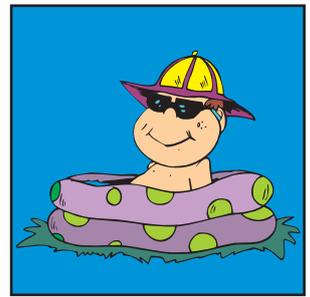


KIDS HEALTH NEWS

This is a publication for frontline health professionals, where specific child/tamariki health information is brought together from a variety of sources. Our goal is to encourage consistent messaging, communication and collaboration across the range of child/tamariki healthcare services.

Kids Health News is now available on MDHB website: www.midcentraldhb.govt.nz/Publications/Newsletters/KidsHealth/



ISSUE 13
DECEMBER 2011

Guest Editorial by Dr Sarah Loveday, Community Paediatric Fellow, MidCentral Health

CHILD HEALTH – WHERE ARE WE NOW AND WHERE ARE WE GOING?



Having recently elected a new government, it is an appropriate time to review child health nationally and locally. The recent media interest in child poverty in NZ is surprisingly only recent considering the appalling statistics we have had in NZ over the past 25 years. Now one in five NZ children live in poverty. Over the last year I have undertaken a review of child health in the Horowhenua region, which has some of the most disadvantaged families in the MidCentral DHB region. Poverty has a significant impact on child health as shown by 80% of paediatric admissions from the Horowhenua region coming from children living in the lowest three deciles as defined by the New Zealand Deprivation Index.

One of the key issues impacting child health for the Horowhenua is poor access to health care services. To improve child health, access to health care services needs to be addressed. Both major political parties have promised to fund free health care for children under six years, including after hours care. This is a good start in improving the access to health care as cost has been shown to be a significant barrier. Unfortunately, most children get sick after hours and the family struggling financially may decide to wait until the morning before seeing a doctor. Delays in seeking medical help can worsen the illness and very occasionally lead to death. With improved access to primary health care a significant proportion of hospital admissions can be prevented. In the Horowhenua region innovative ways of children accessing health care are being investigated.

In 2008, the Office of the Children's Commissioner released a report on child poverty. Key proposals for addressing child poverty included ensuring all children are enrolled in Well Child and general practice service at birth, and to progressively extend free medical visits to children of all ages in all areas. When reviewing the health status of children in the Horowhenua only 90% of the 0–4 year olds were enrolled with a general practice. Health status of adolescents is poor due to high cost of attending general practice and a lack of age appropriate care.

Fragmentation of health care services also has an impact on the health of our children. The oral health service is not integrated with Well Child services or primary health care. This has led to inequitable access to services. Children from low socioeconomic areas, such as the Horowhenua, have significantly poorer oral health than children from less deprived areas, worsened by the lack of fluoride in the water supply. We need to work better together if we are to improve the health status of children in an increasingly negative fiscal environment. The Horowhenua Integrated Family Health Centre provides a means of integrating services across primary and secondary but there needs to be a clear partnership with the local council, schools and preschools, social services and other government departments in order to improve things for children and families. Our children's health is our investment for the future. We need to be intentional about where we are going to improve the health and wellbeing of all NZ children.

USEFUL LINKS

www.everychildcounts.org.nz – 1000 days to get it right for children.

WATCH NOW ON DEMAND

ondemand.tv3.co.nz/Inside-New-Zealand-Inside-Child-Poverty/tabid/59/articleID/4761/MCat/432/Default.aspx

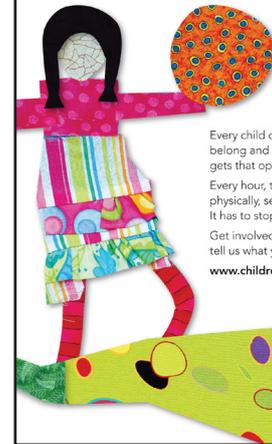
The Anger Toolbox – a handbook for parents, carers, children/youth, family workers and other professionals to help children and teens get through angry times – whatever the cause of it. Published by Skylight – www.skylight.org.nz



THE GREEN PAPER FOR VULNERABLE CHILDREN

Every child thrives, belongs, achieves

Ka whai oranga, ka whai wāhi, ka whai taumata ia tamaiki



Every child deserves the chance to thrive, belong and achieve but not every child gets that opportunity in New Zealand. Every hour, two children in this country are physically, sexually or emotionally abused. It has to stop. Get involved, be a part of this and tell us what you want for our children. www.childrensactionplan.govt.nz

DROWNING A MAJOR CAUSE OF INJURY-RELATED DEATH TO CHILDREN



"Drowning is one of the major causes of injury-related death to children in New Zealand, accounting for 16.5% of all fatal unintentional injuries to 0–14 year olds. Each year, on average 15 children aged 0–14 years of age drown. Toddlers and young children aged less than five years are most at risk. Each year, on average 37 children are hospitalised following a near drowning event," reports SafeKids.

- For children aged 0–2 years always maintain hand contact and stay within sight and reach of your child in the bath or near a bath with water in it.

Safekids New Zealand believes that the use of infant bath seats pose an unreasonable risk of injury and death to children. "Research shows bath seats can create a false sense of security about the safety of an infant in the bath and have inherent problems that can cause infants to become unexpectedly submerged, even with a caregiver present," report SafeKids.

- For older children aged 1–5 years – stay within sight and reach of your child when in, on and around water. Actively supervise them.
- Use four-sided pool fencing with a self-closing, self-latching gate. Check the fencing to make sure it is still secure, and make sure the gate is never wedged open.
- Enrol children in swimming lessons and water confidence classes; and remember children (just like everyone else) must always wear a fitting child's lifejacket when on a boat.

Nigel Fitzpatrick, Health Promotion Advisor, Public Health Services

SUNSMART NEWS

Damage to a child's skin begins with the first exposure to sunlight. A young child's delicate skin will be damaged by the sun much more easily than an adult or older child as it is thinner and produces less melanin (skin pigment). Skin damage (suntan, sunburn) is caused by over exposure to UV radiation from the sun. The damage builds up year after year and leads to premature ageing of the skin and increases the risk of skin cancer.

SUNSMART TIPS

- Keep infants (0–12 mths) out of the direct sun as much as possible between September and April, especially between 10am–4pm.
- Plan the day's activities to maximise your sun protection for your children and staff.
- It's important to protect a young child's skin when the ultraviolet (UVR) radiation index is 3 and above.
- Use full shade as much as possible, with shady places essential for the play area.
- Cover as much of their skin as possible with clothing or wraps that are made of a closely woven material.
- Choose a hat with a wide brim giving the face, neck, ears and eyes plenty of shade.
- Apply SPF 30+ broad spectrum sunscreen to small areas of the skin that isn't covered with clothing.

WHAT ABOUT SUNSCREEN?

Be cautious about using sunscreen on babies under one year of age. (It's best to keep them out of strong sunlight). However, if there is a risk that babies might get sunburned, apply a SPF30+ broad spectrum sunscreen on areas of the skin not able to be covered by clothing. If toddlers have to be in the sun, use recommended sunscreen on uncovered skin. Make sure that sunscreen is water resistant if they are playing in water.

Sunscreen should be applied 15 minutes before going outside and reapplied every couple of hours. As with any products that are applied to the skin, the use of any sunscreen should cease immediately if any unusual reaction is observed.

DO CHILDREN WITH VERY DARK SKIN STILL NEED SKIN PROTECTION?

Children and adults with very dark skin have high levels of melanin in their skin. They need more exposure to UV radiation to produce enough vitamin D.

Very dark skinned children may not need to put on sunscreen when outside – but it's a good idea to wear a hat so their eyes are protected from UV radiation damage.

WHAT ABOUT THE ADULTS?

Adults are important role models to the children in their care, and also need to be protecting their skin from the harsh UVR experienced in New Zealand.

For further information please contact:

Kerry Hocquard, Manawatu Cancer Society Sunsmart Advisor

kerry.hocquard@cancerpn.org.nz

Phone: (06) 356 5355

TRIPLE P COMES TO THE MIDCENTRAL REGION

The Triple P – Positive Parenting Program is a multi-level system of evidence-based education and support for parents and caregivers. The system aims to give parents their "parenting wings to fly" by engaging, encouraging and empowering families to address common social, emotional and behavioural problems. The development of Triple P has been supported by 30 years of research and evaluation in 13 different countries. Triple P:

- Has five intervention levels of increasing intensity
- Provides early parenting support to prevent behavioural problems
- Is based on the principle of minimal sufficiency – encouraging parents to independently manage a problem or set of problems
- Is flexible for families, being easily tailored to meet the identified risk and protective factors for each whanau
- Can be used by a range of helping professionals.

The MDHB region is receiving the opportunity to engage with Level 3 Triple P Primary Care and Triple P Level 1. This intervention was designed for GPs and nurses who are the most common professional group approached for parenting advice. Level 3 Triple P Primary Care can be delivered individually and in discussion group format. The programme for individual families is a short intervention of 3–4 phases of



20–30 minutes over a 4–6 week period. The programme is designed to assist parents with a particular parenting challenge.

Discussion groups about hassle-free shopping, dealing with disobedience, developing good bedtime routines or managing fighting and aggression run for 2–3 hours. The Triple P 'Stay Positive' media and communications campaign (Level 1) involves the distribution in the community of positive parenting messages and a six monthly local newspaper article. The target population is whanau and families with 3–8 year olds.

Over two years, 80 practitioners will be trained to deliver Triple P Level 3 in MDHB region. Training will be held in May & September 2012.

For more information about making referrals or practitioner training please contact Nikki Walden or Rachel Smithers at ACROSS (06) 356 7486 or email Nikki at nwalden@across.org.nz and Rachel at rsmithers@across.org.nz



IMMUNISATION UPDATE

Measles is still on the radar for us here in the MidCentral DHB region. To date we have had one confirmed case of measles.

- We are encouraging all children from 12 months of age who have not had one dose of MMR to receive this as soon as possible.
- All children should receive their second dose as soon as possible (at least 28 days after their first dose).
- It is important children are up to date with their immunisations before the school holidays, where many children will be travelling all over NZ.

If you suspect a probable case of measles please contact Public Health Unit immediately on (06) 350 9110 (available 24/7).

**Please remember – VACCINATION IS OUR MAIN TOOL OF PREVENTION
0800 JABS 4 U (0800 522 748)**

This line is available to check on a child's current status, refer to the outreach service or to seek advice on immunisation queries.

Deb Winiata and Vicki Rowden, Immunisation Co-ordinators, Central PHO
Phone: (06) 354 9107 Fax: (06) 354 6107

Email: deborah.winiata@compasshealth.org.nz or
victoria.rowden@compasshealth.org.nz



BREASTFEEDING CAFE

Hono Wahine 79 Oxford Street Levin Phone: (06) 367 0030
Open: 10am–2pm on Monday, Wednesday and Friday

- A comfortable relaxed atmosphere to breastfeed your baby.
 - Support and information available for breastfeeding.
 - Able to provide links to other breastfeeding services.