Fw: Hauora Taiwhenua Newsletter March 2023

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NEWSLETTER MARCH 2023

Welcome from Grant Davidson, Chief Executive



Kia ora tatou

In this newsletter, there are some compelling stories about the impacts and aftermath of Cyclone Gabrielle. Our Clinical Director Jeremy Webber tells his own family story about being inundated by the floodwaters underneath Te Mata Peak, while Dr Judith Russell gives an example of someone who made themselves available to provide locum relief to

practices severely impacted by the floods. It is heart-warming to see our rural health community pitch in from around the country to help others in a time of need.

Our aim, once the immediate impacts are over, is to gather stories from practices and communities about the learning that can be had in terms of emergency preparation and innovations to cope. We believe that there is plenty that our sector can learn from those that have been through these experiences to help others who may face like situations in the future.

I am excited to see that we have over 100 registrations for "He Waka Eke Noa", our strategic planning workshop on the 28th of March here in Wellington. It is impressive to see the commitment from members willing to prioritise their time in helping us collectively to develop a vision and action plan for the next three to five years. Staff from Te Whatu Ora and Manatū Hauora will be presenting on their planned immediate actions over the next 18 months to effect a positive change in rural health outcomes, and then running a workshop session to consider what should be included in a Rural Health Strategy to guide the government agencies direction over the next 3 – 5 years for rural health.

After hearing this information, our members will then focus on what the imperatives are for Hauora Taiwhenua in the next three-year period; both as an advocacy organisation and, internally, in terms of how we need to structure ourselves, provide services and communicate in order to best meet the needs of members.

We look forward to sharing the outcomes of these sessions, by way of a draft Hauora Taiwhenua Strategic Plan, with members as soon as possible after the workshop has completed. This will give those who were not present the ability to have input before we finalise these documents.

In the meantime, I know many of you are already planning ahead for the coming winter months and the inevitable surge in illness that the cold and wet conditions will bring. Stay well and strong and remember to utilise our locum support services when you require a break.

Ngā mihi nui

Dr Grant Davidson

Chief Executive Hauora Taiwhenua Rural Health Network

Cyclone Gabrielle: A First-Hand Account of the Devastation in Aotearoa

Dr Jeremy Webber Shares His Experience of New Zealand's Deadliest System in 40 Years





Only weeks after rainfall records were shattered in Auckland, causing widespread flooding across the region, a second such, further devastating weather event battered regions of Aotearoa in the form of Cyclone Gabrielle.

The evening of Sunday 12th February, and the weeks ensuing has resulted in Cyclone Gabrielle becoming the deadliest weather system to hit Aotearoa New Zealand in 40 years.

News coverage alone demonstrated how severe this weather event was for Aotearoa's own. But the scenes of the destruction from the worst-hit regions have been truly heartbreaking. On the ground amongst this all as it happened was our own Dr Jeremy Webber, Clinical Director Rural Health, who was situated in Havelock North with his family as the storm hit.

We were lucky enough to speak with him as he detailed his experience leading into response and recovery, the impact of the cyclone on the rural communities, and any lessons learned as a result.

We can imagine this past month has been extremely hectic for you - so thank you for your time. Firstly, what was your

experience, being right in the thick of Cyclone Gabrielle?

My kiwi 'she'll be right' attitude was tempered with my wife's upbringing in far North Queensland, where cyclone prep is commonplace, however moving everything not bolted down into the garage and dumping a quarter of the pool water proved a courtesy wave to the forces of nature. We evacuated at 3 in the morning after phoning the fire brigade who did a welfare check on local residents, at that stage the garage flooded, and water was at the middle step of the house. We expected to return in the morning to clean up the yard. Daybreak revealed a dammed bridge breaching a nearby stream and a metre of water flowing down the street with vehicles floating and neighbours trapped inside homes.

Obviously, Cyclone Gabrielle caused havoc, particularly in the Hawkes Bay region such as the bridge damage you spoke of. Can you detail the impact on the infrastructure around you and what challenges that presented?

As we often hear after natural disasters, there is an overwhelming sense of being underprepared. In our immediate area the flooding was quite localised, however, no comms or power meant the wider impact of the cyclone wasn't appreciated for over a week. The absence of any emergency services though suggested there were bigger problems and gradually messages filtered through of the access block to most of the region due to bridge damage, treefall, and flooding.

It seemed like those power outages were paired in some regions with water shortages. That must've been a concerning factor at some point.

Fortunately for us, water supply was sustained but the lack of power and comms was a challenge. I expect more so for friends and family trying to connect with us, as we had plenty of mahi at home to occupy us. Like most rural households our stock of camping equipment and food gave us peace of mind that we could entertain ourselves for a few days at least.

You mentioned that there was limited communication outside of your region and an absence of any emergency services. As a result of this, how did your community respond in coming together to support each other in the wake of Cyclone Gabrielle? As the week progressed, the community response evolved. From the teenagers utilising their 4WDs to drag trees and debris from access ways, local sporting teams and tradies moving house to house

stripping gib and furniture, the local community notice board coordinating rooms to accommodate people, schools organising uniforms and housing, the 5 households that shared our animals and bike collection, not to mention home baking and meals to challenge a godzone support crew. We continue to be humbled by the community support and messages of goodwill from all.





We are lucky as your eye isn't just that of a civilian, but your clinical knowledge provides a unique perspective to some of the other impacts that you have seen, particularly on rural health.

Being currently on a clinical hiatus, I had little contact with local colleagues but certainly, the immediate challenges of lost medicines and the trauma of flood damage were significant. Lack of comms and access clearly became the most pressing issue, and stock in isolated practices had the potential to be quickly exhausted. For the most part, clinical staff were able to work although some were cut off by access issues.

Building on this a little bit more, what challenges specifically did you gauge health professionals having to face in dealing with the aftermath of Cyclone Gabrielle?

The expected gastroenteritis, soft tissue infections and some cases of leptospirosis have affected many. More significant will be the immediate and pending mental health challenges for those who have lost loved ones, homes, stock, and livelihoods. Coordinating a national medical response was again compromised by the lack of comms with affected areas.

What role did you find supporting organisations playing to

ensure the health and safety of the affected population during and after the Cyclone?

Hauora Taiwhenua promptly sought to flex the Tautoko Rural COVID response to relieve clinical services, although contractual processes could be reviewed in the future to enable a more seamless response. On the ground locally, limiting wastewater outflow into broken and overloaded drains was important, as was care with managing contaminated silt through the properties. Civil Defence were prompt in reviewing households for safety, traffic was limited to local residents and community patrols of damaged and abandoned properties gave us some peace of mind.

How did the health sector in rural communities adjust to these changing conditions and needs of the population?

We have all learnt a lot about the buzzword of resilience in recent years. Rural communities have long been subject to the whims of the weather and learnt to roll with the cards dealt. As the waters recede, the core focus of why we practice medicine in these communities remains – to achieve the best health outcomes for our patients and rural communities. The experience will build on our collective wisdom and hopefully enable all of us to be more prepared for future events.

What did you observe of rural health providers responding to the increased demand for services in the wake of the Cyclone? What did this highlight looking back, in hindsight?

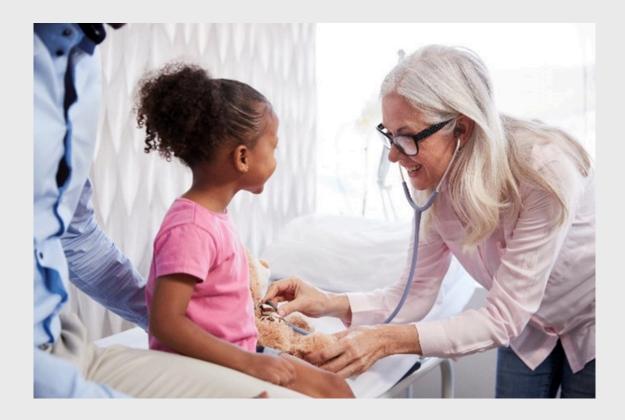
Surge can present in many ways in the context of change and is often relative – fewer providers for the same load, variation in acuity and medical need, different modes of delivering care, and in increased illness for the usual medical service provision. Prioritising keeping our health providers well to allow ongoing and sustained service is a learning most of us inherently struggle with and reflecting on this in the context of health reform has also been a useful lesson for me.

These last few weeks have been as turbulent a time as any in recent history. As a parent, community member and also Doctor, what are your final reflections on Cyclone Gabrielle and your experience with it thus far?

I am often fascinated by the way disease and illness affects individuals differently. Similarly, the same occurs with disasters. Many reflected they felt fortunate with their own scale of loss, particularly as the wider impact of Cyclone Gabrielle became evident. For us as a whanau, material loss is balanced by an appreciation for each other, the time and resources we have to rebuild and the security of

Follow the link below for all our updated information regarding Cyclone Response/Recovery.

CLICK HERE



Advocacy

Women's Health Strategy Submission

17 March 2023

Our members are organised into nine Chapters of special interest, who have worked together to ensure a rural lens is cast across the development of the Women's Health Strategy.

Our vision for the rural women of Aotearoa New Zealand:

Rural women enjoy a vibrant and healthy life, regardless of their age, ethnicity, or where they live.

Hauora Taiwhenua Rural Health Network calls for the Women's Health Strategy to set a bold path that reimagines and supports

innovative approaches, and targets resources towards achieving equitable access to the health services that women who live in rural areas need.

Follow the link below to read the full submission on our Advocacy page.

READ MORE



NZ Locums

Cyclone Relief - Dr Judith Russell Locum Placement



Read below the wonderful story provided by Carole Nuku at Ngati Porou Oranga, which highlights the experiences and challenges communities of cyclone affected areas on the East Coast are facing.

Pictured here is Dr Jude Russell going to do a Mobile GP Clinic for our community in Waipiro Bay. Most patients seen were kaumatua (elderly) who are too scared to travel at the moment because of the roads. As you can see even a month after Cyclone Gabrielle the condition of this road are still bad.

Dr Russell was transported by our Practice Nurse Lisa Porter in her side by side vehicle. This is the mode of transport Lisa uses to get to work.

One of our elderly nannies was en route to see the doctor in Te Puia Springs and her car slid off the side of the road. Luckily roading contractors were there at the time. They managed to get her out of the vehicle and take her to her doctor's appointment. While she was at her appointment, they pulled her car out.





Dr Russell enjoyed the experience and the community appreciated her coming to provide this service.



Introducing Emma Billings, a Mobile Health | Hauora Taiwhenua Rural Health Scholarship Winner.

"...Māori midwives only make up 10% of the Midwifery workforce. This data drives me in pursuing a career as a midwife to see specialized care that caters to the needs of women, babies and whanau with different cultural needs and practices."

The Turangi based Māori and Pasifika scholarship winner, Emma Billings, is enrolled in a Bachelor of Midwifery at WINTEC, after graduating from Tauhara College.

Emma's goal is to increase diversity and representation in her community as a Māori midwife, supporting the needs of women and babies during pregnancy, birth and postpartum, "I have been drawn to a career in health, specifically midwifery, for many reasons. The hauora and the betterment of my community are very important to me."

Emma noted how difficult it will be moving away from her tight-knit rural support system and community, to a campus that she hasn't had the opportunity to properly view. Emma says this distance "..has been a disadvantage compared to other students who live closer to the campus and have the opportunity to attend regularly."

But despite this barrier, she feels extremely passionate and privileged at the opportunity to provide future care through her practice. "Being a midwife involves facilitating care for those in such vulnerable times of their lives and providing love and support through these times."

To read more about the Mobile Health | Hauora Taiwhenua Scholarship: https://htrhn.org.nz/news-media/mobile-health-hauora-taiwhenua-rural-new-zealand-health-scholarships/

Preparing for the Cold and Flu Season: Tips to Keep Your Family Healthy

Important Pertussis Update

Te Whatu Ora is encouraging healthcare providers and professionals to be alert to the symptoms of whooping cough and to encourage immunisation due to concerns about potential underlying community spread.

Key messages for the public

- It is important to protect those who are most vulnerable: this is babies from 6 weeks old.
- The whooping cough vaccination is free for people who are eligible from GPs and some pharmacies:
 - All children and young people ages under 18 years
 - Pregnant people
 - All adults at 45 and 65 years of age as immunity reduces (same vaccine as the tetanus booster)
 - Some groups at higher risk of becoming very unwell if they catch whooping cough (e.g. chronic respiratory conditions, congenital heart disease or immunocompromised).

Babies and young children should get their vaccine doses on time at six weeks, three months and five months. Booster doses are then available at four and 11 years old.

Immunising people who are pregnant protects babies in their first 6 weeks of life until they can recieve their own immunisation.

Read More

Research

BNZ Partner Capital Loans

BNZ is one of our corporate sponsors and wants our members to be aware of their Healthcare Capital Loans for healthcare sector professionals. These are available both for the individual who is looking to buy into a business and also a business that is looking at attracting or keeping its talent by way of offering a shareholding. See the flyer attached and if you have further interest please contact your local BNZ Branch.

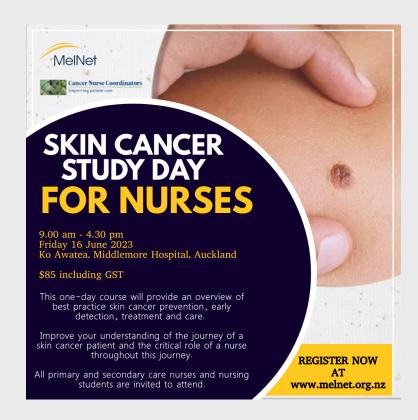
Read More

Research

Skin Cancer Education Opportunity for Health Professionals

Skin Cancer Study
Day for Nurses
Friday 16 June 2023
Ko Awatea Centre,
Middlemore Hospital,
Auckland

For primary and secondary care nurses and nursing students, this study day will provide an overview of skin cancer prevention, early detection, treatment and care. Increase your understanding of the



journey of a skin cancer patient and the critical role of a nurse throughout this journey, network with colleagues across the region and foster new connections. The cost of attending is \$85.00.

More information Register now See the preliminary programme



Non-Melanoma Skin Cancer Seminar Saturday 17 June 2023 The Spencer Hotel, Takapuna Auckland

Each year in New Zealand more than 90,000 New Zealanders are diagnosed with one or more non-melanoma skin cancers, and incidence rates continue to rise. Hosted by MelNet with support from NZ Skin Cancer Doctors, this one-day seminar will improve your understanding of the prevention, clinical and dermatoscopic diagnosis and best practice management of common and rare non-melanoma skin cancers. If you're a health professional with an interest in skin cancer, you won't want to miss this opportunity to expand your knowledge, network with colleagues across the country and foster new connections – spaces are limited so be sure to register early.

Cost: \$250 nurses, registrars, students on an approved training programme, allied health professionals \$375 medical doctors

More information
Register now
See the preliminary programme

Research

Psycho-social Supports Extended to Primary Care Frontline

The Te Whatu Ora wellbeing team have been working to have the psycho-social supports offered to frontline Te Whatu Ora staff, extended out to frontline primary care staff.

Attached is the information about the Text 2 Call service that is now available to all primary care frontline workforce in Hawkes Bay, Tairawhiti and Northland at this stage.

Read More

COVID-19

COVID-19 Health Key Messages

In the latest COVID-19 health key messages newsletter from Manatū Hauora and Te Whatu Ora you can find updates about:

- Current COVID-19 case data
- Weekly COVID-19 Trends and Insights report
- COVID-19 antiviral medicines resources for healthcare providers
- COVID-19 Testing Plan update
- COVID-19 antiviral medicines new resources
- Mpox update for clinicians
- Safe-as summer checklist and content

Read More















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