

Living well, ageing well

Whakatipuranga ora Pakeke ora



*Well Wairarapa – better health for all
Wairarapa ora – hauora pai mo te katoa*



Wairarapa DHB

Wairarapa District Health Board

Te Poari Hauora a-rohe o Wairarapa

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A Wairarapa District Health Board Publication

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Living well, ageing well

Older age can be one of the most fruitful and challenging periods of our lives. Most people aged over 65 years are healthy and active. All are an important part of our community.

Older people are also a key part of a healthy community. Their contribution to society through voluntary work and passing on knowledge and traditions to younger generations is invaluable and immeasurable. They are guardians of both our past and our future.

We are living longer. As we age, our needs change, but our rights to independence, participation, care, self-fulfillment and dignity do not.



In the future, older people will make up a much larger portion of the population. Over the next 50 years, the proportion of New Zealanders over 65 years will grow from 12% to 26%. In the Wairarapa we will reach that proportion within 20 years.

As a community, we will need to work faster than the rest of New Zealand to recognise and plan for the needs of our changing population mix. Already, outreach clinics and health education services to reach people in their own environments are increasing in the Wairarapa. The cost of doctor's visits and prescriptions decreased for people over 65 years from 1 July this year. Services to help people to remain as independent as possible are becoming more of a focus.

There are a lot of services in our region that support the health and well being of older people, but a common theme is that not enough people know about them. There are many areas where, by working together, we can make a significant difference for older people.

Major challenges include reducing and managing high levels of diabetes, respiratory

disease and heart disease. Social isolation of older people affects their health and is an ongoing issue. Basic services like transport and housing are important to the health and well being of older people, and a community-wide response is required. It is through this kind of ownership and cooperation that long-term gains will be made.

This publication covers some of the important health issues for older people in our region. To help you find more information we have included a directory of services on the back page.

Please use this publication as a resource. Read it, give it away, or keep it for reference. If you need more copies, please contact the DHB Communications Unit, phone (06) 946 9800 or South Wairarapa residents phone 0800 946 9800.

By working together as a community, we can address the health issues facing our kaumatua/older people so we can all age well and live well, throughout our lives.

David Meates, Chief Executive
Wairarapa District Health Board

Primary Health – Focus on Staying Well

The establishment this year of the Wairarapa Community Primary Health Organisation (PHO) has brought a new approach to health care in the community.

As well as caring for you when you are ill, the focus of the PHO is on keeping people well or treating them earlier in their illness. All Wairarapa medical practices and some Maori health providers belong to the PHO and work together to address the health needs of the community.

Two new services introduced on 1 July this year make primary health care more accessible and affordable for older people.

From 1 July the maximum fee for a standard GP visit for Wairarapa people aged 65 years and over is \$22. There may be some additional charges for home visits, longer consultations or after hours consultations.

Also from 1 July, the maximum charge for each prescription item at a pharmacy is \$3 for government-subsidised drugs. There may be an additional charge where a drug is not fully subsidised.

Through another new initiative, Care Plus, doctors and nurses are gaining new skills in supporting people with chronic illnesses like diabetes, respiratory or heart disease to stay well. Health providers will help

these people draw up a proactive plan to stay well including several free visits throughout the year.

Another free service for all people over 65 years and those with chronic illnesses is the highly recommended flu vaccination. In the winter months, the risk of complications from conditions such as heart disease and asthma is greatly reduced by having a flu vaccination.

These services are only available when you use the general practice that you are enrolled with. If the cost of seeing the doctor or nurse, or picking up a prescription is a problem for you please ask to discuss this with the Practice Manager. They will generally be able to find a way to assist you.

NURTURING THE NEXT GENERATION

Free time and experience are commodities held in abundance by older people. The responsibilities of Maori kaumatua or elders often expand with age as their knowledge and leadership are called upon, especially in relation to passing on Maori culture. The benefits are two-way as the elders feel valued and keep mentally active.

'We've been brought up knowing that this is the part we will play when we're older' explains Masterton kaumatua Hineari Babbington. 'Kaumatua have so many different skills - karanga, crafts, language, story telling. They love to be asked to contribute to the community.'

Hineari taught in Masterton for 30 years, including 18 years as head of the junior school at East School. She helped set up the Te Kura Kaupapa Maori school and a local Kohanga Reo and has put her teaching expertise to constant use since her 'retirement' 14 years ago. 'It keeps my mind active' says Hineari 'and I do enjoy the odd crossword puzzle too!'

Her schedule includes acting as one of the kaumatua for the Kura and all the Masterton Kohanga Reo, helping with special needs education at the Kura (until 2002), sitting on the school's Board of Trustees and a UCOL advisory sub-committee, advising for the Ministry of Education and sharing her experience of the Wairarapa Kohanga Reo with new teacher trainees.

'I'm called Aunty or Nanny by nearly every younger brown face in Masterton - I love it and feel very warmed by being asked to do



things. I have no doubt that other kaumatua feel the same' says Hineari.

She has also brought up six grandchildren and in the throes of bringing up two great grandchildren. 'It keeps the mind active and certainly the body active, especially chasing after all the different sports!' laughs Hineari.

With such a busy life Hineari has learned to pace herself and get

medical help when she needs it. 'I've got a few problems but I've learnt to read my body and listen to my doctor and trust his advice. I know when I'm tired and it's time for a rest.' she says. 'It's also great to have the support from the young ones - I encourage them to keep an eye open for the needs of older people and offer help, even it's just something small like a phone call to say hello or an invitation for a cuppa.'

BACK TO NATURE



Since 1994 a group of enthusiasts has been restoring and maintaining 29 hectares of native bush and three hectares of wetland at Fensham Reserve near Carterton. A job for young people? No way - the youngest member is 61 and the oldest a youthful 84.

The reserve is one of the Wairarapa's ecological showpieces, comprising regenerating forest, scrublands and some primary forest with trees up to 700 years old. It is part of a total of 50 hectares gifted to the Royal Forest and Bird Protection Society by the late John Fensham. A circuit track runs through the reserve and takes about an hour to walk.

The 13 retirees, all members of the Wairarapa Branch of Forest

and Bird, wage war on invasive wild pines and old mans beard, cut tracks, construct wooden walkways, control pests and plant out tree seedlings.

So what motivates these people to spend their retirements decked out in swannies and gumboots digging with spades? Conservation is important to many. 'All my life I've been taking from nature - it's time to give something back before it's too late. It's good to look around and see the results' says Don Neilson (82). Where large open spaces existed 20 years ago, there are now native trees, bush and birds.

The Forest and Bird Society recognised the group's work in 2000 with an Old Blue Award, citing that 'Through your efforts, Fensham's delights have been enjoyed by many people and the district's children have been able to experience a living treasure from a lost world.'

'It's essential to have some sort of hobby and if it's a community

thing then so much the better', says David Gawith (84).

Members also enjoy the social aspect of working together and keeping fit. 'For me the companionship is fantastic' says Percy Braggins (82). 'And of course the satisfaction of achieving something every day. I definitely believe you've got to have something manual to do - it really helps the health. Moving around is the main factor and it's nice to get outside.'

There's plenty more work to be done at Fensham. The group plans to plant another three hectares of bare paddock which will take 20 years from planting to maturity. 'We'd love more helpers' says Tom Camden (73). 'The project is everlasting - we'll never be finished here.'



Move it ... or lose it

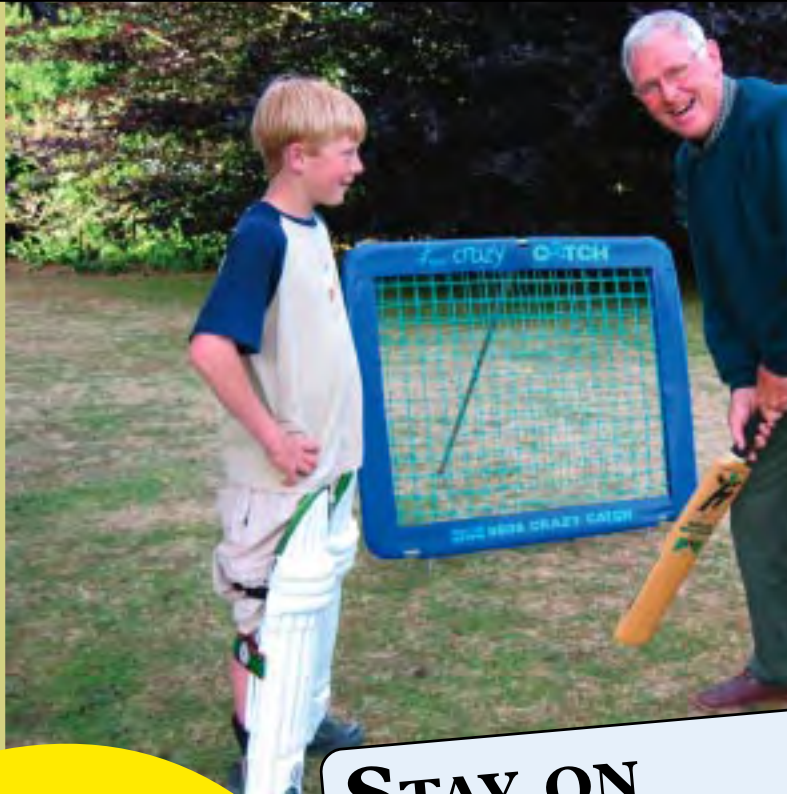
Some sobering statistics on arthritis: One in three New Zealanders has arthritis – it's our single biggest form of disability. Fifty percent of disabilities in people over 65 years are due to arthritis. There are more than 100 different types of arthritis affecting all parts of the body.

Pain is the biggest hurdle to overcome. Constant pain leaves many sufferers feeling unable to cope with the normal tasks of daily living like getting up and down from the floor to light the fire, taking lids off tins or having a shower.

'It's almost inevitable that we'll all end up with some form of arthritis, or inflammation of the joints – joints wear out just like the heart or other parts of the body' says Chris Paul of Arthritis NZ (Wairarapa). 'Correct treatment can allow you to continue a normal life.'

Exercise is essential to stop joints seizing up. 'In a nutshell, it's move it or lose it' says Chris. 'Sometimes a person with really bad arthritis will think they can't exercise, but they will feel better once they get moving as long as the exercise is suitable for them.'

It's important to do the right type of exercise for your type of arthritis – your doctor or Arthritis NZ can advise on this. Options include everything from walking to Tai Chi and swimming. Arthritis NZ also runs exercise classes in Greytown, Masterton and Pahiatua 2-3 times a month. 'We recommend at least half an hour of gentle exercises three times a week with a walk in between' says Chris.



Preventing falls

- **Stay Active:** strength and balance exercises and walking three times per week significantly reduce the risk of falling.
- **Review medication regularly:** drug side effects and interactions can put people at risk.
- **Get enough Vitamin D** – from sunshine, eggs, seafood or vitamin tablets.
- **Get informed:** ask your Doctor for an assessment and advice about preventing falls.
- **Have regular eye checks.**
- **Wear well-fitting, low-heel shoes** with non-slip soles.
- **Use non-slip mats** in the bath and shower and by the toilet.

STAY ON YOUR FEET

Falls are the most common cause of injury for elderly people. One in three over the age of 65, half of people aged over 80, and 50% of people in residential care will fall in any year. In the Wairarapa, ACC reports a higher rate of falls for people over 65 than nationally.



A healing art

Two and a half years ago Pare Albrett of Masterton, now 65, could not lift her left arm due to arthritis. Now Pare is pain free and takes no medication for arthritis. She puts it down Tai Chi, an ancient Chinese healing exercise.

'At first I thought Tai Chi was too physical, but after doing it daily the pain started to drift away. Now I can lift anything – before I had to use my right hand to lift the left hand up' says Pare. Now a certified Tai Chi instructor, Pare travels around the Wairarapa with Toi Walker of Whaiora Whanui instruct-

Coping with arthritis

- **Get a diagnosis.** If a joint becomes inflamed and isn't controlled it can get worse. Visit your GP and explore treatment options.
- **Remember the '4 Ps':** **Pace yourself:** break up activities into working, resting, and working. **Prioritise:** do things that are most important first. **Planning:** plan your day. **Positioning:** eg sit when ironing or doing the vegetables. Keep your joints in a correct position. Maintain a good posture. ● **Exercise:** if you don't continue to move a joint it will lose mobility.

Healthy bones

A condition called osteoporosis mainly affects women and results from the thinning of bone mass, leaving bones brittle, weak and fragile. Bones can break either spontaneously or from minor accidents in daily life. The NZ Orthopaedic Association predicts that, due to the ageing population, the incidence of osteoporosis will increase by a massive 201% to 760,000 cases over the next 50 years. The lifetime risk for fractures related to osteoporosis is 40% for women and 13% for men.

The chances of 'normal' bone loss developing into osteoporosis later in life is reduced by eating calcium-rich food like cheese and yoghurt, regular and appropriate exercise, not smoking and getting adequate vitamin D - right from the teenage years onwards.

Vitamin D is absorbed from sunlight on the skin. It is also found in eggs, margarine, fish and seafood. Frail, very old people may need a supplement but for most people it is better to have short regular exposure to the sun. Aim to be outside for about 30 minutes on most days.

A fall can have serious health consequences for an older person. Of those who fracture a hip, 20% will die within a year. Hospitalisation for a hip fracture costs \$14,000.

So what causes falls? Only 10% of falls result from tripping on things like carpets, cords or rugs. The rest are almost always associated with muscle weakness and impaired balance. Loss of sight and the effects of medication are other factors.

The good news is that many falls can be prevented. Chris Paul of Arthritis NZ (Wairarapa) runs a successful falls prevention programme for people over 65 who have had a fall or who

have a fear of falling. It includes balance and strengthening exercises with the ultimate aim of standing on one leg for 30 seconds. 'Many people are surprised how hard this is - it gives them something to strive for' explains Chris.

'Two of our people have pretty much got off their walking frames and now use them only for safety' says Chris. 'The natural progression from our programme is getting into some regular gentle exercise - Tai Chi is perfect as it can greatly improve a person's strength, balance and concentration.'

ing people in Tai Chi at church halls, marae, rest homes and school halls from Pirinoa to Masterton.

So what is Tai Chi and what are the benefits for those that practice it? Tai Chi is a series of slow physical exercises. The movements enhance the flow of a person's 'chi' or life force through their body, helping to clear blockages which can build up and cause health problems.

Tai Chi is particularly good for circulation problems, arthritis and chronic health conditions

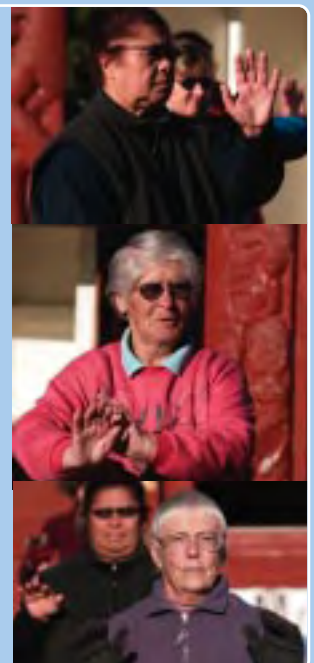
such as diabetes or heart disease. The exercises can be done sitting, lying down or standing, so benefit people of all physical abilities, even those in wheelchairs. Many people also enjoy the social aspect of the group sessions.

Research has shown that Tai Chi is particularly effective in preventing falls. 'People tend to fall when their mind is somewhere else' explains Toi. 'Focusing on Tai Chi movements helps train your mind to concentrate on what you're actually doing in

the present moment. Tai Chi is also about weight shifting - making sure you have your balance first before taking the next step.'

'I really encourage people to try Tai Chi' says Pare. It's a new thing in our society so some people look at you and think you come from outer space - I try to show them how cool it is.'

Whaiora Whanui and Arthritis NZ run Tai Chi classes in the Wairarapa which are open to everyone.





Keeping in touch with the community

We all know that a chat with a friend can lift our spirits. But for older people the benefits can be even greater – research shows that people who remain socially connected with their communities enjoy better physical and mental health.

The Accredited Visitor Service (AVS) arranges regular visitors for older people living in both rest homes and private houses.

The aim is to decrease the level of isolation and loneliness of older people in the community. 'Ideally it becomes a mutually beneficial relationship. We want the visitors to enjoy what they

do and make a new friend – this can be very rewarding' says Carol Campbell of AVS Wairarapa.

AVS was first started in 1988 in response to a survey which found that more than 30% of rest home residents had no regular visitors. Run by Age Concern from the Wairarapa Organisation for Older Persons (WOOPS) offices, AVS has close links with other community groups and agencies.

Volunteer visitors come from all walks of life – young mums to couples to older women and men. All are fully trained by AVS and matched with an older person to visit at least once a week.

Firm Friends

'As soon as I walked into Grace's home she started to talk and we clicked straight away' says visitor

Trish. AVS introduced the women nearly two years ago.

Grace values the regularity of Trish's Monday visits even though she has a full life with friends, family, outings and interests. She recently moved from her family home of 45 years into a smaller home and manages well despite failing eyesight and hearing.

'I find myself watching the clock until Trish arrives – it has helped me come to life' says Grace. 'When I'm on my own I might think of the past or problems – when Trish comes I forget all that and when she goes I think of our

time together and about her next visit.'

The friendship is definitely a two way street. 'Grace is like a mother figure for me – something I lacked as a child' comments Trish. The women encourage each other's interests – Trish has recently revived her love of playing the piano and Grace has taken up knitting again.

'The support from Trish really keeps me going. Knitting keeps me busy now and the brain working. If I wasn't doing that I'd be eating too many chocolates!' laughs Grace.



Sharing interests

Retired and looking for a way to keep active and meet new people? Probus might be the answer.

Seven Probus clubs throughout the Wairarapa offer the chance to hear speakers at monthly meetings; participate in interest groups on topics as varied as walking, bridge, gardening, art, and books; and generally network with other lively retirees. Since Probus first started in the Wairarapa in 1989, total membership has grown to more than 1,600 people.

'The stated aim of Probus is to stimulate thought, interest and participation in activities at a time of life when it is easy

to become complacent and self-centred' says South Wairarapa Probus Club Secretary Alison Werry. 'Probus exists for the benefit of the members. There are no demands – we don't fundraise and there are no strings attached.'

Probus means different things to different people. Liz Ward, a Kiwi who moved to Featherston recently after 33 years in South Africa, joined South Wairarapa Probus at the suggestion of a friend. 'Probus has been fantastic catalyst to introduce me to the local community' says Liz.

Des and Barbara Lovett of Greytown also belong to South Wairarapa Probus.

'Probus is a good way to meet new people, develop interests, keep active and in touch with the community. It's a positive circle – healthy older people are doing things physically, mentally and socially that keep them healthy longer' says Des.

With a guaranteed audience of more than 100, monthly meetings attract quality speakers. A Probus tradition also sees each meeting addressed by a 'mini speaker', one of the club members who shares their potted life history.

Interest groups meet regularly, often in members' homes. 'That's nice – you automatically get to know someone better in their own home' says Barbara Lovett. 'It doesn't matter what the subject is – plants, objects, art – they are just vehicles by which people make new friends, share interests and stimulate new interests.'

Probus clubs are always open to new members. It costs \$15-20 to join for a year.

Care and Craft



The Featherston Senior Citizens Hall is a hive of activity every second Thursday when up to 40 people meet for companionship, a bite of lunch and creativity.

'We offer a range of handcrafts and social activities - everything from knitting cushions to playing cards or just chatting' explains Care and Craft coordinator Noreen Evans. The session runs from 10:30-1:30 and lunch is provided for a nominal charge.

'Many of our guests have disabilities like strokes, heart problems, asthma or visual impairment so they really

appreciate the chance to get out and do something' says Noreen.

Care and Craft is a community effort. Volunteers, some in their 80's, run the sessions, assisting with craft work, kitchen and general duties or providing transport for guests to and from the hall.

Former jeweler Sydney William-Ward is 96 and has missed only one Care and Craft morning in 10 years. He lives alone and relishes the chance to get out of the house. A friend drives him into Featherston from his home near Martinborough every second Thursday when he does his shopping and comes to Care and Craft. 'You've definitely got to do something - it's no good sitting at home and moping' says Sydney.

Rene Johnson has lived in Featherston since she was 13 years old. She loves meeting people outside her immediate family at Care and Craft. 'We rarely have speakers; everyone just talks to each other. The men congregate in one corner, that's one thing that doesn't change when you're old!'

VOLUNTEER WORK

So many of the organisations which support our community are built on the backs of volunteers, many of them older people. But the benefits are not just one way. Volunteer work can be immensely rewarding - making a contribution to society, getting out and about and meeting new people.

'I don't know how I got into it' says Ralph Hopkins of Masterton, who has worn a raft of different volunteer hats since he retired in 1987. 'I can't sit down doing nothing all day. I guess I've got to do something.'

Ralph is one of ten core volunteers for the Wairarapa Organisation for Older Persons (WOOPS). He runs the office half day a week. 'It's good fun. Sometimes the phone rings off the hook - other times it's dead quiet so I read the newspaper and do the crossword. You meet a lot of people and I feel as though I'm doing something worthwhile not only for myself but for others too. It also keeps you up to date with what's available for older people' says Ralph.

Voluntary jobs are many and varied. 'Everyone has a different skill to offer. There's always someone who will need you' says Ralph. 'Volunteers make a huge contribution to the community by just getting on with the job and beavering away.'

Organisations do look after their volunteers. Ralph cites the case of his darkroom which he feared he would lose when he sold his home and moved to Masonic Village - it was shifted to the Wairarapa Archive where he happened to be a volunteer and he still has access to it.

'I would definitely recommend people try some volunteer work providing they can manage financially. You get a lot of fun out of life by putting something back into it rather than sitting back and taking' says Ralph. 'They grumble at me at the Village - I'm never there.'

Seniors take to the Net

Ever thought that the older generation had missed out on the computer age? Think again. Since 1996 SeniorNet Wairarapa has taught computer skills to more than 600 people over the age of 55.

'Our organisation caters specifically for older people wanting to learn about computers' explains Ken Sadler, Chairman of Wairarapa SeniorNet. 'Training is step by step with lots of individual attention as many have never used a computer before.'

Courses consist of between two and four sessions lasting two hours each with a maximum of four pupils and one or more instructors. There is also a regular newsletter and monthly club days involving guest speakers. A small joining fee is charged to cover expenses and members pay a small fee for courses after the first one. As members become more proficient they can become voluntary tutors and pass on their skills and knowledge to others.

SeniorNet began in the USA 18 years ago, with the first international branch established in Wellington in 1992. Now New Zealand leads the world in terms of numbers of branches and members.

There are many reasons why people get into SeniorNet according to Ken. 'A lot start out wanting to learn about email to keep in touch with friends and family. Or maybe they acquire an old computer when a family member upgrades and then need to learn how to use it. There's also a social aspect to it and the chance to keep mentally alert by learning new skills. And of course we all want to prove to our grandchildren that we CAN use a computer!'

New member Ire Ireland is typical of many people who take up computers later in life. 'Other people always did computer things for me when I was working' says former midwife Ire. 'Now that I'm retired I have time to explore the world outside the hospital - it's a big wake up call to find there's new and exciting challenges out there.'





Keeping a healthy mind

Mental health at any age depends on the same factors – companionship, being part of community life and feeling in control of one's affairs.

GP Rob Maunsell says many people don't prepare for getting old – it just creeps up on them. 'Accept changes as new experiences' advises Rob. 'Accept that the body isn't as strong and it hurts and gets cold more easily. It gets tired

if not fed. But remember that not being able to do things you could 20 years ago doesn't mean you are useless or a lesser person.'

Some people think depression is a normal part of aging. It's not. It's true that 30% of people will have depression at one stage of their lives, and it can recur as you age. The most common triggers in older people are exhaustion and disturbed sleep.

'Depression like this should not be taken lightly; it's common and very treatable,' says Chris Smith of Masterton Hospital Mental Health Service. 'People can experience poor sleeping and eating patterns, listlessness, low moods, anxiety, guilt, feelings of worthlessness and despair about the future. If you recognise this in yourself or others, you don't have to just put up with it and think it's something to do with getting old.' An assessment by a GP is a

good starting point. Family and community supports can be set up around a person to help them develop choices, goals and an enjoyable lifestyle.

Unlike depression, anxiety may appear in older people who haven't experienced it before. Fear of being on one's own is a common trigger. Anxiety affects people in different ways – it can stop you leaving your house, or leave a feeling of general worry. These fears can cause physical reactions – people may think they are having a heart attack, have breathing changes, or feel faint. Again, anxiety is very treatable with the right help; talk to a GP or trusted friend.

'Being old is a different state of being and it's got its own magic,' says Rob Maunsell. 'It's not all about being beautiful, strong, outwardly successful or having things. There is huge wisdom in the minds and experience of older people. If you can tap into it, it really benefits both parties.'

'The mood of the older person is often quite special and something to reflect on. People can surprise themselves as they age – worries and concerns can suddenly dissolve and people become much more concerned with the here and now as time becomes precious.' Many experience a new sense of peace and of meaning which they are able to share with younger people, especially grandchildren and other children.

'We don't value older age enough yet,' says Rob. 'Older people have time to reflect – a luxury often lost in the very busy stages of life. Experience adds up to something, if people will just take advantage of that.'

We all have a part to play in mental health of older people' says Chris Smith. 'Focus on human relationships – just spending a little time with elderly neighbours or family can make a big difference. It's not a big ask for the community.'

Stay mentally healthy by:

Stay mentally healthy by:

- **Eating nutritiously.** A balanced diet with a variety of foods is good at all ages.
- **Trying to manage stress levels.** Relax, undertake what you can achieve and no more, share your concerns with a trusted confidant.
- **Exercising.** Any activity is good to promote stamina, suppleness and strength – it doesn't have to be a sport; gardening and dancing are worthwhile too.
- **Maintaining social networks.** If you don't have friends and family to turn to, WOOPs, Age Concern and similar agencies have trained people who can listen and understand your needs.
- **Continuing your education.** Many universities, polytechnics and local schools offer short and long courses on a huge range of subjects. Read what you enjoy reading or write a diary.
- **Developing hobbies and interests that you enjoy.** Or revisit ones you've already had. They keep the mind active and introduce you to people who share your interests. Investigate groups like Probus and SeniorNet.
- **Get involved in voluntary community work.** Examples include schools, church activities, WOOPs and Meals on Wheels. This keeps you busy and offers the chance to meet new people.



Enduring Power of Attorney

Who would look after your well-being if you were no longer able to make decisions for yourself? Not an easy question to consider, but something worth sorting out while you are fit and healthy.

A legal document called an Enduring Power of Attorney (EPOA) can be set up at any time while you are able to do so. You specify someone you trust to take over decision making for you once a doctor certifies that you are no longer competent to decide things for yourself. It can be used to protect not only your property but also your welfare, for example if you need to go into care for safety reasons.

'Take control of things while you're able so you know you'll be looked after and can have peace of mind' advises Autumn Bell Cooke, of Masterton Hospital's

Assessment Treatment and Rehab unit. Most people don't think twice about protecting the house and the car but are not very good at considering their own personal welfare.

To arrange an EPOA contact your lawyer, the Community Law Centre or Citizens Advice Bureau.

Recognising and preventing abuse

Between 8,500 and 12,000 elderly New Zealanders suffer some form of abuse each year according to a 1996 Age Concern census.

Abuse can be physical, psychological, financial or sexual. The abuser is usually someone whom the elderly person trusts, often a family member.

'Elder abuse and neglect are social problems that people don't usually recognise or want to talk about. They first need to be recognised and then something

can and should be done about them' says Lorelei Olafson, Coordinator of the Wairarapa Elder Abuse and Neglect Prevention Service run by Turret House Social Services (Presbyterian Support) in Featherston. 'Sometimes it's just a matter of getting someone to think twice about what they are doing and consider how they want to be treated when they are older.' Elderly people need to be respected and allowed to make their own decisions and choices.

Physical violence is the most obvious type of abuse. More subtle forms include intimidation, withholding of affection or financial mismanagement. It is often difficult to identify because the elderly person becomes passive, worried that by speaking out they will make things worse for themselves. 'People tend to think that things have to be quite serious in order to be seen by a service that deals with abuse' says

Lorelei. 'They don't see themselves as falling into that category but the abuse can actually be quite subtle.'

Neglect is different from abuse. It can be intentional or a carer may not realise they are doing it. For example a carer goes away for a weekend leaving an older person who they know is dependent on them for day-to-day needs.

Longstanding family violence (including threats, intimidation and coercion) is the major elder abuse issue in the Wairarapa, closely followed by financial abuse according to Lorelei.

'Isolation - both geographical and social, is an aggravating factor in the Wairarapa' says Lorelei. People with few visitors are more likely to suffer from abuse as outsiders are less likely to see what is going on. Elderly people can also become dependent on help with shopping and transport. 'A support person may start out with good intentions and slide into a pattern of abuse. For example, giving a carer access to a bankcard or use of a car for an errand can start a pattern of behaviour that develops into abuse.'

What do you do if you suspect an older person is being abused? 'Talk to someone you trust' advises Lorelei - a friend, relative or GP. 'There are lots of people out there who can help' (see the Directory on the back of this booklet).

The Elder Abuse and Neglect Prevention Service takes referrals from anyone - family members, rest homes, the police or self-referrals. Once a person is referred their consent is gained to contact other agencies such as a GP and talk to people involved. 'It's a matter of assessing the situation and putting all the pieces of the puzzle together. For example we will talk to the carer of the older person and find out what their needs are - they may be overwhelmed, unsupported or feel they can't cope' says Lorelei.

The whole process is confidential and only occurs if the older person is agreeable.



SONIA'S STORY

SONIA'S STORY IS NOT UNCOMMON. Now aged 85, she had her children later in her life and had an adult son come back home to live with her, a situation which did not work well for either of them.

Sonia's son suffered from depression, boredom, and had problems communicating. His unpredictable behaviour included pulling cupboards off the wall, throwing away Sonia's possessions, and running up large power bills without contributing to the cost.

'I didn't get much sleep because he would stay up all night. I felt uneasy a lot of the time. But I wouldn't cross him because you don't know what can happen when people are upset' says Sonia.

She persevered for some years in the hope that things would improve. She hoped to find his own place for him but was worried he couldn't manage by himself.

The turning point came when Sonia heard about the elder abuse prevention service through her church. They talked to both Sonia and her son - the outcome being that the service signed a trespass order on Sonia's behalf. 'It's hard to do that yourself when it's your own child.'

SF Wairarapa (mental health service Supporting Families) became involved with Sonia's son while Presbyterian Support worked with her. 'It was a good combination because he needs support too' she says. 'I didn't want him to be not taken care of.'

Life has improved for Sonia. 'I get more sleep. I can think about myself now - before I was always conscious of doing the right thing by him.'

In New Zealand, the number of people living with diabetes, heart and respiratory disease is dramatically increasing. Research shows that patients may avoid admissions to hospital and enjoy better quality lives through active management of these conditions.

This involves creating a patient-centred management plan supported by structured and organised health care. The design of the plan involves the patient, health professionals and the support people and family involved in their care. It has a clear set of actions to help the person manage and take control of their condition.



The expert patient

The term 'expert patient' refers to someone who understands their condition, its potential consequences and the treatment options and takes an active role in managing their illness. It is a concept being encouraged in the Wairarapa.

Masterton GP Matt Smith of The Doctors, explains that patients need to feel that their actions are necessary to contribute to better health. Issues surrounding an illness need to be explained so they understand the lifestyle changes or medications needed to produce results. The patient is then encouraged to take ownership of their health needs and

manage the risks associated with their illness.

'When the patient is involved in making decisions and there is a shared understanding with the health professionals the treatment plan is more likely to be successful' says Matt. This is true for all chronic disease management.

Chronic disease care has to be well organised. In the case of diabetes, patients are entitled to a free annual check which involves measuring blood pressure, height, weight, kidney tests, cholesterol, diabetes control and foot reviews. They also entitled to free eye checks

every two years under the very successful Wairarapa retinopathy-screening project.

Heather Marunui of Greytown is in her 80th year and is a fit and healthy diabetic. She manages her diabetes herself by making appointments for blood tests, seeing her doctor a week later, then passing the results onto the nurses when she attends the Papawai Marae health clinic. She also eats sensibly and does regular exercise. 'My blood tests are so good now that my doctor tells me that they are almost as good as a patient without diabetes' says Heather.



Diseases affecting the heart and circulatory system are the leading cause of death in New Zealand, accounting for 41% of all deaths.

Coronary artery disease causes most heart attacks. Of all coronary heart disease deaths, 85% occur in people aged over 65 years. The death rates for Maori under 75 years are 2-3 times higher than in non-Maori.

BEATING HEART DISEASE

While death from heart disease is falling worldwide, the number of people living with heart and circulatory disease is rising. Smoking, obesity, fatty diets and lack of exercise are major contributors to heart disease.

In short, we're not doing very well according to Maureen Barnes, cardiac nurse at Masterton Hospital. 'People are living longer with heart disease but that doesn't mean they have a good quality of life' she says. 'There are usually lifestyle things people can change such as diet and exercise if they want to live to watch their grandchildren grow up. There is a lot of information and education out there about preventing heart disease but too many people still suffer or die from it.'

'For many people it's not until they have a heart attack that they really start to listen' says Maureen. 'It's a wake up call. When the message goes in it works - there are people who have stopped smoking overnight. We don't just tell people to change, we work really hard with them to help them change.'

A cardiac rehabilitation course for people who have been through the hospital system aims to help the patient improve their quality of life and lower the risk of another heart attack. It involves education, exercise, emotional support and making sure people get the right medical treatment. 'These courses are as important as taking the right

medication and follow up visits to a specialist' says Maureen.

Good support for heart health is available in the Wairarapa including the local branch of the Heart Foundation and outreach clinics held throughout the region.

Ways to Beat Heart Disease*

- Be a healthy weight ● Be physically active ● Know and understand your blood pressure and blood cholesterol levels ● Avoid high blood pressure and blood cholesterol ● Be smoke free ● Control diabetes

*Source - National Heart Foundation of NZ



HEALTHIER HOMES

Respiratory disease and infections account for the second most common cause of hospital admissions that could have been avoided.

Breathing and exercise groups, nurse educators and other services are available to help with the management of respiratory problems. A new project, Wairarapa Healthy Homes, is an example of how improving the living environment can improve health.

Last year was the first in five years that Susanne Findstrup had not been in hospital with complications from the chronic respiratory disease she lives with. She hasn't been there this year either. So what has changed? Susanne's Masterton home was one of 21 Wairarapa homes that were insu-

lated in 2002 as part of a pilot project to look at the effects of home insulation on people's health. At the same time Susanne installed a night store heater in her home.

'I don't see my breath when I wake up in the morning now' says Susanne. 'The fire keeps the house nice and warm and the house holds the heat a lot longer.' The results of the Wairarapa pilot mirrored those released last year from a national study into the health effects of home insulation carried out by the Wellington School of Medicine's housing and health research programme.

Preliminary results from the study of 1,400 homes showed that after they were insulated the homes were warmer and drier. There was a significant improvement in the health of the occupants after their homes were insulated, with less sick days from work and school reported, less GP and hospital visits and fewer

hospital admissions for respiratory conditions.

The first stage of a longer-term project is now underway. The Wairarapa Healthy Homes project will see up to 450 Wairarapa homes insulated at a full or part-subsidised rate by July 2005. Health assessments will also be carried out on the majority of those involved. A public education campaign aims to raise awareness about how home insulation can improve health and save energy. The project has attracted funding and support from the Wairarapa District Health Board, local bodies, social agencies, charitable trusts and power companies.

The long-term plan is to insulate every home in the Wairarapa. 'This could take ten years or more, but the health and economic benefits to individuals, families and the wider community are potentially huge' says Masterton Mayor Bob Francis.

RETIREMENT MARAE STYLE

Marae-based kaumatua flats offer older Maori the chance to live in the heart of their community. Monthly clinics held by community health workers also bring a range of medical services to the marae.

The affordably priced flats help continue the Maori tradition of looking after elders, and the residents value the companionship of living in a close-knit group. There are 8 units at Papawai Marae and 5 at Te Ore Ore Marae in Masterton.

'I was at the marae most of the time anyway so decided to move out here' says Heather Marunui, a former midwife and current JP and Kuia attached to Whaiora Whanui. 'The flats are the focal point for Papawai Marae. The kaumatua are held in high regard and we are involved in or made aware of everything that happens here.'

The health needs of the kaumatua are well looked after. Whaiora Whanui runs Tai Chi classes at the marae twice a week. A team of community health

workers - including asthma and diabetes nurse educators, a cardiac nurse, a dietician and Arthritis NZ - also visits the marae once a month. Their clinics are free and open to all, including people from outside the marae.

'It is so beneficial for people who for whatever reason have difficulty getting to town' says Muri Jaro, Secretary of Papawai Marae. 'The clinic helps keep people well through regular checks - blood pressure, education on diabetes, asthma, managing heart conditions, tests, and advice on exercise programmes, diet and weight.'

Some people feel more at ease receiving medical treatment in the clinic environment on their home ground, according to Heather, but she stresses that follow-up visits to doctors are also required as a patient's condition can change.

'The kaumatua flats set-up is great for the residents and for me.' says Mollie Kainuku, asthma and diabetes nurse educator at Choice Health. 'They look out for each other and I get people to pop in to check on those with health problems between clinics.'

Other free clinics, described by Mollie as 'one stop shops', are held twice a month



at Featherson Medical Centre, 3-monthly at Pirinoa, and weekly at Masterton Medical, The Doctors and Cameron Community House. Asthma and diabetes nurse educators visit Martinborough and Greytown medical centres once a month and Carterton twice a month.

Home is where the heart is ...

Being disabled and elderly need not be a one-way ticket into an institution. FOCUS, a Wairarapa District Health Board service, coordinates support options which may include funded packages of care so that individuals and family/whanau can manage with their disabilities and live independently at home.

'Getting out of bed and getting dressed can be the most difficult thing for someone with a respiratory problem who can't breathe properly, let alone doing the housework,' says Pauline Holland of FOCUS. 'A person may not be able to see well enough to do cleaning, cooking or personal care. Strokes and arthritis may affect mobility and all aspects of daily living.'

Anyone can refer to or contact FOCUS whose office is next to Choice Health in Chapel St, Masterton. 'First we assess what a person can do and where they require help. Then we pull together the services they need - which may include funded support like housekeeping through an agency and/or working with WINZ to get disability allowances or organising

Meals on Wheels' explains Pauline. 'For more complex needs and clinical assessments we will refer people to Masterton Hospital's Assessment Treatment and Rehabilitation Service.' FOCUS also looks out for carers, making sure their needs are met and they are supported.

Pauline emphasises that it is important for families to respect the choices of their loved ones. 'There can be conflict where children want to put a parent into care because they are worried



about them, when the person would rather stay at home - we work with families and individuals to help find a solution' she says.

'We are continually impressed by the older people we work with,' says Pauline. 'These people are at home, living life and doing very well - it just blows us away.'

CARING FOR THE CARER

Freda Jolly has the best caregiver she can imagine - her husband Fred. Both in their 80s, the couple continues to live in their own home. Fred, supported by FOCUS, WINZ and family, became the primary carer for Freda when she became blind ten years ago.

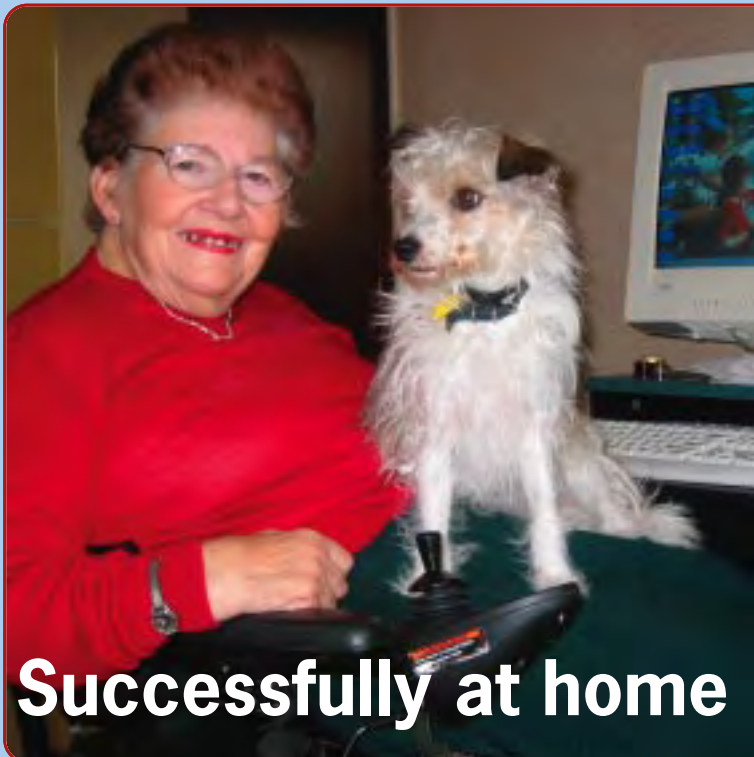
'I lost my sight very quickly and it really stopped me in my tracks' recalls Freda. The couple managed for a while then connected with FOCUS about six years ago. 'We are now reassessed annually and the amount of help we get has gradually increased as the need has arisen' adds Fred.

Home help reduces the load of everyday tasks on Fred - he has congestive heart failure and gets tired as the day goes on. A helper provides personal care (showering, dressing) for Freda morning and evening. Another helper comes to do the housework once a week and Fred's heart condition qualifies him for a WINZ disability allowance which pays for a gardener.

'This all frees me up to support Freda when she really needs it. For example I have to guide her around the house now - when she first lost her sight she could get around the

house easily but as she has got older she easily gets disoriented and is more unstable on her feet.'

Fred also needs respite from time to time, just like any worker needs a holiday. 'I can go for about two months then I start getting really tired and grumpy' says Fred. The couple receives an allocation to allow Freda to stay at the Khandahar Home for a week every couple of months to give Fred a break. She also spends two days a week there. 'I enjoy it. I've met new people, and some old friends from my church' adds Freda.



Successfully at home

Betty Price is fiercely independent. She lives in her own home and manages to be pretty self sufficient with the help of carers who visit daily.

'I'm a strong willed person and like my own house which was purpose built for me 30 years ago' says Betty. She been in a wheelchair for nine years and has cerebral palsy and arthritis.

'I've always worked - as a book-keeper previously but now I'm selling Nutrimetrics from home which I've done for 30 years. I also knit, read and follow the news on radio and TV' says Betty. 'I taught myself how to use the computer three years ago and email keeps me in regular touch with family and friends.' Betty is

also a member of the FOCUS client advisory group.

To enable her to continue to live at home, FOCUS assessed Betty's needs and arranged a package of care involving personal care (getting to bed and up and washed in the mornings, and exercises), help with housework each week and a gardener/lawnmower once a week through WINZ.

Getting out and about is important to Betty. 'I use the mobility van pick up and drop off service which is a real lifeblood for

REHAB – getting back up and going

Osteoporosis. Falls and fractures. Stroke. Parkinsons. These types of problems might once have kept an older person in hospital indefinitely. Not so today says Autumn Bell-Cooke, Coordinator of Masterton Hospital's Assessment, Treatment and Rehabilitation Service (Rehab).

'Our goal is rehabilitation' stresses Autumn. 'The ideal is that people move through the rehabilitation service back into their daily lives, whether that

be their own home or residential care.'

Rehab comprises an interdisciplinary team of nurses, occupational therapists,

physiotherapists, social workers, speech language therapists, dieticians, doctors, a visiting psycho geriatrician and rehabilitation assistants.

'The team will work out a tailored programme for each individual, spanning all aspects of care' explains Autumn. 'For instance involving a social worker alongside clinical treatment can be crucial. Often elderly people who have been coping very well become fearful after an accident. They need support to regain their confidence and independence. People set their own goals and the team works with them to help achieve those goals.'

Rehab services are delivered in a variety of settings. Some treatment is done in a hospital inpatient setting, while other aspects, including the all-important preventive work, are delivered through day rehab at the unit or outpatient clinics. The assessment, treatment and rehab programme can also be taken to where the person lives - their flat, own home or rest home.

'Prevention is a big focus for us' says Dr Tim Matthews. 'We want to identify problems and intervene early to prevent acute episodes which are so disruptive for people.' For example, a patient suffering from dizzy spells, and therefore at risk of injury from a fall, could be referred to the rehabilitation team. They might advise on how to make the home safer in order to minimize the risk of falls, prescribe exercise and vitamin D to strengthen bones or provide hip protectors.

Most people are referred to Rehab by their GP or other health services, but people can contact the unit directly for information. 'We will always respond to queries' says Autumn.



granddaughter visits regularly and our son pops in twice a day and brings the newspaper. Freda's sister lives right next door and so we often share meals at each other's houses.'

Says Fred, 'We're optimistic about our future. I think we'll make 90 without too much trouble. We're together - that's the most important thing.'

'Our family is a huge support. We have four children, eight grandchildren and two great-grandchildren' says Fred. 'Our



people with disabilities' she says. Betty pays half price fares under the Wellington Regional Council total mobility scheme.

Family and friends also play a big part in Betty's life. Her need for home help is not a barrier to travel - when she goes to Palmerston North to visit her daughter, Access Home Health, which provides her personal care in Masterton, arranges for someone to take over in Palmerston North. In fact a recent three-week stay turned into 6 weeks when Betty was called upon to look after the grandsons. 'We all helped each other' she says.

Dealing with dementia

Signs and symptoms of dementia

- Problems remembering
- Difficulty performing familiar tasks
- Problems keeping track of things
- Misplacing things
- Problems with language
- Time and place disorientation
- Changes in mood
- Personality changes
- Loss of initiative

The frequency of Alzheimers and the other forms of dementia increases as people get older. However they are not just a normal part of growing old. 'Dementia can affect anyone from any race or background' says Liz Garden, Alzheimers Wairarapa Community Coordinator.

'It can be described as a total unlearning process' says Liz. 'The things someone has learnt as a child such as how to eat, get dressed and reason are gradually 'unlearned' at the other end of their life, usually in the opposite order.'

Perhaps the simplest definition of dementia is as a chronic impairment in short-term memory and at least one other function, like language or personality. There are structural changes in the brain which are enough to compromise a person's normal daily life.

The most common cause of dementia in older New Zealand adults is Alzheimers Disease, (about 50-60%). Another common cause is strokes.

How can you detect dementia?

In most cases dementia is due to slowly developing brain changes which 'creep up' on a person. When the diagnosis is finally

made, it often becomes clear that the person has been showing early signs for some years.

Alzheimers usually starts with short-term memory loss. This can gradually progress to the person having problems learning new information, and having trouble performing everyday tasks like peeling vegetables, dressing and toileting themselves.

Who can help?

The first step is being aware that dementia can happen to anyone, and it may be an explanation for a change in a person's behavior.

Once you have a suspicion the best first port of call is your GP. They can check for any other treatable medical or mental illnesses which can lead to problems with thinking. If these are ruled out the GP starts a process to determine whether the person has a dementia, the extent of it, the patient's needs and those of the person who will be caring for them. Part of the assessment often involves linking into the specialist service at Masterton Hospital, Alzheimers Wairarapa, Focus, rest homes, WOOPs and many activities such as craft groups and meetings for sufferers and carers.

Care for the carer is essential. 'It is emotionally and physically draining to be on call 24 hours a day looking after someone with dementia' says Liz. 'Support such as home help, support groups and respite care is readily available - you just need to ask.'

How is it treated?

There is no cure for dementing illnesses. The goal of treatment is to manage the symptoms and complications, both physical and psychiatric.

'It's really important the person is able to continue their normal life for as long as possible' emphasises Liz. 'People are often more successfully managed in their own homes than in a rest home as any change of environment can be very stressful.'

'However, once the person's needs increase and the cost of home help equals the cost of full-time care the situation should be reconsidered' says Liz. 'Residential care is recommended if the person cannot be kept safe in their own home.'

The Wairarapa has a full range of medical expertise and residential care options available to meet the challenge of providing appropriate care and support for people with dementia and their families.



Medication management is a major health risk for older people, especially those taking multiple medications.

'Most of the prescriptions issued in the Wairarapa are for older people' says Gail Edwards, Masterton Hospital and community pharmacist. 'It's not unusual for someone to be taking tablets four times a day and up to 10 at one time.'

Incorrect dosage or mixing medications can cause problems like confusion and disorientation. These conditions can significantly increase the risk of a person falling and a fall can have severe health consequences for older people.

'Talk to your doctor and pharmacist about your medications' Gail advises. 'They can tell you how the drugs work, how long they need to be taken for and when prescriptions need to be renewed or repeated.'

Specially designed blister packs are increasingly being used to help people manage their medication more easily and safely. Pills are arranged into weekly packs with a row for each day and a separate labeled compartment for each dose during that day. They also show the patient's name, and information on the medication, its appearance and directions.

The packs are a good solution if someone is starting to take a lot of medicines. They reduce the potential for confusion for both patients and carers.

According to district nurse Odette Bubb, the blister packs, combined with daily home visits from district nurses are instrumental in keeping a number of older people at home rather than in a rest home. The nurses supervise the medication for people who have some short-term memory loss and don't remember to take their medication.

'Take care of yourself by taking care with your medication' says Odette. 'For most people their medication is keeping them well, safe and at home which is really where they want to be.'

Taking care with Medicines

SUPPORTED RECOVERY

Going straight back home from hospital after major surgery or an acute illness can be difficult for many older people. They may be fit enough to leave hospital but not fit enough to return home safely. A pilot programme developed by the Wairarapa District Health Board is addressing this issue.

The Health Recovery Programme is for people who do not have other options that meet their needs such as ACC, disability support services or the Masterton Hospital Rehab Unit.

The aim is to get people back home in good health after acute illness such as bowel or heart surgery. A range of health services including nurses, GPs, rest homes and community support services work together to help the patient achieve their goals. They assess and manage things such as nutrition, risk of falling, medication and wound dressings. During the programme, the patient usually spends some time in residential care to regain strength and confidence before returning home.

‘We are very pleased with the results of this trial’ says Joanne Edwards of the Wairarapa DHB Planning and Funding section. ‘Helping people who are motivated to get back home, but who aren’t quite ready not only benefits the individual, but is a much more effective use of health resources than, for example, readmitting them to hospital. The response from those who have taken part in the programme has been very positive.’

As one patient commented – ‘If there had been no programme, I would have been very scared. I don’t think I would have coped – I would have fallen to bits – it is an absolute must!’ When contacted four months later the same patient said he was much more confident and had recently walked for about a mile. He had also put on much needed weight and was sleeping well.

A home away from home



Interaction with children is common in Wairarapa rest homes. ‘The benefits go both ways’ says Anne Savage of Glenwood Continuing Care. ‘Young people are frequently amazed at the wonderful wealth of knowledge and history that older people have. One child was so excited because he had met real live person who had been in the war. Another marveled at a woman’s description of baking her own bread – without a breadmaker!’

Enter a rest home and spend more time with children? That might sound a bit unusual but for some residents that were perhaps quite lonely before moving into care, it’s an example of how activities like regular visits

from local schools can enrich their lives.

Residential care for elderly people provides a safe environment where everyday tasks like cooking and cleaning are taken care of leaving more time to enjoy life. Before entering care, a person should have a needs assessment done by a health professional. It is also a requirement to qualify for means-tested financial assistance from the Ministry of Health.

Most older people are fit and well. Just 6.3% of people aged over 65 years are in care – in the Wairarapa it is even lower at 5.7%.

The majority of residents (56%) are over 85 years and only 11% are under 75 years. The Wairarapa has 16 providers of residential care with a total of about 350 residents.

‘We need to get past the misconception that elderly care is putting people on the scrap heap’ emphasises Anne Savage, Manager at Glenwood Continuing Care.

‘Ageing should be seen as positive – a natural part of existence. These people did contribute to society in their younger days, most of them financially, and their lives are not worthless.’

‘It is important to look at older people as individuals and care for them accordingly’ says Anne. Fear of losing their individuality and independence is a big issue for many residents so the approach must be people specific, not disability or task oriented. ‘We work hard to respect different cultures within the residential setting. For example we liaise with agencies such as Whaiora Whanui to ensure the cultural needs of Maori residents are met and they have access to kaumatua.’

Residential care does not just focus on physical needs, but also considers mental and spiritual issues too. Depression is common among older people. Being unable to cope in their own homes can erode their self-esteem and some see the move to residential care as giving up on life. ‘It’s up to us to encourage a more positive focus’ says Anne. ‘We do lots of talking, find out their interests, likes and dislikes. We get them involved and build self worth even if it’s just everyday tasks like making pikelets or folding linen.’

Positive aspects of a move into care

- **Companionship** – Living alone can be lonely. Residential care offers the chance to develop new friendships with residents and staff.
- **Activities** – Freed from household tasks, residents have time to go on outings and pursue their interests.
- **Security** – Help is at hand if needed and the fear of staying alone at night is removed.
- **Health** – Staff supervise medication, provide balanced meals and monitor health. The general health and well being of some people improves when they move into care.

DIRECTORY

DISABILITY SUPPORT AGENCY

FOCUS 06 378 9660 or 0800 900 001

DISABILITY & HOME SUPPORT SERVICES

Access Homehealth 06 378 9474
Healthcare NZ 06 377 3600
Homelinks (Masterton Hospital) 06 946 9800
NZCCS (Mobility Parking Permits) 06 378 2426
Total Mobility Taxi Vouchers –
Contact WOOPs for information 06 377 0066
Wairarapa Care Network 06 378 8809

MEDICAL SERVICES

Asthma & Diabetes Nurse Educators 06 370 5020
Carterton Medical Centre 06 379 8105
Featherston Medical Centre 06 308 9220
Greytown Medical Centre 06 304 9012
Kuripuni Medical Centre 06 377 4093
Martinborough Health Services 06 306 9501
Masterton Medical 06 370 0011
The Doctors 06 370 0067
Masterton Hospital
06 946 9800 or 0800 946 9800
Mental Health Crisis Team (24 hours) 06 946 9800

MAORI HEALTH SERVICES

Ko Nga Matua Hei Kaiako Tuatahi 06 377 4897
Rangitane O Wairarapa Incorporated 06 378 8620
Te Awhina' Cameron
Community House 06 378 9638
Te Hauora Runanga O Wairarapa 06 378 0140
Wairarapa DHB
Maori Health Services 06 946 9800
Wairarapa Whanui 06 370 2053
Whaiora Whanui 06 370 8145

HEALTH SUPPORT

Advocacy Network Services Trust 06 370 8870
Alzheimers Wairarapa 06 377 0066
Amputee Society 0800 245 410
Arthritis NZ (Wairarapa) 06 370 8318
Cancer Society 06 378 8039
Choice Health 06 370 5020
Diabetes Supplies NZ 0800 342 238
Elder Neglect &
Abuse Prevention Services 06 308 8028
Hearing Association 06 378 2948

Heart Foundation (Wairarapa) 06 378 8303
Multiple Sclerosis Society 06 372 6721
Parkinsonism Society
Wairarapa Division 06 377 1766
Royal NZ Foundation of the Blind 06 379 6926
Sedgley Family Centre 06 377 5716
Sexual Health Centre Wairarapa 06 370 5020
SF Wairarapa
(mental health support) 06 377 3081
Stroke Foundation Wairarapa 06 377 3094
Wairarapa Alcohol & Drug Service 06 377 3156
Wairarapa Asthma Society 06 377 1175

CRISIS HELPLINES & SERVICES

Lifeline Wairarapa 06 379 8442
Stopping Violence Services
Wairarapa 06 377 0933
Victim Support 0800 842 846
Alcohol & Drug Helpline 0800 787 797

COMMUNITY SUPPORT

Accredited Visiting Service (AVS) 06 377 0066
Featherston Community Centre 06 308 8239
Greypower Wairarapa 06 377 5420
Masterton Safe &
Healthy Community Council 06 378 8900
Senior Citizens (Featherston) 06 308 9628
Masterton Senior Citizens 06 377 4894
Meals on Wheels 06 946 9827
Salvation Army 06 379 7176
Southern Wairarapa
Safer Community Council 06 304 8804
Support in the Community 06 370 2367
Violence Free Wairarapa 06 378 8900
Wairarapa Community Law Centre 06 377 4134
Wairarapa Organisation
for Older Persons (WOOPs) 06 377 0066
Wairarapa Victim Support 06 377 5652
Wairarapa Womens Centre 06 378 2453

For information on the many activities

and clubs available in the Wairarapa contact:

Citizens Advice Bureau 06 377 0078
Sport Wairarapa 06 370 9157
Wairarapa Organisation for
Older Persons (WOOPs) 06 377 0066
Wairarapa REAP 06 377 1379