

SI 557885

## **TARANAKI DISTRICT HEALTH BOARD**

# **IMPLEMENTATION OF DIOXIN-EXPOSED PERSONS' HEALTH SUPPORT SERVICES**

## **PROJECT CLOSE REPORT**

**19 November 2008**

**Prepared By:**

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**TDHB Confidential**

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obtained by contacting the  
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**Project Name:** Implementation of Dioxin-Exposed Persons' Health Support Services  
**Project Manager:** Vicki Kershaw-Planning & Funding Department  
**Project Sponsor:** Sandra Boardman-General Manager, Planning, Funding & Population Health  
**Project Start Date:** 13 May 2008  
**Scheduled End Date:** 19 November 2008

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## **DOCUMENT PURPOSE**

The purpose of this document is to summarise the completed project in terms of methodology, quality, performance against budget and schedule, and lessons learnt. Its main use is to ensure that future projects can benefit from the experience gained and lessons learnt during the project.

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## PROJECT BACKGROUND

The Ministry of Health contracted *Allen and Clarke, Policy and Regulatory Specialists* to identify options for an early intervention health support service for people who lived in Paritutu (New Plymouth) between 1962 and 1987 and who may have been exposed to higher levels of dioxin than other New Zealanders. The report made recommendations on the parameters of the proposed Dioxin-Exposed Persons' Health Support Service.

### **Key assumptions made by the Ministry of Health that have guided this project:**

- Significant exposure to dioxin causes harm to exposed populations.
- People who lived in Paritutu between 1962 and 1987 have been exposed to dioxin.
- A health service will be developed for these people.
- A treatment-focused service or a service based on health outcomes is not appropriate.
- A preventive focus is critical as it provides an opportunity to reduce the modifiable factors that can contribute to the health outcomes associated with dioxin exposure.
- New funding will be available for the delivery of the proposed Service.
- The primary care component will be free to users.

Allen & Clarke released a final recommendation report on 'The Proposed Dioxin-Exposed Persons' Health Support Service in Taranaki' on 20 April 2008. This report was accepted by the Ministry of Health and the Taranaki DHB was requested to implement these Health Support Services in Taranaki.

The components of the Dioxin-Exposed Persons' Health Support Service are:

1. Annual wellness checks
2. Facilitate access to health promoting activities
3. Enhanced access to counselling for mild to moderate mental health conditions
4. Information and advice for individuals, descendants, health practitioners, PHOs and other health service providers
5. Access to genetic counselling
6. Serum dioxin testing when required

The health support service went live in Taranaki on 1 July 2008.

Known community interest groups and Ngati Te Whiti hapu as Tangata Te Whenua were approached to nominate representatives to be part of a TDHB Advisory Group on the implementation of the Dioxin-Exposed Persons' Health Support Service. TDHB advertised in all Taranaki Community Newspapers asking that people with an interest in being part of the Dioxin-Exposed Persons' Health Support Service Advisory Group advise the project team. All those who replied to the newspaper advertisements were included in the Advisory Group. Six Advisory Group meetings were scheduled with the first being on 10 June 2008 and the final meeting scheduled for 19 November 2008. The Advisory Group

were kept informed and asked for input into the Health Support Services as the project was implemented in Taranaki.

Weekly meetings were initiated by the TDHB Project Team with PHOs. This was to assist with the distribution of information regarding the Dioxin-Exposed Persons' Health Support Service and to ensure appropriate support was provided, by TDHB for GP practices during the initial busy period which was expected to dramatically increase the workload of GPs after 1 July 2008. Contractual negotiations and service specifications between the MoH and PHOs with respect to the Dioxin-Exposed Persons' Health Support Service were facilitated by TDHB.

The communication between TDHB and MoH were conducted through an Internal Working Group which met regularly via teleconference. Sandra Boardman, General Manager, Planning, Funding and Population Health represented TDHB on the group.

All pamphlet information developed by the Ministry of Health was pre-tested in Taranaki by Community Health Professionals prior to being finalised.

The Ministry of Health conducted information/education seminars for health professionals involved in the delivery of the Dioxin-Exposed Persons' Health Support Services. The seminars were facilitated by TDHB and were held at Taranaki Base Hospital on 29 July 2008 and Hawera Hospital on 31 July 2008.

'One Stop Shops' were organised by the Project Manager in conjunction with Taranaki NGOs to provide support to the public when completing application forms for the Health Support Services. Twenty 'One Stop Shops' were organised between 1 July and 7 August 2008. These were held in Hawera, Pungarehu, Stratford, Waitara and Moturoa. The 'One Stop Shops' provided the public with information on the Dioxin-Exposed Persons' Health Support Service and support to complete the application forms including an onsite Justice of the Peace for statutory declarations.

Te Korimako radio station conducted an hour long interview with the TDHB Project Manager and the Portfolio Manager during a weekly health session in an effort to inform more Māori about the Dioxin-Exposed Persons' Health Support Service. The aim was to inform Iwi, hapu and whanau regarding the criteria for the Health Support Services and how and where to access information and support to complete the application forms.

The Dioxin-Exposed Persons' Health Support Service and the 'One Stop Shops' were widely advertised using full page colour advertisements in all Taranaki Community Newspapers. Numbers attending as reported by the organisations that conducted the 'One Stop Shops' were:

- Moturoa 446
- Waitara 41
- Pungarehu 9
- Stratford 71
- Hawera 8

As of 24 October 2008 the Ministry of Health had logged 745 applications for the Dioxin-Exposed Persons' Health Support Service. 655 of those applications were from applicants in Taranaki.

## Risks Identified

Risk/issue	Mitigated	Comments
Health Practitioners support for the Dioxin-Exposed Persons' Health Support Services	Yes	TDHB & PHO team approach resolved any issues
Community support of the Dioxin-Exposed Persons' Health Support Services	Yes	Input into the project from the Community was through the Advisory Group
Capacity of health practitioners to provide the new Health Support Services	Yes	TDHB to supply locum GP if required
Perceived barriers for community to complete application forms and provide verified evidence of the necessary criteria for the Health Support Services	Yes	'One Stop Shops' with Justice of the Peace to complete statutory declarations and support to complete forms
Access issues and support for eligible people to attend the Wellness Checks and any referrals	Yes	Contract in place for people requiring aid and support to attend Wellness check appointments and any referrals

## Impact of Change Requests (Time, cost and quality)

### FINAL RESULTS AND PERFORMANCE AGAINST BUDGET

#### Costs

<b>Total Costs In Budget to 19 September 2008</b>	\$100,000
<b>Changes Made To Budget</b>	Nil
<b>Actual Costs to 19 September 2008</b>	\$57,858
<b>Comment</b>  These costs are TDHB Project Implementation costs to 19 September 2008. <i>These costs are ongoing not final costs.</i>	

#### Schedule

<b>Plan Date for Completion</b>	19 November 2008
<b>Actual Date of Completion</b>	19 November 2008
<b>Comment</b>  The final meeting of the Dioxin-Exposed Persons' Health Support Service Advisory Group is scheduled for 19 November 2008. The agenda for this meeting will reflect on the implementation of the Dioxin-Exposed Persons' Health Support Service.	

### PROCESS AND FRAMEWORK REVIEW

Stakeholders and project team members were requested to complete a questionnaire documenting their perspective regarding the benefits and barriers of the deliverables associated with this project. Stakeholder input is included in the project review findings and lessons learnt.

The participants who reviewed this project indicated that the following items hindered them in performing their role in this project:

### PROJECT REVIEW FINDINGS

**The project proved to be very successful in the following areas:**

The general opinion of the stakeholders was the level of expertise on the Advisory Group contributed to the successful roll out of the Health Support Services. The Advisory Group included a diverse range of stakeholders including

individuals who were themselves affected by the Dioxin exposure between 1962 and 1987. All stakeholder views and opinions were treated with respect through empathetic and effective facilitation of the Advisory Group meetings.

PHOs and the TDHB project team engaged early in the implementation of the Health Support Services. This collaborative approach and the commitment of all involved to meet weekly during the implementation of the Health Support Services ensured open communication throughout the roll out of the services. This team approach kept the health practitioners fully informed of the progress of the Health Support Services through their PHOs.

The collaboration with the NGO sector during the implementation of this service meant that community groups that access services through NGOs were well informed about the criteria and how to access the service.

The 'One Stop Shops' that were held throughout Taranaki during July 2008 provided the community with support and information to complete the Ministry of Health application forms. Having Justice of the Peace onsite at these forums enabled the public to complete all application forms with support if needed. The design and size of the posters and newspaper advertising gave the initial roll-out great public visibility.

### **The project experienced difficulties in the following areas:**

The number of Māori who applied for the Dioxin-Exposed Persons' Health Support Service was very low. Of those people who accessed the 'One Stop Shops' in Moturoa, Waitara and Pungarehu only 4% were Māori.

Because of the fast roll-out, much of the project planning was happening during the implementation phase. A longer lead in time would allow for a more planned approach to the implementation.

Members of the Advisory Group considered the of lack consultation by the Ministry of Health with regards to the criteria used for the Health Support Services was a major concern. Some members of the Advisory Group commented that the spatial and temporal parameters that were set by the MoH were too narrow and did not reflect the magnitude of risk to different groups exposed at different times. These Advisory Group members considered the ocean should also have been included in the criteria.

Some of the Advisory Group felt that as the exposure took place up to four decades ago the focus should have been on assisting families to cope with illness and the loss of family members as well as the wellness services that have been implemented.

Some of the Advisory Group are concerned that children of Dioxin Exposed Persons were excluded from the Dioxin-Exposed Persons' Health Support Service.

Advisory group members who have been involved with the Dioxin exposure issue for many years felt the project was based on flawed studies and the approach was not evidence based. Some members of the Advisory Group also commented that they felt the project was restricted by the Terms of Reference and that they

were disappointed by the historical mishandling of the situation by the MoH and TDHB. They also considered that the criteria should not have been restricted to Dioxin but inclusive of all chemical exposure.

An Advisory Group member considered that ACC information should have been integrated with this service so that IWD workers and other affected persons were aware of other entitlements.

The Advisory Group was concerned about the disparities between the eligibility criteria for these health services compared to similar services for Vietnam veterans.

## Lessons Learnt

- A team approach between TDHB, PHOs and the NGO sector was vital to be able to provide appropriate primary healthcare services to the Taranaki communities.
- Better outcomes would be gained if there had been a longer lead in time to be able to network and plan the project prior to implementation to ensure more uptake of the services by high needs communities such as Te Iwi Māori.
- Community engagement was an essential element to the success of the project.

## Project Team Recommendations for Improvements

- A longer lead in time to implement Health Support Services.
- Improved Māori Community engagement including a Māori Community Champion who would be resourced to walk and talk among Māori whanau and support whanau through the application and accessing of the Health Support Services.
- Identify all associated contentious issues and address these issues prior implementing a new initiative.

## Best Describing Words of the Project

Participants were asked to pick words which best described or were most 'true' about this project.

**The number one word chosen for this project was:**

Complex

**The number two word chosen for this project was:**

Too little, too late

The number three word chosen for this project was:

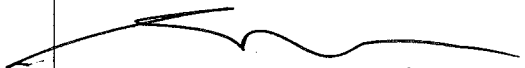
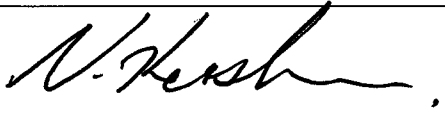
Short Timeframe

## OUTSTANDING ACTION ITEMS

Action Item	Assigned to	Due Date
Meeting between MoH & CEPRA	Sally Gilbert & Deborah Sarten	December 2008
Ongoing advertising once the initial bulge has been through the health system	Portfolio Manager	February 2009
Investigate the opportunities to engage more Māori	Portfolio Manager	February 2009

## APPROVAL

Approval to proceed with the project is indicated by the following signatures:

Name and Position	Date	Signature
Project Sponsor Sandra Boardman, General Manager Planning, Funding & Population Health	10/2/09	
Project Manager / Portfolio Manager Vicki Kershaw	9/2/09	
Steering Group Representative Deborah Sarten	1/2/09	