

Health *first*

CANTERBURY DISTRICT HEALTH BOARD'S FREE COMMUNITY PUBLICATION

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Have your say on election day

If you have an interest in local health services and how they should be run, now is your chance to stand up and be counted.

Nominations open this week, on July 27, for this year's inaugural District Health Board elections, being held in October.

The Canterbury District Health Board's representative on the national DHB election working party, Michael Hundleby, says it is the first time in 12 years that New Zealand voters will decide who should represent them, their families, and their communities in health decision-making at a local level.

Older voters will remember voting people into office in the bygone days of Hospital Boards and, more recently, Area Health Boards, but for younger voters the upcoming local body elections bring an entirely new civic responsibility.

The DHB elections will be held alongside council and community board elections in a postal vote on October 13. Up to 11 members will sit on each District Health Board - with seven elected members and up to four Government-appointed members.

Mr Hundleby says the Canterbury District Health Board is the largest of the country's 21 DHBs.

"This Board serves more than 430,000 people, and has an operating budget of around \$850 million - that's a huge operation," he says.

The Canterbury DHB is split into three constituencies: Christchurch city, Kaikoura/Hurunui/Waimakariri, and Banks Peninsula/Selwyn/Ashburton. The new Board's elected membership will comprise five members from the city constituency and one each from the two rural constituencies.

Mr Hundleby says the new District Health Board structure differs from other systems of health governance seen in New Zealand.

Hospital Boards were publicly elected but had a strictly "hospital focus", with the Department of Health running non-hospital public health services and some mental health services.

Area Health Boards were a combination of hospital and other public health services. Like the new DHBs, their boards were partly elected and partly government-appointed.

In 1993 Crown Health Enterprises (CHEs) took over from Area Health Boards. They were publicly owned companies, with boards appointed by the Government.

These later evolved into Hospital and Health Services (HHSs) which were also publicly owned companies but had responsibility for a wider range of health and disability



For the first time in 12 years you have a chance to help decide who will represent you and your community in health decision-making in Canterbury.

services. Their boards were also government-appointed.

The new District Health Boards are corporate bodies, owned by the Crown, and are required to operate in a transparent and open manner.

Board members are responsible for the governance, not the management, of the DHB. They must work together, in a financially responsible manner and in the best interest of the health of the whole population of the DHB, to achieve the objectives of the DHB and to meet the requirements of the Minister of Health.

In governing the Board, members must have a strategic oversight, to ensure that the Board delivers on its fundamental objective: to work within allocated resources to improve, promote, and protect the health of its population, and to

promote the independence of people with disabilities.

"District Health Boards have very wide responsibilities for publicly funded health and disability services," says Mr Hundleby. "The essential difference between DHBs and Hospital Boards or Area Health Boards is that these boards have responsibility for most of the Government's health spending, whether that is in communities or in hospitals.

"We have contracts in place to assure accountability for how the money we provide is spent, and the focus is very much on the health needs of the Canterbury population," he says.

The key to the success of the new system is diversity. Mr Hundleby hopes the Canterbury District Health Board will attract candidates with a wide range of skills.

"We're looking for people who have the relevant life skills and experiences to make a contribution, and who will be able to see the population needs of the district as a whole," he says.

Stand to make a difference

People wanting to stand for election to the Canterbury District Health Board (CDHB) in October must have their nominations in by 12 noon on August 24.

Anyone wanting to stand for election must be nominated by two electors on the official nomination form.

Dates to Note

July 27: Nominations open

August 2: Enrolment packs sent out

August 24: Nominations close

September 21: Voting papers sent out

September 24: Postal voting opens

October 13: VOTING CLOSSES AT NOON

Nomination forms should be sent to Canterbury DHB Secretariat Peter Hines, PO Box 1600, Christchurch.

With their nomination they may provide a personal statement of no more than 150 words. This can be in the language or languages of their choice. They may also provide a colour print passport-style photograph of themselves.

Nominations open this week, on July 27, and will close at noon on August 24.

Almost anyone on the parliamentary electoral roll is eligible to stand as a candidate in the DHB elections. Canterbury DHB staff are also eligible to stand for election. It is not necessary for candidates to be residents of the constituency or board district in which they are standing, but they may stand only in one constituency.

The term of office for successful candidates is three years. After that time, elected board members may decide to stand again for election to another term of office.

Need more information?

- The Canterbury District Health Board Internet web-site, at www.cdhb.govt.nz provides easy access to election information.

- The Ministry of Health regularly updates DHB election information on its Internet web-site: www.moh.govt.nz/electionsdhb.

- Information packs for prospective candidates can be obtained by contacting the Canterbury District Health Board Secretariat, Peter Hines, on 03 364 1231, or fax (03) 364 1456 or email peter.hines@cdhb.govt.nz

Canterbury DHB constituencies



North Canterbury Constituency - Population 48,800
1 elected member

Mid-Canterbury Constituency - Population 60,900
1 elected member

Christchurch Constituency - Population 324,000
5 elected members

What is 'Health First'?

Canterbury DHB
District Health Board
Te Poari Hauora o Waitaha

You may be wondering why this 'Health First' newspaper has started up.

Its aim is to provide you with a regular update about what is happening in your region's health, hospital and disability services, any significant changes planned, how you can have your say on important issues, and opportunities for meeting and talking with those in charge.

Keeping you informed, and letting you have a say about the publicly funded health system in Canterbury, is an important responsibility of the newly created Canterbury District Health Board (DHB). The Board came into being on January 1st this year as part of the Government's health changes.

It is responsible for trying to make sure you get information about what is happening and have the opportunity to become involved in some important processes.

Our front-page story explains how, this October, Canterbury people will vote for who they want running the public health services here. There is also the opportunity to stand for election. From this December, for the first time in

many years, the majority of the Board running the health and disability services for this region will be publicly elected.

Already, the Canterbury District Health Board has held a series of public meetings in Christchurch, Cheviot and Ashburton to give you a chance to discuss health issues with those in charge. Such public meetings will be held regularly from now on and future issues of 'Health First' will make sure you know about them.

Some people say that the new District Health Boards are just 'back to the future' - a return to the old days of the Area Health Boards. They are wrong. The Area Health Boards were only in charge of running hospitals. The Canterbury District Health Board's job is much wider - it is not only responsible for 16 hospitals but is also responsible for all government funded health and disability care in the Canterbury region - that includes organisations like Plunket. Another important role is maximising the independence of people with disabilities.

With 7,000 full-time staff, the Canterbury District Health

Board is the biggest employer in the South Island. It serves more people than any other Health Board in the country. An important part of its job is to assess the health needs of our community and then deliver the best service it can with the funds allocated by the government. That is a challenge and the community needs to be involved in saying how our health dollars are best spent here. 'Health First' will try to ensure you are aware of how to be involved and to give you an update on important developments, health initiatives and research.

If you are wondering why it has the name 'Health First', that is because the Canterbury DHB's primary focus is on promoting 'wellness' in our community. While treating those who are ill, need assessments or on-going health and disability care and support is vital, promoting a healthy community - putting 'health first' - is the top priority.

'Health First' will be produced every two months from now on and is available free from the Canterbury District Health Board, some supermarkets, public libraries and some community health providers.

A few words from the Chairman



Welcome to the first issue of Health First, one of many ways the Canterbury District Health Board will be communicating with you, the community we serve, in the months to come.

The transitional District Health Board has had a busy few months since it came into being in January, and faces a busy few months to come as we approach the inaugural District Health Board elections in October.

Board members and staff have enjoyed getting out into the wider Canterbury community and meeting with the public and community health and disability providers in Ashburton, Cheviot, and Christchurch.

This has been a valuable exercise for the Board, which has a genuine commitment to working with the community to improve the health status of people throughout Canterbury. We are mindful of much work to be done in the future, particularly in addressing the health and disability needs in our rural communities, and in addressing the health disparities which exist in some of our communities, particularly among Maori and Pacific peoples.

It is clear that with current funding constraints, we are all going to need to work together to find creative solutions to health issues in Canterbury, and I am confident that together we can make progress.

Syd Bradley,
Canterbury District Health Board Chairman.

Set to reduce disparities

The Canterbury District Health Board's new Chief Executive, Jean O'Callaghan, has pledged to work with the Canterbury community to address disparities in health.

Ms O'Callaghan, a former nurse, is a New Zealand health management specialist. She took up her position at the Canterbury DHB in early July.

At a powhiri to welcome her to the Board, Ms O'Callaghan accepted the challenges before her, and made a special commitment to addressing disparities in health throughout the region, particularly among Maori and Pacific peoples.

Prior to taking up her role as Chief Executive, Ms O'Callaghan was working in Australia, where she was Health Service Development Area Director for Sydney's Central Coast Health, an organisation with more than 3,500 staff, more than 700 hospital beds, and a network of community health centres.

Ms O'Callaghan has a broad base of experience in the health and disability sectors, particularly in the South Island. She began her health career as a staff nurse in Acute Medicine at Christchurch Hospital, and later moved into public health nursing.

She is a former manager of Health Care of the Elderly for the Canterbury Area Health Board, and has also worked in the areas of community services, rest home care, and mental health.

From 1993 to 1997 Ms O'Callaghan was the Southern Regional Health Authority's general manager of Disability Support Services. During that time she also spent some time as the SRHA's acting chief executive officer.

Ms O'Callaghan says she is pleased to be back in New Zealand, and is particularly looking forward to renewing her links with health and disability services throughout Canterbury.

"I feel very privileged to be Chief Executive of the Canterbury District Health Board, and honoured by the welcome I have received," she says.

"I am aware that in the time that I have been away from New Zealand there has been a lot of progress, but I know



New Canterbury DHB Chief Executive, Jean O'Callaghan.

there is still a lot of disparity for Maori and Pacific peoples in health," she says. "I am committed to developing a strong working relationship with these and other groups, so that we can work together to address these disparities."

Haere mai ... talofa ... welcome



Samoan Talking Chief, Tuileto'a Faaope, welcomes Chief Executive Jean O'Callaghan and Maori Manager Janice Donaldson, on behalf of the region's Pacific peoples.

The Canterbury District Health Board, Ngai Tahu and representatives of the Pacific Island community held a powhiri in early July to welcome two women to senior management positions - Chief Executive, Jean O'Callaghan, and Maori Manager, Janice Donaldson.

The powhiri, at the Hagley Hostel, was attended by Board members, senior staff, and representatives of the Maori and Pacific Island communities.

The Canterbury DHB Kaumatua, Tahī Takao, who is of



Canterbury DHB Kaumatua, Ruahine Crofts, greets Maori Manager Janice Donaldson.

Tuhoe descent, supported Ms O'Callaghan at the powhiri, speaking on her behalf.

Ms Donaldson, who is of Ngai Tahu descent, was supported by her whanau and by representatives of the Ministry of Health from Wellington, Christchurch, and Dunedin.

Speaking on her behalf were Bill Gillies, Upoko, Rapaki, Ngati Irakehu, her cousin David Higgins, from Moeraki, and Noho Williams, of the Ministry of Health.



Chief Executive, Jean O'Callaghan, and Maori Manager, Janice Donaldson at the powhiri.

\$2.7m boost for X-ray



Maria Dodge, acting charge medical radiation technologist (MRT), views a digital X-ray image of a patient's foot, in Christchurch Hospital's Emergency Department.

Computers are revolutionising X-ray services at Christchurch Hospital.

Radiology, the diagnosis of illness or injury using X-rays or other medical images, has arrived in the 21st Century, with the installation in July of a \$2.7 million digital technology package that clinicians say will bring significant improvements.

The Emergency Department is the first to get the new Picture Archiving and Communication System (PACS), which will significantly reduce the amount of time patients spend waiting for their X-ray results.

Recently installed X-ray machines in the Emergency Department mean sick and injured patients no longer need to be taken upstairs for X-rays. That shortens the waiting time significantly, and even more time is saved once clinicians deal with digital images on a computer screen rather than the traditional X-ray films and lightboxes we are all used to.

PACS is relatively new to New Zealand, but widely used overseas. Middlemore Hospital in Auckland was the first New Zealand hospital to install the system, which is also currently being installed at Nelson Hospital. PACS will also be installed during Auckland Hospital's upgrade.

Canterbury District Health Board PACS manager Chris Goodyer says the system, once fully installed, will almost eliminate the need for the traditional X-ray films, which can be misplaced. This happens because each film may be used by several different clinicians as patients receive treatment.

Digital technology means this problem can be overcome, and Mr Goodyer says that once PACS is fully operational, more than 90% of Christchurch Hospital's radiology work will be done without hard-copy films.

Rural rendezvous ...

The Canterbury District Health Board covers a huge area, and although most of the people in the region live in Christchurch, there are many people living in small rural towns and on isolated farms who also need health services.

Mindful of this and of the special health problems faced in rural areas, the Board took to the road in June, visiting Ashburton and Cheviot.

Board Chairman Syd Bradley says these were just the first of many visits the Board plans to make to rural areas. The meetings are an opportunity for Board members to hear first hand the problems people face in accessing health and disability services that city people take for granted.

"We also want to show people that we are genuine about wanting to improve health services for rural people in Canterbury," says Mr Bradley. "We know there is a lot of work we need to do in this area, and we want to work with the rural communities."

General Manager Ashburton and Rural Health Services, Garth Bateup, is gradually taking over responsibility for the Board's nine rural hospitals in Akaroa, Ashburton, Darfield, Ellesmere, Lincoln, Kaikoura, Oxford, Rangiora, and Waikari.

People at both meetings were reassured that there are no plans to close rural hospitals in Canterbury. In fact, Mr Bateup told the Ashburton meeting he wants rural hospitals to develop stronger links with their rural communities and with facilities and services in Christchurch.

A variety of serious issues about rural health were raised at both meetings. These included:

- Care of the elderly, particularly access to age-related disability services.
- People wanted improved lines of communication with the Board, and a better understanding of prioritisation and rationing in health.
- In Ashburton there was a strong push for the board to liaise closely with other government and social agencies whose decisions affect health.
- Problems in recruiting and retaining rural General Practitioners, and issues such as burn-out and lack of professional support for GPs in rural Canterbury.
- The high workload carried by nurses in rural areas, where often they were the only local health professional able to respond to serious trauma.
- Lack of training opportunities for health professionals in rural areas.
- Lack of palliative care in rural areas.

Mr Bradley says the Board is listening to these concerns and is already working with rural communities to improve their access to health and disability services. In Cheviot, the Board will liaise closely with groups already established through links with the Hurunui District Council's Health Liaison Committee and, in Ashburton, through the Ashburton District Council's Health Committee.



Wendy Suttie of Access Home Health talks with Board Chairman Syd Bradley in Ashburton.



Board Chairman Syd Bradley, acting Chief Executive Chai Chuah and other Board members are welcomed to Ashburton by Mayor Murray Anderson.



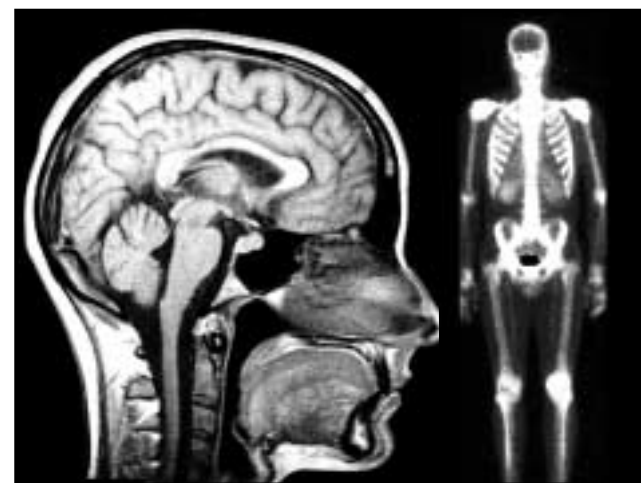
Benita Wakefield of Te Tai O



Hurunui District Mayor, John Chaffey, questions the board in Cheviot.



Dr Ron Baker (centre) and Board members Philip Bagshaw (left) and Martin Braithwaite in Ashburton.



PACS will connect to the existing hospital computer networks, so that X-rays, ultrasound scans, CT scans and MRI scans can be viewed on PCs in wards and clinics.

"Radiologists will report the examinations from high-performance computer screens instead of from film viewboxes," Mr Goodyer says. "Because the images are digital they can be viewed in several different places at once if necessary, so two or more specialists can discuss the same image by telephone from different parts of the hospital."

Radiologist Ian Cowan says this will significantly improve the service to patients, and make more efficient use of clinicians' time and skills.

The Radiology Department at Christchurch Hospital saw 96,000 patients last year, and carried out about 180,000 examinations.

Dr Cowan says PACS will allow radiologists to work faster because a lot of the handling that used to be involved has been replaced "with the click of a mouse".

One overseas hospital calculated that PACS saved it 200 hours per clinician per year.

As well as being a time-saver, Dr Cowan says PACS will also improve diagnosis, as it shows more detail than traditional X-ray films.

A digital image also means it can be e-mailed to doctors in other centres, say overseas, for a second opinion, whereas previously copies would be sent by courier or mail, again taking up valuable time.

Clinicians working on the wards will eventually be able to view the image alongside the radiologists' report, and Mr Goodyer says PACS will also be a valuable teaching tool in doctor training.

"It's going to have a very positive impact for Christchurch Hospital, not just for the radiologists but also for the Emergency Department and for doctors on the wards," says Dr Cowan. "We know there will be real benefits, for everyone, including patients."



Working together for better care

The spirit of health professionals working together to provide quality health care is taking hold in Canterbury. The region is earning a reputation for leading the way with integrated care initiatives.

"Integrated care is a name people in health use for what is really just working together," says Project Facilitator - Integrated Care, Bruce Penny. "It's a simple concept, but as it's not the way we've always done things, it takes a bit of organising."

In integrated care projects health professionals and health services work together in a cooperative and collaborative way, so that the patient's care follows a logical sequence, or a continuum of care.

"It's about delivering the right care, at the right place, at the right time," says Mr Penny. "To achieve this all the

health professionals need to work together and to share information. It also means involving the patient, family members, and carers in the process - that's a critical aspect of integrated care."

Canterbury has taken a lead in developing such systems of care.

Projects already under way include Access Canterbury (a mental health project), the Elder Care Canterbury Project, and GP Liaison (a project linking general practitioners in with Christchurch Hospital's emergency and out-patients departments).

The Elder Care Canterbury Project was the first to be established, in 1997. It targets people aged over 65, and it is the umbrella project for three integrated care initiatives: the Broken Hip Project, the Delirium Project, and the Stroke Project.

"These are now well established projects that are each making a real difference to patient care in our community," says Mr Penny.

"The really exciting thing is that once people start working together in this way, they get caught up in it and apply it to other areas of their work."

From the Elder Care Canterbury Project initiatives another project has grown.

The Pathways Project brings together geriatricians, physicians, and primary care professionals, who work together to identify the best pathway of care for their older patients.

"It's the spirit of working together that is really important, and it is really taking hold in Canterbury - it is becoming a normal part of the way we do things," says Mr Penny.

Broken hips take the fast-track to recovery

A broken hip is a major trauma for anyone, but for elderly people, unless treatment and rehabilitation are carefully managed, it can lead to serious complications and loss of independence.



A broken hip shown on X-ray

The average age for hip fractures seen at Christchurch Hospital is 83, and the patients are predominantly women.

A broken hip used to mean a long stay in hospital for elderly patients, but Canterbury's Broken Hip Project has seen the length of hospital stay steadily fall and the outcome for patients steadily improve, despite an increase in hip fractures among the elderly.

Under the Broken Hip Project a diverse team of clinical staff has put extra effort into ensuring elderly patients with hip fractures receive timely surgery and appropriate intensive rehabilitation, to increase the likelihood that they will return to their former level of health and independence.

The project's clinical manager, Steve Shamy, says the initiative has been so successful that some patients are discharged in better health and at a higher level of independence than they enjoyed before their fall.

The project takes a multi-disciplinary approach to patient care, involving specialist doctors, nurses, physiotherapists, occupational therapists, social workers, ACC, general practitioners, the patient's family and carers, and community groups such as Age Concern.

Mr Shamy says that after 18 months the project has made significant improvements, halving the length of time people spend in hospital for hip fractures, and improving their follow-up care in the community.

A Pegasus GP who was involved in setting up the project, Peter Sharr, agrees it is making a difference for elderly hip fracture patients.

"I've had two of my own patients go through the project, and the feedback I've had is that they really appreciated the support they have had," Dr Sharr says.

"Not only is it easier for them to come and see their GP rather than having to go into the hospital again, but it has allowed their GP to be involved in their rehabilitation at a much earlier stage."

• At a recent meeting of general practice Independent Practice Associations, GPs from throughout New Zealand expressed interest in projects like Canterbury's Broken Hip Project.



Physiotherapist, Disa Wennerstrand, works with stroke patient Ray Darcy, of Christchurch.

Different strokes ...

By doing things differently, a group of Canterbury clinicians is helping elderly stroke patients get back on their feet more quickly.

The Elder Care Canterbury Stroke Project has been evolving since 1997.

"Prior to 1997 services for these patients were quite fragmented, and we saw a need to develop a more organised, seamless system of care for people," says one of the project's managers, Pamela Whitewood. "We knew that if we could achieve that, fewer people would die from their stroke, and those who did survive would be more independent, with fewer needing to go into residential care."

Ms Whitewood says there is strong international evidence to support the philosophy of organised stroke care. The Stroke Project is already making a difference in Canterbury, significantly reducing the average length of hospital stay for elderly stroke patients.

For the last six months of last year the average length of stay for stroke patients at Christchurch Hospital for people who were later transferred to Cashmere's Princess Margaret Hospital was 12.5 days. For the three months from February to April this year it was 10 days.

The overall length of stay is down from an average of 37 days to 22 days. Ms Whitewood says that is a good result, but it is only part of the Stroke Project's success.

"Early indications are that people are being discharged from our service with a higher level of functioning and more independence," she says.

"We're still evaluating the project, and so far we've only been able to implement part of what we wanted to do, but our impression is that we are making a difference to patients and that staff are happier too.

"We're doing things quite differently, and it's changing people's lives - that is really exciting and fulfilling."

Correcting confusion in Canterbury's elderly hospital patients

Canterbury's Delirium Service is probably the only dedicated clinical team in the world targeting delirium in hospital patients.

Delirium is caused by a wide range of medical and surgical conditions, and is characterised by the abrupt onset of confusion.

The condition is seen in people of all ages, but the Delirium Service's consultant, Chris Collins, says it is especially dangerous in elderly people.

"Children and most adults will recover from delirium, but in older people it can cause ongoing and significant problems," Dr Collins says.

"Delirium affects the brain, and older people who suffer an episode of delirium may never make a full recovery."

4 Delirium is common, but not well recognised, he says.

One of the project's key aims is to improve awareness and early diagnosis of the condition.

"General practitioners and rest-home workers are much less aware of delirium than they should or could be," Dr Collins says. "Most doctors would be seeing it in their practices, and rest-home workers would certainly see it among their residents, but they are not recognising it, and that is what we are trying to change."

Delirium is a particularly important issue for residential care workers, he says, and should always be treated as a cue for urgent assessment.

"Delirium is a symptom of an underlying illness, and it requires urgent attention," he says.

"The elderly are especially vulnerable, as delirium can lead to a cascade of consequences from which the patient

may never recover." It is important to distinguish between delirium and dementia, two conditions that can, and often do, coexist.

"Dementia also causes confusion, and carers need to be pretty sharp to see that it is something else, delirium, that is going on in their patient," he says. "The big clue is that there has been an acute change in the patient's behaviour," he says.

A usually docile patient may become extremely agitated, he says, a normally active patient may become lethargic.

The project is still at an early stage, concentrating on people admitted to hospital, but the team hopes to widen its focus to include patients in the community.

• For more information about delirium, contact the Delirium Team on (03) 337-7899, ext 66788.

Minister opens hi-tech Oral Health Centre

Christchurch Hospital has been providing dental treatment for 100 years, and has just opened a new state-of-the-art facility offering a wide range of oral health services. Health Minister Annette King, a former dental nurse, officially opened the new Oral Health Centre on July 12, but the first patients were seen there on June 18.

The modern hi-tech facilities are a far cry from the cramped, over-crowded, and out-dated conditions that patients and staff were used to, says practice manager Joanna Browne.

"This building is purpose-designed for modern dentistry, and to suit our patients' needs," she says. "It is spacious, with large waiting areas and large private treatment rooms."

The new centre has 18 separate treatment rooms, seven more than were available in the old clinic. The School and Community Dental Service is now also based at the new centre.

It also has spacious new general anaesthetic and recovery areas, and the staff have teaching, library and study facilities, more office space, and easier access to patient clinical records.

Christchurch Hospital dentists work with people who are financially disadvantaged, or who have special oral health needs because of an existing medical condition, injury, illness, or disability.

"We have a 100-year tradition of providing dental care at Christchurch Hospital," says the Oral Health Centre's interim clinical director David Barker. "For many years the service was for those who were financially disadvantaged, but it has grown to include that group and many others."

Among the centre's patients today are people with physical and/or intellectual disabilities, refugees and new migrants, children with severe tooth decay or who need major treatment under anaesthetic, people with conditions such as head, neck, and jaw cancers, and people who have suffered injury to the mouth region.

The new centre also has specialist units for Oral and Maxillofacial Surgery, Orthodontics, Oral Medicine, Children's Dentistry, and Periodontics, and a special Prosthetic Unit for facial reconstruction.

The demand for hospital-based dental treatment was always greater than could be provided in the old premises.

"We've never been able to treat all those who were eligible to come here, not because of funding but because of a lack of space," says Dr Barker. "We'll be able to treat many more people here, and in much better surroundings."

The Oral Health Centre is located under the Christchurch Hospital Car Park Building, at 16 Tuam Street.

Caring for Dads



Martin Lowen and his son, Fergus, aged 3 months.

People tend to think of babies as bundles of joy, but for many parents a new baby can bring almost as much distress as joy.

Plunket, long recognised for supporting New Zealand mothers and babies, is increasingly aware that fathers are also in need of support.

Through its new Postnatal Adjustment Programme, Plunket is working with the Father and Child Trust to improve awareness of the issues confronting new fathers, and is developing dad-oriented support networks for men throughout Canterbury.

"Postnatal distress doesn't just affect women, it's definitely an issue for a lot of men," says Postnatal Adjustment Programme coordinator Evelyn Tritschler. "When a new baby arrives it's a big adjustment for everyone, and fathers deserve help with that as much as mothers do."

Depression can be a serious issue for new fathers, with some studies suggesting that postnatal depression or distress may be as common among fathers as it is among mothers.

Spokesman for the Father and Child Trust, Harald Breiding-Buss says that while some fathers take to fatherhood easily, others find it difficult to adjust.

Some new dads struggle with the pressure of providing

for the family financially, especially in situations of unemployment, or when the household income has dropped significantly because mum has taken leave from work.

Others have an expectation of equal involvement in child rearing, and are disappointed when this is not always possible.

"Many fathers express disappointment that their expectations of fatherhood are not being met," says Mr Breiding-Buss. "They feel frustrated and excluded - it's just not what they expected. Some dads are disappointed by the whole experience, and feel they are not able to bond with the baby or be as involved as they had hoped to be."

The arrival of a new baby is an emotional time for the whole family, he says, but many dads tend to keep their anxieties to themselves, often thinking that to talk about their worries will only add to the mother's burden.

"Couples need to talk about these issues, and find ways to deal with them," he says. "It's really important that new parents know it is normal not to feel 100% joyful about the whole thing - distress after the birth of a baby is very common, for men as well as women."

• For more information contact Plunket on 03 366-0765, or the Father and Child Trust on 03 372-9140.

Real work, real pay ... job satisfaction

There are about 250 adults with intellectual disabilities in Christchurch who do some kind of work. Traditionally that need has been met through IHC workshops, but in recent years IHC and other agencies have encouraged people with intellectual disabilities to work out in the community.

That role is now being met by Worksights, which helps people find real jobs with real wages.

James Edwards, aged 37, is one of 127 people who have been placed in a supported employment position in the community.

For the last three years he has been working at Original Foods in Addington - and loving every minute. So too are his bosses, who say James does a great job on the production line, packing doughnuts, and on the social committee.

"He takes great pride in the job, and thinks it's terrific," says managing director Jane Mayell.

Annie Bermingham manages Worksights with an enthusiastic team of about 13 job finders and support coordinators.

She says finding a real job makes a huge difference to people's lives.

"You can't underestimate the impact of getting a full or part-time job for someone who's intellectually disabled," she explains. "It means a real boost to a person's independence and self worth. It also makes a major difference to someone's self-esteem and standard of living because their disposable income can go up by as much as 300%."

The other big plus is the social impact for those involved - not just the people with disabilities, but also their work colleagues.

She says there are many myths about people with intellectual disabilities, but these are soon dispelled once someone is employed. In fact, Worksights gets a lot of positive feedback about how well clients have fitted in, and how much they contribute to the workplace.

• Worksights, at 200 Cashel Street, is always looking for more employment opportunities for its clients, and welcomes inquiries on 03 365 8267 during office hours.



People with disabilities will notice big improvements in access at the new Oral Health Centre, where some treatment rooms are designed specifically for people in wheelchairs.



Worksights client, James Edwards, enjoys a joke with co-worker, Ula Leanna, at Original Foods.

Shedding new light on mental illness

A Canterbury research team is about to start two new studies into bipolar disorder, a serious mental illness. The Clinical Research Unit, a joint venture between the Canterbury District Health Board and Otago University's Christchurch School of Medicine and Health Sciences is working at the forefront of research into mental illness, and has particular interests in depression, bipolar disorder, and eating disorders.

While the group has a strong research focus, the clinicians also treat patients, and have developed close links with community groups supporting people with mental illness.

The school's Professor of Psychological Medicine, Peter Joyce, says the group recently had its Health Research Council grant extended for another two years. The researchers also received about \$NZ300,000 from the Stanley Foundation in the United States, to study weight gain in people on medication for bipolar disorder.

"Weight gain is a significant issue for people on medications such as sodium valproate (epilim)," says Professor Joyce. "Some people experience significant weight gain, and others do not, and we've put together a multi-disciplinary team to look into the reasons for this and how it might be prevented."

The Clinical Research Unit is now recruiting bipolar patients for another study, building on work by Australian researchers that showed different brain functioning in people with bipolar disorder.

That work showed that in people with bipolar disorder the brain switches from using one hemisphere to the other more slowly than in people who do not have the condition.

"It's as if there is a sticky switch in the brain, and it appears this can cause prolonged mood changes," says Professor Joyce.

People involved in that study will be asked to complete a questionnaire and do a test that involves watching for changes in an image on a computer screen.

"If the early results from Australia are confirmed in our work, this test could offer an important method of diagnosis of bipolar disorder," he says. "It may provide a tool that we can use to diagnose bipolar disorder in the children of people with the disorder."

Research targets a deadly NZ cancer

New Zealand holds the dubious distinction of having one of the world's highest rates of bowel cancer, and statistics show that the incidence of this type of cancer may be particularly high in Canterbury.



Professor Justin Roake, left, says better knowledge of bowel cancer would help to improve diagnosis, treatment, and follow-up care.

This has made Canterbury medical researchers determined to find out more about the disease and its causes.

Each year in New Zealand nearly 2500 people are diagnosed with bowel cancer, a disease that kills 1000 New Zealanders a year.

Professor of Surgery at Otago University's Christchurch School of Medicine and Health Sciences, Justin Roake, says there is a clear need to know more about bowel cancer in New Zealand.

"It is clear that New Zealand has a high incidence of bowel cancer, and that that incidence is among the highest in the world," Professor Roake says.

Researchers want to know more about why bowel cancer is so prevalent in New Zealand and the genetic and environmental factors that influence the disease.

Professor Roake says there are many aspects to consider in a research project, including diagnosis, the pros and cons of screening, and the most appropriate treatments, follow-up care, and surveillance.

Some important work is already underway, he says. Gastroenterologist Judith Collett is setting up a bowel cancer registry for families with a strong history of bowel cancer. Scientists are working on a vaccine, building on dendritic cell research begun by the clinical school's Haematology Research Group.

A member of the Canterbury Medical Research Foundation's education and promotion committee, and lecturer in Public Health and General Practice at the Christchurch School of Medicine and Health Sciences, Derelie Richards, says research into the prevention and treatment of bowel cancer is urgently needed.

"Bowel cancer causes 15% of all deaths from cancer in New Zealand," Dr Richards says. "It is the second most common cause of cancer death in New Zealand men and the third most common cause of cancer death in New Zealand women."

New Zealand Health Information Service preliminary statistics for 1997, the most recent data available, show that Canterbury, which has 11.4% of the country's population, accounted for 13.6% of new bowel cancer notifications, and 11.2% of bowel cancer deaths.

Focus on health in Canterbury

How healthy, or unhealthy, are you? What are your health needs? What are the health and disability support needs of your family, friends, and neighbours?

How should those services be delivered? Who should pay for them?

These are some of the challenging questions facing the Canterbury District Health Board (CDHB) as it begins the complex task of assessing the health of the region's population.

The Board has begun reviewing information and data held by institutions such as the Ministry of Health, Otago University's Christchurch School of Medicine and Health Sciences and Crown Public Health, and is looking at the Christchurch City Council's work for the quality of life in New Zealand survey.

It will also liaise with community organisations, such as Plunket and Nurse Maude, about the information they hold and their views on the community's needs and health status.

Planning manager Jane Cartwright says the information collected will be vital as the board grapples with difficult decisions about funding and providing health and disability services throughout the region.

The project will bring together and update information already collected, and will rely on the cooperation and involvement of many groups, she says.

Accurate data is essential for the board to fund and deliver services in a measured and sensible way, and collecting such information is something all boards will need to invest in.

"There are people and organisations in our community who really know what is needed, and what it takes to provide particular health services," she says. "We need them to share that information with us."

Some of the information already collected is included in the Board's first Strategic Plan being released in October, but Ms Cartwright says the needs analysis will be a long-term two to three year process.

\$1 million sought

The Canterbury Medical Research Foundation plans to raise \$1 million this year to fund local research into bowel cancer.

Secretary manager Guy Johnson says more than \$250,000 has already been raised, thanks to a \$210,000 grant from the Community Trust, and \$45,000 raised at last year's ANZ Art and Wine Auction.

Cantabrians will be asked to dip into their pockets in the first week of October during the CMRF's bowel cancer telephone appeal.

"It's a huge target, but we're hoping every household in this community will contribute, because bowel cancer is a significant problem in Canterbury," Mr Johnson says.

Volunteers are still needed to help with the appeal.

If you can help, please telephone the Canterbury Medical Research Foundation, on 03 365 2857.

Tune in for local health news on TV, radio

A new local TV show has started recently which features the latest health news in Canterbury.

The monthly programme called 'Healthline Canterbury', screens on all major local TV stations - NOW TV, Prime TV and CTV.

"The stories cover a really broad range of health news," says presenter Allannah James. "We try and include items which have important health messages. For instance, in the three months when influenza vaccinations for the 65s and over were free this winter, we ran interviews with influenza experts and health professionals about why older people should get a shot... and we kept running reminders."

Programme Executive Producer, Ainslie Talbot, says there are so many developments occurring in health and research in Canterbury right now it's not possible to feature everything he'd like on each programme.

"We have to be selective. But over the months, we try and make sure we have stories from a wide range of areas including mental health, older persons health, Maori health, the disability sector and what's happening in rural communities."

"Over the next few months, leading up to the elections for the Canterbury District Health Board in October, we will also provide monthly updates on aspects of the election process."



Presenter Allannah James interviews Canterbury District Health Board Secretariat Peter Hines on radio.

Each week there's a fifteen-minute radio show covering a hot health topic on Plains FM 96.9. Canterbury DHB Communications Manager, Allannah James, interviews health experts about a wide range of issues.

"We try and keep it topical. For instance, there's a big push to get primary school age children vaccinated for

measles, mumps and rubella at the moment - so we've had the public health nurses on the show talking about the epidemic that could hit in the next two years and why it's so important children are vaccinated now."

"We cover a wider range of issues - from areas like sexual health and maternity care through to the latest medical research being undertaken in Canterbury and building plans for our hospitals."

Tune in: Plains FM 96.9, 5pm Tuesdays.

'Healthline Canterbury' screens:

Mon August 20 7pm NOW TV (formerly CHTV)

Thurs August 23 7.30pm CTV

Mon August 27 10.30am Prime TV

Tues August 28 10.30am Prime TV

Or catch the show on-line at:

www.cdhb.govt.nz

Introducing the Canterbury DHB

The **Canterbury District Health Board's** monthly Board and Statutory Advisory Committee meetings are open to the public. The August meeting dates are:

- **CDHB Board:** Friday August 10, 9am, Christchurch City Council Chambers, Tuam Street.
- **Disability Support Advisory Committee:** Monday August 20, 5.30pm, 4th floor Board Room, Avon House, 10 Oxford Tce.
- **Hospital Advisory Committee:** Tuesday August 21, 8.30am, 4th floor Board Room, Avon House, 10 Oxford Terrace.
- **Community and Public Health Advisory Committee:** Friday August 24, 2pm, 4th floor Board Room, Avon House, 10 Oxford Terrace.

These meetings are also an opportunity for you to meet the Board and Committee members and, after the meetings, to discuss any issues you wish to raise.

Canterbury District Health Board Members:



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



Associate Professor Philip Bagshaw, a general surgeon at Christchurch Hospital, is an Associate Professor of Surgery at the University of Otago's Christchurch School of Medicine. He was appointed to the academic staff there in 1981, where he teaches and does research work for the School.



Dr Api Talemaitoga, a Fijian, trained at Otago University and then Christchurch Hospital. After five years as medical registrar at a hospital in Suva, Dr Talemaitoga 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.



Alison Wilkie is a member of the Riccarton-Wigram Community Board. 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.



Dr Mick Ozimek has been a GP with the High Street Medical Centre for the past eight years, after coming to Christchurch 13 years ago from the UK. He spent two years working in Christchurch Hospital before becoming a community GP.



Dr 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 works for the IHC in Christchurch.



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, Graham Heenan has been a Director of Canterbury Health and Health South Canterbury.



Paul White is from the Ngai Tupoto hapu of Te Rarawa Iwi, is a registered architect, with an MBA, and is currently a management consultant and professional director, with a directorship on Housing New Zealand. Previously, he was chief executive of Ngai Tahu Development Corporation and a regional director for Te Puni Kokiri in Tai Tokerau.



Dr David Kerr is a Christchurch GP who has practised for the last 25 years in Dallington. He was a Director of Canterbury Health and the founding Director and Chair of Pegasus Health until 1998. Currently Dr Kerr is the Chairman of Ryman Healthcare Ltd, Director of Health Benefits Ltd and an adviser to Healthcare Otago.



Marty Braithwaite is employed by the Association of University Staff, with particular responsibility for the Schools of Medicine and Dentistry. He was formerly employed by the Canterbury Hotel and Hospital Workers Union and so has a broad interest in health workforce issues. Marty Braithwaite has administrative experience on a number of community organisations.

Statutory Advisory Committees

Community and Public Health Advisory Committee



Ray Kirk is the director of the New Zealand Health Technology Assessment Unit at the Christchurch School of Medicine which provides in-depth reports to the Ministry of Health and other health and disability purchasers on effective health care and assessment of technologies. He has experience of a broad range of health issues and is a past chairperson of the Canterbury Branch of the Public Health Association. Ray has a PhD in Psychology.



Julie Barlass has been active in rural health and community affairs for the last decade. She is a member of the Ashburton District Health Committee and was involved with the negotiations over the future of Ashburton Hospital in the mid-1990s. The mother of two adult children, and a teacher at Ashburton College, Julie lives on a farm in Methven and is a member of a number of local committees.



Fiona Pimm is the CEO for He Oranga Pounamu, a contract manager and broker for Maori providers in the South Island, and she has a background in health sector management. She has been a Business Development Manager for the Ngai Tahu Development Corporation and a manager with Pegasus Health. Her iwi is Ngai Tahu and she was originally trained as a nuclear medicine technologist.



Rodney Routledge is a team leader (Family and Community Division) in the Community Development Division of Anglican Care. He has wide experience in managing community development projects and researching social policy issues. He is chair of the Aranui Foodbank, Deputy Chair of the Employment Initiative Group and a member of the Christchurch Safer Community Council. He is a Minister of the Presbyterian church and has university qualifications in Community Development.



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. Previously she had extensive experience with Auckland Healthcare in the management of mental health services in central Auckland. She has had 15 years experience in operational management in both the UK and N.Z. in the mental health and disability area.

Board members on this Committee are: Dr David Kerr, Paul White, Marty Braithwaite, Associate Professor Philip Bagshaw, Syd Bradley. **The Chair is:** Alison Wilkie.

Disability Support Advisory Committee



Pauline O'Connor has had thirty years experience working as a foster parent, community worker and relief care provider. She is a past member of the former Pegasus District Health Committee and is now a manager of a relief care community agency. She has had wide experience in supporting families, social work and working with ethnic, Maori and Pacific Island communities.



Ruth Jones is a tutor in community studies at the Christchurch Polytechnic Institute of Technology and was previously a social worker with New Zealand CCS. She trained as a social worker at the University of Canterbury and is a member of a number of advisory committees relating to social work and disability support. Ruth has tribal affiliations to Ngati Porou.



Stephanie Waterfield has just resigned from the position of Chief Executive Officer of the Nurse Maude Association and is currently completing University Studies. She has wide experience in nursing and the provision of community based health and disability services. Her background also includes nursing education. She was a member of the Canterbury District Health Board Transitional Steering Group. She has a particular interest in age related and mental health issues.



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 currently a board member of Access Home Health N.Z. and the Advisory Board of the National Centre for Rural Health. She is also the immediate past president of Rural Women New Zealand and is supported by the Ashburton District Health Committee.



Diana Law is a principal academic staff member and acting head of school at Christchurch Polytechnic Institute of Technology. Her primary teaching area is to students working in the disability sector. Previously she was involved as a manager and support worker for 13 years in the intellectual disability area (IHC NZ) and in other associated agencies. She has also been active in community development work. She has a BSc from Victoria University of Wellington and a number of postgraduate qualifications.

Board members on this Committee are: Dr Mick Ozimek, Associate Professor Philip Bagshaw, Dr Api Talemaitoga, Syd Bradley. **The Chair is:** Dr Olive Webb.

Hospital Advisory Committee



Laurence Malcolm is a Professor Emeritus from the University of Otago and has had a distinguished career in the health system and academia. He is a director of Aotearoa Health and a consultant in health policy, management and research to a wide variety of government, non-government and international organisations. A particular interest is primary health care development and primary/secondary care relationships. Previously Professor of Community Health at the Wellington School of Medicine.



Tim Stonhill is the General Manager of the Hotel Grand Chancellor in Christchurch, with wide experience in the hotel and tourism sectors both in New Zealand and overseas. He has been chairman and board member of Canterbury Tourism Council, is currently chairman of the Major Accommodation Providers committee of the NZTIA, and is an active board member of the Variety Club of New Zealand.



Allison Lomax, a Hurunui resident, is a director of Crown Public Health representing Health South Canterbury and a project manager on contract to provincial District Health Boards. Originally qualifying as a nurse, she has since gained wide experience in hospital and health sector management and strategic planning in South Canterbury, Southland, and Nelson - Marlborough.



Susanne Trim is a nursing adviser with the N.Z. Nurses' Organisation and member of the Ministry of Health's committee to develop a discussion document on a quality improvement strategy for public hospitals. She has wide health sector committee and board involvement, and 25 years clinical experience, in public sector hospitals. A current member of the Christchurch Polytechnic Council, and the Nursing Advisory Committees of the Christchurch and Otago Polytechnics, she was also on the Ethics Committee of the Canterbury Area Health Board (1991-94).

Board members on this Committee are: Alison Wilkie, Paul White, Graham Heenan and Syd Bradley.
The Chair is: Dr David Kerr.

Canterbury DHB

District Health Board

Te Poari Hauora o Waitaha

Emergencies only - please

Please keep Christchurch Hospital's Emergency Department for emergencies. That's the message from the busiest emergency department in Australasia, which sees more than 65,000 patients a year. Of those, more than 48% are sick enough to be admitted to hospital.

Community initiatives are helping to ease some of the pressure on the department, but emergency clinicians say there is still room for improvement. They are particularly concerned that some people do not have a general practitioner, and would like people to take more individual responsibility for their personal health.

"Having a GP is one of the best things people can do for their health, but we still see a number of people who do not have a family doctor," says Emergency Department clinical director Angela Pitchford. "We would like everyone in Canterbury to have a GP, so that they can receive timely treatment for their medical conditions and good follow-up care once they leave the Emergency Department."

"This is a very busy department with a large number of seriously ill and injured patients, many of whom have been brought to hospital by ambulance," she says. "Patients are seen in order according to how urgently they need to see a doctor. While we try to look after all patients who come to the Emergency Department, those with more minor problems may wait a very long time while staff are busy treating emergencies."

Dr Pitchford says Christchurch is fortunate to have excellent after hours general practitioner services, including the 24 Hour Surgery, which can deal with a wide range of minor complaints as well as many injuries, including some broken bones.

"The Emergency Department is not intended as a place to be used for longstanding conditions, or minor illnesses which could be treated by a GP," she says. "We work very closely with the general practitioners in this region, and they offer excellent after hours services for their patients. In most cases of illness or injury, the GP should be the first port of call."

A venture, in which the Canterbury District Health Board and Pegasus Health jointly fund GP liaison positions in the Emergency Department, is helping to improve communication between the hospital sector and primary care. It streamlines the referral process for patients coming to hospital, and ensures that information from hospital gets back to the patient's GP. This initiative also encourages people to use a general practitioner.

...you can help

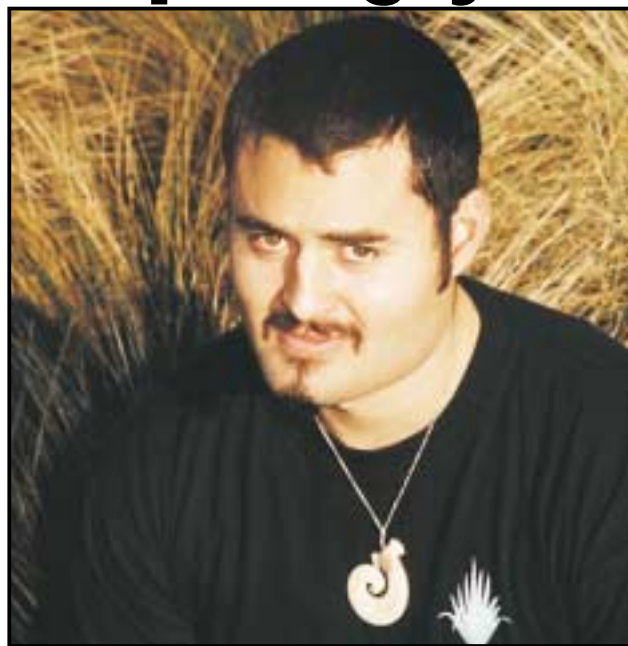
There are several things you can do to help ease pressure on the Emergency Department at Christchurch Hospital:

- If your condition is not urgent, go to your general practitioner, or after-hours clinic.
- Ensure that you and your family have a family doctor.
- Call your family doctor if you have a problem.
- Follow the doctor's instructions when you are put on medication.
- Know the names and dosages of your medications, and the reason they were prescribed for you. If you are taking a lot of medications, keep a written record of them, or bring them with you if you need to come to the Emergency Department. Tell the staff if you have an allergy to any medicines.
- Keep your children's and your own immunisations up to date.
- For non-urgent ongoing medical conditions, see your family doctor or contact an after hours clinic.
- Learn first aid, so that you will know what to do if you or someone near to you needs assistance. For information about first aid training contact St John or the Red Cross.
- Consult the white pages at the front of your telephone directory for information about general practitioners and other community health workers in your region.



Staff Nurse Julie Bruerton attends to a young patient in Christchurch Hospital's Emergency Department

Inspiring youth to stand tall



Matiu Te Huki: helping young people feel good about themselves and the future.



Rangi Anderson (left) and Te Aoturoa Roberts take pride in standing tall.

Matiu Te Huki is determined to use his creative and cultural talents to make a difference in the lives of young people.

A man on a mission, his aim is to help young people feel positive about themselves and the future.

"This is something I am really passionate about," he says. "I get a real thrill from seeing the so-called bad kids in a school achieving, through haka and other performing arts, and helping them develop a sense of pride in themselves."

The Crown Public Health Maori mental health promoter is of Ngati Kahungunu and Rangitane descent, and has a background in Maori cultural performing arts, music, and education.

He has written and produced a video for at risk youth aged 10 to 25 years, which will be launched next week. "Tu Toa...Stand Tall" is based on Mr Te Huki's successful stage show of the same name, which toured schools throughout Aotearoa in 1999.

The key to Tu Toa's success is that it does not shy away from the difficult issues affecting New Zealand youth - issues like drug and alcohol dependence, suicide, sexual abuse, bullying, and unemployment, he says.

"I know about these issues, I know they hurt our youth," he says. "Youth suicide has affected my whanau and it continues to affect my people. It stems from low self-esteem and not knowing how to seek help. It's an issue we have to address: it's a killer."

The stage show was well received by teachers and students alike. Young people saw the play as representing "something real," but which was also fun and funky, with a clear and relevant message. Mr Te Huki says he knows of many young people who were inspired to seek help after seeing the show.

"Some divulged that they had been sexually abused, others acknowledged that they had a problem with drugs - they took that very difficult first step," he says. "Many teachers reported a change in their students' attitudes after seeing the show and said the kids were more positive and more supportive of each other."

"Tu Toa...Stand Tall" takes the viewer on a journey with five young people. Each youth has a different issue and its attached discrimination to deal with - alcohol abuse, peer pressure, mental illness.

Mr Te Huki says it features an "awesome soundtrack of New Zealand talent" and is designed to leave students "feeling empowered, informed, and positive about life". The kit includes discussion starters for classroom use, and support information.

"All too often young people believe it is not cool to seek help with their problems, that it is sissy," Mr Te Huki says. "We're trying to turn that around so that they believe it is a sign of strength to seek help, not a weakness."

"Tu Toa...Stand Tall" is produced by the Te Whanau Puawai Ora Trust, with support from Crown Public Health and the Health Funding Authority. For more information contact Matiu Te Huki at Hauora Matauraka, Crown Public Health, telephone 03 3740 490, ext 703.

Canterbury District Health Board, PO Box 1600, Christchurch.
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www.cdhb.govt.nz