor and Catherine Edwards enjoy a chat with Daphne Betten, a long-stay patient at Kaikoura Hospital.

# Introducing the CDHB's elected board members

The Canterbury District Health Board's elected Board members will attend their first Board meeting in December.

The Board meeting is open to the public:

- Friday December 14, 9am, at the Christchurch City Council Chambers, Tuam Street.

Other Board members are yet to be appointed by Health Minister Annette King.

## The elected Canterbury District Health Board Members are:



**Randall Allardyce**, is a director of medical research at the Christchurch School of Medicine & Health Sciences and is also affiliated to the University of Canterbury. Based in Cust, he has headed or worked for many North Canterbury community projects and healthcare initiatives as well as the establishment of the NZ Liver Transplantation Unit, the national introduction of keyhole surgery and the new Mobile Surgical Unit.



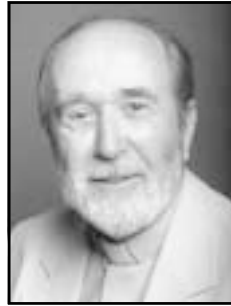
**Philip Bagshaw**, a general surgeon at Christchurch Hospital, is an Associate Professor of Surgery at the University of Otago's Christchurch School of Medicine and Health Sciences. He was appointed to the academic staff there in 1981, where he teaches and does research work. He has served on the Canterbury District Health Board for one year.



**Erin Baker**, has previously served on the Christchurch City Council. She trained as a radiographer at Christchurch Hospital and worked in this profession both in Christchurch and overseas before becoming a professional athlete. Erin Baker has also served on the boards of Jade Stadium and Christchurch and Canterbury Marketing.



**Robin Booth**, has previously served on the Christchurch City Council, and is a self-employed builder, manufacturer and author. Robin Booth has a strong interest in community health and preventative medicine.



**David Morrell**, is City Missioner in Christchurch, and has had 30 years involvement with general health and mental health through hospital chaplaincy, primarily at Christchurch Hospital during the 1970s and subsequently at the City Mission. City Missioner since 1982, David Morrell has had extensive management training, both here and in the United Kingdom.



**Olive Webb**, a clinical psychologist, has more than 30 years experience working in the disability sector, particularly with people with intellectual disabilities. Based in Hororata, Dr Webb has a focus on rural health issues and delivery. She is the national Health Consultant for IHC and also consults in the Mental Health sector. She has served on the Canterbury District Health Board for one year.



**Alison Wilkie** served on the Riccarton-Wigram Community Board for three years. She trained as a nurse at Christchurch Hospital and has post-graduate qualifications in health economics and public health. A life member of the Asthma Foundation and the Canterbury Asthma Society, Alison Wilkie has worked as an asthma and respiratory educator and owns a small business. She has served on the Canterbury District Health Board for one year.

## Focusing on diabetes

New Zealand is on the brink of a diabetes epidemic. Age-related Type 2 (non-insulin dependent) diabetes is largely preventable, but rates of the disorder are soaring, particularly among Maori and Pacific Island communities.

In Canterbury the Local Diabetes Team is working to identify ways to address this debilitating and disabling disease to limit its impact on individuals, families, and societies.

If not diagnosed early and properly treated and managed diabetes can cause serious kidney disease, blindness, and circulation problems that can lead to heart disease, or gangrene which may infect limbs and require amputation.

A Local Diabetes Team network was set up throughout New Zealand in 1999. In Canterbury the team involves people with diabetes, representatives of the Maori and Pacific Island communities, Diabetes Life Education, the Diabetes Society, the Diabetes Centre, Crown Public Health, general practitioners, and other groups and individuals with an interest in diabetes.

Canterbury team chairwoman Hillary Currie says the group has focused on defining the scale of the diabetes problem in the region it is responsible for (Canterbury and the West Coast) and identifying gaps in service.

An extensive survey of diabetes services has begun,

and the results will be used to help plan future services.

"Already we know that there are some areas of diabetes care that need to be addressed quite urgently," she says.

The team is pushing the Government to fund additional retinal photographic screening so that the serious retinal abnormalities caused by diabetes can be diagnosed early to prevent blindness. Ideally, she says, retinal screening should be carried out every two years.

"There are 13,000 diagnosed cases of diabetes in the Canterbury/West Coast region, so to meet the two-year check-up criteria we would need to test at least 6000 of those people each year," says Dr Currie. "At the moment funding allows us to do 1800 retinal screenings a year, so we're only able to check people every three years, and that is an area we would like to see improve."

Maori, Pacific Island, and Asian peoples are particularly vulnerable to diabetes, and Dr Currie says there is an urgent need for a strategy to reduce the burgeoning impact of diabetes on these populations.

"We're working really hard to turn the current disturbing statistics around," she says.

"Diabetes is a huge issue for this country. The consequences of diabetes are delayed, so it is important that we put systems in place now to cope with increasing rates of the disease in the future."

## Tune in...

Interested in health issues? Tune in to 'Health South', a television programme supported by South Island DHBs, and learn something about health around the Mainland.

The programme has a South Island-wide focus and has a strong emphasis on public health issues.

Health South will next screen on NOW TV on Tuesday December 18 at 7.30pm, and will be repeated on CTV on Thursday December 20 at 7.30pm.

The programme is also broadcast on Channel 9 in Dunedin and on Prime TV.

- The programme can also be accessed through DHB websites.

- The Canterbury DHB also hosts a 15-minute radio show on Plains FM 96.9, interviewing health experts on a wide range of topics, at 5pm on Tuesdays.

## Disclaimer notice

Health *First*, is the Canterbury District Health Board's free community publication. We wish to make it clear to our readers that this publication, Health *First*, has no relationship with or connection to the community health service provider trading as Healthfirst Network Ltd.

## Emergency dental subsidy for people on low incomes

People on low incomes struggle to meet the cost of dental treatment.

The Canterbury District Health Board can provide adults on low incomes with subsidised treatment for urgent dental conditions such as toothache and mouth infections.

Services are available from 18 dental practices throughout Canterbury, and from the Oral Health Centre at Christchurch Hospital.

To be eligible for subsidised urgent treatment, you must be aged over 17, hold a valid Community Services Card, and not be eligible for treatment paid for by ACC or a WINZ Special Needs Grant.

Although subsidised, this is not a free service and you can expect to be charged between \$15 and \$35 per visit.

If you have an urgent dental problem, and think you may be eligible for subsidised treatment, you can contact one of the providers listed below.

This service only applies to urgent dental problems. Many of these problems can be avoided by having regular dental check-ups. If you have not seen a dentist for a while you should consider making an appointment for a check-up. Most dentists offer time-payment options for low-income clients.

Subsidised treatment for urgent dental conditions is available from the following dental surgeons in Christchurch,

Kaiapoi, Kaikoura, and Ashburton:

**Christchurch:** Andrew Were, Joanna Pedlow, Fran Connor, Tracy Haggerty, Ross Divett, Robert Clemence, Vivienne Levy, Peter Platts, Joanne Sheehan & Associates, Lindsay Acker, Michael Shand, the Christchurch Hospital Dental Department.

**Kaiapoi:** Peter Van Jujik, Paul Grainger, A.H. Blackie.

**Kaikoura:** Chris Lidgard.

**Ashburton:** Michael Holdaway, Petrus Rumping, Justin Wall, Edward Wood.

- For addresses and telephone numbers consult the Yellow Pages directory.

# Canterbury DHB draft strategic plan set for consultation in new year

One of the first tasks for newly elected Board members will be to approve the Canterbury District Health Board's draft Strategic Plan 2002-2007 and beyond.

This important document sets the future direction for policies and objectives over the next five to 10 years. It sets out how the Board should use its resources to meet the health and disability needs of the people of Canterbury.

You will have opportunities to participate in this process early next year, when the draft Strategic Plan is available for consultation. The draft plan will be released for consultation on January 14, and will remain open for discussion and submissions until March 21. Watch your local newspaper for details of consultation opportunities in your district.

The final Strategic Plan has to be ready for the Minister of Health to approve in 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 Boards to focus on in improving the health of their populations.

The Government's priority health objectives are to improve the population's health, reduce inequalities, and address issues relating to access to services.

The Government's 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 the 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 (heart) 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

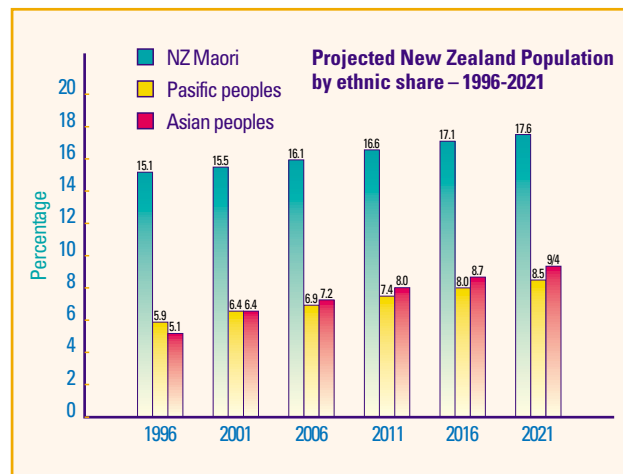
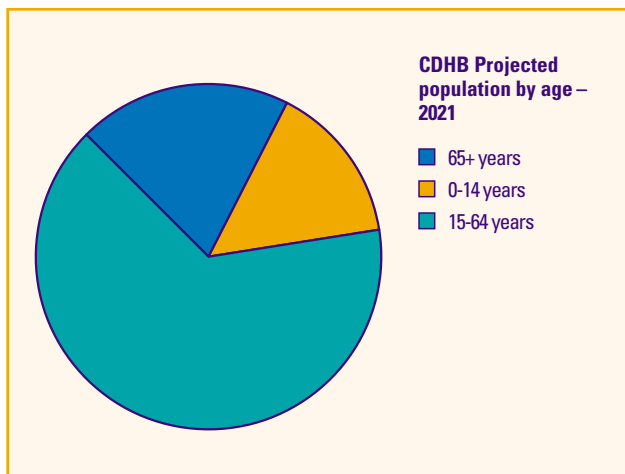
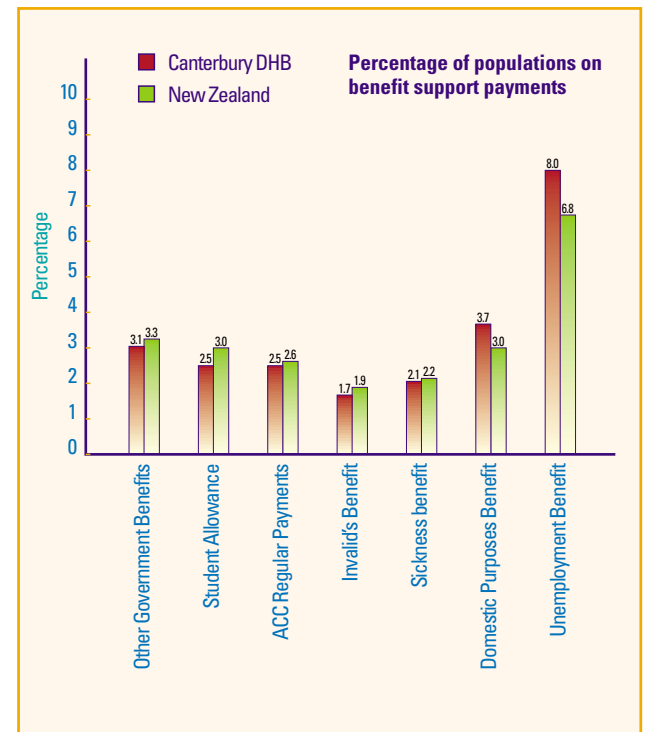
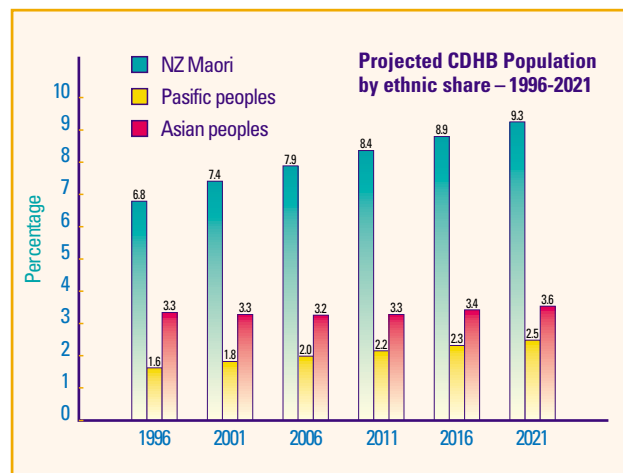
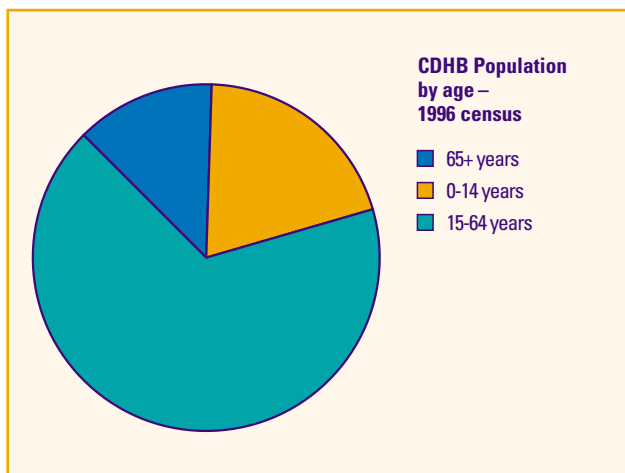
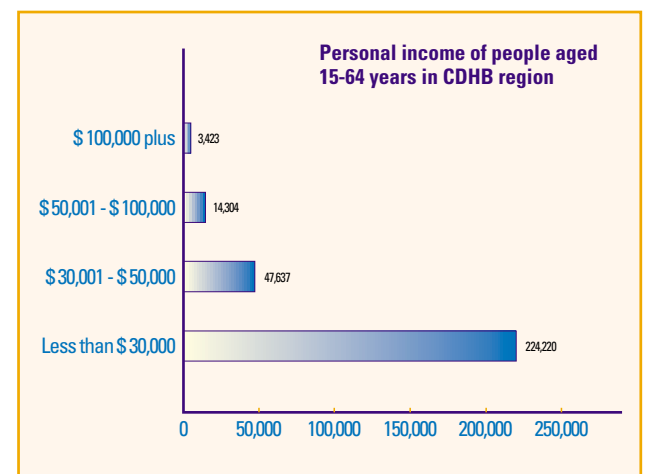
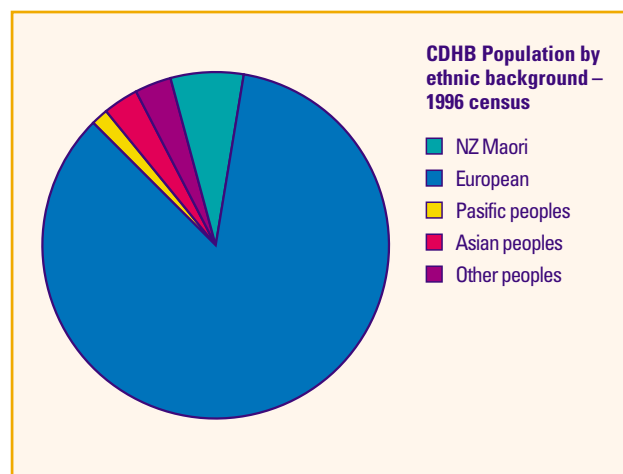
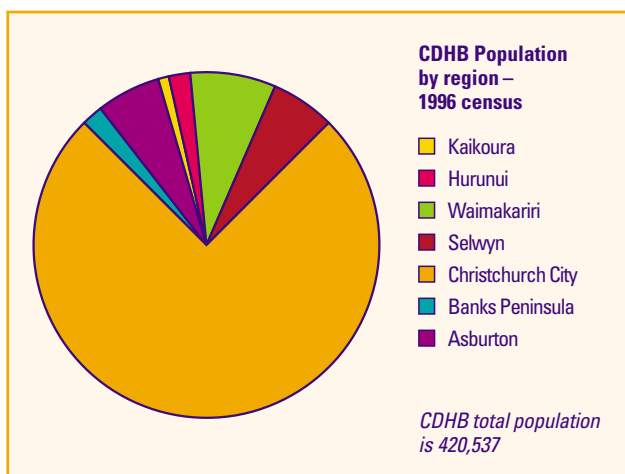
- Ensuring access to appropriate child health care services, including well child and family health care and immunisation.

Critical to the strategic planning process has been the health needs assessment of the Canterbury population. This requires pulling together key population data from the 1996 Census (and 2001 Census as this becomes available) and data held by a range of agencies including the Ministry of Health and local authorities.

Planning Manager Jane Cartwright says the information gathered in the needs assessment process is vital. It will help the Board as it grapples with difficult decisions about funding and providing health and disability services throughout the Canterbury region.

The information below was gathered in the needs assessment process, and has been used to help formulate the Canterbury District Health Board's draft Strategic Plan.

This needs assessment document and a summary of it are available on the Canterbury District Health Board website ([www.cdhb.govt.nz](http://www.cdhb.govt.nz)).



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