

Healthy Christchurch

Newsletter #77, Haratūa (May) 2010

Healthy Christchurch is sponsored by Canterbury District Health Board, Christchurch City Council, Environment Canterbury, Ministry of Health, Pegasus Health, Te Runanga o Ngai Tahu, and University of Otago, Christchurch. 189 organisations are currently signed up to the Healthy Christchurch Charter.

From the Healthy Christchurch Coordinators

Alcohol and Christchurch: The Ripple Effects

On Friday 30th April local Canterbury MPs were invited to attend a forum titled: Alcohol and Christchurch: The Ripple Effects. The forum was hosted by Healthy Christchurch Champions at Our City Otautahi and was an opportunity for MPs to hear from those working week in and week out in our city, with the wider flow-on effects of alcohol related harms.

The line up of presenters included, Christchurch City Council, St John, Emergency Dept. Christchurch Hospital, Pegasus Health, Prof. Doug Sellman, Ngai Tahu, Prof. Peter Joyce, Tri-Agency Group, Police, ALAC.

Glenn Dobson, Safer Christchurch Manager, was quick to point out that they were not wowsers, anti-drinking or suggesting prohibition, in fact most enjoyed a social drink, but rather they were advocating MPs to look at a more sensible approach to liquor licensing and liquor distribution. Current legislation takes a too lenient approach to the issue with disastrous effects on the health and wellbeing of people in our community and increasing costs to policing, hospitalisation, monitoring, health etc.

Presenters gave a no nonsense look into their world and the issues they and their staff face repeatedly. The cost to the community and families is often reported but the impact to frontline workers is often only hinted at. An emotional presentation by Police gave everyone present a first-hand glimpse of the toll the related effects of alcohol can and does have.

Tuari Potiki gave a Ngai Tahu perspective. His presentation showed numerous examples of evidence that calls have been made for action on reducing the distribution of alcohol to communities and alcohol's related harms since the 1830s.

Jan Bone Emergency Department – Christchurch Hospital, left no one in doubt of the wider implications for staff in dealing with alcohol related incidents on Thursday, Friday and Saturday evenings. Alcohol related presentations involving injury and unconscious patients can mean that those with health problems unrelated to alcohol may be left to wait due to stretched resources. This means your mother, grandmother, father, uncle, cousin, child, left waiting whilst someone who has injury due to excessive consumption of alcohol, effectively self-inflicted, takes up staff time and hospital resources. An example given by Jan was Easter weekend. On Good Friday all bars and night clubs were closed and there were no alcohol related events during the emergency department's night shift. On Easter Saturday with pubs and night clubs open, there were multiple alcohol related events on night shift with some five patients awaiting surgery for broken jaws.

From St John Ambulance staff, GP's, Nurses and Police the message was clear, there needs to be a reduction in the damage alcohol is currently inflicting on our society. The vote that MPs cast when the bill comes before Parliament is the best opportunity to change New Zealand's heavy drinking culture and show the country that government is serious about the health and wellbeing of its people.

Healthy Christchurch Signatories are encouraged to write "Letters to the Editor" and to all MPs, urging them to make a stand against the excessive commercialization of alcohol which is considered a scourge by those concerned about the health and well-being of New Zealanders because it is such a driving force behind the heavy drinking culture.

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City Health and Wellbeing Profile

The City Health and Wellbeing Profile project continues to gather momentum.

We have a team of people from Community & Public Health and CCC working on organising and consulting with Young people, using a Photo Voice method, where they take photos to represent their thoughts and opinions as well as Older Persons, the Pacific Community, and the Asian Community.

The collection of data and pulling together of the indicators continues, and we are sharing information with organisations in Christchurch to create our picture or profile of Christchurch. Our website, where you can have your say if you haven't already, will go live in mid May- details to follow in the next Healthy Christchurch Newsletter.

New Healthy Christchurch Signatory led Seminars

Three Signatories are taking a lead and are planning seminars for Healthy Christchurch in May/June. All three are wanting to scope out what is already happening in Christchurch to inform interested parties, and for some the potential to identify gaps and identify potential collaborative work.

- ESR: to showcase some of their work and lead discussions on future research in health and the environment. See more information later in the newsletter.
- Cancer Society: Scoping Food Security
- Council of Social Services: High Electricity Costs – where are we at, what's being done and why are electricity costs still high?

Keep an eye out for details over the coming weeks.

The Healthy Christchurch priority to reduce health inequalities

Sexual Health in Christchurch

The Christchurch Sexual Health Centre, across from the Canterbury Brewery at 33 St Asaph Street, is a very busy place. All clinics are full and there is a two week waiting list for non urgent cases. Staff continue to see high numbers of young people with chlamydia as well as significantly high levels of gonorrhoea. They are also seeing new cases of syphilis, an infection which has unfortunately been making a comeback recently.

These days there are effective treatments for most Sexually Transmitted Infections (STIs). Also tests can be less intrusive, for example chlamydia testing for males can be done with a simple urine test rather than a swab. The challenge is getting people in for testing and treatment.

Some infections, such as chlamydia, may have no symptoms so regular checkups are important. If people are not treated in time the long term effects of chlamydia can be infertility (in males as well as females), PID (Pelvic Inflammatory Disease), ectopic pregnancies in women, and inflammation of the urethra in men.

Protecting your whakapapa (or your fertility) is an important message these days for those who want to have children later on. Also for parents who hope to have mokopuna (grandchildren) in the future it is important to discuss sexual health with your children.

Christchurch is not unusual in having problems with sexual health. New Zealand as a whole has high rates of STIs compared with similar developed countries such as Australia, the UK and Canada.

Chlamydia is still the most common STI in New Zealand. Between 2004 and 2008, chlamydia rates increased by 25.8% and gonorrhoea rates by 29.1% in Sexual Health Centres in New Zealand. Over the same time clinic visits increased by 1.3%.

Genital warts is the most common viral STI. The rate is highest in 15-19 year olds, both males and females. There were 89 cases of infectious syphilis reported in 2008, an increase of 25.4% from 2007.

Young people are at particular risk of infection with STIs. In 2008, those under 25 years had 71% of chlamydia, 65.2% of gonorrhoea, 44.2% of genital herpes and 64.3% of genital

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warts. The age groups most affected by chlamydia are 15-19 year old females and 20-24 year old males.

Young people, and Maori and Pacific peoples, are more likely to have complications of chlamydia and gonorrhoea, and are also at greater risk of concurrent infections.

Condoms are very effective in preventing most STIs. It's best to use lube with condoms so they are less likely to come off or break (and it feels better). In Christchurch you can get free condoms from the Sexual Health Centre, Family Planning (9 Washington Way), Pacific Trust Canterbury (163 Worcester Street) or at the Women's Health Information Centre (115 Cashel Street Mall). You can also get a prescription from Family Planning or your doctor which will only cost \$3 for 144 condoms.

Sexual health check ups are free at the Christchurch Sexual Health Centre. You do need to make an appointment by phoning 3640 485. Checkups are also free at Family Planning if you are under 22 years, at Pegasus Health Practices under 21 years or at Pacific Trust Canterbury under 20 years. *Source: ESR Annual Surveillance Report 2008.*

If you would like further information or to discuss sexual health education and training please contact Diane Shannon, Health Promoter, Community and Public Health CDHB 03 378 6755

Mens Wellbeing = Men Being Well

An excellent seminar by Barry Taylor (Suicide Prevention: Wairarapa District Health Board) on Men's Wellbeing was held at the University of Otago, Wellington 19 April 2010.

The following are an extract of Philippa Fletcher's notes (*Public Health Analyst Community & Public Health*):

This was unfortunately really poorly attended and really got me thinking about how we address Men's' health. I can't decide how much 'blokes just need to be blokes' therefore are they more likely to end up having accidents and/or how much there is a real problem about identity, role confusion and general distress. Hopefully I have avoided misquoting Barry Taylor in any way. Any errors or major omissions are mine -

1. The presentation was about keeping men emotionally well in the Wairarapa.
2. Analysis of community needs indicated target groups to be men 25-54 and men 65+ (often there is a particular issue for men aged 70-80 either around the loss of their lifetime partner or transition in life).
3. Ireland has a men's health policy:
http://www.dohc.ie/publications/national_mens_health_policy.html
4. Australia is about to release one:
<http://www.health.gov.au/internet/main/publishing.nsf/Content/phd-mens-policy>

Wairarapa District Health Board Men's Health promotion project objectives included:

1. Enhance capacity of current services to deal with men in psychological crisis. (Men often leave things to the last minute, and do not seek help until they are in significant emotional distress or overly stressed as a result of social / economic stressors). Men's sense of isolation in times of crisis is decreased through the promotion of strong supportive relationships (relationship breakup is a big source of stress for men).
2. Increased utilisation by men of primary and secondary mental health counselling, support and social services prior to a crisis situation as well as in times of crisis.
3. Need male leadership, particularly Māori male leadership.
4. Fatherhood is promoted as a particularly important role for men.

The Men's health symposium

Involved a men only 2 day gathering which 110 men from all over the country attended. There was a mixture of presentations and small group work which was facilitated by Rex McCann.

Symposium starting question: "Why are men over-represented in a range of poor mental health indicators?"

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Stock answers are: Men don't talk about feelings, Men don't seek help.

Symposium conclusions:

There was a feeling that there needed to be a critical analysis of both the question and the answers. A move to strengths based approach, i.e. what does a man need for wellbeing? Oranga Tane / men's wellbeing or looking at what is it to be a man?

1. Being a man occurs in a context of time and place
2. There are scripts around masculinity - e.g. macho warriors
Questions included: What is a whole man? What is a man's measure of success - e.g. every man a Hillary? What are roles for men?
Roles need to move from utilitarian roles to social roles. E.g. the provider role - loss of traditional male roles (e.g. Wairarapa freezing works closed over 15 years ago and people are still grieving. Was not just about work, but relationships etc.
Other chief role is need for risk taking, e.g. putting out fires, notion of risk taking in war.
3. Roles of men are in transition, resulting in confusion regarding identity and differing expectations of maleness. Women were told "women can do anything," men were told to 'lift their game.' Protector role results in things like. men go to counselling in secret because they cannot tell their partners.
4. Need mana tane, confident grounded men, secure in their identity, celebrating maleness, actively involved in the development and wellbeing of themselves and their whānau.

Good mental health promotion for men requires:

1. Passion, Compassion, Forgiveness and restoration (forgiveness and restoration need to be seen as mana enhancing –not as wimpy [my word]) - men tend to see stuffing up as a big problem.
2. Promotion of vulnerable strength (often get sad rage with men –e.g. almost 70% of men ending up in the youth justice system have depression - usually related to significant loss).
3. Need fallible heroes and champions - important for men to have significant males in their life, e.g. mentoring relationships really important for men - e.g. that's why father / son relationships are really important.
4. Awareness of the big disparity between men's health and women's health.
5. Men hearing: "your role is really important for your children" and "Your sons are watching what you say."
6. Men need to be doing the saying though - not women working in health promotion.
7. Ensure other health promotion programmes are respectful of men, e.g. gave an example of an old HP poster where men were pictured wearing nappies.
8. Stop doing the analysis (we have lots of that) and turn the analysis into real programmes.

Barry Taylor gave the impression he would be happy for people to contact him Barry.taylor@wairarapa.dhb.org.nz or (06) 946 9800 Ext. 5853 Suicide Prevention Co-ordinator Wairarapa DHB.

The Healthy Christchurch priority to improve the physical activity and nutrition of people living in Christchurch

Two Projects happening in Canterbury Schools

1. CTV in schools

This project was initiated in response to:

1. The opportunity to use CTV as a bonus for priority schools to become engaged with us in a project that promotes nutrition in the classroom and the wider school.
2. The difficulties with improving the nutrition of the food in school canteens without involving student teams and using the whole school approach to work on this complex issue.

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Six priority schools have agreed to take part in the project - four from Christchurch and two from Ashburton. The overall goal of the CTV in Schools project is for pairs of students, in a Home Economics class at each school, to work on an activity that results in producing a healthy food item, which appeals to young people and can be sold in the school canteen. The project is being implemented through the curriculum and will be rolled out in a way that best suits each individual school. The winning pair from each school will be filmed by CTV and screened several times on the network (This is also a new initiative for them which they are quite excited about!) The filming of the six winning pairs will all be done in one day at Papanui High School and will be a chance for those students to network and enjoy a shared lunch.

The Home Economics teachers involved are very enthusiastic and have suggested that we could develop a recipe book with many of the recipes from the pairs of students in it for the use of the school canteens and school parents - perhaps this could even be a fundraiser for canteen equipment!! Winning students are also invited to demonstrate their recipe at the next Canteen Network Day. We see this link with the school canteen as a positive way to change the food environment of the school. Schools have been encouraged to use student health teams and use the whole school as much as possible eg: student surveys, promoting the popular canteen items at assembly and selling them in the canteen.

We have offered our assistance to schools to help throughout this process as much as required as we understand that the teachers' jobs keep them very busy - even if it means assisting in the canteen on the day the winning food is trialled. We have been working with the HPS advisors to approach these schools as a team, and in at least one school this has provided an opportunity to engage which had not been there previously.

This pilot project is being evaluated to determine how successful it has been and the changes to be made if we were to continue with it in the future. We are also looking at the effect on the school canteen.

2. Canteen Profession Development Day

Community and Public Health have been working with school canteens for several years now. The Canteen Professional Development Days have been a really positive way to promote nutrition in the school canteens without the canteen managers feeling stressed that they are being forced to provide only healthy food immediately and if they provide healthy options the students will boycott them. This year we plan to have one PD Day, a decision which has been made from feedback from the group and the programme for the day will be designed from the results of a survey sent to canteen staff at all schools.

Previous Canteen Days have been run at the Christchurch Polytechnic School of Food and Hospitality and have involved cooking demonstrations, presentations on nutrition and food safety, demonstrations of cooking products and equipment by suppliers, interactive cooking lessons, a trade show and the opportunity to discuss issues over delicious morning teas or lunches.

Feedback from the Days has been very positive with Canteen Managers using the information provided to help make changes around nutrition in their canteens in their own time. Gradually, with our other work with schools (such as the CTV Project), we hope to gain support from the students and school community around these changes.

For more information for either of these projects, please contact: Nicola Fraher 378 6738 or Ange Leadley 03 307 6902

Items of Interest

What are our network members up to? ESR's work in the Health and Environment areas

Health and the environment are important foci of the work carried out by the social science team at ESR (the Institute of Environmental Science and Research Ltd), based in Christchurch and Wellington. The team has been involved with communities throughout New Zealand for over 10 years, carrying out research and consulting that is underpinned by sound science.

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The team includes a mix of researchers and practitioners who have backgrounds in public health, Māori and bi-cultural research, sociology, systems analysis, operations research, environmental management and psychology. The team's work involves regular contact with central and local government agencies and policy-makers, and with local communities. ESR researcher Miria Lange outlines the approach. "Our focus is on research and project work with people, tackling real problems. Our approach is flexible which means we get out into communities and localities, as well as ensuring we stay in touch with up-to-date academic and policy work".

Researcher Annabel Ahuriri-Driscoll gives some examples of the work they have done. "With a strong social justice focus, we use methods that bring in multiple perspectives and interests. At the moment we are working with healers and stakeholders to develop a wellness outcomes framework for rongoā Māori/traditional healing. We have recently completed work in the Hokianga which saw a Māori community development model for managing environmental health issues applied to marae onsite wastewater systems, and we have held workshops and interviews with small community drinking water supplies throughout NZ and the Pacific to ensure that their needs and voices are reflected in water policy decisions. In Fiji, we used dialogue, capacity building and partnership-based processes to work with villagers and NGOs to develop sustainable drinking water and wastewater treatment".

Improving or developing innovative health and public services is another area of ESR's work and this incorporates a range of projects. Team member Jeff Foote explains; "We are investigating factors that ensure successful integration of secondary and primary care services; helping the NZ police to improve community policing through a case-study on family violence; and researching innovative ways to reduce alcohol or drug linked violent behaviour. We have also worked with planners, property and land developers, health professionals and researchers, and community members to help identify some of the links between urban environments and health, and look at roles and responsibilities in this area".

Climate change and water allocation are 'hot' topics at the moment, and the group has recently produced an adaptation-planning booklet summarising links between climate change impacts on water supplies and health from the perspective of water suppliers, farmers, health practitioners, iwi, planners and community members. A further project is developing a data modelling system to support adaptation planning for the effects of climate change on human health. ESR has also been working to improve public participation in water decision-making, has examined equity issues associated with water allocation decisions, and looked at the range of water-related values held by different people.

As a member of the network, the ESR team is keen to collaborate and foster relationships with others. ESR's projects are varied, and fall within one of two broad areas:

- Stakeholder engagement and community development
- Evaluation and service improvement.

In the next few months the ESR team will be holding a seminar for the network to showcase some of their work and lead discussions on future work in health and the environment. The seminar will be advertised through the network – so, come along and discuss your work in this area and compare notes ☺.

Feel free to contact Jeff Foote or Annabel Ahuriri-Driscoll, the ESR social science group, to discuss any of these projects or your ideas for future work (03) 3516019.

Urban planning essential for Public Health

Dramatic and rapid rise of people living in cities poses health threat and opportunity.

Urban settings have a direct impact on the health of the people who live there. On World Health Day, 7th April, WHO launched a campaign to highlight urban planning as a crucial link to building a healthy 21st century. In particular, the Organization calls upon municipal authorities, concerned residents, advocates for healthy living and others to take a close look at health inequities in cities and take action.

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The world is rapidly urbanizing with significant changes in our living standards, lifestyles, social behaviour and health. Thirty years ago, 4 out of every 10 people were living in cities, but by 2050 this number will grow to 7 out of 10.

"In general, urban populations are better off than their rural counterparts. They tend to have greater access to social and health services and their life expectancy is longer. But cities can also concentrate threats to health such as inadequate sanitation and refuse collection, pollution, road traffic accidents, outbreaks of infectious diseases and also unhealthy lifestyles," says Dr Margaret Chan, WHO Director-General.

Many cities face a triple threat: infectious diseases which thrive when people are crowded together; chronic, non-communicable diseases including diabetes, cancers and heart disease which are on the rise with unhealthy lifestyles including tobacco use, unhealthy diets, physical inactivity and harmful use of alcohol and urban health is often further burdened by road traffic accidents, injuries, violence and crime.

Despite these challenges, cities also bring opportunities. Five actions will significantly increase the chance people will be able to enjoy better urban living conditions:

- promote urban planning for healthy behaviours and safety;
- improve urban living conditions;
- ensure participatory governance;
- build inclusive cities that are accessible and age-friendly;
- make cities resilient to disasters and emergencies.

"The wide range of health issues in cities and its determinants require coordinated policies and actions across multiple disciplines including environment, transport, education, parks and recreation, and urban planning," says Dr Ala Alwan, WHO Assistant Director-General for Noncommunicable Diseases and Mental Health. "We are at a critical turning point in history where we can make a difference."

Coordinated policies and actions are also needed to address the underlying conditions of major health issues in cities today. For instance, outdoor urban air pollution kills some 1.2 million people worldwide.

Road traffic injuries among children are of significant concern in urban areas. Globally, road traffic injuries are the leading cause of death among youth aged 15–24 years, and the second leading cause of death for those in the 10–14 years old.

In many cases, rapid population growth outpaces the municipal capacity to build essential infrastructure that make life in cities safe and healthy, leading to the proliferation of informal settlements. Urbanization, both in the developed and particularly in the developing world, is accompanied by a concentration of poverty. Today, an estimated one of 3 urban dwellers, amounting to nearly 1 billion people, live in urban slums and informal settings -signalling the call for urgent action to address their needs.

As part of the World Health Day on 7th April 2010, more than 1300 cities worldwide launched events focusing on health. WHO will continue to highlight the theme of urban health throughout the year, culminating in a Global Forum on urbanization and health to take place in Kobe, Japan in November this year where municipal and national leaders will forge a declaration of action to address health in cities. Later in the year, WHO and UN-HABITAT will be launching a comprehensive report on urban health inequities and how to address them. Related links: <http://www.who.int/world-health-day/en/index.html> *News Release WHO/08 7 April 2010*

Training and Workshops

Governance Workshop

Volunteering Canterbury, in association with Unitec, offers a short course on Governance.

Date: Wednesday 26 May. This day with tutor Garth Nowland-Foreman will increase your understanding of 'good governance' for not-for-profit organisations. Topics include Governance and management defined; how Boards can add value; avoiding common

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pitfalls; key functions and inherent dilemmas of the Board; roles, rights and responsibilities; board/staff relationships; effective meetings.

Cost: is \$85 for VolCan members and \$125 for non-members. Registration forms can be downloaded from www.volcan.org.nz

Helping Problem Gamblers

This is a free course for people who work with Pacific people in Christchurch, such as community workers, social service groups, government agencies, church groups and others. The course will answer questions, such as;

- When does gambling become a problem?
- How do you raise the topic with people you work with or people you live with?
- What screening tools can be used with Pacific people?

Where: It is being hosted by Community Probation, 232 Stanmore Road.

Date: Monday 10th May 2010 from 1.00 p.m. to 4.30pm

Trainer: ABACUS Counselling, Training and Supervision Limited

Contact: Ron Tustin, Public Health Coordinator, Pacific Island Evaluation. Phone 384 4145 or 365 1458. Email: info@rtc.org.nz or ron@pievaluation.org

Resources

It's not OK!

Family and Community Services have updated their website and produced some new resources. Take a look: www.areyouok.org.nz/

The new resources that can be ordered via the website are:

How Can You Help? - a credit-card sized leaflet that provides practical suggestions for how you can help if you are worried about someone.

Good for Staff – Good for Business - a set of workplace resources for businesses and employers who want to support people affected by family violence. The resources include:

- a set of six posters (with space for local information) (hardcopies can be ordered)
- a booklet for employers about how family violence affects the workplace and what employers can do (hardcopies can be ordered)
- a more detailed resource about how employers can get involved (available online only).

Keeping Kids Safe and Secure - a booklet to help whanau, friends, neighbours and workmates keep children safe from family violence. It has information about how we can all support parents to keep children safe. It also outlines what to do if you suspect children are being abused.

In addition to these resources, Mayors say It's not OK is an online toolkit developed for councils. It includes case studies, some learnings from councils already involved in family violence prevention work and a media kit with key messages for Mayors.

There are also the existing posters, leaflets, toolkits and other resources available to be downloaded and/or ordered from the website.

Please get in touch with Sheryl Hann if you would like more information 04 916 3452

Healthy Christchurch Steering Group

The Steering Group has not met since 31st March –

The next meeting of the Steering Group is scheduled for 12th May 2010, 11am-12.15pm at Community and Public Health, Kowhai Room, 76 Chester Street East.

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