

Health *first*

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Keeping Food Safe this Barbecue Season

As summer fast approaches, the New Zealand Food Safe Partnership is once again urging people to take care with food as they make preparations for the party, barbecue and holiday season.

Summer is a hazardous time for food-borne illness. Bacteria multiply faster on food in moist, warm conditions.

Add to that the fact that a lot of people are on holiday, the household cook is often catering for larger groups of people than usual, and things tend to be a little more relaxed.

All that can lead to a drop in hygiene standards and unfortunately, a dose of food-borne illness.

It's the bacteria on food that is not properly prepared or cooked that cause food-borne illness. Utensils and chopping boards can also spread bacteria through cross-contamination. Christmas is not the time people want to receive a bout of the dreaded tummy bug.

The good news is that food-borne illness is preventable by practising the 4Cs of food safety – clean, cook, cover, chill.



CLEAN

Thoroughly wash hands with soap and dry on a clean dry towel before handling food and after handling raw meat. Before you start cooking, ensure that all utensils (knives, forks, tongs) and surfaces are clean.



COVER

Cover and refrigerate leftovers as soon as possible and eat within 48 hours. Don't eat cooked food left at room temperature for more than two hours. Keep salads covered outdoors to protect from flies and birds.



COOK

Pre-cook minced meat, sausages and poultry before barbecuing. Cook these meats until the juices run clear and check there is no pink flesh in the middle. Eat barbecued food as soon as possible or leave it on a grill rack or in a hot oven until ready to eat.



CHILL

Defrost meat fully in the fridge or microwave before cooking to ensure it cooks evenly. Keep meat cold until you're ready to cook it. If outdoors, use an ice pack in either a cool bag or chilly bin to keep it cold. Keep salads cool until ready to eat.

For more information visit the food safety website www.foodsafe.org.nz and enjoy another safe and happy summer.

Looking after that Christmas Ham!

With friends and family filling the house, this is the time of year when many households invest in a Christmas ham.

It provides good eating at lunchtimes and dinner, and can be used for a wide range of innovative meals. But do remember that once opened, the shelf life of your ham will immediately decrease.

Follow the steps below to avoid the ham spoiling and people becoming ill.

The New Zealand Pork Industry Board recommends that once opened, a whole cooked ham should last one to two weeks. If you slice pieces off, expect a shelf life of three to five days for the slices.



- Freeze some of your ham in clean freezer bags if you don't think you can consume it all within the given time periods
- Keep the ham covered with a clean damp tea towel and change the towel daily
- Put the ham in the coldest part of the refrigerator, above raw foods
- Ham should be disposed of when spoilage is apparent.



REMEMBER! Always handle your ham with clean hands, clean knives and clean boards.

Raising the Profile for Children

One of the biggest national gatherings of people working with children under the age of five took place in Christchurch in October.

450 participants came from all over New Zealand to spend two multidisciplinary, community-focused, workforce development days enhancing their knowledge and understanding of how best to improve health outcomes for children under five.

The Child Health Summit 2006, organised by the Canterbury Well Child Coalition, was also a time to share relevant information and to network with others with similar interests from everywhere in the country.

Linda Goodwin, a member of the organising committee which staged the summit, said a key focus was making the conference affordable to those who work 'on the ground' with children and families. Keeping the cost to \$60 a day proved a winner, according to Linda.

'We took a "no frills" approach: participants were given the essentials – a name tag, the agenda for both days, food and water.'

'Participants rated the Summit highly. They were impressed with the high calibre of the speakers, the information shared, the low cost and the "no frills" approach taken.'

Ninety-nine per cent of participants surveyed ranked the summit as better than any similar event held nationally.

The speakers included clinicians, advisers, Ministry of Health personnel, and administrators of public and private child health groups – all focussed on topics of real interest to the audience, and covering a wide range of child health issues.

They ranged from Dr Mavis Duncanson, from the Office of the Children's Commissioner, who reminded the audience that childhood poverty is a real issue in New Zealand and discussed how to ensure the best future for New Zealand's children, to Dr Pat Tuohy, Chief Advisor Child and Youth Health at the Ministry of Health, who provided an overview of the Well Child/Tamariki Ora Framework review.

Oral health, immunisation, newborn hearing screening, nutrition, sport and activity, and early childhood education were among the wide range of topics covered at the Summit.

The key message was that we need to invest earlier in children's health and well-being by intervening early, rather than leaving it until later.

The Summit was sponsored by Mana Whenua ki Waitaha, Community and Public Health, Canterbury District Health Board, Early Start Project, Immunisation Advisory Centre, Maori SIDS, Ministry of Health, Sport Canterbury and the Public Health Association of New Zealand (Canterbury branch).

Participants fully supported the idea of a similar event being held in 2008, and the organising committee is currently considering this.



Evon Currie of Community and Public Health (MC) with Pat Tuohy (Chief Advisor, Child & Youth Health, Ministry of Health), who was impressed that a brief discussion six months before came so quickly together. The Summit was fully supported by the Ministry of Health.

Balancing the Budget Requires More Effective Care Systems



Gordon Davies

With Christmas just a fortnight away, it is an opportune time to look back on 2006, my first year as CEO of the Canterbury District Health Board (CDHB), and to look forward to 2007.

Certainly the past 12 months have brought their challenges to the delivery of health services in Canterbury. Yet the issues that make the media are not always the matters that occupy most of my thoughts. My overall concern since taking up this position in November 2005, has been to ensure that the best possible health care is available to the people of Canterbury, while we work within the myriad constraints imposed by budget, allocation of funding and availability of staff. It isn't an easy balancing act. Yet we have strong reason to be very proud of what we have achieved.

Our own Quality and Innovation Awards highlighted more than a dozen projects across a range of services, all designed with the same goal – to improve health outcomes for Cantabrians. I know there are countless other projects taking place in all divisions of the CDHB, driven by the same premise and led by dedicated professionals. We know there is still much to improve, and there always will be, but the will to effect change for positive outcomes has never been stronger, I believe.

However, measuring the success of what we do is much harder than for most large organisations, simply because the

results of much of what we do are extraordinarily difficult to measure.

Simplified production line approaches that do not value time spent waiting or in conversation with people, need to be applied carefully in health. For instance, our team of specialists, medical management and industrial engineers, have established that production line and scheduling techniques are very valuable for many projects: further, that service needs some stock capacity.

What measure do you use for quality of life, improved sight, or absence of pain?

On a wider scale, home help care of the elderly produces some outstanding results for vulnerable people, but how do you easily measure a renewed interest in life?

Then there are the issues of relationships.

Most people who need to receive health services value the personal interaction with their carers, sometimes beyond the outcome. Some studies have shown strong associations exist between confidence in carers and the outcome and speed of recovery. This provides a rough but useful indicator of just how much patients value good staff.

The measures we currently use to judge the productivity of our health system are therefore incomplete.

I have a clear vision of what productivity means for the CDHB.

It is when teams (clinicians, managers, support staff) work together to achieve the best level of services together with good quality clinical outcomes and patient satisfaction, from

our resources of funding capital and scarce talented staff.

This is what I consider 'productive' or 'cost effective' – or whichever term different professions use.

I believe it is the CDHB's duty to constantly seek those goals for the people of Canterbury. A frame for thinking about this is also: effectiveness – doing the right thing; efficiency – doing things the right way/right time; economics – doing things in the most cost effective way.

The concept though, is to recognise that this is a service to people and relationships are vital for its ultimate success.

One of the heartening features of this year has been the development of closer links with the Primary Health Organisations (PHOs), general practitioners and many other health agencies. This has never been more evident than in the work being done to plan for the event of a major influenza outbreak or other health pandemic.

I wish everyone a Merry Christmas and a happy and healthy 2007.

Gordon Davies
CEO
Canterbury District Health Board

Thousands Take Part in Health Survey

More than 12,000 New Zealanders will be asked to participate in the Ministry of Health's biggest national population survey to find out how healthy we are.

Launched in late September, the 2006/2007 New Zealand Health Survey, estimated to cost about \$4m to complete, will involve interviewers visiting households throughout the country over the next 12 months.

It will also be the first time that a nationwide poll has gathered detailed information about child health based on 5000 child questionnaires to be completed by parents and caregivers. This questionnaire will include questions on nutrition, physical activity and asthma.

From how much fruit we eat, to how many times we visit the GP, the results from the New Zealand Health Survey will be critical in determining how healthy we are and how health services are used. The survey will also reveal how many New Zealanders have chronic conditions such as heart disease, diabetes or asthma, and whether people have health risk factors such as obesity or smoking.

About 3000 Maori adults and 1100 Maori children, 1000 Pacific adults and 400 Pacific children and 1300 Asian adults and 500 Asian children will be among the 12,000 New

Zealanders taking part in the survey.

'The reason it is important to include children is that they make up about a quarter of our population,' says Dr Pat Tuohy, the Ministry of Health's Chief Advisor for Child and Youth Health.

'If we don't have a good picture of children's health and well-being, we will be blind to emerging health issues. We know for example, that poor nutrition and lack of physical activity in childhood can have a big impact on health throughout someone's life.'

Interviewers will collect data on common long-term health conditions, lifestyle factors that contribute to health, and overall physical and mental health.

This includes measuring the height and weight of participants, which helps track changes in the number of overweight and obese New Zealanders over time.

'National population surveys provide the Ministry with reliable information about how healthy different groups of New Zealanders are, and their different patterns of using health services,' says Dr Barry Borman, manager of Public Health Intelligence, the ministry's epidemiology group.

'It tells us what is happening in health in our

communities, where things are improving and where more work needs to be done.'

The Health Survey will provide data which is not gathered in such detail through any other means. The information will be used in developing programmes and strategies such as Healthy Eating, Healthy Action or He Korowai Oranga: the Maori Health Strategy.

Previous national health surveys took place in 1992/93, 1996/97 and 2002/03.

This one differs in that it not only includes a separate child questionnaire, but also a new section for adults on oral health, an improved section for adults on mental health status and conditions, and an improved section on primary health care, to measure New Zealanders' use of these services.

Information provided to the interviewers will be confidential, and survey results will be published in mid 2008.

Survey interviewers will wear a badge with photo identification and have a reference telephone number to establish they are a genuine interviewer.

For more information please go to www.moh.govt.nz/phi/surveys/nzhs.

Drinking Water – Keeping it Clean and Healthy

All New Zealanders, wherever they live, should have access to safe drinking water.

This is a fundamental belief, and in May 2005 the Government announced funding of \$154m for a 10-year programme to help improve drinking water systems in small New Zealand communities.

The Drinking Water Assistance Programme is being administered by the Ministry of Health and District Health Boards and includes Technical and Capital Assistance Programmes for small community drinking water supplies.

Applications have already been received from Kaikoura, Hurunui, Ashburton, Waimakariri and Selwyn for the various supplies they operate.

A community drinking water supply is defined as 'a reticulated publicly or privately owned drinking water supply connecting at least two buildings on separate titles and serving at least 1500 person days a year (for example, 25 people at least 60 days a year).'

A school, marae or camping ground on its own supply is considered to be a community drinking water supply.

Drinking water suppliers will be able to improve the

management and operation of their drinking water supply through participation in the Technical Assistance Programme (TAP). They will also be able to apply to the Capital Assistance Programme (CAP) for funding to upgrade their drinking water supplies.

Technical Assistance Programme

Any community supplier serving fewer than 5000 people can participate in the TAP and there is no charge. It will help suppliers to make the most effective use of the equipment they already have and will provide information on how best to operate a small supply.

It will also assist water suppliers to manage the risks associated with providing drinking water and will provide information on options for upgrading or improving supplies.

The TAP will focus on assisting suppliers to develop public health risk management plans for their drinking water supply. The plans will also identify any improvements that suppliers need to make to ensure that they supply water that is safe to drink.

Qualified drinking water assessors, called Technical Assistance Programme Facilitators from District Health Boards throughout New Zealand will manage the TAP. They

will help groups of water suppliers get together to assist each other to ensure their drinking water supplies are safe, provide further information on all aspects of the programme, and arrange for knowledgeable people to help the groups.

Capital Assistance Programme

The Capital Assistance Programme will provide money to communities to help them buy equipment to ensure their drinking water supply is safe. It also aims to help communities to establish a reticulated drinking water supply if they do not already have one.

The first step towards applying for capital assistance will be to participate in the TAP. This will determine whether upgrades are necessary and ensure good decisions are made about the equipment required.

Not all supplies will be eligible for CAP funding, and details of the proposed capital assistance criteria are still being finalised through public consultation.

If you would like more information about the Drinking Water Assistance Programme contact the CDHB's Technical Assistance Programme Facilitator, Peter Burt on (03)379-9480 ext 758 or email peter.burt@cdhb.govt.nz.

Setting an Example with Healthy Food Policy

The Canterbury District Health Board is setting the pace with the implementation of its Healthy Food Policy and Healthy Eating, Active Living Action Plan.

Sugary soft drinks have already been phased out and foods high in fat and sugar are destined to follow.

These are among the range of foods that are sold from the snackboxes and 48 vending machines on CDHB sites.

'This is being done with the full support of suppliers, who have agreed to provide healthier options for the staff, patients and hospital visitors who use the machines,' said Evon Currie, CDHB's General Manager, Community and Public Health.

'Vending machines are traditionally stocked with food and drinks that are high in calories, fat and sugar – contributors

to the obesity epidemic – and not what we want to be promoting. To be a truly health promoting organisation and lead the way for other organisations, we need to provide healthy choices for our 8400 employees and the thousands of people who come to our sites every year.'

The Board aims by March 2007 to have healthy food choices making up 70 per cent of what is available from CDHB vending machines and snack boxes. More healthy food options will also be required from CDHB cafes, volunteer trolleys and at CDHB functions.

Dietitian-approved food and drinks featuring in the vending machines will include crackers, cheese, yoghurt, soups, dried fruit, water, fruit juices and flavoured milk.

Staff and patients will be encouraged to drink more water. A new water fountain is positioned in the foyer of Christchurch Hospital and water coolers are available on most wards.

'While flavoured milk and 100 per cent fruit juices

containing sugar will remain in the vending machines, they have other beneficial nutrients that make them healthy, occasional choices,' said Ms Currie.

The Healthy Food Policy sits under the CDHB's broader Healthy Eating Active Living programme which aims to improve the health and well-being of people living in Canterbury by achieving and maintaining healthy weight, healthy eating and active living.

As part of the programme, the CDHB has been working on making its sites truly health-promoting environments. Initiatives have included the introduction of Smokefree environments, the promotion of smoking cessation programmes for staff and patients, discounted gym memberships for staff, and activities such as the Sea2Sea physical challenge.

Ms Currie said the Healthy Food Policy is another opportunity for the CDHB to lead by example and help people to make the best choices for their health.



Bronwen King, Public Health Nutritionist, Community and Public Health, CDHB.

Season's Eatings!

Christmas is nearly upon us. For many this is a time of fun and excitement; for others it a time of stress around buying presents, providing food, cost and the inevitable weight gain from too much eating and drinking. Enjoying Christmas has become a challenge. How can we relax and have fun without coming out the other side looking like an overfed turkey? With a little planning, however, it is possible... you can survive the silly season and be fitter, healthier and more relaxed when it is all over.

When it comes to food, the most important thing to do is to redefine Christmas 'treats'. Most of us equate these with chocolate, ice-cream, éclairs, mince pies, plum pudding with brandy butter and cream, sweet biscuits, savouries – in other words, high kilojoule foods that are easily stored as fat.

The Oxford Dictionary defines 'treat' as 'a source of special delight or pleasure'. While chocolate, cakes and pastries may fit this definition, so do many healthy foods. Foods like salmon, prawns, ham on the bone, turkey, succulent fillet of beef, nuts, strawberries, cherries, mangoes, melons, figs, avocados and fresh asparagus are a source of special delight and pleasure to me, and these are the foods I will concentrate on when planning my Christmas menu. Small portions of chocolate, cake and desserts will have their place too, but as trimmings to these delicious foods, not as main players.

The following tips will help you keep your Christmas menu healthy and mouthwateringly delicious at the same time!

- Enjoy fruit and vegetables – use seasonal berries and other fruit to bulk out desserts and nibbles platters. Salads with bread and leftover cold meats make ideal lunches or evening meals. Have small quantities of meat and then fill up your plate with vegetables and salads
- Cook your roast vegetables separately from the meat – a light brush with oil or an oil spray is all they need to become crisp and delicious
- Buy lean meats and trim off any fat before cooking and eating. Remove the skin from chicken and turkey
- Skim off the fat from the meat juices before you make gravy; cooling the juices first helps. Alternatively, use a gravy powder as a base and use the water you have cooked vegetables in (eg pea water) as the liquid. A little brandy, cranberry or red currant sauce will give extra zing!
- Try custard/brandy custard and low fat icecream with Xmas pudding rather than brandy butter and rich creams/icecreams. Have icecream or cream... not both. Sorbets and light icecreams are good alternatives
- Stock up on healthier food items and treats. Shortbread for example, is laden with fat, while biscotti have very little. Berries, mangoes and smoked salmon are also delicious Christmas foods
- Make Xmas mince pies with filo pastry instead of traditional high fat shortcrust, flaky or puff pastry. If using shortcrust, use a very thin layer and leave the pies open. Check the label of the fruit mince to ensure it does not contain suet (pure fat)
- Alternate alcoholic drinks with water or diet soft drinks – this way you keep hydrated and are less likely to overdrink
- Avoid overeating at Xmas parties by eating something healthy before you go. This way you are less likely to be tempted by the rich cheeses, sausage rolls, chippies and so on. It is really easy to over consume these foods when you are hungry and drinking alcohol
- Check the fat content of your crackers – many are high in fat. Water biscuits and crispbreads are lower fat options
- Use mashed avocado, hummus, mustards and relishes as spreads on bread, instead of the usual high fat spreads
- Try chocolate-dipped strawberries or cherries as an alternative to chocolate – you get all the enjoyment of chocolate in a much healthier package!
- Eat your food slowly – it takes a while for the brain to register feelings of fullness
- Enjoy exercise – a walk, swim or game of tennis will do wonders for the body and soul. Use your leisure time to play with the children or socialize in the outdoors
- The most important thing is not to feel guilty about having treats on Christmas Day. It is only one day and you can always make up for it by having light healthy meals on Boxing Day, such as leftover lean meats and salads.

My advice for a happy and healthy holiday season is as follows:

- Fill your menu with healthier treats
- Allow a few of the less healthy treats
- Keep your portions small
- Drink plenty of water
- KEEP ACTIVE.



Christmas Menu Suggestion

Smoked salmon salad
Roast turkey with cranberry, pinenut and lemon stuffing
Honey and rosemary roast vegetables
Minted peas
Glazed carrots
Green salad
Mango jelly with fresh raspberries
Chocolate strawberries
Ginger and almond biscotti

Smoked Salmon Salad

400–500g smoked salmon fillet (hot smoked)
3 cups baby spinach leaves
Approx 2 cups cooked potatoes (baby potatoes ideal), sliced into chunks
½ cup chopped sundried tomatoes
½ red onion, finely sliced
3 Tb capers
2 hard boiled eggs, cut into wedges
Dressing
¼ cup lemon juice
2 tsp seeded mustard
1 clove garlic, crushed
2 tsp sugar.
Use a flat or very shallow serving dish for this salad. Place spinach leaves in the bottom and then layer other ingredients on top, finishing with the salmon and eggs
Place dressing ingredients in a jar, shake to combine. Pour over salad just before serving
Serve with crusty or grainy bread. SERVES 4.

Cranberry, pinenut and lemon stuffing

Use this to stuff your turkey. Alternatively, flatten out chicken or turkey breasts, spread stuffing over, roll up, wrap with prosciutto, then bake, grill or barbeque.
2 cups wholemeal bread crumbs
2 x 70g packets of pinenuts
1 cup raisins (dried cranberries)
¾ cup chopped Italian parsley
grated rind of 4 lemons
juice of one lemon
1 tsp salt
2 Tb melted polyunsaturated margarine.
Mix all ingredients together in a bowl. This will make enough for one medium turkey or 8–10 individual chicken/turkey rolls.

Honey and Rosemary Roast Vegetables

6 cups vegetables cut into small chunks (eg potatoes, kumara, parsnips, yams peppers, small onions, beetroot, pumpkin etc)
2 Tb balsamic vinegar
2 Tb olive oil
2 Tb honey
1 tsp minced garlic
lemon pepper
½ cup chopped fresh rosemary
Place vegetables in roasting/ovenproof dish.
Mix vinegar, oil, honey and garlic together and pour over vegetables; mix through. Sprinkle with rosemary and cook at 180°C until vegetables are tender.

Mango Jelly

1 litre mango juice
200g castor sugar
30g gelatine
375g reduced fat evaporated milk
1 mango, pureed
1 mango finely diced.
Heat juice and sugar until dissolved.
Sprinkle in the gelatine, stir well, remove from heat, cool and whisk in evaporated milk and pureed mango.
Fold through the diced mango and pour into lightly oiled ring mould.
Refrigerate until set. Unmould and serve with mango slices and fresh berries.
Suggestion – for a more tropical flavour, substitute a tin of light coconut milk for the evaporated milk.

Ginger and Almond biscotti

4 egg whites
½ cup caster sugar
1 cup plain flour
¾ cup unsalted whole almonds, with skins on
¾ cup glace ginger
Set oven at 170°C. Lightly oil a small loaf tin .
Beat egg whites until stiff peaks form; add sugar and continue beating until mixture is stiff and shiny.
Fold in sifted flour, almonds and ginger; transfer to loaf tin and bake for 40–50 minutes. Cool on cake cooler.
Wrap in foil and stand for 3–5 days.
Using a very sharp knife, slice very thinly. Place slices on oven tray and dry in oven at 130°C for about 20–30 minutes. MAKES 36. Suggestion – try using different fruit and nuts. Figs, cherries, apricots and glacé pineapple all work well, as do hazelnuts, brazils and pistachios.

Celebrate Sensibly this Christmas

It's that time of year again when a surfeit of good food, good wine and good company is the norm!

Work places and organisations everywhere are holding Christmas parties and everyone enjoys the extra socialising that comes with Christmas and holidays.

There are many more opportunities than usual to drink alcohol with family and friends.

However, it's easy to get carried away and have one too many, undoing any good intentions you had of having all things in moderation.

The Alcohol Advisory Council (ALAC) has come up with some tips to see you through the festive season with your health intact.

Know how much you are drinking.

Watch the size of the drink and count how many you have had. The standard drinks measure is a simple way to work out how much alcohol you are drinking. To check how many standard drinks are in a can, bottle or cask, look for the standard drinks label.

If you're out for the night, decide on a limit of how much you plan to drink, and stick to it – or have less! Avoid rounds. Round buying often means you drink more than you want. Pace yourself. Slow down and take smaller sips. Savour the flavour! Drink water or soft drink in between alcoholic drinks.

Say no to top ups. You won't be able to keep track of how much you are drinking. Also, don't let anyone pressure you into having another drink. Have excuses planned, such as, 'No thanks, I've had enough – I've got a lot on tomorrow.'

Alcohol on an empty stomach makes people become drunk more quickly. If you are the host, always offer something substantial to eat, not just chips and dip. Eating does not stop people becoming drunk, but it does slow down the effects of alcohol by giving the body more time to get rid of it. For example, it takes approximately one hour for the body to digest one 300ml glass of normal strength beer.

Have non-alcoholic drinks available and make sure they are just as visible as the alcoholic ones. Mention them to guests when offering a drink. Serve more interesting non-alcoholic drinks than just orange juice. It is surprising how people will really enjoy something like a grapefruit and tonic with some mint in it for a change.

Appoint a bartender. Have one person serve and if possible, measure the drinks rather than have a free-for-all. People normally pour themselves larger drinks than they would get in a hotel, making it hard to keep check of how much alcohol they've had.

Wait until your guest's glass is empty before you re-fill it. And if someone says 'no' to a refill, don't insist.

Look after your guests. Don't let them drive home if they have had too much to drink. Ensure they get a taxi or offer them a bed for the night. Don't let women leave alone on foot. If guests become very drunk, don't leave them alone. Seek medical assistance if they pass out.

Teenagers out for the night or at parties should look out for their mates. Stick together and think about how you'll get home before you go out. It might mean asking someone in your family or a designated driver to pick you up. It's okay to catch a ride home with friends, as long as the driver is sober. If you're not sure, play it safe and find another way home. Don't try walking home alone.

Parents hosting parties – remember your children watch your behaviour. They are more likely to do as you do, not as you say.

And finally, nothing can get alcohol out of your system – water, coffee or cold showers won't sober you up. Only time and your liver can do that!

For further information on alcohol issues contact the Alcohol Advisory Council, call free 0508 258 258 or visit www.alac.org.nz

New Research into Vitamin C and our Immune System

International conferences are a vital aspect of health research, involving the sharing of ideas and the generation of new insights and collaborations, which can result in major advances in medical knowledge.

In the course of her work at the University of Otago's Christchurch School of Medicine and Health Sciences, scientist Dr Margret Vissers has observed the dramatic effect of vitamin C on white blood cells. It was at such a specialist conference in Edinburgh in late 2003 that she found an important explanation for what she was finding in the laboratory in relation to vitamin C.

As is often the case in biomedical research, insight came from an unexpected quarter and in this case it was from a talk on a seemingly unrelated topic by researchers from Cambridge University who had no interest in vitamin C.

'While I was listening to this speaker, I realised that there was common ground between our two projects and that the phenomenon the Cambridge group is studying for another reason is also dependent on vitamin C,' says Dr Vissers. 'This led to my discovering an exciting new activity for vitamin C in the Immune System.'

Through her work in the Free Radical Research Group, Dr Vissers has found that vitamin C plays a vital role in the function of white blood cells known as neutrophils. These white blood cells are the infantry in the army of the immune system and responsible for killing bacteria and viruses. However, once they have done their job, the neutrophils themselves need to be disposed of and it is this process that is dependent on vitamin C.

'Vitamin C is essential to allow neutrophils to undergo apoptosis or programmed cell death. The dead cells are then efficiently removed from the body. Without vitamin C, neutrophils become necrotic and release an enzyme which destroys healthy tissue.'

The clean-up of neutrophils after an infection is as important as the removal of the bacteria and many problems can occur throughout the body if it does not occur. Dr Vissers' new research provides important new information on the function of vitamin C in the control of the immune system, and may also be relevant for other cells.

Vitamin C is a small, simple molecule generated from sugar and is made by plants and many animals. But humans, along with primates and guinea pigs, have lost the capacity to



Dr Margret Vissers, Free Radical Research Group, Christchurch School of Medicine and Health Sciences

manufacture vitamin C and must therefore obtain it through their food. This fact became clear in the early 20th Century when vitamin C deficiency was discovered to be the cause of scurvy – a horrible, deadly disease that afflicted people who had bad diets.

These days we should all be familiar with our need for vitamin C, and aware that our best source is eating fresh fruit and vegetables. It may therefore come as a surprise that we still do not know exactly how vitamin C prevents scurvy or even why we need it.

Dr Vissers detailed the results of her findings about vitamin C at the Canterbury Medical Research Foundation-sponsored Canterbury Medical Researcher's Conference. She was awarded a prize for best presentation, helping her travel to another specialist meeting in Sardinia in October to present her work to an international audience.

SOS = Save Our Skin

New Zealanders love summer! It's the time when we go on holiday, and it's the time when we spend as many hours outdoors as we can.

It is also the time when we need to be very vigilant about protecting ourselves from exposure to the sun's ultraviolet radiation (UVR).

In short, we need to do everything we can to make a difference to this country's shocking skin cancer statistics.

Every year more than 300 people die from skin cancer. The latest mortality figures from 2002 show that 235 deaths occurred from melanoma and 111 from other skin cancers.

The major cause of skin cancer, over exposure to the sun, can be avoided, says Cancer Society spokesperson, Martin Witt. 'Evidence shows that it is exposure to UVR that is clearly linked to skin damage and skin cancers.'

Although we should all be familiar with the SunSmart messages from the Cancer Society, such as Slip Slop Slap and Wrap, here are a few SunSmart facts for the coming summer.

Why is New Zealand at such a risk from UVR?

It is a combination of factors such as our outdoor lifestyles, fair skins and clear skies. The earth's tilt means that New Zealand is closer to the sun during the summer months, meaning we get high levels of UVR, particularly between October and March.

Is a sun tan healthy?

No. A sun tan results from your body defending itself against further damage from UV damage.

Can you get sunburnt on a cloudy day?

Yes. Up to 80% of UVR can get through light cloud cover, so don't make the mistake of thinking cloudy days don't count as far as sun protection is concerned.

Why don't we see Burn Time in the media anymore?

Burn time was a way of measuring your risk of burning in the sun. However, the measure could be misleading as it did not take into account different skin types. For example a fair-skinned person will burn more quickly than an olive – or darker-skinned person.

Is there a better measure than Burn Time?

Yes. Over the past couple of years the UV index has begun to be seen in newspapers and on the television. This is a measure of the strength of UV – the higher the index, the higher your risk of skin damage and skin cancer. The index goes from 1 to 11+ and anything from an index of 6 or more means you require protection. Watch out for the UV index. It looks like the Rural Fire Service risk fan seen on the roadside.

What do I look for if I am checking myself for skin cancer?

Be aware of any changes in your skin and watch for new or changing freckles or moles. See a doctor immediately if a freckle or mole is growing larger or changing in shape or colour.

How can I get more information on being SunSmart?

The Cancer Society offers a wide range of information on sun protection. Go to www.cancernz.org.nz or contact Canterbury West Coast Division of the Cancer Society on (03)379-5835.

Schools wishing to check out the Cancer Society's recommended standards for being a SunSmart School should check out www.sunsmartschools.co.nz. The Cancer Society's new SunSmart Accreditation Programme (SSAP) is a great way to involve everyone in the school in sun protection. Applications can be made from this website.



SunSmart success! St James Primary School, Aranui has recently become the first school in Christchurch to become a SunSmart Accredited School.

For a safe summer, remember to:

Slip into shade and protective clothing where possible between 11am and 4pm when UV levels are at their highest.
Slop on the sunscreen. Use SPF30+ broad-spectrum sunscreen.

Slap on hats – broad-brimmed to protect neck, nose and ears.
Wrap – put on close fitting sunglasses to protect the eyes.

Look after your Sight

Don't assume loss of central vision is just a sign of ageing. Vision, like all other aspects of health, is often taken for granted.

It is only when something begins to falter that we sometimes appreciate how efficiently our body has been working.

Age-related Macular Degeneration (AMD) is the leading cause of blindness in people over 50 years of age in New Zealand and other developed countries.

The number of people with AMD is expected to triple by 2025.

AMD is a disease that blurs the sharp, central vision that you need for 'straight ahead' activities such as reading, sewing and driving. It affects the macula, the part of the retina that lets you see fine detail.

AMD causes no pain, and it can advance so slowly that people initially notice little change in their vision.

If you experience any of the following signs, you may be developing AMD and should arrange to have an eye examination soon:

- Distortion (straight lines appear bent)
- Difficulty seeing at a distance or doing detailed work up close
- Distinguishing faces
- Dark or empty spaces begin to block the centre of your vision.

AMD can be treated in most cases but once it reaches an advanced stage, no form of treatment can prevent vision loss. It most commonly affects people when they reach the age of 60 but it can occur in middle age. Risk factors include smoking, obesity and family history, and gender: women appear to be at higher risk.

A report on a literature review issued by the AMD Alliance International highlights the fact that some people with AMD can suffer from significantly decreased quality of life and feel isolated.

The Royal New Zealand Foundation of the Blind has recently produced five booklets on the common eye conditions of AMD, Glaucoma, Retinitis Pigmentosa, Diabetic Retinopathy and Cataracts. They cover many questions you might have if you or a family member has been diagnosed with any of these conditions, and they outline recommended treatments.

For more information or to receive a copy of any of the new booklets contact www.rnzfb.org.nz or telephone 0800 002 345.



An example of Macular Degeneration

The Cancer Society Supports the Community to be SunSmart: Community Shade Loan Programme

The Cancer Society has a number of portable shade structures available to community groups for use at summer events. These structures are ideal to use as drink stations, information stands, a registration point or simply as a place to sit in the shade during an event. Sunscreen is supplied with the shade structures.

People who are planning events are becoming more SunSmart and are contacting the Cancer Society because they have heard about the programme. In six weeks since the beginning of October we made shade structures and/or sunscreen available at 42 different locations in the

Christchurch area at City Council events, school sports

days, health awareness events, sports fixtures and promotion days, church picnics and youth camps.

Can You Help Us?

There is no charge for the use of the resources for eligible groups. However, there is a considerable time input to keep this programme running and the Cancer Society would be very pleased to have some volunteer help with checking the structures after weekend use and replenishing the sunscreen. If you have an hour or two to spare and would like to become a Cancer Society volunteer, please contact Kathy Inns, or for more information about the Shade Loan Programme, contact Sue Clark, telephone (03)379-5835.

Burwood Birthing Unit Celebrates Sixty Years of Service

The Burwood Birthing Unit at Burwood Hospital has just celebrated its 60th Anniversary.

The maternity unit, known as Ward 8 until about ten years ago when it became the Burwood Birthing Unit, saw its first births take place on 19 September, 1946 and since then 35,624 babies have been born in the unit.

'We are a primary unit for normal, straight forward births. We provide family-centred care in a home-like environment that we think is very appealing and that women seem to enjoy very much,' says Lesley Dixon, Burwood Birthing Unit's Charge Midwife.

Over the years the numbers of births has fluctuated, with the average now being about 200-220 babies born in the unit each year.

The main birthing room has a pool as its central focus.

'About 70 per cent of women use the pool because it is relaxing while they are in labour and the water helps them with the pain. 45 per cent of them stay in the water for the birth.'

After the birth, the women are able to enjoy the support of staff in the quiet rural surroundings.

Burwood Birthing Unit has just been re-accredited as a Baby Friendly Hospital. This is a health care facility where the practitioners who provide care for women and babies adopt practices that aim to protect, promote and support exclusive breastfeeding from birth.

At the same time, Baby Friendly facilities ensure that women who choose not to breastfeed are supported in their decision and provided with unbiased information and advice.

Lesley Dixon describes the Baby Friendly Hospital Initiative, which is a Ministry of Health directive, as a global system of ensuring high standards of breast feeding support.

'At Burwood Birthing Unit, 94 per cent of women are starting to breastfeed their babies, with 83 per cent breastfeeding exclusively on discharge home. It is our goal now to keep their babies exclusively breastfed for six months - and continuing to breastfeed for as long as possible.'

'There are major benefits to breastfeeding and it is our role to encourage and support today's young women to maintain breastfeeding for as long as possible.'

'Babies who are breastfed have fewer hospital admissions for diarrhoea and vomiting, have higher IQs, better vision, and fewer problems with infections,' says Lesley.

The staff at Burwood Birthing Unit provide expert support and assistance for women both during the birth and for breastfeeding in the first few days following the birth.



Clockwise from top left: 1. Staff celebrate the re-accreditation of the unit as a Baby Friendly Hospital; 2. Barbara Thompson, born on the first day the unit opened in 1946, with Sophie Doody and her mother Tracey. Sophie was born on the 60th anniversary of the unit; 3. Gordon Davies, CEO CDHB chats with Lesley Dixon, Charge Midwife at the Burwood Birthing Unit; 4. Charge Midwife, Lesley Dixon in the main birthing room at the Burwood Birthing Unit at Burwood Hospital; 5. Linda Jacobs, ward clerk/receptionist at the unit with a recent arrival, 3-month-old Courtney Mark; 6. The first triplets born at Burwood - from left, John, Paul and Philip Wayman.

\$1.4 million Tissue Bank Appeal under Way

The Cancer Society is aiming to raise \$1.4m by Christmas for the Tissue Bank, the first facility of its kind in New Zealand.

Located within the Christchurch School of Medicine and Health Sciences on the Christchurch Hospital campus, the Cancer Society Tissue Bank is a central storage bank for human cancer tissues that have been given by patients for research.

Not the typical 'bricks and mortar' campaign, this appeal seeks money for the banking of tiny samples that are no bigger than a fingernail.

Tissue Bank Curator, Helen Morrin says that for many decades research was focused on animal tissues and the growing of cells in a dish, but that is now changing.

'Because not all cancers are the same, it is now necessary to study human cancer in detail so that researchers can discover the nature of each cancer, which will lead on to

more targeted treatments for each.'

About 400 cancer patients consent to donate tissue each year, and more than 2500 patients have donated tissue since the Tissue Bank was established in 1996. Just one tissue donation may contribute to several research projects.

'A central tissue banking facility is a very efficient resource because many cancer research projects require large sample numbers which may take many years to collect,' says Helen. 'In essence tissue banking speeds up the rate of research.'

Cancer Society Chief Executive, Elizabeth Chesterman says the society's Canterbury West Coast Division has given financial assistance to the Tissue Bank to purchase specialised equipment and staff training over several years and has formally underwritten its operating costs over the last two years.

'Because the Tissue Bank is vital to cancer research in

New Zealand, we want to place it on a secure financial footing,' she says.

'As a result, we have established a dedicated charitable trust, The Tissue Bank Research Trust, so that the future funding, operations and management of the bank are guaranteed and safeguarded in perpetuity. A minimum of \$1.4 million is required to do this.'

The appeal is being kick-started by a generous gift of \$650,000 from the Cancer Society's Canterbury West Coast division. 'The Tissue Bank is a home-grown initiative that is already resulting in improved outcomes for patients,' says Elizabeth Chesterman.

'The people of Canterbury can feel justifiably proud of the research work that is done here.'

Fund-raising team chairman, retired consulting surgeon Rob Davidson says the Tissue Bank is an invaluable resource and the nucleus of important potential break-through in the management of cancer.

'Around 16,000 New Zealanders develop cancer each year and this is expected to rise to 22,000 by 2011,' he says. 'However, survival rates are increasing due to earlier diagnosis and more effective treatment. Cancer research, through the study of human tissue, has made this possible.'

In addition to approaches to individuals and organisations within the community, the people of Canterbury had the opportunity to support the Tissue Bank appeal by participating in an eight-hour Singathon on 22 November at the Christchurch Town Hall.

For further information contact: Elizabeth Chesterman, Chief Executive, Cancer Society, Canterbury/West Coast Division; telephone (03)379-5835, elizabeth.chesterman@canty.cancernz.org.nz.

Helen Morrin, Curator, Cancer Society Tissue Bank; telephone (03)364-0558, helen.morrin@chmeds.ac.nz.

Associate Professor Bridget Robinson, Director, Cancer Society Tissue Bank, Department of Medicine, University of Otago/Oncology Service, Christchurch Hospital; Bridget.Robinson@cdhb.govt.nz.



1. Helen Morrin, Curator, Cancer Society Tissue Bank, holds a tissue sample. 2. Tissue Bank: a tiny slice is taken from a tissue sample for research. 3. Helen Morrin, at work in the Tissue storage bank freezer.

600th Kidney Transplant for Christchurch Hospital

Christchurch Hospital marked a milestone in early October 2006 with its 600th kidney transplant operation.

The first transplants were carried out at the hospital in 1972, by urology surgeons Colin McRae and Mr William Utley. Christchurch Hospital has provided a service to patients from Canterbury, West Coast, Otago and Southland since then.

Eighteen years earlier the first living kidney transplant in the world was carried out in Boston between identical twins.

When complete kidney failure occurs, patients can survive through either dialysis – kidney machine or peritoneal dialysis – or transplantation.

'Transplantation offers the best quality of life and is cheapest for the community,' says Dr Kelvin Lynn, Clinical Director of the Department of Nephrology at Christchurch Hospital, and Medical Director of the New Zealand Kidney Foundation.

Christchurch Hospital was not the first in New Zealand to offer kidney transplants. They were pioneered in Auckland in 1965, witnessed by Professor John Morton, now a CDHB medical adviser, who began the transplant programme in Christchurch.

The initial donors were mainly deceased young people who had been involved in road accidents. Today there are still about 30 deceased donors a year whose family members have accepted the offer of kidney donation. But with about 350 on dialysis on the transplant waiting list, 53 of them in the South Island, the average wait is 3 – 4 years.

At the same time, through the expertise of Dr Peter Little the hospital established the Home Training Dialysis Centre, which today operates from a new building at the corner of Hagley Ave and St Asaph St.

In 1976, the first live donor transplant took place at Christchurch Hospital. Living donor transplants were at first only from family members – parents or siblings of the same blood group and with compatible tissue types, who wanted to help their loved one.

With the introduction of better anti-rejection drugs came the transplants of kidneys from unrelated donors – often a spouse or family friend.

'More recently we've been accepting donations from people who are altruistic donors – non-directed donations. We started doing these in 1997 and have already done nine,' says Dr Lynn.

In fact, Christchurch Hospital was the first place in New Zealand or Australia to accept altruistic donations. The British are not doing this type of transplant and the Australians have only just begun to do them.

'The move to increased living donation has been the greatest change,' says John Morton. 'At the beginning it was living donations from first degree relatives but now distant relatives, spouses, and even strangers can be living donors. Spouses were the first to offer and somewhat to our surprise these genetically-unrelated transplants did very well. Now the good-hearted citizens who offer to donate to strangers are ahead of some doctors.'

The development of laparoscopic surgery, resulting in less stress for the donor, is another huge change.

'This is one of the reasons why I expect there will be more and more donors coming forward. The surgery takes longer but it is a lot easier for the donor.'

With better drugs, better management and improved technical advances, kidney transplant results are much more successful than in the past.

'I worked in the unit that did the first transplant in Edinburgh and we'd never have believed things could be as good as they are today,' says Dr Lynn. 'Nine and a half out of every ten kidney transplants work well.'

It's the team work about kidney transplants which impresses him most.

'I most enjoy working with the psychologist, surgeons, physicians, nurses, the patient and support services. There's always a great spirit of team work in Christchurch.'

Crucial to the whole process is the work of Sarah Armstrong, the CDHB's Renal Transplant Co-ordinator. For the past ten years she has completed all the assessments for the potential recipient and the living donor.

'For me the potential living donors are special people and therefore special patients. We always try to remember that these people are normal healthy adults who come forward wishing to have an operation for the benefit of someone else, rather than for their own health.'

She is the first point of contact with such living donors and her role is to be sure that the assessment guidelines and process are followed throughout.



From left: Richard Robson (Nephrologist), Stephen Mark (donor Surgeon), Jude Robertson (donor), Sarah Armstrong (Renal Transplant Coordinator), and Justin Roake (recipient Surgeon).

Donors are generally known to the recipient and they offer a kidney because it is clear that a transplant is the best treatment option for the patient.

'They often say that they know their friend/brother/sister has kidney failure and if they can help them avoid a life on dialysis they will consider being a donor. Most donors say they never regret the decision to donate.'

Organising a live donor kidney transplant can take at least six months. Sarah arranges lab tests, medical and surgical assessments and education, and deals with both the patient and the donor.

The procedure itself involves two surgical teams and a lot of theatre time – about two hours to remove a kidney and three hours to transplant it.

'We all get a lot of satisfaction from successful transplants. It is truly a community activity. Kidneys are of inestimable value. It is an intervention which saves money and improves quality of life,' says Dr Lynn.

John Morton puts it another way. 'Nature was very generous when she gave us our kidneys because we've got more than we need.'

Patient Contemplations



Robert Greening, Christchurch Hospital's 600th kidney transplant patient is on top of the world.

Just a month ago he received a donor kidney and his life is transformed.

He is back at work, he can mow his lawns, and he is looking forward to being able to travel overseas again.

Prematurely born, Robert had a kidney removed in 1962 because of a childhood medical complaint and functioned well on the other for 30 years.

After that things slowly began to deteriorate to the point that it would take him four and a half hours to mow the lawns on his 1600 square metre section – a job which previously took just an hour and a half.

About a year ago, a work colleague, Jude Robertson offered him a kidney. He thought it was a joke. But she insisted it was a serious gesture and proceeded to follow through.

'I thought that philanthropy like that isn't practised any more but it is. For me, it's as though I've been given a second chance. I'm just one of the most lucky guys there are.'

Coincidentally, another person in his workplace had already had a transplant.

'I looked at him when I found out and thought that if I could be as good as that I'd be delighted.'

Robert guarded his health carefully while assessments and tests were conducted on both parties, and continued working 55–60 hour weeks. However, eventually dialysis was required.

His first session left him 'quite euphoric,' he recalls. 'In fact, after the first two sessions on dialysis I felt quite incredible. It makes an amazing difference and it made me realise how far down I'd been. Everyone said I'd lost that yellow look.'

However, having to spend five hours at a time, three times a week on the machine amounts to 'a sizeable chunk of your life.'

Now, as one of the fortunate dialysis patients to have received a transplant, he can look forward to the future.

'Everyone at the hospital was absolutely excellent, and all those involved in preparing me and Jude for the transplant were brilliant. But it's an emotional journey.'

Jude Robertson is the real hero, he says.

'It's the donor who is the special one. They make it all happen.'

The Type 1 Diabetes Genetic Consortium

What is the Type 1 diabetes genetic consortium?

The consortium is a group of diabetes researchers from around the world who have come together to collect samples and information from families with Type 1 diabetes.

What is the consortium trying to do?

We are trying to discover how differences in the genes that we inherit from our parents contribute to the risk for development of Type 1 diabetes. Genes are the blueprints in our bodies which we get from our parents at birth, that decide characteristics like the colour of our hair, our eyes and the shape of our bodies. Some genes are also involved in whether you have diabetes or not. If we find out more about these genes, we may be able to prevent diabetes in the future.

Who can participate?

We are looking for families in which there are at least two siblings (brothers or sisters) with Type 1 diabetes. In these families, we would like the participation of the people with diabetes, other siblings without diabetes, and their parents.

What you will need to do:

If you want to help us, we will take some blood and ask you some questions about your diabetes and your health. This requires a single visit to Christchurch Hospital.

What is being done with my blood?

The blood will go to Melbourne, and subsequently to the USA, where scientists will study the genes in the cells of the blood. The blood will be prepared in such a way that you do not need to come back in the future.

What do I do next?

If you are interested in the study please contact: Dr Jinny Willis, telephone (03)364-0448,

6 jinny.willis@cdhb.govt.nz.

CDHB Implements Age Care Strategy

The Canterbury District Health Board is in the process of implementing its Older Persons' Health Services strategy, Healthy Ageing Integrated Support – Tautoko Whakahono Hauora Kaumatua.

One of the underlying principles of developing services as part of the strategy is that they be 'older person-centred.'

The implementation plan in the strategy includes developing further day-support services for Canterbury's elderly population.

As a result, the CDHB's Aged Care portfolio team undertook a Request for Proposal process for additional stand-alone general and dementia day-support services for elderly people in Christchurch.

Day-support services are required to have an emphasis on restorative approaches and supporting the older person and their family/whanau to maintain goals and be as active and involved in activities within the community as possible.

There were two successful organisations selected to provide this service – Presbyterian Support (Upper South Island) and Delta Community Support Trust.

Presbyterian Support was successful in obtaining two contracts, one for dementia day support at a purpose-built site in Linwood, and the other to provide general day support at a site yet to be confirmed.

Presbyterian Support has a long history of providing support services to enable people to remain in the community.

Margaret Miller, who manages the Day Programme for Presbyterian Support in Christchurch said they were thrilled to have been awarded the contracts. It means they can supplement and extend existing services.

Building a purpose-built facility at the corner of Gloucester St and Linwood Ave meant the huge waiting list of people on the east side of town – (from Sumner, Lyttelton and New

Brighton) could now be substantially reduced.

'Our new facility will be open early next year and will work on the same model as the Harakeke Club Dementia Day Care Centre in Riccarton. We will be looking for volunteers to help us in Linwood.'

Delta Community Support Trust, otherwise known as The Evergreen Club, has a day-support facility located in Richmond. Although this is the first contract the CDHB has had with the trust, Delta has experience in providing services to older people and people with disabilities. One key part of their work is to encourage people to live to the maximum, and they will focus their programme around that premise.

Delta Trust CEO, Jeremy Nurse said the service would increase from three days a week to five days a week at the North Avon Rd premises, beginning in January next year.

'We are drawing our clientele from all over town. We are thrilled to have been successful with securing this contract and know from a survey we commissioned to find out the needs of the area that this contract goes some way towards meeting them.'

He thanked CDHB Age Care portfolio manager, Carole Kerr and her team and said it had been excellent to work with them.



Margaret Miller, Jeremy Nurse and Carole Kerr.

Living at Home is Best



Reg and Blanche Philpott

Reg and Blanche Philpott were enjoying a holiday on the Gold Coast six and a half years ago when both their lives suddenly changed dramatically.

Blanche had a subarachnoid haemorrhage (a major bleed on the surface of the brain) which put her in hospital in Brisbane for three months.

It left her incapacitated with spastic paraplegia in her feet and hands, and for 12 months after her return from Australia, she was cared for by the hospital section of a Christchurch retirement village.

During that time the couple had a new home built for themselves and were determined to live in it together. And they do.

With visits from Nurse Maude Association carers twice a day, intermittent help they pay for themselves, and the constant care of Reg, Blanche is able to remain at home.

'If it wasn't for Reg I'd be in a nursing home with a

hospital bed. I tell people I've managed with the help of Reg and Nurse Maude. I cannot sing the praises enough of the Nurse Maude carers, and all the medical staff, including the physiotherapists, who have cared for me so well. I've had a terrific lot of help.'

Blanche, 81, is classified as being at hospital level of care at home, and receives 13 hours of personal care a week and 28 days of carer support each year, funded by the Canterbury District Health Board.

A Nurse Maude carer arrives every morning at their Harewood home to get Blanche up, showered, dressed and ready for the day.

A carer returns in the evening to put her to bed.

'I can't do anything,' says Blanche, who nevertheless counts her blessings every day.

All the cooking is done by Reg, whom Blanche describes as the best chef in Christchurch. He's capable of cooking anything at all and I'd sooner eat here than in a restaurant.'

For Reg, at 85 the task of being chief carer to Blanche is a full-time job.

'At times I do get tired but we'd much rather be here together at home – and the present situation with contracted help allows us this possibility.'

So how does Home Care provider assistance work?

In order for a home care provider such as Nurse Maude to assist people in their home, long term, the Older Persons' Health Service has to carry out an assessment of the person's capabilities and needs. Services are then allocated to meet those needs.

The contracted providers, of which there are five in Canterbury (including Nurse Maude), then provide the care and services that have been allocated by OPH. The providers are paid by the CDHB to carry out the required services.

Other funded services that are available to people over 65 in Canterbury include domestic assistance, which is given if the person holds a Community Services Card. If they do not hold a Community Services Card then a private arrangement can be made if they wish their house to be cleaned. This is funded by themselves and only applies to domestic assistance.

Other funded services available to people over 65 include personal care, carer support, respite, district nursing and day support (day care). The services are allocated depending on the level of care and need determined by the assessment.

How can I access the OPH Needs Assessment Service?

The first port of call is your GP, who will then refer you for assessment, if appropriate.

Find the Best Place for You



Diana Warren

'Oh no, they'll assess you and you'll end up in care.'

That's the response that some people have when they hear a friend or relative has been referred to the Older Persons' Health Service at The Princess Margaret Hospital (TPMH).

In fact, a majority return home with the supports they need firmly in place.

'Ageing in place' is a common catchphrase these days. It means helping older people stay in their own home for as long as possible, by working out how much support they need.

The assessment includes how much support can come from family, friends and informal networks, and how much will be

needed from professional support providers.

The Older Persons' Health Service has highly trained assessors who work with older people and their families and friends to determine exactly what care is needed.

'For some people, continuing to live independently is not an option and they need to be in a rest home or long stay hospital for their safety,' says Diana Warren, Operations Manager, Canterbury District Health Board Older Persons' Health Service.

'Shifting from your own home to a rest home is often a very stressful time and we're committed to making it as stressless as possible for everyone involved.'

There are a large number of CDHB staff working across Older Persons' Health Services as occupational therapists, social workers, physiotherapists, speech language therapists, dietitians, nurses and doctors.

'To make sure we can meet the demand that the baby

boomer generation is going to place on services, we're looking at how we manage our community services.

'This includes looking at what extra services we may need to provide and what sort of workforce we're going to need.'

'Our workforce is ageing (the average age of our nurses is 48.2 years). This creates many challenges and opportunities, including recruiting younger people while being flexible and valuing the knowledge and experience of our older staff.'

'It's an exciting time to be part of older people's health services. Canterbury is acknowledged as having one of the best specialist older people's health services in the country – something we're proud of.'

'So the next time you hear someone lament the fact that their friend is in TPMH or about to be assessed at home, know that we're working hard to make sure they can age in the most appropriate place.'

Simple Tips – New Mental Health Resource

As part of Mental Health Awareness Week, Healthy Christchurch recently hosted the launch of a set of *Simple Tips on Promoting, Protecting and Improving the Lives of People in Christchurch who Experience Mental Illness*.

Development of the *Simple Tips* resource has been a collaborative effort involving the Mental Health Foundation and Community and Public Health, a division of Canterbury District Health Board. Both are signatories to the Healthy Christchurch Charter.

The idea for the *Simple Tips* resource sprang from a meeting in 2005 at which survey results were presented on the stigma and discrimination faced by New Zealanders with experience of mental illness. The resource has been designed to answer

the question: 'We need and want to eradicate this stigma and discrimination, but how do we go about it?' The set of tips is for organisations (employees and clients), individuals, and for the community as a whole. They cover things from language, attitudes and media to urban design.

Attendees were welcomed by Nikki Woolley, the Mental Health Foundation's Southern Regional Manager and a member of the Healthy Christchurch Steering Group, representing Canterbury Community Primary Health Organisations. Representatives from the Methodist Mission, Epilepsy New Zealand, Canterbury DHB's mental health service, Rainbow Medicine Healing Trust, Adult Reading Assistance Scheme, the Like Minds project, as well as people with a mental illness attended.

In introductory remarks, Kathryn Cannan, a Healthy Christchurch co-ordinator, called attention to the research, drafting, consultation, and re-drafting involved in the development of the *Simple Tips* resource. She praised mental

health promoters, Philippa Fletcher at Community and Public Health and Frances Anderson at the Mental Health Foundation, for their efforts in bringing the resource to fruition.

Kathryn also reminded attendees that now that the resource is available, actual implementation is the most important and hardest part. She asked people to take the *Simple Tips* back to their place of paid or volunteer work, and to their families, and to encourage the incorporation of the tips into everyday interactions. Ms Fletcher and Ms Anderson plan to contact attendees in three months' time to assess how useful people find it.

Ms Cannan noted that the rest of the 200+ signatories to the Healthy Christchurch Charter will be given a copy of the resource and the same encouragement.

If you would like your own copy of the *Simple Tips* resource, contact a Healthy Christchurch co-ordinator on (03)379-9480 ext 820 or 823, or email healthychristchurch@cph.co.nz.

Canterbury District Health Board Profiles....



Syd Bradley, Chairman (re-appointed), has been closely involved in the governance of the health sector for 15 years, and has chaired the Canterbury District Health Board for the past four years.



Olive Webb, Deputy Chairman (elected), is a clinical psychologist with over 30 years' experience and works as a health and disability consultant around New Zealand. She has served on the Canterbury District Health Board for four years and is committed to rural health issues and delivery.



David Morrell (elected) has served on the Canterbury District Health Board for three years and is well known for his time as Christchurch City Missioner. He is committed to more accessible and affordable health services for everyone.



Robin Booth (elected) is a self-employed builder/renovator and author who has served three years on the Canterbury District Health Board. He has a strong interest in community health and preventative medicine.



Alister James (elected) served 20 years as a City Councillor and is a lawyer with a particular interest in the effective delivery of adolescent, mental health, alcohol and drug treatment services.



Heather Carter (elected) trained and worked as a psychotherapist and is now a workplace and personal development consultant. Women's health and senior health are her particular interests.



Jo Kane (elected) is a Waimakariri District councillor and Deputy Mayor, who believes in protecting family health, and well-being as a basic right for all.



Laurence Malcolm (elected) is a doctor and former professor of community health. He has served on World Health Organisation committees and is internationally recognised as an expert in health and medical care.



Neville Fagerlund (appointed) is a chartered accountant in public practice with 30 years' experience. He has provided financial and commercial advice to community health organisations and providers for several years.



Karen Guilliland (re-appointed) is Chief Executive of the New Zealand College of Midwives. She is a member of the Pharmac board.



Norman Dewes (re-appointed) is the chief executive of the urban Maori authority based in Canterbury. He has a background in education, social work, sport and recreation and is particularly experienced in helping unemployed into the workforce.

2007 Board Meetings

Monthly board meetings, open to the public, are scheduled for February 9, March 9, April 13, May 11, June 8, July 13, August 10, September 7, October 12, November 9 and December 10. They will begin at 9am and be held in the Board Room, Level 3, The Princess Margaret Hospital, unless otherwise advised. You can check information on the Canterbury District Health Board (CDHB) website: www.cdhb.govt.nz.

Going for Silver and Winning Gold

Linwood Avenue School in Christchurch's eastern suburbs had its sights set on silver – but found gold within its reach!

Enthusiastic about being a health promoting school since 2003, it decided to apply for The National Heart Foundation of New Zealand's School Food Programme Silver Award.

But given the huge effort undertaken by the school and the health gains made, the Heart Foundation found Linwood Avenue School met all the necessary criteria to qualify for the gold category.

As a result the primary school has become just the second primary school in the South Island to gain the Heart Foundation's School Food Programme Gold Award.

'The school has worked well over the years promoting healthy eating within the school and to their community,' says Jo Holmes, the Canterbury District Health Board's Fruit in Schools co-ordinator. 'The arrival of Fruit in Schools last year has really given the school a boost, with Jill Morris, the health teacher, co-ordinating many very positive changes.'

Being a 'fruit in schools' school has resulted in an increase in respect for fruit and vegetables, says Jill.

'Eating fruit is cool! Everyone is doing it. Teachers use fruit as rewards and comforters. Children are making a huge effort to decrease items of high fat, sugar and salt and replace them with fruit and vegetables.'

'Teachers have given up ten minutes of their lunchtime to supervise children eating lunch. Children must eat bread items first. We have been doing this for a year now and have noted a huge improvement in energy, concentration and behaviour in the afternoons.'

'All teachers have also noticed an improvement in the quality and quantity of food in lunch boxes. This year we have agreed to ban lollies and chocolate as rewards for good behaviour and academic success. Surveys of the school community have showed support of new policies and parents have informed us of their children's increasing enjoyment of fruit and other healthy food items.'

With the help of their dental therapist, the school developed and had considerable success with a traffic light system for food and drinks for students and their parents.

'This resulted in reports of children shopping with parents

in the supermarket saying things like, 'You can't put that in the trolley – it's a red traffic light food.'

Each child's lunch is checked at Linwood Avenue School and must not contain more than one treat.

The canteen menu has also changed significantly, and the only drink allowed at school is water.

Dane Fuller, Health Promotion Co-ordinator for the Heart Foundation told a special assembly at the school that the children were 'true leaders in good health.'

Jo Holmes said the Minister of Health, Pete Hodgson congratulated the school for its stance and its progress. She presented the school with a letter from him.

Mrs Chris Reece, Principal at Linwood Avenue School says good health is important for good learning and she is delighted that the community has taken up the health message.

Each year the local branch of The Warehouse gifts three bicycles to the school. Only those who consistently have healthy lunches are eligible for the draw, and these children must also have needed no dental treatment for the year.



1. Attentive assembly at Linwood Avenue School. 2. Dane Fuller, Health Promotion Coordinator Heart Foundation, Chris Reece, Principal Linwood Avenue School, Jo Holmes, Fruit in Schools Coordinator, Jill Morris, Health teacher, Craig Pentecost, Active Schools Advisor, Sport Canterbury. 3. Proud pupils with the Gold Award.

Fruit in Schools Supplies a Healthy Boost to Learning



Fruit in Schools is producing results and the initiative has been doubled in size.

Launched last year as part of the wider Health Promoting Schools initiative, Fruit in Schools initially reached around 27,000 children in 114 low decile schools throughout New Zealand.

The programme is now being extended to 154 new primary schools which will receive free fruit for three years as an incentive to commit to policies encouraging healthy eating and physical activity.

This phase of the project will be funded out of the four-year, \$76m campaign to fight obesity announced in the Budget 2006.

Pete Hodgson, the Minister of Health says improving childhood nutrition is one of the most important things we

can do to improve the overall health of New Zealand families.

'There's a growing sense of urgency around the need to improve nutrition and encourage kids to get active.'

'The Fruit in Schools initiative has been a huge success since its inception and the latest rollout means every district health board in New Zealand is now on board with the initiative.'

School children at 268 schools, including all decile 1 schools, will be eating apples and other export-quality fruits, which are delivered to the schools twice a week.

An evaluation of the initiative early this year showed it was well supported by participating schools and had proven to be an effective way of increasing children's awareness of healthy living.

'Participating teachers are telling us concentration levels

and the behaviour of children have improved rapidly since the Fruit in Schools Programme began. One schools has even had fewer suspensions, which they say is due to improved behaviour.'

The Fruit in Schools extension is being implemented alongside the government's recently announced Mission On package, to promote nutrition and increase physical activity. Phase One began in October last year and involved ten Christchurch schools. The Phase Three extension which was rolled out this term, includes eight schools on the West Coast, eight in South Canterbury, and one more in Christchurch.

Mission On includes initiatives to improve the quality of food served in schools, reduce children's exposure to advertising of unhealthy food and to promote physical activity.

Canterbury Supports MeNZB Campaign

The Canterbury District Health Board congratulates Canterbury's residents for their ongoing support of the Meningococcal B Immunisation campaign.

The campaign aimed to break an horrific epidemic that had caused an alarming amount of distress and a number of deaths in New Zealand. While all New Zealanders are at risk of developing meningococcal disease, those most at risk are tamariki Māori, Pacific children, and children living in deprived areas.

In Canterbury, 86% of our under twenty-year-olds received dose one and 81% received dose three. Of the 86% who commenced the programme, 96% or 99,093 children and young people have completed three doses in Canterbury. This includes:

- 94.9% of the six week to 11 month age band having received dose one.
- 89.5% of 5–17 year olds having received dose one and 87% having received dose three. Within this group, 100% of

5–17 year olds of Pacific ethnicity received dose three and 85.1% of 15–17 year olds of Maori ethnicity received dose three.

'This is an outstanding effort,' says Rayoni Keith, the CDHB manager of the MeNZB programme in Canterbury. 'The campaign would not have succeeded without the support of the General Practice Teams, Public Health Nurses, immunisation co-ordinators and outreach providers, Plunket, or the many organisations that were responsible for raising community awareness and most importantly our local community.'

The meningococcal B immunisation programme officially ended on 30 June, 2006. Excellent coverage results have been recorded in the programme with over 3 million MeNZB doses delivered nationally, and over one million children having started the dose schedule of MeNZB vaccine. Of these one million children, more than 91% completed three doses (MoH correspondence, May, 2006).

At the conclusion of the programme the Ministry of Health is confident that the evidence available suggests the MeNZB vaccine is working and having an impact on the number of cases of epidemic strain meningococcal disease among children aged under 20 years. This effectiveness study confirms that the vaccine works. It is important to remember that no vaccine provides 100 per cent protection. Most people who are immunised with MeNZB™ vaccine are protected but the vaccine may not protect every person who receives the full course. The MeNZB™ vaccine will not

protect against other strains of meningococcal disease, so people will need to be vigilant about the signs and symptoms of the disease.

It is important that children and young people complete all three doses. For young babies who began their vaccinations before they were six months old, it is critical that they have all four doses. Please finish your course of treatment.



Children from Aranui Primary School line up for their shot on the first day of the campaign in Canterbury, June 13, 2005.

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