

LOGIC.

LINKING OPPORTUNITIES GENERATING INTER-PROFESSIONAL COLLABORATION

The Official Journal Of The New Zealand College Of Primary Health Care Nurses, NZNO



WINTER 2024

*App Review
2025 Awards
Hidden Disabilities
Symposium 2025
Immunisation Update
Research Participants Needed*

LOGIC is the Official Journal of the New Zealand College of Primary Health Care Nurses, NZNO.

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Winter 2024

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Chair Report



Tracey Morgan

“Naku te rourou, nau te rourou ka ora ai te iwi”

With your basket and my basket the people will flourish meaning with the cooperation and combination of resources we all will move together to get ahead.

As the Chair I would like to thank all of you in Primary Health who continue with the long hours and work ensuring our community is cared for. As Professionals in the sector, it can seem arduous but please note that your work and effort does not go unnoticed so thank you.

The members of the National Executive Committee represent the College members on many external working groups and at times members are called upon to represent as well. These representatives act in the best interest of NZCPHCN and communicate back to the Committee as required; provide reports as identified by NZCPHCN Chair of participation and progress; provide overview of external groups represented. As well as the Executive Committee the sub-Committees of the PPC and LOGIC continue to work hard to ensure members' voices are being heard and addressed.

WEAVING THE JOURNEY IN PRIMARY HEALTH

The College recognises and acknowledges the constraints each area of Nursing face on a daily basis. Working collaboratively and engaging with each Sector is the way forward. Now is the time for Primary Health to stand strong, united and be a voice “Maranga Mai”: Every nurse everywhere.

- 2025 NZCPCN Symposium “Te Oranga Matua: To Tatou Anamata: Primary Health; Our Future. Save the Date as we gear up for our next Symposium to be held in Christchurch
- Consultation of proposed process to meet the preliminary notice of death to the Department of Internal Affairs.
- Survey Gynaecological Cancer Screening Survey
- Immunisations Survey Feedback
- Social Justice Ratio Bus Tour

● **REGULAR ENGAGEMENT**

- Interim Chief Nurse Emma Dickson and Te Aka Whaiora Nadine Gray
- General Practitioner Leadership Forum
- Pharmac
- ACC Primary Sector Engagement
- LARC and Cervical Screening

The synergy of our committee and the collegiality, focus and determination of National Executive Committee, LOGIC Committee, Professional Practice Committee (PPC) and Professional Nursing Advisor have managed to successfully continue to do this without a Secretary for the past two years.

We have newly appointed Committee Members to now bring the Committee to almost full capacity with one vacancy to be filled.

Together we will grow. Maranga Mai

Tracey Morgan (National Executive Chair)

Editor's Report



Yvonne Little

Editor

Welcome to the 2024 Winter Edition of LOGIC. I hope you are all managing to stay well, especially now we are entering the season of respiratory illnesses – trying to stay well amongst the Flu, RSV and ongoing Covid infections is not easy, and you are at the front line of all of this.

We are pleased to be able to bring you the Winter Edition albeit in a slightly smaller version with some thought-provoking articles and requests for your help in improving PHC through research. Like you, the committee members are all front-line health workers and are trying to stay well in the ever-increasing workload we seem to be trying to manage.

We would like to thank those of you who took the time to complete our survey on vaccinations/immunisations, your feedback was very important to us and the Executive Committee and the PNA are collating these responses, and we will get the results out to the membership once this has been finalised.

Our aims remain unchanged:

To increase reader coverage by providing more diverse articles to encompass those nursing groups within the NZCPHCN umbrella:

Aged Care
Public Health
District
Mental Health
Maori Health
NGO Sector
Occupational Health

Palliative Care
Plunket
Practice Nurses
Prison Nurses
Respiratory
School and
Sexual Health

To celebrate and promote those in our ranks who have achieved in the leadership arena and

To provide information and support through collegial sources.

Finally, we continue to look at succession planning as our committee's composition changes from time served and life changes. The more varied our nursing roles are the better the NZCPHCN committees can reflect and support you, our membership. We still have one vacancy on the LOGIC committee for anyone who is interested in joining us. There is also vacancy on our Professional Practice Committee which would be great to see filled. And a vacancy on the Executive Committee to be filled.

Our current LOGIC committee consists of:

Yvonne Little (Editor)
Micheal Brenndorfer (Publisher)
Jess Beauchamp
Katie Inker
Alysha Clark
Marianne Grant
Sarah Darroch

Our current PROFESSIONAL PRACTICE committee consists of:

Bridget Wild (Chair)
Erica Donovan
Melanie Terry
Jeanette Banks

Our current EXECUTIVE committee consists of: (and you will note that some of us are on more than one committee)

Tracey Morgan (Chair)

Rosie Katene (Secretary) – welcome aboard to Rosie who has taken on this challenge after an absence of a secretary for a while.

Melissa Brett (Treasurer)

Kathryn Chapman

Helen Garriock – welcome aboard to Helen our newest member.

Bridget Wild – as chair of the PPC

Yvonne Little – as Editor of LOGIC

I would like to thank those committee members who have been part of the NZCPHCN committees and have now moved on and wish them well in their future endeavours.

If you think you might be interested in joining this dynamic group of hard working nurses then please contact us, we welcome you to come along to one of our meetings to see what we do also, please contact Tracey or Rosie to discuss this interests you.

THEMES FOR UPCOMING ISSUES OF LOGIC in 2024

SPRING: Polypharmacy; Peer Support/Supervision; Leadership

SUMMER: Skin cancer/sun sense; Climate change; Leadership

If there are any topics, you would like us to include in future issues then please make contact with one of the committee members. This is after all your journal.

We would like to remind you to think about who you could nominate for our two awards to be presented at our Symposium in March 2025: Oritetanga Pounamu Award, Equity Grant and Leadership (Haututanga) and Innovation (Tangongitanga) – the nomination form with the criteria for both are up on our webpage and Facebook/Instagram pages and they are included in this issue of LOGIC.

Nga Mihi.

Bio: Rosetta Katene, NZCPHCN Secretary



Ko Matawahaura te maunga

Ko Te Rotoiti-i-kitea-ai-e-Ihenga-i-ariki-ai-a-Kahu te moana

Ko Te Arawa te waka

Ko Ngāti Pikiao te iwi

No Rotoiti ahau

Ko Rosetta Katene tōku ingoa

Kia ora,

As a healthcare provider, I have dedicated my career to helping people and making a positive impact on their lives. With six children and four grandchildren, I understand the importance of providing support and care. I have a passion for public health nursing and take a holistic approach to my work. My journey began as a Practice Nurse at Korowai Aroha Health Centre in Rotorua, where I spent four years offering care, education, and support across all stages of life. Later, I worked as a Health Improvement Practitioner for Rotorua Area Primary Health Support (RAPHS), where I continued to make a difference by supporting individuals with Mental Health and Addictions. My past experiences have prepared me for my current position as a Clinical Lead for a Māori Health Provider in Rotorua, where I support individuals and their families throughout their Cancer Journey, in a way that is personalised to their needs. Last year, I

completed a Post Grad Diploma in Kaitiakitanga - Bicultural Supervision, which has been added to my kete of knowledge of sharing and guidance.

2024 Public Health Association of NZ National Conference Reflections



By Marianne Grant

National Educator
Whānau Āwhina Plunket
Rotorua 11/12 April – From Vulnerable to Vibrant :
Transformative Approaches in Public Health

The theme for Day 1- The Direction of Public Health in Aotearoa , NZ : Policy, Strategy, Priorities and Aspirations.

Day 2- “ What works to move from Vulnerable to Vibrant’

This was the first Public Health (PH) Association conference in six years – there was a palpable energy in the room with the anticipation of two days, fellowship and meeting up with old and new friends.

The opening Key note Speaker -Sir Colin Tukuitonga set the scene for the day with his ‘ Leadership views: Vision for the future state of public health in Aotearoa NZ’. This was an interesting walk thru current system, where are we now and what have we done – a range of questions to consider within the current political climate. Some points – approximately 3% of health budget on PH – more than the USA but less than Canada, Italy , Finland. The preventive work of PH is not seen as urgent – and often fails to get political traction. There is some success with smoke free where less young people are smoking

“Public Health isn’t just about a set of actions—it reflects our shared values and community collaboration.” He emphasised, “Despite any perceived challenges to our profession’s image, we are a collective of remarkable individuals capable of achieving great impact. We must work together and commit to consistently doing what’s right, uplifting ourselves and those we serve.”

A range of speakers provided their view of current Public Health in NZ - from a range of positions in the field - Leadership, agency , sector , research, and practitioners.

Some of the key messages included – striving for equity, changing the rhetoric (can we look at the disparities in health data differently?), the continuing role of Te Tiriti ; continued health risks – alcohol, smoking , inactivity/dietary risk – obesity/ food insecurity ; addressing the drivers of inequities.

Heading into the future the key challenges are NCDs – leading to 84% of health loss in NZ – Food, Alcohol, and smoking - with the burden to increase with aging population and growing co- morbidities. Other topics touched on included mental health, climate change , leadership, connectivity (to each other), determinants of health and Te Ao Māori approaches.

Pacific, Asian & MEELA points of view were also represented as part of the way forward.

A range of data was presented to illustrate ‘ where NZ is at’ across a range of topics. Of interest is the smoking data – in view of the repeal of some of the Smoke Free Legislation. For example, there is not much change in older age groups in either vaping or decreasing smoking, for 18-24 year olds there is a decrease in smoking alongside an increase in vaping. The 15–17-year-old age group are experiencing an increase in vaping (with a low smoking rate) – From NZ Health Survey (2022/ 2023). – thus, some conundrums for the Smokefree sector to consider.

I would thoroughly recommend attendance at any future conferences for PHC nurses – See the group website for more

<https://www.pha.org.nz/who-we-are>

See the [PHA report from](#) the Conference for more

Ministry of Health, (2024). *New Zealand Health Survey (2022/2023)*.

<https://www.health.govt.nz/nz-health-statistics/surveys/new-zealand-health-survey>

Travel health – it’s much more than just vaccines!

By: Mika Hiroi and Shelley Kininmonth

While most large centres in Aotearoa New Zealand have specialist travel health clinics, in smaller centres or due to individual preference, travellers may seek the advice of their local health provider. Practice Nurses often find themselves being asked to provide travel health advice.

The aim of travel health is to support the traveller to have the best travel experience possible. While picking up typhoid through eating contaminated food could really derail a person’s trip, so too can developing a DVT while flying to the destination, or getting an infected coral cut while surfing.

Following a review of the patient’s medical history, a good travel medicine service should be able to provide:

- accurate advice and education on health risks for the individual relevant to their chosen destination/s and planned activities. This may include being aware of the challenges for children travelling, those with disabilities etc
- tailored advice for the management of existing health issues while travelling
- a plan for appropriate vaccines

- other appropriate medications – e.g., for the management of traveller’s diarrhoea and prevention of malaria
- a recommendation for the contents of first aid kits and travel health products.

A travel consultation that focuses solely on destination-specific vaccines, and does not adequately address travel health risks, is a disservice to the traveller.

It is important to recognise your limitations, so that when the traveller has complex health conditions, the itinerary is more challenging, and /or the activities are more extreme, then a referral must be made to a travel medicine specialist.

Setting up for travel consultations:

The whole Practice needs to be onboard if you are going to offer travel health consults. From the receptionist making bookings, to the practice manager getting resources, to the prescriber.

Pre-travel consultations can be time-consuming, particularly for first-time travellers, where consults can take 30 to 60 minutes. Ensure there is enough space for comfortable consultations and that whānau can be accommodated, should they come along.

Using a structured approach or pre-travel questionnaire is important to ensure all relevant information is obtained and forms a solid foundation for a travel health plan. There are many examples of these available in a Google search. However, it is ideal to develop one that suits your practice.

Starting with an interest in travel and a knowledge of world geography is important, and access to a variety of reputable websites for travel health is absolutely critical to support advice. Some resources are free, such as CDC Travelers’ Health, CDC Yellow Book or Travel Health Pro. Some have an associated charge, such as Shoreland Travax.

An awareness of WHO International Health Regulations around yellow fever and polio is also vital. Screening for yellow fever vaccine is particularly complex and it can be administered

only at authorised Yellow Fever Vaccination Centres. The process is set out in a policy: <https://www.tewhatauora.govt.nz/for-health-professionals/clinical-guidance/diseases-and-conditions/yellow-fever/>

If a person is going to a country where yellow fever is endemic or where entry is dependent on having a Yellow Fever Vaccination Certificate, they need to be referred on promptly to a Yellow Fever Vaccination Centre.

Remember, being an authorised vaccinator only covers you to administer National Immunisation Schedule vaccines, it does not cover travel vaccines. They will always need to be prescribed or given under a standing order.

Access to the Aotearoa Immunisation Register (AIR) through a practice management system allows health providers to record vaccinations, including travel vaccines.

You will need to have room in your cold chain accredited fridge to store any travel vaccines, away from NIS vaccines. They always come in single doses and are ordered from Healthcare Logistics.

Travel health risk assessments

A competent travel health risk assessment should aim to ascertain and communicate the level of risk in a traveller's itinerary, while considering the patient's health status and appetite for risk. Being able to effectively communicate the risk to the individual traveller, at a level they can understand, is key. For example, when discussing malaria with a patient travelling for one month to Papua New Guinea, it is important to discuss the risk of contracting malaria, ensure the patient understands malaria transmission and symptoms, what to do if they develop symptoms, the types of anti-malarial prophylaxis available, and other methods of reducing the risk of being bitten by mosquitoes.

The need for appropriate comprehensive travel insurance and tips about safety while travelling are important for all travellers.

Vaccine preventable disease

Overseas travel can expose individuals to unfamiliar infectious diseases. Providing advice around vaccine-preventable diseases is a key part of the travel health consult. Travel is a good time to review routine vaccines and ensure the traveller is up to date with them all, including COVID-19, influenza, tetanus and MMR.

COVID-19 and influenza are the most common vaccine-preventable infections in travellers. The types of destination-specific vaccines that travel clinics offer should be individualised based on risk. Vaccine-preventable disease varies in incidence and impact depending on the traveller's region, duration and method of travel, intended activities/occupation and personal medical history.

Ensure travellers are aware of the cost of the recommended travel vaccine plan before commencing vaccination and also aware of the time required to complete a recommended course of vaccines to gain maximum protection. Many people approach for advice at the last minute. If a course cannot be completed, then recommending reputable clinics in overseas destinations is important.

Conclusion

A holistic travel health assessment goes beyond mere vaccine advice. A travel consultation should include a thorough review of the traveller's medical history, current health status, itinerary and planned activities. A comprehensive approach should include the education of health risks, such as food and water safety, altitude sickness, animal bites, personal safety and vector-borne diseases. Focusing solely on travel vaccines alone leaves a traveller unprepared for non-vaccine-preventable risks and common health challenges they might encounter. While it is not possible to remove all risk, helping the individual traveller understand and minimise potential risks can support a safe and happy travel experience.

Education support

A great place to look at is the competency framework developed by the Travel Health Nurses

of Australia and New Zealand.
<https://www.tropmed.org/wp-content/uploads/2021/12/The-Competency-Framework-for-Travel-Health-Nurses-of-Australia-and-New-Zealand.pdf>

This framework clearly sets out general standards expected of all nurses working in travel health but also what needs to be covered in a travel health consult.

Consider joining the New Zealand Society of Travel Medicine for opportunities to attend annual conferences and receive quarterly reviews.

Postgraduate study is offered through Otago University:
<https://www.otago.ac.nz/study/subjects/trav>.

Other overseas tertiary institutes also offer online qualifications. For anyone who is prescribing travel medicines, including vaccines, it is ideal that they have completed postgraduate qualifications, however this is not mandatory except for yellow fever.

For non-prescribers there is also now a Travel Health Course available through the Immunisation Advisory Centre (IMAC). This course provides an introduction to travel health to support those in primary care to competently deliver basic travel health consultations for the non-complex traveller.

<https://www.immune.org.nz/catalogue/introduction-to-travel-health>

Travel health is such an interesting and dynamic area and can provide significant professional interest and satisfaction. However, if you are going to do it – then do it well.

App Review: TINNITUS



Yvonne Little
Nurse Practitioner

One in every 10 New Zealanders (14% of the population) will suffer with tinnitus at some point in their lives and out of those one in every five (2% of the population) will suffer with chronic tinnitus.

SAVE THE DATE
2025 NZCPHCN Symposium
15th March 2025
Christchurch

THEME
Te Oranga Matua: Tō tātou Anamata
Primary Health: Our Future

WATCH THIS SPACE.

If the cause can be found, such as ear infection, wax/blockage, hearing loss or TMJ disorder it can be controlled or managed by treating the cause but for many there is no such obvious cause, and they suffer in “not quite” silence.

Whilst a cure is not possible there are many ways to manage tinnitus. Some treatments will work for some sufferers but not others, therefore all options need to be available for the person with tinnitus to explore. Hence why I decided to look at this New Zealand made App called MindEar, and as a tinnitus sufferer I have found some of the applications on this App very helpful. For some it may seem a bit new age, alternative type therapy especially when they use words like Tinnamate and Tinnabot but it is always worth being able to let our patients know it is available. It is a combination of cognitive therapy, mindfulness and relaxation exercises to retrain the brain’s reaction to tune out tinnitus.

Two thirds of users of this app saw an improvement after 16 weeks.

There are both free and paid versions of the App – so there will be a difference to what you can get on each version.

<https://apps.apple.com/us/app/mindear-tinnitus-relief/id6453359650>

What the App includes: Activities, Short sessions on Breathing activities and sleep secrets. It has soundscapes which are very soothing and useful. There are podcasts which have both voice and transcript for those who have severe tinnitus and find hearing words difficult, and you can use the background sounds whilst doing the activities. There is a Webinar on Understanding the tinnitus journey to relief (as a video)

And you can book video calls to Talk to a Tinnitus Specialist.

This App is free to download, and I would suggest that every nurse downloads it to take a look and remember to keep it in your basket of knowledge and mention it to any of your patients (no matter how conservative in their thinking they are) as they may find just some of the activities or information available on the app helpful.

Hidden Disabilities – An Interview With India Heron – A Patient Perspective On Health, Our Health System And Disability Advocacy.

By *Marianne Grant*



Kia ora,

My name is India Heron, I am a 19-year-old native of Rotorua.

When I was eleven years old, I received a diagnosis of Juvenile Idiopathic Arthritis (JIA). After receiving my initial diagnosis of JIA at Starship Hospital, I have been diagnosed with several other conditions that have led to increased disability and sparked my passion for disability advocacy.

What is Juvenile Arthritis and how has it affected you and your family?

Juvenile arthritis is an autoimmune condition that mainly impacts the joints, leading to symptoms such as pain, swelling and stiffness. Being diagnosed with Juvenile Idiopathic Arthritis (JIA) can pose challenges for both the young person and their family/support system.

Being diagnosed with a lifelong disability at such a young age brought along many mental, emotional and physical challenges. I have an identical twin sister and a younger brother, both of whom are “healthy” which for many years caused some level of distance between us.

Before my health deteriorated, my sister and I were in many ways inseparable. We shared a passion for swimming, both competing at a high standard. I once aspired to represent New Zealand in the Olympics as a swimmer. Due to my arthritis, I could no longer swim at the same level as before. The extreme fatigue from my conditions and the

medication side effects made it increasingly challenging for me to swim at all.

Within a year of my JIA diagnosis, I was diagnosed with central neurological sensitisation (CNS) and Complex Regional Pain Syndrome (CRPS). These conditions cause me constant pain throughout my body. Unfortunately, one of my biggest triggers for these conditions was and still is water. The relationship between my sister and I grew weaker due to my frequent hospital appointments, school absences, and inability to bond over our mutual love for swimming.

What do you want to say to nurses working in primary health care that would support their working with youth with Juvenile Arthritis – and or any messages from your experience within primary health care ?

Something that often went unmentioned during all my medical appointments was how my health could affect my family dynamics. Being a twin made this even more complex, as we both struggled to accept that I could no longer do what I once did. Looking back, I wish there had been more emphasis on the emotional and psychological aspects of being diagnosed with a chronic health condition or disability at an age where you are trying to figure out who you are in this world and where you belong. We were unprepared for how my health journey would impact my family emotionally. I believe nurses and healthcare providers in primary care should give more attention to the broader emotional and mental challenges faced by young individuals with disabilities and their families. I believe by guiding them through the expected emotional challenges siblings and whanau will encounter, relationships can be preserved and the potential for relationship divides would decrease.

Can you describe or enlarge on your advocacy work with Youth?

Almost seven years ago, at the age of twelve, I began my journey with two charities: Arthritis New Zealand and Kids With Arthritis New Zealand. Initially, I contributed by writing articles to raise awareness about juvenile arthritis and talking about my experiences. At thirteen, I attended my first arthritis camp, which led to me aiming to become a leader for children with arthritis. In 2021, I played a role in establishing the Arthritis NZ youth advisory group, which later evolved into a

dedicated committee within the organization - the first of its kind aimed at assisting children and youth. Leading the arthritis youth group and now the arthritis youth committee, I collaborated on creating and releasing a journal named "[My JIA Journey](#)" to support young people in Aotearoa dealing with the physical, mental, and emotional challenges of chronic illness. An official press release for the journal took place in Wellington on October 25, 2023. Following the event, we began distributing the 200 copies of the journal to children and young individuals across New Zealand and the Cook Islands who would benefit from it.

What skills do you believe you have acquired as a result of your advocacy work with Juvenile Arthritis group and your experiences to date?

In my role at Arthritis NZ, I have been involved in designing and managing camps similar to the ones I attended. Two types of camps are organised annually: a Families camp for children aged 5-12 along with their parent/caregiver, and a Teens camp for independent teens aged 12-18. Alongside the other members of the youth advisory committee, we have significantly contributed to these camps by designing them, selecting activities, organising logistics, and running the camps ourselves. Recently, discussions with Starship and the paediatric rheumatology team in New Zealand have been ongoing to develop new and current resources. In addition, I am working with different charities and organizations to cultivate a more supportive and inclusive community for individuals with disabilities in the Bay of Plenty/Lakes region. Recently, I was elected as a member of the Rotorua Lakes Youth Council. In this role, I aim to amplify my voice and create a greater impact on enhancing Rotorua's accessibility.

Last November, the New Zealand Osteoarthritis Summit took place in Dunedin, marking the first-time patient and youth voices were included. I had the privilege of being a guest speaker at the conference, along with my close friend and fellow co-founder of the arthritis youth committee. Together, we addressed a diverse audience of researchers and medical professionals from New Zealand and even top specialists from Australia. This experience affirmed my passion for sharing my story to raise awareness and advocate for other disabled youth in the future.

You had a wonderful experience at the end of 2023 travelling in Europe with Alicia. What are some of the things that stood out for you as a young person travelling - with a “hidden disability”

On December 1st last year, I embarked on a long-anticipated journey that I had been dreaming of and planning for years. I departed from Auckland, flew to Dubai, and then continued on to Paris, totalling 25 hours in the air – the longest flight I've ever taken. Waiting for me in Paris were my twin sister, who had spent the previous year as an exchange student in Italy, and my aunt and cousins who reside there.

To be candid, my experiences flying out of New Zealand and through Dubai were quite challenging. Due to my hidden disabilities, I require full wheelchair assistance at airports. Despite clear indications on all my bookings and tickets about my hidden disability and need for wheelchair assistance, my experience at Auckland Airport was disappointing. I felt let down by Auckland Airport's lack of consideration for people with disabilities, leaving me feeling inferior to other passengers, which no one should ever have to endure.

Fortunately, choosing to fly with Emirates proved to be the right decision. Emirates staff were exceptional, acknowledging my sunflower lanyard, checking on me throughout the flight, and showing great understanding when I explained my medical ID card and tendency to pass out. However, the ease experienced with Emirates faded upon landing in Dubai. Despite being told Dubai Airport was known for its great accessibility; my experience was far from it. I was denied a wheelchair multiple times, with staff insisting I didn't need one because they saw me walk off the plane. Their repeated instructions to stop complaining and just walk further added to my distress. Only when a compassionate French couple advocated for me did I finally receive a wheelchair and board the plane, albeit while being pushed and jostled by other passengers.

Upon reaching my seat, I was overwhelmed with tears and regret about starting this journey. However, arriving in Paris was a complete shift. I was promptly escorted from the plane door with respect, feeling like royalty compared to my previous experiences. Reuniting with my sister,

seeing my cousins and aunt in person, brought relief and joy after the challenges of my travels. The journey there was undeniably the most challenging part of the seven-week trip, but that's not to say it was all smooth sailing.

Particularly interested in the how the ‘Sunflower lanyard’ process went for you

For the next seven weeks, I travelled around the UK, enjoyed Christmas in Paris, and concluded the journey in Italy, where I met the individuals who had looked after my sister during her exchange.

The United Kingdom had a profound impact on me. I experienced validation, inclusion, and respect like never before. Things I never imagined enjoying were easily accessible in England and Scotland. During my stay with my best friend in the English countryside, I had some time alone to reflect. Our outings reminded me of the beautiful scenery in New Zealand, yet there was a distinct difference. The environment in the UK was more accessible, not just in terms of physical accommodations like ramps and flat surfaces, but in the overall perception of disability. Unlike at home, where disability can often lead to feeling marginalised, in the UK and parts of Europe, it felt empowering. Everywhere I visited emphasised the diversity of disabilities and the fact that not all disabilities are visible. The widespread display of the sunflower lanyard on large advertising screens in shopping centres and along major roads helped increase awareness. This meant that when I wore my lanyard and entered an accessible restroom, people understood without questions, stares, or judgment, as they had a better understanding of hidden disabilities.

How can PHC nurses support young people with a hidden disability travelling – do you have anything further to add?

If New Zealand could adopt even a fraction of the disability awareness present in the UK, it would be a transformative change. I believe that healthcare professionals, including nurses, play a crucial role in this. My personal experiences with the healthcare system in New Zealand have often left me feeling dismissed, belittled, or disrespected by various medical professionals.

Is there anything else you wish to say about your work, dreams, goals in this space?

To young individuals with hidden disabilities who aspire to travel, my advice is to go for it, but ensure you are mentally and emotionally prepared, not just physically. While hoping for the best, be ready for different attitudes towards disabilities across the globe. Advocate for yourself and educate yourself on self-advocacy for hidden disabilities before setting off on your journey. Despite taking these precautions, I was still taken aback by the treatment in Auckland and Dubai. Although I don't have a solution for this, I remain determined to pursue my dreams and explore the world, even if it requires a different approach.

Links:

Arthritis New Zealand <https://www.arthritis.org.nz>

My JIA Journey

<https://www.arthritis.org.nz/get-my-jia-journal-for-m/>

Kids with Arthritis NZ

<https://kidswitharthritis.org.nz/>

Sunflower Lanyard Hidden Disability

- <https://www.airnewzealand.co.nz/hidden-disabilities-sunflower>
- <https://www.yourwaykiaroa.nz/learning-information/hidden-disabilities-sunflower/>
- <https://www.aviation.govt.nz/passenger-information/hidden-disabilities-sunflower-scheme/>



NZCSRH Long-Acting Reversible Contraception (LARC) Train the Trainer Workshops



There is a strong demand for LARC training across Aotearoa. To help meet this need, the New Zealand College of Sexual and Reproductive Health are providing LARC 'Train the trainer' courses for health practitioners who are **already competent in LARC procedures**, as per the [Long-Acting Reversible Contraception: Health Practitioner Training Principles and Standards](#), and **who want to train others**.

This is a full day course focused on the skills needed to provide LARC training to other health practitioners in a clinical setting.

We welcome all health practitioners including nurses, nurse practitioners, doctors and midwives from across the motu to attend. Health practitioners can choose to become a LARC trainer in one type of LARC procedure, or more than one (IUC, Jadelle insertion, Jadelle removal).

There are workshops coming up in:

- **Christchurch – Friday 26 July**
- **Wellington – Saturday 31 August**
- **Auckland – Saturday 14 September**

Funding is available for a number of health practitioners to attend the course for free. This includes:

- All midwives
- All community-based nurses
- Any health practitioner from approximately 300 high-needs practices identified by Te Whatu Ora. A full list of practices is available on the [NZCSRH website](#).
- Any health practitioner from a rural practice – those defined as R1, R2 or R3 on the [Rural urban classification for NZ health research and policy](#).

More information about the Train the Trainer programme can be found on the [NZCSRH website](#), or, for any questions, please contact Fiona: administration@nzcsr.org.nz



The Royal New Zealand
College of General Practitioners
Te Whare Tohu Rata o Aotearoa



Research participants needed, Calling all Practice Nurses...

Let your voice be heard, we want to hear from you...

This study aims to explore what resources are used by Practice Nurses to support self-management in people with type 2 diabetes.

Are you:

- A Registered Nurse?
- Currently or have recently been working in a medical/health centre in New Zealand?

If you are, we would love to hear from you, to talk about your experiences regarding resources for supporting people with type 2 diabetes.

From this study we may find new ideas that can be shared to benefit both nurses and health consumers.

What's involved?

- An informal 20-35-minute zoom interview.
- Interviews will start in May 2024 and be at a time to suit you.

What now?

- If you are interested in participating and/or would like more information, please email Andrea Thomson at a.thomson2@massey.ac.nz
- you will be sent a Participant Information sheet with more details about the research.

If you know someone who might be interested, please pass on this information.

This project has been evaluated by peer review and judged to be low risk. Consequently, it has not been reviewed by one of the University's Human Ethics Committees. The researcher(s) named above are responsible for the ethical conduct of this research. If you have any concerns about the conduct of this research that you wish to raise with someone other than the researcher(s), please contact the Director, Research Ethics, email humanethics@massey.ac.nz.

New Zealand College of Primary Health Care Nurses Nomination Form

Leadership (Haututanga) and Innovation (Tangongitanga) Award 2025

This award was previously known as the Prestigious Tall Poppy Award which was initiated by Ginny Hinton who wished to recognise positive role models and excellence in Primary Health Care Nursing. The sponsorship was continued on by Diane Newland and lastly by Jane Ayling. The NZCPHCN have renamed this award, but the principle of the award remains the same.

The winner of this award will be chosen from written nominations and will be announced at the New Zealand College of Primary Health Care meeting in -Christchurch on the 15th of March 2025.

The winner will receive \$2,000 to support further learning and development including innovation projects and is encouraged to write an article for the college journal LOGIC.

Do you work alongside a Primary or Community Health Care Nurse who goes above and beyond in their work - showing innovation, leadership, and exceptional commitment to improving patient care, who warrants acknowledgement and support of their growth.

- *Nominees must be NZ College of Primary Health Care Nurses (CPHCN) members and currently working as a Primary Health Care Nurse.*
- *Preference will be given to those nominees whose actions have made a significant and positive influence on patient care.*
- *All nominations accepted will result in the nominees having their nomination acknowledged in the LOGIC journal.*

Reason for Nomination

Please attach a description of an initiative utilising professional competence, quality improvement concepts and a commitment to positive patient experience in her/his area of work (up to 500 words). Nomination form and typed description must be emailed or posted.

Nominee Details

Name as on NZNO membership:

Position:

Name of organisation:

Address of organisation:

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Work phone: Email:

Nominator Details

Name as on NZNO membership.....

Position.....

Name of organisation:

Address of organisation:

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Work phone: Email:

**Nominations are to be received by
30th September 2024**

A delegated selection panel from the Executive of the NZ College of Primary Health Care Nurses will assess nominations. The panel decision will be final and no correspondence will be entered into.

Email fax or post all documents to:

Sally Chapman

Office Administrator

New Zealand Nurses Organisation

PO Box 2128

Wellington 6140

sally.chapman@nzno.org.nz

New Zealand College of Primary Health Care Nurses Application Form

Oritetanga Pounamu \$2500 Equity Grant 2025

Naku te rourou nau te rourou ka ora ai te iwi

With your basket and my basket the people will live

Ahakoā he iti, he pounamu

Although it is small/little, it is pounamu.

No matter how small your contribution is, it is valued.

Do you have a project or idea to which may benefit your community or workplace? Can it highlight and address equity? Is it showing innovation, health determinants, leadership and exceptional commitment to improving patient care?

Consideration will be given to projects that:

- Contribute to primary and community nursing in New Zealand, general practice and public health
- Recognise Te Tiriti o Waitangi and implications to Māori,
- Are inclusive for Māori/Pacifika/Vulnerable/Diversity/Disabled/other marginalised or disadvantaged communities.
- Increase access or improve health outcomes, to reduce negative determinants of healthcare or the burden on disabled or disadvantaged populations.

CRITERIA

- Please attach a description (up to 500 words) of your proposed project. Nomination form and typed description must be emailed or posted.
- An article in Logic Journal showcasing Project will be required if you are the successful recipient of the award.
- Applicants must be a current member of CPHCN

Details

Name as on NZNO membership:

Position:

Membership Status.....

Organisation/Workplace.....

Workplace. Address:

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Work phone: Cell phone:

Email/Primary Contact:

Project Plan/Ideas

Project Lead.....

Position.....

300-500 words describing project or idea

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Project Plan/Implementation/Costs

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Benefits/Outcomes/Expectations

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Acknowledgement or Impact for Te Tiriti O Waitangi

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Nominations are to be received by 30th September 2024

A delegated selection panel from the Executive of the NZ College of Primary Health Care Nurses will assess applications. The panel decision will be final and no correspondence will be entered into.

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