2015
Cancer Society Social & Behavioural Research Unit
Annual Report
for the year ending December 2015

Our Vision
To make real differences to the well-being of others via high-quality research

– Strategic Plan 2010-2015
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Cancer control in New Zealand is a rich patchwork of health service providers, non-government organisations, clinicians, researchers and volunteers – all united by a desire to reduce the impact of cancer on the New Zealand public.

The Cancer Society Social and Behavioural Research Unit (CSSBRU) strives to be responsive to the challenges faced by the cancer control community. While international scientific evidence is an important foundation for our work, this is enriched by close engagement with colleagues from the NZ cancer control community, in particular, the Cancer Society of New Zealand. These relationships give us valuable insights into current and emerging issues on the front line of cancer control in New Zealand and are highly valued by the CSSBRU team.

We believe that the need for social and behavioural research in the field of cancer has never been greater. On the one hand, there is the accumulating, increasingly rigorous evidence for the effectiveness of primary prevention interventions, thereby providing opportunities to reduce cancer rates, for example, of skin cancer. These interventions may help achieve significant behavioural changes in individuals, often by focusing on public policies or institutional settings. On the other hand, growing numbers of people are living after receiving a cancer diagnosis and surviving treatment and there is a need for research to inform their integration into the community and help optimise the quality of their life experience.

This year we celebrated 25 years of being part of the New Zealand cancer control community. CSSBRU presents research in a variety of settings, but for 2015 we would like to highlight one in particular. In September we were fortunate to be able to partner with the Otago Southland Division of the Cancer Society for an evening symposium. Members of the public with ties to the Division were invited along to hear presentations across the breadth of our research programme. This was an engaged and enthusiastic audience and our team thoroughly enjoyed the experience. It is a privilege to be able to carry out research in an area that holds such resonance for the general public and to play our part in the broader tapestry of cancer control. This would not be possible without the support of the Cancer Society of New Zealand and the University of Otago, so it seems appropriate that our final words for 2015 are to acknowledge these organisations for a quarter of a century of support and to look forward to these relationships growing from strength to strength.

Tony Reeder & Rose Richards, March 2016
FTE = Full Time Equivalent

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1. Tobacco Control

New Zealand (NZ) has an ambitious goal of becoming a smokefree nation by 2025. To achieve this goal a combination of traditional tobacco control measures as well as innovative endgame strategies are required. The SBRU works towards this goal through research priorities identified by the smokefree national working party. SBRU project research, conference and workshop presentations, and advocacy continued to make significant contributions to this area in 2015. While maintaining a broad interest in all aspects of tobacco control, our research team focused on youth smoking issues and tobacco retailing.

Many of the research projects which were undertaken in 2014 have now been published in peer reviewed journals and presented at national and international conferences. This included research on low frequency social smoking, smokefree tertiary institutions, tobacco tax and its impact on price of tobacco, retailers’ perceptions of tobacco retail policies, a meta-analysis of point-of-sale tobacco promotion and youth smoking, and tobacco retail outlet density and risk of youth smoking.

A number of new projects were able to be developed during the year. These are now either accepted for publication or under review for publication. These include examining tobacco and alcohol imagery on NZ television, a study on the paired behaviours of smoking and drinking among university students, a study using the Health Promotion Agency’s Youth Lifestyle Survey to examine the promotion of non-smoking among school students, and a viewpoint article on tobacco retail regulation in overseas jurisdictions.

Three new research projects are underway examining smokers’ perceptions of the relative effectiveness of tobacco retail policies, tobacco retail density and its association with quitting smoking, and smokers’ attitudes towards financial incentives to quit smoking. Lindsay Robertson is continuing her NZ Lottery and Asthma Society funded PhD research into tobacco retailing in NZ, and Manal Murad has been working on a Master’s thesis examining local authorities’ commitment to Smokefree 2025 through their Long Term Plans.

1.1 Low frequency social smoking

While daily tobacco consumption is declining here and in other countries, social smoking is becoming increasingly prevalent. Social smoking is particularly common amongst young adults (18 – 29 yr olds), and appears to be a long-standing pattern of behaviour amongst some smokers. Social smokers tend to self-identify as non-smokers when asked, they show fewer signs of nicotine dependence, may be more motivated to quit smoking, and make more quit attempts than daily smokers. Therefore, these smokers may be an important group for cessation efforts, though certain methods to screen for nicotine dependence may under-identify them, and NRT may not be the most appropriate approach for this group. Existing research into the characteristics of social smokers is limited and much of the available evidence is based on samples of US college students rather than population-based samples. Data for this study comes from the Dunedin Multidisciplinary Health and Development Study.

**Study aims**

The aims of this research were:

1. To examine the demographic and smoking-related characteristics of social smokers
2. Analyse how social smoking at age 21 progresses over time

**Progress**

This study has been published in *Nicotine and Tobacco Research* (2014), and was also presented at the 12th Behavioural Research in Cancer Control Conference in Sydney, 12-15 May 2015.

**Project team:** Lindsay Robertson, Ella Iosua, Rob McGee, and Bob Hancox.

**Funding:** Department of Preventive and Social Medicine internal research grant, University of Otago.
1.2 Smokefree tertiary Institutions

Young adults aged 20 to 29 years have the highest prevalence of smoking, and recent NZ research has found that substantial initiation of smoking occurs among older youth and young adults. As young adults, NZ university students are at higher risk of smoking initiation and subsequent addiction than many other population groups. In 2010, approximately 506,000 students aged 15 and older were enrolled in tertiary education, and around 28,000 full-time equivalent staff were employed by tertiary education institutions. Smokefree outdoor areas help to de-normalise smoking, as well as reducing exposure to secondhand smoke, but only half of the tertiary education institutions have a policy restricting smoking on outdoor campus areas.

Study aims

The aim of this research was 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

This research was published in *Health Education Research* (2015). This research was also presented as a poster at the 12th Behavioural Research in Cancer Control Conference, Sydney, 12-15 May 2015.

Project team: Louise Marsh, Lindsay Robertson, and Claire Cameron.

Funding: Department of Preventive and Social Medicine internal research grant, University of Otago, and Cancer Society of New Zealand.

1.3 Price of tobacco in New Zealand

The ubiquitous nature of tobacco retailing represents a major form of tobacco promotion, particularly in countries like NZ which restrict other forms of industry marketing. Recent evidence from Australia shows that cigarette prices are lower in areas with more price sensitive smokers, consistent with targeted discounts being used as a tobacco marketing strategy. Price increases are the most likely intervention to reduce inequalities in smoking as there is a greater responsiveness to price and tax increases among those with low socio-economic status and greater price elasticity among young people. Research in the UK suggests that tax increases are not being added to ‘discount’ brands, but are differentially shifting tax increases between brands. This undermines the effect of tobacco tax policy. Price is one of the few marketing tools left for tobacco companies in NZ, however, there is little research on the price of tobacco, and the effect of the annual tobacco tax increases on the price of tobacco to consumers.

Study aims

The aim of this research was to examine variation in price of three partitions of cigarettes and roll your own (RYO) (premium, mainstream and value) by deprivation, proximity to school, percentage of population under 18 years, whether alcohol is sold, type of outlet, and remoteness.

Progress

A paper has been published in *Tobacco Control* (2015). This research was also presented at the Public Health Association Conference, Dunedin, September 2015.

Project team: Louise Marsh, Claire Cameron, Robin Quigg, Rob McGee, Crile Doscher, Janet Hoek and Trudy Sullivan.

Funding: Department of Preventive and Social Medicine internal research grant, University of Otago, and Cancer Society of New Zealand.
1.4 Stakeholder perceptions of tobacco retailing policies

A growing body of research suggests widespread retail availability of tobacco may be associated with increased risk of smoking in a number of ways. Greater density of tobacco outlets in a neighbourhood is associated with higher rates of smoking amongst both adults and youth. This may be due to increased exposure to cigarette advertising in jurisdictions without a point-of-sale display ban, greater chance of relapse after a quit attempt, and the creation of a more competitive local market, possibly driving cigarette prices down and increasing sales to minors. The density of tobacco retail outlets tends to be higher in areas of socioeconomic deprivation, which may contribute to a higher smoking prevalence amongst socioeconomically disadvantaged groups. Research also suggests that a higher density of tobacco retail outlets around a school is associated with higher levels of experimental smoking. Various policy interventions have been put forward by tobacco control advocates, however, research regarding attitudes to tobacco retail interventions is scarce, both here and internationally. This is an important area of research because the views of stakeholders can be influential in the policy-making process.

Study aims

This qualitative research project aims to assess attitudes towards a range of policy options (e.g. licensing or registration of tobacco retailers) amongst key stakeholders.

Progress

Interviews were undertaken with Smokefree Enforcement Officers, tobacco retailers, and tobacco control experts. A paper on retailers' views of tobacco retail regulation has been published in the *International Journal of Drug Policy* (2015). This work was also presented at ‘Smokefree 2025: Ten Years and Counting’ the 2015 Public Health Summer School event in Wellington, at the Inaugural Dunedin School of Medicine Symposium, and within the Department of Preventive and Social Medicine.

A further paper on tobacco control expert and Smokefree Enforcement Officers views will be submitted to a scientific journal during 2016.

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

Funding: NZ Lottery Health PhD Scholarship, NZ Asthma Foundation, and Cancer Society of New Zealand.

1.5 Tobacco retail outlet density and risk of youth smoking

The density of tobacco retail outlets is higher in areas where a larger proportion of the population are younger than 18 years, at a time when the risks of initiation of tobacco use and transitions to daily use are greatest. However, research has produced inconsistent findings on the relationship between density of outlets around a school and risk of smoking among students. These mixed findings may reflect differences among countries in determinants of youth smoking and the marketing environment for tobacco products. NZ has strong restrictions on retail tobacco marketing, unlike countries where previous research has been undertaken. Nevertheless, tobacco retailers are widespread in NZ, retail outlets are more densely located in areas of higher deprivation, and one-half of secondary schools have at least one retailer within a 500m walk.

Study aims

This study investigated whether the density of tobacco outlets around secondary schools in NZ (500m and 1000m) is associated with current smoking, experimental smoking, susceptibility to future smoking amongst non-smokers, and attempted and successful tobacco purchasing.

Progress

This research was published in *Tobacco Control (2015)*, and was presented at the Public Health Association Conference, Dunedin, September 2015. This research has also been accepted for a poster presentation at the Society for Research on Nicotine and Tobacco conference in Chicago, March 2016.

Project team: Louise Marsh, Ali Ajmal, Rob McGee, Lindsay Robertson, Claire Cameron, and Crile Doscher.

Funding: University of Otago, Cancer Society of New Zealand, and ASH New Zealand.
1.6 The impact of point of sale tobacco promotion on smoking

As restrictions on tobacco advertising in traditional media have increased, the industry has become more reliant on the retail environment as a marketing medium. The vast majority of the tobacco industry’s expenditure on advertising and promotion is in the form of retail incentives and tobacco promotion at the point-of-sale (POS). Previous systematic reviews have found consistent evidence of a positive association between exposure to point-of-sale (POS) tobacco promotion and increased smoking and smoking susceptibility among children and adolescents. No meta-analysis has been conducted on these studies to date.

**Study aims**

We aimed to provide an estimate of the effect size of the association between POS tobacco promotion and smoking amongst children and youth.

**Progress**

The meta-analysis was published in *Tobacco Control* (2016) and this research will also be presented at the Society for Nicotine and Tobacco Research Meeting in Chicago in March 2016, and within the Department of Preventive and Social Medicine (February 2016).

**Project team:** Lindsay Robertson, Claire Cameron, Louise Marsh, Rob McGee, and Janet Hoek.

**Funding:** NZ Lottery Health PhD Scholarship, NZ Asthma Foundation, and Cancer Society of New Zealand.

1.7 The association of smoking with drinking may provide opportunities to reduce smoking among students

Alongside smoking experimentation, many university students binge drink. Although international evidence suggests many university students smoke when consuming alcohol, evidence from NZ is of value because its restrictive tobacco marketing environment contrasts starkly with the liberal alcohol marketing and consumption environment. These regulatory disconnections make it possible for promotion of one product to foster uptake of another.

**Study aims**

This study aimed to estimate current daily and non-daily smoking among NZ university students, and associations with drinking patterns, demographics and smokefree status of the university.

**Progress**

This research has been accepted for publication by *Kōtuitui: New Zealand Journal of Social Sciences Online*. This research was also presented at the Public Health Association Conference, Dunedin, September 2015.

**Project team:** Louise Marsh, Kim Cousins, Andrew Gray, Kyp Kypri, Jennie Connor, and Janet Hoek.

**Funding:** University of Otago Research Grant, Health Promotion Agency, and Cancer Society of New Zealand.
1.8 Tobacco smoking, media and consumer orientation among New Zealand adolescents

Until relatively recently, tobacco use by young people was explained in terms of concepts relating to deviance and peer pressure. Tobacco smoking was part of a general adolescent tendency towards misbehaviour, while at the same time, young people were unduly influenced by their smoking peers. From a public health perspective, the examination of determinants of early smoking has shifted the debate upstream to a consideration of the role of mainstream media and advertising. Smoking has long been a part of youth culture around the world, and rather than through peer pressure, smoking is transmitted to young people through cultural mechanisms, including media. Social learning theory indicates that media effects may operate through modelling of behaviour and normalising behaviours. The media constitutes a powerful source of influence in modern society, and media coverage can determine what we perceive as the norm. These normalising and modelling effects may also apply to behaviours, such as tobacco use.

Study aims
1. To develop models of media use and consumer orientation based on extensive measures of these constructs in a national survey of Year 10 NZ high school students
2. To use these constructs to examine the associations between media use and an orientation towards consumer culture, and current cigarette smoking, and intention to smoke among those not currently smoking, using Structural Equation Modelling

Progress
This research was presented at the Australasian Epidemiological Association conference in Auckland in October 2014, and a paper is in preparation for submission.

Project team: Ella Iosua, Rob McGee, Louise Marsh, and Claire Cameron.

Funding: Ella Iosua was funded by a University of Otago Department of Preventive and Social Medicine Postdoctoral Fellowship. Cancer Society of New Zealand.

1.9 Tobacco and alcohol imagery on New Zealand television

One third of young people in this country are spending more than three hours a day watching television, and daily television viewing has increased among youth between 2001 and 2007. Levels of tobacco use portrayed on NZ television remained stable between 2002 and 2004 and most of these portrayals 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. More recent research found that 20% of music videos on NZ television contained alcohol imagery; only 4% of these videos were negative towards alcohol. Research in the UK found that young people believed television provided a selective image of alcohol use and that a more balanced view of alcohol use should be shown. 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
One paper on tobacco imagery has been accepted for publication by the Australian and New Zealand Journal of Public Health. A draft paper on alcohol imagery has been completed and will be submitted for publication in early 2016.

Project team: Louise Marsh, Rob McGee, Ella Iosua, Brett Maclennan, Rebecca Llewellyn, and Matthew Ward.

Funding: University of Otago Research Grant, and Cancer Society of New Zealand.
1.10 Tobacco retail regulation in overseas jurisdictions

Despite our reputation as a leader in tobacco control, the retail environment for tobacco is relatively unregulated in this country. There are currently no restrictions on who can sell tobacco, nor where it can be sold. There is no single accurate register of who sells tobacco, which presents a challenge for enforcement of retail-level legislation.

Study aims

The aims of this research were to summarise the range of tobacco retail licensing schemes implemented in overseas jurisdictions, review the evidence of their effectiveness as a tobacco control strategy, and make recommendations for New Zealand.

Progress

A viewpoint article has been accepted for publication in the *New Zealand Medical Journal*.

**Project team:** Lindsay Robertson, Louise Marsh, Richard Edwards, Rob McGee, Janet Hoek, and Frederieke van der Deen.

**Funding:** NZ Lottery Health PhD Scholarship, NZ Asthma Foundation, and Cancer Society of New Zealand.

1.11 Promotion of smoking

Although there is much research on the negative impacts of peers on their friends smoking behavior, positive effects can also arise from these relationships. Evidence shows that discouraging smoking among peers has been shown to be 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 whether students discourage other students at their school from smoking, and what factors as associated with discouraging smoking amongst peers.

Progress

A draft paper has been completed and will be submitted to a peer reviewed journal in early 2016. This research has also been accepted for a poster presentation at the *Society for Research on Nicotine and Tobacco* conference in Chicago, March 2016.

**Project team:** Louise Marsh, Ella Iosua, Rob McGee, and Joanna White.

**Funding:** The Ministry of Health, Health Promotion Agency, and Cancer Society of New Zealand.
1.12 Local Authority Long Terms Plans and Smokefree 2025

Tobacco use is the leading cause of preventable death in New Zealand. The harmful effects of tobacco is not restricted to smokers but extends to non-smokers such as children and young people. The government has set a goal to make NZ smokefree by 2025, which will require a multi sector approach and coordinated effort to achieve. Local authorities play an important role in improving well-being through local policies and projects.

**Study aims**
To examine the commitment of local councils in the Canterbury/West Coast region to Smokefree 2025 using their Long Term Plan as a measure. In addition, it aims to examine the role of community consultation which is an essential part of the Long Term Plan.

**Progress**
A Master's thesis based on this research will be submitted in early 2016, and a journal article will be submitted to a peer reviewed journal.

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

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

1.13 Smokers’ perceptions of the relative effectiveness of five retail reduction policies

Reducing the widespread retail availability of tobacco could help realise tobacco endgame strategies. We conducted a randomised experimental survey in which smokers were asked to rate the effectiveness of one of five tobacco retail policies on i) preventing smoking initiation for a never-smoker and ii) supporting quitting amongst adult smoker. The perceived effectiveness of these five policies was compared relative to a ‘benchmark’ policy of a 10% tobacco tax increase.

**Study aim**
We aimed to assess NZ smokers’ perceptions of the relative effectiveness of five retail reduction policies relative to a 10% tobacco tax increase.

**Progress**
A draft manuscript has been prepared and will be submitted to Tobacco Control during February 2016. This research will also be presented at the Society for Nicotine and Tobacco Research Meeting in Chicago, March 2016.

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

**Funding:** NZ Lottery PhD scholarship, and NZ Asthma Foundation.
1.14 Quitting and tobacco retailer density

The widespread availability of tobacco is a major form of tobacco marketing. Greater access to tobacco retail outlets in an area is associated with higher rates of smoking, and exposure to a tobacco retail outlet can undermine smokers’ attempts to quit, even in the absence of point-of-sale tobacco displays. In this study we will map the home and daytime addresses of a sample of “motivated quitters” (i.e. smokers who are attempting to quit) in relation to a Geographic Information System database of national tobacco retail outlets that we compiled in a previous research study.

**Study aims**

The aim of this project is to examine whether greater access to tobacco retail outlets around 1) the home and 2) the workplace (or main daytime location) is associated with smoking status 6 months after a quit attempt.

**Progress**

Data collection will begin in January 2016 and be completed in March 2016. Data analysis will begin mid-2016.

**Project team:** Lindsay Roberson, Louise Marsh, Ella Iosua, and Crile Doscher.

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

1.15 Smokers’ attitudes towards financial incentives for quitting

Financial incentives have been shown to be successful in helping people quit smoking, particularly while the rewards are in place. However, little research has been conducted on smokers’ perceptions of these types of incentive schemes.

**Study aims**

This research examines if the use of financial incentives is a potential cessation intervention that NZ should consider in its quest to become smokefree by 2025.

**Progress**

A draft paper will be completed and will be submitted for publication by the end of 2016. This research has also been accepted for a poster presentation at the Society for Research on Nicotine and Tobacco conference in Chicago, March 2016.

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

**Funding:** NZ Lottery PhD scholarship, NZ Asthma Foundation, and Cancer Society of New Zealand.
2. **Project Reports: Psycho-Social-Spiritual (PSS) Cancer Research**

The New Zealand Cancer Plan (2015 – 2018) highlights new funding for improved supportive care services, with a focus that includes the “emotional and psychological needs of cancer patients” (p.5). This refers to the broad area of supportive care, 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”. The SBRU PSS team works on various areas related to this supportive care area, including the still emerging areas of spiritual care and Māori prostate cancer. A highlight of this year was helping to organise the successful PONZ (Psycho-oncology New Zealand) conference in Invercargill.

### 2.1 Movember TrueNTH Māori Prostate Cancer Navigation project

The ‘TrueNTH’ intervention, funded by the Movember Foundation, aims to improve the lives of men with prostate cancer, their partners, carer’s and families. To achieve this the TrueNTH New Zealand network has been created and is made up of Māori and non-Māori health workers, researchers, survivors of prostate cancer and their whanau, all with an interest in prostate cancer.

This ongoing project will work with communities to support Māori men and their whanau from the early point of finding that they have prostate cancer. We were inspired by Rea Wikaira, a Māori man with terminal prostate cancer. Rea said “once my wairua was intact I was able to do anything”. Wairua (spirit / spirituality) is seldom considered as a part of western health care, so with Rea’s advice in mind, we decided to work on improving the whole lives of men and their whanau through focusing on whanau ora.

Kaumatua, men with prostate cancer and their whanau or carers, and people who are involved with prostate cancer care (such as urologists, specialist nurses, and GPs) will be involved in every part of the project planning and implementation.

**Study aims**

To improve holistic health (cultural, physical, social, mental and spiritual) outcomes and health system level practices, personal and whanau resilience / whanau ora, for Māori men newly diagnosed with prostate cancer.

**Progress**

As a co-design community participatory project, the formation of an appropriate and comprehensive team is critical. We have met for a two day hui to develop the initial ideas and subsequently developed the team. Planning is well under way and a literature review is in progress.

**Project team:** Managed by Movember out of Australia, Dr Richard Egan (SBRU), and Dr Jacquie Kidd (University of Auckland) are co-leading the project. We currently have ten other members, though the full team is yet to be finalised.

**Funding:** Movember Foundation, and Cancer Society New Zealand.
2.2 Hospice New Zealand (HNZ) Foundations of Spiritual Care Evaluation (FOSC)

Hospice provides palliative care for those whose illness is no longer curable, helping them to achieve the best possible quality of life. In New Zealand the majority of hospice patients have cancer.

Spiritual care is integral to palliative care. New Zealand research highlighted that there were gaps in spiritual care provision by hospices and a lack of professional development opportunities in this area. This evidence, a literature review and consultation with hospices, informed the development of the Foundations of Spiritual Care professional development programme.

The programme was developed by Hospice New Zealand to target the spiritual care needs of NZ hospice teams (all staff and volunteers). The programme aims to improve the understanding and knowledge of spirituality with and for the wider hospice team; thereby improving the spiritual wellbeing of their organisations and spiritual care for patients, families, and whānau.

Study aims

The programme evaluation considered the following:

1. Hospice staff and volunteer experiences and outcomes from participating in this professional development programme
2. Experiences and outcomes for hospice organisations as a whole
3. To identify critical success factors, common strategies and barriers to improving spiritual care for patients, families and whānau in hospice care
4. To inform further refinements of this resource and inform use outside of the hospice sector

Progress

A mixed methods evaluation of the FOSC programme has been completed. The evaluation included cross-sectional surveys of programme participants and key informants (facilitators and senior management) within hospices and focus groups (n=3 hospices) of programme participants. It also included information from participants’ post programme reflection forms. Further an article was published in the European Journal of Palliative Care on the FOSC programme development and one will be written about the evaluation.

Project team: Professor Rod MacLeod, Dr Tess Moeke-Maxwell, Dr Richard Egan, and Rachael Crombie (HNZ).

Funding: Hospice New Zealand.
2.3 New Zealand nurses’ views on spirituality and spiritual care

New Zealand's Cancer Control Strategy (2003), Palliative Care Strategy (2001), Māori Health Strategy (2002) and the recent Guidance for Improving Supportive Care for Adults with Cancer 2010 all call for holistic care. The spiritual dimension is increasingly being recognised, as noted by the Ministry of Health,

“It is essential that all staff working in cancer treatment services have a basic understanding of the spiritual needs of people with cancer, possess the skills to assess those needs and know how to go about contacting spiritual caregivers when required. Training specific to the cultural and spiritual needs of Māori is essential.” (p.46)

This study was the first baseline examination of New Zealand registered nurses’ understandings and perceptions of spirituality, patient spiritual needs, spiritual care provision, spiritual care policy and education. A cross-sectional electronic survey design reproduced the 2010 UK Royal College of Nursing questionnaire, combined with New Zealand-specific questions. Results will provide data on spiritual care understandings, needs and provision; this study will allow for a comprehensive view of spiritual care as provided by New Zealand nurses.

**Study aims**

To understand nurses’ views on spirituality and spiritual care in nursing practice, five research questions underpinned this project:

1. What do NZ nurses understand by the terms spirituality and spiritual care?
2. Do NZ nurses consider spirituality to be a legitimate area of nursing practice?
3. Do NZ nurses believe that they receive sufficient support, guidance and training in spiritual matters?
4. How do NZ nurses perceive and utilise chaplaincy services?
5. How do NZ nurses recognise and support Māori values and spiritual beliefs?

**Progress**

The project expanded to include a random selection of nurses from the Electoral Roll, CSNZ supportive care staff and NZ Faith Community nurses. All the data has been collected and we are currently in the analysis phase.

**Project team:** Dr Richard Egan, Rebecca Llewellyn, Associate Professor Brian Cox (PSM), Léonie Walker (principal Researcher NZNO, Adjunct Professor, Graduate School of Nursing & Midwifery, Victoria University Wellington), Sande Ramage (Coordinating Chaplain (Spiritual/Pastoral Care) at Palmerston North Hospital, MidCentral DHB).

**Funding:** University of Otago Research Grant, and Cancer Society of New Zealand.
2.4 Spirituality Matters: addressing spiritual care in a cancer treatment ward – a quality improvement project

Spiritual care is increasingly understood as part of best practice holistic care across many healthcare settings. However, health service delivery evidence shows that the spiritual needs of patients are sometimes under recognised in contrast to their more physical needs. This may be, in part, due to factors such as institutional barriers, care prioritisation, lack of knowledge, changing societal situation, or attitudes of staff relating to confidence in, or the perceived relevance of spiritual care.

A trial to improve spiritual care provision was conducted in Ward 23 (Cancer Ward) at Palmerston North hospital from November 2014 to the end of January 2015. This involved staff training, pre and post surveys of staff, the use of a screening tool at admission, specially designed information material for patients and staff, and patient interviews.

This quality improvement project was initiated because a previous survey had suggested spiritual care was not well understood at MidCentral District Health Board (MCDHB) and the chaplaincy team was experiencing difficulties in being accepted as part of the multi-disciplinary team.

**Study aim**

To evaluate Spirituality Matters: addressing spiritual care in a cancer treatment ward – a quality improvement project.

**Progress**

The project team collated, analysed and wrote up the mixed methods evaluation of the Spirituality Matters initiative. A report has been completed and the recommendations have been put into place through the MCDHB 2016 spiritual care work plan. Further dissemination is planned.

**Project team:** Sande Ramage (Chaplain, Palmerston North Hospital), Barry Keane (Nurse Director, MidCentral District Health Board), and Dr Richard Egan.

**Funding:** MidCentral District Health Board.
2.5 Living on borrowed time: Anticipated longevity, fatalism and risk behaviours.

Given the lack of lay and academic discourse about death, this project considered the ways in which patients talk about how and when they will die. This is an important question for all populations, but especially those with life threatening illnesses such as cancer. Patients often seem to emphasise their family members’ medical history and length of life when asked to consider factors that may impact on their own wellbeing. Sometimes, patients’ perceptions of risk factors differ significantly from those of their doctor. Risk factors such as smoking, diabetes, and hypertension – and to a degree, obesity – are sometimes discounted, ostensibly on the basis that they do not appear to have impacted on the health or longevity of close relatives. Conversely, risk factors may be discounted on what appears to be a fatalistic basis; poor health and death are seen as inevitable because of the family history.

These health beliefs are largely unexplored in the medical literature and may be important in shaping individual doctor-patient relationships and the type and efficacy of health care that patients receive. Previous studies in the UK and US have indicated that fate or luck may play a role in explaining lay perceptions of the causes of health and illness.

Study aim

Research Question: What do people think they will die from, and how long do they expect to live?

Aim: To investigate New Zealanders’ expectations of length of life and cause of death and how that might impact health behaviours.

Objectives

1. To investigate at what age people think they will die, and what they think will be the likely cause of their death
2. To investigate how these expectations affect concepts of risk and risk behaviours
3. To investigate how these expectations affect concepts of health and health seeking behaviours

This is an innovative multidisciplinary study across general practice, public health and anthropology that can stand as both a blue skies and an applied health inquiry. Our findings have the potential to contribute to public health and health promotion as well as to the field of death studies.

Progress

The project was completed in 2015 and four manuscripts have been submitted for publication. Further dissemination is being considered.

Project team: Associate Professor Chrystal Jaye & Dr Wayne Cunningham (Department of General Practice), Dr Cyril Schafer (Anthropology and Archaeology), Rebecca Llewellyn, and Dr Richard Egan.

Funding: University of Otago Research Grant.
3. Ultraviolet radiation & skin cancer studies

In 2015, both the New Zealand Melanoma Summit and the 3rd International Conference on UV Radiation and Skin Cancer Prevention in Melbourne made primary prevention a focus of attention. It was gratifying to see primary prevention being considered as a critical component in any comprehensive public health response to addressing the skin cancer burden. At both meetings it was convincingly demonstrated – with the reporting of effective interventions in several settings and international recognition of cost effectiveness – that it was time to implement a comprehensive skin cancer primary prevention programme with, in particular, interventions in schools, workplaces and recreational and tourism settings.

Skin cancer treatment costs have increased substantially in recent years, as has been well demonstrated in both the US and Australia. The consequences of policy makers in New Zealand failing to adequately fund primary prevention are likely to come home to roost. One can only continue to be amazed at the apparent short-sightedness of NZ administrations to this largely potentially avoidable burden on the health system, society in general and those personally affected. In IARC statistics, NZ has the dubious reputation of being the worst country in the world for national melanoma incidence.

It is also astounding, despite the best efforts of the Cancer Society, that in NZ we lack any up-to-date, comprehensive estimate of the total cost burden of skin cancer – not just those melanoma cases that are the easiest to quantify. Meanwhile, there is a tendency for some funding agencies to focus on the potential earnings to be gained from research via new patents and products, while overlooking the potential savings from the application of what research has already demonstrated regarding prevention. After those cancers that are linked to tobacco smoking, skin cancers are probably the most readily potentially avoidable cancers, and significant reductions could potentially be achieved from a small investment per citizen.

3.1 Quantifying the association between sun exposure and vitamin D status

Exposure of the skin to solar ultraviolet radiation (UVR) is the primary source of vitamin D in humans, but this has potentially negative implications for skin cancer control. Achieving positive outcomes with respect to both vitamin D levels and skin cancer requires appropriate levels of UVR exposure and protection against excess.

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, 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
The analysis and reporting of this complex dataset continued throughout 2015 and a key paper (Sun exposure and 25-hydroxyvitamin D3 levels in a community sample: Quantifying the association with electronic dosimeters) was accepted for publication in November 2015 by the Journal of Exposure Science and Environmental Epidemiology. Another paper on Factors associated with clothing coverage in non-summer months among a New Zealand community sample was submitted for publication and a summary presented at the 3rd International Conference on UV Radiation and Skin Cancer Prevention in Melbourne, December 2015.

Project team: Tony Reeder (in Dunedin with Andrew Gray, Vanessa Hammond, Jan Jopson, Kenneth Gibbs and Nathalie Huston), in collaboration with teams led by co-principal investigators Richard McKenzie (NIWA) and Robert Scragg (Auckland University) whose full teams were named in our 2007 Annual Report.

Funding: Health Research Council of New Zealand (to end of 2010), Cancer Society New Zealand and University of Otago thereafter.
3.2 Sunburn in a New Zealand urban population, 1994–2006

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 for primary prevention messages. Data from five survey waves (1994, 1997, 1900/00, 2002/03, 2005/06) were analysed for this project, including those commissioned by the Health Sponsorship Council (now the Health Promotion Agency).

Study aims
1. To describe patterns of sunburn and their association with demographic variables across the survey years;
2. To investigate predictors of sun protection and sunburn using multivariable modelling and addressing potential confounding by climatic factors.

Progress
A report on the statistical predictors of sunburn, which takes climatic data into account, was accepted for publication in the *Australian and New Zealand Journal of Public Health*, in late 2015.

Project team: Geraldine McLeod, Tony Reeder, Andrew Gray, Rob McGee, and Jean-Luc Bulliard (advisor for initial PhD project).

Funding: Health Sponsorship Council (SunSmart scholarship to 2010), Cancer Society New Zealand, and University of Otago.

3.3 Systematic review of interventions for the primary prevention of skin cancer

Study aims
1. To update the previous review that was published in 2004;
2. To provide timely, evidence-based recommendations to help guide health promotion practice and identify research priorities.

Progress
The SBRU team was invited to join the Atlanta CDC-led international review team in 2010 and this collaboration continued thereafter. To date, draft updates of reviews of five intervention settings have been posted on the Community Guide website. A combined review of two intervention types (mass media campaigns, alone, and multicomponent communitywide interventions) has been cleared by CDC for submission to peer review and journal publication. Dr Reeder presented a summary of the review findings in a plenary session of the New Zealand Melanoma Summit in November 2015.

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

Funding: Cancer Society New Zealand grant, and University of Otago.
3.4 Skin cancer primary prevention in NZ public secondary schools

The CSNZ developed and implemented a high profile SunSmart Schools Accreditation Programme and commissioned quality curriculum-linked resources for primary and intermediate schools. In contrast, relatively little is known about skin cancer primary prevention within secondary school contexts, either in NZ or overseas. Evidence from our site visits to 50 schools throughout NZ in 2004 indicated that many young NZ adults lacked sun-protective attitudes and failed to practice appropriate sun protection, while schools often did not have policies and practices in place to reinforce sun protection.

**Study aims**

1. To document the current sun protection policies and practices of NZ secondary schools in order to provide a baseline against which any future changes can be compared;

2. To identify factors associated with the reporting of appropriate sun protective policies and practices.

**Progress**

The survey was mailed out to the principals of all 448 eligible state or state-integrated NZ secondary schools and, overall, 47% participation was achieved. Presentations were given at the NZ Melanoma Summit and the 3rd International Conference on UV Radiation and Skin Cancer Prevention. In late 2015, a paper was submitted for journal publication.

**Project team:** Tony Reeder, Bronwen McNoe, and Ella Iosua.

**Funding:** Cancer Society New Zealand, University of Otago.

All secondary schools participating in the survey were entered into the draw for one of five sunscreen dispensers. From left: Dr Ella Iosua, A/Prof Tony Reeder and Mrs Bronwen McNoe.
3.5 Adolescent sports events: an observational study

Excessive UVR exposure and sunburn in adolescence is an important risk factor for the later development of skin cancer. Adolescents often spend long periods out in the sun but are resistant to using adequate sun protection. Although the school environment may be a convenient place to reach this adolescent population, the educational curriculum is already crowded, so getting sun exposure included is problematic. However, organised outdoor sporting events provide an alternative setting within which to target adolescents who are at high risk of excessive UVR exposure.

**Study aims**

1. To observe and record the sun protective behaviour of adolescents (and officials) engaged in school athletics sports days.

2. To observe the physical environment in which these sports days take place in terms of accessibility to shade and sunscreen, time spent exposed to the sun and adult role modelling.

**Progress**

A publication on the results from this study was accepted in December 2015 for publication in the *Australian New Zealand Journal of Public Health*. Presentations were given at the NZ *Melanoma Summit* and the 3rd *International Conference on UV Radiation and Skin Cancer Prevention*.

**Project team:** Bronwen McNoe, and Tony Reeder.

**Funding:** Department of Preventive & Social Medicine, University of Otago.

Caledonian Ground in Dunedin.
3.6 Validity and reliability of measures of photosensitivity and skin colour

Skin colour is related to population patterns of disease, so acceptable, valid and reliable measures of skin colour are required for population based studies of these issues. Personal perceptions of skin colour may influence the adoption of practices that protect against the risk of either insufficient or excessive UVR exposure.

Study aims

To investigate the acceptability, validity (against spectrophotometer) and reliability of self-report questionnaire items and Munsell™ visual standards for assessing skin colour and photosensitivity.

Progress

In collaboration with Dr Caradee Wright and her team in South Africa, Tony Reeder helped develop and progress several studies, including some among the local population where dark skin types predominate. These studies tested hypotheses about self-perceptions of skin colour and the applicability of existing instruments among people with darker skin colours. One study which compared self-reported skin colour and erythemal sensitivity versus objectively measured skin colour (published in Photodermatology, Photoimmunology and Photomedicine) concluded that self-report may be reliable for determining skin colour, but not erythemal sensitivity for those with dark skin. A second study found that in multiple situational light settings, visual observation for skin colour assessment is comparable with colorimeter measurement (Skin Research and Technology). A third study, of Individual Typology Angle (ITA) and Melanin Index in an African population, made steps towards the development of universally applicable skin photosensitivity assessments (JAMA Dermatology). A study that investigated the alignment of ITA (derived from Munsell® colour chart assessments) with NZ primary schoolchildren’s self-reported skin colour (Skin Research and Technology), concluded that alignment could probably be significantly improved with the addition of another ‘white’ / ‘light’ category in the self-report instrument. Finally, a study that compared NZ and SA school students’ knowledge and understanding of the Global Solar Ultraviolet Index was published in the South African Medical Journal.

Project teams: Tony Reeder, with the NZ team: Ella Iosua, Andrew Gray and Vanessa Hammond; and the SA projects team: Caradee Wright, Patricia Albers, Maria Oosthuizen, and Johan du Plessis with Marcus Wilkes (USA).

Funding: (in NZ) Cancer Society of New Zealand and University of Otago; (in SA) CSIR Parliamentary Grant, National Research Foundation and Cancer Association of South Africa. Marcus Wilkes received funding from the USAID Research and Innovation Program.
3.7 Reducing harm from commercial sunbeds: Submission to Ministry of Health

There is strong scientific evidence showing the association between sunbed use and both melanoma and non-melanoma skin cancers. Australia has recently implemented a complete ban on commercial solaria, nationwide. Unfortunately, despite having similarly high melanoma rates, large numbers of other skin cancer cases, seasonally extreme levels of UVR and a high popularity of outdoor lifestyles, NZ continues to lag behind Australia in evidence-based skin cancer control policies such as banning commercial sunbeds.

In November 2015, the Ministry of Health released consultation documents on “Reducing Harm from Commercial Sunbeds” with their preferred option being the regulation of sunbed operators. Considering the scientific evidence, in our view this does not go far enough. We do not believe that businesses should be allowed to offer a purely cosmetic service selling exposure to a type-1 carcinogen (UVR) for financial gain. This should not be acceptable to an organisation (the Ministry of Health) charged with protecting the health and wellbeing of New Zealanders.

To provide evidence for this submission we conducted two studies.

1. An audit of indoor tanning services in New Zealand – including the provision of (and cost of) sunbeds and spray tanning services nationwide
2. Surveillance of Trade Me© as the largest auction site to monitor sales of second hand sunbeds

Progress

The submission document has been submitted to the Ministry of Health. A publication to be submitted to the New Zealand Medical is currently being prepared.

Project team: Bronwen McNoe, and Tony Reeder.

Funding: University of Otago, and Cancer Society New Zealand.
4. Cancer awareness, information provision and media

The New Zealand Cancer Plan outlines goals for cancer control from 2015-2018. The programme of work described here is underpinned by two of these goals. The first is that “More people will be aware of cancer risks and will be doing something about them”. This goal is highly relevant to the work of the CSSBRU, given our work across key behavioural risk factors for cancer. The Cancer Awareness in Aotearoa New Zealand (CAANZ) study was carried out in 2014/15 to describe awareness among the adult population and series of sub-studies describing these findings are in preparation (see below).

The second relevant goal is that “More people will have access to easily understood and nationally consistent information resources”. From a behavioural risk reduction perspective this is important element in interventions incorporating an information/education component. It is also aligned to CSSBRU work in Supportive Care, where there is a need for information resources which meets the needs of those with a cancer diagnosis and their family/whānau.

Given the cross-cutting nature of cancer awareness and information provision, this programme draws from our expertise across different risk behaviours, in health promotion and supportive care.

4.1 Changes in awareness of overall cancer risk factors among adults in NZ: 2001 to 2015

Study aims

This study aims to describe awareness of cancer risk factors among adult New Zealanders aged 18 years and older in 2014/5 and identify changes in patterns of awareness since 2001. Data for the Cancer Awareness in Aotearoa New Zealand (CAANZ) study have been collected via telephone interviews in 2001 (n = 436) and 2014/5 (n = 1064). For this aspect of the study participants were asked if they believed there were things they could do to reduce their risk of cancer, what those things were, if there are things they could eat or drink more/less of and a prompted list of potential risk behaviours they could agree or disagree with.

Progress

A paper based on this study has been submitted for publication and this research was presented at the Otago Spotlight Series: Cancer Research and as part of the CSSBRU Symposium: Reducing the Impact of Cancer in 2015.

Project team: Rosalina Richards, Bronwen McNoe, Ella Iosua, Anthony Reeder, Richard Egan, Louise Marsh, Lindsay Robertson, Brett MacLennan, Anna Dawson, Robin Quigg, Anne-Catherine Petersen.

Funding: Cancer Society New Zealand.
4.2 **Awareness of behavioral risk factors for lung, bowel, melanoma, breast, cervical and prostate cancer among NZ adults**

This study explores understanding of risk factors for specific cancer types among the general population. Risk factors for specific cancer types differ and are promoted in different ways by different cancer related organisation. There is little information, however, about how these messages have been interpreted and understood by the general public.

**Study aims**

This study aims to describe awareness of cancer risk factors for lung, bowel, melanoma, breast, cervical and prostate cancer and compare these with awareness in 2001 (using the CAANZ data set).

**Progress**

A paper is in preparation for publication based on this study.

**Project team:** Rosalina Richards, Bronwen McNoe, Ella Iosua, Anthony Reeder, Richard Egan, Louise Marsh, Lindsay Robertson, Brett Maclennan, Anna Dawson, Robin Quigg, Anne-Cathrine Petersen.

**Funding:** Cancer Society New Zealand.

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4.3 **Perceptions of causes of cancer mortality and attitudes to early detection and treatment among NZ adults**

This study explores adult perceptions of cancer mortality in NZ, that is, public perceptions of which cancers cause the most deaths for men and women. In addition, perceptions about early detection and treatment are also explored. This includes understandings of the associations between survival time and early detection, prognosis and early detection and views on experience and efficacy of cancer treatment.

**Study aims**

This study aims to describe awareness of and attitudes to cancer mortality, early detection and cancer risk factors among adult men and women in 2014/15 and 2001 (using the CAANZ data set).

**Progress**

A paper is in preparation for publication based on this study.

**Project team:** Rosalina Richards, Bronwen McNoe, Ella Iosua, Anthony Reeder, Richard Egan, Louise Marsh, Lindsay Robertson, Brett Maclennan, Anna Dawson, Robin Quigg, Anne-Cathrine Petersen.

**Funding:** Cancer Society New Zealand.
4.4 Cancer information seeking among NZ adults

Also included in the 2014/15 cancer awareness survey were questions about seeking information about cancer. This includes specific questions about why individuals sought information, what kind they were looking for, and which sources they found useful. Respondents were also asked about their engagement and awareness of CSNZ services, including if they had ever visited a CSNZ office and what CSNZ services they could identify.

**Study aims**

This study aims to describe characteristics of individuals who had searched for cancer information over the past year, what prompted them to search, what type of information they were looking for and which channels of information they found useful (using the CAANZ data set).

**Progress**

A paper is in preparation for publication based on this study.

**Project team:** Rosalina Richards, Bronwen McNoe, Ella Iosua, Anthony Reeder, Richard Egan, Louise Marsh, Lindsay Robertson, Brett Maclennan, Anna Dawson, Robin Quigg, Anne-Cathrine Petersen.

**Funding:** Cancer Society New Zealand.

4.5 “What helps you get through a diagnosis of cancer?” – a quantitative study of support preferences among NZ adults

This study explores perceptions of what helps during a cancer diagnosis within a large scale national survey of adults. This quantitative data will be presented and discussed in the context of earlier complementary qualitative work to weave together information about what factors are considered important in a broader population alongside in-depth information about why they are meaningful.

**Study aims**

This study aims to describe adult’s perceptions of what things help get a person through a diagnosis of cancer (using the CAANZ data set).

**Progress**

A paper is in preparation for publication based on this study.

**Project team:** Rosalina Richards, Bronwen McNoe, Ella Iosua, Anthony Reeder, Richard Egan, Louise Marsh, Lindsay Robertson, Brett Maclennan, Anna Dawson, Robin Quigg, Anne-Cathrine Petersen.

**Funding:** Cancer Society New Zealand.
5. Alcohol

Alcohol is the most widely used psychoactive substance in New Zealand. Over half the population aged 16-64 years consume alcohol at least weekly and 15% percent of adults aged 15 years and over (530,000 New Zealanders) drink in a way that is hazardous to their health. This has important implications for cancer control. Alcoholic beverages are classified as a Group 1 carcinogen by the International Agency for Research on Cancer. Scientific evidence for a causal relationship between alcohol use and cancer is strong. Any amount of alcohol increases the risk of developing cancer and the level of risk increases with the amount consumed. Even if used in moderation, the volume of alcohol one drinks in a lifetime contributes to the risk of developing cancer. It was recently estimated that, among New Zealanders aged less than 80 years, 242 (30%) of the 802 alcohol-attributable deaths in the year 2007 were due to cancer. This equated to 4% of all cancer deaths recorded in this age group that year. Reducing the amount of alcohol people consume is an important cancer prevention strategy.

5.1 Evaluation of New Zealand's alcohol laws

Hazardous drinking and alcohol-related harm are most effectively reduced by policies that limit the availability and promotion of alcohol, however, starting with the 1989 Sale of Liquor Act, successive New Zealand governments have liberalised alcohol policy. These changes have been associated with an increase in alcohol-related harm. Public concern over this increase was the catalyst for a comprehensive review of alcohol laws by the Law Commission. The Government’s response was to amend the Land Transport Act (1998), reducing the legal alcohol limit for driving from 0.08 g/dL to 0.05 g/dL, and pass the Sale and Supply of Alcohol Act (2012).

The object of the Sale and Supply of Alcohol Act is to “minimise the harm caused by the excessive consumption of alcohol.” Its major focus is on giving communities more say on where and when alcohol is sold in their area. This is to be facilitated by broader criteria for objecting to applications for a license to sell alcohol and the development of Local Alcohol Policies (LAPs) by Territorial Authorities (i.e., city/district councils). LAPs can be introduced voluntarily by Territorial Authorities and provide for them to regulate outlet density and hours of sale, important determinants of hazardous drinking and alcohol-related harm.

Alcohol-related harm is a serious public health concern and there are evidence-based policies available that are simple and inexpensive to implement. Research is critical to establish whether the new law changes are meeting their important public health objectives. Findings will inform future alcohol policy development and implementation and will contribute to an international evidence base on the effects of alcohol policy.

Study aims

To evaluate the effectiveness of the new alcohol laws in:

1. Improving public input into local licensing decisions;
2. Reducing the availability of alcohol;
3. Reducing hazardous drinking and alcohol-related harm in New Zealand communities.

Progress

The evaluation protocol has been published in BMC Public Health and a paper presenting the results of a randomised trial of incentives on response to our 2014 National Survey has been submitted to a scientific journal. Analyses of the National Survey data are currently being undertaken and a manuscript describing public sentiment towards Local Alcohol Polices (LAPs) is being drafted. Interviews with local government staff responsible for the development of a LAP have been completed and are being prepared for analysis.

Project team: Brett Maclennan, Kypros Kypri, Jennie Connor, Tuari Potiki, and Robin Room.

Funding: Health Research Council project grant and Cancer Society New Zealand.
Contributions to Teaching

**Dr Richard Egan**
Preventive & Social Medicine, University of Otago, PUBH 705 Health Promotion
Preventive & Social Medicine, University of Otago, PUBH 713 Society, Health and Health Promotion
Preventive & Social Medicine, University of Otago, PUBH 743 Health Promotion Planning and Evaluation
Preventive & Social Medicine, University of Otago, HEAL 202 Health Promotion, 4th year and TI medical school student's public health attachments
Preventive & Social Medicine, University of Otago, HEAL 311/411 Qualitative teaching

**Professor Rob McGee**
Preventive & Social Medicine, University of Otago, HEAL 202 Health Promotion – presentations on Tobacco Control and Sun Protection.
Preventive & Social Medicine, University of Otago, MICN4 Public Health Attachment – presentations on Tobacco Control 2012-13.

**Dr Rosalina Richards**
Lecture presented to PUBH 202 Health Promotion, *Brockville Community Development Project*. University of Otago, 8 September 2015.
Lecture presented to HUND 472 Dietetics, *Brockville Community Development Project*. University of Otago, 4 August 2015.

**Ms Lindsay Robertson**
Course tutor for PUBH 202 Health Promotion.
Teaching support for PUBH 203 Health Policy and Politics.
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<td><strong>Associate Professor Tony Reeder</strong></td>
<td>Ryan Gage (Masters)</td>
<td>Skin cancer prevention in NZ school children: a Markov cost-utility model using data from Kids'Cam automated cameras.</td>
</tr>
<tr>
<td><strong>Dr Rosalina Richards</strong></td>
<td>Sarah Wood (Masters)</td>
<td>New Zealand health promotion planning and evaluation: a qualitative study.</td>
</tr>
</tbody>
</table>
External Representation

Dr Richard Egan
Board member of the Health Promotion Forum of New Zealand
Past President Public Health Association of New Zealand
Advisor to Age Concern New Zealand “policy skills bank”
Ian and Elspie Prior Trust for Health and Well-being (founding 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
University of Otago representative on the Otago Cancer Society Ball committee
Reviewed papers submitted to: Journal of Primary Health Care, NZ Medical Journal, Health & Social care in the Community, Focus on Health Professional Education, Journal of Supportive Care in Cancer, Health and Social Care Chaplaincy

Dr Brett Maclennan
Member of Cancer Society NZ Physical Activity, Alcohol and Nutrition Operational Group
Reviewed papers submitted to: Drug and Alcohol Review, Contemporary Drug Problems, Health Education Research, Social Psychiatry and Psychiatric Epidemiology, Alcohol and Alcoholism

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

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
Member of ASPIRE 2025

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 NZ Sun Exposure Survey (HPA)

New Zealand Skin Cancer Primary Prevention and Early Detection Steering Committee (HPA, CSNZ, etc.)

NZSCPREDSC Sub-Committee for the 2015 *Melanoma Summit* primary prevention stream (HPA, CSNZ, etc.)

**Reviewed papers submitted to:** American Journal of Preventive Medicine, Australasian Journal of Dermatology, Cancer Epidemiology, Dermatology and Therapy (2), Health Education Research, Health Promotion Journal of Australia, JAMA Dermatology

**Reviewed grant applications submitted to:** Croatian Science Foundation (HRZZ)

**Reviewed conference papers:** *3rd International Conference on Radiation and Application in Various Fields of Research* (RAD)

Examined PhD thesis for Deakin University, Australia

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**Dr Rosalina Richards**

Member of CSNZ Physical Activity & Nutrition Operational Group

**Reviewed papers submitted to:** Journal of Adolescent Health, PLoS One

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**Ms Lindsay Robertson**

Member of Aspire 2025 research collaboration and University of Otago research theme

SBRU staff publications for 2015

An 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


Book chapters


Conference contributions (published proceedings)


Llewellyn, R., Egan, R., Berghan, G., & Eyre, R. Ethical principles for public health: What are they, what do they mean and how do we use them? Public Health Association Conference, Dunedin, New Zealand, 6-7 September 2015.


Marsh, L. The Association of smoking with drinking pattern may provide opportunities to reduce smoking among students. Paper presented at the 2015 Public Health Association Conference, Dunedin, New Zealand, 7-9 September 2015.


Conference presentations


Reeder, A.I. Predictors of body clothing coverage among a New Zealand community sample. *Verbal presentation at the 3rd International Conference on UV and Skin Cancer Prevention*, Melbourne, Australia, 7-11 December 2015.


Robertson, L., Marsh, L., Hoek, J., McGee, R., & Egan, R. Regulating the sale of tobacco in New Zealand: A qualitative analysis of retailers' views. *Inaugural Dunedin School of Medicine Symposium*, Dunedin, 28 August 2015.


Workshop presentations


Public seminars and lectures


Richards, R. Introduction to CSSBRU: It's all about the people, Verbal presentation at the Cancer Society Social and Behavioural Research Unit (SBRU) Symposium: Reducing the Impact of Cancer. Dunedin, New Zealand, 22 September 2015.


Professional publications

Richards Hessell, R. Cancer awareness: Staying well and being connected. Link Newsletter, pp. 6, Cancer Society Otago and Southland Division, New Zealand, June 2015.

Media Releases

Collins, C. Edible gardens in New Zealand schools providing food for thought, Otago University media release, 24 March 2015.

Marsh, L. Study of tobacco company RRPs reveals tax increases applied unequally, Otago University media release, 6 July 2015.

Robertson, L. Smokefree tertiary institutions point the way, Otago University media release, 17 February 2015.

Robertson, L. Young social smokers more likely to become adult daily smokers, Otago University media release, 6 August 2015.

Submissions to government agencies

Marsh, L. & Robertson, L. SBRU written Submission in response to the Update of the New Zealand Health Strategy Consultation draft, 4 December 2015.

Letter to the Editor

Media Reports 2015

15-02-15  Shades cool for school, Herald on Sunday
15-04-15  Spiritual healthcare specialist to speak on positive end-of-life care, Gisborne Herald
07-08-15  Social smoking teens at massive risk of daily habit – study, NZ Herald
08-08-15  ‘Non-smokers’ the new problem, Manuwatu Standard
08-08-15  Occasional smokers at risk: study, Otago Daily Times
08-08-15  ‘Non-smokers’ seen as a new problem, Southland Times
08-08-15  Young Kiwis identifying as ‘non-smokers’ are new risk group, says study, Stuff
08-08-15  5 Bites, Young occasional smokers are..., Ashburton Guardian
08-08-15  THE NEWS IN 10, Young occasional 4 smokers are..., Wairarapa Times-Age Weekend
08-08-15  Young social smokers more likely to become adult daily smokers, Radio Live interview
08-08-15  Young social smokers more likely to become adult daily smokers, World TV interview
08-09-15  University of Otago research indicates that teenagers are more likely to smoke cigarettes if they are stocked at shops near their schools, Radio Dunedin
30-09-15  Role of spirituality valued, Otago Daily Times
27-11-15  Alcohol ‘FoMO’ a real issue, Gisborne Herald
27-11-15  Problem drinking at varsity, Hawke’s Bay Today
27-11-15  Problem drinking at varsity, Bay of Plenty Times
27-11-15  Problem drinking at varsity, Daily Post
27-11-15  Problem drinking at varsity, Wanganui Chronicle
27-11-15  Problem drinking at varsity, Northern Advocate