

# PreScribe

NORTHLAND DISTRICT HEALTH BOARD STAFF MAGAZINE



All Blacks Visit Children

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All Black Patrick Tuipulotu seen here holding five-month olds Korbyn (right) and Supreme Martin-Leigh at the Child Health Centre.



# From the Chief Executive

## Northland - Forgotten, but not Lost!



Something that isn't always appreciated (by the public, media, and healthcare workers) is how much impact our health system can and does have on the health of our population. When you're busy treating a patient who is acutely unwell or when you're saving someone's life, this may seem irrelevant, but health interventions can only contribute about 20-30

percent of population health gain. It's highly significant, but lifestyle (30 percent) and social determinants of health (such as income, employment, education, housing, etc.) (30 percent) have as great an impact. In case you were wondering, the final bit is due to genetics (10 percent) and bad luck.

The huge impact of factors outside health on health is why, as a chief executive of a District Health Board, quite a lot of my time involves working with other sectors. However, some sectors and issues have a much more direct and immediate impact on our health system than others. One of these is our roads and New Zealand Transport Agency (NZTA).

Prior to Christmas, I read a media article about several high risk roads that were going to get special attention and investment over the next year or so because of their high accident rates. I noted with consternation that the closest area to Northland was the Dome Valley, i.e. it appeared that Northland had been forgotten. This is at a time when we had a reported 40 road traffic deaths in Northland, which was over 10 percent of the national total despite us having less than four percent of the population. I asked our Public Health team to research how Northland ranked against other District Health Boards and whether we consistently had high death and injury statistics so that I could understand why we were not getting the appropriate investment in our roads. I assumed that despite 2017 being a bad year, overall we must have a relatively low injury and death rate. What else could explain why we were yet again being ignored?

Northland data was compared to regional data from Auckland, Waikato, Bay of Plenty, Canterbury, as well as national data. These areas were chosen because they have been perceived as having some of the highest motor vehicle accident rates in New Zealand. A detailed analysis of motor vehicle accidents in Northland from 2013-2018 using multiple databases showed that:

- On balance, Northland appears to have the highest morbidity and mortality rates resulting from motor vehicle accidents in New Zealand.
- Northland had the highest fatality rate caused by motor vehicle accidents in 2017 and 2018.
- The rate per 100,000 population for motor vehicle fatalities and non-fatalities in Northland appears to be increasing.
- Northland had a higher number of hospital discharges due to motor vehicle accidents than all other regions considered in each year. Northland's rate per 100,000 hospital discharges was much higher than the national average.
- Māori have much higher morbidity and mortality than non-Māori, although some data is a bit patchy.

More detail and five year trends can be found in the briefing paper '[Fatal and Non-Fatal Motor Vehicle Accidents in Northland](#)' via the [Chief Executive's Desk](#) on the Intranet and in [Publications on the website](#).

So, data and science tell a very sobering tale I'm afraid, but one that can be told again and again when it comes to Northland. Once more, we are top of the country not just geographically, or in temperatures, lifestyle or natural beauty. It's the same tale that is played out when comparing national health statistics - be it cardiovascular disease, stroke, cancer, suicides, meningococcal and other infectious disease rates. However, this one is not because of poverty, our rapidly growing (easily the highest growth DHB over the last five years) and aging (over 20 percent of our population is over 65 years old), 35 percent Māori, nor our rurality; although some may be contributors. Obviously, the quality of Northland's cars, drugs, alcohol, speed and stupidity (no seatbelts, etc.) all have an impact. However, the most significant avoidable contributor is our roads. We appear to have been forgotten by the NZTA, and we have not had the same level of investment in our roads that other regions have had, nor the level of investment that our population deserves.

Over the last eight or so months I've been liaising with the NZTA, and recently a senior official met with me and a number of other social sector and Council leaders (we have a monthly Social Wellbeing Governance Group meeting that I chair). The NZTA weren't aware of this data and are keen to work with us and have Northland DHB represented on their road safety group. That's all well and good, but I'm really clear that the only satisfactory response is increased investment in Northland roads commensurate with the amount of harm being caused on them.

Having just read about Vision Zero, the concept of a safe road safety system - zero road deaths for your family or loved ones. A wish and a philosophy we should all have for ALL road users - Drive to the conditions and get home safely.

What a wonderful aspiration, and one I'd support if we had a level playing field, but we don't. Immediately north of Warkworth the roads get rougher, road noise increases significantly, and the road quality deteriorates the further north one drives. Narrow, crowded roads, with minimal passing lanes, deep culverts, uneven camber, bumps and potholes are undoubtedly a significant contributor to our very high accident rates.

As you drive further north, you eventually reach the stretch of road between Ruakaka and Hikurangi which is literally a "killing field". We have plotted all the road fatalities in Northland, and that stretch of road alone has had over 30 deaths from 2013-2018.

I assume that like the NZTA, our politicians and policymakers didn't know these figures. That is why we have not been considered for greater investment. I'm confident that we have been forgotten yet again, but also confident that once these statistics are examined, all is not LOST. One of the best decisions leaders can make is to reverse a bad decision, and the evidence is crying out for this to happen. Please, fix our roads. Let's not LOSE any more Northlanders, let's not clog up our ED, ICU and wards; help us to play on a level playing field so that Northlanders can embrace ZERO deaths among our families and loved ones.

Kind Regards,

*Nick*

# Countdown Kids Hospital Appeal 2019



Nicole Alach and Zane Williams

The Countdown Kids Hospital Appeal 2019 launched in August with a fantastic performance from the Whangarei Primary School kapa haka group at the Child Health Centre in Whangarei.

Paul Maxwell, acting group manager of Countdown, said he hoped the passion that the kapa haka group had for their performance would be reflected by the community for the Appeal, which ran until the end of October.

Paul said that Countdown works hard to make Kiwis lives a little better every day and the Appeal is at the heart of that support.

Since the Appeal first began in 2007, Countdown customers and staff have raised \$12.8 million to support thousands of sick Kiwi kids and their families around the country.

Northland DHB Child, Youth, Maternal, Public & Oral Health general manager Jeanette Wedding told the audience Northland DHB received \$860,000 of those funds over the last 12 years.

Northland's face of this year's Countdown Kids Hospital Appeal was four-and-a-half-year-old Zane Williams. Zane is one of five New Zealanders diagnosed with a rare genetic variant that affects how his brain works. Because of this, he has global developmental delay, intellectual impairment and autism.

Zane's mother, Nicole Alach, said when he wasn't crawling after his first birthday; she brought Zane to the Child Health Centre. A blood test revealed the deletion on his 12th chromosome, and since then they have had full, engaged wrap-around services from the Centre.

Nicole says that it takes more than a village to raise a child with special needs, and Zane's therapists have taught him to walk, use a spoon, play and communicate his basic needs.

"The team here all mean so much to Zane, our extended family and me. The mahi done here has helped so much to improve all of our quality of life. They have been there to support us in hard times and celebrations also. Always offering a hug, or more practical support when needed, like chasing him down the road if he got away from me."

Last year Nicole was looking for a change in career and saw an administration support position at the Centre advertised. She knew straight away this was where she needed to be, and she now works as part of the team. The role can be quite emotionally challenging for her when she sees parents of children the same age as Zane looking to access services for their children's developmental delays. Still, she knows once they have finally connected with the service, they will receive the best care.

Nicole was proud to have Zane as the face of the Appeal. She said it goes a long way to help families with children suffering from a range of illnesses and conditions, and it is much appreciated.

Northland DHB Child Health Services manager Yvonne Hunter said their wish list for 2019 includes new play equipment for the Whangarei Hospital Whānau House, which has, on average, 80 children per month staying overnight. Currently, there is no area for the children to play and no child proof fencing. Yvonne said they aim to use the money to create a more homely environment and ensure children are entertained and distracted while their families are dealing with their siblings spending time in hospital.

Added to the list are various pieces of medical equipment to ease the stress levels of children undergoing procedures. For example a vein viewer allows a vein to be more easily located when blood needs to be taken or lifesaving medication given. Sleep apnoea monitors will be purchased for the Children's Ward and Special Care Baby Unit (SCBU) to monitor breathing in premature infants and for babies who are at high risk of sudden unexplained death in infancy (SUDI).

Fridges are also on the list for SCBU and the Child Health Centre to keep expressed milk at the correct temperature for babies and for storing immunisations safely to allow for opportunistic vaccination.

Yvonne said last year Countdown gave them a cheque for \$81,000. This made a significant difference to children with disabilities who can use a new wheelchair and mobility scooter both in the Child Health Centre and in the community.

They were also able to purchase glucose monitoring systems for children with diabetes, a trauma stretcher, breast pumps, portable and wall mounted ophthalmoscopes for Child Health Centre and the Children's Ward. Child Protection and Gateway Services received an iPad to use for distraction therapy when children are undergoing procedures, and Kaitia Hospital received a heated cot and portable blood pressure monitors.

Last year, the team at the Child Health Service raised \$2,000 to add to the Appeal. They hope to do it again with funds raised from the Halloween Quiz night.

Every little bit helps support the children and their whānau in Northland who are dealing with the stresses that come with ongoing health issues. Next time you go to Countdown, remember what it's all about and join in.



Health Fund PLUS has been set up by Northland DHB and Northland Community Foundation so that people can give to the DHB by way of donations or endowments.

Health Fund PLUS enables Northland DHB to purchase equipment and services over and above what can be bought through Government funding, helping the organisation provide the best quality healthcare possible to the people of Northland. Giving is easy. People can give a regular donation, a one-off

gift, or there is an option to make provisions in your Will. By giving to Health Fund PLUS, you are also eligible to receive a 33 percent tax credit.

Contact the Northland Community Foundation on 021 558 224 at any time to talk about your idea for a gift and discuss how you would like to contribute.

These are the most recent stories of funds allocated to Health Fund PLUS.

## Grateful Patient Gives to Staff

After experiencing excellent pre and post-operative care at Bay of Islands and Whangarei Hospitals, Russell retiree, Uwe Schmutzler contacted Northland Community Foundation to donate \$1,000 to each hospital as a thank you to staff.

Mr Schmutzler had both his knees replaced through Northland DHB this year and said he found all staff to be excellent. He believed that needed acknowledging, and decided to donate. "I hope that they will derive a bit of encouragement from this to keep up their good attitude and work that makes such a big difference to the majority of patients they need to look after."

The generous offer came with two conditions – first, that staff had a say about how the money was spent. Clinical nurse managers, Grant Cochran from the General Ward at Bay of Islands Hospital and Tanya Kitchen from Ward One at Whangarei Hospital asked their teams. Grant's staff decided to use the money for their monthly get-togethers, while Tanya's team chose to have a water cooler installed and to purchase a sandwich press, a jug and if there was any money left over to have a piece of art put up on the ward. The teams were thrilled to be acknowledged and to have the choice of what to do with the money.

Mr Schmutzler's second requirement was that he got receipts for his donation to ensure he was eligible for the 33 percent tax deduction available for all charitable contributions. By donating \$2,000 to Health Fund PLUS through the Foundation, Mr Schmutzler will receive a \$660 tax credit.

## Northland Babies Sleep Safely, Thanks to Lions Club

The Mangakahia Lions Club kicked off their 50th anniversary celebrations by donating funds to the Northland Community Foundation.

The funds were used to purchase a new sleep apnoea monitor for use on premature babies in the Special Care Baby Unit (SCBU) at Whangarei Hospital. These monitors check the respiratory rate of infants, and if they stop breathing for more than 20 seconds, an alarm will sound. SCBU associate clinical nurse manager Merophy Brown said having a new sleep apnoea monitor in the Unit means they have others to use in the Children's Ward and to lend to parents who need to monitor their babies when they leave the hospital.

Little Jay Junior (JJ) Thompson was the first to use the new monitor. JJ was born at just 27 weeks at Auckland Hospital. He weighed 805 grams at birth and spent his first two months in the Newborn Intensive Care Unit in Auckland before being transferred to SCBU, where he stayed for a further four months.

The Club raised the \$1,880 required for the equipment by cutting and selling over 100m<sup>3</sup> of firewood and holding several golf tournaments. Club president Ray Webb said because nearly all their club members have children and grandchildren, they understand how valuable equipment like this is for the community.



Whangarei Hospital's Ward One staff with their purchases



JJ Thompson

# Programme Gives Courage



Employment specialist Lee Colvin

The tide has turned for two Whangarei men who have found employment after taking part in the Rākau Rangitira programme at Te Hau Āwhiowhio ō Otangarei Trust.

The Trust supports members of the Otangarei community to access services and assistance they require to achieve their aspirations. The programme is especially for those who are over 18 years of age, on a benefit, with alcohol and drug (AOD) addictions.

Back in 2017, Northland DHB and NZ Police received funding to set up a pilot focused on reducing methamphetamine demand – known as Te Ara Oranga – The Path to Wellbeing. One of the services established by the pilot was Individual Placement with Support (IPS) and two employment specialists were hired by Northland DHB, based at Employment Works in Dargaville to assist those in the programme with planning and preparation, job search and job support. They also work closely with local Work and Income staff to assess if the potential employer or employee is eligible for employment subsidy.

When Northland DHB partnered with Te Hau Āwhiowhio ō Otangarei Trust, they expanded the IPS model using funding from the Ministry of Social Development to employ a third employment specialist to join the Employment Works team. Lee Colvin was hired to support Rākau Rangitira Programme attendees into work, and follows the same employment model as her colleagues working with Te Ara Oranga.

Since she started the role in March, Lee has had a 65 percent success rate, using her extensive network of around 490 prospective employers throughout Northland to connect clients to, depending on their needs and ability. One of the men mentioned above was referred to Lee in April after coming off home detention for assault charges. He completed a Corrections AOD programme, NorthTec Safe Trades Programme and a Path programme with Te Hau Āwhiowhio. He no longer drinks.

He presented to Lee as extremely motivated to find employment and because his goal is to qualify as a registered builder, she set up and attended a meeting with him and Bowling Infrastructure Group. They were impressed with his attitude, and offered him a position. To ensure he was fully equipped for the role, Lee organised with the Trust, Ministry of Social Development and the employer to help fund and source the tools he needed, some of which he will pay back weekly.

The second man lost his last position because he was unable to get to and from work. Since joining the Rākau Rangitira programme, he has been supported into attending a Literacy NZ course two days a week to learn how to read and write so that he can sit his Learners Licence and was taken to Dress for Success to get appropriate clothing for interviews. He now also has work with the Bowling Infrastructure Group as a painter.

Lee checks in with their employer every week to gauge their progress.

Bowling Infrastructure Group general manager, Cameron Lornie said they feel it is important to give people who have fallen upon tough times a chance to get back on their feet and provide them with the opportunity to do something meaningful with their lives.

“To date, the two staff we have picked up through the programme have demonstrated a keen attitude and willingness to get back into gainful employment.

“We feel having ongoing support systems is important to improve the chance of success of the programme.

“Providing they continue to do well, there is no reason why they would not have the opportunity to undertake further training or take on additional responsibilities in their roles,” said Cameron.

Lee says when you enjoy what you do, it makes it easy.

“The clients I work with are fabulous. All I do is open the door for them – I give them the kudos for having the courage to walk through it.”

One of the reasons IPS can be successful for people who face multiple barriers to employment is the integration between all aspects of a person’s support, drawing on the strengths of each member of their team, including their whānau, to get results.

Employment provides us all with a sense of belonging and purpose and helps us have a valuable connection with the community. It also gives people the means to support themselves and their whānau.



# CPR Skills Invaluable



From left - Priscilla Ford, Norman and Kaye Tolra and Joby Paul.

Few people can say they have died and been resuscitated, let alone twice, but Norman Tolra is one such man.

Back in 2003, Norman was at his local gym in Christchurch when he had his first cardiac arrest. Gym staff performed mouth-to-mouth on him and managed to resuscitate him. When he returned to the gym afterwards, one of the instructors who helped bring him back to life told him she decided to fulfil her dream of becoming a nurse after realising how capable she was in an urgent situation.

Norman and his wife Kaye, who now works as an occupational therapist at Northland DHB, also made a life changing decision after the incident. They made a pact that he would never leave the house again without some form of identification, in case this happened again.

Then in June this year, Norman was just metres from his home when he collapsed from a second cardiac arrest while out jogging.

Emergency Department (ED) nurse Joby Paul was driving down Western Hills when she noticed Norman lying on the ground being attended to by a bystander. She stopped to assist. Midwife Priscilla Ford also pulled over with her home birth kit which included oxygen, and the pair worked together to perform expert cardiopulmonary resuscitation (CPR) on Norman until the ambulance turned up and took over.

Neither Joby nor Priscilla were aware that the other was a health professional. Priscilla recalls thinking that Joby must have listened to her instructor during first aid training

because she was performing textbook CPR. Together, their skills saved his life.

Kaye was at work when she received a call from ED asking if she was Norman's wife. Thanks to their pact back in 2003, Norman's keys had his NHI number attached, which ED staff used to identify him and connect back to Kaye.

He was airlifted to Auckland Hospital where he spent a week in intensive care, followed by two weeks at Whangarei Hospital recovering from both the cardiac arrest and a head injury sustained from his fall.

The couple had the opportunity to meet with Joby and Priscilla last month. Before the meeting Kaye said she didn't know what the protocol was when meeting someone who has saved your husband's life, adding "We can't do anything more than say thank you to Priscilla and Joby, and live our lives in a way that gives thanks."

All four urge the public to consider learning CPR, which, when performed early with minimal interruptions, is the most critical factor in a patient surviving.

Kaye said they have taken several lessons away from the incident, but above all, to be thankful for every day.

St John and Red Cross offer regular First Aid training for members of the public. Northland DHB provides in house training in Basic Life Support for staff which includes CPR and use of emergency call systems, and the use of Automated External Defibrillators (AEDs).

# Let's Talk Cancer Hui



Let's Talk Cancer Hui in Rawene Town Hall

Both speakers and attendees took away learnings from the well-attended Let's Talk Cancer Hui in Rawene.

The aim of the hui was to engage with the community around cancer care and what a patient's journey currently looks like in Northland. It was organised by Northland DHB and Hauora Hokianga, with support from Cancer Society Northern Region, North Haven Hospice and Leukaemia & Blood Cancer New Zealand.

Northland DHB's Queenie Mahanga and Alex Richards said they really enjoyed working with Hauora Hokianga, whose Health Promotions team created a welcoming atmosphere and a spectacularly decorated venue. They also commented on their pleasure working alongside Lynn Foster (former clinical manager) and her enthusiastic, professional team.

"It helped create a real sense of connection, with people talking freely throughout the day and lots of interaction. It shows the power of good working relationships. The communication with the team in Hokianga was clear, direct, helpful and enthusiastic – it was like a breath of fresh air, and it felt like we were all there for the patients," said Alex.

Speakers included two oncologists, a haematologist, psychologist, nurse educator, Rongoā Māori practitioners and two patients who talked about their personal experience with cancer in an interactive forum where attendees' questions were encouraged.

For those uncomfortable about questioning the speakers, jars with paper and pencils were placed on each table so audience members could write down their queries.

Unfortunately, the panel ran out of time to answer the bulk of questions. To remedy this, the panel took time to respond to the questions afterwards, and will post these on the Hauora Hokianga webpage and Facebook page.

Attendees rated the event positively and appreciated the opportunity to get more understanding about the impact

of cancer on whānau. The sensitive way the health professionals answered some tough questions was also mentioned.

Acknowledgement for the place rongoā has in cancer care also featured highly in the feedback, particularly requests that oncologists understand the need for patients to feel comfortable, during consultations, to discuss using it as part of their treatment.

"The audience wanted practitioners to be sure we were clear that rongoā is not just about taking Māori medication. It's about other forms of healing – healthy living, mirimiri (massage) spirituality and even treating in a setting that is health-giving," said Queenie.

Queenie added that having hui like this in our communities is the way forward to making a real difference to Māori health and working towards reducing inequities and minimising barriers to accessing healthcare. "Getting out there to hear what people are saying helps to know what some of those barriers are."

One audience member explained that an oncologist might book an appointment for a patient to have treatment in Auckland, without realising it could be a four-day journey for someone from the Mid and Far North. This was a valuable lesson for the team to hear.

One of the two oncologists, Dr Larking held a clinic in Rawene the day before the hui, which Queenie said meant a lot to the community. "They were all so appreciative that he made an effort to come up and see them. This contact has gone a long way to making people feel easier about having to come to Whangarei to see a specialist."

The Northland DHB oncology team would like to return to Rawene to discuss the feedback and respond in person to some of the questions raised. They also plan to hold similar hui around the region, for other communities to be informed and ask questions in a safe and open environment.



# Major Surgery

## Like Competing a Half Marathon



David Nielsen



Kevin Marshall

ANZCA National Anaesthesia Day is celebrated each year across Australia and New Zealand on 16 October, the anniversary of the day in 1846 that ether anaesthetic was first demonstrated in Boston, Massachusetts.

Anaesthesia is one of the most significant discoveries of modern medicine. Many of today's operations, especially for the very young, very old or very ill would not be possible without it.

Preparing for your anaesthesia was the theme of ANZCA 2019 National Anaesthesia Day. The aim was to help the community understand the importance of preparing for an anaesthetic – such as getting fit, stopping smoking or discussing any medical conditions or allergies they may have.

Northland DHB consultant anaesthetist Dr Lucy Stone says preparing for a major operation is a bit like preparing for a half marathon (or maybe a 5km run). "The fitter you are, the easier the recovery will be. Your body needs to repair itself after surgery – eating a healthy diet before and after your surgery can help," said Dr Stone.

When Dargaville man David Nielsen went to Whangarei Hospital to discuss his shoulder surgery, he was told that the table they perform surgery on could take a maximum of 158.75kg. Which meant at 171.5kg, David was too heavy and didn't meet the criteria to get on the surgical list.

His surgeon gave him an appointment for two months later to have his weight reviewed. Then he met with the Hospital dietician to discuss how he could lose 20kg. He was encouraged to walk to the end of the driveway or around the block daily to help him meet his target. David said he didn't think just going down the drive would be enough of a challenge, but if he walked around the block, he could see himself feeling stranded if he got too tired.

"The whole concept of taking up exercise seemed quite daunting. Like most people waiting for surgery, I was in quite a lot of pain."

He and his wife Gloria thought water therapy might be suitable. However, since they were on a limited budget, the cost of driving to Whangarei and the entry fee to the

Aquatic Centre was prohibitive.

Eventually, they decided to invest in a good quality treadmill from Trade Me so he could start his weight loss regime at home. Gloria says that their lounge now looks like a gymnasium, but it was the best decision because David has gradually increased his time using it from three minutes a day to at least half an hour at a time, every day.

For the first two months between appointments, he was on a strict diet, and together with his increased exercise, he reduced his weight to 150.6kg. He is now on the surgical list.

Gloria said that losing the weight was easy; keeping it off has been more challenging. David has managed to shed another five kilos and no longer has such a strict diet but has kept up the treadmill exercising. Together they have reduced their plate size, which has helped them both lose weight. He says he has more stamina, feels much more agile, and plans to carry on exercising and watching his portion size after surgery.

David believes that Valerie Adams has it right when she recommends to, 'Move a little more, eat a bit better, take a moment.' He adds, "It is hard to make a change, but it just takes one thing, and it's amazing what incentive does."

Retired Whangarei plumber Kevin Marshall also made a significant change in his life to prepare for laminoplasty neck surgery to relieve the severe pain he experiences caused by Dystonia. After a range of treatments to remove pressure from the spinal cord in his neck failed, he was referred for surgery 12 months ago.

Kevin said the first thing his surgeon told him was to give up smoking, which reduces infection, lung function and healing time. "He really meant it! But that was the best thing he could have said because I've not had a smoke for nine months and it feels great."

Kevin and his wife Gabrielle both went cold turkey, and have managed to stay smokefree even while being tempted to buy cigarettes on a trip to Bali recently, where smokes were only \$3 a packet. However, living with the pain caused by Dystonia was no longer tolerable, so there



was no way he would risk not being able to have surgery by smoking again.

He was also advised to try and get fitter, which would assist his recovery from surgery.

To keep fit, he does the 5BX plan exercises that were developed for the Royal Canadian Air Force in the 1950s to improve flexibility, strength and to boost aerobic fitness. He also keeps active by gardening and doing jobs around the house, but is limited to what he can do with his neck being in so much pain.

Dystonia has affected his quality of life and causes him to get very irritated. Little things like watching his grandchildren's

winter sports have been out of the question because he can't stand for long without needing to rest his neck.

However, after successfully giving up smoking, and waiting on the surgical list, he had surgery at the end of October.

The anaesthesia team joined Toki Rau Stop Smoking Services Northland and Green Prescription facilitators to staff a display outside the Outpatients Department on Anaesthesia Day to speak to members of the public about the benefits of making healthy lifestyle choices in preparation for surgery.

## Commitment Pays Off



From left He Pihinga Ora Kaiāwhina Kerriane Rameka and Blake Tucker with his new helmet

Whānau who have shown a commitment to the Northland DHB He Pihinga Ora programme were gifted bikes and helmets at an event at the Town Basin in September, so they can continue to grow on their journey together as a whānau and make memories for their tamariki.

He Pihinga Ora (Supporting Raising Healthy Kids) is a pilot offered throughout Te Tai Tokerau to children and whānau who are above 98 percent in BMI at their Before School check. Kaiāwhina throughout the region support those enrolled with the programme to make some small positive changes to nutrition, activity and wellbeing within their whānau.

These changes are based on conversations held with the whānau around kaioara, hākinakina and hauora. Through this process of whakawhitiwhiti kōrero, other kaupapa Māori concepts come into play such as manaakitanga, aroha, tuku mana and whānaungātanga.

He Pihinga Ora is not designed to create marathon runners. Its focus is to support whānau to accomplish goals that enable them to spend more time together, make smarter kai choices or learn Te Reo Māori together.

Kaiāwhina Kerriane Rameka said they focus on three strands with the whānau: Kai Ora – Nutrition, Hākinakina – Exercise, and Hauora – Well-Being.

“Using these strands, we ask what they've done in the past – what worked and didn't work, and if they know why. Our role is to support the whānau with the goals they set themselves for each of the strands by finding an activity that the whole whānau will benefit from, e.g. swimming, bike riding, walking the Loop to giving meal ideas and recipes.”

Kerriane coordinated the provision of the bikes after they held a wheels day event earlier this year. Whānau brought their bikes, skateboards, scooters and raced around the Loop. It was such a success that it will now occur once a term, and those that took part and have continued with their commitment to all strands of the programme were selected to receive bikes and helmets.

My Ride Whangarei secured a reasonable price for the bikes and manager Paul Fancy said they then decided to donate the helmets, a rack and a baby seat after seeing how impressive the programme was. “Kerriane and her team have nailed it. With the new bike path from Kamo into town and summer coming, these bikes will help these families get out and about.”

The first to turn up for the event was Blake Tucker and his parents Brett and Leanna who were thrilled to be gifted the bikes. “Where we live it's really busy, so Blake wouldn't have been able to ride to school for years – now we can ride with him. Plus, it's good for the environment,” said Leanna.

Before the bikes and helmets were handed over, they were blessed. Then it was smiles all around as they were taken for a test drive around the Loop.



# Out & About





# Northland DHB Values Refresh



Our Northland DHB Values matter, resonate with us and go a long way to keeping us all safe, healthy and happy. Making a difference in someone else's life is why we do what we do. So, caring about each other and our wellbeing means we can serve our community first.

We look after ourselves and each other because:

- We are – Te Poari Hauora A Rohe O Te Tai Tokerau
- He Hauora Mo Te Tai Tokerau – A Healthier Northland is you and me
- Together – We are the DHB.

These five core Northland DHB Values – **Tāngata i te tuatahi** (People First), **Whakaute** (tuku mana) (Respect), **Manaaki** (Caring), **Whakawhitiwhiti Korero** (Communication), **Te Hiranga** (Excellence) – were established in 2006.

They have been used for many new initiatives over the years to attract new employees, as part of orientation and induction, in performance appraisals, training courses and for team rules of engagements.

Ultimately though, they provide the DHB, us, with our moral compass, something to hold on to during tough times. They provide the basis for our organisational culture and remind us of what's important.

Organisational Values are not meant to stay static. They should continually evolve to incorporate the ever-changing environment and culture we work in. This, in turn, ensures that we remain confident in keeping people safe, healthy and well.

Over the years, our Values have been refreshed and updated. Some of you may recall in 2015 when we conducted the 'In Your Shoes, In My Shoes' initiative, whereby a set of behaviours were introduced to enhance and strengthen the core Values.

More recently, when we established our Wellbeing programme, attendees fed back that while we all know wellbeing is important, it is not overtly stated in our Values. So a project team was set up to review them and do a refresh.

Our new Values have been re-launched with the noted changes.

Wellbeing is now a core value, with a focus on each of us Living Our Values for Safety, Health and Wellbeing.

Secondly, the Respect Value has been updated to say, 'We treat people as they would like to be treated'. Encouraging a relationship centred care approach by finding out what matters to our clients/patients and whānau.

Thirdly, the new colourful, contemporary design reflects positive behaviours and has been developed with Te Reo Māori before English, as a reminder and in respect of our Treaty obligations.

**Tāngata i te tuatahi** – People First

**Whakaute (tuku mana)** – Respect

**Manaaki** – Caring

**Whakawhitiwhiti Korero** – Communication

**Te Hiranga** – Excellence

You will see the new posters around all DHB sites. We also have a series of videos being screened on the intranet and social media featuring kaumātua, members of ELT and staff. Each set will be released sporadically, so if you were filmed and haven't seen yourself yet – don't worry, it's coming.

We are also honoured to have been gifted the beautiful waiata Pūrea Nei performed by Kaiāwhina led by Mereana Pou as the soundtrack for the videos.

To keep these Values alive, we ask that you also take them into your hearts and minds, and talk, discuss and use them in your everyday work.

# Our New Workforce Equity Manager



Dr Joy Panoho

The general managers of Māori Health, Harold Wereta, and Planning, Integration, People and Capability, John Wansbone, welcome our workforce equity manager, Dr Joy Panoho, to the organisation.

Joy will be implementing the Affirmative Action Plan and working closely with hiring managers to apply the principles and expectations set out in the Recruitment Policy.

While the Māori Health Directorate supports this position, Joy will be located within the People & Capability Service at Tohorā House. Here she will have more opportunity to partner with a service where the relevant organisational wide, people, policies and processes are determined.

She will also gain efficiencies by learning and using the Human Resources Information System required to create the dashboard reporting for general manager accountability. This location will also enable her to work closely with the recruitment team and hire managers to expedite recruitment and selection decisions to meet workforce targets across the organisation.

*Ko Ngā Puhi te iwi ki Whangārei  
Ko te Parawhau rātau ko te Uriroroī, ko Patu  
Harakeke ngā hapū  
Ko Maungarongo me Takahiwai ngā marae  
Kei te hari ahau i taku hokinga mai ki te kainga: te  
whenua ko au, ko au te whenua  
no reira, ngā mihi mahana ki a koutou*

My interest in equity and social justice is life long, and my passion for workplace equity has been generated through my management study and research in organisational behaviour. While equitable representation in all levels is necessary, it is not sufficient. Instead, it is a starting point. Inclusion is the end goal. Inclusion requires an ongoing ideological commitment underpinned by adequate resources.

Workplace equity theory and practice, also known by other terms such as diversity, affirmative action, and so on, has generally been determined internationally by non-indigenous scholars. In Aotearoa, we have a unique history with a predetermined negotiation pathway (Te Tiriti) that, in theory, provides an equity enabling framework. However, we are yet to fully explore the possibilities that this framework has to offer in relation to workplace equity. The need to do this is pressing.

My professional involvement in the health sector came about during my governance research with Māori directors. This research explored and collated the experiences of Māori DHB directors and was achieved by asking the directors themselves to recount their experiences. This qualitative data is important because much governance theory and practice has been developed using inference from quantitative data such as organisational performance. This research offered valuable insight into the promise and the problems associated with workforce equity in action.

In assuming that equitable representation and inclusion leads to equitable access to services, and in acknowledging existing health inequities, the need to address workplace equity in the health sector is critical and is imperative. In the creation of this new role, Northland DHB has taken a substantive step to evaluate and address inequitable access to services for Māori.

The Māori Workforce Affirmative Action Plan provides clear direction with commitment and is accompanied by key performance measures. The plan is comprehensive and places expectations organisational wide for senior leaders.

It is a privilege to be able to participate in the further development of the Northland DHB as the newly appointed workforce equity manager. I look forward to contributing to this organisation in this capacity.



# An Exciting Time for Change

New service manager for Whangarei and Kaipara Adult Mental Health and Addictions, Debbie Barrow has spent just two months in her new role. But already she sees Northland as an innovative place to work, with a community that has a good sense of belonging and self. She believes there is an opportunity to do something different here with the support of the team, and in particular with the consumer advisors who have a real understanding of what users need and want.

“I want to work closely with consumers to make sure that the services that we’re delivering meet their needs, are effective and provide good outcomes.”

Originally from the northwest of England, Debbie trained and worked for the NHS as a registered mental health nurse. Thirteen years ago she and her family moved to New Zealand with a dream to settle here. Debbie recognises the opportunity that New Zealand has given them to come and be welcomed into the community.

She initially worked at Counties Manukau DHB, managing the Mental Health Inpatient Service. Then to Hauora Tairāwhiti in Gisborne where she managed Mental Health & Addictions Medicine for eight years, before starting her role here at Northland DHB.

With the current national inquiry into mental health and addictions, Debbie says it is an exciting time to be working in this area.



Debbie Barrow

“There are lots of opportunities to think about how we work and how we could do things differently. Our services haven’t always provided good outcomes for our people. Particularly Māori, who tend to present late to our services, are more detained under the Mental Health Act and prescribed much more antipsychotic medications than other people.

“So, my focus is around lots of new initiatives being developed here in line with the national policy.”

## 2019 New Zealand Industry of Building Awards Success

Northland DHB senior project manager Jeremy Evans was named as a finalist and received a highly commended award for his work on the Bay of Islands Hospital Redevelopment Stage One project at the 2019 New Zealand Industry of Building Awards in Auckland in August.

Jeremy and project manager for the Infrastructure and Commercial Services Team Debbie Rihari attended the gala evening which celebrates and recognises the professional excellence of individuals and teams in the building and construction process, and contribute to the New Zealand Institute of Building’s goal of improving the standing of the building profession by showcasing the commitment of those working in the sector to excellence.

Jeremy was acknowledged in the Metro Performance Glass Consultants Award which recognises outstanding performance of consultants who have contributed to the design, documentation and delivery stages of a successful project. Before coming to the DHB Jeremy worked as project manager for local Whangarei business Griffiths and Associates, leading the construction of the Bay of Islands Hospital Redevelopment Stage One project.

The Bay of Islands Hospital Redevelopment project was also a finalist in the Hays Construction Interdisciplinary Collaboration Award which recognises exceptional examples of collaborative partnerships between consultants and contractors.

We congratulate and acknowledge Jeremy and Debbie for their contributions to the Bay of Islands Hospital Redevelopment project.



Members of the BOI Hospital Redevelopment Team

# Proud to be off the Smokes

## Delcia's Story



Delcia's inspiration – Hokianga Harbour

Northland DHB child and adolescent mental health social worker Delcia Smith celebrated her first anniversary of being smokefree this July. It was the hardest thing she has ever done, but she loves the result and is really proud of herself.

Delcia was just 11 years old when she tried her first smoke at intermediate with her cousins and friends. She dabbled with smoking from then until 15, when she became a regular smoker.

Over the years there were a couple of serious attempts at quitting, the longest when she was 22 using products from the chemist to help. Recalling that quit attempt clearly, she said she remembers the smell of smoke on people who were smoking.

Then she had a relapse at the pub one evening with whānau and friends.

"We were playing pool, and my cousin asked me to hold his smoke while he played his shot. I took a drag on it, and next thing you know I was back to smoking like I'd never stopped!

"I just kept smoking, and up until last year, I was smoking twenty-five to thirty cigarettes a day."

It took a severe health issue to make Delcia rethink her habit and what it was doing to her.

"Two years ago, I had issues with my heart – heart failure to be specific. I was 41. I found it difficult to do my job because I kept becoming unwell. It was a difficult time."

The doctor at Middlemore Hospital suggested to take the stress off her heart she should stop smoking.

She didn't quit immediately, but said that his suggestion was her incentive to stop.

"My partner, son and I moved to Whangarei from Auckland, so I could start working here at Northland DHB. I was still smoking at this stage, and had to walk quite far away to have a smoke while I was at work. Although I'd been given a scare, I didn't cut down – I wanted to quit, but didn't."

Eventually, stopping became more important, than wanting to smoke, which is when Delcia said was the right time to give up, "If you're not ready, it won't happen. It costs so much now, it smells, and it affected my health."

She used Champix to help her quit and by day three, she said she didn't want a smoke.

After a recent visit to a cardiologist at Whangarei Hospital, it was recommended she get stents put into her arteries. However, when she met with specialists in Auckland, they found they didn't need to go ahead.

Delcia says she can be around her partner and friends who smoke without being bothered, but she realises that if she picked up a smoke again, she would be straight back into it like last time.

They are also considering quitting and Delcia encourages them as much as she can, without pressuring them because she knows when they're ready, they will do it.

Delcia's advice to others who smoke and are thinking about quitting is, to be honest with yourself and ask why you smoke? Why do you want to stop?

"You need to work out what you want to get from stopping – i.e. money, health – and set out to be successful without making excuses."



# Love Your Bones, Protect Your Future

Osteoporosis causes bones to become weak and fragile so that they break easily – even as a result of a minor fall, a bump, a sneeze, or a sudden movement. Worldwide, it causes more than 8.9 million fractures annually, resulting in an osteoporotic fracture every three seconds.

In many countries, up to one in three women and one in five men aged 50 years or over will suffer an osteoporotic fracture.

Fractures caused by osteoporosis can be life-threatening, a significant cause of pain and long-term disability and can have a devastating impact on millions of people.

## Did you know?

- If you've suffered one fracture, you're twice as likely to have another
- 80 percent of people who have had at least one osteoporotic fracture are neither identified nor treated for osteoporosis
- Osteoporosis accounts for more days in the hospital than breast cancer, heart attack, diabetes and other diseases
- The majority of fragility fracture patients are neither assessed nor treated by their healthcare system
- One in five women with a spinal fracture will suffer another one within one year

- Only one-third of vertebral fractures come to clinical attention
- Fracture risk is up to 27 percent higher than prostate cancer risk
- By 2050, the worldwide incidence of hip fracture in men is projected to increase by 310 percent and by 240 percent in women
- Approximately 60 percent of people require assistance after a hip fracture, and 20 percent will require long-term nursing care.

The Fracture Liaison Service aims to ensure all patients aged over 50 years, presenting to urgent care services across Northland DHB with fragility fractures, receive assessment and treatment where appropriate for osteoporosis. Also, referral to local Falls Prevention Services to reduce their risk of subsequent fractures.

## So what can you do?

Although some conditions that accelerate bone loss are out of your control (such as family history), there are specific steps that you can take to help prevent and fight this 'silent' disease.

Strong bones, together with strong muscles, will help you enjoy an active, mobile and independent future. Put simply: the state of your bone health can determine your future quality of life.

Further information and resources are available via [Osteoporosis NZ](#).

## Five steps to healthy bones and a fracture-free future:



### 1. Exercise regularly

Weight-bearing, muscle-strengthening and balance-training exercises are best. Information on community strength and balance classes and exercise resources are available via [Sport Northland](#).



### 2. Ensure a diet rich in bone-healthy nutrients

Calcium, vitamin D and protein are the most important for bone health. Safe exposure to sunshine will help you get enough vitamin D.



### 3. Avoid negative lifestyle habits

Maintain a healthy body weight. Avoid smoking and excessive drinking.



### 4. Find out whether you have risk factors

Take the [IOF One-Minute Osteoporosis Risk Test](#) to become aware of any potential risk factors and bring these to your doctor's attention.



### 5. Get tested and treated if needed

If you're at high risk, you will likely need medication to ensure optimal protection against fracture.



# Mobile Dental Unit

## Ready to Hit the Road



Oral Health Service staff inspecting the new Unit

Northland DHB's latest mobile dental unit (MDU) has been named Kōtare and officially blessed, making it ready to be put to work for the benefit of Northland children's oral health far and wide.

Kaumātua Te Ihi Tito and his team facilitated the blessing. There was also an acknowledgement of the significant contribution and support that kaumātua Hare Rihari had given over many years to the oral health service, before his recent passing.

Northland DHB principal dental officer and oral health advisor, Dr Neil Croucher said spending time in Kohukohu and Pukenui, reminded him how essential MDUs are for the region.

"We know MDUs work to support our model of care. We have school age enrolment and treatment completion rates around 90 percent, irrespective of locality. If we didn't take these oral health services to schools, many children would miss out."

Neil thanked and acknowledged Northland DHB for their ongoing commitment to oral health services for children and adolescents in the community, as well as the Hospital Dental Service which provides care to vulnerable children and adults with more complex medical and dental needs.

He also extended his thanks to the oral health teams who travel several hours each day to reach rural and remote communities.

"Our efforts and achievements mean almost all our enrolled children receive timely preventive and restorative services. Achieving good oral health profoundly improves your quality of life."

Neil explained that a key objective is to make sure all children have pain free, sepsis free, functional and aesthetic dentitions. In achieving this objective, a child can function, learn, smile and sleep better, which all contribute to raising their self-esteem.

Another key objective of the oral health service is to prevent dental disease in the first place. This is more difficult, as most of the contributing and preventive factors for dental decay take place within the home. Neil said that there could be a significant and profound preventive benefit from the introduction of water fluoridation, along with a further roll out of our supervised school-based fluoride tooth brushing and fluoride varnish programmes.

Neil finished his mihi by acknowledging that a beautiful new MDU doesn't just appear from nowhere, and thanked the many people who played a part in making it happen.

A blessing was then offered to all those who will receive and provide oral health care on Kōtare in the years ahead.



# Standing on the Shoulders of Giants



Pūkawakawa 2019 year five and trainee interns

The importance of strong relationships was echoed in each speech at this year's Pūkawakawa year five and trainee intern farewell pōwhiri at Kaka Porowini, Terenga Paraoa Marae in Whangarei earlier in October.

The Pūkawakawa programme was set up by the University of Auckland's Faculty of Medicine and Health Sciences and the Northland DHB in 2007. It offers fifth year medical students the opportunity to gain experience in regional and rural health, spending most of the year working at Whangārei Hospital and the remainder working in integrated care/GP attachments at Dargaville, Bay of Islands, Kaitaia or Rawene hospitals.

After acknowledging the passing of kaumātua Hare Rihari and the re-election of current Northland DHB Board chair Sally Macauley, chief executive Dr Nick Chamberlain encouraged the students to be adventurous in their career and always go that extra mile. He reminded them what an incredible privilege it is to care for others and highlighted that they must remember that everyone is as important as each other, and we all have the potential to do great things.

He asked that the students try not to change and always retain their humility, finishing with the words of Christchurch Boys High Head Monitor, Jake Bailey who found out he had cancer just before his end-of-year speech – "Be gallant, be great, be gracious and be grateful."

University of Auckland Faculty of Medicine Deputy Dean Professor Alan Merry and Tumuaki and Head of Department Māori Health, Professor Papaarangi Reid both thanked Northland DHB for their successful relationship with the University. They noted their ongoing pride in the programme since its inception 12 years ago.

Professor Merry said after spending time in the region, the students would have come face to face with the inequities in healthcare that Māori encounter. He recommended the audience read the Waitangi Tribunal's Report on Stage One of the Health Services and Outcomes Kaupapa Inquiry.

"It's a matter of considerable sadness that we continue to have substantial health inequities, particularly for tāngata whenua – which is wrong. We should have equity – not be working towards it."

Professor Reid discussed how part of the journey of becoming a doctor was to understand their relationships. She said she hoped that the students learnt from the Northland patients and

their whānau, and said that we all have to get past stigmas and learn to love our people. Both she and Sally Macauley also mentioned the importance of communication between doctor and patient.

Each student spoke about the honour and privilege it had been for them to be part of the programme, particularly the integrated care attachments where they had the opportunity to get a feel for what people are going through. University of Auckland academic coordinator Dr Win Bennett and site team leader Caroline Strydom were also thanked for the exemplary support and care they provided to the students throughout the year.

Northlander Raveena Nand described the most incredible experience of her medical career thus far, in the delivery suite. Raveena explained that the mother was Māori and had the full support of whānau during the birth. The child arrived into the world greeted by a karanga and karakia.

"I was holding back the tears – it was beautiful. The whole experience of being there, being together and being safe was amazing.

"It's kind of like us coming into Northland. We were new students coming into Northland, and were enveloped into it with welcoming arms to guide and help us, and be our friends."

When the father was handed his new baby, he looked straight at Raveena as if to ask her to take the baby, but she told him, "You've got this", and guided and supported him to feel confident in what he was doing.

"I had one Nan glued on each shoulder, and they trusted us at that moment. It was the first time I felt like a proper health professional."

Student Hannah Pitman-Bell said she found Northlanders to be extremely open and welcoming. The experience has reinforced to her that practising medicine is about people.

She said they have all learnt that rural medicine goes beyond simply treating patients. It is also about dealing with other issues such as transportation and cost. These realities will stay with them, even if they end up practicing in larger hospitals.

Hannah said she feels more integrated in the smaller hospitals where consultants know who you are, and that makes a big difference to learning.

“You have more one-on-one time with the registrars and consultants and feel like you can easily talk to the house officers.

“I couldn’t speak highly enough about the programme and the work the University do. I recommend that everyone should do at least one year in a rural programme.”

Kaitiaki student, Anaru Williams said he felt grateful for the opportunity to work with Ki A Ora Ngātiwai and hoped other students take the opportunity to work with Māori health providers because of the work they do in outreach clinics.

“I saw more patients than I would have in any other placement. There are lots of issues with poverty, drug abuse, and a massive access issue for rural people. Removing the fees removes barriers – it’s really interesting.”

The experience has solidified Anaru’s decision to work in rural medicine and eventually return home to Northland to work in the future.

The students serenaded the audience with waiata. Then gifted a bench seat to Northland DHB for patients to use on the Hospital grounds and a kauri tree symbolising that every kauri seedling has the potential to be a Tāne Mahuta, but they need nourishing and protecting.

Student Don Laing summed up the year saying, “Even if some of us don’t come back, we’ve all been able to grow because we’ve been able to stand on the shoulders of giants. A lot of us will go away, leaving a little bit of us here. And a lot of us will come back.”

## Magic Day for Mums and Babies



Angela Lewis with baby Julia and Helen Wellington

Well over 100 Northland mothers were out in force at venues around the region for Big Latch On events to celebrate Global World Breastfeeding week in early August.

The annual event was first started in New Zealand in 2005 by Women’s Health Action. In 2010, the rest of the world joined in, and it is now an international peer support and community development event aiming to strengthen support for breastfeeding. Last year almost 40,000 mothers from around the world latched on over two days.

In New Zealand, thousands of women from different cultures and backgrounds gathered together at over 100 registered venues to access community and peer-to-peer support and

breastfeed their children. Mothers unable to attend events were encouraged to go online and take selfies or ‘brelfies’ to be posted on the Facebook page so they could be included. The count also included those that bottle feed expressed milk.

Northland DHB lactation consultant Helen Wellington was thrilled with the turnout for the Whangarei event where 80 mums latched on at 10.30am. She said the tally was good considering the stormy weather and trialling the new location at Clark Road Chapel in Kamo. She was also pleased to see a more significant number of older children being breastfed, showing more mums are feeding for longer.

Helen’s daughter Kylee Parker has been organising the event for the past five years with Charlene Morunga. Kylee was overwhelmed with the support they received from local businesses that offered products and services as spot prizes.

Mum of three Angela Lewis said she calls Helen her best friend. Without her support, she would never have been able to continue to breastfeed after having issues with her two-month-old baby Julia.

Angela’s first two children were born in the United Kingdom, and she had no difficulties breastfeeding them. She said having a baby here at home in New Zealand has been an entirely different experience, with wrap-around support throughout pregnancy, during the birth and after.

However, latching on had been more difficult this time around. Thanks to daily support from lactation consultants during her time in Whangarei Hospital and continual follow up with her once she got home, she was able to get there. She continues to get ongoing support and meet up with other mothers at the free lactation clinics offered by Northland DHB.

Northland has consistently been at the top of New Zealand’s exclusive breastfeeding rates for mothers leaving our hospitals, thanks to the hard work and support from midwifery, nursing staff, lead maternity carers and lactation consultants.



# Switch to Water

## Feel the difference

**Small changes can lead to big benefits - read what sugary drink can do to the human body**

### **Overeating:**

Blood sugar spikes after drinking extra sugar which can increase hunger leading to overeating.

### **Tooth decay and erosion:**

Sugar and acid levels in sugary and 'diet' drinks can cause tooth decay and erosion.

### **Increased chances:**

Higher sugar intake puts you at higher risk of non-alcoholic fatty liver disease.

### **Weight gain:**

One can of sugary drink a day can lead to 6.5kgs of extra weight in a year.

### **Bone health:**

Sugary drinks can reduce bone density which may lead to osteoporosis

### **Health risks:**

Being overweight and obese puts you at risk of heart and kidney disease, diabetes, stroke and some cancers.

This poster has been redeveloped with permission from Rethink Sugary Drink [www.rethinksugarydrink.org.au](http://www.rethinksugarydrink.org.au)



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