Health*first*

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Cover up – be sun smart this summer

It has been a slow start to summer, but it does not need to be hot to risk sunburn, warns Cancer Society Health Promotion Programme Manager Liz Price.

Children are extremely susceptible to sunburn, so the Cancer Society is urging parents to set a good example, even on the dull days, and to ensure children know what it means to be 'sun smart' from an early age. Sunburn in childhood is linked to melanoma in later life.

Try to keep children out of the sun between 11am and 4pm, but if they are out make sure they always wear hats, are well covered and have thickly and frequently applied sunscreen SPF 15-30+ on any exposed skin.

When the sun is hidden behind clouds, or the temperature is down, it does not reduce the ultra-violet rays.

"Because it is not always particularly hot in parts of New Zealand in summer, people think it is safe to be outside without covering up against the sun," says Ms Price. "In fact, even on a cooler day ultra-violet rays can be extremely strong and can burn."

Many people still believe that a tan is healthy, when in fact it is evidence that the sun has damaged the skin, she says. Rather than looking good, the skin will thicken, wrinkle and age, and long-term exposure may lead to skin cancer. New Zealand has one of the world's highest death rates from melanoma, the most serious form of skin cancer, and each year skin cancer is estimated to cost the health system around $33 million.

People can still enjoy the summer sun, sea and barbecues that are part of the Kiwi lifestyle, says Ms Price – they just need to:

- **SLIP** into cover-up clothes and some shade, particularly between 11am and 4pm.
- **SLOP** on some sunscreen before going outdoors – preferably SPF30+ broad-spectrum 15 minutes before going out, reapply 15 minutes after the first application and after physical activity, swimming or towel drying.
- **SLAP** on a hat — choose one that shades your face, nose, neck and ears.
- **WRAP** on a pair of sunglasses — check they are close fitting.

The Cancer Society urges parents to ensure children are dressed appropriately for outdoor fun this summer.

PHOs – new kids on the block

The Canterbury District Health Board has received expressions of interest from several groups from throughout Canterbury who want to establish themselves as Primary Health Organi-sations.

A renewed focus on maintaining health and preventing illness is at the core of the Government's Primary Care Strategy. Under this strategy primary care professionals, such as general practitioners, district and community nurses and others working outside the hospital sector, are being asked to join forces in primary health organisations (PHOs).

Canterbury DHB planning analyst Susan Noseworthy says there has been strong interest in Christchurch and rural communities to establish PHOs. Already one group of 14 providers, the Canterbury Community Healthcare Alliance, has met the Board's criteria and is negotiating to establish a PHO next year.

The Government has given district health boards until 2005 to establish PHOs and the Canterbury DHB is in the early stage of supporting this work.

Primary health organisations are charged with delivering a full range of primary health services, including preventive health care, to a population of enrolled patients.

"The focus is very much on im-proving the health of that population," says Ms Noseworthy. "PHOs will have to show that they are actively working to prevent illness and to keep people well as well as treating people when they are sick."

While there are still many issues to work through, Ms Noseworthy says it is encouraging to see groups of primary care professionals talking to each other and their communities, in a collaborative rather than competitive way, as they begin to form the basis of what may become a PHO.

"Patients enrolled with a PHO can expect there to be a focus on the preventive side of their health care," says Ms Noseworthy. "They should find that there is greater encourage-ment to keep well, for example by living a healthy lifestyle."

As well they should expect to be actively followed up to ensure that screenings and immunisations are up to date, and to receive education on managing their health.

"The idea is that a team of health professionals will work more closely with you to reduce the chances of you becoming unwell, and that is quite different to what has happened in the past, when the main focus has been on illness rather than wellness," she says.

Making a difference

Congratulations to the winners of this year's Public Health Association (PHA) awards.

PHA Christchurch committee member Ann Currie says the awards recognise community efforts that positively influence the population health of communities.

This year's top prize went to an Ashburton coalition who tackled a perennial problem that puts young people at risk – the high school after ball function. The group focused on harm minimisation and ensuring that young people were provided with advice, resources and safe transport home.

Joint second prize winners were two Christchurch projects - the Maori and Pacific Diabetes Programme and The Rainbow Room Project.

The Maori and Pacific Diabetes Programme is a Diabetes Life Education initiative to prevent Type 2 diabetes and its complications. It offers training and support to Maori and Pacific Healthy Lifestyle Advisors working in the community.

The Rainbow Room Project is an initiative of Agender NZ. Under the project a safe place was established for people with gender and sexual identity issues. The Rainbow Room offers transgender people acceptance, recognition and support to be themselves in the wider context of health being a state of physical, mental, spiritual, social, environmental and economic wellbeing.

A few words from the Chairman

The Government's move to address some district health board debt is a welcome early Christmas present for the New Zealand health sector but it comes with a clear warning that we must all live within our means.

Although Canterbury is not among the boards to have its whole deficit eliminated, the Board welcomes the Minister's continued support for our planned pathway to breaking even within three years.

The Government's continued support for a three-year funding pathway will be vital in enabling us to achieve this. It is the first time that health boards and their predecessor organisations have had this certainty of longer term funding, which has allowed us to take a strategic approach to planning the funding and delivery of our health services into the future.

The Minister has made it very clear to district health boards that she expects to see significant progress in reducing deficits and in improving health care delivery – particularly in the areas of preventing illness and in the primary care management of illness.

In Canterbury we are delighted that health boards that make progress in these areas will be rewarded. It is clear that achieving break even – and more importantly maintaining this financial position – will require us to work closely with our staff, health sector unions, and community providers. Savings made can be retained and reinvested into the priority areas identified in our strategic plan.

Achieving such savings will require us to continue to work smarter. One of the best ways to achieve such progress is to work more closely with other health boards. In taking such a collaborative approach boards will be able to make considerable cost savings – particularly by sharing resources and expertise in areas such as payroll, laboratories, IT purchasing, technical services and capital investment.

In the last 10 years the New Zealand health sector has twice been through the major upheavals of significant health reforms. We are still in the early stages of the implementation of the last reform of the health sector, but it seems we have stability at last.

The district health board system, which gives DHBs overarching local responsibility for all publicly funded health services whether they are in the hospital sector, the primary care sector or community-run organisations, has required us to think differently about health and how services are managed.

I am sure that as things settle down and boards start to find their feet and begin to work more closely together to address common concerns and to identify solutions we will start to see the benefits of a less competitive and more collaborative system of health sector management.

Syd Bradley
Canterbury District Health Board Chairman

The Chief Executive reports

As we look towards the rapidly approaching festive season, it is an opportunity for the Canterbury District Health Board (DHB) to reflect on its first full calender year of operation.

There have been many achievements – milestones – in this year, one of the most rewarding of which has been the production of our first Strategic Plan.

This plan sets out our strategic directions for the next five to 10 years and identifies the priorities that we are going to work towards. Foremost among them are child health, Maori health, mental health and primary health. Then there is disease management and disease prevention, which includes such important areas as heart disease, cancer and diabetes. These are large areas that the District Health Board has prioritised and will be working on with both community and hospital providers.

The decision earlier this year to merge Crown Public Health with the Canterbury DHB under the new name of Community and Public Health will enhance our involvement in primary care and community health. Health promotion and disease prevention rate highly on our list of priorities as we work in these vital areas.

The year has been one of challenges and of identifying areas where we can make improvements. Our appointment of an executive director of nursing means nurses are now represented at the most senior level of the organisation and next year doctors will have similar representation. We have established a Quality and Patient Safety Council, chaired by Professor Peter Davis, which includes members from a range of community organisations, primary care and the Canterbury DHB.

The region's health workforce is important for all of us. The Canterbury DHB has worked with staff to identify areas for improvement and this has included conducting a culture survey and establishing a better working relationship with the unions. We have also established a provider advisory group to ensure community providers will have a greater say in our plans and decisions.

Volunteers play an enormous part in the health service, whether in community organisations or in the hospital environment. Meals on Wheels is a wonderful example of dedicated volunteers as are the people who volunteer for hospital visiting, people who volunteer to drive for the elderly and others who have other health needs. They are an integral part of the health system and we thank them for the work they have done this year. Similarly

organisations like the Rainbow Children's Trust, the Freemasons, the Hyman Marks Trust and many others like them all make an important contribution to public health care in Canterbury through their very generous donations.

At this time of the year when people are generally planning holidays and looking forward to warm summer weather, health service workers will be rostered on to take care of those who are hospitalised or who need ongoing care in their community or in their own homes. To all of you, whatever you may be doing, I wish you a healthy Christmas and a safe New Year. We all look forward to a positive and active year in 2003.

Jean O'Callaghan
Canterbury District Health Board Chief Executive

No laughing matter...

When laughter, coughing or exercise – or even just a change in position – results in wetting, it is not OK. Nor is it just a case of using a continence product to combat the effects.

Many more people suffer continence problems than is realised – and some see these issues as a normal part of life.

Getting up two or three times in the night to go to the toilet, or having to dash for the toilet on arriving home – the 'key-in-the-door' syndrome – are just two examples of loss of continence that many people deal with every day and often accept as part of daily living.

Continence is very personal and rarely discussed, yet assistance is easily available.

The Nurse Maude Association is contracted to the Canterbury District Health Board to provide a continence advisory service, working closely with DHB urologists to ensure that the best solution is found for each patient.

"It's never OK to experience a loss of continence," says coordinator of the Continence and Stomal Advisory service, Philippa McQueen. "There's a perception developing, particularly through television advertising, that people should just reach for a product – but being incontinent is not acceptable and you can do something about it."

The Nurse Maude Association's specialist multi-disciplinary team treats people from the age of four for continence problems, which may be caused by chronic constipation, urinary tract infections, enlargement of the prostate gland, or weak pelvic floor muscles. While often associated with childbirth, bladder and bowel incontinence can occur in anyone, including men.

In children incontinence can disrupt schooling, social and emotional development and family life. In adults it can govern lives, and many plan all their activities around toilet availability and some even carry an identical change of clothing with them.

The most important part of treatment is assessment, followed by diagnosis, then a treatment programme that involves patient input.

"We use conservative (non-surgical) treatment programmes that are developed for each individual, but the patient has to want to fix it," says Ms McQueen.

Programmes can include education on controlling the bladder, which may have been trained to signal the urge to go to the toilet before it is full.

"How often have children been told to 'go' before going out, even though they might not need to 'go', or we decide to 'go' before going out to the movies, 'just in case'?" she says.

The Association also prescribes and subsidises a range of products.

Jane McDonald, Nurse Maude Association continence advisor: providing practical and sympathetic advice to people of all ages.

Community care offers better way of life

David Thomas keeps an inventory on computer of household grocery requirements.

Creating a normal lifestyle for people with an intellectual disability has been an interesting and rewarding experience for Graeme Taylor, of NZ Care Group.

People who were institutionalised in Templeton Hospital, living in groups of up to 50 in a villa, had little chance of socialising normally and experiencing everyday life as most of us know it.

"Now, they can live an ordinary life in an ordinary street and do as everyone else does," Mr Taylor says.

"The changes that have occurred have been great. There was a transition stage, when some found it difficult to adjust in their new surroundings, particularly living in small groups of people because it was more intense, but we worked it out."

The adjustments have led to a better way of life, with many residents developing new skills and friendships and abandoning their old – and challenging – behaviours.

"We did have to teach them new social behaviours because before, most residents didn't need them," Mr Taylor says. "Things even as small as learning to use steps instead of the ramps they were used to, learning about the process of buying things they want in shops, rather than just taking them – many simple things."

NZ Care also has some rural houses for people who prefer and need open spaces.

For Ian Allan, who lives in a suburban house with five others, it's been an enormous change for the better.

"It's better here than Templeton, there's more to do," he says.

According to carer Bernadette McKenzie, Ian could not bear his personal space being invaded. Now he's comfortable with every-day contact, even to the extent of having a stranger holding his new tennis racquet.

David Thomas, another resident, keeps a good vegetable garden at the house, loves to use the computer, including carrying out inventory control of supermarket requirements – activities unavailable to him at Templeton. He's also a keen fan of horse riding, which NZ Care provides for residents at one of its rural properties.

"I love it here," says David. "We get out more, we're going out all the time, even to the pub."

NZ Care provides 24-hour care for their residents, who have their own rooms and space. They are taken out to the supermarket to share in the responsibilities of the household, and have a wide variety of activities to keep them busy during the day.

All in all, says Graeme Taylor, it is a far cry from the institutionalised living of Templeton – and one that has proven to be beneficial for all.

Repairing arteries from the inside – new procedure saves lives

David Paterson is a very lucky guy. Last December the 21-year-old Dunedin student was seriously injured in a car crash in South Westland. Airlifted to Christchurch Hospital, he was admitted to Intensive Care with a ruptured liver, fractures, a head injury and a torn thoracic aorta.

He stopped breathing twice and his early prognosis was bleak. The most serious injury was a tear in his thoracic aorta, the main artery taking blood from the heart, which had been torn on impact and was being held together only by a thin membrane. This injury is not uncommon in serious car crashes – and it is usually fatal.

Fortunately a new Radiology Consultant at Christchurch Hospital, Professor Tim Buckenham, was introducing a new and effective procedure, in which the torn artery is patched from the inside, using a stent, without the need for invasive open-heart surgery.

Professor Tim Buckenham shows David Paterson how he repaired his ruptured artery using an exciting new surgical technique.

The operation – an Endoluminal thoracic aortic repair – is so new that it has only been performed a few times in this country. It enables a specialised team of radiologists, surgeons, radiographers and nurses to stop blood leaking into the chest cavity from the ruptured aorta, saving lives and significantly reducing serious complications such as paraplegia.

"We traditionally repair a damaged aorta by conventional surgery, but in multiply injured patients, such as David, complications are common – only 50% of patients of this type will pull through," explains Professor Buckenham. "With this new procedure the outcomes have improved significantly, with a successful implantation rate of around 95%. Trauma cases like David are admitted to ICU in a critical state, many of them young road accident victims, often fighting for their life – Endoluminal repair can make all the difference, and that is very rewarding."

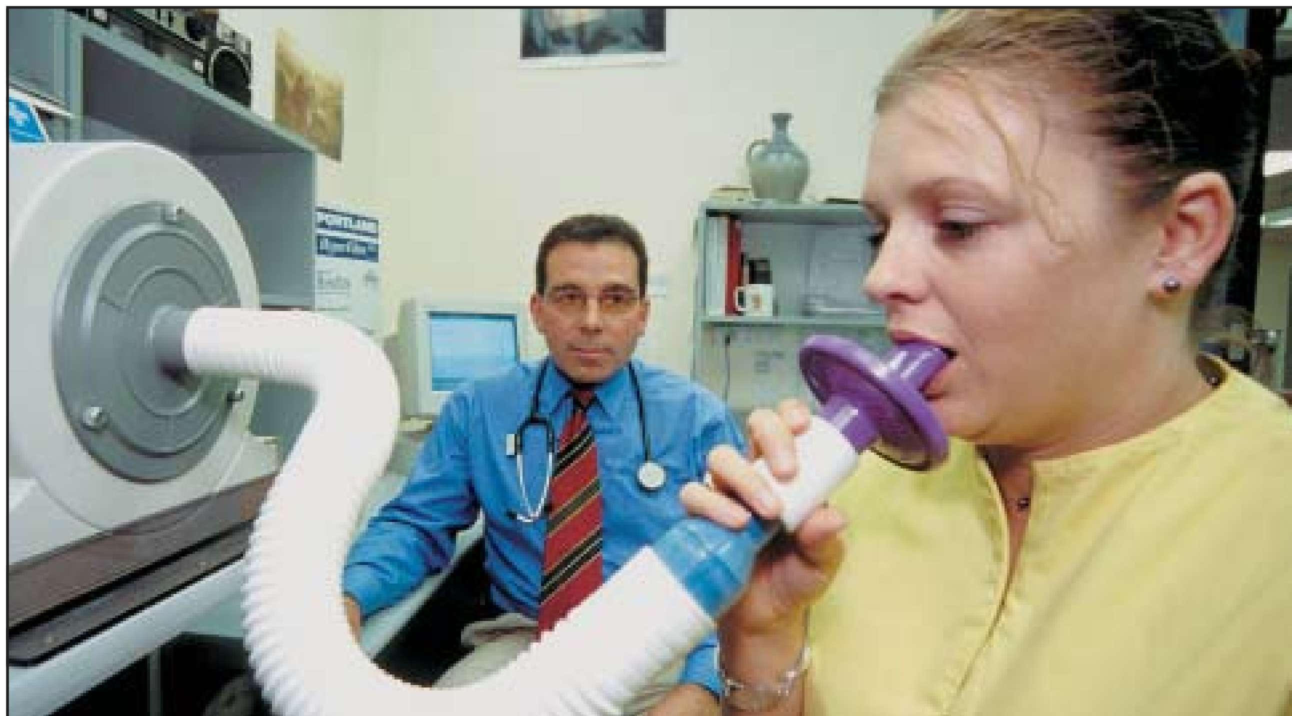
Professor Buckenham returned to New Zealand last year after 13 years in the United Kingdom where he was involved in the first trials of this new procedure at St George's Hospital in London. The technique has evolved since then and is increasingly becoming common practice for the treatment of ruptured aortas in the UK and Europe.

"What we do is feed a long tube or sheath into the aorta from a small incision in the groin. Inside the front end of this sheath is a small compressed and flexible tube or stent made from a special cloth," explains Professor Buckenham.

"Once the sheath is positioned correctly, using X-rays to ensure accurate placement over the torn segment of the aorta, the cover is slowly pulled back exposing the spring loaded stent which then presses outwards and seals the ruptured artery. The stent is held in place by a delicate metal skeleton, and also has sharp teeth which grip the interior artery wall, thus allowing blood to flow naturally through its centre."

Eventually the artery grows back around the stent incorporating it as part of its structure, completely repairing the damaged aorta.

Spotlight on asthma treatment, management



Professor Ian Town says patients like Kirstin MacKay will benefit from new asthma guidelines to streamline asthma care.

Asthma is one of New Zealand's most common medical conditions and it can have very serious consequences if not treated and managed properly.

Around 600,000 New Zealanders have asthma and the number of people affected increases every year.

In an attempt to reduce the health effects of asthma a set of best practice guidelines for the diagnosis and treatment of adult asthma has just been developed by the New Zealand Guidelines Group. Based on all the known international evidence, the guidelines aim to provide health professionals, doctors, and adults with asthma, with independent advice on the best methods of treatment.

"The guidelines are not about promoting particular products or medications," explains a director of the Guidelines Group and Dean of the Christchurch School of Medicine and Health Sciences, Professor Ian Town. "Rather this group of experienced health professionals, in consultation with relevant health organisations, has spent two years researching the best options for asthma treatment."

The New Zealand Health Technology Assessment group at the School of Medicine and Health Sciences supported the process of developing the guidelines by rigorously evaluating international asthma research.

Research carried out with general practitioners and consumers clearly showed inconsistency in treatment in different parts of the country as well as concerns about the use of high doses of inhaled corticosteroids. Many consumers also welcome unbiased information on the benefits of reducing levels of allergy exposure in the home and the role of self-management plans.

The guidelines show that few people will benefit from installing air filters, steam cleaning carpets or getting rid of pets. With dust mites, barrier methods can be effective, but above all the guidelines stress the importance of understanding how asthma behaves, and how to manage it best, in consultation with a general practitioner and an asthma self-management plan.

Recommendations on the latest medications are also detailed in the guidelines.

"We now have new classes of asthma drugs including long-acting beta-agonists (LABAs), leukotriene receptor antagonists (LTRAs) and combination agents which not all doctors are familiar with," says Professor Town. "This guideline provides the latest information on treatments that are effective for different levels of severity."

Another concern expressed by many people with asthma is the effect of accumulated doses of steroid and other medications. The Guidelines Group looked at the evidence for prescribing the lowest effective doses to keep a check on asthma symptoms. The guidelines suggest that most people can manage on low to moderate doses of corticosteroids, increased if necessary to maintain control, and then reduced.

The guidelines do not cover treatment for children, pregnant or breast-feeding mothers, or the elderly, says Professor Town. These are specialist subgroups which may require a different, more individualised management, he says.

- The full report is available on-line, at www.nzgg.org.nz.

Children's designs delight

Thank you to the children who designed the Canterbury DHB's Christmas cards this year.

For the first time we asked the Community and Public Health Division to run a pilot involving two Health Promoting Schools to design our cards.

Children at Breens Intermediate and St Paul's Dallington were invited to draw pictures that could be used to illustrate a happy and healthy Canterbury Christmas.

More than 100 children entered the competition and the pictures were so good that it was very hard to choose just four winning entries.

The four winning entries have been produced into cards that the corporate office of the DHB and the Community and Public Health Division will use this year.

The overall winning entry came from Rosie Sim aged 13 of St Pauls. Her drawing depicted children having fun on the beach at Corsair Bay. The other three winners were Gafatasi Tanielu, aged 13, of Breens Intermediate, and Melissa Barry and Kayla Austin, both aged 8 of St Pauls.

Gafatasi Tanielu, 13, of Breens Intermediate School.

Rosie Sim, 13, Melissa Barry, 8, and Kayla Austin, 8, of St Pauls School.

Men can get osteoporosis too...

The release in the United States last month of President John Kennedy's medical files have highlighted a little known fact – osteoporosis affects men too.

President Kennedy was plagued by health problems, including extreme back pain due to osteoporosis, possibly caused by medications he was taking for other ailments.

Osteoporosis causes bones to become brittle and prone to fracture. While osteoporosis commonly affects women, approximately 29% of New Zealand men (56% of women) over the age of 60 will suffer a fracture because of osteoporosis.

The bones in the wrist, hip, and spine are most vulnerable to osteoporosis.

The risk of osteoporosis is lower in men than in women because:

- Men have greater peak bone mass.
- Men have a stronger and bigger skeleton.
- Men do not experience accelerated bone density loss that women do at menopause (due to falling oestrogen levels).
- Age is a risk factor for osteoporosis and men have a shorter life expectancy than women.
- Falls are less common among older men than older women.

The risk factors for osteoporosis in men include:

- A previous history of bone fracture
- Low testosterone level
- High alcohol consumption
- Smoking
- Medications such as glucocorticoids, such as prednisone and cortisone, and anticonvulsants
- Low peak bone density

However, for about half of all men who get osteoporosis, no reason can be identified.

The good news is that osteoporosis can be prevented and treated. People who eat a balanced diet high in calcium, spend 30 minutes or longer outdoors each day, are physically active, limit their alcohol intake and do not smoke are likely to have good bone health, reducing their risk of osteoporosis.

Osteoporosis is a painful condition but can be treated, although not cured, with drugs that increase bone density.

- For more information about osteoporosis contact the Canterbury Osteoporosis Society, PO Box 21 021 Christchurch, or visit Osteoporosis New Zealand's website (www.osteoporosis.org.nz).

Avoid the hospital parking blues

Over the next few months drivers may find it more difficult than usual to find a car park at Christchurch Hospital, so visitors are being urged to plan ahead and to consider alternatives to taking their cars.

Work has just begun to build the new Christchurch Women's Hospital and Day Surgery Unit at the western end of the Christchurch Hospital site.

Canterbury District Health Board Site Redevelopment Manager, Steven Cromwell, says the start of such a large-scale construction project on the site has meant a temporary reduction in the number of public parking spaces available at Christchurch Hospital.

"In the long term, we will be increasing the number of public parking spaces at Christchurch Hospital," says Mr Cromwell.

A new parking building is being built for Christchurch Hospital staff to use, which Mr Cromwell says will free up public parking spaces in the existing parking building.

"The new parking building will not be fully completed until June, although parts of the building will be operational from March, but until then parking around Christchurch Hospital will be a bit tight," he says.

For that reason, Mr Cromwell says it might be wise to consider using other means of transport when visiting Christchurch Hospital.

"If people can use public transport, such as buses or taxis, then that would be very helpful, at least until March, when we will have more parking spaces available again around the Christchurch Hospital site," he says.

Christchurch Hospital parking coordinator Dennis Lane offers the following suggestions to make your hospital visit less stressful:

- Consider alternatives to taking your car – could you take a bus or a taxi, or could someone drop you off and pick you up again later?
- If you are in good health and able to walk, you could park off the site and walk to the hospital, leaving a parking space for someone less able to walk.
- If you do need to take your car, leave home early and allow plenty of time to find a park before your hospital appointment time.
- Use the Antigua Street parking building – remember there is an underground tunnel from the parking building into the hospital.

Parking concessions are also available for the immediate family members of patients who meet the following criteria:

- Are in hospital for a terminal condition or have life-threatening injuries.
- Have been in hospital for 14 days or longer.
- Have had two inpatient admissions to hospital in the last month or six inpatient admissions in the last year.

For more information about parking concession rates, talk to the staff on your relative's ward.

Mike Jefferies, one of the first to be born at Christchurch Women's Hospital turns the first sod, heralding the start of the new hospital's construction.

Is your child drowning in sugar?

Rotting teeth are becoming an increasingly serious problem among primary-school aged children, says Principal Dental Officer for the Canterbury DHB's School and Community Dental Service, Martin Lee.

"The rapid deterioration is of serious concern," says Dr Lee. "In our region we've had a 30% increase in tooth decay in the last three or four years – and it is getting worse. Our latest survey shows that the average five-year-old now has two teeth affected by decay when they start school and more than 50% of five-year-olds have some tooth decay."

The root cause is a poor diet high in sugar combined with a lack of good dental habits. In America health officials have coined the term 'drowning in sugar' and it is now applicable in New Zealand too.

Dr Lee says many parents still do not realise that fruit juice is also full of natural sugar and will rot teeth if given too often. While part of the problem is parental ignorance of good dental health, the problem is worsened by dietary labelling confusion and Dr Lee says some products labelled as being low in fat may in fact be loaded with sugar.

Children from poorer families have the most severe tooth decay but the problem is also now showing up in children from wealthier homes, he says, and many school dental clinics are being swamped with children with rotting teeth.

The School and Community Dental Service is now starting to work with other health groups to present a consistent combined message, promoting water fluoridation, investigating providing fluoridated school milk in lower socio-economic areas and other strategies.

"We are seeing increasing numbers of children starting school with up to 10 teeth with decay," says Dr Lee. "Some children have really big problems which can only be dealt with in hospital and some are having as many as eight teeth extracted under anaesthetic. Dentists at Christchurch hospital can see up to 15 children a week for this kind of treatment."

This level of tooth decay can have long term implications for the child, he says. Once a child has bad tooth decay, when their second teeth come through they will also be infected with decay as similar bacteria in the mouth attack the new teeth.

School dental nurses are seeing more and more children with serious tooth decay.

No shame in mental illness

Having a mental illness is nothing to be ashamed of, says a former Hillmorton patient who has nothing but praise for the care she received.

Lorelei Burdett has a history of bi-polar disorder and was hospitalised last year.

"Like many people, my first reaction was not to talk about it and to refuse help because I was afraid of what it might mean," she says. "But really, mental illness is no different to other illnesses that require treatment, like diabetes, asthma or high blood pressure."

A mother of two, Lorelei says it is especially important for people to talk to their family members and others who are close to them about their illness.

"My children have seen my behaviour deteriorate – they have seen me do some pretty bizarre things – and it is important that we talk about it and are open with each other," she says.

Lorelei regrets the stigma that is associated with mental illness and is concerned that it stops people from seeking appropriate help.

"The sooner people get help the sooner they will recover," she says. "In the last year staff at Hillmorton have seen me go from a shaking jelly-type of person to someone who is again feeling strong and confident – and I owe my recovery to Hillmorton staff who were kind, patient and professional."

Lorelei is disturbed by the amount of negative publicity the mental health sector receives in the media.

"Of course there are cases where things go horribly wrong, but the system is not always responsible for that," she says. "Some people are let down but many more are helped to make a good recovery so that they can return to a normal life."

During her illness Lorelei spent a lot of time painting and now has her works hanging on walls at Hillmorton. She is considering returning to Hillmorton to teach art to patients.

"I feel it is important to put something back to Hillmorton and the people there," she says. "If it wasn't for them I probably wouldn't be here today seeing my children grow up. I was a broken person and they put me back together again."

Primary health partnership provides one-stop approach

Low-income families will benefit from a 'wellness village' being developed in eastern Christchurch by Te Amorangi Richmond.

The village will provide a wide range of preventative health services, including a bi-lingual early childhood centre, consultation areas, counselling rooms, a community meeting/workshop area, a base for community outreach services, and a separate area devoted to the promotion of spiritual well being.

Te Amorangi Richmond, a joint venture between Te Runanga O Nga Maata Waka and The Richmond Fellowship New Zealand, began offering low-cost healthcare in May last year. It receives primary care funding from the Canterbury District Health Board for its general practice services, and has developed several strategic alliances with specialist providers such as Diabetes Life Education. It also provides counselling, with a strong focus on domestic relationships, and a number of support projects including leadership mentoring for young Pacific Island people.

As well as health services, the village will also provide a range of social support and education services, such as budgeting advice, road safety education, and dental health promotion.

Te Amorangi Richmond development manager, Linda Ngata, says the centre has offered a holistic approach to health with an emphasis on empowering individuals to take responsibility for their health care.

"We are working with our clients to meet the needs of the wider community," she says. "Many of these people have an excellent knowledge of their own community and provide us with the best means of taking our health promotion messages to the public. We're finding that when we work with people in this way it can overcome many of the barriers to good health care."

Highlighting the need to research rehabilitation

A seminar at the Allan Bean Centre (Burwood Hospital) in March will focus on the importance of rehabilitation research.

Canterbury DHB Senior Rehabilitation Adviser and NZ Spinal Trust Executive Director, Alan Clarke, says the seminar will be of generic interest to rehabilitation professionals and of particular interest to people who are dealing with a physical disability.

Research in rehabilitation and disability has been "patchy and poorly resourced" in New Zealand, says Professor Clarke. The Health Research Council is taking steps to address this, he says, and the three-day seminar is an opportunity to start building New Zealand's rehabilitation research capacity.

The HRC and ACC are among the sponsors for the event, which will be led by international rehabilitation expert, Gerben DeJong from the United States.

Professor Clarke says a huge mind-shift is occurring in the philosophy of rehabilitation as a new movement known as *The New Rehabilitation* takes hold.

"Under the new rehabilitation the disabled person is involved in an active process of learning to live independently – they drive the rehabilitation process," he says. "Professionals still have a very vital and important role, but from a new perspective – they are on tap rather than on top."

These and other thought-provoking rehabilitation issues will be "brain-stormed" at the seminar, at the Allan Bean Centre from March 6-8, 2003.

- For more information or to register, email: nzspinaltrust@burwood.org.nz or telephone 383-9487.

Alan Clarke: provoking discussion on rehabilitation.

Hoping for a quiet Christmas...

The festive season is a busy time for Christchurch Hospital's Emergency Department.

Christchurch Hospital has one of the busiest Emergency Departments in Australasia, seeing more than 65,000 patients a year. Christmas Day is one of the department's busiest days of the year. It is not uncommon for staff to treat 160 to 200 people on that day alone, and it remains busy throughout the Christmas and New Year break.

You can help to ease the pressure on emergency staff during this time 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. In Christchurch the 24 Hour Surgery in Bealey Avenue or one of the other suburban clinics will be able to help you.

Don't let the silly season let you down:

- Roads will be busy: drive carefully and allow time to rest during long journeys.
- Going away? 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 to over-indulge.
- Do not over-eat: this puts extra strain on your body.
- Walk off your Christmas dinner – this will help your body to cope.
- Be careful about giving appropriate Christmas gifts to children. Pocket knives, for instance, are not appropriate for children under 12.
- Adults: think twice before you try out the children's toys, especially skateboards, in-line skates, trampolines, and bicycles.
- 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 – it is dangerous.
- Ensure your immunisations are current.

Hoping for a calm festive season in the Emergency Department are doctor Sandy Inglis and nurse Liz May.

Catering for Pacific Island health needs

A new health clinic opening its doors early next year will boost existing Pacific health services provided by Pacific Trust Canterbury.

Funded by the Canterbury District Health Board, the Trust already provides well child services for children aged under six, including immunisation and dentistry registration, mental health services for Pacific adults and asthma education. It also offers social and injury prevention and road safety services funded through the LTSA and ACC.

According to general manager Manu Sione, there is a growing need for targeted health services catering specifically for Pacific people and the district health board has recognised this through its Pacific Health Action Plan.

"We have a large Pacific population and one of the needs that has been identified is a centre with Pacific GPs and nurses," Mr Sione says.

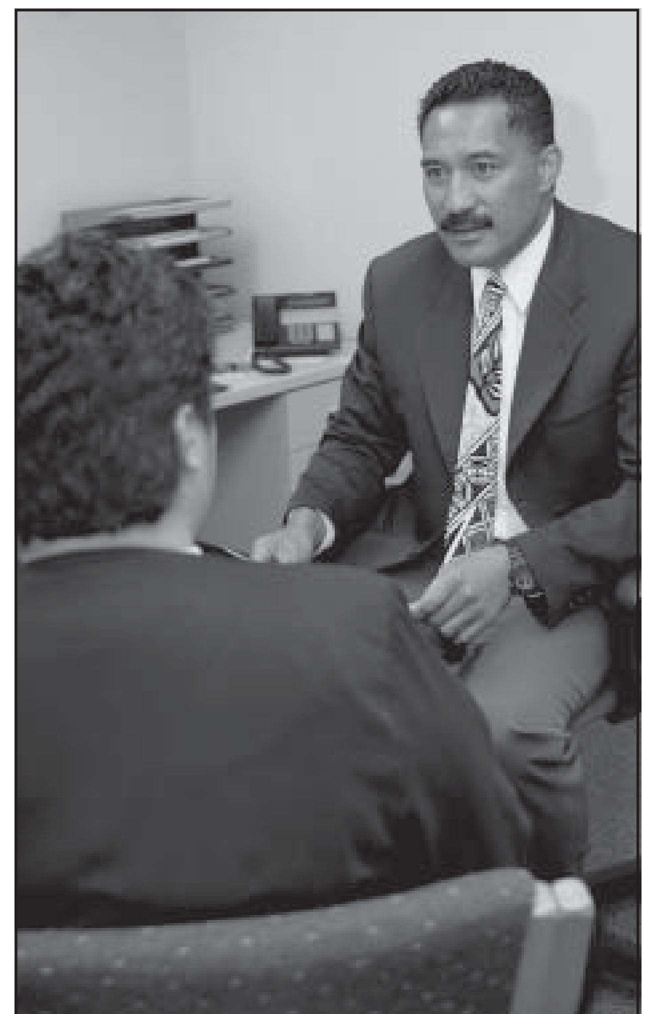
Initially, one full-time equivalent GP and one full-time equivalent practice nurse will work at the clinic.

Other work carried out from the Trust's headquarters in Worcester Street includes social support and home-based services funded through Child, Youth & Family.

This focuses on education and prevention of family violence and child abuse; family support on a one-on-one basis on identifying options to disciplining children, and home-based support in budgeting, housing, immigration and other advice.

"There is more understanding that Maori and Pacific health have different needs. If we want to reduce the impact on our health services, we need to address health issues, such as diabetes, through education to promote awareness of nutrition and eating habits."

Glue ear, which affects children's development and learning, can also be detected at an early stage through home-based support and through the new clinic when it is under way, Mr Sione says.



Manu Seone: focusing on the health needs of Pacific people.

Introducing the Canterbury DHB

The **Canterbury District Health Board's** six-weekly Board and Statutory Advisory Committee meetings are open to the public.

The Board meets today (December 13) at 9am, at the Christchurch City Council, Tuam Street. The first meeting for 2003 is on Friday February 28.

Canterbury District Health Board members:

Syd Bradley, Chairman, is a company director. Over the last decade he has been closely involved in the governance of the health sector, initially as a Director of the Canterbury Area Health Board before becoming a Director and then as Chairman of Healthlink South, a Director of Healthcare Otago, and Chairman of Canterbury Health, of the Health Funding Authority and the Crown Health Association.

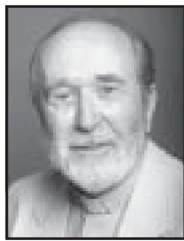
Randall Allardyce, is a director of medical research at the Christchurch School of Medicine & Health Sciences and is also affiliated to the University of Canterbury. Based in Cust, he has headed or worked for many North Canterbury community projects and healthcare initiatives as well as the establishment 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.

Graham Heenan has been involved in business management for nearly 30 years, since graduating with a BCom in 1972. He is currently director of a number of companies throughout the South Island. In the health sector, he has been a Director of Canterbury Health and Health South Canterbury. Graham Heenan is an appointed Board member. He has served on the Board for one year.



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.

Tuari Potiki was appointed to the Board in December 2001. He is of Kai Tahu, Kati Mamoe descent, belonging to the hapu of Kati Taoka and Kai Te Ruahikihiki. He has a background in Maori health and has worked extensively in the alcohol and drug, mental health, and justice sectors. He is currently Social Development manager with the Ngai Tahu Development Corporation.

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.

Paul White is from the Ngai Tupoto hapu of Te Rarawa Iwi. He is a registered architect, with an MBA, and is a management consultant and professional director and is a director of Housing NZ Corporation and Housing NZ Ltd. He is a former Chief Executive of the Ngai Tahu Development Corporation and a regional director fo Te Puni Kokiri in Tai Tokerau. Paul White is an appointed Board member. He has served on the 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.

Statutory Advisory Committees

Community and Public Health Advisory Committee

Board members on this committee are: Tuari Potiki, Philip Bagshaw, Syd Bradley (ex-officio), Olive Webb (ex-officio). **The Chair is:** Alison Wilkie.

Julie Barlass has been active in rural health and community affairs for the last decade. She lives on a farm in Methven and is a member of the Ashburton District Health Committee and several other local committees.

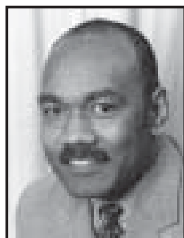
Christine Elliott has recently worked as a senior manager in the Ministry of Health responsible for the funding of mental health and drug and alcohol services in the South Island. She has 15 years experience in operational management in the mental health and disability areas.

Ray Kirk is the director of the New Zealand Health Technology Assessment Unit at the Christchurch School of Medicine. He has experience of a broad range of health issues and is a past chairman of the Canterbury Branch of the Public Health Association. He has a PhD in Psychology.

Mick Ozimek has been a GP with the High Street Medical Centre for the past eight years, after coming to Christchurch 14 years ago from the UK. He spent two years working in Christchurch Hospital before becoming a community GP. Dr Ozimek served on the Board of the CDHB last year.

Fiona Pimm is the CEO for He Oranga Pounamu, a contract manager and broker for Maori providers in the South Island, and has a background in health sector management. Her iwi is Ngai Tahu.

Rodney Routlage is a Minister of the Presbyterian Church and a team leader in the Community Development Division of Anglican Care. He has wide experience in managing community development projects and researching social policy issues.



Api Talemaitoga, a Fijian, trained at Otago University and then Christchurch Hospital. After five years as a medical registrar at a hospital in Suva, he returned to Christchurch Hospital, then became a GP. He is Vice-Chairman of Pacific Trust Canterbury and a member of the Pacific Peoples Consulting Group. Dr Talemaitoga served on the Board of the CDHB last year.

Disability Support Advisory Committee

Board members on this committee are: Philip Bagshaw, Randall Allardyce, Robin Booth, Tuari Potiki, Syd Bradley (ex-officio). **The Chair is:** Olive Webb.

Ruth Jones, a social worker, is Regional Services Coordinator for New Zealand CCS. Until recently she was a tutor in community studies at the Christchurch Polytechnic Institute of Technology and was previously a social worker with CCS. She is a member of several advisory committees relating to social work and disability support. She has tribal affiliations to Ngati Porou.

Pauline O'Connor has had 30 years of experience working as a foster parent, community worker and relief care provider. She has had wide experience in supporting families, social work and working with ethnic, Maori and Pacific Island communities.

Jeanette Tarbotton is very involved in rural health issues and has served on a wide range of boards and trusts in rural communities. She is on the board of Access Home Heatlh NZ and the Advisory Board of the National Centre for Rural Health, and is past president of Rural Women New Zealand.

Stephanie Waterfield has wide experience in nursing and the provision of community based health and disability services and nursing education. She has particular interest in age related issues and mental health.

Hospital Advisory Committee

Board members on this committee are: Paul White, Randall Allardyce, David Morrell, Olive Webb (ex-officio). **The Chair is:** Syd Bradley.

David Kerr is a Christchurch GP who has practised for the last 26 years in Dallington. He was a Director of Canterbury Health and the founding Director and Chair of Pegasus Health until 1998. He is the Chairman of Ryman Healthcare Ltd, Director of Health Benefits Ltd and an adviser to Healthcare Otago. Dr Kerr served on the Board of the CDHB last year.

Allison Lomax, a Hurunui resident, is a director of Crown Public Health representing Health South Canterbury and is a project manager on contract to provincial District Health Boards. A former nurse, she has wide experience in hospital and health sector management and strategic planning.

Suzanne Pitama, a registered psychologist, has worked in both health and education. She has been engaged in Maori Health research for the last decade. She is also a referee for the Health Research Council and a member of the Maori Advisory Group for the Youth 2000 project. She is a lecturer in the Department of Public Health and General Practice at the Christchurch School of Medicine and Health Sciences.

Tim Stonhill is the General Manager of the Hotel Grand Chancellor in Christchurch, with wide experience and involvement in the hotel and tourism sectors in New Zealand and overseas. He is actively involved as a board member of the Variety Club of New Zealand.

Susanne Trim is a nursing adviser with the NZ Nurses Organisation and a member of the Ministry of Health's committee to develop a discussion document on a quality improvement strategy for public hospitals. She has wide experience in the areas of nursing, nursing education, and ethics.

Deliciously healthy Christmas trimmings

Bronwen King: with a little know-how you can enjoy your Christmas treats without feeling guilty.

Christmas is a time of fun, parties and, more often than not, over indulgence.

At this time of year we are surrounded by mince pies, champagne, shortbread and chocolate – it's no wonder our waistlines expand!

Community and Public Health dietitian Bronwen King offers the following tips to help you enjoy your Christmas treats without needing to feel guilty about the effect of rich foods on your health or your waistline.

- Enjoy fruit and vegetables – use seasonal berries and other fruit to bulk out desserts and nibbles platters. Delicious salads with bread and leftover cold meats make ideal lunches or evening meals. Have small quantities of meat and then fill up your plate with vegetables and salads.
- Cook your roast vegetables separately from the meat – a light brush with oil or an oil spray is all they need to become crisp and delicious.
- Buy lean meats and trim off any fat before cooking and eating. Remove the skin from chicken and turkey.
- Skim off the fat from the meat juices before you make gravy – cooling the juices first helps.
- Try custard or brandy custard and low fat ice cream with Christmas pudding rather than brandy butter and rich creams or ice creams. Have ice cream or cream … not both!
- Alternate alcoholic drinks with water or diet soft drinks – this way you keep hydrated and are less likely to drink too much alcohol.
- Stock up on healthier food items and treats. Shortbread, for example, is laden with fat, while almond bread (biscotti) is very low in fat. Berries, mangoes and smoked salmon are also deliciously healthy treats.
- Make your Christmas mince pies with filo pastry instead of traditional high fat shortcrust, flaky or puff pastry. If using shortcrust pastry, use a very thin layer and leave the pies open. Check the label of the fruit mince to ensure it does not contain suet, which is pure fat.
- Avoid over eating at Christmas parties by eating something healthy before you go. This way you are less likely to be tempted by the rich cheeses, sausage rolls, chippies etc. These foods are easy to over consume when you are hungry and drinking alcohol.
- Eat your food slowly – it takes a while for the brain to register feelings of fullness.
- Check the fat content of your cracker biscuits – many are high in fat. Water biscuits and crispbreads are lower fat options.
- Use mashed avocado, hummous, mustards and relishes as spreads on bread instead of high fat spreads.
- Try chocolate-dipped strawberries as an alternative to chocolate – you get all the enjoyment of chocolate in a much healthier package!
- Enjoy exercise – a walk, a swim or a game of tennis will do wonders for the body and soul. Use your leisure time to play with the children or socialise in the outdoors.

The most important thing, says Bronwen King, is not to feel guilty about having treats on Christmas Day.

"It is only one day and you can always make up for it by having light healthy meals on Boxing Day with delicious salads and leftover lean meats," she says.

Irresistibly good – and good for you...

Try these delicious, simple and healthy Christmas recipes prepared for Health First by Community and Public Health dietitian, Brownen King – bon appetit!

Chicken/Turkey and Mango Salad

Ingredients
1 kg chicken breast fillets*
1 red onion, finely sliced
1 stick celery, sliced thinly
1 red capsicum, cut into fine strips
1 cup fresh pineapple pieces (tinned or fresh)
2 mangoes, flesh cut into slices
50g almond slivers, toasted
Curry mango dressing
1 cup low fat coleslaw dressing
1 cup low fat unsweetened yoghurt
1 tspn curry powder
1/2 cup light coconut milk
grated rind of 1 lemon
1/2 cup lemon juice
1 mango, skin and pulp removed
** use leftover turkey instead of cooked chicken*

Method
- Cook chicken fillets by poaching, baking or microwaving; leave to cool and then slice thinly.
- Place in a bowl with other ingredients – reserve some of the toasted almonds and mango slices for garnishing.
- Add dressing (you may not need all of it) and stir through carefully.
- Serve on a bed of lettuce leaves and garnish with remaining toasted almonds and mango slices.

Dressing
- Blend all ingredients together in blender or food processor. Taste and adjust flavours if necessary

Serves 8
Per serve: 1270kj, 303cals, 11g fat, 3g fibre

Ice cream Christmas Pudding

Ingredients
150g mixed dried fruit
1/2 cup sherry or brandy
30g slivered almonds, toasted
2 litres low fat vanilla ice cream

Method
- Soak dried fruit in the alcohol; leave for a few hours.
- Allow the ice cream to soften slightly by leaving it at room temperature for 10 minutes or so – do not allow it to become too soft or it will lose its volume.
- Transfer the ice cream to a large bowl and quickly mix in the dried fruit and nuts.
- Transfer into a storage container and refreeze immediately.
- Store in freezer until needed.

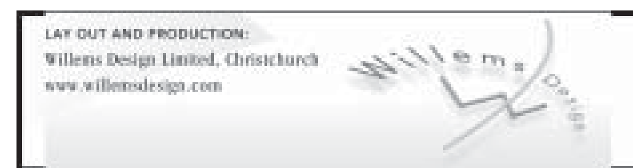
Serves 12
Per serve: 560kj, 134cals, 6g fat, 1g fibre

Cherry and Almond Biscotti

Ingredients
2 cups plain flour
1/2 cup sugar
1/2 cup ground almonds
1/2 tspn cinnamon
1/2 tspn baking powder
1/2 tpsn baking soda
1/2 cup almonds
1/2 cup red glace cherries
1/2 cup green glace cherries
1/3 cup honey
1/3 cup orange juice or coffee
2 egg whites

Cherry and almond biscotti.

Method
- Combine flour, sugar, ground almonds, cinnamon, baking powder and baking soda in a large bowl. Add the chopped nuts and cherries and stir to combine.
- In a small bowl, combine honey, orange juice and egg whites. Add to flour mixture and knead until a dough is formed.
- Divide dough in half and form each half into a log about 30 cm (12 inches) long. Place on an oven tray lined with baking paper and bake in a preheated 180C oven for 30-40 minutes or until fully baked and slightly puffed.
- Cool slightly. Place logs on cutting board and cut on the diagonal into 1cm thick slices. Place on baking tray and cook for approximately 15 mintues longer until dry and slightly brown.



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