

PreScribe

NORTHLAND DISTRICT HEALTH BOARD STAFF MAGAZINE



The Rose Gardens at Dargaville Hospital



From the Chief Executive



This edition of Prescribe will likely be the last published as Northland DHB, and the last message from me, with the transition to Health NZ on 1 July.

Health NZ will bring significant changes over time, but it will be business as usual for most

of you at first. Only some leadership roles at a national and regional level will be affected initially. The reforms' intent is to ensure resources go to those with the highest need, and we eliminate postcode healthcare. Equity and achieving more equitable outcomes is the absolute focus which will bode well for places like Northland, where there should be a significant increase in investment to support and achieve equity.

We've already made a number of gains over the last ten years with a growth and expansion of services, over 1000 more DHB staff, and a number of new buildings popping up all over the place. Local Oncology and Haematology services, Gastroenterology, Cardiac Catheterisation, Kaitaia renal and cancer services, Te Ara Oranga (methamphetamine treatment), Te Tumu Waiora (Primary Mental Health services), Neighbourhood Healthcare Homes, Primary Options, Ngā Wānanga o Hine Kopu (kaupapa Māori antenatal classes) are just some of the advances and innovations we have seen. I wonder what the next ten years under the new Health system will bring. Although I'm in no way clairvoyant, there are quite a few things underway that I know will be completed.

There has been a lot of progress with the Bay of Islands Hospital second stage build and we are looking at doing condition assessments at Kaitaia Hospital, preparing for an eventual major redevelopment. At Whangārei Hospital, the construction of the two floors above maternity where the new paediatric ward, SCBU and Laboratory will be relocated is also well underway. There is also the Kamo dental clinic expansion and Ophthalmology extension at Whangārei Hospital as soon as Dental move out. Other large projects include the refurbishment of Manaia House to create a Community Mental Health hub, and planning is well advanced for a new building to house a medical linear accelerator (LINAC) for Radiotherapy. It will have two bunkers for when we need a second Lina, another CT and expansion of the Jim Carney Cancer Treatment Centre. At any moment, there are also literally dozens of smaller projects and improvements underway.

We are due to submit the detailed business case to the Capital Investment Committee in April to build a new Whangārei Hospital by 2030 and hope to have a firm announcement and approval of that business case soon. The good news is that Government has allocated budget for the new hospital. However, it will never be enough, so we're working through how to ensure we get the entire hospital rebuilt in stages so that our bed numbers etc., continue to grow appropriately to cope with the increased demand.

We are also looking at developing a clinical training centre. Rather than using the three prefabs we currently have, this new centre will provide undergraduate training for our nursing and medical students and several allied health services. It will house all these services onsite in one facility and provide post-graduate training, research facilities and space to hold large meetings. This will ensure we develop and strengthen a learning culture we can all aspire to and keep Northlanders in Northland. Its main aim will be to grow our Māori workforce significantly, which is still sitting rather stubbornly at 18 percent. Our population is twice that, at over 36 percent Māori.

We already have some pretty exciting educational programmes underway, including a training programme that commenced this year offering Physiotherapy, Occupational Therapy, Oral Health and Podiatry studies. Next year, this will be expanded to include Psychology, Anaesthetic Techs, Paramedicine, and other Child Care Services and Health Sciences studies.

I want to thank all of you for the fantastic work you've been doing over the last two years, particularly since the Omicron surge started. It has had a considerable impact on our hospitals, staffing and services, and we expect this to continue for several weeks after hitting the peak, which we believe we may have just reached.

We are currently sitting around 600-700 cases detected each day, and this is likely to be a significant underestimate of the actual number. We already have more than a ward occupied with COVID-19 patients and, unfortunately, some COVID related deaths.

I want to acknowledge how challenging it is for staff on our inpatient areas and thank you for all your work to keep our patients safe. We've had to reduce or stop any non-urgent services to ensure we have enough staff, particularly nurses, to cope. Obviously, at some stage, we will have to consider the "Reset" we will need to continue to provide our usual services while managing COVID-19.

Other community services like cervical screening, breast screening and other screening tests, etc., and some non-urgent care have also been put off, and we need to find a way to provide for this unmet need because it will be challenging to catch up.

On a positive note, there have been many changes since the beginning of the Omicron surge, and there is some awesome work going on in the community to manage the majority of our COVID patients.

General practices, pharmacists, Māori Health providers, and Iwi providers are doing a fantastic job managing 1000s of patients alongside the various hubs. The care coordination hub houses multiple agencies working together. Obviously, this includes our health services, as well as NZ Police, Oranga Tamariki and the Ministry of Social Development, who fund most of the manaaki (welfare, Kai, and isolation support) services.

The clinical hub has been the clinical glue and backbone for community care and is providing backup after hours and supports patients in the community—particularly

those who aren't enrolled with a GP or where GPs cannot provide care.

There are also four kaupapa Māori hubs providing manaaki services and some coordination for clinical services, covering the whole of Te Tai Tokerau. These are situated in the Far North from Kaitaia right up to the Aupōuri peninsular. The upper Mid-North – from Hokianga, Kaikohe over to Whangaroa. In Southern Mid-North from Moerewa to Kawakawa and down to Whangarei. Then, in Kaipara covering the West Coast and across and over to the lower east coast.

As they say in Maniototo (Mainland Cheese country), good things take time. Well, I'm pleased to announce that the Northland Health Strategy 2040 is now complete and signed off by key stakeholders. One of the key goals of the Strategy is to ensure all tamariki born today achieve equitable outcomes by 2040,

which coincides with the 200th anniversary of Te Tiriti o Waitangi. We will ensure the Strategy is available for you all in the next month or so. Many of you would have been involved with developing the Strategy over the last two or three years. We held off completing it until the new health reforms were announced. It is a gift for the new health entities to ensure Te Tai Tokerau's priorities are considered before any decisions are made at a national level about our future direction.

Ngā Mihi,

Dr Nick Chamberlain
Chief Executive

Changing Times, A Positive Challenge



2022 Pūkawakawa Students

Adapting to challenging and changing times was a common theme for all the speakers at the 2022 Pūkawakawa intake's welcoming pōwhiri. This theme was itself in evidence when the pōwhiri had to be moved from Terenga Paroa Marae in Whangārei, to being online at the last minute, due to a change in traffic light settings.

Kaumātua and kuia, University of Auckland and Northland DHB staff, and the 24 students, many of whom are connected to Northland already, all tuned in safely from separate portals.

Professor Phillippa Poole, Head of the School of Medicine at the University of Auckland, helped set up the Pūkawakawa Programme with colleagues from the University of Auckland's Faculty of Medicine and Health Sciences and Northland DHB in 2007.

The year-long Programme offers Year Five medical students the opportunity to gain valuable experience in regional and rural health. They spend most of their time at Whangārei Hospital, and then work in integrated care and General Practice (GP) attachments at Dargaville, Bay of Islands, Kaitaia or Rawene hospitals.

Professor Poole thanked Northland DHB for supporting the University with the Programme and said the University appreciates their relationship with the North and will support the region through these challenging times where it can.

She congratulated the students for being selected. She said many of them had Pūkawakawa in their sights from the start of their studies because, like the University, they see Pūkawakawa as the 'gold standard'.



Changing Times, A Positive Challenge (continued)

Professor Poole finished with the whakataukī:

Ko te pae tawhiti whaia kia tata, ko te pae tata whakamaua ka tina.

Seek out distant horizons and cherish those you attain.

Northland DHB general manager Mental Health and Addiction Services Ian McKenzie spoke on behalf of chief executive Dr Nick Chamberlain.

He explained that COVID-19 had been a multiplier that has pushed our health system to a new level and said although the pandemic will further test services and communities, we will all come out the other side more knowledgeable and skilled as a result.

He said there had been a considerable change to how Northland DHB works to honour Te Tiriti o Waitangi and within health recently – especially given the role of iwi, kaupapa Māori providers, kaumātua, kuia and primary care at the forefront of the response. He believes other health providers and specialist clinicians now need to look at health differently and work in partnership when responding to and working in the community.

Ian said Northland DHB fully supports Pūkawakawa because it gives students a broader understanding of how to work in health and encourages students to work collaboratively and engage with the community and community agencies. In the long run, this gives them a better understanding of their role and what needs to be done.

University of Auckland's Tumuaki and Head of Department of Māori Health at the Faculty of Medical and Health Sciences, Professor Papaarangi Reid, told the students as they begin their journey into medicine during these extraordinary times, it may be a somewhat difficult, but also an extraordinary time to live, study, and teach in Aotearoa.

“There will be great opportunities to learn medicine and about health systems. Not just about the hospital aspects of the health system, but about primary health care, who we're going to rely on during these times.

“We will all learn about teamwork – and the importance of midwives, nurses, community health workers, whānau, and students. Everyone's tasks will be important in maintaining the health and wellbeing of our whānau.”

She also noted that it is essential for the students to learn about and appreciate the role of Māori health providers and equity – Te Tiriti and have that understanding and collaborative thinking at the forefront of their work.

Professor Reid acknowledged the Programme's new academic coordinator, Dr Aniva Lawrence, who was welcomed to the role just weeks before alongside 17 Year Six Trainee Interns.

She said Dr Lawrence's understanding of primary health systems would be valuable in dealing with the pandemic.

She has taken over from Dr Win Bennett who had 12 years in the role. Dr Lawrence said she had big shoes to fill following in Dr Bennett's footsteps.

She said she has always been interested in mentoring younger doctors coming through and has taught medical students and supervised GP registrars and PGY 2 & 3 placements from the hospital into GP practice over the years and this role would be an extension of that.

“It's interesting seeing how the medical curriculum has evolved and changed since I was at medical school. Of course, there's a lot to learn, but it's great having that academic aspect and doing something slightly different too.”

Dr Lawrence plans to spend this year building relationships with others teaching out in the community and hospital. One of her aspirations for Pūkawakawa is to give the students an equity focus and for them to experience this in practice in Northland. She also hopes to provide them with a platform and voice to share and shape their new ideas.

Dr Lawrence echoed the other speakers' sentiments about the students being flexible and utilising new technologies for the betterment of the community during these challenging times. She noted that several of the student's Pūkawakawa predecessors have become well-regarded GPs and said the Programme has a legacy of inspiring others into rural practice.

“Our communities will open the door for you, and in their time of need, they will ask the same of you – take the opportunity to help out whenever you can and enjoy this year and what it has to bring to you.”

Kaumātua Te Ihi Tito closed the day, thanking everyone for working together as a team to bring the pōwhiri together, “This is what will get us through the next part of the pandemic – working as a team with aroha/love.”



Pūkawakawa academic coordinator Dr Aniva Lawrence.

Reconnected Rural Family and Community Services



Jeanette Wedding speaking at the blessing of Tuia Te Ora - Commerce Central

The remainder of Northland DHB's Rural Family & Community Services are now settled into their new premises Tuia Te Ora – Commerce Central on Commerce Street, Whangārei, after the final stage of building works at the new site was finished and blessed in January.

The Commerce Street site now houses all District and Public Health Nursing and COVID teams and community clinics alongside Te Puawai Ora Community Maternity, the Health Information Centre, Ngā Tai Ora – Public Health Northland, and other school-based and community clinical services along with Community Rehab and Needs Assessment & Service Coordination services.

General manager Jeanette Wedding said the morning had been quite emotional after taking so long to get all her Services together.

She explained the name Tuia Te Ora means connectedness, and that the goal had always been to have all the teams working in partnership within a cultural context to better serve and work for the community.

Jeanette thanked project managers Meryll Frear and Ian Hartley-Dade (who left Northland DHB last year to take up the role of chief operating officer at Mahitahi Hauora) for all their hard work and explained that they had cleverly designed the space to be interchangeable and connected to enable everyone to work together cohesively.

Meryll said the project had been extensive, but thanks to their fantastic builders and ongoing support from the landlord, who was onsite most of the time, everything came together well.

The Service's new waiata group, Manu Tiori, performed throughout the event, much to the surprise of Jeanette, who had no idea they had been practising together in secret for months in preparation for the event.

Jeanette was very humbled by those who were part of the group as there were staff from many of the teams in Commerce Street and said she was more proud that Ngā Tatai Ihorangi was the thread that pulled this all together, which is the ethos for the whole directorate.

The Service also welcomed three new staff members to the community rehabilitation team before finalising proceedings with a morning tea.



The Passing of Bob Mulligan



From left are Bill Sanderson, Bob Mulligan & Mark Sanders

One of New Zealand's' oldest surgeons Robert 'Bob' Mulligan, former surgeon and assistant superintendent at Whangārei Hospital, sadly passed away in January at the age of 104.

Bob lived through significant events both locally and internationally, including the amalgamation of Northland's six hospital boards and the Second World War.

Bill Sugrue, who retired in 2009 and is the Chairperson of the Northland Medical Museum Trust has been responsible for recording a lot of important medical history within the Northland region and helped chronicle Bob's life for his 100th birthday.

"Bob was born in Canterbury on February 9, 1917. He attended Timaru Boys High School, worked on a farm for one year near Ashburton then studied at Otago 1937-1940. His last year of medical training was in Auckland in 1941. He was firstly a house surgeon in Waikato and Rotorua 1942-43. Between 1944 and 1946 he was seconded as a flight lieutenant medical with the RNZAF and based in Fiji – which is where he met his future wife, Jean, who was a volunteer nurse in Fiji."

In 1947 Bob went to Northern Wairoa Hospital at Te Kopuru, near Dargaville, had a year as a medical officer with Clive Garlick (who went on to become superintendent of Northland Hospital Board). He then went to the UK, where he studied to become a fellow of the Royal College of Surgeons. He returned to New Zealand in 1950 to take up the first appointment with the newly formed Northland Hospital Board as Assistant Superintendent and full-time Surgeon.

"The board eventually developed Whangārei as a base hospital where patients could be referred to specialists. Having gone to England he brought back awareness of improvements needed in Whangārei Base Hospital. Bob Mulligan was on call every second weekend. Being on call was like having no private life."

Conditions were very different in the 1950s for surgeons like Bob, with surgeons receiving low pay, being depended on for constant callouts, and having to cover everything from craniotomies, gynaecology and caesarean sections to urology, without specialists on hand and without the ability to fly specialists in via helicopter. GPs had to administer anaesthetics as there were no specialist anaesthetists.

Bob is quoted in the book 'Whangārei Hospital: a century of service 1901-2001' describing how long it took to bring emergency patients to hospital with these words:

"Typically, a child would be taken from school to Rawene Hospital in the morning, complaining of abdominal pain and would be examined by a doctor, not a surgeon."

"The doctor would ring round the drivers to find a willing volunteer ambulance driver. The volunteer, having just finished milking, would come straight out after his evening meal – an hour's delay. The hospital would empty out its van, which doubled as an ambulance, fill it with petrol, and make it ready – another half hour's delay.

Finally, the two vehicles would rendezvous at Kawakawa, where the St John's Ambulance had been waiting for probably an hour and reach Whangārei at 10.30pm. Admission and examination by a house surgeon would take another half hour.

Calling out the theatre staff and preparing the patient: another half hour – all this for a child developing abdominal pain in the morning."

Bill Sanderson (past Board member and DHB Surgeon) first crossed paths with Bob Mulligan when Bill was a young house surgeon in the late 1960s, when Bob's workload was at its peak. He then worked with Bob when Bill came back to Whangārei Hospital in 1976 and Bob was close to his retirement at age 62.

"One thing that impressed me about Bob was if you got an acute case in the middle of the night the house surgeon would ring the surgeon. Even at 2am Bob Mulligan would always come into the hospital dressed in a jacket, shirt, and tie. It always amazed me he would dress to that extent! He is the only surgeon I've met that did that."

"I think he had a lovely disposition," Bill Sugrue adds, suggesting this may be the explanation for Bob reaching his amazing age.

We acknowledge the extraordinary contribution that Bob made to the community and healthcare system in Northland and offer our deepest condolences to the Mulligan family.

Community Mental Health and Addiction Services Hub Manaia House Project Moves Forward

Manaia House has taken a significant step towards achieving its vision of providing an accessible, centrally located, fit-for-purpose facility for tāngata whai ora, whānau, and staff with a karakia at the site to bless workers and the start of the construction phase.

Manaia House will be a service hub in central Whangārei for Community Mental Health and Addiction Services.

The location of Manaia House at 41 Rathbone Street is very important, given that this was the former location of the Māori Land Court.

Northland DHB kaumātua Te Ihi Tito who led the karakia at the Manaia House event on 22 February spoke about the previous use of the space for the Māori Land Court. Given the history of pain, hurt, and anger over land lost that had been expressed there as people sought redress for land having been taken from them, Matua Te Ihi says it was very important for kaumātua to clear the space using karakia to make it safe for staff, tāngata whai ora, their whānau, and others in the community who may come to Manaia House in the future.

Matua Te Ihi reinforced the significance of the name Manaia House. “The name for the building was gifted by the Roopu Kaumātua in Whangārei many years ago. Manaia is the maunga of the tribes of Whangārei and has a significant history within Te Whare Tapu o Ngāpuhi. It is hoped that by kaumātua continuing to endorse its use for Manaia House it will assist tāngata whai ora who are on their cultural identity journey and help them to feel connected to such a significant maunga, either through their whakapapa or by living in Whangārei.”

General Manager, Mental Health and Addictions (MH&A) for Northland DHB, Ian McKenzie, said that having a modern, accommodating, and welcoming space will bring the Manaia House facility in line with comparative service hubs in other regions.

“This project has been in development since 2014 and it is fantastic to see significant steps forward such as this karakia on site. We know that Manaia House will provide a space that people can feel comfortable in and access more easily. Those are important elements for anyone who is seeking support from the services located here. Crucially, we see Manaia House as contributing to our goal of improving equity.”

Ian says that the co-located cluster of services on site and the proximity of Manaia House to other places that tāngata whai ora may also need to go to in central Whangārei, such as banks, the supermarket, WINZ, or pharmacies will remove practical barriers to gaining support and improve equity of access and equity of care.

Project Lead for Northland DHB Mental Health and Addictions Services, Monique Leslie, says that the Manaia House project is a truly collaborative endeavour.

“Staff, tāngata whai ora, whānau, Te Poutokomanawa (Māori Health Directorate), and mana whenua have all provided input,” says Monique. “Te Ahi Kaa, a group of mana

whenua representatives to Northland DHB, has provided cultural guidance, including the narrative for the Manaia House design elements. Northland DHB’s Infrastructure and Commercial Services Project Department is working closely with project partners architectural design company Mandeno Design, engineering company Aurecon, and construction company Lanskey.”

Once completed, Monique says that Manaia House will live up to the whakataukī that inspires its logo “ka maru koe i tōku whare” – you will find shelter and protection by my house.

“Providing a space that we can all be proud of and feel comfortable in enhances the mana of everyone that comes through our doors – tāngata whai ora, their whānau, staff and any members of our community,” says Monique.

“The karakia has lifted the spirits of everyone working on this project and we hope that when Manaia House is completed it will do the same for everyone who is welcomed here. Manaia House represents a huge milestone for Community Mental Health and a significant step towards equity of access for the people who are seeking our support. There is a sense of excitement and positivity that tāngata whai ora and whānau will have better access to the good quality services they deserve.”

It is hoped that Manaia House will open in the middle of 2023. The project is supported by funding from the Ministry of Health.

The Community Mental Health and Addiction Services teams that will be located at Manaia House are:

- Te Roopu Whitiara (Adult Kaupapa Māori Service)
- CATT (Crisis Assessment and Treatment Team)
- Triage
- Medication Run
- Regional Forensic Liaison
- Whangārei Community General Adult
- Intensive Community Team
- Alcohol and Drug
- Whangārei Psychiatry for Older People
- Te Roopu Kimiora (Child and Adolescent Mental Health Service)
- Early Intervention Psychosis
- Youth Forensic Team
- He Tupua Waiora (Pregnancy and Parenting)
- Manaaki Kakano (Maternal and Infant Mental Health)
- Mental Health and Addiction Services Management Team.



Kaumātua Matua Te Ihi blessing Manaia House (he removed his mask only for the duration of the karakia, after ensuring everyone was physically distanced)



A Second Chance is Business as Usual at Sunshine Homes



Brett Rodgers, owner of Sunshine Homes (left) is congratulated on his award win by award sponsor Reg Peterson of Te Mana Oranga.

Giving people a second chance is just business as usual, says Brett Rodgers, owner of Kamo-based construction company Sunshine Homes. Sunshine Homes won the inaugural Te Mana Oranga Trust Workplace Diversity and Inclusion Award at the NorthChamber Northland Business Excellence Awards 2021 announced recently.

Sunshine Homes builds transportable homes employing four-five teams of three people per team consisting of a team leader builder, an experienced hammer hand, and a trainee/apprentice.

Working with Northland DHB and its IPS (Individual placement and support) team, Sunshine Homes has offered placements to four job seekers, two of whom have begun apprenticeships with the business in addition to work it has done over many years with people via the probation service.

IPS is a specific type of supported employment programme (co-funded by Northland DHB and the Ministry of Social Development) that was originally developed for people experiencing mental health and addiction issues receiving services from community mental health teams. IPS offers intensive, individually tailored support to help people find a job of their choosing, and ongoing support for the employer and employee to help ensure the person keeps their job.

Brett says he was surprised to receive the award acknowledgement.

"It's just something I've been doing for years," says Brett. "I started taking guys out of probation and those sorts of places 10-12 years ago. It's been part of my culture all along. I don't see why I can't help these guys. I just see them as part of my team.

"If people need help, I send them to get it. It's all just part of what I do. It's about trust and being candid with these guys and saying, "we know there's an issue". If they can talk openly

about it with me then I know I can talk with them about it openly at any stage.

"If you see them struggling, you have to have that conversation with them so you can be open about it if it does become an issue. If they're open with you and they can trust you that's half the battle, because you know they're not going to hide it if they have an issue. It's a case of following up and making sure that they are comfortable talking about it."

Brett says he would be happy to talk to other employers about his experience and any concerns they may have about offering similar opportunities in their businesses.

"I'd be quite happy to discuss it with anybody. I believe people deserve a second chance. Whether it's drugs or alcohol or mental health, they need to be helped through it."

Brett says that a phone call he got after winning the award from someone he had helped was the best acknowledgement he could have received. "A guy I'd had work for me, he saw the news about the award. He'd been through Odyssey House and called to say thank you to me for having given him an opportunity. That was great that he had seen it for what it was."

Vocational Professional Leader for Northland DHB, Richard Bell, says that as far as he is aware this is the first time there has been an employer award for supporting mental health and addiction issues in the workplace in Aotearoa New Zealand and he is delighted to see it go to Sunshine Homes.

"We know that employment is a really significant health intervention within the mental health and addictions sector," says Richard. "It brings mana and a sense of self determination to people, many of whom may have felt a lack of control over their own lives for some time. Employers like Sunshine Homes are crucially important to this process."

Northland DHB Employment Specialist Leanne Colvin has worked closely with Sunshine Homes placing and providing ongoing support for the job seekers employed there and says

that what sets Sunshine Homes apart is that it is open to employing people with mental health and addiction issues and to be working alongside the IPS Team to keep employees working.

“They support people through setbacks and help them to return to employment after being unwell,” says Leanne, this sets a strong example that other employers can follow, she says. “If you support your employees through difficult times, they will be loyal hard workers.”

Ministry of Social Development Labour Market Manager, Jamie Rosemergy says that equal access to the job market is a must for everyone, regardless of their health history.

“The IPS programme is proof that there are willing employees across Te Tai Tokerau, who can be matched to life-changing job opportunities.

“In a tight housing market, Sunshine Homes is to be congratulated for contributing to the pipeline of skilled builders who will lift our stock of housing in the region.”

The award sponsor and IPS employment provider in the Mid North and Far North was Te Mana Oranga. Reg Peterson Business Manager for Te Mana Oranga says this award is important because it shows other businesses just how transformational it can be when you support people into employment.

“It’s very much about helping people to get back on their feet,” says Reg. “Employment is often one of the biggest hurdles. We’ve seen the huge impact it makes for them and their

families, in terms of maintaining their own wellbeing.

“We wanted to reward companies that have policies in place and that are aware of the challenges that employees face and are prepared to take them on anyway. It was great to meet the finalists and it was hard choosing one as a winner. In fact, for the finalists who didn’t win, we chose to go and give them a gift basket as well.

“When we’re working with clients, it might be just little things that make a significant difference to people like getting into a routine, cooking good meals, getting good sleep, taking their medication. For those that we can support into employment it’s a huge, huge leap forward in comparison to the other steps they’ve taken. It’s just unbelievable how much further they go ahead. It’s incredibly powerful for their family as well – the joy they experience in seeing their family member moving in a positive direction is fantastic to see.”

Reg and his wife Rachel have been running Te Mana Oranga for the last 15 years and say that they would be happy to sponsor the award again. “We think it should be an ongoing and integral part of the Northland Business Awards.”

The final word must go to Eugene Glassco, one of the people who Sunshine Homes employs. “It’s like I’ve been given an opportunity to work with people who can understand what I go through and don’t discriminate against the fact that I have an illness,” says Eugene. “I feel grateful for being accepted into their team, which is why I like to work hard for people that appreciate it.”

Kaitiaki Partners in Care

The surge of COVID-19 cases in Northland has meant our ward staff are stretched beyond capacity. To ease some of this pressure, we are reaching out to our community to do what naturally occurs when their loved ones are admitted to our hospitals, to call on whānau members to become Kaitiaki Partners in Care.

Up to two Kaitiaki can be nominated by a patient and their whānau to tautoko (support) and assist healthcare teams in providing excellent hauora (care for wellness and health of the whole person) for their whānau member in hospital care. One Kaitiaki may be present each day.

On admission, a whānau hui that includes the patient, a whānau member, and ward staff will help determine what duties nominated Kaitiaki are able and willing to do to relieve staff and what hours they will be available (usually between 8am-8pm). This may look a little different to usual because of the impact of COVID-19 on staffing.

Kaitiaki can stay regularly overnight on Ward 2, during a birth and postnatal stay. In other areas, requests by a Kaitiaki to stay overnight should be facilitated if possible.

Some of the tasks they can help with are:

- Wairua tautoko (spiritual support)
- whānaungātanga (building of relationships)
- Help with personal care and grooming
- Provide support with dressing/showering
- Assist with meals
- Walking

- Help to keep the patient calm and orientated
- Help a patient move safely (getting in and out of bed, adjusting bedding etc.)
- Facilitate communication between a patient, the healthcare team and the extended family
- Assisting with care of a baby
- Support with breastfeeding.

Kaitiaki will be free to leave the ward and return at any time for breaks. Their details will be with the ward staff to ensure everyone knows who is allowed on the ward. They will be offered free parking, some food and tea/coffee making facilities. However, any additional kai they require, including specific dietary requirements, cannot be catered to at this time.

We expect our healthcare teams will learn a lot from whānau and appreciate the support they can offer, taking on specific tasks. For the Kaupapa to work, it is imperative that staff and Kaitiaki share and communicate about the patient’s needs to support each other during the care process. At every shift change, the nurse responsible for the patient’s care will briefly check in with Kaitiaki to discuss what tasks the Kaitiaki can do to care for their whānau member during the shift. Communication between staff and Kaitiaki is crucial to the success of this role.

Brochures with more detailed information is available on the wards.



Dargaville Hospital's Rose Garden Masterpiece

The great French impressionist painter Monet found inspiration in his stunning garden in Giverny, Northern France: "My garden is my most beautiful masterpiece," he said.

Our masterpiece is set in the tranquil grounds of Dargaville Hospital.

On 22 February 2022, Dargaville Hospital's new rose garden was formally opened, attended by a delegation of community volunteers, health professionals, iwi, and local citizens witnessing the blessing and the ribbon cutting at dawn. The opening completed a six-month labour of love, thanks to volunteers working with the Kaipara Community Health Trust.

Kaumātua Rex Nathan led the blessing and karakia. Following that Dargaville Hospital Operations Manager, Jen Thomas, gave heartfelt thanks to the volunteers. The ribbon was cut by volunteer and project lead, Pauline Hilliam-Olsen, who also thanked the many sponsors and businesses for their generous contributions.

More than 30 local businesses, groups and individuals gave their time to construct two gazebo shelters and to lay out the large garden beds and amenities such as benches and birdbaths and more than sixty heritage roses and plants were donated to fill the garden with colour and perfumery.

The garden is harvesting rainwater which is being stored in a new 25,000-litre water tank. This will ensure that the garden is not affected by drought and water restrictions.

A donated automated irrigation system has been installed so that the roses and plants can flourish in their new environment. The old rose bed soil was

removed and replaced with six truckloads of quality soil, that was also generously donated and carted.

"It's been a work of love for us," said volunteer Margaret Bishop "The hospital has always been there for us, and we hope that it will be there for our community for future generations." Both John and Margaret Bishop put in many hours of work, donating their engineering expertise as well as rallying others to the project.

The rose gardens were set to be revitalised after falling into disrepair, but the simple replanting took a turn for a complete refurbishment as volunteers flocked to the cause.

Whilst the volunteers navigated extreme weather conditions and the fluctuations of COVID-19 restrictions, "we just went with the flow and adapted—we were determined to be blooming by Christmas 2021," said Hilliam-Olsen.

The healing benefits of gardens are well documented and the Dargaville Rose garden provides a place of contemplation and wellbeing for patients, whānau and staff.

"The Kaipara Hospice Tranquil Space Structure is a six-sided Gazebo, its double opening allows for easy wheelchair access and has built-in seating for four people, creating a beautiful space for patients and whānau to have a quiet moment and enjoy the gardens," said Annette Olsen, Kaipara Hospice Manager.

"I'm truly humbled at the community support we've seen," said Jen Thomas. "The gardens have a special place in people's hearts, and they also have a major part in recovery. The staff are loving the rose gardens while they eat their meals outside."



The delegation of community members including volunteers, Hospital staff and iwi joined together for the Rose Garden blessing at Dargaville Hospital.

Health Care Assistant Training

Now Online



Shalu Evans

All Health Care Assistants (HCAs) who commence work with Northland District Health Board are enrolled in the NZ Certificate in Health and Wellbeing – Health Assistance, Level 3 Course. This course has recently moved to an online platform, with enrolment and the first day of the training programme being completed during orientation and the remainder being self-directed learning.

We wanted to congratulate Shalu Evans who works in Maternity for being the first Northland DHB Healthcare Assistant to have completed the course since it went online.

A special mention must also go to Carmel Henry who worked tirelessly to have this offering available to our wonderful HCAs.

Planning for Winter

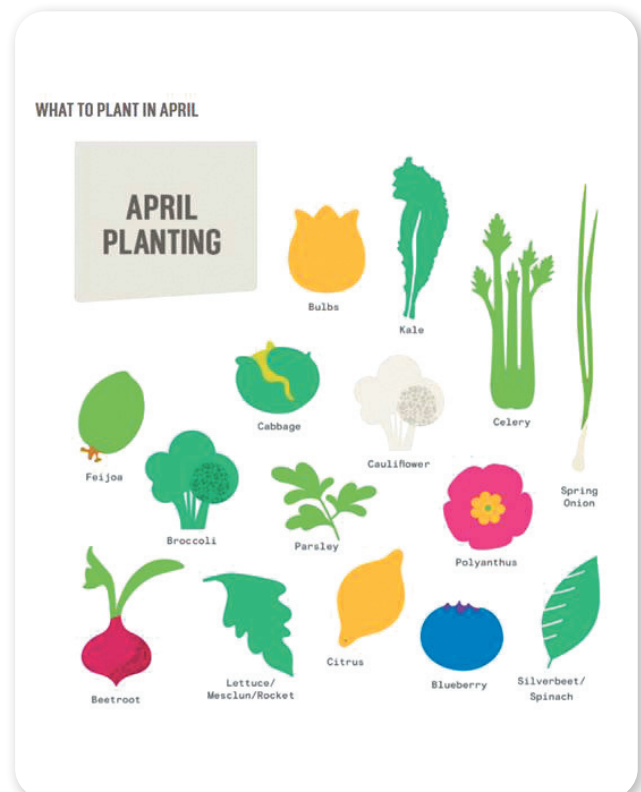
With winter on our doorstep we have included this handy guide on what to plant during Autumn.

Planting vegetables and fruit is a great activity to do with your whānau. Taine Baker is a very proud 5-year-

old, who was allowed to choose a packet of seeds to plant, then watered them every day until he was able to pick and eat them for dinner!



Taine Baker



New Sensory Garden Will Support Good Mental Health



From left, descendants of Parore Te Awha: Jade Paniora, Narina Larsen, kaumatua Sonny Nesbit and Jackie Whippy (they are all in a bubble so no masks were worn for photo)

A Dargaville clinic is building a new sensory garden to help relieve distress in people who battle mental illness and addictions.

The 13m by 12m garden will be built at Dargaville Hospital, outside its Mental Health & Addictions clinic. The idea for the garden came from clinic staff and is supported by people who attend there for treatment.

A group gathered for an early-morning turf-turning ceremony at the site followed by breakfast on 1 February. Among those present were some descendants of Te Awha Parore, one of three chiefs from whom Joseph Dargaville purchased land for the town. Dargaville Hospital itself is built on land originally gifted by Chief Parore Te Awha for the purpose of a hospital.

Community Mental Health and Addiction team leader Elaine Parks says the service is client-focused in that those who use it are involved in making decisions to aid their own recovery and a sensory garden will help with that process.

“The garden will be for everyone to enjoy some quiet peaceful time away from the stressors of life. The beauty of having a sensory garden is that it can be enjoyed by the whole community,” she says.

The garden will comprise of plants, trees, secluded seating areas, a water feature, pathways, vegetables in raised beds, and other features that stimulate the five senses.

Clinic attendees have been consulted on what the sensory garden should include and were asked for their input on its design.

The clinic also uses consumer-facilitated coping skills programmes to assist people to improve their conditions and to reduce the distress of mental illness or addiction, says Ms Park.

The service also has a team of volunteers who, in addition to facilitating wellness and resilience programmes, run a support group and talk to ill people so they don't feel alone. Volunteers assist and advise others about what is available locally and regionally to help people manage their illnesses. The volunteers also provide more eyes and ears in looking out for anyone in distress who may need therapeutic intervention.

There is also a volunteer-created walking group, to help with self-care and distraction activities for people to focus on.

Co-volunteer Robyn Downey says people who achieve some mental health recovery are also able to support others.

“I believe the sensory garden will be an exciting and a welcome addition to the clinic's already effective set of resources. It will be a meeting place for support and friendship and for general mental wellness. Before I started on the ongoing road towards recovery, I had lost my life as I knew it to be, following a mental breakdown. It wasn't until I was able to find others at the clinic, who had been through a similar experience, that I found the healing really began.”

It is hoped that the garden will be completed by the end of March 2022.

The clinic staff welcome anyone who may be interested in volunteering for maintaining the sensory garden, can contact Elaine Parks on the Dargaville Hospital number 09 439 3330 and ask to be put through to Community Health.

Bay of Islands Physiotherapy Donation



New gym equipment in action at Bay of Islands Hospital

By Nateele Howarth (Team Leader Physiotherapy, Occupational Therapy and CARS, Bay of Islands Hospital)

In 2021 the Physiotherapy Department at Bay of Islands Hospital received an extremely generous donation of \$50,000, via Health Fund PLUS, from a lovely Northland couple.

The donor was an earlier participant in our Better Breathing Programme at Bay of Islands Hospital. The couple were very concerned about the lack of gym equipment to rehabilitate people in the Mid North and felt the community deserved decent exercise equipment. This donation will improve the quality of the rehabilitation available in the Mid North, not only for this group of people but for everyone that needs our help.

The Better Breathing programme is designed for people in our community who suffer from many different types of lung disease. During the seven-week programme, people attend twice a week for a progressive exercise programme and education to improve their knowledge about healthy habits, quitting smoking, nutrition, medication, pacing of activities, stress and anxiety tools, and breathing management.

The donation has not only helped create a gym for the breathing management group of patients, but also for the rest of our patients who need rehabilitation but do not have access to gym equipment. It has also enabled the Physiotherapy Department to add an inpatient gym so, if patients are needing further rehabilitation while on the General ward, a space and equipment is now available. We've been able to update

telehealth technology to support our patients at home and can supply breathing devices that are not normally available through the DHB. In future the gym will also be available to staff after hours to encourage healthy habits.

To date, this donation has enabled us to purchase commercial grade exercise equipment – a treadmill, upright and recumbent bikes, a dual cable weight machine, Pilates reformer, boxing bag and gloves, portable exercise pedals, mirrors, and parallel bars. We've also been able to buy inspiratory muscle trainers (think of weights for your diaphragm), and other respiratory devices that we are not normally able to offer patients. We've also been able to purchase a new large screen and computer to enable telehealth exercise sessions in the future, and we still have some of the donation left over.

We are forever grateful for this most amazing gift. The ongoing positive impact on our community is priceless.

Our good fortune has continued in the form of a second donation from another lovely couple in the Mid North. These donors asked that their donation be used to create professional videos of the Better Breathing exercises, so people have the opportunity to continue the exercises at home after they have completed their course with us. Thank you to our generous donors!

Health Fund PLUS allows people to make donations and gifts to our Northland hospitals or services for the "optional extras" that are so important to patients and their families. For updates on Northland Community Foundation visit - <https://northlandcommunityfoundation.org.nz/>

Mike Pocklington

Setting a Course for Transformational Cultural Practices



Mike Pocklington

As Northland DHB's first Kaiarai Kaupapa Māori (Cultural Educator) Mike Pocklington knows that he has a big role to occupy and a need to share what he hopes to achieve in his newly-established role.

"This role is an expression of the commitment that Northland DHB has made with iwi across Te Tai Tokerau to strengthen capability internally to deliver equitable health outcomes for Māori," says Mike. "We have an obligation to do this work as public healthcare workers and to ensure that speaking te reo and practising tikanga Māori values are an everyday part of the lives of all New Zealanders. It will be my role to lead, develop, facilitate, and communicate, and to support transformational cultural practices across Northland DHB. Northland DHB is to be congratulated for taking the step to establish this dedicated role offering professional development across the DHB workforce."

Mike has whakapapa connections to Ngāti Whatua and Ngāpuhi ki Hokianga and hails from Kaihu, North Dargaville. He comes to Northland DHB from a role as cultural advisor and team lead for the face-to-face smoking cessation service Ready Steady Quit delivered by ProCARE in Tamaki Makaurau.

Beginning at the Northland DHB during a time when face-to-face introductions and the usual orientation process have not been possible has provided its challenges, but Mike believes in adapting to make the situation work and has been well supported by his colleagues at Te Poutokomanawa (Māori Health Directorate).

"I've been very encouraged by the strong commitment and dedication to their roles and their high expectations of themselves and others amongst the Te Poutokomanawa whānau."

In this first six weeks in the role Mike has been gaining an understanding of work that has taken place in the past and has begun making connections internally and externally, within Te Poutokomanawa, the workforce development and wellbeing team, and the communications team, and externally with other health providers and with iwi representatives. Before embarking on developing new

content to deliver he is also getting a clear sense of the work that has gone on before him.

"Initially I am reviewing previous work that has been done, such as workshops on Honouring Te Tiriti, Engaging with Māori, and foundational Te Reo. Then I will be looking to develop and deliver new and improved approaches that will embed cultural capacity and capability across the Northland DHB workforce. Previously, work in this area has been delivered by a range of people. This new role provides an ability to manage that space within a framework that's planned, deliberate, and decisive."

Mike acknowledges that there is a need for quality engagement between Northland DHB staff and Māori and their whānau and that this will help towards addressing health inequities that Māori have experienced throughout Te Tai Tokerau.

"We have more than a third of our population in Te Tai Tokerau identifying as Māori but we are overrepresented in terms of lower health outcomes than those experienced by the general populous. We must strive for the true changes that are needed and encourage our healthcare workforce to take ownership and be leaders in their own spaces and to do what is needed to enhance Māori health and wellbeing."

As an example, whānaungātanga comes before whānaungā.

"Māori are relational people. The relationship has to be established first before the care can be done. There is a spiritual dimension that comes first for Māori. Māori are interpreting the non-verbal at high levels. They are watching staff interactions with each other and with other patients and making decisions about whether those approaches will work for them."

Mike believes that the health care workers at Northland DHB intend to do the best job possible when they come to work each day but that there are likely to be gaps in their understanding, particularly for a workforce that now draws heavily on people whose cultural upbringing was not in Aotearoa and are therefore missing, as a minimum, knowledge and appreciation of the Tangata Whenua.

"Northland DHB is not unique in being in that situation. It's not that people are choosing not to be aware, it's just that they are not aware. The work we do in this space has to result in people asking 'what can I do to make a difference?' and 'how do I do something about it now in my place of work?'"

Mike hopes that all staff, new staff in particular, will be given the time necessary for professional development in this area. He acknowledges that with current circumstances that are already really impacting staffing and provision, that is difficult. "However, competency as a health worker includes being cultural confident and culturally safe."

The overarching driver for Mike is to address equity.

"When all Māori have the expectation of being well received and receive the same entitlement of care as non-Māori, that will be evidence of equity."

“True equity will come when all healthcare workers consciously address the power imbalance that exists currently and consciously disempower themselves so that the Māori patient and their whānau are empowered.”

One way that Mike intends to initiate the change he is seeking is by developing cultural auditing tools within Northland DHB that healthcare workers can assess themselves. “Many people are ready and receptive but just need the provision of self help resources to confidently commence.”

Projecting forward a year, Mike can see clearly how progress within the Northland DHB will look.

“I can see Te Poutokomanawa being viewed as the centre of cultural excellence, and being proactively approached

by Directorates to provide bespoke cultural programmes for their departments. I can see departments approving dedicated time for their staff to develop cultural safe practises and ways to engage Māori and their whānau through the tikanga of relationship. Our healthcare workforce will be able to articulate their cultural confidence and cultural practices as business as usual and Māori patient feedback will show that they are experiencing the relationship that best leads to Hauora (health and wellness).”

Mike says that the Māori kumara vine is very quick to communicate their experiences in the health system. “We’ll know when the positive shift occurs that we are seeking. The kumara vine will inform us.”

Making a Difference in Emergency Departments in Aotearoa, New Zealand

Whangārei Hospital Emergency Department (ED) clinical director (CD), Dr Marysha Gardner, became the inaugural winner of the ‘Peter Freeman Making a Difference Award’ at the New Zealand Emergency Departments Conference in Taupo last year.

The Award was created in Dr Peter Freeman’s name after he stepped down from the Conference Committee to recognise his long contribution to emergency medicine in the country. It will be awarded annually to recognise individuals making a difference to staff and patients in the ED, with the monetary prize associated with the conference and the mana of recognition attached to the recipient.

Conference organisers said Dr Gardner’s nomination came with the following statement.

“Currently, I am the Clinical Nurse Manager at Whangārei Emergency Department, and I am privileged to work alongside Marysha Gardner as Clinical Director and Senior Medical Officer (SMO).

As we all know, the COVID-19 pandemic has presented EDs across New Zealand with extraordinary circumstances and challenges. Marysha has shown ongoing initiative, leadership and dedication. What makes her different from others is her selflessness and ability to accommodate changes, so staff feel supported within an unpredictable environment, whatever role they have.

Marysha is not only a SMO and CD but a mother of four with a huge drive to make a difference. Marysha has taken on the lead for implementing ‘Manaaki Mana’ within our ED, which has involved public speaking and, at times, has been uncomfortable, which she has undertaken with such professionalism.

As a SMO, Marysha has enriched the lives of many within our community, especially those that are vulnerable.

Unfortunately, Northland has seen a rise in family violence cases, and Marysha will go that extra mile to ensure their safety. ‘Marysha is unique’ - she always shows a personal interest in others and has an open-door policy. Marysha has had a huge impact on our ED from her accomplishments and the obstacles she has had to overcome to make a difference to the working environment within ED.

Marysha truly is a role model who we all admire and respect.”

Marysha said receiving the Award was completely unexpected.



Dr Marysha Gardener with her Award



New Online System to Book DHB Vehicles on its Way



Staff wanting to use a Northland DHB fleet vehicle will soon be able to use an online booking system.

The new system via Smartrak PoolCar will provide greater convenience and choice, with bookings no longer needing to be made via email or phone calls within set hours during the day.

A Northland DHB staff survey in 2019 showed that 62 percent of staff members supported the idea of online booking of DHB vehicles.

It is planned to introduce this in late April, with all users online by 1 June.

Able to be accessed through the Staff Travel page on the intranet or the Smartrak PoolCar mobile app, the new system will improve access to and availability of vehicles, as well as providing greater fleet efficiency.

Staff members will still be able to book a vehicle at short notice as the online system will know when vehicles have been returned to the carpark and can reallocate vehicles immediately.

To use the new system, staff will need to create a Smartrak PoolCar account. Details on when, where and how to do this will be published as a SnapShot article on the intranet and sent out in an all-staff email. Guidance on how to make, edit and cancel bookings will be available in two PoolCar demonstration videos which will also be shared.

More information about using DHB vehicles can be found in the Work Related Vehicle Use document, available on the [Staff Travel](#) page of the [Staff Central](#) intranet.



Clinical Hub Supports Practices to Manage COVID-19 Patients



Clinical director Dr Libby Prenton (right) and Network Support manager Cristina Ross at work in the Clinical Hub.

With the COVID-19 Clinical Hub up and running, Northland general practices can be confident of having the support they need to provide healthcare for COVID-19 patients isolating at home.

The Hub launched with a pōwhiri on 26 January, and in its first month alone it looked after 556 patients, including 229 COVID-19 patients, their whānau and close contacts. The number is growing by the day.

Mahitahi Hauora chief operating officer Ian Hartley-Dade said the hub is a proactive clinical model that supports the health needs of the community.

“We created the Clinical Hub in response to the anxiety in our community about the fast-changing nature of Omicron and to reassure people they’ll have access to the primary healthcare services they need. This is why we’ve come up with the hub model, and it was the genesis of the support we’re offering.”

The hub is working closely with general practices to provide COVID-19 care in the community.

“We all know the COVID-19 situation can change rapidly, is difficult to predict, and that healthcare staffing and resources are limited. The Clinical Hub provides an overflow facility for general practices to make sure all patients get the health support they need,” said

Mahitahi Hauora Network support manager Cristina Ross.

The Clinical Hub is part of a wider regional multi-agency response that brings together teams from Mahitahi Hauora, primary care practices, Northland DHB, Comprehensive Care, iwi, NZ Police Northland Family Harm, Māori Health Providers, Ministry of Social Development, and Oranga Tamariki to provide seamless support for people isolating in the community with COVID-19.

The region’s response includes the coordination hub based in Hospital Road, Whangārei; Māori Health Provider community-based hubs providing welfare support; and the Clinical Hub focusing on working with general practice to deliver COVID-19 clinical care to those who need it.

Dr Libby Prenton, clinical director at Mahitahi Hauora, said the Clinical Hub would take a flexible approach.

“Responsiveness and agility will be the key to managing the impact of Omicron. We’ll adapt the arrangements and processes we’ve put in place as the outbreak unfolds and in response to updated guidance from the Ministry of Health.”

Self-test: New and More

Effective Screening to Prevent Cervical Cancer



Te Tātahi Hauora o Hine—National Centre for Women’s Health Research Aotearoa
founder and director Professor Beverley Lawton with the HPV self-test.

An innovative new cervical self-screening test that enables women to screen themselves through their general practice or at home has been launched at three Mahitahi Hauora general practices in Northland, with a fourth soon to follow.

The self-test is being offered as part of a two-year research study led by Te Herenga Waka – Victoria University of Wellington to explore the challenges associated with implementing this test, as well as its ability to increase uptake of cervical screening in Northland and improve screening services, particularly for Māori and rural populations.

Mahitahi Hauora is working with Te Herenga Waka –Victoria University of Wellington’s Te Tātahi Hauora o Hine –National Centre for Women’s Health Research Aotearoa to carry out the study, which is funded by Mahitahi Hauora and the Health Research Council.

Mahitahi Hauora clinical director Dr Grahame Jelley said the study looks at how many women have cervical screening when offered self-screening compared with

women offered the usual cervical smear, including those who have never screened or are under-screened. The research will also gather feedback from wāhine and healthcare providers about their experiences with the new test.

“We already know HPV screening gives more reliable results than a traditional cervical smear. What we’re doing in this study is looking at patient uptake of HPV self-screening and how it can best be implemented in New Zealand general practice.”

Study findings will be used to inform the National Screening Unit as it works towards its anticipated roll out of HPV as a replacement screen for traditional cervical smear in 2023.

Dr Jelley said self-testing could increase uptake of cervical screening among under-screened or never-screened women, particularly Māori and Pacific women and those in rural areas, who have lower screening rates.

“We know significant numbers of wāhine Māori are reluctant to have a cervical smear because it’s a physical examination, and whakama (shame) has always been one of the major barriers. For our rural populations, there are also barriers to accessing healthcare services such as costs, health literacy and whānau understanding of the need for screening, and lack of transport.

“Self-screening offers women the ability to safely screen themselves in a more discreet and less invasive way. The test

is easy to use, and women can do it themselves at home or in a toilet at their GP clinic.

“Māori and Pacific populations have higher rates of cervical cancer than other populations. If self-testing increases their uptake of screening, then we’re going to reduce the incidence of cervical cancer in those populations.”

General practices offering the self-test through the research project are Whānau Ora Community Care, James Street Doctors, The Doctors Tikipunga, and Hokianga Health. Comparison practices also participating are Ngāti Hine Health Trust, Dargaville Medical Centre, Rata Family Health, and Onerahi Family Healthcare.

Toothbrushing Project Brings Bright Smiles to Muriwhenua Tamariki



The Oranga Niho tooth fairies with teachers and children at Nau Mai Mokopuna kohanga.

An innovative locally created tooth brushing project is brightening the smiles of preschool-aged tamariki in Muriwhenua.

Oranga Niho is a collaborative project initiated by Hauora Muriwhenua, a collective of Muriwhenua leaders, and supported by Mahitahi Hauora Primary Health Entity. The project is delivered by the ANT (Aupouri, Ngāti Kahu and Te Rarawa) Trust, and aims to eliminate or reduce inequities and barriers to access to dental health for Muriwhenua tamariki under five years of age.

Covering 46 kohanga, early childhood education centres and home-based preschool facilities, the project is set to reach more than 1,100 tamariki. Visits kicked off on 23 February, with children at Kaitaia kohanga Nau Mai Mokopuna getting a special visit from the Oranga Niho 'tooth fairies'.

The tooth fairies, who wear piupiu, antennae and butterfly wings, are the project's two kaiāwhina, Hayley Tapatahi and Lyla-Blue Paparaoa. They visit kohanga with a unique suite of resources designed to teach children how to take care of their teeth in a fun and engaging way.

Oranga Niho Project Manager Ariana Smith said the team created the resources they use from scratch to appeal to Muriwhenua tamariki.

"We've gone with a Māori approach to encourage our tamariki, because our Māori kids have the worst stats. We've created a mascot called Toa Niho – he's a tooth, and he wears a maro and has a ta moko, and he holds his toothbrush like a taiaha.

"We also created our own books, activities, songs and costumes. When we visit a kohanga, our kaiāwhina go dressed up as tooth fairies with a Māori twist to their costumes. They start by reading the kids a story about how Toa Niho learned to take care of his teeth, then we play games where the kids have fun while learning how important it is to eat healthy foods and drink water instead of fizzy drinks. After that the kids do a session of learning how to brush their teeth. We use a special te reo Māori two-minute song, because that's how long kids need to brush their teeth for."

Full and ongoing support for kohanga is a key part of the programme, with the team supplying toothbrushes, toothpaste, toothbrush caps and holders, and toothbrushing charts with stickers. They keep in touch with kohanga regularly and return every three months to top up resources.

The team monitor progress by carrying out six-monthly 'Lift the Lip' assessments. This involves taking photos of the children's teeth on their first visit to a kohanga and after six months.

They also sign up children with Northland DHB's Oral Health Service if they are not already registered.

Smith says the need for the project was clear, with Northland children having "the worst stats in New Zealand" for oral health of children under five.

Research published in the New Zealand Medical Journal in 2019 found that more than 40 percent of five-year-olds in Northland and Auckland who received school entry dental examinations in 2014-15 had tooth decay, missing teeth, or fillings. Northland children were the worst affected, especially those living in deprived areas or in communities without water fluoridation, and Māori and Pacific children.

Data from the Ministry of Health also shows dental issues are the leading cause of avoidable hospitalisations in children under five in Tai Tokerau.

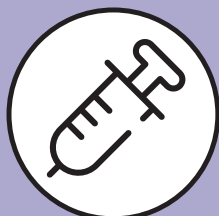
Smith says memories of the well-known Life Education Trust character Harold the Giraffe from her school days inspired the approach to Oranga Niho.

"It's important that we deliver something the children are going to understand and that's going to be fun for them. I remember Harold the Giraffe coming to school and I loved the story behind him. We were learning stuff, but it was really fun," she says.

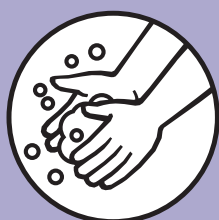
The feedback from the team's first visit to Nau Mai Mokopuna shows they've created a winning formula.

"They absolutely loved it. They were surprised and amazed by how well our kaiāwhina delivered the programme and by all the resources. They told us they've had people visit to show the kids how to brush their teeth before, but they've never seen anything like this!"

**Your wellbeing is really important
- here are some simple ways
we can protect ourselves from COVID-19**



Immunisation is one way to protect whakapapa. Being immunised helps our bodies build strong defences if we get sick



Wet your hands under clean running water. Use warm water if available. Put soap on your hands and wash for 20 seconds. Liquid soap is best



If you have COVID-19 symptoms, contact Healthline on **0800 358 5453**



Stay home if you are sick, stop the spread of illnesses and take care of your whānau



Coughing and sneezing into your elbow is one way to prevent spreading illnesses

Please be kind to each other and stay safe

Go to **Book My Vaccine** to make your COVID-19 vaccination booking
www.bookmyvaccine.nz



Ngā Tātai Ihorangi

For more information visit
www.northlanddhb.org.nz

TE POARI HAUORA Ā
ROHE O TE TAI TOKERAU
Northland District Health Board

