Our Vision

A unit which provides quality social and behavioural cancer research

- Strategic Plan 2010-2015
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2012 was another eventful year for Unit staff and postgraduate students during which our work received increasing international recognition. Bronwen McNoe and Tony Reeder continued to work with Centers for Disease Control (Atlanta) staff as part of the team appointed to oversee a series of systematic reviews for the US Community Preventive Services Task Force. Once that work has been peer reviewed and published it will help guide decision making, internationally, regarding skin cancer primary prevention interventions. Tony was also invited to help a team led by Stirling University, Scotland, to develop the project: Raising cancer awareness to sustain a healthy lifestyle from adolescence into adulthood. The proposed school-based intervention trial will use at least one survey instrument which the SBRU developed. If the trial is funded and successful in positively influencing perceptions we intend to prepare a complementary grant application to support a similar NZ intervention. Richard Egan was invited to participate in the International Consensus Conference about Improving the Spiritual Dimension of Whole Person Care in Geneva. This had a particular focus on cancer and palliative care and two collaborative projects are being developed as a result.

Robin Quigg presented her cutting-edge, post-doctoral physical activity spatial analysis research at the 8th International Conference on Diet and Activity Methods in Rome and visited potential research collaborators at Edinburgh University.

Within NZ, SBRU staff took on a number of roles in efforts to apply research to practice. Tony continued to serve on the Skin Cancer Steering Committee and the sub-committee responsible for planning the 2013 Melanoma Summit primary prevention workshop, which he will lead with UK Professor John Hawk. Tony also worked with Health Promotion Agency (HPA) staff to trial Australian architect John Greenwood’s WebShade® software in the field, with a view to its use in NZ schools – something viewed positively in a meeting with Ministry of Education Property and Infrastructure Group staff. Rose Richards accepted an invitation by the Minister of Health to present a poster for the launch of the Today’s Research: Tomorrow’s Health Research road show in July. The poster: Keeping it real, keeping it relevant: a partnership for cancer control research described the unique research partnership between Cancer Society staff and SBRU researchers. Richard Egan continued working with Hospice New Zealand and the Cancer Society in producing a professional development package. Richard also worked with 10 cancer survivors on an innovative community participation project with a focus on investigating what helped people get through their cancer experience.

Robin and Lindsay gave presentations at the CSNZ Health Promotion hui. Robin was also involved in advocacy work with school-aged students, including as a research leader at University of Otago Science Wānanga, and has been talking about research needs with Te Poari Matua o Raukawa. Louise Marsh made four presentations on tobacco related topics to Southern District Health Board staff, supporting health promoters in workforce development and advocacy efforts. Louise and Rob McGee continued to work with the Aspire collaboration between New Zealand research groups, which aims to strengthen sector partnerships and help achieve the goal of a tobacco-free Aotearoa by 2025. One aim of Aspire is to strengthen sector partnerships. Research into support for smokefree universities has been instrumental in the University of Otago decision to make the campus smokefree. We were successful in winning a PBRF grant for the Smokefree NZ Universities project and other grants included one from the Asthma Foundation regarding the regulation of tobacco retailing.

SBRU staff and students continued with our cultural competency training, endeavouring to learn our mihimihi, waiata and karakia and presented our efforts at the powhiri for our training at the Te Kura Kaupapa Māori o Ōtepoti. This was a game-changing experience for us and we extend our gratitude to the staff, students and their whānau who hosted us.

We eagerly await the findings of Anna Dawson’s MPH project which documents our experience of that learning process and is due for completion in 2013. This has potential significance for all NZ health researchers.

We congratulate Geri McLeod on graduating with her PhD on Sunburn in a New Zealand population in early 2012, and Lindsay Robertson who graduated with her MPH on Television viewing and antisocial behaviour. Lindsay will continue research in the Unit where she begins her PhD study on tobacco retailing in 2013, supervised by Louise, Rob and Prof Janet Hoek.

Our 2012 publications are listed at the back of this report and our extensive backlist of publications is produced in a separate document available from our website, where further information is available about our staff and postgraduate students.

Tony Reeder & Rosalina Richards
March 2013
SBRU Staff and Students (During 2012)

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1. Tobacco Control

The New Zealand Government has commitment to making Aotearoa/New Zealand smokefree by 2025. To reach this goal, a national working party has been established by the tobacco control sector and a pathway for achieving the goal has been developed. It is critically important that the tobacco-control sector, including research, contributes to achieving this goal.

SBRU project research, advocacy, conference and workshop presentations continued to make significant contributions to this area in 2012. While maintaining a broad interest in all aspects of tobacco control, our research team focused on youth smoking issues. 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 continued through 2012. A number of new projects were able to be developed during the year following successful funding applications. These included two projects on smokefree environments; one examining smokefree universities and the other looking at smokefree outdoor areas for councils. Research was also begun into the spatial characteristics of tobacco retailers and the portrayal of tobacco control policies in the media. Additional funding has been applied for to continue the work in young people’s access to tobacco and smokefree environments.

1.1 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.

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.

This paper has now been published in *Australian & New Zealand Journal of Public Health*, 2012; 36(5): 415-420.

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

Funding: University of Otago; CSNZ.
1.2 Menthol cigarette use among young New Zealanders

Most smokers start smoking during adolescence, and in 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. In 2008, nearly one-quarter 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 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 cigarette smoking 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 from randomly selected secondary schools in NZ. There was no evidence of a change over time in preference for type of cigarette for menthol-only smokers. However, there was evidence of an increase in menthol plus regular or light over time, alongside a decrease in non-menthol smokers. Across all years, females were more likely to smoke menthol than males as were Pacific peoples and Asian compared to NZ/European smokers. There was no evidence of an association between use of menthol and Hooked on Nicotine scores. No association was found between wanting to stop smoking and smoking any menthol cigarettes. Those who preferred menthol were no more likely to have made a quit attempt in the past year. However, those smoking menthol plus another type were more likely to have made a quit attempt than other smokers. Overall 76% of all participants stated they 'enjoyed' smoking; menthol smokers were more likely to agree that smoking was enjoyable than non-menthol smokers.

A letter from this research has been published in: *Australian and New Zealand Journal of Public Health*, 2012; 36(5): 495-496.

**Project Team:** Louise Marsh, Rob McGee, Andrew Gray.

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

1.3 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 was implemented in NZ in July 2012 to enforce the prohibition on the sale of tobacco to minors and increase the maximum fine for selling to minors. Combined with annual increases in tobacco price, 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
This qualitative study involving 10 focus groups with young smokers explored how these young people obtain their tobacco through non-commercial sources. Family was one of the main sources of tobacco for the young smokers in this study; and parents were the leading source, often purchasing tobacco for their children to smoke. Sharing tobacco amongst groups of friends was also very common. Additional methods were used when young smokers were desperate, including stealing, ‘butt scabbing’, and asking strangers. Both family and social networks continue to support smoking and supply tobacco to young people. Consequently, while these networks operate, young people will continue to smoke, despite increased regulations on commercial sales to minors.

This research has been accepted for publication by the Australian and New Zealand Journal for Public Health.

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

Funding: Dunedin School of Medicine Dean’s Bequest Fund, University of Otago, CSNZ.

1.4 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 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, quit product 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
This qualitative study involving focus groups with young people explored what they thought would help young smokers in NZ quit smoking. The focus group participants developed an array of ideas for how to help young people quit smoking. These encompassed a range of options including legislative changes, support from family, friends and community; quitting as a group; making personal changes such as keeping active; adopting alternative behaviours to smoking, and personalised health warnings. Many of these suggestions were interlinked and included the idea of a quit smoking camp. The importance of the camp was that they would be away from their family and social environments where smoking occurs. The time period was linked to what the young people felt was the biggest temptation period, if they could get through 6 weeks without smoking, they would be able to remain smokefree. They also discussed going back to their family and social environments where they would be faced with smoking – but, having learnt new skills while on their camp.

This research is now complete and will be submitted to the Journal of Smoking Cessation in early 2013. This research was also presented at the National Tobacco Control Conference, November 2012.

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

Funding: Dunedin School of Medicine Dean’s Bequest Fund, University of Otago, CSNZ.
1.5 Mental health and 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. 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 depression was not related to whether a smoker still smoked.

Project team: Rob McGee, Louise Marsh, David Welch

Funding: University of Otago, CSNZ.

1.6 Support for a smokefree university

Data from the NZ Tobacco Use Survey indicate that the time between the ages of 15 and 24 years, when young people are entering tertiary education, is crucial for taking up smoking. This may be especially so from around 18 years on when individuals have more discretionary spending power to purchase tobacco. Smoking bans at universities and colleges in the United States (US) are now being instituted more often. The aims of smokefree policies at tertiary institutions are to promote positive social norms, reduce the harm from exposure to others smoking, to de-normalise smoking as a normal behaviour, to reduce smoking uptake and increase smoking cessation. In the US, research has shown that college students and staff generally support policies restricting smoking, however, students are less supportive of campus-wide smoking bans.
**Study Aims**
This study examines the level of support for a completely smokefree campus policy and other smokefree policy initiatives amongst staff and students at a New Zealand University.

**Progress**
Attitudes to smoking on campus, smokefree campus policies, implementation and enforcement of smokefree policies were assessed using an online survey of 650 staff and 650 students. Most participants had never smoked, or were past smokers; few reported being current smokers. Participants agreed that exposure to second-hand smoke is harmful, disliked being exposed to second-hand smoke on campus, and felt the university should promote a healthy work and study environment. Results indicated strong support from staff and students for smokefree policies at the university. Participants made a range of recommendations for implementing smokefree policies. Most agreed that compliance with a smokefree policy should be voluntary, but felt that Campus Watch should warn people who breach campus smokefree policy. The results of this survey provide a sound basis for university administrators to implement such policies.

This research is now complete and will be submitted to a Health Education Research early 2013.

**Project Team:** Louise Marsh, Lindsay Robertson.

**Funding:** Department of Preventive and Social Medicine PBRF internal grant, University of Otago, CSNZ.

1.7 Smokefree Tertiary institutions

The NZ Government has set the goal of making NZ a smokefree nation by 2025. In order for this goal to be realised a number of legislative, regulatory, community, voluntary, education and health promotion approaches are needed. Smokefree outdoor areas help to de-normalise smoking, as well as reducing exposure to secondhand smoke. In NZ there is significant support for restricting smoking in various outdoor settings. Education institutions provide ideal settings for tobacco control initiatives. In 2010, approximately 506,000 students aged 15 and older were enrolled in tertiary education in NZ, and around 28,000 full-time equivalent staff were employed by tertiary education institutions. Six years ago, almost half of the tertiary education institutions in NZ had a policy restricting smoking on all outdoor campus areas. Little is known about the enabling factors affecting the development of smokefree policies at tertiary education institutions in NZ or the challenges associated with implementing these policies.

**Study Aims**
The aim of this research is to undertake a stocktake of smokefree policies at NZ tertiary institutions and to explore how these institutions have developed, implemented, enforced and evaluated their smokefree campus policies.

**Progress**
Semi structured interviews were conducted with the Health and Safety Manager at 22 of the 29 universities, polytechnics and wānanga throughout NZ. Interview questions included information about the institution, whether they had a smokefree policy, the nature of the policy, the process of developing, implementing and enforcing a smokefree policy, the challenges associated with policy development, and the types of smoking cessation available at the institution. Data collection is complete and thematic coding using NVivo will be used to analyse the interviews in early-mid 2013.

**Project Team:** Louise Marsh, Lindsay Robertson.

**Funding:** Department of Preventive and Social Medicine PBRF internal grant, University of Otago, CSNZ.
1.8 Spatial characteristics of tobacco retailers in New Zealand

Tobacco marketing is a major contributor to tobacco use and addiction. It has recently been suggested that tobacco control policies should be broadened to reduce the supply and availability of tobacco products. The ubiquitous nature of tobacco retailing may represent a major form of tobacco promotion, particularly in countries that restrict other forms of industry marketing. Certain restrictions on the retailing of tobacco products are already in place in NZ, such as legislation prohibiting retailers from selling tobacco to people under the age of 18 years. However, there is scope for increased intervention in the retail environment. Currently, no licence or registration is required for selling tobacco in NZ: any type of outlet is permitted to retail tobacco, and tobacco products are also available at many non-retail premises, such as alcohol-licensed premises. By contrast, access to alcohol in NZ is more strictly regulated through a licensing system. Evidence suggests that reducing alcohol outlet density is an effective strategy to reduce alcohol consumption and related harm, and many researchers believe a similar approach may also be effective for tobacco. Stakeholders’ views are often influential in the policy making process, but research regarding attitudes to tobacco control interventions in the retail environment is scarce, both in NZ and internationally. Aside from research on removing point-of-sale tobacco displays, only a limited number of NZ studies of tobacco retailing have been conducted.

**Study Aims**

This study aims to describe the number and types of tobacco retail outlets throughout NZ, and to examine the distribution of outlets according to neighbourhood deprivation, their proximity to secondary schools, and the extent to which tobacco is sold alongside alcohol.

**Progress**

Using data on known tobacco outlets throughout NZ, GIS was used to map outlets, deprivation and secondary schools. A total of 5,008 tobacco outlets were identified, giving a density of 1 outlet per 617 people or 1 outlet per 165 smokers. One-half of secondary schools had an outlet within 500m. Tobacco outlets were more densely located in areas of higher socioeconomic deprivation. A third of all tobacco outlets had a license to sell alcohol. This study indicates the widespread retail availability of tobacco and the need for a mandatory system of registration for better enforcement of smokefree legislation.

This research is now complete and has been submitted to *Health and Place*. This research was also presented at the National Tobacco Control Conference, November 2012.

**Project Team:** Louise Marsh, Crile Doscher, Lindsay Robertson.

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

1.9 Smokefree outdoor areas: council policies

Some research evidence suggests that reduced exposure to smoking through smokefree environments mean young people are less likely to be exposed to smoking, view smoking as a normal adult behaviour and take up smoking themselves. De-normalising tobacco smoking is one of the main goals of smokefree outdoor areas. Through reducing role modelling of smoking, a decrease smoking uptake in youth can be seen. Adult smoking behaviour has been shown to be a risk factor for young people starting smoking, and restrictions such as smokefree outdoor areas, can reduce smoking uptake in youth. Additional benefits of these policies include that they assist those quitting by reducing exposure to the smell of other people smoking, potentially preventing relapse; reduce littering and environmental impacts; and empower non-smokers to speak up when people smoke in smokefree areas.

Smokefree outdoor policies have been successfully implemented internationally and smokefree outdoor policies cover a range of areas including parks, playgrounds, beaches, bus shelters, sports fields, building entrances and outdoor dining areas. In NZ, there is significant support for restricting smoking in various outdoor settings. However, only half of NZ local authorities have voluntarily enacted smokefree outdoor policies, and it is unknown what areas these cover.
Study Aims
The aim of this study is to undertake a stocktake of smokefree outdoor areas (SFOA) policies for all Territorial Authorities in NZ.

Progress
An online survey with Territorial Authorities was undertaken at the end of 2012. This survey sought to determine the areas that SFOA policies cover, and to explore the development, implementation, enforcement and evaluation of SFOA among Territorial Authorities. Data analysis will be undertaken in early 2013.

Project Team: Louise Marsh, Lindsay Robertson, Martin Witt, Heather Kimber.
Funding: University of Otago, CSNZ.

1.10 Media portrayal of tobacco control policies in New Zealand

The media constitutes one of the most powerful sources of influence in modern society, and media coverage can determine what readers perceive as the ‘norm’, what we view as being “good”, “bad”, “important” or “insignificant”. The media has a powerful role in determining the effectiveness of public health policies such as tobacco control through its influence on individuals and policymakers. The types of events and issues published in newspapers are ones which journalists and news editors have deemed to be newsworthy. In addition, issues can be portrayed in specific ways, expressing support in varying degrees, and this can greatly influence their public perception.

Study Aims
This study looks at the media portrayal of tobacco issues over the last year, focusing on proposed actions to achieve the Smokefree 2025 goal.

Progress
Tobacco-related articles from NZ newspapers published between 1 November 2011 and 31 October 2012 were assessed under 19 tobacco-related themes. The tone of the article was analysed in two ways – event and opinion. The event variable examined the impact of the tobacco-related event being reported on smokefree objectives, whereas the opinion variable looked at the opinion being expressed towards tobacco control policies. There were 537 articles related to tobacco; ninety of these articles were repeated in different newspapers. Thematic analysis identified 19 different tobacco themes in the newspaper articles. The most common themes were: “Smokefree”/2025 (17%); smokefree areas/cars (11%); pricing/tax (11%); tobacco industry (9%); plain packaging (9%); quitline/cessation (6%). Overall, significantly more articles covered stories about events with a positive impact on tobacco control objectives in comparison to articles of negative impact to smokefree goals. Of the top five themes, ‘tobacco industry’ was the only theme that had more articles of negative event than positive event. All other themes had significantly more articles with a positive event than a negative event.

This research is complete and will be submitted to a scientific journal by mid-2013.

Project Team: Sophie Bang, Louise Marsh, Rob McGee.
Funding: Health Sciences Summer Student Scholarship University of Otago, CSNZ.
1.11 Quitting smoking: trends, predictors and weight gain

Although the prevalence of smoking in NZ is declining, estimates strongly suggest that the current cessation rate must double if the 2025 goal is to be realised. This proposed research consists of three studies, each using data from the Dunedin Multidisciplinary Health and Development Study (DMHDS) and which aim to support efforts to increase the rate of smoking cessation in NZ and internationally.

Study 1. Patterns of quitting behaviour over time

Australian research suggests the rate of sustained smoking cessation following a quit attempt tends to be relatively low (23%), and that this has remained stable since 2006. There is a lack of data on trends of quitting behaviour in NZ over time. Data from the NZ Tobacco Use Survey is mainly concerned with short-term cessation (i.e. 24 hours and 1 week) and only provides point prevalence estimates of these quit attempts between 2006 and 2009.

Aim: This study aims to examine longitudinal patterns of quitting behaviour in a sample of adult NZ smokers from ages 21 to 38 years over the past two decades.

Study 2. Predictors of quitting behaviour

Rationale: A range of psychosocial, demographic and smoking-related factors are associated with quitting behaviour; though research suggests there are different predictors of attempts to quit and sustained smoking cessation. Identifying predictors of successful long-term smoking cessation is crucial. The longitudinal research on predictors of quitting is scarce, and much of the existing quitting research has examined predictors of short-term cessation and has used clinical samples rather than community-based samples.

Aim: This study aims to identify predictors of quit attempts and long-term smoking cessation.

Study 3. Weight gain following smoking cessation

Rationale: A recent meta-analysis reported that successful smoking cessation was associated with weight gain: on average, individuals gained 4-5kg one year after quitting. However, these findings were based on clinical trials and only short-term weight gain was measured. This area of research is important because weight gain following cessation is likely to deter some smokers from trying to quit.

Aim: This study aims to examine the extent of weight gain in the short- and long-term following smoking cessation and the factors associated with this.

Progress: We have commenced work on the weight gain project and initial analyses have been completed. A paper will be written up and submitted by mid 2013.

Project Team: Rob McGee, Lindsay Robertson, Bob Hancox

Funding: Department of Preventive and Social Medicine PBRF internal grant, University of Otago, CSNZ.
2. Psycho-Social-Spiritual (PSS) Cancer Research

Traditionally called psycho-oncology, the SBRU psycho-social-spiritual (PSS) research group work with national and regional CSNZ supportive care staff to improve their evidence-informed approaches. 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). Working with this broad brief, this area is led by Dr Richard Egan, and includes part time staff who work on projects. The current major project is examining ‘what helps to get people through?’, that is, instead of looking again at the gaps and barriers, this research is asking what helped cancer patients personally, with their family/whānau, with the healthcare professionals and at work. Based on over 30 key informant interviews, this research aims to identify what factors empower people who have been affected by cancer. Work such as this project, is in line with current Ministry of Health and CSNZ priorities, and is particularly focused on hearing the needs and voices of those who experience cancer. Supportive care is an essential CSNZ arm, has a high public profile, and SBRU’s work aims to help inform policy and practice.

2.1 Aotearoa / New Zealand narratives of encounters with cancer

Almost a third of all deaths in New Zealand are due to cancer and Māori are over represented in both cancer incidence and mortality. While cancer survival rates are increasing, it is still the leading cause of mortality. Furthermore, cancer is a significant financial burden costing over $500 million a year. In this context, an important question is what helps those affected by cancer to navigate their new reality.

This project aims to identify what empowers people who have been affected by cancer. It uses participatory research, a novel methodology that involves ten cancer survivors and family members affected by cancer as active co-researchers. The full project team also includes a kaumatua/kuia advisory group and two academic/clinical advisors. Qualitative methods will be utilized and up to half of participants will be Māori. Findings may help those affected by cancer maintain or develop resiliency personally, with family/whānau, and in the workplace. The research team will help direct all aspects of the work including recommendations and dissemination.

There have been very few large scale qualitative cancer studies in New Zealand and none considering positive aspects of the cancer experience. While there has been some growth in survivorship research, supportive care research for cancer survivors is sparse internationally and nationally. ‘Cancer survivorship’ has multiple meanings and has now moved from a distinct stage (post active care), to encompass patient and whānau from the time of diagnosis across the cancer continuum.

Study aims
Aim
To identify what empowers people who have been affected by cancer.

Objectives
~ To find out what factors impact positively on people’s understanding and learning during their cancer experience.
~ To identify strategies and supports that assist people during their cancer experience.
~ To make recommendations to enhance how those affected by cancer live and work.

Progress
The research team has been meeting regularly since March 2012. The process itself has been critical, such that the group has developed as a team that work well together and reached consensus on the research questions, interview schedules and recruitment strategies. The project was delayed due to lack of funding, but this was secured late 2012. Recruitment is underway and interviews will begin early March 2013. A literature review has been completed. The research will be presented to all those involved either as a summary report or as an interactive presentation. A lay report for the
co-researchers and consumer groups is appropriate. Further dissemination will involve a report to the funders, draft recommendations for resources (targeting healthcare professionals, patients/whānau, employers) and an article will be submitted to a peer-reviewed journal.

**Project team:** Dr Richard Egan and ten people affected by cancer (three Māori, one Pacific person, six Pākehā consumers); Tira Albert, Teresea Olsen, Christine Pihema, Phil Kerslake, Joanne Doherty, John Kramer, Al Frost, Marie Retimanu-Pule, Chris Walsh

**Advisors:** Associate Professor Pam McGrath, National Health and Medical Research Council (NHMRC) Senior Research Fellow at Griffith University and; Associate Professor Chris Atkinson, Medical Director Cancer Society New Zealand, Radiation Oncologist and Director, St George’s Cancer Care Centre

**Māori reference group:** Dunedin based kaumatua / kuia group

**Funding:** CSNZ and CSNZ Central Districts Research Trust

### 2.2 A Bridge to Health, The Otago/Southland Cancer Society Surviving Well Programme-Evaluation

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 Cancer Society (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 B2H 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. The aim of the evaluation is to understand how the programme was received by the participants and provide information to improve subsequent programmes.

**Progress**

After the online survey, which was completed in 2011, nine of the ten participants were interviewed by telephone about their experiences of these workshops and/or about the programme generally. A report has been finalized and a paper is being developed for peer review publication.

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

**Funding:** CSNZ
2.3 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 was to carry out telephone interviews of Cancer Connect clients. The client interviews were one of three arms to the evaluation, the other two being carried out by Rae Noble-Adams. A report has been completed for CSNZ national office and a paper may be submitted for publication.

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

**Funding:** CSNZ

2.4 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 (PD) for staff. There is a ‘spirituality gap’ in the pre and in-service education and training for healthcare professionals. 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 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 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. In Stage two, subject to securing appropriate funding, we will pilot and produce the spiritual care PD package.

**Progress**

Based on the SBRU PSS literature review and working with HNZ staff and volunteer experts in the field (including Richard Egan), a PD package and process was developed over 2012 and will be trialled in 2013.

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

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

This was 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 involved semi-structured interviews with key curriculum coordinators from the Otago Medical School, Dunedin. These participants were asked to respond to specific questions and a discussion will evolve around them. An internet survey, informed by the interviews, was sent to key Otago and Auckland Medical School Curriculum Coordinators.

**Aim**

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

**Progress**

A report was submitted to the funder and a peer reviewed paper has been submitted.

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

**Funding:** Selwyn Spirituality and Aging Centre scholarship

2.6 Spirituality in Dunedin’s Aged Residential Care

Addressing spirituality with patients has been shown to positively impact a range of health outcomes, including improved quality of life (QOL), and a greater ability to find meaning in their situations. Spirituality is particularly relevant to the aged care sector as it is suggested that having a robust spirituality assists the task of ageing.

**Aim**

Based on a convenience sample of management and staff from aged residential care facilities in Dunedin, this qualitative pilot study will explore: a) how spirituality in aged residential care is understood, from the perspective of management and staff; and b) how appropriate spiritual care is facilitated by management and staff.

**Progress**

At the end of 2012, funding had just been secured and ethical, Māori consultation and design processes were beginning. A report to the funder and paper for peer review publication will be submitted.

**Project team:** Mei-Ling Blank, Richard Egan, Chrystal Jaye

**Funding:** Selwyn Spirituality and Aging Centre scholarship
2.7 ‘My Health Matters’ patient diary evaluation

The Cancer Society NZ has developed a patient diary called “My Health Matters”. The broad objective for this resource is to foster patient-centred and integrated care for those with cancer, their families and whānau. The specific aim is the creation of a patient diary that can be used as a tool to encourage and facilitate patients to engage actively in their health care. The diary will be a repository for a range of information; for example, specific cancer information; local treatment information; laboratory/scan and test results; notes from clinicians/health care team (including treatment decisions/care plan); specific questions/answers (including the potential cost of their care); self reflection; monitoring of side effects/symptoms; record of medications used; both prescribed and over the counter or alternative medications; other health issues/concerns; and any other information that the individual patient requires or wishes to record.

Aim
Examination of the research question: Does the “My Health Matters” diary impact on patient engagement with their own care and if so, how? Secondary questions address the patients’ experience in using this resource, whether it has a positive impact on patients’ active involvement in their care, and how could it be improved?

Progress
A brief literature review has been conducted to identify relevant factors from recent research on undertaking impact evaluation and patient involvement in such ventures. Up to 300 diaries were scheduled to be given out in the mid-central region in the last months of 2012. Recruitment began with an aim to gather a range of people (lifestyles, socioeconomic status, ethnicity, and cancer characteristics) willing to be interviewed at three and six months after they started using the diary. The research will be presented as a report for the funders and an article will be submitted to a peer-reviewed journal.

Project team: Jean Simpson, Richard Egan, Sarah Penno

Funding: CSNZ

2.8 An investigation of best ways for GPs to support and inform those affected by cancer under their care

Cancer patients and their families in New Zealand frequently report that the coordination of support services is disjointed and subject to regional variation. The Implementation of Support Care guidance document from the Ministry of Health indicates this is a priority issue. A report compiled for the Cancer Society of New Zealand indicates that one important factor affecting care is the lack of clarity about the role of GPs in ongoing care. Oncologists have varying and often ill-defined expectations in terms of the support that could or should be provided by GPs. Patients are often confused about who to refer to for care after completion of specialist treatment. With confused lines of communication, GPs appear to be “out of the loop”.

Aim
This project aims to explore with GPs their perceptions of current care pathways to identify facilitators, barriers and consider possible GP-inclusive frameworks to best support the patient journey.

Progress
We have conducted focus groups with GPs recruited from the Wellington and Dunedin regions attempting to represent the service provided in rural and urban areas and reflecting as broadly as possible the socio-economic and ethnic demographics of New Zealand society. Analysis of the data has begun and a report, conference presentation and peer review paper are in train.

Project team: Paul Kane, Richard Egan, Marieke Jasperse, Sue Pullon

Funding: CSNZ

2.9 Spiritual care and kidney disease in NZ: what do the specialists think?

With the growth of incidence of renal disease (including cancer related conditions), there is a subsequent need to better understand all domains of patient’s well-being, including spirituality. To date, this area has been under researched and potentially under addressed. This study will ask specialist doctors and nurses about their understandings of spirituality, current service provision of spiritual care, in/pre-service spiritual care training, and suggested improvements. We hope that this work will help improve spiritual care for those with renal disease.

Aim
This project aims to explore NZ renal specialists’ understanding of spirituality and spiritual care.

Progress
The completed project has produced a literature review, a conference presentation and a paper is currently being written.

Project team: Richard Egan, Jane Mountier, Rob Walker, Rod MacLeod

Funding: Department of Preventive & Social Medicine PBRF funding, University of Otago
3. UVR-related studies

New Zealanders continue to suffer among the world’s highest age standardised rates of cutaneous malignant melanoma. Melanoma registrations showed an upward trend between 1999 and 2009, with melanoma the 4th most commonly registered cancer and 6th most common cause of cancer death. Non-melanoma skin cancers are very common in NZ and there is evidence that they are increasing. Skin cancer treatment places a substantial burden on the healthcare system and wider NZ society, with significant additional economic costs arising from lost production and considerable personal impact on those affected. Yet most skin cancers are potentially preventable, making skin cancer an appropriate priority for primary prevention interventions. SBRU research in this area aims to help identify, develop and evaluate the most effective preventive interventions, taking into account potentially competing health goals, such as achieving vitamin D sufficiency and adequate physical activity.

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

Some New Zealanders are at risk of low vitamin D levels, particularly the South Asian population and the elderly, but also Māori and Pacific peoples. The primary source of vitamin D is exposure of the skin to solar ultraviolet radiation (UVR) – which can have implications for skin cancer control.

Study aims

1) To relate sun exposure, measured by electronic UVR dosimeters, to changes in blood vitamin D levels among 500 NZ adults (330 in Auckland and 170 in Dunedin);
2) To determine the wavelength dependence of UVR that produces vitamin D, and the extent to which vitamin D levels may be influenced by artificial UVR sources;
3) To estimate how much UVR exposure is required by major ethnic groups in the adult NZ population to maintain vitamin D levels considered necessary for good health.

Progress

In 2012, a number of scientific papers were drafted and one published. Further analysis and writing up of this complex dataset is scheduled for 2013.

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.


Sunburn is associated with increased risk of subsequent skin cancer. To help raise public awareness and reduce harmful UVR exposure, skin cancer health promotion programmes have been supported in NZ since 1988. The Cancer Society of New Zealand (CSNZ) initiated the Triennial Sun Protection Survey series in 1994 in order to better understand the target audiences. In 2010, the Health Promotion Agency (formerly Health Sponsorship Council) re-launched a modified survey series as the Sun Exposure Survey.

Aims

Data obtained from five survey waves (1994, 1997, 1900/00, 2002/03, 2005/06), in conjunction with National Institute of Water and Atmospheric Research (NIWA) climate and UVR data, were analysed to:

1) describe patterns of sunburn and their association with demographic variables across the survey years;
2) investigate predictors of sun protection and sunburn using multivariable modelling and addressing potential confounding by climatic factors.
Progress
Geraldine McLeod was awarded a PhD in 2012 for her thesis, *Sunburn in a New Zealand urban population, 1994-2006*. A draft paper on summer weekend sun exposure and sunburn, 1994-2006, will be submitted for publication early in 2013. Further publications are in preparation.

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

Funding: Health Sponsorship Council (HSC) (SunSmart Scholarship to 2010), CSNZ, University of Otago.

3.3 SunSmart Schools Accreditation Programme (SSAP) Evaluation

Exposure to harmful levels of ultraviolet radiation during childhood, particularly when it results in sunburn, is a risk factor for subsequent skin cancer. Since children may spend significant time outdoors during school time, school sun protection policies and practices represent important skin cancer prevention strategies.

Aims

The 2005 baseline survey of a randomly selected, national sample of primary schools allowed us to describe sun protection policies, practices, curriculum content and environment prior to SSAP implementation. Subsequent research aims were:

1) to describe the situation in 2009, using an enlarged random sample;
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

Improvements in school sun protection policies were identified and schools that acknowledged CSNZ health promotion support had more protective policies than those that did not. Environmental shade and curriculum criteria were the SSAP criteria most likely not to be met. Barriers to achieving the shade criterion were discussed at a CSNZ-initiated meeting with representatives of the Ministry of Education Property and Infrastructure Group. A presentation was made at the February 2012 Department of Preventive and Social Medicine Convention. Two papers based on the quantitative findings of the two surveys were published in 2012.

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

Funding: CSNZ, University of Otago.
3.4 GP’s advice about sun exposure and vitamin D

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 NZ population and there is evidence that vitamin D status may impact on health 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. 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
1) describe the advice currently provided by GPs with respect to vitamin D insufficiency / deficiency and sun exposure;
2) identify the information and resource needs of GPs around these issues;
3) help inform and guide health education and health promotion.

Progress
The results of multivariable analyses, carried out to investigate plausible factors associated with GP knowledge and practices, were published in 2012. A second paper on advice provided by GPs regarding vitamin D insufficiency and deficiency has been submitted for publication.

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 2004 Centers for Disease Control (Atlanta) 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 for adults in recreational and tourism settings. However, that review only included studies published up to 2000, so 10 years of additional interventions remained to be critically reviewed. Substantial new evidence may require extension of these findings to other settings and intervention types.

Study Aims
1) To update the existing review;
2) To provide timely, evidence-based recommendations to help guide health promotion practice and identify research priorities.

Progress
Our initial literature search identified more than 100 additional intervention studies with the potential to meet rigorous US Centers for Disease Control (CDC) Community Preventive Services Task Force review criteria, providing justification for conducting a review update. In 2010, the SBRU team was invited to join the CDC review team and collaboration continued through 2011 and 2012, resulting in draft updates to three reviews, subject to peer review. There remained insufficient evidence in support of mass media campaigns on their own, but there was now sufficient evidence for multi-component community-wide programmes and stronger evidence in support of interventions in primary school settings. The review process will continue in 2013.

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 Sun protection policies and practices of Territorial Authorities.

Individual behavioural change is most likely to be achieved and sustained when public policies and institutional practices help create supportive contexts and reinforce appropriate protective behaviours. Territorial Authorities have wide responsibilities which include administering recreational and sports facilities, employing outdoor workers and managing public spaces and events. Focusing on optimising their sun protection policies and practices is a logical skin cancer prevention strategy.

**Study aims**

1) To follow-up the 2004 SBRU-conducted survey of Territorial Authorities;

2) To report findings and identify strategies for improvement.

**Progress**

Tony Reeder collaborated with Kerri Kruse (Health Promotion Agency) to help update survey instruments and procedures for the survey carried out mid-2012. A report on the findings of the 2012 survey is due to be released by the HPA in early 2013.

**Project team:** Tony Reeder, Kerri Kruse.

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

3.7 Solar ultraviolet radiation exposure and workplace sun protection in outdoor occupational groups: forestry and construction workers

Excessive exposure to UVR is a recognised occupational health and safety issue for outdoor workers because it is associated with increased risk of skin cancer, eye diseases and immune suppression. Workplace mitigation is the recommended preventive strategy.

**Study Aims**

The main project aim is to develop a sun protection intervention for key outdoor occupational groups that is theoretically linked and capable of rigorous evaluation. This will help meet NZ needs and contribute to the relatively sparse international evidence.

**Progress**

Funding was obtained in 2011 and a comprehensive literature search to help inform project development has been completed. An initial qualitative study focusing on forestry workers (an occupational group identified as among the least sun protective) is planned for early 2013. Good preliminary contact has been established with a forestry employer.

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

**Funding:** University of Otago Research Grant, CSNZ.
4. Project Reports: 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.

4.1 Following their footsteps? Active transport among adolescents and their parents

Active transport to school is associated with increased physical activity, a healthier body composition and better cardiorespiratory fitness among youth. In addition, there are broader health benefits associated with shifts from motorised to active transport, such as reducing air pollutants and greenhouse emissions. One New Zealand study estimated that a 5% shift from car use to bicycling would result in net annual savings of $200 million in combined health costs. Unfortunately, in New Zealand and internationally, active transport appears to be declining in favour of motorised transport.

Study Aims
The aims of the current study are to a) describe the use of active transport among two cohorts of New Zealand adolescents (Dunedin Multidisciplinary Health and Development Study and Next Generation Study) to school, sports and recreation activities, social events and part-time work and b) to describe associations in use of active transport between a subsample of linked parents and adolescents from the two cohorts.

Progress
A paper based on these findings is in preparation for publication.

Project Team: Rosalina Richards, Aroha Bolton, Judith Sligo, Claire Cameron, Bob Hancox

Funding: The project costs for the Next Generation study are supported by a Health Research Project Grant to Associate Professor Hancox. Dr Richard’s salary is funded through CSNZ core grant.

4.2 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.

An important area for research is the marketing of alcohol across a variety of media. There is a particular need for more research in this area because of the emergence and rise in popularity of online social media platforms, such as YouTube and Facebook. 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 explore research gaps in the area of alcohol, marketing and media and identify potential future projects for the SBRU and collaborators.

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Progress

The scoping study was completed in April 2012. This exercise helped to identify some current issues in the area of alcohol marketing and media, particularly with regards to new social media, such as Facebook. These social media platforms provide new opportunities for marketing companies to advertise alcohol brands in innovative ways that are often pervasive, and which may not meet the regulations for advertising in traditional forms of media. Furthermore, many individual users of social media platforms choose to display text and images that portray their own and other’s alcohol use and intoxication, which may be associated with reinforcement from peers and a change in perceived social norms around alcohol consumption.

The next step for this project involves preparation of a paper for submission; this paper will first summarise the challenges that social media pose to health promoters working in the area of alcohol, and discusses how health promotion practice might shift to take these new challenges into account. Existing health promotion interventions delivered via the internet or other social media platforms tend to have a downstream focus; we suggest other mid- and upstream health promotion approaches that make use of social media, or address issues related to the portrayal of alcohol in social media.

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

Funding: Ms Robertson and Dr Richard’s salaries were supported by the CSNZ.

4.3 Cancer perceptions among New Zealand adults: a decade of change

A decade ago, the SBRU carried out a study of perceptions of cancer risks among New Zealand adults. At the time, most of the sample believed that behavioural and lifestyle choices could affect cancer risk. Nutritional factors were mentioned by 68% of respondents, but only 43% of respondents specifically mentioned eating more fruit and vegetables. In addition, only around one-quarter of respondents said that they could reduce their risk of cancer by being more physically active.

At the time the study authors suggested that there was still work to be done on the dissemination of consistent and clear messages that reflect current evidence of the potentially modifiable risk and protective factors for cancer.

Since this study, there has been considerable work done by the Cancer Society, Cancer Control Council and other agencies to lift awareness of these and other cancer risk behaviours. The proposed project will replicate and extend the previous survey carried out in 2001. The replication portion of the sample \((n = 400)\) will allow us to identify if there have been any changes in patterns of perceptions since baseline. The extension portion of the survey \((n = 400)\) will focus on perceptions of risk factors among Māori, providing descriptive information for programme planning and a baseline for future surveys.
Study aims
This study aims to describe public perceptions about risk factors for cancer, overall, and for common fatal cancers in New Zealand, specifically: bowel cancer, lung cancer, cutaneous melanoma, breast and cervical cancer (among female respondents), and prostate cancer (among male respondents).

Progress
Grant applications to support the costs of this project have been submitted to multiple funding agencies.

Project Team: Rosalina Richards, Anna Dawson, Tony Reeder, Claire Cameron.

Funding: Salary for Dr Richards will be supported by the CSNZ Core grant, funding for project costs is being sought from external funders.

4.4 Re-LOCATE – determining the place of children’s physical activity
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.

Study Aims
The aims of this study are to capitalise on existing LOCATE study data that has not been analysed, to:
~ test models of physical activity quantity, energy expenditure, and intensity;
~ examine the associations between physical activity quantity and intensity and the settings which participants visited and where they were physical active;
~ Identify individual, parental, family, household and built environment level factors associated with i) physical activity quantity and intensity and ii) use of specific facilities or facility types.

Progress
A paper based on these findings is in preparation for publication.

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.
5. Hauora Māori

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.2

In 2012, the SBRU initiated an ongoing process of professional development of all Unit staff to increase understanding of Te Ao Māori and allow reflection on the place of cultural competency in social and behavioural research. 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 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 wānanga (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 is ongoing, with findings due to be disseminated in early 2013.

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

Professor Rob McGee

Dunedin School of Medicine- tutorials for 4th Year Medical students on Tobacco Control.
Preventive & Social Medicine, University of Otago, HEAL 202 Health Promotion – 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.

Dr Rosalina Richards

Strengthening Community Action. Lecture given to HEAL202 Health Promotion, Preventive & Social Medicine, University of Otago, 13th September 2012
Responsiveness to Māori within the Cancer Society Social and Behavioural Research Unit. Lecture given to PUBH709 Hauora Māori, Preventive & Social Medicine, University of Otago, 20th September 2012.

Contributions to Student Supervision

Dr Richard Egan
Deborah Lambie University of Otago Summer Studentship
Mei-Ling Blank University of Otago Summer Studentship

Professor Rob McGee
Sophie Bang University of Otago Summer Studentship

Dr Louise Marsh
Sophie Bang University of Otago Summer Studentship

Associate Professor Tony Reeder
Geraldine McLeod (PhD) Sunburn in a New Zealand urban population, 1994-2006. Graduated 2012

Dr Rosalina Richards
Anna Dawson(Masters) Cultural Competence training for health researchers: A journey to Aotearoa – current
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 (found ing Trustee)
- Trustee – The New Zealand Institute for Cancer Research Trust.
- Member Psycho-oncology New Zealand
- Member Psycho-oncology Cooperative Research Group (Australia/New Zealand)
- Chairperson – Spirituality and Well-being Strategy Group

Professor Rob McGee

- Member of Board, Cancer Society NZ Otago & Southland Division
- Member of Research Coordinating Group, New Zealand Youth Tobacco Monitor, Health Promotion Agency
- 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

- Research leader for Science Wānanga, Division of Sciences, University of Otago
- Te Poutama Māori, University of Otago
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 (HPA, CSNZ & MelNet)
- NZ Skin Cancer Prevention and Early Detection Research Advisory Group (HPA & CSNZ)
- NZSCSC Sub-Committee for the 2013 Melanoma Summit primary prevention stream (CSNZ, HPA, Melanoma Foundation)
- 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 (HPA)
- UVI Redevelopment Project Working Group (HPA)
- Territorial Authorities Research Project Coordinating Group (HPA)

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)
- Member of PHA
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Quigg R, Reeder AI, Gray A. Physical activity hot spots for a cohort of Dunedin children. Department of Preventive and Social Medicine In-House Convention, University of Otago, Dunedin, NZ. 17 February 2012.


Quigg R, Reeder T, Gray A. Natural experiments – an effective method for assessing built environment policy impact. 8th International Conference on Diet and Activity Methods, Rome, Italy. 14 May 2012.


Egan R. Spirituality and mental health. Theology and Mental Health Symposium, Dunedin, NZ. 4 July 2012.


Workshop presentations


Reeder Al, NZ SunSmart Schools Accreditation Research: environmental shade. Ministry of Education Schools Infrastructure Group, Wellington, NZ, 8 November 2012.


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Quigg R, Reeder A, Gray A. Playgrounds: Do they make a difference? Presented to Department of Preventive and Social Medicine/Public Health Association, University of Otago, Dunedin. 12 July 2012.

Quigg R. The effectiveness of a community playground intervention. Lecture given to PUBH703 Health & Environment, Preventive & Social Medicine, University of Otago, Dunedin. 22 August 2012.


Richards R. Strengthening community action. Lecture given to HEAL202 Health Promotion, University of Otago, 13th September 2012.

Richards R. Responsiveness to Māori within the Cancer Society Social and Behavioural Research Unit. Lecture given to PUBH709 Hauora Māori, University of Otago, 20th September 2012.

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