Our Vision
To make real differences to the well-being of others via high-quality research
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We are very pleased to present our annual report on the Cancer Society’s Social and Behavioural Research Unit (SBRU) for 2017. This is our 27th year of research to inform efforts for cancer control in Aotearoa New Zealand. Our 27 years of research would not have been possible without the sustained support of the Cancer Society of New Zealand and the University of Otago. This has been critical in the Unit being able to maintain a high research profile both nationally and internationally.

Public awareness of cancer is important for efforts aimed at prevention, treatment and survivorship. In 2017, the Unit published four studies exploring different aspects of cancer awareness and how these have changed over time from an earlier study in 2001. These studies, under the leadership of Dr Rose Richards, explored different aspects of cancer awareness, including awareness of risk factors for different types of cancer. A final study looked at perceptions regarding cancer support. There have been clear positive changes since the 2001 survey, with significant increases in awareness that adequate sun protection, avoiding sunbeds/solaria, healthy weight, limiting red meat and alcohol, and diets high in fruit and vegetables decrease the risk of developing cancer. Most people realise the benefits of early detection and treatment. Cancer is no longer seen as a “death sentence” but as a treatable set of conditions if detected early. Effective cancer services were essential, including access to good information about cancer, early detection, timely treatment and good relationships with medical staff. In coping with a diagnosis of cancer, people emphasised the importance of whānau, family and friends, alongside support from the broader community, including cancer support groups with other survivors.

This represents a positive foundation for prevention, detection and treatment efforts in the future. Our future research is designed to inform those efforts. In the area of smokefree, we will continue our research on the tobacco retailing environment, particularly given the New Zealand Government’s proposed legislative changes to liberalise the sale and promotion of electronic nicotine delivery products. In skin cancer prevention, SBRU staff contributed to the drafting of the New Zealand Skin Cancer Primary Prevention and Early Detection Strategy 2017-2022, and we aim to design and evaluate interventions to help meet the stated goals. With skin cancer being such a potentially preventable problem there is an opportunity to significantly reduce its impact on the New Zealand population. In psychosocial/spiritual research we will continue to inform practice and policy with our work particularly related to research in survivorship, spiritual care, the euthanasia debate and Maori prostate issues.

Finally, each year we wish to send a big thank you to all our Unit staff, our collaborators and most importantly the participants of our 2017 research programme for their collective contributions to help reduce the impact of cancer on the Aotearoa New Zealand.
Our People  
(During 2017)

FTE = Full Time Equivalent

Dr Rose Richards  
(Cancer Awareness)  
Co-Director until 31st Dec 2017.  
Senior Research Fellow  
Funded 0.6 FTE by The Cancer Society.  
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Professor Rob McGee  
(Smokefree and Alcohol)  
Co-Director  
Professor  
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Holds a 0.4 FTE lecturing position at the Department of Preventive and Social Medicine, University of Otago.

Dr Louise Marsh  
(Smokefree)  
Co-Director per 1st of Jan 2018.  
Senior Research Fellow  
Funded 0.4 FTE by The Cancer Society.

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(Supportive Care)  
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Funded 0.2 FTE by The Cancer Society.

Mrs Bronwen McNoe  
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(Smokefree)  
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Anne Cathrine Petersen  
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Professor Sarah Derrett
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Michel de Lange (biostatistician)
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Professor Richard Edwards, Department of Public Health, Wellington
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Dr Lynette Jones, Physical Education
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Joanna White, Health Promotion Agency
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Other New Zealand Organisations
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Aspire 2025, University of Otago Research Collaboration
Danny Bedingfield, Prostate cancer project
Grant Berghan, Te Poari Matua o Raukawa
Cheryl Davies, Tu Kotahi Māori Asthma Trust
Amanda Dodd, Canterbury Cancer Society of New Zealand
Dr Crile Doscher, Lincoln University
Marama Fox, Māori Party Co-Leader
Kathryn Fletcher, St Hilda’s Collegiate School, Dunedin
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Heather Knewstubb, Cancer Society National Office
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Professor Shane Sinclair, School of Medicine and Health Organisation Collaborative Centre for UV Radiation, Australia

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Dr Caradee Wright, Environment and Health Research Unit, South African Medical Research Council, Pretoria, South Africa; Dept Geography, Geoinformatics and Meteorology, University of Pretoria, South Africa

Professor Salim Yusuf, McMaster University Medical School, Canada
New Zealand has an ambitious goal of becoming a smokefree nation by 2025, a goal to reduce the smoking prevalence to less than 5% across all population groups, and availability of tobacco to minimal levels. However, unless new and innovative policy measures are introduced, this goal may not be achieved. The ‘Achieving Smokefree Aotearoa by 2025’ (ASAP) report, released in August 2017, sets out a comprehensive plan of measures to achieve this goal. The research undertaken by the SBRU aligns with the priorities identified in this report and the priorities set by the Cancer Society of New Zealand. Our research, conference and workshop presentations, and advocacy continued to make significant contributions to achieving the smokefree goal in 2017. While maintaining a broad interest in all aspects of tobacco control, our research team focused on the supply of tobacco and in particular tobacco retailing.

Many of the research projects, which were undertaken in 2016, have now been published in peer-reviewed journals and presented at national and international conferences in 2017. Two new projects on tobacco retailing are underway. The first of these examines the validity of tobacco retailers’ claims of reliance on tobacco sales. The second examines the sale of electronic cigarettes by tobacco retailers. This work is timely, given the Government’s proposed legislative changes to liberalise the sale and promotion of nicotine-containing electronic cigarette products. We are also working alongside Professor Janet Hoek on her HRC-funded research project: ‘Supporting Informed E-cigarette Use’.

### 1.1 Tobacco and alcohol imagery on New Zealand television

One third of young people in this country spend more than three hours a day watching television, and daily television viewing has increased over time. Levels of tobacco imagery portrayed on NZ television remained stable between 2002 and 2004, with about 1 in every 4 programmes containing portrayals of tobacco imagery, most of which were neutral or positive. Similarly, in 2004 an image involving alcoholic beverages was shown on NZ television every 9 minutes, and these portrayals of alcohol rarely focused on the negative health outcomes associated with alcohol. NZ has had a ban on tobacco marketing and sponsorship on TV for many years, but despite this tobacco smoking is shown on children’s television, prime-time television, and popular films.

#### Study aims

The aims of this research are to examine changes in the frequency and context of alcohol and tobacco imagery on NZ television from 2004 to 2014.

#### Progress / results

The tobacco part of the study was finished in 2016. The alcohol part of the study showed that the evidence points to an increasingly pervasive amount of alcohol imagery on NZ television. The average NZ adolescent watching at least three hours of television per day could potentially see over 12,000 depictions of alcohol use in a year’s viewing, most of which will be uncritical imagery.

#### Dissemination

A letter on alcohol imagery has been published by *Drug and Alcohol Review*, and presented at the 13th Behavioural Research in Cancer Conference, Melbourne, May 2017.

**Funding**

University of Otago Research Grant, and Cancer Society of New Zealand.

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“Increasingly pervasive amount of alcohol imagery on NZ television”

Dr Louise Marsh
1.2 Discouragement of smoking among peers

Although there is much research on the negative impacts of peers on their friends’ smoking behaviour, positive effects can also arise from these relationships. Evidence shows that discouraging smoking among peers is more common than peer influence of the promotion of smoking. Students who promote a non-smoking message may well influence the social norms within schools towards being smokefree, and may lead to an opportunity for health education in schools to “co-opt” students as agents of change in spreading the Smokefree 2025 message.

Study aims

The aim of this research is to determine the extent to which students discourage other students at their school from smoking, and what factors are associated with discouraging smoking amongst peers.

Progress / results

About half of all students reported some form of behaviour discouraging others from smoking, most typically telling peers that smoking is bad for their health, and they should stop smoking. Only one in ten reported encouraging smoking, typically by offering peers a cigarette. Māori and Pacific young people also reported more discouraging behaviours. The results highlight the positive impact that young people can have on discouraging smoking among their peers.

The findings of this study point to encouraging and training young people as ‘agents of change’ to spread the smokefree message.

Dissemination

Findings were published in the Australian and New Zealand Journal of Public Health in 2017. The research was presented at the 13th Behavioural Research in Cancer Control Conference, Melbourne, May 2017, presented during the CSNZ Tobacco Issues Group meeting September 2017, and presented at the Smokefree 2025 Research Symposium, Auckland in November 2017. A press release “Youth more likely to discourage than promote among peers” also received considerable media attention.

Project team

Louise Marsh, Ella Iosua, Rob McGee, and Joanna White.

Funding


“Non-smoking is the new norm amongst youth”

Dr Rob McGee
1.3 Local Authority Long terms plans an Smokefree 2025

The harmful effects of tobacco are not restricted to smokers, but extend to non-smokers such as children and young people through second-hand smoke. The Government’s smokefree goal will require a multi-sector approach and coordinated effort to achieve, in which local authorities could play an important role.

Study aims
To examine the commitment of local councils in the Canterbury/West Coast region to Smokefree 2025 using their Local Term Plan as a measure, and to examine the role of community consultation in developing the Long Term Plan.

Progress / results
No council had referred to Smokefree 2025 or smokefree community spaces in any 2015 Long Term Plan (LTP) draft document. Each of the Canterbury/West Coast councils received a number of smokefree-related submissions, with the main theme being the extension of current Smokefree Outdoor Area Policy. The final LTP documents showed that 5 councils had included a brief statement about Smokefree 2025. Smokefree issues were mentioned more often in the 2012 LTP compared to the 2015 LTP.

Dissemination
This research formed the basis for Manal Murad’s Master’s thesis completed in 2016, and a paper has been accepted for publication by the Health Promotion Journal of Australia.

Project team
Manal Murad, Louise Marsh, and Rob McGee.

Funding
University of Otago, and Cancer Society of New Zealand.

1.4 Smokers’ attitudes towards financial incentives for quitting

Financial incentives are an effective method of encouraging healthy behaviours, though evidence regarding the acceptability of such incentives in the community is conflicting. Given the effectiveness of financial-incentive schemes for smoking cessation amongst pregnant smokers and in workplaces, implementing such schemes at a national-level could help reduce overall smoking prevalence and contribute to Smokefree 2025. No research has previously examined NZ smokers’ views towards financial-incentive schemes for which they themselves would be eligible.

Study aims
This mixed methods survey of n=623 current smokers examined smokers’ attitudes towards financial incentives for smoking cessation and the factors associated with supporting financial incentives.

Progress / results
The survey showed that even amongst those who would benefit from schemes designed to reward smokers for quitting, support for such schemes is limited, despite the evidence of their effectiveness. Support was higher among heavy and moderate smokers, and those with a recent quit attempt, and was strongly associated with perceived effectiveness. A Government-funded reward-only scheme was seen as the most acceptable option, followed by a Government-funded deposit-based scheme; few respondents supported employer-funded schemes.

Media advocacy and health education could increase the understanding of, and support for, financial incentives for smoking cessation.

Dissemination
The findings of this research were published in Nicotine and Tobacco Research in 2017.

Project team
Lindsay Robertson, Phil Gendall, Janet Hoek, Louise Marsh, and Rob McGee.

Funding
NZ Lottery PhD scholarship, NZ Asthma Foundation, and Cancer Society of New Zealand.
Greater density of tobacco retail outlets in a neighbourhood is associated with higher rates of smoking amongst both adults and youth. The density of tobacco retail outlets tends to be higher in areas of socioeconomic deprivation, which may contribute to a higher smoking prevalence amongst socio-economically disadvantaged groups. Research also suggests that a higher density of tobacco retail outlets around a school is associated with higher levels of experimental smoking. Policies that reduce tobacco availability could help realise tobacco endgame strategies to achieve Smokefree 2025, yet there has been very little research to compare different policy approaches.

Study aim
We aimed to assess NZ smokers’ perceptions of the effectiveness of five different retail reduction policies relative to a 10% tobacco tax increase. To do this, we conducted a randomised survey in which smokers were asked to rate the effectiveness of one theoretical tobacco retail policy on i) preventing smoking initiation for a never-smoker and ii) supporting quitting amongst for adult smoker.

Progress / results
The policy scenarios in which tobacco was only sold at half the existing liquor stores or only at pharmacies were rated more likely to prevent youth smoking initiation, and at least as likely to help smokers to quit, relative to the benchmark policy.

This is the first study to compare potential retail interventions against a measure known to reduce smoking prevalence. Policies that substantially reduce tobacco availability and remove it from smokers’ usual places of purchase were perceived as being at least as effective in reducing smoking initiation and supporting cessation, as tax increases.

Dissemination
A paper detailing these findings was published by Nicotine and Tobacco Research 2017.

Project team
Lindsay Roberson, Phil Gendall, Janet Hoek, Claire Cameron, Louise Marsh, and Rob McGee.

Funding
NZ Lottery PhD scholarship, NZ Asthma Foundation, and Cancer Society of New Zealand.

“Large reductions in tobacco availability were perceived as potentially effective in lowering smoking prevalence”

Dr Lindsay Robertson
1.6 Tobacco control experts’ perceptions of tobacco retailing policies

Previous research has identified various policy interventions that could help reduce tobacco retail availability, several of which have been implemented internationally. Examples include licensing or registration of tobacco retailers, or licensing with conditions imposed on licensees, for instance, in regards to store location or the maximum number of licences issued. More far-reaching options include tobacco sales only at limited R18 outlets, government-controlled outlets, or pharmacy-only tobacco sales. No NZ studies have yet examined experts’ views on different policies that could reduce tobacco retail availability. Identifying experts’ preferred policies may support and refine advocacy efforts in this area.

Study aims
This qualitative study assessed attitudes towards a range of policy options amongst New Zealand tobacco control experts (n=25).

Progress / results
Participants believed tobacco retailer licensing was an important short-term step towards the 2025 goal. In the long-term, participants envisaged tobacco only being available at a small number of specialised outlets, either pharmacies or adult-only stores. To achieve that long-term scenario, participants suggested a sinking-lid policy on licences or a zoning approach could be adopted to gradually reduce outlet density. Policies banning sales at certain types of outlet were not considered feasible.

Dissemination
A paper was published in the New Zealand Medical Journal in 2017. This work was presented at several places: the 23rd Annual Meeting of the Society for Research on Nicotine and Tobacco, Florence, Italy, 8-11 March 2017, the 13th Behavioural Research in Cancer Control Conference, Melbourne, May 2017, and the Public Health Summer School in Wellington in February 2017. Furthermore, a press release “Experts call for urgent changes to tobacco sales”, received considerable coverage in the media.

Project team
Lindsay Robertson, Louise Marsh, Rob McGee, and Janet Hoek.

Funding
NZ Lottery Health PhD Scholarship, NZ Asthma Foundation, and Cancer Society of New Zealand.
1.7 Alternative retail options for tobacco

In previous research, we assessed NZ smokers’ perceptions of the relative effectiveness of five retail reduction policies relative to ongoing 10% tobacco tax increases (study 1.5). The policy scenarios in which tobacco was only sold at half the existing liquor stores or only at pharmacies were rated more likely to prevent youth smoking initiation, and at least as likely to help smokers to quit, relative to the benchmark policy. This current study extends our earlier findings by modelling these two policy scenarios using Geographic Information Systems (GIS) technology.

Study aims
To map pharmacies and liquor stores (as potentially the only outlets where tobacco could be sold) and compare their distribution to that of current tobacco outlets, their proximity to schools and by socioeconomic status.

Progress / results
During 2017 a new liquor store location database was updated to provide more accurate data for the GIS work to be completed.

Dissemination
A presentation about this research was given at the Public Health Summer School in Wellington in February 2017. The completion of the GIS mapping of each retailer, analysis, and development of a draft paper for a peer reviewed journal will be completed in 2018.

Project team
Louise Marsh, Lindsay Robertson, Crile Doscher, and Frederieke Van der Deen.

Funding
Cancer Society of New Zealand.

1.8 Systematic review on density and proximity of tobacco retail outlets

A growing body of research suggests the density and proximity of tobacco retail availability near homes and schools may be associated with increased risk of smoking among adults and youths in a number of ways. However, the research in this area has mixed findings and no comprehensive systematic review has been published.

Study aims
The aim of this study is to undertake a systematic review to examine the association between the density and proximity of tobacco retail outlets, and smoking behaviours.

Progress / results
A collaboration was established with Lisa Henriksen and colleagues at Stanford University in the United States, and researchers from Cancer Council New South Wales, to undertake two systematic reviews in this area; an adult-focused review and a youth-focused review.

Data collection began in late 2017 and will be completed in early 2018.

Project team
Louise Marsh, Lindsay Robertson, and Claire Cameron, Crile Doscher, Lisa Henriksen, Trent Johnson, and Nina Schleicher.

Funding
Cancer Society of New Zealand.
1.9 Exploring small retailers’ claims on reliance on tobacco sales

Reducing the retail availability of tobacco is an important element of achieving NZ’s Smokefree 2025 goal. A barrier likely to impede the adoption of policies to reduce retail availability of tobacco is opposition from tobacco retailers, particularly convenience store owners. Tobacco is known to be a low profit product, yet convenience retailers argue that tobacco increases footfall in their stores, and that it increases their overall profit due to tobacco being sold in conjunction with other products. However, it is not known whether this argument is valid, or simply tobacco industry misinformation to retailers.

Study aims
To examine the prevalence and characteristics of tobacco purchases at convenience stores in Dunedin, New Zealand.

Progress / results
Data collection occurred at the end of 2017 and analysis will be undertaken in early 2018.

Project team
Lindsay Robertson, Janet Hoek, Phil Gendall, Claire Cameron, Louise Marsh, Trudy Sullivan, and Elizabeth Peterson.

Funding
Cancer Society of New Zealand.

“How important is selling tobacco to small retailers?”

Dr Lindsay Robertson
Electronic cigarettes arguably pose fewer health risks than smoking, yet many smokers use electronic cigarettes but do not stop smoking. Known as ‘dual use’, this practice is widespread and compromises health benefits electronic cigarettes may offer. To date, few studies have explored how dual use practices arise and manifest. We conducted in-depth, semi-structured interviews with 20 current electronic cigarette users from New Zealand who reported smoking tobacco at least once a month, and we used a thematic analysis approach to interpret the transcripts.

This study is part of the HRC-funded project, ‘Supporting Informed E-Cigarette Use’, led by Professor Janet Hoek.

Study aims

Our aim was to explore the development and patterns of dual use of electronic cigarettes and smoked tobacco. We explored participants’ smoking history, their recent and current smoking, trial, uptake and patterns of electronic cigarette use, and future smoking and vaping intentions.

Progress / results

We found that dual use practices evolved in four ways. First, as an attempt to manage the ‘inauthenticity’ of vaping relative to smoking and to retain meaningful rituals. Second, as complex rationalisations that framed decreased tobacco use, rather than smoking cessation, as ‘success’. Third, as a means of alleviating the financial burden smoking imposed and to circumvent smoke-free policies. Lastly, dual use reflected attempts to comply with social group norms and manage stigma.

Dissemination

A paper on dual use has been submitted and under review at Tobacco Control in 2017; we delivered a presentation at the Oceania Tobacco Control Conference in Hobart, October 2017, the Achieving a Smokefree Aotearoa by 2025 symposium in Christchurch and the Smokefree 2025 Research Symposium in Auckland, November 2017.

Project team

Janet Hoek, Lindsay Roberson, Rose Richards, Mei-Ling Blank, Lucy Popova, Pamela Ling, Claire Cameron, and Phil Gendall.

Funding

Health Research Council of New Zealand.

“E-cigarettes did not replicate the sensations and rituals associated with smoking tobacco”

Dr Lindsay Robertson
Despite recent increases in the awareness and uptake of electronic cigarettes, few studies have explored users’ or potential users’ information needs. Electronic cigarettes are a rapidly evolving technology, which could support smoking cessation, yet they can be complicated to use and vaping can attract controversy in the media. This study is part of the HRC-funded project, ‘Supporting Informed E-Cigarette Use’, led by Professor Janet Hoek.

Study aims
We interviewed 39 current electronic cigarette users (20 dual users and 19 former smokers) aged 18 and over. Our aim was to explore the type of information electronic cigarette users and potential users sought, the information sources they used, what they retrieved and the information gaps that persisted.

Progress / results
People seeking information on electronic cigarettes’ health effects are more likely to retrieve recommendations, product reviews and endorsements from online sources, and through exchanges with other vapers, than they are to find scientific data. Potential electronic cigarette users have difficulty locating scientific information about vaping’s health effects but can easily access conflicting and inaccurate data that may lead them to over- or under-estimate electronic cigarettes’ risks, and mistakenly view reduced smoking use as bringing similar benefits to quitting. If electronic cigarettes are to reduce smoking prevalence and bring population health benefits, greater attention needs to be paid to the information sources available to potential electronic cigarette users.

Dissemination
We presented this work as a poster at the 23rd Annual Meeting of the Society for Research on Nicotine and Tobacco, Florence 8-11 March 2017 and we delivered a presentation at the Oceania Tobacco Control Conference in Hobart, October 2017.

Project team
Janet Hoek, Lindsay Roberson, Rose Richards, Mei-Ling Blank, Lucy Popova, Pamela Ling, Claire Cameron, and Phil Gendall.

Funding
Health Research Council of New Zealand.

“Are E-cigarette products being sold and promoted in convenience stores and supermarkets?”
Dr Lindsay Robertson

SBRU researchers Kale Fruean and Lindsay Robertson working with Hāpai Te Hauroa on e-cigarette research.
1.12 How will tobacco retailers in New Zealand respond to new legislation allowing the sale and promotion of electronic cigarettes?

New Zealand’s tobacco retail environment may change dramatically in 2019, if Government proposals to liberalise the sale and promotion of electronic cigarettes comes into effect. The proposed legislation would enable any type of retail outlet to sell electronic cigarettes and promote those products at the point-of-sale. This law change could encourage more smokers to transition to using electronic cigarettes instead of smoking, yet careful monitoring is required to ensure electronic cigarettes are not promoted in a way that appeals to children and non-smokers.

Study aims
To estimate the proportion of convenience stores, supermarkets and service stations that sell electronic cigarettes, and describe the extent and nature of electronic cigarette promotion at those outlets, before legislative change. To explore tobacco retailers’ attitudes towards selling electronic cigarettes, and their suitability for selling electronic cigarettes as a smoking cessation aid.

Progress / results
Store data collection was completed at the end of 2017. Qualitative interviews with tobacco retailers began at the end of 2017 and will be completed in early 2018.

Project team
Lindsay Robertson, Louise Marsh, Janet Hoek, Louise Thornley, Rose Richards, Claire Cameron, and Mei-Ling Blank.

Funding
Preventive and Social Medicine Strategic Grant, Cancer Society of New Zealand, University of Otago Research Grant.

1.13 Supporting smokefree hospitality venues in Kampala, Uganda

Comprehensive smokefree laws are effective in reducing adverse health effects and exposure to second-hand smoke (SHS). In countries without a comprehensive and well enforced smokefree law, people working in hospitality venues are the occupational group at highest risk of SHS exposure. As the African Region is set to experience the highest increase in smoked tobacco use among developing countries, it is essential for African countries to adopt and implement strong smokefree legislation. In July 2015, Uganda passed the Tobacco Control Act, a comprehensive set of regulations that included a 100% smokefree law that prohibits smoking within 50 metres of all public spaces.

Study aims
This research examined the level of compliance with Uganda’s new 100% smokefree law in hospitality venues, the knowledge and attitudes of venue staff towards the new law, and civil society organisations’ views on the implementation process and ways to enhance compliance.

Progress / results
In the early phase of Uganda’s comprehensive smoke-free law, compliance in Kampala hospitality venues has been suboptimal. Smoking was observed in nearly one fifth of hospitality sites, one third still had an indoor designated smoking area, and only a third of venues had ‘no smoking’ signage. Low compliance as measured by these indicators was reflected by poor air quality readings, such that levels were hazardous inside venues that allowed smoking. While more than half of the interviewed respondents felt they were not adequately informed about the law, nearly all (90%) were in support of Uganda’s new comprehensive smoke-free law.

Dissemination
Two papers have been submitted to international journals in 2017; the first assessed compliance and air quality in hospitality venues, the second explored civil society perceptions of the smokefree law. Data from this research has been presented at the Society for Research on Nicotine and Tobacco 23rd annual meeting, Florence, Italy; The 48th World Union Conference on Lung Health, Guadalajara, Mexico and The 20th Conference of The Union Africa Region, Accra, Ghana.

Project team
Lindsay Robertson, Shannon Gravely, Kellen Nyamurungi, Steven Kabwama, Kelvin Khow, Elvis Achiri Ndikums, Adeniyi Oginni, Jean Christophe Rusatira, Socrates Kakoulides.

Funding
World Heart Federation. Lindsay Robertson was supported by a Postdoctoral Fellowship in Preventive and Social Medicine.
At the clinical level, supportive care in cancer has been making significant strides in New Zealand with the recent introduction of He Anga Whakaahuru Supportive Care Framework, cancer nurse coordinators, increased psychological and social support, and Māori cancer navigators. These developments reflect the growing interest in cancer survivorship and how to live well throughout a cancer experience. SBRU’s supportive care team have focused on a range of research projects including euthanasia, resilience, spirituality, young people’s experience of cancer, and Māori prostate cancer.

New Zealand’s supportive care policy now explicitly includes spirituality. However, we know that this dimension is still misunderstood, and not well addressed across the secular-spiritual-religious continuum. SBRU’s PSS team has both national and international expertise in this area. In 2017, Dr Richard Egan was an invited research fellow at both Trinity College, Ireland, and George Washington University, Washington DC, USA, offering research and teaching in this area. We also continue to work with others, particularly with the MidCentral DHB and Cancer Society, as well as with consumers and staff, so as to better understand spiritual needs.
2.1 Citizens’ deliberation on the merits of changing the law to allow euthanasia and physician-assisted dying

The euthanasia debate has intensified in New Zealand, and the issue is currently receiving considerable political attention. At the end of 2017, David Seymour’s End of Life Choice bill was drawn from the Parliamentary Ballot. Public opinion polls indicate that a majority of New Zealanders support a law change, but little is known about how well members of the general public understand the complexity of the issue.

Study aims
1. To learn what a group of citizens decide in a jury situation, after having been given information and allowed the chance to deliberate, with regard to physician-assisted death (i.e. whether or not a doctor should be able to end a person’s life, or to assist a person in ending their own life, and under what conditions).
2. To understand those reasons that are important in shaping people’s views, and whether or not their views may change via a deeper understanding of the issues, as facilitated by debate and deliberation.

Progress / results
In 2017 the team planned the process, reviewed the literature, and subsequently brought together an independent steering group to oversee the citizens’ deliberation process. The citizens’ jury itself will happen in 2018.

This study is addressing some big questions:

• What does a group of citizens decide in a jury situation, after having been given information and allowed the chance to deliberate, with regard to physician-assisted death (i.e. whether or not a doctor should be able to end a person’s life, or to assist a person in ending their own life, and under what conditions)?

• How are those reasons important in shaping people’s views, and whether or not their views may change via a deeper understanding of the issues, as facilitated by debate and deliberation?
2.2 Resilience: what does it really mean, and how might it thrive?

Generally, the term 'resilience' has been appropriated in the study of adverse, and often unexpected, events or circumstances and, subsequently, the ability of people, communities, or regions to cope with what has taken place. Within the chronic disease literature, there is a strong tendency to focus on certain underlying human qualities (optimism, positivity, and so on) as primary contributors to resilience, with emphasis on developing or enhancing such characteristics. Importantly, the term is presented elsewhere as something that extends beyond the capacities of the individual, and that considers both fundamental local resources and supports, and other socio-ecological dimensions.

Study aims
1. To describe the meaning of resilience itself, and its conceptualization according to key sources.
2. To explore fundamental aspects of resilience-building within the literature relating to: community resilience; resilience in the context of violence and abuse; and resilience across the cancer continuum and in relation to other chronic illnesses (namely, diabetes and cardiovascular disease).
3. To discuss ways in which resilience might be quantified or assessed.
4. To make recommendations with regard to cancer society activities and programming possibilities around resilience.

Progress / results
The literature review was conducted in 2017 and will be completed in early 2018.

2.3 Spirituality matters

This is a multi-disciplinary quality improvement project that was conducted in an inpatient cancer treatment ward during the summer of 2014-2015 at Palmerston North Hospital, New Zealand. The project involved staff training, pre- and post-surveying of staff, trialling a spiritual screening tool, designing educational material for patients and staff, and conducting patient interviews. The 2017 component of this project involved writing up and submitting a manuscript for publication.

Study aims
This MidCentral cancer ward project aimed to improve spiritual care provision.

Progress / results
The results have helped to feed into the District Health Board's Spiritual Advisory Group plans and future work with the cancer ward.

Dissemination
A paper detailing the findings has been submitted to Health and Social Care Chaplaincy.

Project team
Richard Egan, Sande Ramage (Spiritual Care Co-ordinator, Palmerston North Hospital), Barry Keane (Nurse Manager, Palmerston North Hospital), and Mei-Ling Blank.

Funding
Palmerston North Hospital Healthcare Chaplaincy Association, and Cancer Society of New Zealand.
This project aimed to understand what cancer patients, their families and whānau want in terms of spiritual care, and what they did or did not appreciate about past experiences with respect to spiritual care.

**Study aims**

To better understand the spiritual wants and needs of those affected by cancer (patients and whānau) who live in the MidCentral DHB (MDHB) geographical area.

To inform the development of appropriate spiritual care processes and resources for cancer care services.

To align the MDHB spiritual care strategy with relevant national guidelines and strategies (e.g. Te Whakahuru).

**Progress / results**

We used a participatory process (i.e. a co-design method), with consumers of cancer services and their families being actively involved as co-researchers. By working with participants, we identified four major topic areas: the meaning of spirituality; documentation of spirituality in care/hospital settings; current spiritual care development needs and areas for improvement; and reflections (both positive and negative) on past spiritual care experiences. Eleven over-arching themes were further described and elaborated on, highlighting essential quotes and sentiments from participants.

**Dissemination**

We have presented the results to the Palmerston North Cancer Society team and have written a report and manuscript for journal submission.

**Project team**

Richard Egan, Sande Ramage (Spiritual Care Co-ordinator, Palmerston North Hospital), Barry Keane, (Nurse Director, Chair Spiritual Care Advisory Group, Palmerston North Hospital), a group of patients and family members who have experienced cancer), and Anna Graham-DeMello.

**Funding**

Cancer Society of New Zealand Central District Division Research Fund.

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Model within He Anga Whakaahuru – Courtesy from CCN Supportive Care Framework.
The World Health Organisation (WHO) has designated adolescent health as a priority. Non-communicable diseases (NCDs) are the number one cause of death and disability worldwide. The WHO has identified cancer and chronic respiratory disease as two of the four major diseases contributing to the NCD burden. Although both diseases place a huge burden on young people and their whanau, little is known about young people’s experiences of chronic illness. Much of the extant research describes the experiences of younger children and their parents.

Study aims
1. To understand young people’s experiences with regard to chronic illness.
2. To provide quality, in-depth data so as to inform policy makers and healthcare providers about how best to support these young people, and how to improve their transition from paediatric to adult services.

Progress / results
This was a participatory research project where young people were included as co-researchers to enhance understanding of psycho-social-spiritual experiences and address factors not identified by standard clinical tools. The data collection was completed in 2017, and analysis, full report and manuscript for journal submission will happen in 2018.

Project team
Rosalina Richards, Bernadette Jones, Judith Sligo, Richard Egan, Tristram Ingham, Bob Hancox, and Cheryl Davis.

Funding
Otago Medical School and Division of Health Sciences Collaborative Grant.

This study is aimed at:

• Understanding young people’s experiences with regard to chronic illness.

• Providing quality, in-depth data so as to inform policy makers and healthcare providers about how best to support these young people, and how to improve their transition from paediatric to adult services.
2.6 Oranga Tu: Movember TrueNTH Māori Prostate Cancer Navigation project

Oranga Tū (a healthy stand) is a kaupapa Māori co-produced project run collaboratively with Māori communities, including Māori prostate cancer survivors, Māori health providers and specialists, and University of Otago and Auckland researchers.

Study aims
1. The project aims to improve the whānau ora (health and connectedness) of tāne (Māori men), their partners, whānau and carers after a diagnosis of prostate cancer.
2. More specifically, this research aims to understand and improve the service context for Māori men newly diagnosed with prostate cancer by identifying health, social and volunteer services that are available to tāne and their whānau in Tauranga and Dunedin (and nearby rural area), and by investigating functional relationships between services, and between services and their clients.

Progress / results
The project is divided into two stages: the first with service providers, and the second with tāne and their whānau. Stage one involves an adapted mapping of health and social service networks for service providers in two pilot sites, Dunedin (city and a rural area) and Tauranga city. The mapping will include Māori and mainstream services, including volunteer-based services.

Dissemination
The information gathered will be used to form a visual representation of the relationships between services and clients within a whole network and a series of digital stories that represent key messages from the research. A process manuscript has been submitted and a newsletter updating stakeholders will be disseminated in early 2018.

Project team

Funding
Movember New Zealand.

“Oranga Tu was inspired by Rea Wikaira, who has since died of prostate cancer. At our first hui, he said ‘Once my wairua was intact, I was able to do anything.’”

Dr Richard Egan
Skin cancer continues to be a substantial, largely preventable health issue. In New Zealand, more than 80% of new cancer diagnoses are skin cancer, including cutaneous malignant melanoma (melanoma), the most deadly of the skin cancers. Yet these are highly preventable by reducing exposure to ultraviolet radiation (UVR). The New Zealand Skin Cancer Primary Prevention and Early Detection Strategy, which aims to guide the sector in the direction of skin cancer prevention was published in 2017. SBRU staff were on the Steering Committee that developed the Strategy.

Exposure to excessive ultraviolet radiation during childhood and adolescence can have an impact on the risk of developing skin cancer later in life. Schools are a key setting to promote sun protection among young people and so much of our work is focused in this area, including research activities which informed the Cancer Society evaluation of the SunSmart Schools Programme. Dissemination of this research commenced in 2017 with conference presentations and media coverage and will continue with publication in scientific journals in 2018.

In 2017, legislation was introduced that banned the sale of sunbed services to those under the age of 18 years. While this was a positive step we do not believe it goes far enough. Sunbeds are an unnecessary source of excessively high ultraviolet radiation for users of all ages. To this end, we are continuing to monitor the sale of second hand sunbeds in NZ and have presented this research at both a national and international conference and received media coverage. This work will continue until a ban is achieved.

During 2017 we also collaborated with fellow NZ researchers in other centres. In Wellington, Ryan Gage led an investigation that found poor sun protection in local schools and playgrounds. These studies have implications for the rest of NZ, and beyond, and the innovative methods used will inform future research. In Christchurch, Geri McLeod continued to analyse historical NZ Sun Protection Survey data focusing on participants who experienced unintended sunburn. This group is likely to be more amenable to change than those who intentionally seek a tan and their experiences reinforce the need for environmental interventions that facilitate protective practices.
3.1 Evaluation of the SunSmart Schools Programme

The SunSmart Schools Accreditation Programme (SSAP), launched nationally in New Zealand in 2005, follows WHO ‘best practice’ guidelines for addressing sun protective practices in primary schools. Administration and provision of resources is co-ordinated nationally, with programme delivery provided by each of the six Cancer Society Divisions at a regional level. The SSAP encourages schools to provide a sun protective environment and implement curriculum and policy changes designed to encourage students and staff to develop positive sun safety behaviours. In order to become accredited, schools are required to meet 12 minimum SSAP criteria. As it had been 12 years since the launch of the SSAP and eight years since the previous evaluation, it was timely to reassess sun protection policies and practices in primary schools and see how well the SSAP is working for schools. To inform this evaluation we conducted two studies.

Study aims

Study 1: From the 2017 National Survey of School Primary School Principal to determine:

1. The school principal’s knowledge of the SSAP, how it operates, and views on barriers or enablers to participate in the programme.
2. Current sun protection policies and practices within primary schools.
3. Whether sun protection policies and practices are better in SunSmart accredited schools than in non-accredited schools.

Study 2: To determine Divisional Cancer Society health promotion staff:

1. Views on the operation of SSAP.
2. Resources used to operate SSAP.

Progress / results

With the exception of shade provision and the rescheduling of outdoor events, SunSmart accredited schools performed statistically better than non-accredited schools for all of the minimum SSAP criteria.

Dissemination

For study 1, preliminary results were presented at the New Zealand Public Health Association (PHA) Conference in Christchurch in October 2017, and received some media coverage. Two further abstracts have been accepted and will be presented at a UV workshop in Wellington 2018. One scientific paper will be submitted for publication early in 2018. A feedback overview of results was sent to all participating schools.

Seven reports were produced for the Cancer Society (one documenting overall national results and one for the results of each Cancer Society Division).

For study 2, one confidential report was produced for the Cancer Society.

Project team
Bronwen McNoe, Tony Reeder.

Funding
Cancer Society of New Zealand and University of Otago.
3.2 Reducing harm from commercial sunbeds

There is strong scientific evidence of an association between sunbed use and both melanoma and keratinocyte skin cancers. The sale of second hand sunbeds on the unregulated second hand market is of concern. We conducted surveillance of Trade Me© as the largest auction site in New Zealand in order to monitor sales.

Progress / results
During the 25 month monitoring period, 282 sunbeds or sunlamps were for sale on Trade Me, over half (56%) of these sold, and with the prices achieved being generally low, ranging from $1 to $1500 with a mean of $187. A number of concerns arose from reviewing the description of the devices including: claimed health benefits of sunbed use, the sale of beds with damaged timing devices and the lack of information available (even when requested) on device age or past history. No safety information of any kind was provided on reducing the risk of using these products.

Dissemination
The results from this research were presented at the 13th Behavioural Research in Cancer Conference in Melbourne and at the New Zealand Public Health Association (PHA) Conference in Christchurch in October 2017, and received associated media coverage. This monitoring is ongoing.

Project team
Bronwen McNoe, Tony Reeder.

Funding
Cancer Society of New Zealand, and University of Otago.
3.3 Unintended sunburn in a New Zealand urban population

The Cancer Society of New Zealand initiated the Triennial Sun Protection Survey series in 1994 in order to gain insight into the effective targeting of skin cancer primary prevention messages. Data from five survey waves (1994, 1997, 1999/00, 2002/03, 2005/06) were analysed for the first stage of this project, the recent waves being commissioned by the Health Sponsorship Council (now Health Promotion Agency). From 2010, the HPA commissioned a modified, national survey, the NZ Sun Exposure Survey (SES).

Study aims

1. To describe patterns of unintended sunburn and sun protection and their association with demographic variables in the 2016 SES.

2. To use multivariable modelling to investigate statistical predictors associated with reported unintended sunburn, addressing potential confounding by concurrent weather conditions.

3. To examine linkages between unintended sunburn and high SunSmart knowledge, low positive attitudes towards tanning and use of sunscreen.

Progress / results

Results published in 2017 for the period 1999-2006, indicated that 13.5% of respondents experienced unintended sunburn during survey weekends, but had not attempted to obtain a tan. These respondents were more likely than the other participants to have been near water, in unshaded areas, used sunscreen, have higher SunSmart knowledge scores, lower positive attitudes towards tanning, and were outdoors for a longer duration with less body coverage. As their sunburn was unintended, these respondents' outdoor sun protective behaviours may be more amenable to change than those of intentional tanners.

It was concluded that future public health initiatives should focus on increasing sun protection use (clothing and shade) and reducing potential barriers to protective behaviour.

In 2017, Dr McLeod obtained permission from the NZ Health Promotion Agency to access and analyse data from their 2016 SES survey in order to further investigate unintended sunburn. Analysis of the 2016 survey data is currently under way.

Dissemination

A paper published in the Journal of Skin Cancer during 2017 completed the first stage of this project, using data to 2006. An oral presentation based on 2016 survey data has been accepted for the 2018 NZ conference UV Radiation: Effects on Human Health and the Environment and a poster presentation at the 4th International Conference on UV and Skin Cancer Prevention, Toronto 2018.

Project team

Geraldine McLeod, Tony Reeder, Andrew Gray, and Rob McGee.

Funding

Health Sponsorship Council (SunSmart scholarship to 2010), Cancer Society of New Zealand, and University of Otago. Dr McLeod received a Genesis Oncology Professional Development Award in 2017 towards attending the 4th International Conference on UV and Skin Cancer Prevention, Toronto.

“13.5% of respondents experienced unintended sunburn during survey weekends, but had not attempted to obtain a tan”

Dr Geri McLeod
3.4 Using wearable cameras to obtain data on sun protective behaviours of primary school children and characteristics of school environments

Questionnaire surveys are commonly used to assess sun protection practices in schools, but the results obtained are subject to several potential biases. By contrast, direct observation methods can overcome some of these biases, but have rarely been used. Wearable cameras can be used to study health behaviours, but their usefulness for assessing third-party behaviours and the built environment is unclear.

Study aims

To assess the clothing worn and the shade used by New Zealand primary schoolchildren, as well as school shade sufficiency.

To help develop direct observation methods and instruments to assess clothing coverage and shade provision.

Progress / results

As part of the broader Kid'sCam project, the feasibility of using wearable cameras for a study of sun-protective behaviours and shade availability during school lunch-breaks was tested. The Kids'Cam study provided 168 children (11–13 years, with wearable cameras).

Three interesting results came from this study:

a. Wearable cameras are a feasible tool for assessing sun-safety, particularly shade availability, hat wearing and shade use. This methodology could be used to objectively study other health-related behaviours and aspects of the built environment (for more detailed information see paper published in *Health Promotion International*).

b. Schools should consider comprehensive approaches to improving sun protection by providing school hats, requiring sun-protective uniforms and constructing effective shade (for more detailed information see paper published in *Health Education and Behaviour*).

c. The coverage assessment procedure (CAP) method was feasible for calculating clothing coverage and its use could improve inter-comparability of studies and help in quantifying the health effects of UVR exposure (for more detailed information see paper published in *Photochemistry and Photobiology*).

Dissemination

This study resulted in three papers, published respectively in *Health Promotion International*, *Health Education and Behaviour*, and *Photochemistry and Photobiology*. Furthermore a media release was prepared and disseminated through the University of Otago website: *No hat, no play? Not always: Otago research*. The research was mentioned in five online news articles and the Dominion Post. The study findings were also disseminated through two radio interviews.

Project team

Ryan Gage, William Leung, James Stanley, Anthony Reeder, Tim Chambers, Moira Smith, Michelle Barr, Louise Signal, and Christina Mackay.

Funding

University of Otago, Wellington Dean’s Research Grant and project equipment was funded by a University of Otago Wellington Research Equipment Grant. Louise Signal’s broader Kids’Cam project was funded by an HRC Programme Grant, Science Foundation Ireland, and European Commission FP7 International Research Staff Exchange Scheme (IRSES) award.
3.5 Wellington playgrounds uncovered

The provision of effective shade in play areas used for summer recreation can potentially reduce children’s subsequent risk of developing skin cancer.

Study aims
To develop methods to evaluate shade and explore the quantity and protective quality of shade in Wellington playgrounds.

Progress / results
Two researchers visited 50 randomly selected playgrounds during peak UVR hours in January and February 2017 and independently recorded the mean shade cover of playground equipment, seats, tables and open areas, mostly during clear sky conditions. A solar meter was used to calculate the proportion of UVR blocked by each built structure and tree.

Overall, 95% of play equipment and 64% of sitting and eating areas had no shade protection. Trees blocked a mean of 80% of direct solar UVR, but mostly covered open areas rather than play equipment, seats or tables.

In conclusion, Wellington playgrounds had insufficient shade available and increased shade is needed to protect children from harmful UVR exposure, particularly by planting trees with heavy foliage and building structures with roofing that provides shade in play areas. These findings may generalise to other regions of NZ and other countries where UVR exposure is potentially hazardous.

Dissemination
The study findings were published in Photochemistry and Photobiology and presented at the 2017 Green Pavlova: NZRA's Parks and Open Spaces Conference in Wellington.

Project team
Ryan Gage, Chris O’Toole, Andrew Robinson, Anthony Reeder, Louise Signal, and Christina Mackay.

Funding:
University of Otago and University of Auckland. The UV solar meters were provided by the School of Architecture, Victoria University of Wellington.

“Increased shade is needed at Wellington’s playgrounds”
Ryan Gage
Public awareness of cancer, its causes, detection and treatment are important because they influence the way that individuals engage with health services and make decisions for themselves and their families and communities.

In 2017, four studies were published exploring different aspects of cancer awareness in NZ and how these have changed over time. The data for these studies was drawn from the Cancer Awareness in Aotearoa New Zealand (CAANZ) study, a national study of NZ adults.

Data for CAANZ were collected via telephone interviews in 2001 (n = 436) and 2014/5 (n = 1064).

The first three studies explored aspects of cancer awareness; awareness of overall risk factors for cancer, awareness of risk factors specific to breast, bowel, prostate, cervical, melanoma and lung cancer and perceptions of early detection and treatment. A final study looked at perceptions regarding cancer support. These are described in more detail below.

4.1 Changes in awareness of overall cancer risk factors: 2001-2015

Behaviour change, specifically that which decreases cancer risk, is an essential element of cancer control. This is one of the few studies, internationally that is able to describe how awareness of risk factors has changed over time.

Study aims
This study aimed to describe participant's awareness of things they could do to reduce their risk of cancer and changes in patterns of awareness between 2001 and 2015.

Progress / results
Most participants in the study could identify at least one action they could take to reduce their risk of cancer. However, when asked to provide specific examples, less than a third (in the 2014/5 sample) recalled key cancer risk reduction behaviours such as adequate sun protection, physical activity, healthy weight, limiting alcohol and a diet high in fruit.

However, there had been some promising changes since the 2001 survey, with significant increases in awareness that adequate sun protection, avoiding sunbeds/solaria, healthy weight, limiting red meat and alcohol, and diets high in fruit and vegetables decrease the risk of developing cancer.

While some positive directions are indicated here, the diversity of findings also serve as a reminder of the complexity of the relationship between behaviour and awareness, and the need to situate awareness interventions within broader socio-environmental strategies to promote behaviour change.

Dissemination
A paper outlining these findings was published in the Health Education Research.

Project team
Rose Richards, Bronwen McNoe, Ella Iosua, Tony Reeder, Richard Egan, Louise Marsh, Lindsay Robertson, Brett Maclellan, Anna Dawson, Robin Quigg, Anne Cathrine Petersen.

Funding
Cancer Society of New Zealand, Lottery Health New Zealand, and the University of Otago.

“The diversity of findings also serve as a reminder of the complexity of the relationship between behaviour and awareness”

Dr Rose Richards
4.2 Changes in awareness of bowel, breast, lung, melanoma, cervical and prostate cancer

Cancer risk reduction messages, such as smokefree, healthy weight and SunSmart, are part of cancer control efforts around the world. The complex reality is that risk factors differ for different types of cancer, making clear communication of desired behavioural changes more difficult, and potentially more confusing for members of the public.

Study aims
This Study aims to describe unprompted awareness of risk factors for lung, bowel, melanoma, breast, cervical, and prostate cancers among adult New Zealanders in 2014/5 and identify changes in patterns of awareness since 2001.

Progress / results
Study findings suggest that risk awareness varied widely across the different cancer types. An inability to recall any risk factors (evidence-based or otherwise) was the simplest measure of awareness used, with a broad range observed across lung (1.6%), melanoma (3.3%), bowel (34.8%), breast (48.8%), cervical (53.9%), and prostate cancers (60.9%). While lung cancer and melanoma showed very high levels of awareness of their primary risk factors, relatively fewer participants recalled key evidence-based risk factors for cervical HPV (human papillomavirus) infection, breast (diet, overweight and alcohol consumption), and bowel cancer (alcohol consumption, overweight and inactivity).

While this suggests that relatively significant numbers of individuals did not have a clear understanding of how to reduce their risk for specific cancers, there were also some positive patterns observed across time, with increases in awareness of asbestos and occupational exposures for lung cancer risk, sunlamps and tanning beds for melanoma, dietary factors (and meat and alcohol consumption in particular) for bowel cancer, and alcohol and family history for breast cancer. These gains are important achievements, showing that population awareness can be increased, even in the context of a contested and rapidly evolving cancer information environment.

Dissemination
A paper detailing these findings was published in the Asia Pacific Journal of Cancer Prevention.

Project team
Rose Richards, Bronwen McNoe, Ella Iosua, Tony Reeder, Richard Egan, Louise Marsh, Lindsay Robertson, Brett Maclennan, Anna Dawson, Robin Quigg, Anne Cathrine Petersen.

Funding
Cancer Society of New Zealand, Lottery Health New Zealand, and the University of Otago.
4.3 Cancer mortality, early detection and treatment: changes in perceptions

New Zealanders have the good fortune to have access to advanced cancer care options, and it is important to limit all unavoidable delays in engaging with these services so that the benefits of early detection and timely access to treatment can be fully realised. Beliefs about cancer risk and experience of early detection and treatment can impact on willingness to engage with these initiatives.

Study aims
This study describes changes in perceptions of cancer mortality, early detection and treatment among adult New Zealanders between two cross-sectional studies conducted in 2001 and 2014/5.

Progress / results
The study findings suggested some positive changes in perceptions of treatment and awareness which should support timely engagement with early detection and treatment services. There was an increase in proportions of men who correctly identified prostate cancer as one of the top three causes of cancer mortality among men, and also an increase among women who correctly identified bowel cancer as one of the top three. Most participants agreed that there were benefits from early detection of cancer outcomes. Over time, there was a significant decline in the numbers of people who felt that most cancer treatment is ‘so terrible it is worse than death’ and that alternative therapy has an ‘equal or better chance of curing cancer’.

Dissemination
A paper was published in the Asia Pacific Journal of Cancer Prevention.

Project team
Rose Richards, Bronwen McNoe, Ella Iosua, Tony Reeder, Richard Egan, Louise Marsh, Lindsay Robertson, Brett Maclennan, Anna Dawson, Robin Quigg, Anne Cathrine Petersen.

Funding
Cancer Society of New Zealand, Lottery Health New Zealand, and the University of Otago.

“Over time, there was a significant decline in the numbers of people who felt that most cancer treatment is ‘so terrible it is worse than death’”

Dr Rose Richards
In-depth interviews with cancer survivors about things that helped them "get through" their diagnosis of cancer, have identified a range of factors (The cancer stories project: Narratives of encounters with cancer in Aotearoa). These include the importance of accepting change; a positive attitude; support from family/whanau, friends and health care professionals; the role of employment and individualised support; and the support needs of Tangata whenua. The current study provides information about what the wider NZ community (which includes those who have and have not personally experienced a cancer diagnosis) understands as being helpful to someone receiving a diagnosis.

Study aims
This Study aims to describe perceptions about what things help a person 'get through' a diagnosis of cancer among a cross-sectional sample of New Zealand adults in 2014/5.

Progress / results
The importance of whanau, family and friends in helping people cope with a diagnosis of cancer was emphasised by respondents in this study, alongside support from the broader community. The importance of positivity was another commonality between the two studies. Effective cancer services were another theme in this study, including access to good information about cancer, early detection, timely treatment and good relationships with medical staff. Some respondents also mentioned cancer support groups with other survivors as being important. Interestingly, relatively few individuals in this study mentioned the importance of employment, which was a major theme of earlier work.

The results of both these NZ surveys suggest that the wider community, which includes employers and workmates, could benefit from understanding how they can support cancer survivors in these roles.

The Cancer Society has produced some resources that could contribute to this.

Dissemination
This research has now been published as a technical report and is available from the SBRU.

Project team
Rose Richards, Bronwen McNoe, Ella Iosua, Tony Reeder, Richard Egan, Louise Marsh, Lindsay Robertson, Brett Maclennan, Anna Dawson, Robin Quigg, Anne Cathrine Petersen, Kale Fruean.

Funding
Cancer Society of New Zealand, Lottery Health New Zealand, and the University of Otago.

4.4 What helps you get through a diagnosis of cancer?

The importance of whānau, family and friends in helping people cope with a diagnosis of cancer was emphasised by respondents in this study, alongside support from the broader community. The importance of positivity was another commonality between the two studies. Effective cancer services were another theme in this study, including access to good information about cancer, early detection, timely treatment and good relationships with medical staff.
### Contributions to teaching

**Professor Rob McGee**  
Lectures presented to ‘PUBH 202 Health Promotion’, topics including Tobacco control, Evaluating the Cancer Society’s sun protection campaign, and Testicular cancer.

Lectures presented to ‘PUBH 311 Research Methods for Public Health’.

**Dr Rosalina Richards**  
Lecture presented to ‘PUBH 202 Health Promotion’, Pacific Perspectives of Health, University of Otago, 1 August 2016.

Lecture presented to ‘PUBH 202 Health Promotion’, Community Development Project, University of Otago, 12 September 2017.

**Ms Lindsay Robertson**  

Lecture presented to ‘PUBH 202 Foundations of Epidemiology’, Your Mental Health Promotion, University of Otago, 17 August 2017.


### Contributions to student supervision

**PhD students**

**Aimee Ward**, Mobility Health: Bridging the gap between youth travel behaviour and well-being, supervisors: Rob McGee, Claire Freeman, Claire Cameron.

**Masters’ students**


**Sarah Wood**, New Zealand health promotion planning and evaluation: a qualitative study, supervisors: Richard Egan, Rose Richards.

**Summer students**

**Elizabeth Peterson**, How valid are claims that convenience stores rely on tobacco sales? An exploratory post-purchase survey of Dunedin convenience stores customers, supervisor: Lindsay Robertson.
Community contribution

Dr Richard Egan
Board member, Health Promotion Forum of New Zealand.
Past President, Public Health Association of New Zealand.
Board Member, Selwyn Spirituality and Aging.
Member, Global Network for Spirituality & Health.
Hospice New Zealand ‘Foundations of Spiritual Care’ professional development programme Governance Group.
Advisor to Age Concern New Zealand ‘policy skills bank’.
Member Psycho-oncology New Zealand.
Member Psycho-oncology Cooperative Research Group (Australia/New Zealand).
Honorary research consultant for Meaningful Ageing Australia.
Examiner: Master’s thesis for Otago, Auckland and Massey Universities.
Reviewed papers submitted to: Journal of Primary Health Care, New Zealand Medical Journal, Health & Social care in the Community, Focus on Health Professional Education.

Professor Rob McGee
Member Board, Cancer Society New Zealand Otago & Southland Division.
Member Research Coordinating Group, New Zealand Youth Tobacco Monitor, Health Promotion Agency.
Member of Aspire 2025 research collaboration and University of Otago research theme.
Reviewed conference papers: 17th World Conference on Tobacco or Health 2018.

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

Associate Professor Tony Reeder
Coordination Team for the Community Guide Skin Cancer Review update (Convened by the Centers for Disease Control and Prevention, Atlanta, Georgia, USA).
Member of International Scientific Advisory Committee for 3rd International Conference on UV and Skin Cancer Prevention.
New Zealand Primary Prevention and Early Detection Research Advisory Group (HPA).
Research Coordinating Group for the New Zealand Sun Exposure Survey (HPA).
New Zealand Skin Cancer Primary Prevention and Early Detection Steering Committee (HPA, CS, etc.).
NZSCPRE DSC Sub-Committee for the 2015 Melanoma Summit primary prevention stream (HPA, CS etc.).

Dr Rose Richards
Member, New Zealand Public Health Association.
Reviewed grant applications submitted to: Health Research Council.

Ms Lindsay Robertson
Member of Aspire 2025 research collaboration and University of Otago research theme.
Member of international collaboration, KOMPLY, that evaluates Uganda’s new comprehensive smoke-free legislation. Other team members include Center for Tobacco Control Africa, Makerere University, University of Waterloo, World Heart Federation.
Advisor on Cancer Society New Zealand Tobacco Retail Availability Working Group, 2016 – present
Reviewer of applications for the World Heart Federation’s Emerging Leaders programme.
SBRU staff publications for 2017

In extensive backlist of publications is produced separately and available from our website, where further information is also available about our staff and postgraduate students.

Refereed papers


**Letters and brief reports in scientific journals**


**Other reports**


**Conference contributions**


Conference presentations

Egan, R. *Spirituality in New Zealand Healthcare Care: an overview*. Verbal presentation at the Spirituality Research and Innovation Group Conference. Trinity School of Nursing and Midwifery, Dublin, Ireland, 22 June 2017.

Egan, R. *Setting the scene: what's happening with spirituality and healthcare?* Verbal presentation at the Selwyn Ageing and Spirituality Conference, Auckland, New Zealand, 1 September 2017.


Workshop presentations


Egan, R. Ethics and Spirituality Research: It's all about awareness. Spirituality Research and Innovation Group Conference. Trinity School of Nursing and Midwifery, Dublin, Ireland, 21 June 2017.

Egan, R. Promoting Spiritual Well-being in Public Health: Irish and New Zealand Experiences. Presentation with Fiona Timmins at the Trinity Biomedical Sciences Institute, Dublin, Ireland, 8 June 2017.

Egan, R. Promoting Spiritual Well-being in Public Health: Irish and New Zealand Experiences. Moving towards a World-Class Health Service: Learning from Irish and International Experiences, Trinity College, Dublin, Ireland, 8 June 2017.

Egan, R. Spirituality in public health: how can we create an environment in which spirituality can flourish? 9th Annual Spirituality and Health Summer Institute, Washington, DC, USA, 10 July 2017.


McNoe, B. & Reeder, A./I. “Mad dogs and Englishmen go out in the midday sun”: changing sun protection practices in NZ. Public Health Seminar Series, Department of Preventive & Social Medicine in association with the Public Health Association Otago/ Southland, University of Otago, Dunedin, New Zealand, 16 March 2017.

Scientific blogs


Media releases


Marsh, L. Youth more likely to discourage than promote smoking among peers: Otago University, media release, 28 July 2017.

McNoe, B. Shoddy sunbeds on the second-hand market in New Zealand: Otago findings, media release, 4 October 2017.

Robertson, L. Experts call for urgent changes to tobacco sales: Otago University, media release, 2 June 2017.

Media reports 2017

17/01/2017
Kiwis seeking cancer information, Gisbourne Herald

23/01/2017
A I Reeder being interviewed by Jesse Mulligan from Radio NZ - National about about the challenges of turning around the melanoma rates in NZ.

1/06/2017
Opinion: How might a lethal product be sold safely? The Dominion Post

2/06/2017
Life on the front line at the dairy: ‘Sell cigs at chemist’, NZ Herald

2/06/2017
Slashing tobacco outlets suggested, Otago Daily Times

2/06/2017
Take cigarettes out of dairies to cut sales - study, TV3 Newshub
2/06/2017
Tobacco sales should be moved to pharmacies - expert, Newstalk

2/06/2017
Study calls for change to tobacco sales, NZ City, MSN News, Yahoo NZ News, 1 News TVNZ, Radio 531pi, RadioLIVE

2/06/2017
Should cigarette sales go back to pharmacies? Australian Journal of Pharmacy

3/06/2017
I'm shocked' – pharmacists outraged at suggestions they could end up selling cigarettes, TVNZ

7/07/2017
Cigarettes in pharmacy is a smoking hot issue, PharmacyToday.co.nz

28/07/2017
Youth more likely to discourage than promote smoking among peers, wn.com

29/07/2017
Smoking a drag, say Kiwi kids, TV3 Newshub

29/07/2017
Young people discouraging smoking: study, NZ City, MSN News, Yahoo NZ News

29/07/2017
Youth more likely to discourage than promote smoking among peers, Medicalxpress.com

30/07/2017
More Kiwi teens talking mates out of smoking, NZ Herald

31/07/2017
New Zealand: Youth more likely to discourage than promote smoking among peers, ASH Daily News, Ash.org.uk

4/10/2017
Researchers say hundreds of people are increasing their risk of developing skin cancers by buying secondhand sunbeds from an unregulated market, TVNZ 1

5/10/2017
Editorial: Time to pay to protect Kiwi kids from skin cancer, Stuff.co.nz

5/10/2017
Australia doing better than Kiwis at making schools sun smart - researchers, Stuff.co.nz

5/10/2017
Time to pay to protect kids, Dominion Post, The Press