Our Vision

A unit which provides quality social and behavioural cancer research

- Strategic Plan 2010-2015
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In 2011, Cancer Society Social & Behavioural Research Unit staff and postgraduate students celebrated the 21st anniversary of receiving our first core grant from the Cancer Society. We were fortunate to be joined in our Dunedin celebrations by several colleagues from the National and Otago Division offices of the Cancer Society, including the Otago CEO (Mike Kernaghan), as well as the Head of the Department of Preventive and Social Medicine (Prof Jennie Connor) and Prof Andre van Rij from the Dunedin School of Medicine. CSNZ funding has continued and, along with University of Otago support and project funding from a wide range of other agencies, made possible the development of our present comprehensive programme of social and behavioural research.

We continue to emphasise research training as part of our core business of providing timely, high quality, internationally peer reviewed research. Geraldine McLeod is to be congratulated on the acceptance of her PhD thesis, *Sunburn in a New Zealand urban population, 1994-2006*. Using Cancer Society and Health Sponsorship Council survey data collected during summer weekends about sun protective behaviours, attitudes and knowledge, her study provides key evidence to help evaluate the impact of skin cancer prevention strategies over a significant time period. In addition, Carly Collins was awarded an MPH, with Distinction, for her pioneering research on *Edible gardens in New Zealand schools*. Carly’s study helps identify potential barriers to, and facilitators of further development and provides a valuable baseline against which progress in this area of healthy physical activity and nutrition can be measured.

Our 2011 Annual Report provides a brief summary of the research projects that have been underway in the past year and provides insight into the interests and enthusiasm of Unit researchers. This report has been produced using a more concise format and will, primarily, be distributed as an electronic attachment via email in order to achieve further economies. Our backlist of publications has now been produced separately and is available from our website. However, we believe that the key information is still included and that identifying all of our outputs and activities during the past calendar year should be easier. Feedback from our readers would be much appreciated and will be taken into account next year:

Tony Reeder & Rose Richards
March 2012
SBRU Staff and Students (During 2011)

### Principal Investigators

<table>
<thead>
<tr>
<th>Name</th>
<th>Qualifications</th>
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### Research Fellows

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<tr>
<th>Name</th>
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<tr>
<td><strong>LOUISE MARSH</strong></td>
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Assistant Research Fellows

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Assistant Research Fellow (ARF until 15 November 2011)

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**LINDSAY ROBERTSON**
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DPH, BA
Assistant Research Fellow

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MPH, DPH, BSc
PhD candidate

**GERALDINE McLEOD**
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PhD candidate

**LISA KNITTER**
MA, PGDipArt, BA
MA candidate (graduated 2011)

**CARLY COLLINS**
MPH, DPH, BSc
MPH candidate (graduated 2011)

Administrative/Research Support

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Research Support Officer
SBRU Collaborators, University of Otago

Department of Preventive & Social Medicine

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Associate Professor Joanne Baxter
Dr Claire Cameron (biostatistician)
Andrew Gray (biostatistician)
Vanessa Hammond
Associate Professor Bob Hancox
Deborah Lambie (3rd Year medical student)
Dr Sarah Lovell
Dr Kirsten Lovelock
Dr Linda Murdoch
Matthew Radford (summer medical student)
Dr Debra Waters

Other University of Otago Departments

Dr Gillian Abel, Public Health & General Practice, Christchurch School of Medicine
Christina Bocock, Dunedin School of Medicine
Professor Janet Hoek, Department of Marketing
Alec Holt, Department of Information Science
Associate Professor Chrystal Jaye, General Practice & Rural Health
Dr Lynette Jones, Physical Education
Dr Helena McAnally, Psychology
Associate Professor Winsome Parnell, Human Nutrition, LINZ
Associate Professor David Perez, Faculty of Medicine Administration
Dr Lee Thompson, Public Health & General Practice, Christchurch School of Medicine
Dr Judy Trevena, Psychological Medicine
Dr Simon Walker, Bioethics Centre
Dr Sue Walthert, Dunedin School of Medicine
Other New Zealand Organisations

Dr Helen Darling, CEO Oritain Global Ltd; Director, Forensic Solutions NZ Ltd
Hospice New Zealand

Dr Chris Jackson, Oncologist, Southern District Health Board

Katie Jahnke, Public Health South, Southern District Health Board

Mike Kernaghan, CEO, Otago/Southland Cancer Society of NZ

Judy Li, Health Sponsorship Council

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Professor Rod McLeod, University of Auckland Medical School

Dr Richard McKenzie, NIWA, Lauder

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Dr Rae Noble-Adams, The Cancer Connect NZ Service, Canterbury/West Coast Division CSNZ

Sue Pullar, Otago/Southland Cancer Society of NZ

Bhama Rajiv, Health Sponsorship Council

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Laurianne Reinsborough, Health Sponsorship Council

Louise Sandford, SunSmart Schools national coordinator, CSNZ

Professor Robert Scragg, School of Population Health, Auckland University

Professor Alistair Stewart, School of Population Health, Auckland University

Rose Trappitt, Health Sponsorship Council

Jo Tuaine, oncology nurse, Southern District Health Board

Dr Darren Walton, Health Sponsorship Council

Jo Scott-Weir, Otago/Southland Cancer Society of NZ

Dr David Welch, Department of Computer Science, University of Auckland

Nikki Willis, Southern District Health Board

Overseas Collaborators

Dr Jean-Luc Bulliard, Unité d’Épidémiologie du Cancer, Institut Universitaire de Médecine Sociale et Préventive, Switzerland

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Hui (Jackie) Guo, CDC Beijing, People’s Republic of China

Lisa Johansson, Faculty of Health Sciences, University of Linköping, Sweden

Sofia Nessvi, Faculty of Health Sciences, University of Linköping, Sweden

Dr Ewa Szymlek-Gay, Pediatrics Department, Umeå University, Sweden

US Centers for Disease Control and Prevention, Atlanta
1. Tobacco Control

Following the Māori Affairs Select Committee’s Inquiry into the tobacco industry in Aotearoa and the consequences of tobacco use for Māori, the New Zealand Government has made the commitment to making Aotearoa/New Zealand smokefree by 2025. It is critically important that tobacco-control research maintain its course in developing and delivering effective prevention and treatment approaches to practitioners, communities and individuals, including those disproportionately at risk.

SBRU project research, conference and workshop presentations, and advocacy continued to make significant contributions to this area in 2011. While maintaining a broad interest in all aspects of tobacco control, our research team focused on youth smoking issues. For example, focus groups with young people regarding their access to tobacco through social sources and what they see as key for smoking cessation for young people. Research projects looking at trends in smoking cessation, access to tobacco, and second hand smoke among young people since 2002 have continued throughout 2011. We also plan to develop a number of other projects in the areas that have the potential to protect children and young people from addictive and toxic tobacco products.

1.1 Relations between adolescent activities, parental monitoring and adolescent daily smoking

Adolescent smoking remains at unacceptably high levels despite widespread legislative, policy and education measures. Associations between parental monitoring and smoking among adolescents have been investigated and often considered as the primary determinant of youth smoking. Less is known about associations between other adolescent contexts and tobacco use. There is a need to expand youth tobacco research to include the broad social and environmental context of a young person’s life, in order to understand the etiology of tobacco use and to identify possible prevention strategies.

**Study Aims**

The main aim of this study was to investigate associations between different types of adolescent activities, frequency of participation in these activities, parental supervision and daily smoking among New Zealand Year 10 students.

**Progress**

This study uses data from the 2006 Year 10 In-depth Survey (YIS). This research found significant differences in the risk of daily smoking across leisure activities by gender and ethnicity. Parental monitoring exhibited a consistently protective, dose response effect, although less strongly among Māori. Attending a place of worship and going to the movies were protective for non-Māori, as was watching sports, whereas playing team sport was protective for all, except males. Attending a skate park was a risk factor for females and Māori. This reinforces the need to be alert for, and respond to, gender and ethnic differences in the pattern of risk and protective factors. However, given the consistently protective, dose response effect of parental monitoring, our findings confirm that assisting oversight of adolescent leisure activities may be a key component in public health policy and prevention programmes.

A scientific paper containing the key findings has been published in *Substance Abuse Treatment, Prevention, and Policy* 2011, 6:12.

**Project Team:** Jackie Guo, Rob McGee, Tony Reeder

**Funding:** University of Otago; Cancer Society of New Zealand Inc (CSNZ).
1.2 Youth experiences of second hand smoke exposure in New Zealand: 2002 to 2008

Second hand smoke (SHS) is estimated to kill 300 people a year in New Zealand and causes a substantial burden of morbidity, particularly for children. Young people exposed to SHS have an increased risk for respiratory illnesses, ear problems, asthma, and lung function. In NZ a greater risk of exposure has also been shown among low income individuals and for Māori. Despite reductions in exposure, there are still some areas where SHS may impact young people, in particular smoking in the home and smoking in vehicles, which are the most significant sites of SHS exposure for most children. This is of particular concern given that young people may not be able to avoid exposure. In addition, exposed children may be at greater risk of becoming smokers themselves.

The NZ Smoke-free Environments Act was introduced in 1990 with subsequent amendments made in 2003 banning smoking in certain public places; these types of policies can have additional benefits of reducing smoking in the home and promoting the implementation of home smoking restrictions. The main benefit of household smoking restrictions is reduced SHS exposure for those living in the home, additional benefits are that young people with smoking restrictions in the home are more likely to be in lower stages of smoking uptake, have lower smoking prevalence, are less likely to experiment with smoking, to have ever smoked or been a regular smoker, and are more likely to have quit smoking. These findings appear to be stronger for strict smoking bans compared with partial bans.

Study Aims

The objectives of this study are to (1) investigate trends in young people's exposure to SHS inside and outside their home, and while travelling in vehicles, and examine differences for subgroups, particularly Māori; (2) examine trends in household rules about smoking; (3) examine the relationship between household rules around smoking and actual exposure; (4) examine the relationship between exposure to SHS and perceptions of harm from SHS; and (5) to explore the relationship between exposure to SHS and being a daily smoker to identify further evidence around smoking uptake. This analysis will identify changes over time and determine how best to develop policy that will support the reduction of SHS exposure among young people. These exposures and relationships were examined over a six year period from 2002 to 2008.

Progress

This study uses data from the 2002 and 2004 Youth Lifestyle Study and 2006 and 2008 and Youth in-depth Study surveys of year 10 and 12 students (normally 14-15 years) from randomly selected secondary schools in NZ. This research found downward trends in young people being exposed to SHS at home since 2000 and in vehicles since 2002. Unrestricted indoor and outdoor smoking declined, with 31% of homes being completely smokefree in 2008. Māori and Pacific young people were significantly more likely to be exposed to SHS at home (OR 3.2 and 2.0 respectively) and in vehicles (OR 3.1 and 2.3 respectively). Although smokefree homes are increasing, there is still much work needed to reduce the rates of SHS exposure for our young people, and especially Māori and Pacific young people.

A paper describing these findings has been accepted for publication by the New Zealand Medical Journal in December 2011.

Project Team: Louise Marsh, Rob McGee, Andrew Gray, Rhiannon Newcombe, Rose Trappitt.

Funding: University of Otago; CSNZ.
1.3 Smoking cessation perceptions and behaviours among adolescent smokers in New Zealand 2002-2010

Most daily smokers begin smoking by age 18 and most of those that do begin smoking in adolescence will maintain their smoking well into adulthood. Research has shown that most people who smoke would like to stop smoking, but for various reasons these people are not able to attempt to quit, or have unsuccessfully tried to quit. There are a wide range of quit resources potentially available to young people; however, few students appear to be accessing these services. The majority of smoking cessation research to date has focused on the adult population, which emphasises the need for successful smoking cessation interventions targeted at youth. Little is known about the trends over time in smoking cessation attempts or quitting services accessed by adolescents in New Zealand, and a better understanding of students’ cessation behaviour will help inform the development of effective strategies to support teen quitting.

**Study Aims**

The aims of this study were to examine trends in young smokers wanting to quit, their perceptions of their ability to quit smoking, actual quit attempts, and use of quit services in NZ over the period 2002 to 2010.

**Progress**

This study uses data from the 2002 and 2004 Youth Lifestyle Study and 2006, 2008 and 2010 Youth in-depth Study surveys of Year 10 and 12 students (normally 14-15 years) from randomly selected secondary schools in NZ. The findings of this research showed that there has been little increase in the number of young NZ smokers making a quit attempt, wanting to quit, or believing that they could quit since 2002. Māori and Pacific were more likely than NZ European to want to quit and to have made a quit attempt. In the past year, those wanting to stop smoking were nearly six times more likely to have made a quit attempt, and a belief in being able to quit if they wanted to was associated with lower odds of having made a quit attempt.

A paper was written and submitted to *Nicotine and Tobacco Research* in August 2011. Following reviewers comments the 2010 data will be added to this paper in early 2012 and resubmitted for publication. This research was presented at the Oceania Tobacco Control Conference in Brisbane in October 2011, and an abstract has been accepted for a poster presentation at the World Conference on Tobacco and Health in Singapore in March 2012.

**Project Team:** Louise Marsh, Rob McGee, Andrew Gray, Rhiannon Newcombe, Judy Li.

**Funding:** University of Otago; CSNZ.

1.4 Access to tobacco products by New Zealand youth: 2002-8

Successfully restricting youth access to tobacco products could help prevent young people becoming smokers. In NZ, amendments made in 1996 to the Smoke-free Environments Act 1990 made it illegal to sell tobacco products to those under the age of 18 years. However, there is a lack of recent information about NZ youth access to tobacco products and information regarding the monitoring and prosecutions of retailers selling to under-age smokers. Recent data from the 2009 Tobacco Use Survey found that 62% of 15 to 17 year olds purchased tobacco from commercial outlets. Research has also found a rise in the proportion of under-age smokers purchasing from supermarkets, liquor stores and hotels from 2006. This highlights that being under age is not a barrier to purchasing tobacco products in NZ, and that trends in access and purchase of tobacco products by under-age youth are not clear.

**Study Aims**

The aim of this research was to determine the extent to which access to tobacco products by young people in New Zealand has changed over time between 2002 and 2008. The specific objectives of this research are: (1) to examine trends in commercial and social supplies of tobacco products to under-age youth in NZ; (2) to examine trends in under-age youth being asked for identification and refusal of sales; and (3) to examine changes in young people’s spending on cigarettes. These exposures and relationships were examined over a six year period from 2002 to 2008.
Progress

This study uses data from the 2002 and 2004 Youth Lifestyle Study and 2006 and 2008 and Youth in-depth Study surveys of year 10 and 12 students (normally 14-15 years) from randomly selected secondary schools in NZ. This research found that one-third of young smokers purchased their own cigarettes from commercial outlets, with no evidence of change in students purchasing cigarettes from dairies, service stations, supermarkets, or liquor outlets since 2000. Few young smokers reported being asked to show proof of age, and there has been a downward trend in young smokers being refused a sale of cigarettes because of their age.

A paper was submitted to the Australian and New Zealand Journal of Public Health in August 2011 and is currently under review.

Project Team: Louise Marsh, Rob McGee, Andrew Gray, Dr Rhiannon Newcombe, Rose Trappitt.

Funding: University of Otago; CSNZ.

1.5 The density of tobacco retail outlets around schools in Otago and Southland

Some research has shown that the density of tobacco retail outlets is related to individual smoking rates, and has also been found to be higher in areas where a larger proportion of the population are younger than 18 years; suggesting that young people may be exposed to high-risk environments during the period in which the risks of initiation of tobacco use and transition to daily use are greatest. Density of tobacco retailers surrounding schools has also been associated with access to tobacco products; the higher the density of tobacco retailers surrounding a school, the higher likelihood of youth smokers buying their own cigarettes, and higher smoking rates at schools. To date, there has been limited research undertaken in NZ on the density and proximity of tobacco retail outlets and none on density and proximity around schools. The results of this research may suggest areas where the density of tobacco retailers may need to be limited to reduce the uptake of smoking among young people.

Study Aims

The purpose of this research was to examine the density and proximity of tobacco retail outlets to secondary schools in the Otago and Southland regions of NZ, and the relationship with smoking rates of young people residing in those areas. The research also sought to examine the relationship between the density of tobacco retailers around schools and characteristics of the population in that area e.g. deprivation and ethnicity. The final purpose of this research was to validate the location of tobacco retailers listed in the NZ Yellow Pages (NZYP) or observable on Google Street View with those actually selling tobacco products.

Progress

The data on tobacco retailers in Otago and Southland was collected and census smoking data was obtained from Statistics New Zealand. The findings from this research showed that supermarkets, service stations and dairies were the most common type of tobacco retail outlet. There was a median of 2.0 tobacco outlets within the radius of interest around the schools, and the median distance to the closest outlet was 0.32km. No statistically significant association between density or proximity of tobacco outlets around schools and smoking prevalence of 15-17 year olds was found.

A research report was written and submitted to the New Zealand Medical Association. A journal paper has also been submitted to the New Zealand Medical Student Journal.

Project Team: Louise Marsh, Rob McGee, Andrew Gray, Matthew Radford.

Funding: New Zealand Medical Association Summer Studentship, CSNZ.

Photo courtesy of Kelk Photography
1.6 Menthol cigarette use among young New Zealanders

Most smokers start smoking during adolescence, and in New Zealand (NZ) more than 50% of young people have tried smoking by the age of 15 years. Symptoms of nicotine dependence can appear in young smokers with a relatively short history of smoking. Nearly one-quarter (22.7%) of young NZ smokers reported they smoked menthol cigarettes in 2008. A report from the Tobacco Products Scientific Advisory Committee found that adolescent menthol cigarette smokers have a higher prevalence of addiction to nicotine than in those who smoke non-menthol cigarettes. The report also concluded that the availability of menthol cigarettes results in a lower likelihood of smoking cessation. However, as far as the researchers are aware no NZ research has been undertaken on menthol cigarettes and the relationship with addiction and cessation among young people.

Study Aims
The purpose of this research was to examine any change in smoking of menthol cigarettes over time and to examine the association between menthol and symptoms of dependence and smoking cessation.

Progress
This study uses data from the 2004 Youth Lifestyle Study and 2006 and 2008 and Youth in-depth Study surveys of year 10 and 12 students (normally 14-15 years) from randomly selected secondary schools in NZ. This data has been provided by the Health Sponsorship Council of New Zealand and the analyses have been completed.

Project Team: Louise Marsh, Rob McGee, Andrew Gray.
Funding: University of Otago, CSNZ.

1.7 How do young people get tobacco from social sources?

Over the last decade there has been an increase in restrictions on young people purchasing tobacco from commercial outlets, which have been considered successful in reducing adolescent purchases from commercial sources, but not in reducing smoking prevalence or perceived access to tobacco. As restrictions on commercial purchasing of tobacco increase, young people develop complex approaches for acquiring and purchasing cigarettes through alternative sources, including social sources of tobacco. An infringement notice scheme is being implemented in New Zealand in July 2012 to enforce the prohibition on the sale of tobacco to minors and increases the maximum fine for selling to minors. Combined with annual increases in tobacco price rises, this may give rise to a reduction in young people accessing commercial sources of cigarettes and social sources may become an increasingly popular way for young people to source their cigarettes.

Study Aims
The purpose of this research was to examine young New Zealand smokers’ access to social supplies of cigarettes.

Progress
The focus groups were conducted by Anna Dawson at the end of 2011 and have been analysed using NVivo to identify common themes and critical issues.

Project Team: Louise Marsh, Anna Dawson, Rob McGee.
Funding: Dunedin School of Medicine Dean’s Bequest Fund, University of Otago, CSNZ.
1.8 What do young people want in smoking cessation?

Most people who smoke want to quit, including 69% of NZ 15- to 19-year-olds who regret their decision to start smoking. Despite wanting to quit, many young people are unable to successfully do so. There are a wide range of resources potentially available to young people; however, at present there are few specific youth services available in NZ. Providers such as The Quit Group do offer some focus around young people, including the youth-focused Txt2Quit programme. However, few appear to be accessing these products and services, with only around one-third of 15- to 19-year-olds reporting accessing any cessation support, quitting products or advice during their last quit attempt. A better understanding of young people’s cessation behaviour would help inform the development of effective strategies to support young smokers quitting.

**Study Aims**

The purpose of this research was to examine what young people need to help them quit smoking.

**Progress**

The focus groups were conducted by Anna Dawson at the end of 2011 and will be analysed using NVivo to identify common themes and critical issues.

**Project Team:** Louise Marsh, Anna Dawson, Rob McGee.

**Funding:** University of Otago, CSNZ.

1.9 Predictors of quitting cigarette smoking among young adults

As more and more people quit smoking, tobacco use has become more concentrated among those who find it harder to give up. These include people with existing mental health problems. We will examine the influence of anxiety and depression at the end of adolescence (age 18 and 21 years) on subsequent quitting of tobacco smoking up to age 32 years. The study will follow about 200 cigarette smokers from age 18 years. There is evidence from previous research that both anxiety and depression are related to smoking, and that anxiety does predict quitting among women. This raises the possibility that while anxiety predicts quitting, depression may be a barrier to quitting. It will also be possible to examine what mediates any relationships found. For example, smokers with mental health disorders may be less prepared to change their smoking behaviour, less confident about succeeding based on past attempts, or more dependent on tobacco and other substances. Findings from this study will contribute to knowledge around the challenges smokers with these disorders face when trying to quit, and may indicate interventions to promote successful quitting in these groups of smokers.

**Study Aims**

Data was used from the Dunedin Multidisciplinary Health and Development Study (DMHDS), a longitudinal programme of research following about 1,000 individuals from birth to adulthood. More than 30 years of longitudinal data including tobacco smoking, quitting behaviours and the protection of children from tobacco exposure have been collected for the DMHDS cohort and are available for analysis. The SBRU has a history of significant tobacco control publications based on this database.
Progress

Initial analysis found that anxiety and depression were associated with a greater likelihood of smoking at age 21, and those with anxiety but not those with depression at age 21 smoked more cigarette years between 21 and 32. Amongst those who smoked at age 21, neither anxiety nor depression at age 21 predicted increased odds of still being smokers at age 32. On the other hand, amongst current smokers at age 32, both age 21 anxiety and depression predicted having made failed attempts to quit in the last twelve months at age 32. The burden of disease from anxiety was marginally related to whether a smoker at age 21 still smoked at age 32. The odds of an age 21 smoker still smoking were 32% higher for each diagnosis of anxiety at 21, 26, and 32. The burden of disease from depression was not related to whether a smoker still smoked.

Project team: Rob McGee, Louise Marsh, Dr David Welch

Funding: University of Otago, CSNZ.

1.10 Exploring smoking product placement in a dark market

In New Zealand over the last few decades, there has been a steady decline in the amount of environmental exposure of youth to tobacco smoke. With the banning of sponsorship and tobacco advertising of all forms, the Smoke-free Environments Act (1990) has helped reduce smoking in public places. However, smoking in movies is still permitted, and young people are over-represented in movie attendance with those aged 14-to 24-years old making up 30 percent of the movie going audience compared with only 19% of the general population.

This large exposure appears to have an influence on youth smoking with a strong dose-response between exposure to tobacco imagery in movies and current smoking, ever smoking and susceptibility of smoking among young adolescents.

Study Aims

The purpose of this research was to estimate potential adolescent and young adult exposure to smoking in movies in a ‘dark’ market (NZ), and to test the hypothesis that greater exposure to smoking in films is associated with smoking initiation/smoking status among NZ adolescents.

Progress

The data on box office films and smoking incidents in these films has been collected, and the analyses completed.

Project Team: Louise Marsh, Janet Hoek, Claire Cameron, Matthew Radford.

Funding: University of Otago Summer Studentship, CSNZ.
2. Healthy Physical Activity & Nutrition

Achieving appropriate nutrition, physical activity and body weight at population level is associated with substantial gains for cancer control. SBRU research aims to inform policy and practice in New Zealand by providing locally relevant and timely research in this area. Our planned research explores activity and nutrition in a variety of settings, among different age groups.

2.1 Physical activity among cancer survivors: a literature review

The number of cancer survivors in New Zealand is estimated to be approximately 60,000, and continued advances in early diagnosis and treatment mean that this number is likely to increase further. As the population of cancer survivors in New Zealand grows, it is important to acknowledge that surviving cancer is associated with several distinct health issues. Compared with persons who have not had cancer, cancer survivors have an increased lifetime risk of developing new primary cancers, cardiovascular disease, diabetes, osteoporosis, and functional decline. Furthermore, the risk of cancer recurrence is high among cancer survivors. Healthy lifestyle practices, including regular exercise, hold the potential to reduce the impact of many of these adverse physiological and quality of life outcomes.

Study Aims

To inform work in this area, a literature review was conducted to explore the preferences of cancer survivors regarding exercise counselling and participation in a physical activity programme; adherence rates among cancer survivors to physical activity programmes; and predictors of adherence to exercise training.

Progress: A scientific paper containing the key findings has been published in the New Zealand Medical Journal, 124, 1337. 2011.

Project Team: Ewa Szymlek- Gay, Rosalina Richards, Richard Egan

Funding: Research partnership between the CSNZ and Curves Gymnasium

2.2 Promotion and support of physical activity among cancer survivors: a service provider perspective

In New Zealand, the Cancer Society is a key provider of support for cancer survivors and a potential source of information and support for physical activity participation.

Study Aims
The aim of this study was to describe some of the current approaches used by the Cancer Society to support physical activity among survivors and opportunities and challenges associated with this.

Progress
Telephone interviews were conducted with Support Service Managers from around the country. The study found that the Cancer Society used an array of approaches to help their clients participate in physical activity, and these were shaped by the needs and capacity in each community. Their approaches included providing regular physical activity groups, such as walking, yoga or Tai Chi groups; education; guest speakers at support groups; one-off exercise sessions to enable clients to try and new activity; sponsorship of local community events, and referrals to externally delivered programmes for cancer survivors, such as Encore, Pink Pilates, Dragon Boat racing and Green Prescription. The support needed by cancer survivors to become physically active was reported to vary considerably according to their particular diagnosis and stage of treatment. Concerns about body image or a lack of confidence about what they can safely manage to do were also reported as being issues that might prevent cancer survivors from exercising.

A scientific paper containing the key findings has been published in Psycho-oncology, in press online.

Project Team: Lindsay Robertson, Ewa Szymlek-Gay, Rosalina Richards, Richard Egan

Funding: Research partnership between the CSNZ and Curves Gymnasium

2.3 Location of Children's Activity in Their Environment (LOCATE) Rationale

Little is known about the amounts and types of activity undertaken by 'free-living' children, nor where these activities happen – indoors or outdoors, at home, in parks and playgrounds, or at school and other places. There is also little information about variation in the amount and site of such activities that may be attributable to potentially modifiable community and individual characteristics. Lifetime healthy physical activity is a cancer control priority.

Study Aim
Design and implement a natural experiment to evaluate the change in children’s physical activity and its location after planned up-grades of public playgrounds.

Progress
Children from two communities in Dunedin took part and wore accelerometers and GPS units for seven consecutive days in October to December 2007 (n=179) and for the same period in 2008 (n=138). Participants were blinded to the playground intervention. Two playgrounds in public parks in one community were up-graded in May 2008.

Differences in mean total daily physical activity differed depending on an interaction between participant’s Body Mass Index (BMI) z-score and their community of residence. The playground intervention was associated with higher levels of activity for children with lower BMIs but lower levels of activity for children with higher BMIs.
Although physical activity is not usually the only focus of local authority playground provision, making sure that physical activity is always included in the design rationale, and that playgrounds are designed to encourage and sustain physical activity behaviours could be a useful population health intervention.

A scientific paper containing the key findings has been published in *Journal of Urban Health, 2012; 18(1):*

**Project Team:** Robin Quigg, Tony Reeder, Andrew Gray, Debra Waters, Alec Holt.

**Funding:** Otago District Health Board through the Ministry of Health’s Healthy Eating Healthy Activity (HEHA) Evaluation Fund, University of Otago Māori Postgraduate Scholarship, Healthcare Otago Charitable Trust, Dunedin City Council (DCC) and Sport and Recreation New Zealand (SPARC).

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**2.4 Re-LOCATE – determining the place of children’s physical activity**

A rich set of data was collected for the Location of Children’s Activity in Their Environment (LOCATE) Study. Only a small portion of the data was analysed for a PhD thesis.

**Study Aims**
1. To determine the relationship between potentially modifiable factors of the individual, parental, family and built environment and the associations between the quantity and intensity of children’s physical activity levels.
2. To translate the research findings into intervention strategies to inform and guide policy and evidence-based practice.

**Progress**
This post-doctoral research project that aims to identify potential factors for increasing children’s daily physical activity in community settings is underway.

**Project Team:** Robin Quigg, Sarah Lovell, Tony Reeder, Andrew Gray.

**Funding:** Dr Quigg is supported by a University of Otago Health Sciences Division Postdoctoral Fellowship.
2.5 Evaluation of a health lifestyle intervention among disadvantaged preschoolers

The Healthy Eating Healthy Action (HEHA) Strategy and HEHA Implementation Plan addresses three of the 13 priority population objectives in the New Zealand Health Strategy – improving nutrition, reducing obesity and increasing the level of exercise. Healthy Me and You was a six-week programme designed for primary caregivers of children aged 3-4 years, in particular Māori, Pacific or low socioeconomic families.

**Study Aim**

To evaluate the effectiveness of the Healthy Me and You programme.

**Progress**

Data was collected at baseline and six months in the form of 1) face to face interviews with the participating caregiver, 2) seven day pedometer activity minutes on both the study child and caregiver and 3) five day fruit and vegetable tick-list for foods offered by the caregiver to the child. Caregiver fruit and vegetable intake questions were incorporated into the interview schedule. The intervention, Healthy Me and You was delivered during 2008, with 101 referrals received by the project team from health and social service agencies in Southland. The programme ran weekly over six weeks (two hours sessions) and provided transportation and childcare for participants.

Key results of this project have been submitted as a PhD thesis Evaluation of a health lifestyle intervention among disadvantaged preschoolers (L Liggett) and papers are in preparation for publication.

**Project team:** Leanne Liggett, Rob McGee, Winsome Parnell, Andrew Gray, Yvette McKenzie, Nikki Willis, Katie Jahnke, and contracted dietitians.

**Funding:** The Southland HEHA Programme had three funding sources; nationally via the HEHA Innovations Fund (Ministry of Health) and locally from the Southland District Health Board and Sport Southland.
2.6 Political activity for physical activity: health advocacy for active transport

Effective advocacy is an important part of efforts to increase population participation in physical activity.

Study aims
a) to describe advocacy for active transport via written submissions to City councils as part of their annual community consultation
b) to explore the impact of an information sheet (which summarised research evidence and encouraged submission) on patterns of submissions.

Progress
Over the period of the study, city councils received 47,392 submissions, 6% of which were related to active transport. Most submissions on active transport came from city residents, with a small proportion (2%) from the health sector. The largest category of submissions was in support of pedestrian and cycling infrastructure, design and maintenance of facilities and additional features to support use of these transport modes. Health arguments featured prominently in justifications for active transport initiatives, including concerns about injury risk, obesity, physical inactivity, personal safety and facilities for people with disabilities. There was evidence that the information sheet was utilised by some health sector submitters (12.5%), providing tentative support for initiatives of this nature. The study provides novel information about the current nature of health advocacy for active transport and informs future advocacy efforts about areas for emphasis, such as health benefits of active transport, and potential alliances with other sectors such as environmental sustainability, transport and urban planning and local communities.

A scientific paper containing the key findings has been published in the *International Journal of Physical Activity and Nutrition*, 8, 52, 2011.

**Project Team:** Rosalina Richards, Tony Reeder, Qa-t-a Amun, Linda Murdoch

**Funding:** Department of Preventive and Social Medicine PBRF Grant, CSNZ
2.7 Edible gardens in schools and preschools in Aotearoa/New Zealand

School gardens are used in teaching across a variety of academic areas, including science, language, arts, maths, physical activity, environmental studies, nutrition and agricultural studies. Studies suggest that school gardens may improve children’s fruit and vegetable knowledge, preferences and consumption. Although gardens have been identified as a potentially valuable educational resource, barriers to school gardening initiatives have been reported. These include a lack of time, teacher experience/training, resources linking to the curriculum, funding, and gardening supplies. While there is a growing literature about the role of gardens in schools, to date, there has been no research into the role of gardens within preschools or Early Childhood Education Services (ECES).

Study Aims

To examine the proportion of New Zealand ECES, primary and secondary schools with projects that involve children/adolescents in either growing food or other types of gardening initiatives.

Progress

The survey explored how edible gardens are supported and funded, why they were initiated, as well as examining barriers, student participation and the distribution of harvested crops. Links to current curriculum areas were also investigated, with a focus on the provision of cooking lessons and healthy eating messages based around edible garden initiatives.

A national postal survey of randomly selected early childhood education services, primary and secondary schools was conducted. Preliminary findings suggest that 71% of preschools and over half of primary and secondary schools have a garden which involves students in growing edible crops, including vegetables, berry fruit, tree fruit, edible flowers and nut trees. Most gardens had been established in the last three years. Four factors emerged as having generated the most interest in edible gardens: potential curriculum links, links with environmental education and sustainability, links with life skills and interest from staff members. Time constraints, lack of money and other resources were barriers to starting edible gardens.

Progress

The study findings suggest that gardens are already being used as a versatile teaching tool in many NZ ECES and school settings. Aspects of this study have been written up for a Masters of Public Health by Mrs Carly Collins (awarded with Distinction). One paper has been submitted for publication and another is in preparation.

Project Team: Carly Collins, Anna Dawson, Rosalina Richards, Tony Reeder, Andrew Gray

Funding: CSNZ, Department of Preventive and Social Medicine Masters Student Support.
2.8 Alcohol, Marketing and Media: a scoping study

The Cancer Society of New Zealand aims to improve New Zealanders’ health and reduce the incidence of cancer through healthy eating and physical activity. This includes the control and management of alcohol consumption. As noted in the Cancer Society position statement, of all the dietary factors shown to increase the risk of cancer, the evidence is strongest for alcohol.

The international report *Food, Nutrition, Physical Activity, and the Prevention of Cancer* report sets the goal that the proportion of the population drinking more than the recommended limits is to be reduced by one third every 10 years (World Cancer Research Fund and American Institute for Cancer Research 2009). However, New Zealand has a heavy drinking culture and average alcohol consumption has increased in recent decades. As with other areas of concern such as smoking and poor nutrition, public health interventions that address upstream determinants of alcohol misuse are more likely to be effective in improving population health than individual-level approaches, such as health education.

An important area for research is the marketing of alcohol across a variety of media. There is an urgent need for more research in this area because of the appearance of new online media. While the marketing and portrayal of alcohol in these media have generated popular concern, there has been little empirical research into their effects so far. Any move to reduce consumption needs to understand and address this issue.

**Study aims**

To conduct a scoping study to explore research gaps in the area of alcohol, marketing and media and identify potential future projects for the SBRU and collaborators. The scoping study will include a rapid review of the research literature in this area, along with key informant interviews with Cancer Society Staff and potential research collaborators. The goal is to identify a selection of projects which fit within the SBRU research priorities and expertise.

**Progress**

This project has just begun. A technical report will be produced summarising the scoping study findings.

**Project Team:** Lindsay Robertson, Bob Hancox, Helena McAnally, Rosalina Richards.

**Funding:** CSNZ
3. UVR-related studies

It has been estimated that more than 90% of skin cancers are potentially preventable in high UVR environments, such as NZ can be. Yet, internationally, NZ has among the highest age-standardised rates of cutaneous malignant melanoma. Overall, melanoma is the 4th most commonly registered cancer and 6th most common cause of cancer death among New Zealanders. In addition, there are high numbers of non-melanoma skin cancers and some evidence that these may be increasing. The diagnosis and treatment of skin cancers place substantial burdens on the healthcare system. Furthermore, there are significant economic costs from lost production and substantial personal costs to those affected.

For all of these reasons, skin cancer is a very suitable target for primary prevention interventions. The SBRU research programme in this area is primarily designed to help more precisely identify and target health promotion priorities, and to help develop and evaluate appropriate preventive interventions.

3.1 Quantifying the association between sun exposure & vitamin D status in New Zealanders.

Many New Zealanders are at risk of low vitamin D levels, particularly among the South Asian population and the elderly, but also among Māori and Pacific peoples. Although convincing data are lacking for outcomes other than bone health, low vitamin D levels have been associated with a variety of negative health outcomes including diabetes, cardiovascular disease and some cancers. The primary source of vitamin D is exposure to solar ultraviolet radiation (UVR).

Study aims

Demographic, personal and behavioural factors have the potential to affect received UVR. The study aims were: (a) to relate sun exposure (measured over 8 week periods by personal, electronic UVR dosimeters) to changes in blood vitamin D levels in 500 adults, 18-80 years (equal quotas of Māori, Pacific, Asian, & European ethnicities) in Auckland (330) and Dunedin (170); and (b) to determine the wavelength dependence of UVR that produces vitamin D, and the extent to which vitamin D levels may be sustained through artificial UVR sources. The study should provide information on how much UVR exposure is required by major ethnic groups in the adult NZ population to maintain the vitamin D levels considered necessary for good health.

Progress

Data collection was completed with satisfactory participation, both overall and to meet age group and ethnic specific targets. Complementary data streams, which included dosimeter measured UVR exposure, clothing and nutrition diary data and blood tests, were cleaned and merged for multivariable analysis. Analysis of this complex dataset is scheduled to continue in 2012.

All participants were provided with personal vitamin D status feedback. A scientific paper published in Photochemistry and Photobiology, 2011, 87(5), reported on the association of 25(OH)D3 with ethnicity, skin colour and self-reported skin sensitivity to UVR exposure. A summary of study findings was presented to the CSNZ Health Promotion Staff National Hui, Wellington November 2011. A number of papers are being prepared for publication in 2012.

Project Team: Tony Reeder, Vanessa Hammond, Jan Jopson, Kenneth Gibbs, Nathalie Huston and Andrew Gray, with teams led by Richard McKenzie (NIWA) and Robert Scragg (Auckland University).

Funding: Health Research Council of New Zealand (HRC) (ended 2010), CSNZ, University of Otago.
3.2 Sunburn in a New Zealand urban population 1994-2006.

Sunburn is associated with increased risk of subsequent skin cancer. To help increase awareness and reduce harmful UVR exposure, health promotion programmes have been supported in NZ since 1988. The Cancer Society of New Zealand (CSNZ) and the Health Sponsorship Council (HSC) undertook the Triennial Sun Protection Survey series in order to better understand their target audiences. With the addition of meteorological data from the National Institute of Water and Atmospheric Research (NIWA), potential confounding by climatic factors could be controlled in multivariable analyses.

**Aims**

Using data for five survey waves (1994, 1997, 1900/00, 2002/03, 2005/06) in conjunction with climate and UVR data matched to the respondents’ interview day, the project had two main aims. First, across the survey years, to describe patterns of sunburn and associated variables identified in the literature. Second, to investigate, using statistical modelling to control for climatic factors, survey year, and area of residence the potential predictors of (a) time spent outdoors during the period of greatest sunburn risk (11 am to 4 pm); (b) use of sun protection by clothing and sunscreen; and (c) sunburn experience.

**Progress**

Geraldine McLeod’s thesis was submitted and examiner’s reports obtained in October 2011 recommended award of the PhD degree, subject to minor editorial corrections. A paper on summer weekend sun exposure and sunburn, 1994-2006 was prepared and submitted to the NZMJ, December 2011. Further publications are in preparation.

**Project Team:** Geraldine McLeod, Tony Reeder, Andrew Gray, Rob McGee, Jean-Luc Bulliard (advisor), Nathalie Huston.

**Funding:** Health Sponsorship Council (HSC), CSNZ, University of Otago.

3.3 SunSmart Schools Accreditation Programme Evaluation

Excessive childhood exposure to ultraviolet radiation, in particular when it results in sunburn, is an identified risk factor for subsequent skin cancer development. Children may spend significant time outdoors while at school, so the implementation of appropriate school sun protection policies and practices is an important health promotion skin cancer prevention strategy.

**Aims**

A baseline survey of a national sample of state and state-integrated primary schools, randomly selected within geographical regions, allowed us to previously describe the 2005 situation with respect to sun protection policies, practices, curriculum content and environment. The aims of the present study are: 1) to describe the situation in 2009, using a survey of an enlarged random sample, including the baseline schools and an additional sample (to facilitate analysis of potential predictors of accreditation status, while allowing for control of prior survey participation as a potential ‘intervention’); 2) to evaluate, after four years, the impact of the SSAP on schools which participated in the baseline survey; 3) to identify potential barriers and facilitators of accreditation.
Progress

The schools which participated at both baseline and follow-up (80% response rate) demonstrated a shift towards improved sun protection, there being a statistically significant increase in total SSAP scores and a higher percentage of schools meeting all 12 SSAP criteria in 2009. The clothing, environmental shade and curriculum criteria were the least commonly attained. Scores varied significantly by geographic region (CSNZ Divisions), but not other socio-demographic factors.

Reports about both the 2009 follow-up survey (and related 2010 on-site visits) were prepared for internal use by the CSNZ. Feedback was incorporated from the SSAP National Coordinator and the SunSmart Schools Operational Group, to which a workshop presentation of preliminary findings was made. A presentation is being prepared for the February 2012 Department of Preventive and Social Medicine Convention. A quantitative paper based on the findings of the two surveys is being prepared and will be submitted for publication in 2012.

Project Team: Jan Jopson, Tony Reeder, Nathalie Huston, Andrew Gray

Funding: CSNZ, University of Otago.

3.4 GP’s advice about sun exposure and vitamin D

In the NZ context, in particular, balancing the risks and benefits of ultraviolet radiation (UVR) exposure is a challenge. Vitamin D insufficiency has been detected among a sizable proportion of the population and there is growing evidence that vitamin D status may impact on a number of disease outcomes, possibly including some cancers. The main source of vitamin D is exposure of the skin to solar UVR. However, solar UVR can reach extreme levels in NZ and excessive UVR exposure is associated with skin cancer, particularly among vulnerable skin types. NZ has the highest age standardized melanoma incidence rates in the world. Given this situation, it is important to know about the perceptions that health professionals have and the advice they provide about vitamin D and UVR exposure.

Study Aims

The aims of this study are to: (1) describe the advice currently provided by GP’s with respect to vitamin D deficiency and sun exposure; (2) identify the information and resource needs of GPs around these issues and (3) help inform and guide health education and health promotion efforts.

Progress

Survey data have been collected on GP demographics, when and where trained, practice size, and knowledge and practices around vitamin D and sun exposure issues. Multivariable analyses have been carried out to investigate plausible factors associated with GP knowledge and practices.

Preliminary descriptive findings were presented at a number of meetings including the Melanoma Summit, Wellington, March 2011; the First International Conference on UV and Skin Cancer Prevention, Copenhagen, May 2011; the Ministry of Health convened workshop to develop a Consensus Statement on Vitamin D and Sun Exposure in NZ, June 14-15 2011. A paper is being prepared for publication in a peer reviewed scientific journal.

Project Team: Jan Jopson, Tony Reeder, Andrew Gray

Funding: CSNZ, University of Otago.
3.5 Systematic review of interventions for the primary prevention of skin cancer

A systematic review of interventions designed to increase UVR protective practices / reduce harmful UVR exposure identified that there was only sufficient evidence of effectiveness for educational and policy interventions implemented in primary schools and in recreational and tourism settings. Insufficient evidence was found with respect to other settings and types of interventions. However, that review only included studies published up to 2000 and there remained 10 years of additional interventions to be critically reviewed.

**Study Aims**

To update the existing review in order to provide timely, evidence-based information to help guide health promotion practice and identify research priorities.

**Progress**

Following the rigorous abstraction and review processes of the US Centers of Disease Control (CDC) Community Preventive Services Task Force, an initial literature search identified more than 100 additional intervention studies with the potential to meet stringent review criteria, thereby providing sufficient justification for conducting the review update. In 2011, the data abstraction process focused on multicomponent, community-wide interventions.

We aim to collaborate with the US CDC Community Preventive Services in publishing and distributing authoritative reviews so that timely and rigorously analysed evidence is available to practitioners around the world.

**Project Team:** Bronwen McNoe and Tony Reeder in collaboration with an international team coordinated through the US Centers for Disease Control and Prevention and reporting to the US Preventive Services Task Force.

**Funding:** CSNZ grant, University of Otago.

3.6 Solar ultraviolet radiation exposure and workplace sun protection in outdoor occupational groups

Excessive exposure to solar ultraviolet radiation (UVR) is a recognised occupational health and safety issue for outdoor occupations, since it is associated with negative health outcomes, including skin cancers, eye diseases and immune suppression. Mitigation is the recommended preventive strategy.

**Study Aims**

The main project aim is to develop a sun protection and skin cancer prevention intervention for selected key occupational groups that is theoretically linked and capable of rigorous evaluation. This will help to meet NZ needs while contributing usefully to a relatively sparse international evidence base.

**Progress**

Funding was obtained in 2011 and a comprehensive literature search to help inform project development was begun. The initial qualitative study will focus on forestry workers, an occupational group identified as among the least sun protective. Good preliminary contact has been established with a forestry employer.

**Project Team:** Kirsten Lovelock, Bronwen McNoe, Tony Reeder.

**Funding:** University of Otago Research Grant, CSNZ.
4. Psycho-Social-Spiritual (PSS) Cancer Research

With the growing incidence of cancer and higher survival rates, supportive care is becoming critical to patient-centred holistic care for those affected by cancer. The Cancer Society of New Zealand (CSNZ) and SBRU alongside and in partnership with the health promotion research teams, have an established focus on psychosocial-spiritual (PSS) aspects of cancer research. The PI, Dr Richard Egan, is working with a range of collaborators nationally and internationally to develop this nascent area of NZ research. The Ministry of Health have now published both the Guidance for Improving Supportive Care for Adults with Cancer in New Zealand (2010) and its Implementation Plan (2011); where supportive care is defined as “The essential services required to meet a person’s physical, social, cultural, emotional, nutritional, informational, psychological, spiritual and practical needs throughout their experience with cancer)” (Ministry of Health, 2010). The SBRU PSS research examines this area.

4.1 A Bridge to Health, The Otago/Southland Cancer Society Surviving Well Programme

A Bridge to Health (B2H) is a pilot programme aimed at Dunedin cancer survivors who have recently finished active treatment. There is an initial 2 hour session to which 10 survivors are referred by their oncologist or GP. Then there are a range of workshops and one to one sessions offered: Emotions and Spirituality Workshop; Relationships and Sexuality Workshop; Individual Counselling with CS (three sessions); Links with Counselling and Psychological Services; Help linking with Primary Care Provider; Support Group; and Exercise. Dr Egan’s role is as an evaluator. This collaborative programme has been developed by a group of health professionals, a consumer and the Otago Southland Division of the Cancer Society.

Study aims

The aim of the project is to empower cancer survivors as they move into their post-treatment phase – thus making a ‘bridge to health’ that explicitly considers physical, social, mental and spiritual dimensions.

Progress

The evaluation of the pilot project aims to understand the process and the immediate impact of the programmes. To date an online survey has been completed by all of the participants of the two hour session. The next step will be an interview of participants about the workshops. A retrospective ethics process is underway to permit writing this up for publication as a peer reviewed paper.

Project team: Richard Egan, Sue Walthert, Sue Pullar, Jo Scott-Weir, Mike Kernaghan, Blair McLaren, Chris Jackson, Lynette Jones, Jo Tuaine.

Funding: CSNZ
4.2 Cancer Connect Evaluation

It has long been recognized that people who have cancer can benefit from talking to other people who themselves have been faced with a diagnosis of cancer. This support can be a valuable adjunct to their medical care. An individual who has personally experienced cancer is uniquely able to understand the feelings of someone else in a similar situation. This type of support is provided in New Zealand by CSNZ Cancer Connect NZ Service which provides cancer patients with matched Trained Peer Support Volunteers, via the telephone.

**Aims**

This project aims to discover the quality, safety, effectiveness and satisfaction of this service from the angle of all the stakeholders involved.

**Progress**

The SBRU PSS role in the project is to carry out telephone interviews of the first sixty two Cancer Connect clients following commencement of the project (June 2011). Approximately half of the clients have been interviewed.

**Project team:** Richard Egan, Rae Noble-Adams, Mei-Ling Blank

**Funding:** CSNZ

4.3 Hospice New Zealand spirituality professional development project

While mandated, spiritual care in New Zealand (NZ) hospice care is inconsistently delivered, poorly understood and lacks resources and professional development for staff. There is a ‘spirituality gap’ in the pre and in-service education and training for healthcare professionals (HCP). It is envisaged that because of the scope of the project and relevance across the health sector, input and funding may come from a range of organisations, led by Hospice NZ (HNZ), but may also include the Cancer Society of New Zealand (CSNZ) and Aged Care organisations. The spiritual care PD package will include a range of evidence informed and principled based resources, approaches and workshop materials that will be available in an online environment using a range of platforms and approaches (video, audio, text based).

**Aims**

This professional development (PD) project aims to address this in-service gap through a two stage process. Stage one is a comprehensive planning and development process that includes: a literature review; assessment of current spiritual care PD nationally and internationally; and collation of available evidence showing the need and scope of spiritual care PD. Stage two, subject to securing appropriate funding, will pilot and produce the spiritual care PD package.

**Progress**

SBRU PSS has produced a literature review which is informing the HNZ PD process and will be submitted for a peer reviewed paper.

**Project team:** Richard Egan, Mei-Ling Blank, Hospice New Zealand staff

**Funding:** Hospice New Zealand
4.4 Spirituality in New Zealand Medical Education

This will be the first baseline study to examine the place of spirituality in New Zealand medical schools. The information gathered will provide a platform for further discussion of the nature of spirituality and its place in medical training in New Zealand. The first stage of the study will involve semi-structured interviews with key curriculum coordinators from the Otago Medical School, Dunedin (ELM & ALM). These participants will be asked to respond to specific questions and a discussion will evolve around them. An internet survey will also be carried out which will be distributed to key Otago and Auckland Medical School Curriculum Coordinators – this will include Dunedin, Christchurch, Wellington and Auckland sites. Specific questions to ask in the survey will be developed during the qualitative stage of the study.

Aim

The aim of this summer student project is to explore how spirituality is currently understood and taught in New Zealand Medical Schools.

Progress

Data collection is completed and a report and peer reviewed papers are to be written.

Project team: Deborah Lambie, Richard Egan, Simon Walker, Rod MacLeod

Funding: Selwyn Spirituality and Aging Centre scholarship

4.5 Building Community Resilience; Learning from the Canterbury Earthquake Response

The Canterbury earthquakes have significant implications for health – especially psychological wellbeing. Canterbury residents have experienced various psychosocial impacts including the psychological effects of material and social losses, ongoing stress from aftershocks, uncertainty about the future, loss of sense of control, and the practical problems of living in a disaster zone. Professor Gluckman, the Government Chief Science Advisor has stated the psychosocial and emotional effects of disaster can cause as much suffering as physical effects. Psychological wellbeing is a critical factor in long term recovery of communities, influencing both health and economic outcomes.

Aims

The proposed research will provide information on how health services and other authorities can better work with communities in general, after a major disaster and to prepare effectively for future disasters. In particular it will consider how health services can work with existing community structures to ensure that psychological wellbeing of individuals, in the context of their communities, can be maintained. This will contribute to protecting local social capital needed for longer term recovery. The qualitative research will also deepen understanding of how and why communities respond to disasters in the way they do, and strengthen the evidence base on how communities can be resilient in the face of disasters.

Progress

While the planning and funding happened in 2011, the project is yet to be conducted.

Project team: Quigley and Watts Ltd, Canterbury District Health Board (Community and Public Health), the Mental Health Foundation and the University of Otago (Advisor: Dr Richard Egan)

Funding: Quigley and Watts Ltd gained HRC funding.
5. Hauora Māori

The SBRU Strategic Plan identifies honouring Te Tiriti o Waitangi (The Treaty of Waitangi) as one of the core Unit values. Cancer has a significant and disproportionate impact on Māori. Māori are 18% more likely to be diagnosed with cancer than non-Māori and have a 93% higher mortality rate than non-Māori. In addition, there are differences in the distribution of risk and protective factors for cancer.

In order to conduct research that addresses disparities in cancer risk behaviours and mortality between Māori and non-Māori populations, there is a need to attract and train suitably talented staff and students. Since 2010 we have been fortunate to have Ms Anna Dawson (Arowhenua, Ngāi Tahu) join our research team, an appointment which has been made in partnership with Associate Professor Joanne Baxter, Associate Dean for Māori Health and Director of the Centre for Hauora Māori.

In addition to supporting workforce development, the SBRU has also identified a need for professional development of all Unit staff in te reo Māori (the Māori language) and nga tikanga (Māori custom and culture). On-going development of these competencies is central to our desire to be a Unit that can contribute to cancer control among Māori populations by having research staff who are able to work confidently and safely within Māori contexts. These competencies are an important foundation for achieving research excellence in the New Zealand health context.

References


5.1 Cultural competence training for health researchers: A journey to Aotearoa

Cultural competence is an issue that has been identified as important by the SBRU. The SBRU has identified in its Strategic plan a desire to a) identify and honour Te Tiriti o Waitangi (the Treaty of Waitangi) in all research, b) become more responsive to Māori and advance the goals of the University of Otago’s Māori Strategic Framework and c) support professional development that contributes to quality research relevant to cancer-related health outcomes among Māori. This project has been developed in response to these goals. The intervention consists of a series of three wananga (seminars) run at Te Kura Kaupapa o Ōtepoti (Dunedin Māori Immersion School) with additional workshops to prepare for these. Intervention content is informed by existing frameworks for cultural competency, questions/goals identified by participants and input from the research team and advisory group.

Study aims

The aim of this project is to explore the effectiveness of a tailored intervention to support culturally competent practices within a University based Research Unit (Cancer Society Social and Behavioural Research Unit, SBRU). The study objective is to support the SBRU through action research to plan, implement and evaluate evidence-informed actions that address cultural competence issues.

Progress

This project started in August 2011, with the first wananga and workshops in November 2011, and it will continue until mid-2012.

Project team: Anna Dawson, Rosalina Richards, Joanne Baxter

Funding: CSNZ, Quality Advancement Unit Project Grant, Manu Ao Development Grant and Department of Preventive and Social Medicine Masters Student support.
Contributions to Teaching and Student Supervision

Teaching

Professor Rob McGee
Dunedin School of Medicine- tutorials for 4th Year Medical students on Tobacco Control.

Dr Robin Quigg
The effectiveness of a community playground intervention. Lecture given to PUBH703 Health & Environment, Preventive & Social Medicine, University of Otago, Dunedin. 14 September 2011.

Student Supervision

Dr Richard Egan
Lisa Knitter (Masters) Exploring spirituality in a New Zealand oncology unit - graduated 2011
Deborah Lambie University of Otago Summer Studentship

Dr Louise Marsh
Matthew Radford University of Otago Summer Studentship

Professor Rob McGee
Geraldine McLeod (PhD) Sunburn in a New Zealand urban population, 1994-2006. Graduating 2012 (co-supervisor)

Associate Professor Tony Reeder
Geraldine McLeod (PhD) Sunburn in a New Zealand urban population, 1994-2006. Graduating 2012
Carly Collins (Masters) Edible gardens in New Zealand schools – graduated 2011 (Co-supervision)

Dr Rosalina Richards
Anna Dawson (Masters) Cultural Competence training for health researchers: A journey to Aotearoa – current
Carly Collins (Masters) Edible gardens in New Zealand schools – graduated 2011
External Representation

Dr Richard Egan
- Member of Otago District Health Board Suicide Prevention Advisory Committee
- Ian and Elespie Prior Trust for Health and Well-being (founding Trustee)
- Trustee – The New Zealand Institute for Cancer Research Trust.
- Created the Professorial Chair in Cancer Pathology at Otago’s Dunedin School of Medicine
- PHA National President; 2008-2011.

Mrs Jan Jopson
- CSNZ SunSmart School Operational Group

Professor Rob McGee
- Member of Board, Cancer Society NZ Otago & Southland Division
- Member of New Zealand Youth Tobacco Monitor, Health Sponsorship Council NZ
- Trustee of NZ Drug Foundation
- Member of ASPIRE 2025
- Member of the Adolescent Health and Mobility Consortium (University of Otago)

Mrs Bronwen McNoe
- Coordination Team for the Community Guide Skin Cancer Review update (convened by the Centers for Disease Control and Prevention, Atlanta)

Dr Louise Marsh
- Member of CSNZ Tobacco Operational Group
- Member of ASPIRE 2025

Dr Robin Quigg
- Member of the Ministry of Science and Innovation delegation to European Commission’ Seventh Framework Programme for Research and Technological Development (FP7) Cooperation Work Programme (Health) in Brussels, Belgium.
Associate Professor Tony Reeder

- Coordination Team for the Community Guide Skin Cancer Review update (convened by the Centers for Disease Control and Prevention, Atlanta)
- Consensus Statement on Vitamin D and Sun Exposure in NZ (consulting group convened by ACC & MoH)
- The NZ Skin Cancer Steering Committee (HSC & MelNet)
- NZ Skin Cancer Prevention and Early Detection Research Advisory Group (HSC & CSNZ)
- National Health Promotion Advisory Committee (CSNZ)
- SunSmart Operational Group (CSNZ)
- SunSmart Schools Accreditation Programme Operational Group (CSNZ)
- Research Coordinating Group for the NZ Sun Exposure Survey (HSC)
- UVI Redevelopment Project Working Group (HSC)
- Research Coordinating Group (RCG) for the Sun Exposure Survey (HSC)
- Territorial Authorities Research Project Coordinating Group (HSC)

Dr Rosalina Richards

- Member of CSNZ Physical Activity & Nutrition Operational Group
- Member of Reference Group for Parents’ Voice
- Member of the Adolescent Health and Mobility Consortium (University of Otago)
Refereed papers


Reeder AI. “It’s a small price to pay for life”: faecal occult blood test (FOBT) screening for colorectal cancer; perceived barriers and facilitators. New Zealand Medical Journal, 2011; 124(1331)


Thompson L, Reeder AI, Abel G. “I can’t get my husband to go and have a colonoscopy”: gender and screening for colorectal cancer. Health, In Press.

Thesis

Collins C. Edible gardens in New Zealand schools. Master of Public Health (MPH), University of Otago, Dunedin, 6th September 2011.

Letter published in scientific journals


Reports

Jopson JA, Reeder AI. SunSmart voices: Results from site visits to 22 primary schools throughout New Zealand. A report to the Cancer Society of New Zealand Inc. March 2011. (56p).

Jopson JA, Reeder AI. Helping NZ primary schools to protect students against excess sun exposure. A report to the Cancer Society of New Zealand Inc. March 2011. (41p).

Conference presentations


Sandford L, Jopson J. SunSmarts schools 5 years on. What have we learned? Where are we going? Australian Health Promotion Association (AHPA) 20th National Conference, Cairns, Australia. 10-13 April 2011 (poster).

Reeder AI, Jopson J, Gray A. Advice given by general practitioners about sun exposure and vitamin D. The 1st International Conference on UV and Skin Cancer Prevention, Copenhagen, Denmark. 2 May 2011.

Reeder AI. Workshop leader: What mix of interventions / strategies are effective in school and early childhood settings? The 1st International Conference on UV and Skin Cancer Prevention, Copenhagen, Denmark. 4 May 2011.


Workshop presentations


Reeder AI, Jopson J, Gray A. NZ GP perceptions & the advice they provide about sun exposure & vitamin D- some preliminary findings. Presented at the workshop to develop a Consensus Statement on Vitamin D and Sun Exposure in New Zealand, Wellington, NZ. 14-15 June 2011.

Reeder AI, Jopson JA, Gray A. GP’s perceptions & the advice they provide about sun exposure & vitamin D. SunSmart Operational Group Meeting, CSNZ, Wellington, NZ. 1 September 2011.


Public seminars and lectures


Quigg R. The effectiveness of a community playground intervention. Lecture given to PUBH703 Health & Environment, Department of Preventive & Social Medicine, University of Otago, Dunedin. 14 September 2011.

Liggett L. Evaluation of a healthy lifestyle intervention among disadvantaged preschoolers. Student research seminar, Department of Preventive & Social Medicine, University of Otago, Dunedin. 31 October 2011.


Media Releases

Reeder A. Study finds support for colorectal cancer screening. Otago University media release, 25 March 2011.

Egan R. University of Otago research shows spirituality important in healthcare. Otago University media release, 14 November 2011.


Submissions

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