

#1



**COMPLETE**

**Collector:** Email Invitation 2 (Email)  
**Started:** Monday, August 29, 2016 12:26:50 AM  
**Last Modified:** Monday, August 29, 2016 12:55:39 AM  
**Time Spent:** 00:28:48  
**First Name:** Stan  
**Last Name:** Litras  
**Email:** litras@xtra.co.nz

**IP Address:** 121.73.43.196

PAGE 1

**Q1: To what extent do you agree or disagree with the following statements?**

- |   |                   |
|---|-------------------|
| a. Keeping people well and preventing illness is a crucial role of the DHB                                | Strongly agree    |
| b. Climate change is a significant health issue that requires DHB action                                  | Strongly disagree |
| c. Sugary drinks should not be sold on DHB premises   | Strongly agree    |
| d. Individuals need to take more personal responsibility when it comes to diet, exercise, smoking etc     | Strongly agree    |
| e. I support community water fluoridation   | Strongly disagree |
| f. When the budget is tight, maintaining hospital-based services must be the highest priority for the DHB | Strongly agree    |

**Q2: To what extent do you agree or disagree with the following statements?**

- |  |                   |
|--|-------------------|
| a. Current health inequalities are unacceptable and DHBs must take action to remove access barriers and improve outcomes for priority groups | Strongly agree    |
| b. Public spending should not be targeted at particular groups based on ethnicity  | Agree             |
| d. Elected DHB representatives are primarily accountable to the community they represent   | Strongly agree    |
| e. Elected DHB representatives are primarily accountable to the Minister of Health   | Strongly disagree |
| f. CCDHB must consistently involve Maori stakeholders as Treaty Partners in advisory and reference groups                                    | Agree             |

Comment (optional)

Re (b) targeting of funds should be aiming to reduce inequalities. Although some ethnic groups, such as Maori and Pacifica are over represented in many health data, it is not the ethnicity per se that increases their health risks, but the correlation to socioeconomic factors. Identification of at risk groups should be done on more refined criteria than ethnicity. Trick question?

**Q3: Please cut and paste your candidate statement (that will appear in the voter's handbook) here:**

PROFILE STATEMENT: Dr. Stan Litras BDS BSc

I am principal dentist and director of Great Teeth Ltd, and have been practicing in Wellington for over 30 years. Past president of the Wellington Dental Association and past NZDA board member. Founder of FIND, an independent dentist study group on fluoridation.

I would like to see the CCH board develop a more patient- focused approach, to balance its wealth of business acumen.

Priorities are making basic dental treatment more accessible to deprived groups, implementing proven methods for reducing early childhood caries, and to show due diligence with water fluoridation, including monitoring of citizens' fluoride levels, informed assessment of benefits versus health risks, balanced public information, and ethical compliance.

I believe a better use of existing resources can bring cost savings, cut waiting lists and benefit overall health.

Mental Health services are another area I would prioritize.

Contact: litras@xtra.co.nz

**Q4: What do you see as the three top issues facing the health of the CCDHB population over the next 10 years?**

Obesity and its sequelae

Ageing population

Mental Health

**Q5: What are three things you think CCDHB should increase their focus on, or investment in?**

Education in preventing obesity

Mental health services

Prevention of rampant tooth decay in young children

**Q6: How do you think CCDHB should maintain and improve the wellbeing and morale of its staff?**

better internal procedures and organisation such as rostering to reduce burnout. Higher staff numbers.

**Q7: What health sector experience do you have?**

Over 30 years in private dental practice in Wellington.

**Q8: What governance experience do you have?**

Past president of Wellington Dental Association

Past board member, New Zealand Dental Association

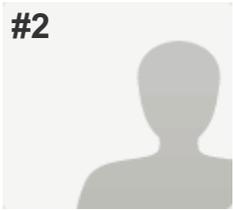
**Q9: How knowledgeable are you about the legislation that governs the health sector?**

I am thoroughly familiar with the HPCA (2002) Act, and reasonably conversant with related legislation.

**Q10: What would you say to voters who ask "Why should I care who is on the CCDHB Board? What difference will it make to my life?"**

CCDHB Board makes decisions that affect the quality of health services in our community. These decisions can affect everybody directly or indirectly, such as access to care, availability of services, morbidity and mortality in the community.

#2



**COMPLETE**

**Collector:** Email Invitation 2 (Email)  
**Started:** Monday, August 29, 2016 1:32:46 PM  
**Last Modified:** Monday, August 29, 2016 2:36:32 PM  
**Time Spent:** 01:03:46  
**First Name:** Paul  
**Last Name:** Dudfield  
**Email:** pauly\_jd@hotmail.com

**IP Address:** 210.48.175.35

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**Q1: To what extent do you agree or disagree with the following statements?**

- a. Keeping people well and preventing illness is a crucial role of the DHB Strongly agree
- b. Climate change is a significant health issue that requires DHB action Strongly disagree
- c. Sugary drinks should not be sold on DHB premises Agree
- d. Individuals need to take more personal responsibility when it comes to diet, exercise, smoking etc Agree
- e. I support community water fluoridation Strongly agree
- f. When the budget is tight, maintaining hospital-based services must be the highest priority for the DHB Strongly agree

Comments (optional)

The DHB has more than enough on its plate to deal with now, we can worry about climate change impacts as they become apparent (eg mosquito borne illnesses). All that is needed now is a general policy to keep an eye on future trends and a shift towards environmentally sustainable practices. I'm all for a stronger line on excess sugar, however I've personally experienced situations at hospital where the energy boost from sugar is useful so I'd stop short of an outright ban on all sugary drinks

**Q2: To what extent do you agree or disagree with the following statements?**

- a. Current health inequalities are unacceptable and DHBs must take action to remove access barriers and improve outcomes for priority groups Agree
- b. Public spending should not be targeted at particular groups based on ethnicity Strongly agree
- d. Elected DHB representatives are primarily accountable to the community they represent Strongly agree
- e. Elected DHB representatives are primarily accountable to the Minister of Health Agree
- f. CCDHB must consistently involve Maori stakeholders as Treaty Partners in advisory and reference groups Agree

Comment (optional)

Public health spending should be driven by need. Decisions should be based on the needs of particular groups with certain risk factors or symptoms, rather than just using ethnicity as a broad brush approach.

**Q3: Please cut and paste your candidate statement (that will appear in the voter's handbook) here:**

Hi, I'm not a doctor, nurse or politician. They are important (well the first two), but the board also needs people to represent the rest of us.

With talk of audits and cuts, I'll fight for more front-line staff not less, there are other ways to save money. I'm not tied to a political party so can make decisions based on common sense, not politics.

I've got a young family and have spent my share of time waiting at the A&E, so reducing waiting times for treatment is important to me.

Other key areas for me:

- Better support for our aging population.
- Reducing preventable illnesses through education and physical activity.
- Stronger action on sugar.
- Sticking to budget without impacting public services.
- Faster access to diagnostic tests and specialists.
- Nurses in schools.

Please give me one of your first votes, thank you.

**Q4: What do you see as the three top issues facing the health of the CCDHB population over the next 10 years?**

- 1) Staffing levels impacting on access to services eg A&E wait-times, getting to see a specialist, access to diagnostic tests and the proposed Kenepuru after-hours closure.
- 2) The ability to balance the books financially without impacting the public services or working staff into the ground.
- 3) If we can't solve the two issues above them anything else seems like a Band-Aid fix to me.

**Q5: What are three things you think CCDHB should increase their focus on, or investment in?**

- 1) Staffing levels - ensuring faster access to services like A&E
- 2) Specialist treatment - better access to specialists and diagnostic equipment eg MRIs
- 3) Prevention of illness - we all know it's better than fixing people later, raising awareness in at risk groups and a stronger line on excess sugar consumption would help.

**Q6: How do you think CCDHB should maintain and improve the wellbeing and morale of its staff?**

Everybody wants more money, even if it doesn't really make you that much happier. Since big pay increases aren't likely to be realistic then invest in more training and opportunities for growing their skill sets. Letting staff really have their say on problems facing the DBH and not just doing 'consultations' after the fact also helps morale. You also can't go past a good morning tea with sausage rolls every now and then.

**Q7: What health sector experience do you have?**

Only the kind where I've been waiting in A&E or dealing with significant life events.

**Q8: What governance experience do you have?**

At this level, very little. I'm on my local school's board of trustees and have had a governance role in some small IT projects. I'm not promising magic governance skills, just a dose of common sense and the viewpoint of someone who is a consumer of the services the DHB provides.

**Q9: How knowledgeable are you about the legislation that governs the health sector?**

I've little knowledge of health legislation, I would hope the DHB employs policy analysts and lawyers to distil complex legislation down to a level mere mortals can understand. That said, I analyse technical specifications for a living so it's not going to be over my head.

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**Q10: What would you say to voters who ask "Why should I care who is on the CCDHB Board? What difference will it make to my life?"**

I'd suggest they think about the sort of service they expect in the event of accident or illness affecting them or their families. So long as the board is competent it doesn't really matter, but if they're spending their 8th hour at A&E maybe it'll cross their minds they should have voted for that fellow who wanted to reduce wait times...

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#3

**COMPLETE****Collector:** Email Invitation 2 (Email)**Started:** Monday, August 29, 2016 2:41:34 PM**Last Modified:** Monday, August 29, 2016 3:22:42 PM**Time Spent:** 00:41:07**First Name:** Helene**Last Name:** Ritchie**Email:** heleneritchie@clear.net.nz**IP Address:** 222.152.77.75

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**Q1: To what extent do you agree or disagree with the following statements?**

- |   |                            |
|---|----------------------------|
| a. Keeping people well and preventing illness is a crucial role of the DHB                                | Strongly agree             |
| b. Climate change is a significant health issue that requires DHB action                                  | Strongly agree             |
| c. Sugary drinks should not be sold on DHB premises   | Strongly agree             |
| d. Individuals need to take more personal responsibility when it comes to diet, exercise, smoking etc     | Strongly agree             |
| e. I support community water fluoridation   | Neither agree nor disagree |
| f. When the budget is tight, maintaining hospital-based services must be the highest priority for the DHB | Agree                      |

Comments (optional)

Maintaining all services, but especially preventative and home and community support and mental health. I believe the priorities need much more clarification and should be driven more by the Board and the community than by the Minister and the Ministry.

**Q2: To what extent do you agree or disagree with the following statements?**

- a. Current health inequalities are unacceptable and DHBs must take action to remove access barriers and improve outcomes for priority groups Strongly agree
- b. Public spending should not be targeted at particular groups based on ethnicity Disagree
- d. Elected DHB representatives are primarily accountable to the community they represent Strongly agree
- e. Elected DHB representatives are primarily accountable to the Minister of Health Strongly agree
- f. CCDHB must consistently involve Maori stakeholders as Treaty Partners in advisory and reference groups Strongly agree

Comment (optional)

Public spending is better not targeted. I believe in universality-targeting means the funds go to the bureaucracy rather than the person.... Ethnicity is not necessarily a definition of anything-it is too global, although we know in general Maori and Pacific and refugees are significantly disadvantaged.... I believe that my moral responsibility is first to the community that elects me, and I believe that was the purpose of the 2000 Act. (S. 3 (c) (...a community voice)....However...we are also a Crown Entity...responsible to the Minister...which I regard as s/he holds the purse strings!

**Q3: Please cut and paste your candidate statement (that will appear in the voter's handbook) here:**

HELENE RITCHIE INDEPENDENT

Wellington's first woman deputy mayor, longest serving Health Board member, registered psychologist, and former Labour Leader; Helene brings extensive governance, guts, vigilance, business and professional commitment to the Board. She is a strong and effective voice, and persuaded the Board to fund a new hospital mental health unit.

As author (and carer) of Peter and Me: 'When a Love Story becomes a carer's anguish', I aimed to give voice to exploited carers, calling for a Royal Commission to produce a quality system.

HELENE RITCHIE INDEPENDENT

Wellington's first woman deputy mayor, longest serving Health Board member, registered psychologist, and former Labour Leader; Helene brings extensive governance, guts, vigilance, business and professional commitment to the Board. She is a strong and effective voice, and persuaded the Board to fund a new hospital mental health unit.

As author (and carer) of Peter and Me: 'When a Love Story becomes a carer's anguish', I aimed to give voice to exploited carers, calling for a Royal Commission to produce a quality system.

My focus will be prevention; hospital, home & community support, mental health, cancer, child, elderly, disability, and dementia. No more cuts.

Outspoken for the ordinary person, in Kapiti, Porirua, Wellington, I want equality of access to public health services; responsible funding and practice. I remain impressed with the dedication of doctors, and nurses. A healthy people is a healthy City. I'll continue work begun. [www.heleneritchie.org.nz](http://www.heleneritchie.org.nz) 1.

**Q4: What do you see as the three top issues facing the health of the CCDHB population over the next 10 years?**

Appropriate, quality, sufficient home and community support services for the older person at home with health needs; and those with degenerative and complex co-morbidities.

Mental health and suicide

Free access to a quality public health system-to address health inequalities and disparities.

**Q5: What are three things you think CCDHB should increase their focus on, or investment in?**

As above

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**Q6: How do you think CCDHB should maintain and improve the wellbeing and morale of its staff?**

I am concerned about burnout and the need to have rosters that make life manageable  
There needs to be an adequate system of "supervision" which I believe is a responsibility of the Board to ensure is provided to comply with the Health and safety Act 2016.  
I have raised this several times at the Board.  
Advocate to Government for a proper pay structure for family and institutional carers.

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**Q7: What health sector experience do you have?**

I am a registered health professional-a registered psychologist, with professional, personal and family experience of the hospital, home and community support services, mental health, cancer, G.P., E.D, Orthopaedic, maternity, older persons, dementia/psychogeriatric etc. services.  
My son is and E.D. Doctor-senior consultant in Dunedin

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**Q8: What governance experience do you have?**

See my entry asked for by Scoop Wellington- which is very detailed (if/when they put it up)

I am the longest serving Wellington City Councillor and Health Board member. I have a wealth of effective experience - Over 30 years in multiple, chairing and other governance roles- civic, political, trusts, companies, voluntary sector; etc and on Wellington City Council; Wellington Regional Council; 12 years on the Health Board.

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**Q9: How knowledgeable are you about the legislation that governs the health sector?**

I understand all key relevant legislation-primarily but not only:The Public health and Disability Act 2000, and the Crown Entities Act 2004; Health and Safety Act 2016; Residential tenancies Act (healthy rental Housing); Health Practitioners competence assurance Act 2003, and others

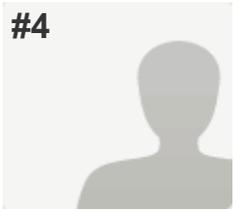
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**Q10: What would you say to voters who ask "Why should I care who is on the CCDHB Board? What difference will it make to my life?"**

I will be a strong and persistent advocate at a governance level, always trying to shift funds to address inequalities and greatest need; and refer significant personal concerns to the appropriate person. I will fight to shift funding to the significant gaps-home and community support services, carers and mental health

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#4



**COMPLETE**

**Collector:** Email Invitation 2 (Email)  
**Started:** Monday, August 29, 2016 4:51:23 PM  
**Last Modified:** Monday, August 29, 2016 5:43:34 PM  
**Time Spent:** 00:52:10  
**First Name:** Sue  
**Last Name:** Kedgley  
**Email:** sue@suekedgley.com

**IP Address:** 121.73.59.17

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**Q1: To what extent do you agree or disagree with the following statements?**

- a. Keeping people well and preventing illness is a crucial role of the DHB Strongly agree
- b. Climate change is a significant health issue that requires DHB action Agree
- c. Sugary drinks should not be sold on DHB premises Strongly agree
- d. Individuals need to take more personal responsibility when it comes to diet, exercise, smoking etc Agree
- e. I support community water fluoridation Neither agree nor disagree
- f. When the budget is tight, maintaining hospital-based services must be the highest priority for the DHB Disagree

Comments (optional)

I believe health prevention and keeping people well should be the focus of our health system, and not just treating people when they have become unwell.

**Q2: To what extent do you agree or disagree with the following statements?**

- a. Current health inequalities are unacceptable and DHBs must take action to remove access barriers and improve outcomes for priority groups Strongly agree
- b. Public spending should not be targeted at particular groups based on ethnicity Disagree
- d. Elected DHB representatives are primarily accountable to the community they represent Neither agree not disagree
- e. Elected DHB representatives are primarily accountable to the Minister of Health Agree
- f. CCDHB must consistently involve Maori stakeholders as Treaty Partners in advisory and reference groups Strongly agree

Comment (optional)

While elected DHB representatives are accountable to the communities who elect them, under legislation their primary statutory accountability is to Parliament via the Minister of Health.

**Q3: Please cut and paste your candidate statement (that will appear in the voter's handbook) here:**

I want to promote good health and ensure everyone can access affordable, quality healthcare when they need it.

I'm a long-term health advocate; elected member of the District Health Board; Safe Food Campaigner; former MP and Chair of Parliament's Health Select Committee.

As a Board member, I've supported initiatives that keep people well, such as better nutrition, home insulation and healthy, locally produced hospital food. I've advocated for better wages and conditions for healthcare staff; improved aged and homecare services, child and mental health services, and more funding for primary care.

I will continue to push for affordable healthcare; decent wages for staff; innovative health services in the community and hospital; empowered consumers who actively engage in their healthcare; focus on patient safety and measures to reduce the spread of superbugs; a home-like birthing centre at CCDHD.

I'm a Wellington Regional Councillor; Board member of Consumer NZ and UNWomen NZ.

**Q4: What do you see as the three top issues facing the health of the CCDHB population over the next 10 years?**

Inequality of income and ensuring that everyone in the region can access affordable healthcare when they need it, regardless of their income or situation.

A growing percentage of the population with chronic dietary-related diseases such as obesity and type 2 diabetes  
An aging population and a growing percentage of the population suffering from depression and mental illness.

**Q5: What are three things you think CCDHB should increase their focus on, or investment in?**

Initiatives that keep people well, such as improving nutrition and the quality of food, early childhood health services, home insulation and early detection and treatment, all of which reduce hospitalization.

Ensuring that everyone can access affordable, high-quality healthcare when they need it, regardless of their income or where they live in the region.

Innovative health services in the community, such as Healthcare Homes, which ensure consumers are empowered and actively engaged in their healthcare, and can access care closer to home, and reduce the number of people needing hospital based care.

**Q6: How do you think CCDHB should maintain and improve the wellbeing and morale of its staff?**

Paying staff well and fairly, improving working conditions and introducing staff to patient ratios, so that staff are not working excessive hours and under constant stress. Ensuring there is pay equity in the health sector. Addressing the pay and working conditions of staff who have been chronically under-paid, such as in the aged care, home care, disability and mental health care sectors. Increasing the involvement of clinical staff in all areas of decision-making in healthcare. Ensuring staff are valued, listened to, and treated with respect at all times.

**Q7: What health sector experience do you have?**

I am a long-term health advocate, and am an elected member of the Capital and Coast District Health Board. I was Deputy Chair of Parliament's Health Select committee for 6 years, from 1999-2005, and Chair of the Health Select Committee from 2005-2011. I was the Green party's Health spokesperson for 9 years. I was a founder of the Safe Food Campaign and its Chairperson from 1992-1999.

**Q8: What governance experience do you have?**

I am Deputy Chair of the Consumer New Zealand Board, and have been a Consumer New Zealand Board member for 3 years. I am an elected member of Capital and Coast district Health Board.

I was previously Chair of Parliament's Health Select Committee (see above). I was a Director of the Wellington City Council Holdings Company for 8 years, and a Wellington City Councillor for 8 years. I am currently a Wellington Regional Councillor. I am a previous President and member of the Board for UN Women New Zealand, and a previous President and member of the Women's Empowerment Principles National Committee for New Zealand.

**Q9: How knowledgeable are you about the legislation that governs the health sector?**

I am well versed in the legislation that governs the health sector, and as a Green Party Health spokesperson at the time, I was a key player in the passage of the New Zealand Public Health and Disability Act 2000, including drafting 14 amendments to the legislation which were adopted by Parliament.

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**Q10: What would you say to voters who ask "Why should I care who is on the CCDHB Board? What difference will it make to my life?"**

The CCDHB Board plays an important role in setting the overall strategic direction of Capital and Coast Health. It helps set priorities for where investment is made in health. It also ensures that Capital and Coast Health is sustainably managed, and is financially sound.

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#5



**COMPLETE**

**Collector:** Email Invitation 2 (Email)  
**Started:** Tuesday, August 30, 2016 12:24:44 AM  
**Last Modified:** Tuesday, August 30, 2016 2:17:01 AM  
**Time Spent:** 01:52:17  
**First Name:** Kathryn  
**Last Name:** Adams  
**Email:** kathryn.adams@xtra.co.nz

**IP Address:** 86.184.64.90

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**Q1: To what extent do you agree or disagree with the following statements?**

- |   |                            |
|---|----------------------------|
| a. Keeping people well and preventing illness is a crucial role of the DHB                                | Strongly agree             |
| b. Climate change is a significant health issue that requires DHB action                                  | Neither agree nor disagree |
| c. Sugary drinks should not be sold on DHB premises   | Strongly agree             |
| d. Individuals need to take more personal responsibility when it comes to diet, exercise, smoking etc     | Agree                      |
| e. I support community water fluoridation   | Agree                      |
| f. When the budget is tight, maintaining hospital-based services must be the highest priority for the DHB | Agree                      |

Comments (optional)

Some of the questions are not 'black and white'. It's important to weigh up all budgetary constraints on a case by case basis and make decisions based on efficient and effective use of scarce resources, always being mindful of humanistic principles.

**Q2: To what extent do you agree or disagree with the following statements?**

- |  |                |
|--|----------------|
| a. Current health inequalities are unacceptable and DHBs must take action to remove access barriers and improve outcomes for priority groups | Strongly agree |
| b. Public spending should not be targeted at particular groups based on ethnicity  | Disagree       |
| d. Elected DHB representatives are primarily accountable to the community they represent   | Disagree       |
| e. Elected DHB representatives are primarily accountable to the Minister of Health   | Agree          |
| f. CCDHB must consistently involve Maori stakeholders as Treaty Partners in advisory and reference groups                                    | Strongly agree |

Comment (optional)

b. it's important to target identified at risk groups to ensure strategic plan objectives are met d & e. Elected DHB representatives are accountable to the Minister of Health. DHB Boards set the strategic direction for the DHB and monitor its performance

**Q3: Please cut and paste your candidate statement (that will appear in the voter's handbook) here:**

I am a registered nurse with a PhD. I have held senior nursing leadership and management roles in clinical practice, hospital management, nursing education and clinical research.

The health sector is complex and changing. Mental illness is now a leading cause of ill health. Neuropsychiatric conditions, including mood disorders, addictions, anxiety and depression, development disorders like ADHD and autism are affecting more of us now than in the past.

I am committed to improve, promote and protect the health of all people in our community. This involves promoting the integration of health services, especially primary and secondary care services.

I support the five themes of the government's health strategy – people powered, closer to home, value and high performance, one team and smart system.

I am also committed to facilitating Wellington Hospital to return to full tertiary status, including, but not limited to, child cancer and liver transplant facilities.

**Q4: What do you see as the three top issues facing the health of the CCDHB population over the next 10 years?**

Integration of health services

Rationalisation of health care delivery in the Wellington Region where we have three DHBs

Returning Wellington Hospital to full tertiary status;

**Q5: What are three things you think CCDHB should increase their focus on, or investment in?**

Integration of health services, especially primary and secondary health care

Mental Health services

Improving, promoting and protection of the health of all people in our community

**Q6: How do you think CCDHB should maintain and improve the wellbeing and morale of its staff?**

Ensure all staff at every level feel valued and respected and;  
that they work within a supportive work environment;  
that they are not stressed by staff shortages, and  
that they feel their concerns are listened to, respected and responded to in a manner that they consider is appropriate.

**Q7: What health sector experience do you have?**

I am a registered nurse who has worked clinically in all aspects of the NZ health care system, including the public sector - intensive care, medical surgical nursing, District Nursing and Public Health.

I have worked as a registered nurse in the private hospital sector; as a GP Practice Nurse and as a University student health nurse.

I have had extensive experience in Nursing education, within the hospital system and also the tertiary education sector in teaching and management roles

**Q8: What governance experience do you have?**

I held the Senior Nurse Advisor role at Rotorua Hospital when those positions replaced the Principal Nurse.

Manager of Mental Health Services at Rotorua Hospital

I held Head of School: Nursing positions at Waiariki and at Northland

I am a director in a small family company.

**Q9: How knowledgeable are you about the legislation that governs the health sector?**

DHBs were created by the Health and Disability Act, 2000. There are currently 20 DHBs in NZ. They own and fund public hospitals. The National Health Board funds and monitors DHBs.

DHB objectives are to improve and promote health of people and communities, to promote integration of services, to ensure effective and efficient delivery of health at local, regional and national levels, to promote care and support for those with disabilities and to reduce health disparities.

DHBs have a social responsibility, involve community participation and uphold ethical and quality standards.

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**Q10: What would you say to voters who ask "Why should I care who is on the CCDHB Board? What difference will it make to my life?"**

I am a registered nurse with a PhD and I believe that the DHBs should work closely with the education sector, in particular Otago University School of Medicine, to maximise the quality, efficiency and effectiveness of health care delivery in the Wellington health district. DHBs provide and fund the provision of health services. The people who are elected to the DHB should have a sound knowledge of the health care system and of the accountabilities that are held by the board members. We all have a vested interest in having a community that enjoys optimum health and that we can entrust those board members to make informed decisions on our behalf and to be open and accountable for those decisions. I believe Wellington Hospital should be returned to full tertiary status so that people who need specialist care, such as child cancer, liver transplants and heart surgery do not have to be sent to other centres.

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#6



**COMPLETE**

**Collector:** Email Invitation 2 (Email)  
**Started:** Wednesday, August 31, 2016 10:18:18 AM  
**Last Modified:** Wednesday, August 31, 2016 11:35:59 AM  
**Time Spent:** 01:17:41  
**First Name:** Sue  
**Last Name:** Driver  
**Email:** sue.driver@xtra.co.nz

**IP Address:** 210.86.90.173

PAGE 1

**Q1: To what extent do you agree or disagree with the following statements?**

- a. Keeping people well and preventing illness is a crucial role of the DHB Strongly agree
- b. Climate change is a significant health issue that requires DHB action Agree
- c. Sugary drinks should not be sold on DHB premises Strongly agree
- d. Individuals need to take more personal responsibility when it comes to diet, exercise, smoking etc Agree
- e. I support community water fluoridation Strongly agree
- f. When the budget is tight, maintaining hospital-based services must be the highest priority for the DHB Neither agree nor disagree

Comments (optional)

Everything we do as individuals, families, communities and countries has potential to impact positively or negatively on our current health and the health of future generations. The DHB has a role in all aspects of health - not just "ill" health, but prevention/education as well. The degree and specific roles will be dependent on the issues, expertise, and resource allocation.

**Q2: To what extent do you agree or disagree with the following statements?**

- a. Current health inequalities are unacceptable and DHBs must take action to remove access barriers and improve outcomes for priority groups Strongly agree
- b. Public spending should not be targeted at particular groups based on ethnicity Disagree
- d. Elected DHB representatives are primarily accountable to the community they represent Strongly agree
- e. Elected DHB representatives are primarily accountable to the Minister of Health Disagree
- f. CCDHB must consistently involve Maori stakeholders as Treaty Partners in advisory and reference groups Strongly agree

Comment (optional)

Although members must be aware of the Minister's and Government's priorities and the Board is dependent on Government's funding, it is essential that members facilitate the engagement of the communities that elected them.

**Q3: Please cut and paste your candidate statement (that will appear in the voter's handbook) here:**

My 40 years experience includes being General Manager of Mary Potter Hospice and a founder of Skylight Trust. I've held Government appointed health advisory roles and board memberships on community based health initiatives. I am a proven problem solver and negotiator.

Like everyone, I have a vested interest in a health sector that is accessible, timely, affordable and responsive to our needs. We have a great health workforce but as we know they are under increasing pressure.

The health sector is complex, with limited resources, increasing needs and competing priorities. We cannot look at health in isolation. Poor housing, food poverty, workplace stress and poor urban design can all affect our health.

We need better ways of working through these complex issues, using the wisdom of those within the health sector, as well as from those outside of it.

**Q4: What do you see as the three top issues facing the health of the CCDHB population over the next 10 years?**

An aging population

Accessibility to services throughout the region

Addressing environmental and lifestyle issues which impact negatively on health

**Q5: What are three things you think CCDHB should increase their focus on, or investment in?**

Planning for and managing the impacts on the health system of an aging population

Strengthening and expanding public health initiatives

Genuinely valuing and utilising the expertise and knowledge of health professionals, communities and other parties such as local authorities. More on going collaborations.

**Q6: How do you think CCDHB should maintain and improve the wellbeing and morale of its staff?**

Well being and morale is high when there is a culture that respects/values all staff, that promotes genuine engagement in decision making and collaboration (rather than competition) and where the work environment is safe (e.g. staffing levels, hours worked etc).

**Q7: What health sector experience do you have?**

My experience includes working as a medical social worker in London, being General Manager of Mary Potter Hospice, a founding member of Skylight Trust, a Government appointee to the New Prescribers Advisory Group, Chair of the MATPRO Complaints Committee and Wellington Diabetes Trust.

**Q8: What governance experience do you have?**

I was an elected member of Wellington City Council from 1986-92.

I have chaired a number of Boards including Skylight Trust, Wellington Museums Trust, Wellington Diabetes Trust, Robinson Seismic Ltd.

My Board memberships have included the Lotteries Commission, Social Services ITO, and Refugee Services

I am currently a Board Member of Kaibosh Food Rescue

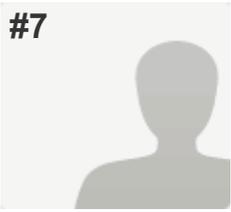
**Q9: How knowledgeable are you about the legislation that governs the health sector?**

Not as knowledgeable as I would like to be, but working on it.

**Q10: What would you say to voters who ask "Why should I care who is on the CCDHB Board? What difference will it make to my life?"**

Board members provide an essential link between the users of services and the deliverers. Therefore it is essential that those members are people who are competent, are trusted and who will genuinely listen. Health affects us all.

#7



**COMPLETE**

**Collector:** Email Invitation 2 (Email)  
**Started:** Wednesday, August 31, 2016 6:00:34 PM  
**Last Modified:** Wednesday, August 31, 2016 6:46:20 PM  
**Time Spent:** 00:45:46  
**First Name:** Helen  
**Last Name:** Robinson  
**Email:** helenalexrobinson@yahoo.co.nz

**IP Address:** 123.255.55.125

PAGE 1

**Q1: To what extent do you agree or disagree with the following statements?**

- |   |                            |
|---|----------------------------|
| a. Keeping people well and preventing illness is a crucial role of the DHB                                | Agree                      |
| b. Climate change is a significant health issue that requires DHB action                                  | Neither agree nor disagree |
| c. Sugary drinks should not be sold on DHB premises   | Disagree                   |
| d. Individuals need to take more personal responsibility when it comes to diet, exercise, smoking etc     | Agree                      |
| e. I support community water fluoridation   | Strongly agree             |
| f. When the budget is tight, maintaining hospital-based services must be the highest priority for the DHB | Agree                      |

Comments (optional)

Healthy communities require action at every level, from central government to whanau and individuals. Public health actions (fluoridation, smoking restrictions, etc) should be evidence-based. Because of this, I strongly support fluoridation because there is firm evidence that it improves dental health, particularly for vulnerable groups. While many elements of public health are important, DHBs should prioritise hospital-based services simply because those services cannot practically be provided by anyone else. Climate change is a real and serious issue, and DHBs should make every effort to be as energy efficient as possible, and to cut down on climate-damaging actions and products where practical. However their first priority should always be public health.

**Q2: To what extent do you agree or disagree with the following statements?**

- |  |                |
|--|----------------|
| a. Current health inequalities are unacceptable and DHBs must take action to remove access barriers and improve outcomes for priority groups | Strongly agree |
| b. Public spending should not be targeted at particular groups based on ethnicity  | Disagree       |
| d. Elected DHB representatives are primarily accountable to the community they represent   | Agree          |
| e. Elected DHB representatives are primarily accountable to the Minister of Health   | Disagree       |
| f. CCDHB must consistently involve Maori stakeholders as Treaty Partners in advisory and reference groups                                    | Strongly agree |

Comment (optional)

The health inequities between Maori and the general population should be a source of shame to New Zealanders. DHBs must enable Maori and other vulnerable communities to take action to improve their own health. They should also recognise that health cannot be addressed in isolation, and make more use of Whanau Ora to help improve the health and general wellbeing of the most vulnerable and high-needs members of society.

**Q3: Please cut and paste your candidate statement (that will appear in the voter's handbook) here:**

As a member of the CCDHB Board, I will ensure that patients' voices are heard. I am a civil servant with a PhD in history, and have researched Māori health and healthcare for the Waitangi Tribunal. I have also been a hospital patient many times, first with an autoimmune disorder and then with surgery complications, and I have supported my husband through treatment for a heart condition and other health problems. I know how it feels to put your life on hold while you wait for surgery. I know how it feels to see a loved one suffer on medications that aren't working. I know how it feels to be told different things by different doctors, and how it feels to get no information at all. I will represent patients and patients' families, and ensure that we are heard at the highest levels. For more information please visit [facebook.com/helen4ccdhb](https://www.facebook.com/helen4ccdhb).

**Q4: What do you see as the three top issues facing the health of the CCDHB population over the next 10 years?**

- The ageing population will require more medical care, which will severely strain health resources if provision is not made for demographic change.
- High levels of poverty and inequality are contributing to preventable ill health, including diseases such as rheumatic fever which are not normally found in the developed world. Without strong action on housing, wages, and benefit levels, this problem will become worse and risks becoming entrenched.
- Obesity is predicted to increase further, carrying with it a range of preventable health problems, and making treatment for other health problems more difficult. This is linked in part to poverty and inequality.

**Q5: What are three things you think CCDHB should increase their focus on, or investment in?**

- Mental health care is shockingly underfunded in the CCDHB area and across New Zealand. It is simply not acceptable for patients to have to wait up to two months just to be assessed, and another two months for treatment. Lives are being lost, and funding must increase.
- Given the number of low-income patients who do not fill their prescriptions because of costs, CCDHB should consider paying the \$5 prescription fee for all patients with a Community Services Card. As well as improving health, this should reduce hospitalisations, saving money in the long run.
- Communication needs to improve. For example, too many doctors give only a limited verbal explanation, often to patients who are too tired or affected by medications to take it in.

**Q6: How do you think CCDHB should maintain and improve the wellbeing and morale of its staff?**

CCDHB needs to change doctors' rosters so that they no longer work unsafe hours. Tired doctors make mistakes, and those mistakes can potentially kill. Inhumane hours also drive good doctors out of the profession. I support the NZ Resident Doctors Association's 'Safer Hours' campaign, and will work to get safer working hours at CCDHB hospitals.

I also support a living wage for all CCDHB staff.

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**Q7: What health sector experience do you have?**

My health sector experience is primarily as a patient, and the partner of a patient. I believe it is important for patients and their whanau to be represented on DHB boards. I have also researched and written on Maori health for the Waitangi Tribunal.

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**Q8: What governance experience do you have?**

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**Q9: How knowledgeable are you about the legislation that governs the health sector?**

I have a general knowledge of the relevant legislation, particularly the parts concerning patient rights and the Treaty of Waitangi. I intend to take advantage of the training provided by CCDHB in order to improve my knowledge.

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**Q10: What would you say to voters who ask "Why should I care who is on the CCDHB Board? What difference will it make to my life?"**

The CCDHB Board influences the delivery of all public health services in Wellington, Porirua, the Kapiti Coast. Getting it right can literally mean the difference between life and death for anyone experiencing serious ill health or injury.

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#8



**COMPLETE**

**Collector:** Email Invitation 2 (Email)  
**Started:** Wednesday, August 31, 2016 8:44:25 PM  
**Last Modified:** Thursday, September 01, 2016 1:16:42 AM  
**Time Spent:** 04:32:16  
**First Name:** Grant  
**Last Name:** Brookes  
**Email:** grant\_brookes@paradise.net.nz

**IP Address:** 121.73.20.175

PAGE 1

**Q1: To what extent do you agree or disagree with the following statements?**

- |   |                            |
|---|----------------------------|
| a. Keeping people well and preventing illness is a crucial role of the DHB                                | Strongly agree             |
| b. Climate change is a significant health issue that requires DHB action                                  | Strongly agree             |
| c. Sugary drinks should not be sold on DHB premises   | Strongly agree             |
| d. Individuals need to take more personal responsibility when it comes to diet, exercise, smoking etc     | Neither agree nor disagree |
| e. I support community water fluoridation   | Strongly agree             |
| f. When the budget is tight, maintaining hospital-based services must be the highest priority for the DHB | Disagree                   |

Comments (optional)

My views on climate change are reflected in the NZ Nurses Organisation position statement (<http://bit.ly/2cbrdLX>). The statement arose from a policy remit which I drafted, and which was endorsed by the 2015 NZNO AGM. I was closely involved in drafting the statement. Similarly, the NZNO Obesity Position Statement arose from a policy remit which I drafted for the 2014 NZNO AGM (<http://bit.ly/2bANQNZ>). This statement commits NZNO to "promote healthy, non-obesogenic food and drinks, and policies around providing healthy vending machines in schools and hospitals". When budget is tight, maintaining hospital-based services must be a priority, but cannot be "the highest priority", at the expense of others. For example, lowering the priority of Primary Health Care would simply result in higher rates of costly Ambulatory Sensitive Hospitalisations and greater pressure on hospital-based services. For a more detail, please see my manifesto: [http://www.grantbrookes.nz/p/my-priorities\\_6.html](http://www.grantbrookes.nz/p/my-priorities_6.html)

**Q2: To what extent do you agree or disagree with the following statements?**

- |  |                            |
|--|----------------------------|
| a. Current health inequalities are unacceptable and DHBs must take action to remove access barriers and improve outcomes for priority groups | Strongly agree             |
| b. Public spending should not be targeted at particular groups based on ethnicity  | Strongly disagree          |
| d. Elected DHB representatives are primarily accountable to the community they represent   | Neither agree nor disagree |
| e. Elected DHB representatives are primarily accountable to the Minister of Health   | Neither agree nor disagree |
| f. CCDHB must consistently involve Maori stakeholders as Treaty Partners in advisory and reference groups                                    | Strongly agree             |

Comment (optional)

Action on current health inequalities isn't optional. It's a moral requirement, and a lawful obligation under Sec.22(1)(f) of the NZPHD Act 2000. Health equity has driven my nursing career, governance and activism for a quarter century. And because many current health inequalities correlate with ethnicity, it is necessary to target spending at particular ethnic groups. Such is equity – to achieve equality of outcome, resources must be directed unequally, towards those with greater health needs. I have spoken on accountabilities to the Minister, and to community, in Kai Tiaki magazine (<http://bit.ly/2bBB8se>). Because they are different kinds of accountability – lawful vs. ethical – I cannot say which is "primary". But where they give rise to conflicting obligations, I will challenge constraints and untested assumptions about accountabilities to the Minister, and test "grey areas". My candidate statement stresses my commitment to involving Māori stakeholders as Treaty Partners.

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**Q3: Please cut and paste your candidate statement (that will appear in the voter's handbook) here:**

Candidate profile statement

Twenty years' nursing – 13 at Wellington Hospital – taught me the realities of care at the bedside and in our community. As the elected President of the NZ Nurses Organisation, I now have national oversight, too.

For people to live well, get well and stay well, we need fences at the top of the cliff, not ambulances below.

Yet prevention and primary health care are often the first casualty of cuts, so we must also reverse the decline in health funding. That money should go to improving health, not CEO pay rises.

I want to put the "care" back into Aged Care. As a parent, I know health grows from whānau ora – family well-being. I support partnerships with Māori.

Health is my sole focus, not a sideline. Individuals don't make change alone, but as part of a like-minded team I believe I can make a difference.

Tauākī kaitono

Āku tau 20 hei kainēhi – 13 tau ki Ngā Puna Waiora – ka waia au ki ngā āhuatanga manaaki tūroro taha moenga, hāpori hoki. Nā tāku tūnga Perehitini ka whānuitia kētia tāku titiro.

Ki te piki te ora, noho ora raini te tangata me whakatūtū tāepa ki ngā tūpari, kua ko ngā waka tūroro kei raro.

Ko te taupā ora me te hauora matua kua tapahia tuatahitia i te pūtea, me whakakorengia tērā mahi kino. Me tohaina taua pūtea ki te mahi hauora, kua ko te hiki utu mō te CEO.

Hiahia au ki te whakahoki i te manaaki ki te mahi Tiaki Kaumātua. He pāpā ahau, mōhio au ka tīmata te hauora i te whānau. Tautoko au i te mahi ngātahi me te Māori.

Ko te hauora tāku pū aronga. Kore taea te tangata kotahi i ngā mahi katoa. Engari mā tini, mā mano ka taea tātou i ngā mahi.

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Note that the Māori translation that will appear in the voter's handbook (above) is significantly truncated and grammatically poor, because election officials rejected the original translation, on account of its word count. The original translation is available on my campaign website: <http://www.grantbrookes.nz/p/about-me.html>

**Q4: What do you see as the three top issues facing the health of the CCDHB population over the next 10 years?**

I accept the assessments of the Ministry of Health, and CCDHB Planning and Funding, about the top issues facing the health of the CCDHB population over the next 10 years.

**Q5: What are three things you think CCDHB should increase their focus on, or investment in?**

I'm going to demonstrate my willingness to challenge constraints by listing four things that CCDHB should increase their focus on, or investment in:

- Fences at the top of the cliff, not ambulances below (focus, and investment)
- Reversing the decline in our health funding (focus)
- Putting the "care" back into Aged Care (focus, initially)
- Whānau Ora – family well-being for all (focus, and investment)

**Q6: How do you think CCDHB should maintain and improve the wellbeing and morale of its staff?**

1. By stamping out bullying in the workplace – for example by rigorous implementation of the policy on Sexual Harassment and Bullying being developed by the State Services Commission and Ministry of Health, in conjunction with DHB and health union representatives. This in no way conflicts with the "Operate With Respect" campaign, recently launched by the Royal Australasian College of Surgeons or the anti-bullying work being undertaken by the Association of Salaried Medical Specialists.

2. By ending unsustainable workloads, which too many staff experience. CCDHB needs to ensure that the right number of staff, with the right skills are at the right place at the right time, to deliver the care that's needed. This means, amongst other things, rapid implementation of the Care Capacity Demand Management programme, which CCDHB has already signed up to in a legally binding agreement.

3. By supporting claims for a Living Wage ([www.livingwage.org.nz](http://www.livingwage.org.nz)), when these are raised in negotiations for Collective Employment Agreements. Lifting the lowest-paid people who work on CCDHB premises (for example, cleaners and Health Care Assistants) out of poverty is the single biggest thing that can be done to improve their well-being and morale.

**Q7: What health sector experience do you have?**

I have two decades of experience as a Registered Nurse, including 13 years spent working at CCDHB. I also have experience of the international nursing context, having practised in the UK and Australia. During these years, my experience has spanned many nursing and health sector roles:

Nursing leadership roles:

- Workplace delegate, 2002-15.
- NZNO representative on the DHB Mental Health Bipartite Action Group (BAG) (initially at CCDHB, later covering HVDHB and WDHB also), 2005-15
- Member, DHB Sector National Delegates Committee, 2008-15
- Chair, NZNO Greater Wellington Regional Council, 2010-13.
- Convenor, DHB Sector National Delegates Committee, 2012-15.
- Member, NZNO Board of Directors, 2012-13.
- Committee Member & Journal Co-editor, NZNO Mental Health Nurses Section, 2014-15.
- Member, negotiating team for the DHB Multi-Employer Collective Agreement, 2014-15
- Media spokesperson for NZNO, as required.
- Current President of the New Zealand Nurses Organisation.

Through these roles, I have been active in the Aged Care, Primary Health and Private Hospital Sectors.

In addition to the nursing leadership positions listed above, my sound understanding of nursing and wider health policy has also been reflected in roles such as:

- NZNO representative on "The Journey Forward", a cross-sectoral project to plan Mental Health Services for the Wellington Region.
- Author of policy submissions on behalf of NZNO Greater Wellington Regional Council on issues ranging from Standards of Professional Nursing Practice, and Standards of Practice for Mental Health Nursing, to Social Media and the Nursing Profession.
- NZNO panelist on a variety of topics, from social determinants of health (alongside Green Party co-leader Metiria Turei and former Labour Health spokesperson Grant Robertson) to substitution in nursing.
- Regular author and interview subject, on a wide range of nursing and health matters, in Kai Tiaki Nursing New Zealand.
- Health First candidate for CCDHB in the 2013 District Health Board elections, standing with the endorsement of NZNO.

**Q8: What governance experience do you have?**

I have served on the Board of the Newtown Union Health Service since December 2013. As the national president of the New Zealand Nurses Organisation, I currently Chair that organisation's Board of Directors.

**Q9: How knowledgeable are you about the legislation that governs the health sector?**

I believe I am very knowledgeable about the legislation which governs the health sector. My understanding has been derived not only through study of the various Acts (and regulations and local and national policies), but has also developed as a working knowledge through two decades in clinical practice, in various nursing roles in hospital and community settings.

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**Q10: What would you say to voters who ask "Why should I care who is on the CCDHB Board? What difference will it make to my life?"**

If the voter is asking what difference it will make to their own life, then my answer would depend on the demographics and location of that voter. The health needs which elected CCDHB representatives ensure are met vary greatly from person to person.

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#9



**COMPLETE**

**Collector:** Email Invitation 2 (Email)  
**Started:** Thursday, September 01, 2016 9:20:52 AM  
**Last Modified:** Thursday, September 01, 2016 10:14:32 AM  
**Time Spent:** 00:53:39  
**First Name:** Paul  
**Last Name:** Douglas  
**Email:** blkdoug@gmail.com

**IP Address:** 210.48.175.44

PAGE 1

**Q1: To what extent do you agree or disagree with the following statements?**

- a. Keeping people well and preventing illness is a crucial role of the DHB Strongly agree
- b. Climate change is a significant health issue that requires DHB action Strongly disagree
- c. Sugary drinks should not be sold on DHB premises Strongly agree
- d. Individuals need to take more personal responsibility when it comes to diet, exercise, smoking etc Strongly agree
- e. I support community water fluoridation Strongly disagree
- f. When the budget is tight, maintaining hospital-based services must be the highest priority for the DHB Agree

**Q2: To what extent do you agree or disagree with the following statements?**

- a. Current health inequalities are unacceptable and DHBs must take action to remove access barriers and improve outcomes for priority groups Agree
- b. Public spending should not be targeted at particular groups based on ethnicity Agree
- d. Elected DHB representatives are primarily accountable to the community they represent Strongly disagree
- e. Elected DHB representatives are primarily accountable to the Minister of Health Strongly agree
- f. CCDHB must consistently involve Maori stakeholders as Treaty Partners in advisory and reference groups Strongly agree

Comment (optional)

Re:q2a)It's very difficult to obtain perfect equity, & may be unproductive to try too much. This question should also add at the end after "...for priority groups", the words", & NZ'rs". Re q2B)but public spending currently has to be targeted to vulnerable population groups whose health outcomes are below standard, including Maori & Polynesians. I hope this distinction can be phased out after 2 terms of 3years, so there's one policy for all population groups later.

**Q3: Please cut and paste your candidate statement (that will appear in the voter's handbook) here:**

## Candidate Profile Statement

I'm Paul Douglas of Wilton, Wellington. I'm independent, a volunteer, researcher, health watchdog, and focused on health. I have skills in infrastructure, development, planning, and information technology, important for current transitioning in the health system.

The multi-cultural population groups of the three district health boards in this area deserve a survey and questionnaire for a proper health needs assessment to find the populations needs and wants directly. Not, the cheap and nasty proxy quasi assessment using Statistics NZ data they've done recently and used as a basis for current planning.

A role in planning and policy, especially related to disabilities, seclusion, suicide, and mental health issues, and being on community, public health, disability, and hospital committees is important to me.

My contacts include LinkedIn, email: blkdoug@gmail.com, and Twitter @BlkdougPaul

**Q4: What do you see as the three top issues facing the health of the CCDHB population over the next 10 years?**

q4a)To have a proper & adequate infrastructure including: water (its supply,testing, & treatment to be not fluoridated), buildings(to be earthquake safe), housing(especially to be an adequate & affordable quantity for the vulnerable & mentally unwell)

q4b)To have a fit-for-purpose Disability, & (Mental Health with minimal seclusion & restraint), services & policies for those which enable/enforce all a patients problems to be treated.

q4c)To have an effective and fit-for-purpose Emergency Department with a nearby After Hours/Urgent Care services which are affordable by beneficiaries and mothers.

**Q5: What are three things you think CCDHB should increase their focus on, or investment in?**

q5a)Making sure each population group is getting its fair share wrt access & treatment.

q5b)Sorting out the setting of the terms of reference around the relevant HAC, CPHAC+DSAC committee meetings because they are very messy, which should help with efficiencies in service provision, because of an improved clarity of tasks, duties, goals, especially wrt disability services, & vulnerability to fraud.

q5c)IT or ICT, internet, & communication costs & protecting privacy of staff & patients.

**Q6: How do you think CCDHB should maintain and improve the wellbeing and morale of its staff?**

Improve its nurses & lower paid, associated staff including carers wages, preferably to be more equitable, & reduce hours so staff aren't overworked & overly stressed. Reduce bullying. I believe that could be achieved by utilising nurses time better with less monitoring, & employing more nurses, and phasing out the senior doctors system.

**Q7: What health sector experience do you have?**

My health sector experience started as being a patient with a lot of health problems including asthma, broken bones, ear nose throat problems, which lead to other issues during my life course, & being hospitalised for about a total of 8months of my 51years.

Since Nov2009, I have as a consequence see a lot of problems in the health sector, which I believe I can help fix.

**Q8: What governance experience do you have?**

Six years attending about 100 or more DHB board and/or committee meetings of SouthernDHB, and Capital & Coast DHB, and nearby areas such as the 3DHBs of CCDHB,HuttValleyDHB, & WairarapaDHB. Studying a range of policies and health law since Nov2009.

**Q9: How knowledgeable are you about the legislation that governs the health sector?**

Very knowledgeable, having transferred my skills from a BSurv degree at Otago 1986, and doing Cadastral Law. I'm very familiar which what goes on at DHB meetings, and health related law.

**Q10: What would you say to voters who ask "Why should I care who is on the CCDHB Board? What difference will it make to my life?"**

Havelock North's problems with water help show you need someone with my education background which has involved looking at Water treatment. I've attended public health lectures as well which gives an important grounding, to help keep our water supplies healthy. You need an analytical brain like mine.

#10



**COMPLETE**

**Collector:** Email Invitation 2 (Email)  
**Started:** Friday, September 02, 2016 11:22:33 PM  
**Last Modified:** Friday, September 02, 2016 11:33:34 PM  
**Time Spent:** 00:11:01  
**First Name:** Sue  
**Last Name:** Teng  
**Email:** sueneil.robertson@gmail.com

**IP Address:** 203.79.96.66

PAGE 1

**Q1: To what extent do you agree or disagree with the following statements?**

- |   |                            |
|---|----------------------------|
| a. Keeping people well and preventing illness is a crucial role of the DHB                                | Strongly agree             |
| b. Climate change is a significant health issue that requires DHB action                                  | Agree                      |
| c. Sugary drinks should not be sold on DHB premises   | Strongly agree             |
| d. Individuals need to take more personal responsibility when it comes to diet, exercise, smoking etc     | Agree                      |
| e. I support community water fluoridation   | Neither agree nor disagree |
| f. When the budget is tight, maintaining hospital-based services must be the highest priority for the DHB | Agree                      |

Comments (optional)  
 Require more information on water fluoridation

**Q2: To what extent do you agree or disagree with the following statements?**

- |  |                |
|--|----------------|
| a. Current health inequalities are unacceptable and DHBs must take action to remove access barriers and improve outcomes for priority groups | Agree          |
| b. Public spending should not be targeted at particular groups based on ethnicity  | Disagree       |
| d. Elected DHB representatives are primarily accountable to the community they represent   | Strongly agree |
| e. Elected DHB representatives are primarily accountable to the Minister of Health   | Agree          |
| f. CCDHB must consistently involve Maori stakeholders as Treaty Partners in advisory and reference groups                                    | Strongly agree |

**Q3: Please cut and paste your candidate statement (that will appear in the voter's handbook) here:**

I will be your voice and work towards:

- adequate staffing levels to ensure safety of employees and patients of all age groups
- improved and affordable access for hospital, community and dental services
- healthy, locally produced food in our hospitals to promote better recovery
- waste reduction to reduce cost and protect the environment
- paying a Living Wage to our employees
- Birth Hub for Wellington to promote birthing in a natural environment

**Q4: What do you see as the three top issues facing the health of the CCDHB population over the next 10 years?**

- Aging Population
- Managing Diversity in Health Care
- Rising Cost of health care services

**Q5: What are three things you think CCDHB should increase their focus on, or investment in?**

- Support health promotion to prevent mental and physical illness
- Partnership with Community and Government agencies to promote better co-ordination of health services
- Consider alternative treatments to manage Rising Cost of health care services

**Q6: How do you think CCDHB should maintain and improve the wellbeing and morale of its staff?**

- Work life balance particularly for shift work employees
- Build Trust. An open communication channel between employer and employee
- Opportunity for career development

**Q7: What health sector experience do you have?**

- Overseas nursing and midwifery experience (10 years)
- Midwifery (4 years) – Wellington Hospital
- Community Plunket nursing – (2 years) in Wellington
- Clinical Nurse Co-ordinator for Women’s Health (4 years)– Wellington Hospital
- Safety Programme Manager for ACC– 16 years

**Q8: What governance experience do you have?**

I have no governance experience. However, I have financial acumen and have experience managing large public budgets in ACC. I am a strategic thinker and have a passion working with communities and families.

**Q9: How knowledgeable are you about the legislation that governs the health sector?**

There are many legislations that governs the health sector and the most relevant is New Zealand Public Health and Disability Act 2000  
 I have good working knowledge of the Accident Compensation Act 2001 and the Health & Safety Employment Act 1992; now call the Health and Safety at Work Act 2015  
 Generally I am comfortable to work in a legislative environment.

**Q10: What would you say to voters who ask "Why should I care who is on the CCDHB Board? What difference will it make to my life?"**

The public and community needs a voice for their “health concerns”. The elected health board members will act as a voice and advocate for the community they represent.  
 The Elected Health Board should also ensure the rights under the Code of Health & Disability services Consumers’ Rights are administered appropriately for the consumers e.g. respect, fair treatment, dignity and independence, proper standards, communication, information, decision to say NO, support when taking part in teaching and research and easy to make a complaint without adverse effect

#11



**COMPLETE**

**Collector:** Email Invitation 2 (Email)  
**Started:** Saturday, September 03, 2016 12:17:37 PM  
**Last Modified:** Saturday, September 03, 2016 12:34:24 PM  
**Time Spent:** 00:16:46  
**First Name:** Ian  
**Last Name:** Scott  
**Email:** ian@mhgallery.co.nz

**IP Address:** 121.75.30.163

PAGE 1

**Q1: To what extent do you agree or disagree with the following statements?**

- a. Keeping people well and preventing illness is a crucial role of the DHB Strongly agree
- b. Climate change is a significant health issue that requires DHB action Agree
- c. Sugary drinks should not be sold on DHB premises Strongly agree
- d. Individuals need to take more personal responsibility when it comes to diet, exercise, smoking etc Agree
- f. When the budget is tight, maintaining hospital-based services must be the highest priority for the DHB Strongly agree

**Q2: To what extent do you agree or disagree with the following statements?**

- a. Current health inequalities are unacceptable and DHBs must take action to remove access barriers and improve outcomes for priority groups Strongly agree
- b. Public spending should not be targeted at particular groups based on ethnicity Neither agree nor disagree
- d. Elected DHB representatives are primarily accountable to the community they represent Strongly agree
- e. Elected DHB representatives are primarily accountable to the Minister of Health Disagree
- f. CCDHB must consistently involve Maori stakeholders as Treaty Partners in advisory and reference groups Strongly agree

**Q3: Please cut and paste your candidate statement (that will appear in the voter's handbook) here:**

Dr Ian Scott retired this year after 47 years as a specialist in palliative care, addiction medicine and public health. "My principle passion has been primary health care where I worked for a total of 18 years". He believes in "our Public Health System and in primary health care as its essential foundation. This needs to be supported by specialist services which are accessible and appropriately funded". Dr Scott will work to support the elderly, the disabled and our children as a priority and the provision of responsive mental health services as an urgent issue. In addition to his work in Palliative Care and Addiction Medicine over the past 20-years Dr Scott worked on the Boards of the Auckland DHB, the Northern Regional Trust Board of St John, Alcohol Advisory Council (ALAC) and served as the Chair of the Auckland PHO and of the Auckland After Hours project.

**Q4: What do you see as the three top issues facing the health of the CCDHB population over the next 10 years?**

Care of the elderly - emphasis on Advance Care Planning

Mental Health Services - emphasis of accessibility

Child health - emphasis on addressing problems associated with poverty, homelessness and diet.

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**Q5: What are three things you think CCDHB should increase their focus on, or investment in?**

As listed in answer to question 4.

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**Q6: How do you think CCDHB should maintain and improve the wellbeing and morale of its staff?**

By ensuring their views are taken into account and that working conditions are commensurate with the demands of the job. I am particularly concerned about the present inability to employ sufficient staff to meet the increasing demands of an increasing and aging population.

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**Q7: What health sector experience do you have?**

I qualified as a doctor in 1969. I have worked in general practice for a total of 20 years and I have specialist qualifications in Public Health, Palliative Care and Addiction Medicine.

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**Q8: What governance experience do you have?**

Considerable as listed under 3 above.

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**Q9: How knowledgeable are you about the legislation that governs the health sector?**

Moderately

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**Q10: What would you say to voters who ask "Why should I care who is on the CCDHB Board? What difference will it make to my life?"**

I have an absolute commitment to a Public Health Service and I bring considerable experience both as a worker within the health service and many years of governance experience. I want to ensure that you have access to good health services when you need them and especially if you are elderly or young.

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#12



**COMPLETE**

**Collector:** Email Invitation 2 (Email)  
**Started:** Sunday, September 04, 2016 1:42:29 PM  
**Last Modified:** Sunday, September 04, 2016 1:55:53 PM  
**Time Spent:** 00:13:23  
**First Name:** John  
**Last Name:** Apanowicz  
**Email:** john@katapo.co.nz

**IP Address:** 103.21.173.82

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**Q1: To what extent do you agree or disagree with the following statements?**

- a. Keeping people well and preventing illness is a crucial role of the DHB Strongly agree
- b. Climate change is a significant health issue that requires DHB action Neither agree nor disagree
- c. Sugary drinks should not be sold on DHB premises Agree
- d. Individuals need to take more personal responsibility when it comes to diet, exercise, smoking etc Agree
- e. I support community water fluoridation Strongly agree
- f. When the budget is tight, maintaining hospital-based services must be the highest priority for the DHB Agree

Comments (optional)

I strongly agree that keeping people well and preventing illness is a crucial role of the DHB. This can be done by education and letting people know of the importance of exercise, diet and looking after yourself.

**Q2: To what extent do you agree or disagree with the following statements?**

- a. Current health inequalities are unacceptable and DHBs must take action to remove access barriers and improve outcomes for priority groups Strongly agree
- b. Public spending should not be targeted at particular groups based on ethnicity Neither agree nor disagree
- d. Elected DHB representatives are primarily accountable to the community they represent Agree
- e. Elected DHB representatives are primarily accountable to the Minister of Health Neither agree nor disagree
- f. CCDHB must consistently involve Maori stakeholders as Treaty Partners in advisory and reference groups Agree

Comment (optional)

As an elected official your responsibility is to the DHB and also the stakeholders you serve being the members of the community. The DHB has two Maori representatives appointed to the Board and I have worked with them and value their contribution.

**Q3: Please cut and paste your candidate statement (that will appear in the voter's handbook) here:**

John has worked in various roles in the health sector since 2007 at Capital & Coast DHB and other health entities. He knows the systems, people and processes surrounding DHB's.

The DHB is a mix of various health providers and getting them to work together to provide services to the community is key. I feel that health is personal and about people. This is the only industry that truly fixes life and death so it is important to have the framework to cater to individual needs.

John in his professional capacity feels he has the skills to help establish this framework as he has worked in Health, IT, Education and Central Government and has experience in governance, Board secretarial practice and CFO roles.

John is also a Fellow of the Institute of Chartered Secretaries and a Chartered Member of the Institute of Directors. For more information about John visit [www.katapo.co.nz](http://www.katapo.co.nz)

**Q4: What do you see as the three top issues facing the health of the CCDHB population over the next 10 years?**

Accessibility to health services, drug funding, quality hospital health care

**Q5: What are three things you think CCDHB should increase their focus on, or investment in?**

Accessibility to health services, drug funding, quality hospital health care

**Q6: How do you think CCDHB should maintain and improve the wellbeing and morale of its staff?**

Health and safety is a big issue in many industries and most important in health care. We can do this by improving the health of our patients and improving the safety of our staff. This means not working excessive hours that would be unacceptable in any other industry and a sever safety issue.

**Q7: What health sector experience do you have?**

I have worked for three health sector entities including the CCDHB as the Board Secretary.

**Q8: What governance experience do you have?**

I am a Chartered Member of the Institute of Directors so I have significant governance experience.

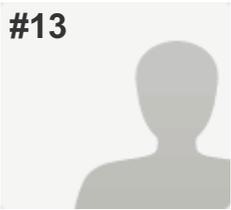
**Q9: How knowledgeable are you about the legislation that governs the health sector?**

I am very knowledgeable on the legislation and the New Zealand Public Health and Disability Act 2000 - I have my own copy!

**Q10: What would you say to voters who ask "Why should I care who is on the CCDHB Board? What difference will it make to my life?"**

It makes a significant difference. You need people who know the systems, processes and people. The DHB is a mix of various health providers and getting them to work together to provide services to the community is key

#13



**COMPLETE**

**Collector:** Email Invitation 2 (Email)  
**Started:** Sunday, September 04, 2016 11:01:35 PM  
**Last Modified:** Sunday, September 04, 2016 11:38:50 PM  
**Time Spent:** 00:37:14  
**First Name:** Fran  
**Last Name:** Wilde  
**Email:** fran@franwilde.com

**IP Address:** 121.73.87.176

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**Q1: To what extent do you agree or disagree with the following statements?**

- a. Keeping people well and preventing illness is a crucial role of the DHB Strongly agree
- b. Climate change is a significant health issue that requires DHB action Neither agree nor disagree
- c. Sugary drinks should not be sold on DHB premises Strongly agree
- d. Individuals need to take more personal responsibility when it comes to diet, exercise, smoking etc Agree
- e. I support community water fluoridation Strongly agree
- f. When the budget is tight, maintaining hospital-based services must be the highest priority for the DHB Disagree

Comments (optional)

Re question (b): Climate change is certainly a significant health issue but the action required around it is not primarily the responsibility of DHBs. However, the CCDHB could do more to work in partnership with the agencies who are responsible. Re question (d): of course everyone needs to take individual responsibility but that is insufficient - there are significant societal forces that need to be considered and that require strong public policy responses.

**Q2: To what extent do you agree or disagree with the following statements?**

- a. Current health inequalities are unacceptable and DHBs must take action to remove access barriers and improve outcomes for priority groups Strongly agree
- b. Public spending should not be targeted at particular groups based on ethnicity Disagree
- d. Elected DHB representatives are primarily accountable to the community they represent Agree
- e. Elected DHB representatives are primarily accountable to the Minister of Health Agree
- f. CCDHB must consistently involve Maori stakeholders as Treaty Partners in advisory and reference groups Strongly agree

Comment (optional)

Re questions (d) and (e): elected members are accountable to their communities but under the legislation they are also accountable to the minister so I have ticked "agree" for both.

**Q3: Please cut and paste your candidate statement (that will appear in the voter's handbook) here:**

The next few years will be critical as our DHB is required to juggle competing interests and growing demand within a challenging funding framework. It is imperative that we maintain the current range of tertiary services in our region and also that we are in a position to invest in primary community services. Wellington region should not be disadvantaged by having these two parts of our health system put into conflict. I am offering my leadership skills and my experience in governance to help - not just to maintain the status quo but to ensure positive developments in health delivery across the spectrum. My background is in business (as a CEO), politics (MP, Mayor and Chair of the Regional Council) and the not-for-profit/community sector. I am currently an independent company director. I know how to achieve results and will bring energy, courage and commitment to this role.

**Q4: What do you see as the three top issues facing the health of the CCDHB population over the next 10 years?**

In no particular order:

Aging population

Mental health issues

Maori/Pacific health

**Q5: What are three things you think CCDHB should increase their focus on, or investment in?**

Ensure that all services required by the government are fully funded

Ensure provision of and access to high quality primary health services

Keep people out of hospital as much as possible - eg elderly care: more focus on home-based services

**Q6: How do you think CCDHB should maintain and improve the wellbeing and morale of its staff?**

I can't answer this question because I have no data as to the current level of morale or the state of wellbeing of staff.

However, these clearly should be areas of major interest to the DHB board because the staff are "mission critical"- no health services without them!

**Q7: What health sector experience do you have?**

None in the provision of population health or hospital services (except as a consumer)

Experience in the provision of public health services such as clean drinking water, air quality and public transport.

**Q8: What governance experience do you have?**

Extensive, as follows:

Public Sector - Minister; Mayor; Chair of Regional Council; Chair/director of Crown entities)

Private Sector - Chair/director of various boards

Community/not-for-profit - Chair/director/committee member of various organisations

**Q9: How knowledgeable are you about the legislation that governs the health sector?**

I am aware of the provisions of the NZPHD Act and, having held governance positions in other Crown entities, I am familiar with a range of other legislation that applies to DHBs

**Q10: What would you say to voters who ask "Why should I care who is on the CCDHB Board? What difference will it make to my life?"**

The CCDHB is critical to the lives of all of us every day - parents whose kids need a GP after hours, carers of elderly relatives or people needing treatment or surgical intervention that will transform their lives. Having board members with deep knowledge of the different parts of our community and the judgement to make the right decisions is imperative when resources are limited.

#14



**COMPLETE**

**Collector:** Email Invitation 2 (Email)  
**Started:** Sunday, September 04, 2016 11:49:47 PM  
**Last Modified:** Monday, September 05, 2016 2:33:52 AM  
**Time Spent:** 02:44:04  
**First Name:** Roger  
**Last Name:** Blakeley  
**Email:** roger.blakeley@outlook.com

**IP Address:** 203.96.138.140

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**Q1: To what extent do you agree or disagree with the following statements?**

- a. Keeping people well and preventing illness is a crucial role of the DHB Strongly agree
- b. Climate change is a significant health issue that requires DHB action Strongly agree
- c. Sugary drinks should not be sold on DHB premises Strongly agree
- d. Individuals need to take more personal responsibility when it comes to diet, exercise, smoking etc Strongly agree
- e. I support community water fluoridation Strongly agree
- f. When the budget is tight, maintaining hospital-based services must be the highest priority for the DHB Agree

Comments (optional)

Re f above. I think it is important that CCDHB persuades the Minister of Health to provide full tertiary hospital funding for Wellington Regional Hospital. At the same time, I support the theme in the NZ Health Strategy, April 2016 of 'care closer to home'. The CCDHB needs to be looking at health services across the board area, not just hospital services.

**Q2: To what extent do you agree or disagree with the following statements?**

- a. Current health inequalities are unacceptable and DHBs must take action to remove access barriers and improve outcomes for priority groups Strongly agree
- b. Public spending should not be targeted at particular groups based on ethnicity Disagree
- d. Elected DHB representatives are primarily accountable to the community they represent Strongly agree
- e. Elected DHB representatives are primarily accountable to the Minister of Health Disagree
- f. CCDHB must consistently involve Maori stakeholders as Treaty Partners in advisory and reference groups Strongly agree

Comment (optional)

Re item b: It is totally unacceptable that life expectancy of Maori and Pacific people can be as much as 10 years less than life expectancy of people of European descent and other ethnic groups. I therefore support the Maori Health Plan, and initiatives to improve Pacific peoples' health.

**Q3: Please cut and paste your candidate statement (that will appear in the voter's handbook) here:**

Capital and Coast District Health Board, Candidate Profile Statement

Roger Blakeley

I am a born Wellingtonian. I always put people first. I will work to make CCDHB Bolder and Better.

I will Boldly advocate for Government to provide full tertiary hospital funding for CCDHB. I will promote more community and family health care, closer to your home. I will advocate for preventive measures, to reduce suicide, obesity, alcohol abuse, child harm, and family violence.

I will pursue Better value for money to meet your vital health needs, using smart technology and a better working environment for all health professionals and related workers.

I have a PhD in earthquake engineering, and extensive experience in central and local government as Chief Executive, Ministry for the Environment; Chief Executive, Department of Internal Affairs; Chief Executive, Porirua City Council; and as a director on Crown Entity boards. Contacts roger.blakeley@outlook.com 021 229 6928

Make Blakeley your 1st choice for a Bolder and Better CCDHB.

**Q4: What do you see as the three top issues facing the health of the CCDHB population over the next 10 years?**

1. Maori and Pacific peoples' health
2. Mental health and addictions
3. People at high risk of living with diabetes

**Q5: What are three things you think CCDHB should increase their focus on, or investment in?**

1. Preventive measures to reduce suicide, obesity, alcohol and drug abuse, child harm and family violence.
2. More community and family health care, closer to home.
3. A better working environment for all health professionals and related workers.

**Q6: How do you think CCDHB should maintain and improve the wellbeing and morale of its staff?**

1. Better working environment for all health professionals and related workers, including terms of employment, recognition of pressure of working hours and conditions.
2. Better communication to staff, consultation and listening to staff, for example the mode of announcement of the PricewaterhouseCoopers Review of all of the health board's services risked destabilising an already fragile workforce. CCDHB should look at a different model, based on an engaged and empowered workforce in which staff are listened to in finding solutions to fiscal pressures.
3. Better support for staff with smart technology to enhance efficiency and effectiveness of the workforce and patient care.

**Q7: What health sector experience do you have?**

I have not worked directly in the health sector. I have worked closely and collaboratively with the health sector in my various roles including as Chief Executive Porirua City Council, from 2000 to 2010, and Chief Planning Officer Auckland Council, from 2010 to 2015. I have extensive Chief Executive-level experience in central and local government. I know from the inside how Government works, which would be invaluable to the Board as it engages with the Minister of Health and Government on its major funding challenges.

**Q8: What governance experience do you have?**

Board Member, New Zealand Lotteries Commission, Crown Entity  
Board Member, NZ Fire Service Commission, Crown Entity  
Board Member, Hillary Commission for Sport, Fitness and Leisure  
Board Member, NZ Sports Foundation  
Chair, Porirua City Community IT Education Trust  
Chair, Digital Porirua Trust  
Board Member, Interim Board, Tamaki Development Company  
Board Member, Harkness Fellowships Trust

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**Q9: How knowledgeable are you about the legislation that governs the health sector?**

I am familiar with the Health legislation including the Health Act 1956, New Zealand Public Health and Disability Act 2000 and the wide range of other legislation which governs the health sector. One of my previous roles was Chief Executive, Ministry for the Environment from 1986 to 1995, during which time I led at CE-level the development of the Resource Management Act 1991 which repealed and replaced 59 other acts and was the largest law reform in NZ's history, so I am very familiar with government legislative processes.

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**Q10: What would you say to voters who ask "Why should I care who is on the CCDHB Board? What difference will it make to my life?"**

You should care because the Capital and Coast District Health Board is charged with responsibility for delivering health services to 300,000 people. The quality of the decisions made by the Board depends on the competence of the people you elect. The Board needs people who have the vision to plan for future services to meet the changing health needs of the population. It must have people who understand the needs of people and communities within its area. It needs people who can make the tough decisions about priorities for allocation of a \$1 billion budget. The decisions the Board makes will determine the services which are provided for your health and wellbeing, and that of your children. You should vote for people that you can trust with that responsibility.

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#15



**COMPLETE**

**Collector:** Email Invitation 2 (Email)  
**Started:** Monday, September 05, 2016 7:48:43 AM  
**Last Modified:** Monday, September 05, 2016 8:35:52 AM  
**Time Spent:** 00:47:08  
**First Name:** Eileen  
**Last Name:** Brown  
**Email:** eileen.b@clear.net.nz

**IP Address:** 121.73.138.127

PAGE 1

**Q1: To what extent do you agree or disagree with the following statements?**

- |   |                |
|---|----------------|
| a. Keeping people well and preventing illness is a crucial role of the DHB                                | Strongly agree |
| b. Climate change is a significant health issue that requires DHB action                                  | Strongly agree |
| c. Sugary drinks should not be sold on DHB premises   | Strongly agree |
| d. Individuals need to take more personal responsibility when it comes to diet, exercise, smoking etc     | Disagree       |
| e. I support community water fluoridation   | Strongly agree |
| f. When the budget is tight, maintaining hospital-based services must be the highest priority for the DHB | Disagree       |

**Q2: To what extent do you agree or disagree with the following statements?**

- |  |                |
|--|----------------|
| a. Current health inequalities are unacceptable and DHBs must take action to remove access barriers and improve outcomes for priority groups | Strongly agree |
| b. Public spending should not be targeted at particular groups based on ethnicity  | Disagree       |
| d. Elected DHB representatives are primarily accountable to the community they represent   | Agree          |
| e. Elected DHB representatives are primarily accountable to the Minister of Health   | Disagree       |
| f. CCDHB must consistently involve Maori stakeholders as Treaty Partners in advisory and reference groups                                    | Strongly agree |

Comment (optional)

The legislation governing the DHBs specifies that Board members are accountable to the Minister of Health. This means that Board members have legal responsibilities. But being an elected member means responsibility and accountability to the voting public as well. The two accountabilities co-exist.

**Q3: Please cut and paste your candidate statement (that will appear in the voter's handbook) here:**

Health cuts hurt people and families. Vote for me to ensure quality health care services and good health in the community.

I have 20 years nursing experience and currently chair the Newtown Union Health Service Board. The DHB must ensure everyone has access to quality, affordable health care at the right time – including effective mental health services. I'll support community health services in Wellington, Porirua and Kapiti; promote services that keep people well and will support our nurses, doctors and allied health staff. Vote for me to stand up for you if the government makes further health cuts.

I am a Registered Comprehensive Nurse and a Master of Public Health (Otago). I've been on The New Zealand Nurses Organisation and Public Health Association Boards. I have a track record of fighting for patients and for local communities. I will be your voice on the CCDHB.

Vote Number 1: Eileen Brown

**Q4: What do you see as the three top issues facing the health of the CCDHB population over the next 10 years?**

Increasing poverty and inequality (linked to education, job opportunities, low income poor housing)

Increasing rates of mental illness and distress

Increasing rates of obesity and poor nutrition

Increasing numbers of older people causing greater on health services

**Q5: What are three things you think CCDHB should increase their focus on, or investment in?**

Accessible and affordable primary health care services based on principles of the Ottawa Charter

Increased public health expenditure for illness prevention and health promotion programmes.

New models of care to deliver to older population to enable people to live in their own homes longer and thinking models of care with a person-centred approach for older people and other groups e.g. refugees

**Q6: How do you think CCDHB should maintain and improve the wellbeing and morale of its staff?**

The wellbeing and morale of all of the staff who work at CCDHB is a central concern of the DHB.

Good employment relations are a critical to the functioning of the DHB and while the direct responsibility of the Chief Executive the Board must ensure that throughout the DHB, staff morale, wellbeing and safety are the highest priority.

**Q7: What health sector experience do you have?**

Twenty years nursing in mental health, medical and surgical wards, brain injury rehabilitation

Service Manager Pain Management Service

Professional Nursing Advisor New Zealand Nurses Organisation

Policy Analyst New Zealand Nurses Organisation

**Q8: What governance experience do you have?**

New Zealand Nurses Organisation Board

Public Health Association Board

Newtown Union Health service Board ( current chair)

**Q9: How knowledgeable are you about the legislation that governs the health sector?**

I have a good overall knowledge.

**Q10: What would you say to voters who ask "Why should I care who is on the CCDHB Board? What difference will it make to my life?"**

Because health is what matters most to our quality of life and to that of our family/ whanau and community, the CCDHB has a critical role in ensuring people and communities are getting the health services they need to have and achieve optimum health status.

#16



**COMPLETE**

**Collector:** Email Invitation 2 (Email)  
**Started:** Monday, September 05, 2016 12:42:54 PM  
**Last Modified:** Monday, September 05, 2016 1:12:19 PM  
**Time Spent:** 00:29:24  
**First Name:** Ana  
**Last Name:** Coffey  
**Email:** anamcoffey@gmail.com

**IP Address:** 198.48.2.252

PAGE 1

**Q1: To what extent do you agree or disagree with the following statements?**

- |   |                            |
|---|----------------------------|
| a. Keeping people well and preventing illness is a crucial role of the DHB                                | Agree                      |
| b. Climate change is a significant health issue that requires DHB action                                  | Neither agree nor disagree |
| c. Sugary drinks should not be sold on DHB premises   | Strongly agree             |
| d. Individuals need to take more personal responsibility when it comes to diet, exercise, smoking etc     | Neither agree nor disagree |
| e. I support community water fluoridation   | Strongly agree             |
| f. When the budget is tight, maintaining hospital-based services must be the highest priority for the DHB | Neither agree nor disagree |

**Q2: To what extent do you agree or disagree with the following statements?**

- |  |                |
|--|----------------|
| a. Current health inequalities are unacceptable and DHBs must take action to remove access barriers and improve outcomes for priority groups | Strongly agree |
| b. Public spending should not be targeted at particular groups based on ethnicity  | Disagree       |
| d. Elected DHB representatives are primarily accountable to the community they represent   | Strongly agree |
| e. Elected DHB representatives are primarily accountable to the Minister of Health   | Disagree       |
| f. CCDHB must consistently involve Maori stakeholders as Treaty Partners in advisory and reference groups                                    | Strongly agree |

**Q3: Please cut and paste your candidate statement (that will appear in the voter's handbook) here:**

For a strong voice for Porirua City, Tawa and North Wellington, please support me with your #1 vote.

We need a local voice on the DHB. As the current Deputy Mayor of Porirua City, I have the experience to advocate successfully for your needs.

The health of our children and older people must be well resourced and easily accessed in communities. The After Hours Accident and Medical Centre at Kenepuru Hospital is again under threat. I have successfully argued to save it before and I want your support on the Board to do so again. The future of good health is about services being closer to our homes in local neighbourhoods.

We all know that the health dollar is stretched, but I won't support cuts to frontline community or hospital services. I'll keep the pressure on Government to ensure they understand the needs of real people.

anamcoffey@gmail.com

**Q4: What do you see as the three top issues facing the health of the CCDHB population over the next 10 years?**

- Access to services for North Wellington, Porirua and Kapiti Coast.
- Addressing increasing inequality so that the most vulnerable have access to good services.
- Looking at how the needs of an ageing population are going to change the types of services required.

**Q5: What are three things you think CCDHB should increase their focus on, or investment in?**

- After Hours service for North Wellington, Porirua and Kapiti Coast
- Maternity options for women in Wellington
- 

**Q6: How do you think CCDHB should maintain and improve the wellbeing and morale of its staff?**

I think this is a management question, but as far as governance goes, I think we should be looking at the flexibility of part time work for staff to work around families. Also making sure staff are not overloaded so that the environment is safer for staff and patients.

**Q7: What health sector experience do you have?**

Involved in community reference group looking at the Kenepuru After Hours and Medical Centre several years ago.

**Q8: What governance experience do you have?**

Six year as City Councillor at Porirua City Council - the last three years as Deputy Mayor.

**Q9: How knowledgeable are you about the legislation that governs the health sector?**

Work in progress.

**Q10: What would you say to voters who ask "Why should I care who is on the CCDHB Board? What difference will it make to my life?"**

Electing a board that looks like your community is important. The community voice needs to be heard at the decision making level. Health services need to be responsive to community need to be the most effective.