

# Summer December 2025



Photo credit: Ready for Christmas! Many thanks to photographer Carissa Corlett You can see more of her beautiful work at -lovecarissa.nz

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# The New Zealand College of Primary Health Care Nurses Chair's Report

Tracy Morgan





### MERI KIRIHIMETE FROM PRIMARY HEALTH CARE COLLEGE OF PRIMARY HEALTH CARE NURSES

"Kaua e mate wheke mate ururoa". Strive for your goals by being strong and resilient like a hammerhead shark...do not give up no matter how hard the struggle is.

The whakatauki above sums up the continual struggle endured by all those working in the Primary Health Care Sector. As we reflect on the past 12 months, I want to take this opportunity to thank you for the endless work undertaken in this past year in ensuring the work required to keep the members engaged is carried out. To our Professional Nurse Advisor Cathy Leigh and Administrator Sally Chapman, thank you both. The behind-the-scenes work that you, the staff of NZNO,

provide to this Committee does not go unrecognised.

Primary and Community health care in Aotearoa is in 'crisis' and one main driver is the chronic staff shortages. The funding model is broken and only the Government can fix this problem to ensure Aotearoa has a quality public health system. This committee will continue to advocate and be a lead voice for Primary Health to ensure our voices are heard because as Dr Margaret Chen states "if you are not on the menu then you are not at the table".

## PROFESSIONAL PRACTICE COMMITTEE (PPC)

This has been a busy time in Primary Health Care with many challenges and changes. We continue to work to address the Pay Equity gap for Nurses working in all sectors of Primary Health and will continue to apply pressure to the Government to make this a reality for our members. We provide updated information on our website which currently includes ensuring all our brochures for each sector in Primary Health is updated as well as emails and members and vacancies for that sector

#### LOGIC COMMITTEE

This committee is responsible for publications, contributions, and relevant correspondence within Primary Health. The committee manages and leads our journal and Facebook page. LOGIC Is the conduit to our National Executive Committee. Our long-time editor and National Executive editor and stalwart Yvonne Littles' tenure ended in March 2025. Our committee gave thanks to her for the unabated work she provided for this Committee. She will be greatly missed but we know she will continue to be a strong member in this sector.

Primary Health is very fortunate to continue to have an editorial piece in the NZ Doctor Magazine which ensures our Nursing Voice or Stories continue to be heard and read in this magazine. Quarterly editorials are provided for the members to keep updated.

### GENERAL PRACTITIONERS LEADERSHIP FORUM

The new Chair for this Committee is Dr Angus Chambers and we farewelled the amazing Dr Samantha Murton. Continuing to put pressure on this government has been a strong focus for the Committee to ensure the right care is provided in Primary Health without everyone being burnt out.

2026 will definitely see the pressure applied for better health outcomes. The Committee meets regularly with key Stakeholders at both the Ministry of Health and Te Whatu Ora.

### MESSAGE FROM THE COMMITTEE

I want to take this opportunity to just applaud every health worker working in Primary Health and for continuing to add that difference for the people that really matter; "Our Communities." As we edge closer to the end of 2025, we want to take this time to wish you all a very Merry Xmas and a very Prosperous New Year. Be safe out there wherever you are and be kind to each other.

### MERIM KIRIHIMTETE ME TE TAU HOU



### **LOGIC Editor's Report**

Jess Beauchamp



Nō Ingarangi me Kōtirangi ōku tipuna. I tae mai ōku tupuna Aotearoa ki Takapō. I tipu ake au Tāmaki Makaurau. Nō te Whanganui-a-Tara au. Ko Jess toku ingoa.

Kia ora koutou,

Welcome to this early summer edition of LOGIC and the final one for 2025. The year has flown by, and I know there will be no LOGIC reader who has not given above and beyond to their mahi in Primary Health Care over the year, often under difficult and stressful circumstances.

This summer edition is for you and has a wide-ranging selection of articles to dive into. There something for everyone including a bespoke article "Growing up healthy in NZ" about the Growing up in New Zealand (GUiNZ) study put together for LOGIC by the GUiNZ team, a review of the DoseMedbox app informed by a user's personal experience, an introduction to the new Youth Health Nursing Practice Development Guidelines – He Kōhanga Whakaruruhau – written by a person with deep knowledge of the guidelines, a timely measles update from the Tairāwhiti Medical Officer of Health, and part three of India Herons personal travel writing, this time reflecting on her experience of care in the

National Health Service, compared to Te Whatu Ora. LOGIC committee member Marianne has collated a wide ranging and

useful list of ideas for your 2026 professional development. Christmas and festive content is not forgotten with on point sharing from Dr Nurse Katrina Coleman on finding balance amid the overachieving madness and stress that so often accompanies this time of year. And a festive recipe from me.

Ngā mihi nui to all our authors for sharing your experience and knowledge, you have made this edition a bumper issue!

LOGIC will be back in 2026, meanwhile wishing you all a healthy and happy festive season and summer.

Meri Kirihimete me te tau hou!

In solidarity,

Jess

### **GUINZ** Article

University of Auckland



**Invited article:** New Zealand College of Primary Health Care Nurses (NZCPHN) L.O.G.I.C. Journal

### Growing Up Healthy in New Zealand

Growing Up in New Zealand

How can we promote healthy growth and development from childhood through adulthood? One way is by understanding the developmental origins of health and disease collected through longitudinal data from across the life course. This understanding can help to lessen the burden of disease and inform healthcare practices.

### Why is longitudinal health research so important?

Longitudinal data refers to information collected from the same people repeatedly over time. This information helps us to understand why and how people change and interact with their environment across their lives, including factors associated with the development of health conditions. Longitudinal data is a powerful tool for gaining a deeper understanding of these dynamic processes and making informed decisions and interventions based on long-term evidence. Longitudinal studies, such as the *Growing Up in New Zealand (GUiNZ)* study, become increasingly valuable over time as data are collected and the interaction of more factors across life can be examined.

### What is the Growing Up in New Zealand Study?

The *Growing Up in New Zealand (GUiNZ)* study is Aotearoa's largest and most comprehensive longitudinal study of child development. Launched in 2008, pregnant mothers were recruited from across Auckland, Counties Manukau, and Waikato district health board regions. The study included approximately 11% of all births in New Zealand at the time and is considered broadly

representative of the New Zealand population in terms of ethnic and socioeconomic diversity.<sup>1</sup> It follows the lives of more than 6000 children and their families from before birth into adulthood.<sup>2</sup> The study is designed to provide and translate evidence to improve the well-being of children and families growing up in New Zealand now and for future generations.

GUiNZ collects information across six key domains: health and wellbeing, psychosocial and cognitive development, education, family/ whānau, culture and identity, and social context and neighbourhood environment. These domains are interwoven with themes that reflect the four main ethnicities represented in New Zealand, including Māori, Pacific, Asian, and European participants (Figure 1).

These interconnected domains and themes enable us to examine interactions and environments across multiple layers of influence in a young person's life, particularly within the New Zealand context. These layers consider internal factors such as genes and biology and extend to people's families, experiences, physical environment, relationships, communities, and wider social environments, including culture and policies at national and global levels (Figure 2). These factors are interrelated and can change over time, both within individuals and between individuals, as well as across generations. We aim to understand how these factors interact and influence well-being at various points in time, including during sensitive developmental periods and throughout the life course. The GUiNZ study has provided invaluable insights into the health and well-being of New Zealand's children, which have informed healthcare, and many other areas related to health and well-being – see below.

### How is the Growing Up in New Zealand Study data collected?

Throughout the study, a range of data collection methods were used. From online questionnaires, phone interviews, in-person interviews, anthropometric assessments and more. At various stages, data has been collected from children, mothers/primary caregivers, fathers/partners, children's teachers, and health records. Comprehensive information was collected from the last trimester, after birth (6 weeks), and when children were 9 months, 2 years, 4.5 years, 8 years, 12 years, and 15 years old. There have also been smaller data collections across the lifespan, including in response to specific events, such as COVID-19 (10 years) and Extreme Weather Events (13 years old; Cyclone Gabrielle and the Auckland Anniversary Weekend flooding).

### How can Growing Up in New Zealand data be used to inform health care?

• Information from health and education providers. Data from education and health records supplement the study, further expanding the scope of what can be investigated. The critical work of health care professionals is particularly important when investigating health and disease throughout the life course. The records health care professionals take every day contribute to a wealth of information to better understand

<sup>&</sup>lt;sup>1</sup> Morton, S. M., Ramke, J., Kinloch, J., Grant, C. C., Carr, P. A., Leeson, H., ... & Robinson, E. (2015). Growing Up in New Zealand cohort alignment with all New Zealand births. *Australian and New Zealand journal of public health*, 39(1), 82-87.

<sup>&</sup>lt;sup>2</sup> https://www.growingup.co.nz/

health and disease, which can be used to improve health care systems, highlight the need for services, and contribute to improving overall well-being in Aotearoa.

- **Inform Policy and Practice**: The findings from *GUiNZ* inform health policies and practices, ensuring they are grounded in real-world evidence. This leads to systemic changes, better-targeted interventions, and greater support systems for children and families.
- **Health Insights**: For primary health care, *GUiNZ* offers a wealth of data on physical, mental, and emotional health. This information can help identify early signs of health issues and protective factors, as well as understand the drivers of health within the broader context of well-being
- Cultural and Societal Understanding: The study is broadly representative of the New Zealand population, which helps to provide a nuanced understanding of cultural and societal influences on health. This is particularly relevant for health care professionals working with diverse populations.
- Early Intervention and Prevention: Data from *GUiNZ* can help identify risks, patterns, drivers, and protective factors of health, which can inform timely interventions to mitigate health issues and promote well-being.
- Community Health: The study highlights the importance of community and environmental factors in child development. This information can be used to advocate for community health initiatives and support services that address broader determinants of health.

### Can longitudinal research make a difference?

Evidence from *Growing Up in New Zealand* has had substantial impacts on a wide range of outcomes, some of which have contributed to policy and healthcare in New Zealand. <sup>3</sup> For example, *Growing up in New Zealand* has provided information to inform policy, related to:

- **Healthy eating guidelines.** Data from *Growing Up in New Zealand* contributed to the Healthy Eating Guidelines for New Zealand Babies and Toddlers (0-2 years old). These guidelines provide population-health recommendations for feeding children in the first 1000 days of life to promote healthy growth and development and help establish healthy eating behaviours. <sup>4</sup>
- Folic acid. Low levels of folic acid in pregnancy can lead to neural tube defects in babies. Findings from *Growing Up in New Zealand* have highlighted that many pregnant women may not be getting enough folic acid, particularly those from lower socioeconomic groups. GUiNZ findings have contributed to our understanding of folic acid supplementation and the influence of inequities. These findings contributed to

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<sup>&</sup>lt;sup>3</sup> https://www.growingup.co.nz/our-impact

<sup>&</sup>lt;sup>4</sup> https://www.health.govt.nz/system/files/2021-09/healthy-eating-guidelines-for-new-zealand-babies-and-toddlers-nov21-v3.pdf

fortifying bread with folic acid to help promote healthy development. <sup>5</sup>

- Paid parental leave. Growing Up in New Zealand found differences between the amount of leave parents would like to take and how much they intended to take compared to how much was actually taken. Parents typically returned to work due to financial considerations. Parental leave was often supplemented with other types of leave (e.g., annual and/or unpaid leave) to maximise time with their child, which can benefit the health of both the child and mother. This information contributed to increasing paid parental leave to 26 weeks. <sup>6</sup>
- Smoke alarms. Insights from GUiNZ have informed policies requiring the installation of smoke alarms in homes, improving fire safety and reducing the risk of fire-related injuries and fatalities.
- The study provided information on immunisation, mental health, childhood injuries and many more areas of interest. Learn more about policy and research impacts in our <u>Impact Report.</u><sup>3</sup>

### What's coming up for the Growing Up in New Zealand study

The GUiNZ study has recently completed 'The 15 Year Catch-Up', which collected information from the cohort around the age of 15. We will release reports on young people's experiences of education and health in early 2026. Next year we will also be conducting a 17-year data collection wave. The study will collect information during this developmental period of adolescence, a time of rapid change and transition for young people.

### How to find out more about the findings from the GUiNZ study

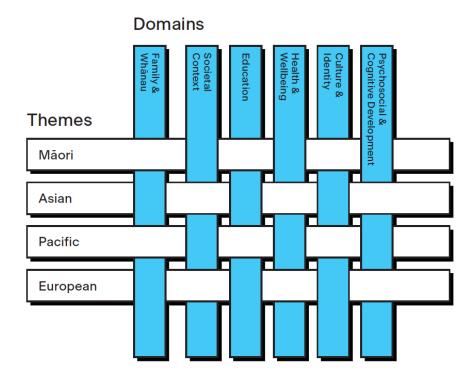
The GUiNZ website contains a wealth of information and insights collected by the study and other researchers using study data over the past 16 years. These are captured in the <u>Now We Are report series</u> and <u>published papers</u>. You can <u>access the data</u> for your own research or see what data is available on our website. The study also issues a <u>regular newsletter</u> that details new research and other study news, as well as communicating via active <u>social media channels</u>.

The *Growing Up in New Zealand* study is a cornerstone of child health research in Aotearoa. For primary health care, it offers critical insights that enhance our ability to provide comprehensive, informed, and culturally appropriate care. There is a wealth of data available that may help answer your questions and inform various areas of health care, both at the individual and population levels. However, none of this would be possible without those involved in *Growing Up in New Zealand*. We cannot thank the people who have participated in the GUiNZ study enough. Their valuable contributions have and will continue to shape a happier and healthier Aotearoa for generations to come.

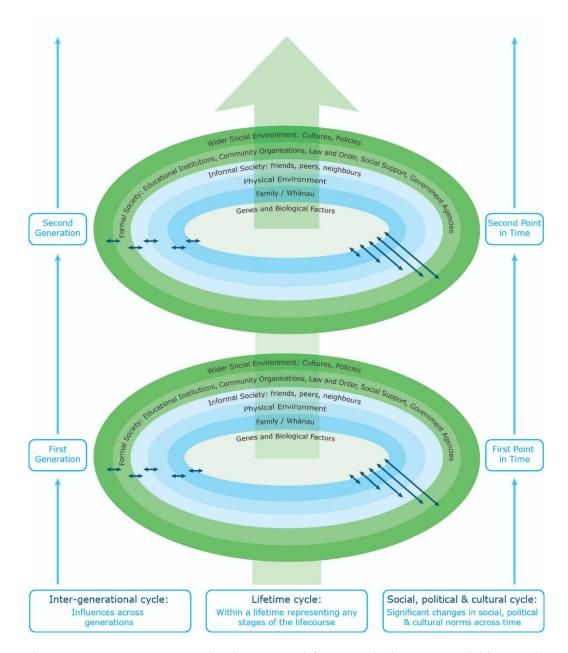
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<sup>&</sup>lt;sup>5</sup> https://www.dpmc.govt.nz/sites/default/files/2021-10/pmcsa-The-health-benefits-and-risks-of-folic-acid-fortification-of-food.pdf

<sup>&</sup>lt;sup>6</sup> https://www.mbie.govt.nz/assets/22751a59e2/extending-paid-parental-leave-26-weeks-cabinet-paper.pdf



**Figure 1.** *Growing Up in New Zealand* kete model. The lattice is modelled on the weaving of a kete, a traditional Māori basket, which holds all the elements necessary for life. The six domains are interwoven with four themes which recognise our ethnically diverse population.



**Figure 2.** The *Growing Up in New Zealand* conceptual framework shows potential interactions and environments across many layers of influence, within people, between people and over time.

**Authorship:** This article was written by *Growing Up in New Zealand*. This work reflects the collaborative efforts of the entire *Growing Up in New Zealand* Research team, led by the *Growing Up in New Zealand* Research Director, Associate Professor Sarah-Jane Paine.

**Conflicts of interest:** The authors declare no conflicts of interest.

### **Youth Health Nursing Practice Development Guide**



Jodi Cash, Nurse Educator School-based Health Service

He Kōhanga Whakaruruhau – The Youth Health Nursing Practice Development Guide

#### Introduction

He Kōhanga Whakaruruhau – The Youth Health Nursing Practice Development Guide has recently been launched and is now available for download from Te Kāhui Korowai Rangatahi – Youth Health Aotearoa (formerly SYPHANZ). This new guide builds on the foundation of the 2014 National Youth Health Nursing Knowledge and Skills Framework, offering a refreshed, practical resource to support the growth and development of youth health nurses across Aotearoa.

The name of the guide, He Kōhanga Whakaruruhau, was gifted by Te Rōpū Mātanga o Rangatahi (Māori Youth Health Sector Advisory Group) and symbolises a safe and nurturing space – a 'sacred nest and shelter' where rangatahi (young people) are protected, valued, and supported to grow. Central to the guide is Te Ūkaipō, a kaupapa Māori-driven vision and values framework that guides youth health nursing to uphold the needs, strengths, and mana of rangatahi within the context of their whānau and communities. This approach places rangatahi at the centre of practice, ensuring youth health in Aotearoa is both protective and empowering.

The guide has been shaped by the collective wisdom of Te Rōpū Mātanga o Rangatahi, Te Tatau Kitenga (Youth Health Sector Advisory Group) and Māngai Whakatipu (Youth Advisory Group). Many others have also contributed their voices and expertise.

#### Foundation of the Guide

To give deeper meaning to the guide, Te Rōpū Matanga o Rangatahi gifted the story of Te Rākau. Te Pūwahi o te Rākau, the trunk, embodies the collective wisdom and mahi shaping youth health, particularly from the advisory who have contributed their knowledge to this guide.

From this sturdy trunk grow ngā peka (the branches), representing the evolving knowledge and skills nurses need for youth health practice. Within the guide, "knowledge" and "skills" have intentionally been renamed as "mātauranga" (understanding) and "whakatinanatanga" (applied practice). Mātauranga goes beyond knowing, reflecting a deep understanding of the many dimensions of youth health, while whakatinanatanga emphasises the application of that understanding through meaningful nursing care.

As our understanding grows, the peka strengthen and support te kōhanga (the nest) - the safe, nurturing space nurses create. Rangatahi, represented as ngā manu (the birds), are welcomed into this nest to be cared for and strengthened, returning as needed and confidently flying into their futures.

### Why was the Original 2014 Framework Updated?

The guide represents one of the final outcomes of Te Whatu Ora's comprehensive five-year enhancement programme for School Based Health Services, built through partnership, sector expertise, and a commitment to equity and youth voice. A key outcome was the development and implementation of Te Ūkaipō, a Māori vision and values framework that now sits at the heart of youth health practice. Te Ūkaipō weaves together nine interconnected kaupapa Māori whanonga pono (values) and guides how we work, the mahi we do, and the outcomes we strive for with rangatahi. These nine values are: tino uaratanga (potential), aroha (love and compassion), wairua (spirituality), whanaungatanga (connection), whakapapa (identity), rangatiratanga (autonomy), te reo (language), manaakitanga (nurturing) and ōritetanga (equality).

Each of these values guide the practice, decision-making, and relationships at the heart of youth health nursing for rangatahi in Aotearoa. For example, when we uplift the tino uaratanga (potential) of each rangatahi, we provide care that genuinely sees and supports their strengths. When we value Te Reo, we affirm its importance to identity and connection, upholding the mana of rangatahi through our authentic appreciation of their language.

Embedding Te Ūkaipō within youth health nursing was the central driver for updating the 2014 framework, alongside the need to modernise and expand the updated guide to reflect current evidence, equity priorities, and the realities of contemporary practice. The update also reflects the evolving nature of clinical practice and the importance of cultural safety, equity, youth participation and youth development.

The guide aims to equips youth health nurses with knowledge and practical skills to engage effectively with the diverse cultures, identities, strengths, and aspirations of rangatahi. It places particular emphasis on supporting groups who have historically been under-served, including rangatahi Māori, Pacific young people, LGBTQIA+ youth, care-experienced young people, disabled rangatahi, and those with intersecting identities.

#### What's Different?

The revised guide departs from the 2014 tiered, linear model. Instead, it presents youth health nursing practice as core, interrelated elements, each equally vital. This change recognises that nursing expertise develops in diverse ways - nurses may be highly skilled in one aspect of youth health while still developing in others reflecting varied backgrounds and experiences. While the previous approach defined competence hierarchically (matching PDRP levels), the new structure is flexible and inclusive. It supports best practice for everyone, whatever experience they bring, and allows nurses to focus their development on the areas that matter most to their practice and interests.

This transformation from a stepwise, hierarchical model to a strengths-based, non-linear approach mirrors the growth of a tree and the nurturing environment of the kōhanga (nest). Just as the nest is supported by strong branches and a sturdy trunk, the new guide's flexible structure empowers nurses to build on their unique knowledge and experience - creating a safe space for

rangatahi to thrive, no matter how their own strengths and skills develop over time. In this way, youth health nurses are not only supported in their individual growth but collectively provide a nurturing, adaptable environment that enables young people to be cared for and to flourish.

The ongoing journey of learning is reflected in the Māori conceptual stages of Te Kore, Te Pō, and Te Ao Mārama, which are central to Te Ukaipō and the guide's design. These stages represent beginnings, growth, and the continuous cycle of learning in Māori culture, offering a meaningful framework for professional development.

- Te Kore: Approach the guide with an open mind, ready to discover things you didn't know you didn't know. Te Kore is about pausing, reflecting, and laying the foundations for new growth.
- Te Pō: As you read, allow curiosity to spark your learning journey this is where ideas and interests emerge and begin to take shape. Use this time to explore and reflect as your direction becomes clearer.
- Te Ao Mārama: Authentically weave new knowledge into your practice, putting your learning into action. Te Ao Mārama is about ongoing growth, while knowing you are still learning and evolving.

### **Practical Application of the Guide**

The guide provides youth health nurses with mātauranga (understanding) and whakatinanatanga (applied practice) unique to working with rangatahi, complementing, rather than replacing, Nursing Council of New Zealand (NCNZ) competencies. Nurses can identify their learning needs and practice gaps using the guide's table of contents and Appendix 2, which maps youth health topics to NCNZ competencies and supports portfolio, appraisal, and self-assessment documentation. Throughout the guide, the voices of rangatahi are centred, with statements from young people shaping both topic structure and introductory content in each peka. These insights help nurses deliver youth-friendly, culturally safe care that honours what young people value and need. Te Ūkaipō values are integrated across the guide, providing a culturally grounded lens for reflection and practice; practical examples are available in the appendices, supporting nurses to align their care with rangatahi potential, connection, autonomy, and other key principles.

All nurses supporting youth health, whether as clinicians, educators, clinical nurse specialists, managers or nursing leaders, can use this guide as a professional development tool. It helps identify areas for growth, inform learning plans and guide service development. Rangatahi can also use it to reflect on their experiences and partner with kaimahi to improve services.

### **Overview of Key Practice Areas**

The guide is structured around six practical peka, each addressing a crucial aspect of youth health nursing practice:

• Peka aroā whaitua – Awareness: Nurses are supported to build visibility and connection with rangatahi, ensuring youth know who you are, where to find health services, and how to access support. This section covers how to make youth health environments accessible, responsive, and shaped by youth participation.

- Peka taiao Environment: This branch focuses on creating physical and cultural environments that are welcoming, safe, and inclusive. Nurses learn to ensure that young people feel comfortable, able to bring whānau or friends, and that care is truly rangatahi-friendly and culturally safe.
- Peka herenga tangata Engagement and connection: Nurses will find practical guidance for building genuine relationships with rangatahi, fostering trust, safety, and understanding. Topics include whanaungatanga, effective communication, confidentiality, consent, privacy, adolescent development, youth culture, and diverse identities to support respectful and empowering engagement.
- Peka pūrākau Youth-focused assessments: This branch offers tools for holistic, strengths-based assessments that put rangatahi at the centre, helping nurses identify strengths and risks, tailor care, and encourage young people to set and achieve their own goals. Topics include adolescent health conditions, sexual health, mental health, alcohol/drug concerns, and gender-affirming care.
- Peka arahina Next steps: Nurses are guided to ensure rangatahi leave appointments knowing what will happen next, who is involved (including whānau or teachers), and that their mana is respected. This section helps nurses provide clear follow-up, make effective youth-friendly referrals, and build health literacy for confident access to future support.
- Peka rangatira Youth health nursing leadership: This branch provides resources for nurses wanting to develop leadership skills at any career stage. There is a focus on leadership that listens to and values rangatahi, champions equity and youth participation, and upholds culturally grounded, ethical practice. Nurses receive practical direction for advancing into leadership roles and collaborating to improve youth health services.

### **Implications for Practice and System Improvement**

He Kōhanga Whakaruruhau sets out a clear roadmap for enhancing competencies, professional development, and service quality in primary health care nursing. The guide's alignment with NCNZ competencies and youth health topics equips nurses to identify learning needs, document professional growth, and demonstrate culturally safe, youth-centred practice across all scopes. Te Ūkaipō values and rangatahi voices are integrated throughout, providing powerful frameworks for reflective practice and advocacy. Nurses are supported to champion equity, apply kaupapa Māori approaches, and co-design services with youth, positioning the workforce as leaders in youth health innovation. These strategies foster best practice, career progression, and evidence-informed approaches to meeting the diverse needs of Aotearoa's rangatahi especially those in priority and historically underserved groups. By encouraging ongoing learning, engagement, and advocacy, the guide strengthens nursing practice and supports system-level changes that improve youth health outcomes.

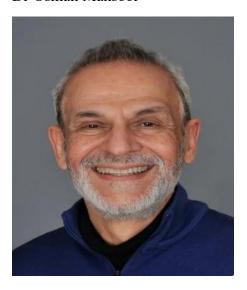
#### **Conclusion and Call to Action**

He Kōhanga Whakaruruhau is an invitation for every nurse to stand as kaitiaki - guardians and advocates - creating environments where every rangatahi can thrive with mana and resilience. By engaging with this guide, you join a shared commitment to nurturing and empowering

young people, embracing best practice, and strengthening youth health nursing for generations to come. Take up this resource, use it in your daily mahi, and walk alongside rangatahi as they build their futures with confidence and support.

### **Measles Update**

Dr Osman Mansoor



Dr Mansoor is a public health medicine specialist with expertise in immunisation, program design, and communicable disease control. His clinical background is in general practice in Wellington. He worked for the Public Health Commission, the NZ Ministry of Health before working overseas at WHO Regional Office and UNICEF Headquarters. He returned to Aotearoa in 2014; and has been in Gisborne since 2020 as Medical Officer of Health

We again have local spread of the measles virus in Aotearoa. Now is a good time to check is you're measles-immune. If in doubt get the MMR vaccine.







Measles rash images from **Dermnet** 

### Are you considered immune to measles?

Immunity can be from infection or vaccine. In the pre-vaccine era, nearly every child would get measles by the time they were adult. So, those born before 1969 are considered immune. A very small proportion will not be.

Two doses of MMR vaccine will protect 97-99%. If you have two documented doses of measles-containing vaccine, you are considered immune.

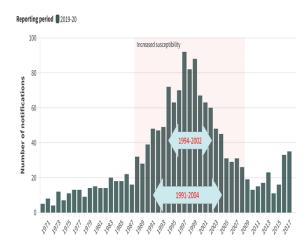
Measles infection usually gives life-long immunity. But unless the infection was laboratory confirmed, we don't usually accept a history of measles. Because other infections can look like measles. Fever and rash are common.

If you had measles infection or vaccine, but do not have documentation to show this, we can do a blood test (IgG measles antibody) to check for measles immunity. But the test underreports immunity - in other words it may show non-immunity when in fact you are. First, there is more to immunity than antibodies. Secondly, the tests use measure antibody using enzyme or optical tests that under-estimate antibody as measured by the gold standard plaque reduction neutralization test (PRNT). And as with all tests some false positives, but this is less of an issue.

If in doubt, it is generally better to get MMR vaccine than to test. If already immune, the live viruses in the vaccine will be mopped up by your immune system before they can spread - so no risk of adverse events. Only risk is any injection reaction.

A discussion with your health provider may help you decide. But be aware that you will need documented immunity if you become a close contact of a measles case to avoid the need for quarantine.

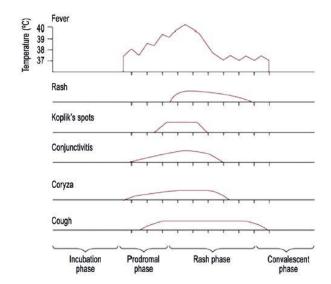
I paste the chart that I used previously from our <u>2024 PHCC Briefing</u> showing cases in the 2019 outbreak by year of birth to highlight those least likely to be immune (those now aged 21 to 34 years, and even more for those in the middle of that age group:



### **Recognising measles**

The World Health Organization (WHO) provides "The immunological basis for immunization series" for each vaccine-preventable disease. The one on <u>measles</u> includes this helpful chart on the time course of measles symptoms:

A distinguishing feature of the measles rash is the **presence of fever at the time of rash onset**. As you can see on the chart above, that fever is progressive with step increases (reflecting viraemia) and increases further after rash onset. (In contrast to other exanthema where fever decreases with rash onset)



Note that coryza tend to be the first of the prodromal 3 Cs: cough, conjunctivitis, and coryza - cold symptoms, runny nose/sniffles. Infectious will be enhanced by viral spread from coryzal symptoms; and I note that ideally quarantine should start the day before the 'prodrome'

From the WHO module, a clinical description, and note on why testing is needed:

"These prodromal symptoms intensify before the onset of rash, during which period patients are highly contagious. The characteristic erythematous and maculopapular rash typically appears first on the face and behind the ears and then spreads to the trunk and extremities. The rash lasts for 3 to 6 days and fades in the same manner as it appeared. Because this rash is a consequence of the virus-specific immune response, persons with impaired cellular immunity may not develop the characteristic measles rash. Nevertheless, these immunocompromised patients are at high risk of developing fatal disease if they contract measles. Illness with fever and rash resembling measles may be caused by several conditions other than MV infection, thus highlighting the crucial importance of laboratory confirmation of diagnosis, especially in settings where measles incidence is low."

#### **Testing for measles**

The standard test for measles in NZ is the PCR test that detects the virus genes. This is usually done with a nasopharyngeal swab, as we did for Covid. A throat swab can also be used, but that depends on the local laboratory. Urine will generally remain PCR positive for longer but is not widely used – early diagnosis and notification is vital for public health control.

The test is very sensitive at detecting virus particles. It will be positive before rash onset and for the first week after rash onset, though it is most sensitive if taken within 3 days of rash onset.

IgM antibody tests can be used to detect measles, but these are not so sensitive (false-negative) or specific (false-positive). They are useful if need to make a retrospective diagnosis as it can be used for a month or so after rash onset. If needed, for public health.

#### Who should be tested?

The need for testing depends on the context: how much measles is in the community. When there is no measles in a community, it is important to test every suspect case to ensure that any imports are rapidly detected. Once measles is circulating, and if the suspect case has a clear exposure (right time window) to a confirmed case, they do not need testing.

[We classify a case as 'confirmed' if they have clinically compatible symptoms and exposure to a confirmed case.]

A suspect case is a person with clinically compatible symptoms. The key point for measles is the presence of fever at time of rash onset. As noted above, the fever and prodromal symptoms generally increase in the days before rash onset, and tend to get worse not better with rash onset. The start and spread of rash (from face/neck behind ears to limbs) increase suspicion.

Koplik's spots maybe seen. These are blue-white 'salt grains' on a red background in the buccal mucosa opposite the first molar. They are supposed to be diagnostic of measles, but a Japanese study (Kimura et al. The Association Between Documentation of Koplik Spots and Laboratory Diagnosis of Measles and Other Rash Diseases in a National Measles Surveillance Program in Japan. Front Microbiol. 2019 Feb 18; 10:269.) found them to be only 48% sensitive and 80% specific. In other words, not reliably seen and could be caused by other infections. So, it remains important to confirm with laboratory test.

### **MMR** vaccine

The measles-mumps-rubella (MMR) vaccine has been used in NZ since 1990. It is highly effective against measles and rubella, a bit less against mumps.

Like all vaccines, it can cause local reactions at the injection site and general symptoms as part of the immune response to the vaccine. More serious adverse events are rare; and for several it is not clear if they are caused by the vaccine or coincidental, as the event is so rare.

One known serious adverse effect is Idiopathic thrombocytopenic purpura (ITP) - a bleeding disorder caused by the immune system attacking platelets that are essential for blood clotting. Most cases are mild and resolve by themselves; and ITP is more common after infection than

vaccine. About in 1 in 25,000 to 40,000 people get ITP, 15 days to six weeks after MMR immunisation.

We used to only have a single dose of measles containing vaccine in national schedules. A single does protects >90% if given at age 12 months or older. But that leaves too many susceptible to measles, as  $\sim95\%$  immunity is needed to prevent epidemics. So, the second dose was added in 1992 to protect the ones who fail to be protected by the first dose.

Two doses of MMR vaccine are free to NZ residents of any age, if there is doubt about their immunity to any of the three diseases. It is also available to any child aged under 18 years, irrespective of residency status.

IF IN DOUBT ABOUT YOUR IMMUNITY, PLEASE GET AT LEAST ONE DOSE OF MMR VACCINE.

### The Battle Against Busy - how to achieve peace this Kirihimete

Dr Nurse Katrina Coleman



Katrina Coleman lives on the Kapiti Coast with her incredibly patient husband Blair, and two future world leaders, Lucy and Thea.

Katrina has worked for Whānau Āwhina for coming up 15 years and is a National Educator with a specialty in mental health and well-being.

In 2024, she completed a Doctor of Health Science Degree with research that examines the relationship between maternal adverse childhood experiences (ACEs) and maternal mental health outcomes.

Katrina is a mindfulness coach and is committed to reducing the impact of stress on the nervous systems of Kaimahi and whānau in Aotearoa.

It was about midnight, Christmas Eve, which I suppose is actually Christmas Day. The kids had finally crashed after another day of Christmassy sugar-fueled excitement. And we were outside, cold in the way only December can be in New Zealand, wrestling large pieces of metal into a labyrinth of complex curves and bends that did not at all feel natural for iron, or logical in design, for that matter. I don't know how you and your partner work together under pressure, but this is the kind of scenario that will often lead to significant stress in our relationship. My husband's perfectionistic traits, up against my ADHD-fueled 'she'll be right, the instructions are probably wrong anyway,' approach to assembly, was creating a strong undercurrent of Christmas-themed tension. You know this feeling, where your current stressors go fishing, sending out baited hooks that then pull (or in some cases dredge) up all of the resentment, exhaustion and frustrations of the season. In a Christmas theme, the result is an Eaton-Mess style of Christmas calamity.

'I have done all of the shopping, arranged every shared lunch plate, every end-of-year dress up and secret Santa gift exchange. I organised fun and exciting (and overpriced) school holiday programme activities where the girls will thrive, while we work to pay for it. I volunteered at the foodbank, took the kids shopping to fill a shoebox for local whānau in need. I have scrubbed, and cooked, and cleaned, and created priceless memories for these kids. I have had my hair coloured, nails done, plucked and waxed for if the sun ever decides to show up. I have arranged the cousin Christmas photos, took them to the Christmas fair so they could spend our own money on us, and I hand-made end-of-year gifts for the teachers, gym coaches, swimming coaches, and sentimental gifts for the grandparents. I baked a gingerbread house that didn't even stand up, took the kids for carols at the rest home, went to the Christmas lights, and volunteered to help with the Christmas church service. A hypothetical scenario of course  $\bigcirc$ 

Ahhh, the Kirihimete season, there is nothing quite like it. The time of year we look forward to all year. The sunshine, the break from work (special shout out to all of you who work through!), the time with whānau. Also, the time of year when society demands an extraordinary increase in our capacity from the already stretched demands of our daily lives. Where is this capacity supposed to come from? You don't have to look far in our social media-driven society to see where these unrealistic expectations are coming from. I have noticed that this year, there is a real trend of home-made, personalised, individually curated, organic approaches to gifting and decorations. Yesterday, I saved a reel about making your own Christmas-spiced salt-dough ornaments that hang off a branch, which not only look rustic and natural but also apparently emit a Christmas aroma around your home, delightful! As you can probably tell, I love Christmas. It is November 13th as I write this, and all of the girls' presents have been purchased, wrapped in beautiful candy-striped pink and red wrap, and custom labelled with cute reindeer stickers that say their name on them. My house is decorated for Christmas, including new

outdoor lights this year, LED, not solar, as directed by my sparky friend, as I struggle to get the solar ones to last, and I am part way through sewing our wee family of four Christmas-themed pyjamas, which has been a life-goal of mine, but actually, has ended up costing a fortune with a result that looks very home made.



Fabulous "Katrina Made" Christmas 2025 PJs

I wonder if from my opening rant, you thought I was going to sell the idea to you that all of this stuff is commercialised rubbish, and that we should be taking our inspiration from the Christmas beginnings of a bare barn and minimalist manger. However, that is just not the case. At least, it is not the case for me. I love Christmas traditions. It has been one of my favourite parts of having our own wee family, carving out what traditions are important to us and worth our time and energy at this time of year. This seems to be the key whānau, working out your priorities in advance, and then mapping out your diaries to see if you can make them all fit. And if you can't, with kindness and compassion to yourself, let them go. I view this time of year with a 'time budget' in mind. We won't get into financial budgets; that is a whole other article, one I do not have the authority to write, especially at this time of year! But a time budget. Some time in November, I map out a calendar, great if you can do this digitally, but when I am serious about my time, I always print a calendar out. I write in all of the essential dates, the non-negotiables for me, school term ends, end-of-year events, prize givings, etc. Any extra-curricular activities that we still have going on in December, any pre-Christmas whānau events. And then I look, objectively, to see how much space there is left. In December, that probably isn't going to be a huge amount. Then, only where there is space, add in the activities that are important to you, but not essential. Ideal to colour code this. It could be your work-do, volunteering, community activities with the kids (fairs, carols, lights, etc). Do they all fit? If you still have space, you could start to pop in some 'nice-to-do' activities, again colour code these differently; Christmas baking, crafts, gardening, etc. To be honest, when I completed this activity, I found myself with a very full December calendar. I thought this was the time of year when things were wrapping up and supposed to feel less busy? What I noticed was missing from my calendar was spaciousness. Intentional time allocated to peace and calm.

We now know a lot about the nervous system, that chronically heightened levels of stress will have damaging effects on the structures and functions of the body and brain. How many of you

find that you often get sick at this time of year? (My hand is up). This is particularly significant for those of us who experienced adverse childhood experiences (ACEs), as we often have a hyper-responsive stress response system that is more easily alerted, and finds it difficult to regulate back to normal levels even after the stressor has been removed (Merrick et al., 2019). So, how do we balance this need for peace against the increased busyness required of us in this season? I have two ideas. Firstly, it is important to note that we are all so different with different nervous systems, levels of capacity, resources, responsibilities, and values/desires/priorities. There is not going to be one formula that works for all to make this season manageable for you, but hopefully, these two ideas will help.

1. Be intentional. Natural pauses and spaciousness will likely occur less often at this time of year, so to ensure that they feature in your calendar, you actually need to allocate time for them in your calendar. I want to share with you a fantastic resource that was adapted from the report, Roadmap to Resilience, published by Dr Nadine Burke-Harris and her team (Bhushan et al., 2020).



Although this resource was specially designed to heal the nervous systems of those affected by early life adversity, there is significant value for all of us seeking to be more regulated at this busy time of year (ACEs Aware, 2024).

When you are being intentional to include time/activities to increase spaciousness in your calendar this season, take a look at the model above. Firstly (strengths-based approach, I am a nurse after all), where are the areas you are doing well? Identify and celebrate these. For example, Supportive Relationships.

'I have been able to catch up with my closest friends recently at an end-of-year event. Without the kids there, we actually got to check in with each other and find out how they are doing. It was so nice to hear that we are all walking through a lot in this season of life, and it made me feel validated that I am doing ok.'

Great! Then consider even one area that could be strengthened. For example, Access to Nature.

'This is ridiculous as I live right next to the ngahere (bush), with the river and beach nearby. I know that these places make me feel more regulated, especially when I lose the distraction of listening to a podcast or music, and I simply immerse myself in the sounds and sights of nature. I have 90 minutes between work finishing and picking up the kids from the holiday program. I am going to go for a bush walk'- insert into calendar.

Now, the trick is to commit to it, even if you don't feel like it, even if you are tired. I promise that half an hour in the bush will be significantly more energising than scrolling on the couch until pick up. (Just me?) The other temptation is to sub out those spacious self-care activities for something 'important' that comes up. In those moments, I encourage you to reflect back on your calendar list. Does the new and 'important task' come under the category of essential, important or a nice-to-do? Respond accordingly.

The area to strengthen could be quality sleep. Often, bedtimes are pushed out later and later in this season as we create space for more activities and social events, and yet our brains still expect wind-down time afterwards. This results in later bedtimes and fewer hours of sleep that often compound over the busy weeks. Reduced sleep hours and quality can have a significant impact on your ability to self-regulate when faced with stressors, and make negotiating the complexity of relationships even more difficult. There will inevitably be late nights in this season, so for yourself, for your children, where can you be intentional about 'catching up' on missed hours of sleep? This is so important for little people who are in a constant state of hyperstimulation at this time of year. They are often given additional sugar and screen time to allow for more space for the adults in their lives to get through the almighty to-do list (again, just me?). But not getting adequate sleep for recovery and self-regulation will result in... well, I don't need to tell you what this looks like, as you are likely already witnessing it in the behaviour and attitudes of the little people in your lives.

Take a look at the Stress Busters Model again through the eyes of what tamariki need to support their self-regulation in this season. If they are old enough, show them the model and see if they can identify current stressors and areas that could be strengthened. My kids come up with the most creative (and abstract) ideas that I would never think of for their self-care. Making potions from flowers in the garden or fairy salads. Making rock statues down at the river. Inviting the neighbours over to shoot hoops. Kids are experts in this stuff. Don't forget that their behaviour is a form of their communication with you. Rather than focusing on the behaviour itself, try to notice the emotional need that underlies the behaviour. Often, it is connection at this time of year, where we are so busy curating meaningful experiences for them, that we are forgetting to just 'be with' them, in whatever they are doing.

2. Have self-compassion. As the Circle of Security parenting says, 'Good enough parenting is good enough' (Powell, 2009). Really, the message for this season should be 'Good enough, everything/anything is good enough'. Does this mean we don't bother with traditions or gift-making, or baking? No! That is the magic of the season. But it is about being intentional (that word again) and selective about where you want to invest your time and energy, because, and pay attention here, we cannot do it all. Your gift doesn't have to be custom, handmade, or the best gift the recipient has ever received. In reflection, perhaps the handmade Christmas PJs were an unnecessary stress this year. And I could have used the money spent on fabric to buy my whānau Christmas-themed pjs (with change). I could have spent that time taking the girls and the pup to the dog park to connect, get some physical exercise, decompress and be in nature (Note- Four wedges of the model were covered with this activity). But perhaps, for me, sewing the PJs was essential this year, and the sacrifice of time and money was worth it. And that is ok too. Choose just a few things that you want to hold close and

add them to your essential list on your calendar. For the non-essential items/activities/tasks? With a smile and self-compassion, let them go. You could say an affirmation to yourself, and perhaps to others too, like 'I am prioritising more space in our Christmas season this year.' And that is ok. When something pops up that can lead to negative feelings about this decision, perhaps a disgruntled child who said everyone else in their class went to the Christmas markets, or a post on social media from friends who attended the Santa parade. Try to smile, take an anchoring breath, and with gratitude repeat your affirmation. 'I am prioritising more space in our Christmas season this year.' And that is ok.

I am not sure what your key takeaways will be from this article. But what I do hope is that you will be intentional in coming into this season, rather than this season happening to you. That you will remember the importance of your self-care and self-regulation as foundational for supporting the self-regulation of tamariki and others in your life. And that you safely arrive in 2026 feeling more rested and restored. You are doing great.

Ngā mihi o te Kirihimete me te Tau Hou x

Dr Nurse Katrina Coleman.

### **India Heron Blog**

My experience with the British National Health Service compared to Te Whatu Ora back home in New Zealand

By India Heron



Bio from India's Substack page: I am an active youth advocate for disability rights with a growing passion for advocacy journalism. Additionally, I run a small business where I showcase and sell my illustrations, crochet work, and writing.

I want to begin by acknowledging that there are numerous similarities and differences—both positive and negative—between the two healthcare systems. To provide some context, I should admit that one of the reasons I left New Zealand was my need to experience a different healthcare system; I felt overwhelmed by Te Whatu Ora. As a dual citizen of New Zealand and Great Britain, relocating to the UK seemed like a natural choice.

However, I quickly discovered that long wait times in the UK would become my greatest challenge. It took me four months to secure an appointment with a general practitioner (GP), during which I had to seek private care to obtain medications and consult a specialist.

Unfortunately, the specialist was uncooperative and insisted that I go through the NHS, which turned out to be more than just inconvenient. This private care cost me over a thousand New Zealand dollars for the bare minimum without any actual treatment.

Eventually, I was able to register with a GP clinic in Stockport, where some of my family resides. After registering, I was required to undergo a general health checkup with a nurse at the clinic. Given my numerous medications, I also needed an extensive appointment with the clinic's personal pharmacist. One major positive aspect of my experience at the GP clinic is that all of these appointments are completely free. As someone who dreads the continuous costs associated with necessary GP and nurse visits back home, this was a significant relief. While I appreciate the discounted community services fee I receive for GP visits in New Zealand, it still represents a constant financial burden due to my complex chronic illness requiring regular monitoring.

On the downside, however, prescription costs in the UK are higher than those in New Zealand. While medications are free or heavily discounted for individuals on the UK equivalent of disability benefits, without this support, expenses can accumulate quickly.

After over five months of waiting I did get through to see a rheumatologist through the urgent waitlist via the NHS. Accompanying the rheumatologist was a trainee Dr, and I was struck by their kindness and support. I was pleasantly surprised to learn that they were familiar with Ehlers-Danlos Syndrome (EDS). The trainee in particular, showcased an impressive understanding of how EDS can impact various bodily functions, including the development of arthritis

Despite their warm approach—especially regarding my use of a wheelchair and other mobility aids, which many doctors often overlook—they ultimately declined to prescribe my biologics, the arthritis medication I had relied on until running out nearly two months prior to this appointment. Their reasoning was based on the absence of active inflammation in my joints during the examination. Anyone with juvenile inflammatory arthritis knows that inflammation can fluctuate dramatically, sometimes changing from hour to hour.

Just a few hours before my appointment, my fingers were noticeably stiff and swollen, and my right knee was similarly affected. By the time of the appointment, however, the swelling had diminished, leading the rheumatologist to conclude that I was in remission—a term used to describe when the disease is not currently active. I strongly disagreed with this assessment; I am well aware that my arthritis persists, but I lacked the evidence to substantiate my case.

The doctor ordered blood tests, but because of my challenging veins and connective tissue

issues, the process took longer than the appointment itself. Historically, my arthritis has not been reflected in blood tests, so I remain skeptical that this will change the doctor's view on the activity of my condition. He also scheduled an MRI of my spine and ultrasounds of my hands and knees, but the waitlist for these procedures extends three to six months. In the meantime, I find myself without arthritis medication, which poses particular challenges as winter approaches.

After my appointments, I headed to the pharmacy where I'm registered, only to be informed that I needed to schedule an appointment with a female GP to obtain one of my medications. This requirement would apply every time I requested a refill (4-6 weekly). Unfortunately, there were no available appointments at the time.

Thankfully, I had enough medication to last for a while, but I knew I needed to secure an appointment soon to avoid running out.

Meanwhile, my health was becoming increasingly difficult to manage, especially regarding my digestive issues and dysautonomia. Eating had turned into a painful and nauseating ordeal, and each day I found myself more dehydrated, struggling to consume enough food and fluids.

After discussing my situation with my parents, I chose to seek after-hours medical care, a decision that proved to be both mentally and physically exhausting. Regrettably, the advice I received was not helpful; I was simply directed to contact the 111 service for further assistance.

After a long day of waiting for a response from the 111 team and paramedics, I received the news that I needed to go to the hospital immediately due to my medical history and the severe dehydration noted earlier at the clinic. I booked an Uber and headed to Oxford's hospital, which was about a thirty-minute drive from where I was staying. By the time I arrived around five o'clock in the evening, I was utterly exhausted from being awake all day in anticipation of their call.

The check-in process at the hospital was relatively swift, as my details had already been communicated by the paramedics. However, I then faced several hours in the waiting room before seeing a nurse, and even longer before a doctor could attend to me. This experience was reminiscent of my time in New Zealand, where I typically would have been offered a bed to lie down on due to my conditions that make it difficult for me to remain upright. Unfortunately, that was not the case here in Oxford. The nurses were exceptional, displaying a nuanced understanding of Ehlers-Danlos Syndrome—an experience that stood in stark contrast to the care I had received back home. Eventually, I was moved to a smaller, quieter waiting room, but remaining seated still caused me significant discomfort.

After hours of waiting, I finally saw the doctor, but unfortunately, she was not particularly helpful. She seemed convinced that, as a 20-year-old woman, my primary issue must be pregnancy—surprise, I wasn't pregnant. Her dismissive attitude was frustrating; she attributed my symptoms to being overly dramatic and overlooked my extensive medical history, which included severe bleeding stomach ulcers and gastroparesis. I am all too familiar with medical gaslighting and negligence back home in New Zealand, which is why I sought to get away. Experiencing it again, alone and unwell in the UK, was incredibly frustrating and reinforced the unfortunate reality that no matter where you go in the world, there will always be doctors who fail to treat patients with the respect they deserve.

After receiving the negative pregnancy test results and completing my IV fluids, I was sent home without any clear answers or support beyond the IV treatment I had just received. Fortunately, the wonderful nurses helped me call a taxi and even accompanied me to the taxi bay, waiting with me until it arrived. Their kindness meant the world to me, especially at 2 AM when I felt so unwell and alone.

Overall, the two healthcare systems are remarkably similar in their operations, marked by dysfunction, delays, and a mix of both exceptional and less-than-stellar medical staff. I truly miss having my GP back in New Zealand, where I could always see the same doctor rather than consulting with various practitioners over the phone or via video calls, as I do here in England. I recognise that I am fortunate to have a GP in New Zealand, especially since many people don't. This experience has once again underscored the importance of having enough GPs to ensure that patients can receive proper, in-person care.

### **App Review: Dose Medbox**

### By Jemma Schnell

Remembering to take medication might sound simple, but for people like myself who take between eight and ten pills a day - plus several others not so often, or as needed, and people who are generally quite forgetful, it can be easy to lose track. Having an app that reminds me when to take each one and helps me visualise what I'm taking and when has been genuinely useful. Since most people have their phones on them almost constantly, it's a convenient way to keep track without worrying about losing notes or pill charts, and it makes it easier to show to my doctor, as there is a 'notes' section that automatically marks the date and time of what you are writing.

The **Dose Medbox app**, made by **DaraLabs AB**, is designed to help people manage their medication routines - things like setting reminders, tracking doses, and keeping everything in one place. It can also connect to a smart pillbox for those who like having a physical reminder. In this review, I share my experience using the app: what I found useful, what could be improved, and how it might fit into both personal use and everyday health care settings.

#### About the App

At the moment, Dose is only available for iOS, from what i could find the developers are working on an Android version. The app is completely free to use. There are some optional items you can buy directly from Dose, but they're not required for the app to function, making the app practically fully free!

One of these extras is the Dose Medbox POKT, a small smart pillbox with an audio alarm that can store up to two different types of pills or capsules. It's designed to make your medication routine easier by giving you reminders directly from the box. If you forget to bring it with you, the app sends a phone notification so you don't miss your dose.

The only downside to the POKT is that it only has two medium-sized compartments, so if you take several different medications a day, it might not be ideal. Fortunately, you can still use the app fully without the pillbox.

On the website's FAQ section, the developers explain:

"The app keeps track of what you should take each day. Our Medbox is made for one to two different pills. If you have more pills than two, you can still use our amazing app. Feel free to contact us if you need a bigger Medbox and we will develop one!"

Dose is based in Sweden, and currently, the Medbox POKT can only be shipped within the country. However, if you're interested in ordering one internationally, you can contact them directly for assistance.

#### Who is Dose For?

- **Individual patients** who take one or more medications and want help with reminders, tracking, and managing supplies.
- **People with complex medication regimens**, since it supports flexible scheduling (e.g., "every other day" or "as needed") and refill alerts.
- Patients with caregivers or family involvement, as the "Follow Others" feature lets someone else (like a relative or nurse) monitor your medication intake.
- Caregivers and family members, who can follow another person's intake and get notifications when a dose is missed or confirmed.

This means Dose isn't just for personal use - caregivers can manage multiple people's medication schedules. Each person added to the app is identified by an icon with the first letters of their name and surname, making it easy to tell whose medication is whose.

You can also add followers or invite others to follow you. Under the "Meds" tab, simply select a medicine and choose "Invite a follower." If you and a partner share responsibility for giving medication to your children or pets, the Share feature lets you both track doses and avoid missed or double ups. When one person confirms the intake, the other receives a notification.

### **User Experience**

Like any new app, Dose takes a little time to get used to. In my opinion, though, it has a clear and logical layout. The home screen shows your medications by time of day, and you can mark certain ones as **critical**, meaning you'll still receive notifications even when your phone is on silent or "Do Not Disturb."

You can also enable **continuous notifications**, which remind you every ten minutes until you've confirmed that you've taken your medication.

For each medication, you can enter the amount you have in stock. Each time you log a dose, the app automatically updates the count, so you can see how many pills you have left without needing to count manually. You can also set a "running low" alert to remind you a certain number of days before you'll run out.

Other useful features include adding descriptions or instructions for each medication, recording the prescription's expiry date, and listing the name of the prescribing doctor or healthcare professional.

The main limitation I've noticed is that you can't record **dosage strength** (e.g., 10 mg or 20 mg, etc). My workaround is to include this information either in the medication name or the description.

### **Final Thoughts**

Overall, I genuinely enjoy using this app. As someone who's very selective about the apps I use, especially for health tracking, **Dose Medbox** stood out as the best option among around 15 medication apps I tested before settling on it.

It does take a bit of learning at first, but that's true of most new tools. Once you're familiar with it, the layout feels user-friendly, and there are plenty of settings to customise it to your needs.

### **Professional Development Activities for 2026 & more**

collated by Marianne Grant



Ko Remarkables toku maunga, Ko Whakatipu toku awa, Nō Rotorua ahau Nō reira, tēnā koutou katoa

I am a RN (RGON) and have a varied career as a Nurse & Midwife. My most recent practice areas have been in primary health care. This has included working in a primary maternity unit, Practice Nurse and currently in Well Child Tamariki Ora nursing. I have completed a Masters in Nursing, more recently a Master in Public Health with my dissertation exploring WCTO nurses' knowledge around FASD in the early parenting period. Currently working as part of the education team in Whānau Āwhina Plunket supporting the Post graduate qualification we deliver in conjunction with Whitireia. I am passionate about quality improvement and innovation alongside health equity and improving health outcomes.

Do you have trouble finding professional development opportunities to contribute to your NCNZ competency requirements for professional development and/ or like to keep up with the current information for your area of practice?

Here is a sample of a range of activities across primary health care that may be of interest to you. This is not an exhaustive list - if there are some missed, LOGIC is happy to receive communication from you to add to the list and or provide a precis for your fellow readers.

(N.B. There may be a cost for some of these activities)

### Goodfellow Unit -https://www.goodfellowunit.org/

- Offers a range of learning opportunities for General Practice & Primary Health Care

   supported by University of Auckland, RNZ College of General Practitioners and College of Nurses Aotearoa.
- The range of learning includes elearning, Podcasts, events and webinars.
- The next annual Symposium is March 21- 22 @ Due Drops Events Centre. You can subscribe and get regular Gems & updates to your email address-https://www.goodfellowunit.org/gems



https://bpac.org.nz/

• Features articles, Quizzes, Audits, Peer group discussions. You can subscribe for a weekly bulletin with a round up on a range of topics and happenings

#### **Immunisation Advisory Centre** -immune.org.nz

- Courses, webinars
- Subscribe to newsletters https://www.immune.org.nz/news-and-trending/newsletters

### Le Va



### - https://www.leva.co.nz

- Pasifika primary prevention organisation. Our portfolio of work spans the mental health and addiction, public health and disability, suicide and violence prevention and youth wellbeing social sectors.
- Links to conferences and workshops e.g. Mental health and Addiction training e.g. Lifekeepers <a href="https://www.lifekeepers.nz/">https://www.lifekeepers.nz/</a>.
- A range of scholarships and resources

### HiNZ – Health Informatics NZ - <a href="https://www.hinz.org.nz/">https://www.hinz.org.nz/</a>



- For all things "health informatics"- access to a range of webinars, podcasts, videos, eheath Studio, resources including a cartoon gallery, sign up to a regular newsletter
- Annual Conference
- Join the HiNZ Nursing & Midwifery Informatics Special Interest Group (HiNZ-NMI) -https://www.hinz.org.nz/page/homeHiNZNMI

### Research Review - <a href="https://www.researchreview.co.nz/nz/Home.aspx">https://www.researchreview.co.nz/nz/Home.aspx</a>



- Want to keep up with the latest literature in your speciality? Receive a summary to your inbox? A range of clinical areas of interest including General Practice, Midwifery , Pharmacy, Public Health , Child health. Each journal article in the respective review usually has a comment linking to NZ practice/ situation.
- Also, a range of presentations to watch or listen to

### **MOH** online learning

Can be accessed via:

- Ko Awatea Learn (North Island & Nelson Marlborough) https://koawatealearn.co.nz/
- HealthLearn (South Island & Bay of Plenty) <a href="https://www.healthlearn.ac.nz/">https://www.healthlearn.ac.nz/</a>
- A range of topics are available at these sites.

National Training Service (NTS) – is the site for Smoking cessation courses and elearning

- https://nts.org.nz/
- A range of programmes both face to face & Online



### SUDI National Coordination service @ Hāpai Te Hauora

- https://sudinationalcoordination.co.nz/training/
- Online learning tools and resources to support SUDI prevention and awareness
- There will be new training launched in 2026 to support the new messaging Foundations for Safe Sleep <a href="https://sudinationalcoordination.co.">https://sudinationalcoordination.co.</a> nz/safe-sleep/

### Mauri Ora Health Education & Research - https://members.mauriora.co.nz/

• Courses in cultural competency, Te Tiriti o Waitangi.



### Te Pou – <a href="https://www.tepou.co.nz/our-work">https://www.tepou.co.nz/our-work</a>

- Te Pou works alongside mental health and addiction services to understand their priorities and workforce challenges.
- There are a range of resources available and eLearning opportunities

#### Whāraurau-

https://www.wharaurau.org.nz/

### **Ä WHĀRAURAU**

- Whāraurau is the national centre for workforce development for the infant, child, and adolescent mental health and addictions sector. The work is evidence-based, and informed by national and international subject matter experts, including clinical, cultural and youth-lived experience.
- There are a range of online courses, training, podcasts and events
- You can have a regular newsletter to your inbox with the latest courses and information

### Better Start E Tipu Rea – National Science Challenges https://www.abetterstart.nz/

- This is one of the 11 National Science Challenges that ran from 2014- August 2024
- There are links to research, webinars, recordings from symposiums over this time period linked to infants, children and young people

### Health hub <a href="https://myhealthhub.co.nz/">https://myhealthhub.co.nz/</a>

- Education for rural health professionals
- A range of webinars (recorded and live) on a range of health topics

### VINE - Violence Information Aotearoa https://vine.org.nz/news-and-calendar

- National centre for family violence and sexual violence research and information
- A range of resources, research, publications, including ethnic specific research and resources Te ao Maori
- Subscribe to Pānui, events and news lists

### "Grow' Learning on Demand – <a href="https://growonlinelearning.thinkific.com/collections">https://growonlinelearning.thinkific.com/collections</a>



• Grow is a provider of online Continuing Professional Development (CPD) education. They provide courses across a range of professions – e.g. Non-profits / NGOs, Government social services, community organisations, philanthropy and social enterprise, advocacy or policy think tanks, education and youth services, mental health and wellbeing support.

### Office of the Privacy Commissioner - <a href="https://www.privacy.org.nz/resources-and-learning/">https://www.privacy.org.nz/resources-and-learning/</a>



- A range of elearning courses e.g. Privacy ABC, Health ABC and other topics
- Guidance on 'privacy topics, case notes, decisions and opinions

### Massey University - College of Health Nutrition Symposia

- <a href="https://www.massey.ac.nz/about/colleges-schools-and-institutes/college-of-health/research-in-the-college-of-health/previous-events/">https://www.massey.ac.nz/about/colleges-schools-and-institutes/college-of-health/previous-events/</a>
- Recordings from symposia from 2020 2022 relevance across early life nutrition topics well worth a listen

### ASCIA (Australasian Society of clinical immunology and allergy) -

https://traininghp.ascia.org.au/



- Training for health professionals on a range of topics related to food and other allergies
- See also their website for info on everything allergy https://www.allergy.org.au/

Referenced in the Healthy Eating and Activity Guidelines for NZ Babies and Toddlers
 (0-2 years old) (MOH, 2021) page 32 (Infant feeding & allergy prevention, How to
 introduce solids to Babies for Allergy Prevention) <a href="https://www.health.govt.nz/publications/healthy-eating-guidelines-for-new-zealand-babies-and-toddlers-0-2-years-old">https://www.health.govt.nz/publications/healthy-eating-guidelines-for-new-zealand-babies-and-toddlers-0-2-years-old</a>

#### **PHARMAC**

- Have range of online videos of present comment and past seminars that may be of interest <a href="https://www.youtube.com/channel/UCYSa8x\_I7ZkUil\_hVNxgPTQ/videos">https://www.youtube.com/channel/UCYSa8x\_I7ZkUil\_hVNxgPTQ/videos</a>
- Also journal articles <a href="https://www.pharmac.govt.nz/news-and-resources/research/medical-journal-articles">https://www.pharmac.govt.nz/news-and-resources/research/medical-journal-articles</a>

### **University of Otago**

• Public Health Summer School – A range of topics are offered face to face or online usually in February each year. https://www.otago.ac.nz/wellington/departments/publichealth/summerschool

Public Heath Communication Centre Aotearoa – <a href="https://www.phcc.org.nz/briefing">https://www.phcc.org.nz/briefing</a>



• If you are interested in public health, this group provides succinct comments and analysis on health topics on a regular basis. You can subscribe and receive the comments into your inbox.

Public Health Association - <a href="https://www.pha.org.nz/who-we-are">https://www.pha.org.nz/who-we-are</a>



- The PHA offer a range of education, training and webinars on Public health topics <a href="https://www.pha.org.nz/feature-webinars">https://www.pha.org.nz/feature-webinars</a>
- Conferences at the events link on the webpage

### NZ Primary Healthcare Awards 2026

New Zealand Primary Healthcare Awards | He Tohu Mauri Ora

#### **Key Dates**

- Entries are open now
- Entries close: 23:59, Friday 24 April 2026
- Finalists announced: July 2026.
- Gala Dinner: Saturday 17 October 2026. Viaduct events centre -171 Halsey Street, Auckland Central. Tickets available from May 2026

A strong primary care sector is crucial to a successful New Zealand health system, providing great care for patients and a great work environment.

The Health Media believes the awards will encourage collaboration and innovation in primary care, and allow the healthcare sector and the public to see how hard primary care practitioners work to improve the health and wellbeing of all New Zealanders and keep them out of the secondary care (hospital) system.

The collective aim is to improve access, health and wellbeing outcomes for all New Zealanders, and the awards celebrate the work that is already happening to encourage further collaboration.

### The award categories, in alphabetical order

- ❖ Best mental health programme or service
- ❖ Best supplier service, product, or campaign
- ❖ Best youth or senior health service
- Business achievement award
- Community pharmacy technician of the year
- ❖ Excellence and innovation in rehabilitation
- ❖ Excellence in information technology or telehealth
- General practice of the year
- ❖ General practitioner of the year
- ❖ Health improvement practitioner of the year
- ❖ Innovation in service delivery
- ❖ Mana taurite (equity) service delivery
- ❖ Nurse practitioner of the year
- Outstanding contribution to health
- Practice manager or administrator of the year
- Practice nurse of the year
- Primary and secondary integration award
- Product or service of the future
- \* Research and education award
- \* Rural general practice of the year

### Grannies Pudding, a recipe for summer feasting.

Shared by Jess Beauchamp

Tempting to do a long preamble aka like a blog recipe and it takes six pages before you can finally see the recipe! But a short one will do the trick today. My copy came from my grandmother, Molly, born in 1905 and who grew up on a farm near Aoraki Maunga in Te Waipounamu. Rumour is that granny was not the first author, but it seems like a pudding that would come out of country life, not fussy, simple ingredients and the quantity easy doubled or trebled for a big crowd. It has a delicate butterscotch flavour, goes beautifully with fresh berries and has been used in my whānau for special occasions since I can remember. It provides a lighter alternative to a trifle (or goes great alongside a trifle). A large bowl of strawberries or raspberries is the perfect accompaniment for a summer Christmas feast.

The quantity below serves 4-6. Make it a day or two prior to when needed and keep refrigerated

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2 cups milk

3 large eggs, separated

1/3 cup butter (about 80 grams)

1 cup of soft brown sugar

1/4 cup water (this is to mix with the gelatine)

2 dessert spoons ( around 25 grams) of gelatine powder

- 1. Make a custard by heating the milk in a saucepan on the stove, turn down the heat and then whisk in the egg yolks, one at a time, stirring all the time until the custard thickens. Be patient, use a low heat and lots of whisking. Take off the heat and transfer to a large bowl. Leave to cool.
- 2. Melt the butter and brown sugar together over a medium heat ( take care not to burn as this mix quickly "catches". Take off heat and cool slightly then gently stir into the cool custard mix.
- 3. Mix the water and gelatine together so the gelatine completely dissolves. Carefully stir into the custard mix. Leave to cool completely.
- 4. Beat egg whites till stiff peaks form and gently fold into the cool custard mix.
- 5. Gently transfer the completed custard into the bowl you will serve it in. A glass bowl is perfect as pudding separates into three layers as it chills (top fluffy, mid abit fluffy and the bottom firm and translucent).
- 6. Cover with cling film or a wax or cloth cover and leave to chill overnight in the fridge.
- 7. Decorate as you like before serving. Thick whipped cream and a sprinkle of grated chocolate (or a Flake) is delicious. My mum used to decorate with fresh half walnuts and the cream was in a separate bowl for people to ladle on as they liked.

Warm seasons greetings and see you in 2026