The Catalyst Project is the fund that enabled the collaboration of three Schools of Nursing (from Griffith University-Brisbane, Nethersole – Chinese University of Hong Kong; University of Auckland) to further develop the Women’s Wellness after Breast Cancer program.

Led by Professor Sandie McCarthy, the project helps women prevent or ease some of the side effects associated with breast cancer therapy through living a healthy lifestyle. Developed in Australia, Catalyst is now being tested to see if it’s relevant in New Zealand for New Zealand Māori, Pacific and Asian women who have had breast cancer therapy.

Photo caption: The team from left to right: Back row: Prof Carmen Chan¹; Deborah Raphael⁴; Prof Sandie McCarthy⁵; Dr Tess Moeke-Maxwell⁶; Assoc. Prof Winnie So⁷; Dr Janine Porter-Steele⁸; Dr Bobbi Laing⁹; Dr Ofa Dewes¹⁰. Front row Dr Heena Akbar¹¹; Assoc. Prof Ka Ming Chow¹²; Dr Jackie Kidd¹³ and Dr Gigi Lim¹⁴, absent)
¹Nethersole School of Nursing Chinese University of Hong Kong; ²School of Nursing, University of Auckland; ³School of Nursing Griffith University, Brisbane.
COMPASSIONATE COMMUNITIES

Te Ārai Palliative Care and End of Life research group’s November conference focused on starting the conversation about compassionate communities in Aotearoa. Te Ārai kaumātua led the pōwhiri that began the conference and Kerrie Noonan from the Groundswell Project in Australia gave the keynote. Her presentation centred on how to develop communities which can work together to provide palliative and end of life care. Compassionate communities is about the message that everyone, not just health services, are involved in caring for people.

Dr Tess Moeke-Maxwell presented on her Health Research Council funded study Pae Herenga. Her talk highlighted how Māori already enact compassionate communities practices.

After lunch, Kerrie led a workshop and the 70+ attendees divided into groups to discuss different aspects of compassionate communities. There was a lot of enthusiasm for taking this work forward nationally and Te Ārai will facilitate a ‘compassionate communities network’ to connect interested people. Follow Te Ārai’s blog (tearairesearchgroup.org) to stay up-to-date.

RESEARCHERS HITTING THE ROAD

Associate Professor Melody Smith, Dr Lisa Williams and Dr Jinfeng Zhao (all pictured above) will be hitting the road in 2019. Lisa and Melody received travelling fellowships through the University’s International Central Networks and Partnerships Grant scheme. Jinfeng won an NZ-China Emerging Research Travel Fellowship from the New Zealand–China Non-Communicable Diseases Research Collaboration Centre.

Jinfeng will visit Shanghai to collaborate with Dr Mei Liu at the Shanghai Maritime University. Dr Liu’s research focuses on environments and health, with particular strengths in using transport and geographic information systems (GIS) data to examine these relationships.

Melody will be visiting the National University of Singapore, University of Glasgow, and University College Dublin in late 2019 to work on collaborative publications, grant writing, and to give presentations. Lisa will travel to the University of British Columbia, University of Sheffield, University of Nottingham and the University of Manchester to collaborate with researchers interested in dementia and digital media.
MASTERS’ STAND-OUT EARN NEW PRIZE
Scott Simmons, featured at right with A/P Judy Kilpatrick, earned the inaugural Kilpatrick Research Excellence Publication Award. The award was established in 2017 to mark the retirement of Associate Professor Judy Kilpatrick, foundation Head of School. It recognises excellence achieved during masters study in the School and the subsequent submission of an article to a peer reviewed academic journal. It comes with a $5000 prize. Scott’s supervisors were Dr Stephen Jacobs and Dr Ann McKillop. He was honoured at an awards presentation in late November.

Dr Michelle Honey (left) and her co-authors Emma Collins (Otago Polytechnic) and Sally Britnell, (AUT) launched their new publication, Guidelines: Informatics for Nurses Entering Practice at the Health Informatics New Zealand (HiNZ) conference. The guidelines focus on the informatics knowledge, skills and behaviours that new nurses need.

“We identified a mismatch between current nursing education and industry requirements,” Michelle said. “It highlighted the need to make nursing informatics more visible in nursing – to embed them into everyday nursing practice.”

The guidelines can be downloaded from https://www.hinz.org.nz/page/NIWG

CLINICAL IMPROVEMENT AWARD WINNER
Sharmila Devaraj won a Continuous Clinical Improvement award for implementing a proposal on wound care management at the rest home where she works. She originally developed it for Nursing 735 – Education Practicum offered at the School. The award came with a $2000 prize for her facility given by Max Robins, CEO for CHT Healthcare Trust and the Board of Trustees. Due to the initiative’s success, she will be rolling out the proposal to all of CHT’s 16 facilities. She credits Course Coordinator Louise Carrucan-Wood for spurring her on. “I thank Louise for the opportunity and the motivation she provided me to come up with this quality improvement initiative.”
School of Nursing Lecturer Cynthia Wensley just graduated with her PhD from Deakin University in Melbourne, Australia. Her research, titled *A Multidimensional Framework of Comfort for Practice and Quality Improvement*, provides insights into factors that influence patient comfort in healthcare settings. The findings informed the development of the Comfort Always Matters (CALM) framework that can be used by healthcare professionals to guide practice and quality initiatives aimed at improving patients’ experiences of care.

NEW PHD

Jackie Robinson's thesis: *Benefit or Burden? Exploring Experiences of the Acute Hospital as a Place of Care Amongst People with Palliative Care Needs*, earned her a spot on the Faculty of Medical and Health Sciences Dean's list. Just eight doctoral candidates received the honour. The list “recognizes those theses which were singled out by the examiners as being worthy of further recognition.” Professor Merryn Gott was her principal supervisor.

Jackie has also just been awarded a New Zealand Heart Foundation Small Project Grant of $20,000. Over the next 18 months she will explore palliative care services people with cardiac disease receive in the last year of life.

DEAN’S LIST
STAND OUT

New Zealand children and young people have low levels of physical activity and high levels of screen time compared to their overseas counterparts. In other measures they are above average, such as for levels of government support of physical activity, and children's participation in organised sport.

The New Zealand 'report card', compiled by a team led by Associate Professor Melody Smith, was one of 49 report cards from countries around the world. To read more, see: Physical Activity Report Card grades for children and youth: results and analysis from 49 countries. (2018). *The Journal of Physical Activity & Health*, 15(Suppl 2), S251-S273,
Adolescent Māori health outcomes

Good news but persistent issues still holding Māori young people back

Dr Terryann (TC) Clark is the lead author on a new journal article reporting on adolescent Māori health outcomes. The article indicates that many health issues are improving, but discrimination and poverty still hold Māori young people back. The research draws on data from the Youth2000 survey series completed in 2001, 2007 and 2012 by high school students throughout the country.

Really good news that emerged centres on reductions in smoking (nearly a 50 percent change) as well as binge drinking. TC and her co-researchers credit new policies and practices, such as higher taxes on alcohol and tobacco, as playing a role in these results. And compared to 2001, Māori students in 2012 experienced better health as well as family and school connections.

Smaller gains occurred around family circumstances and connectedness, school connectedness, neighbourhoods and bullying and violence. Poverty accounted in a large degree for the inequities young Māori experienced when compared to NZ/Europeans. “When controlling for socioeconomic deprivation, inequity was substantially reduced,” the article said. Even so, “Māori health outcomes remained worse for general health, mental health, contraceptive use, healthy weight, substance use, access to healthcare and exposure to violence.”

The Māori students were also less likely to report being bullied or report spending enough time with at least one parent.

Māori students in 2012 were less likely to have moved home two or more times in the previous year and more likely to report being happy about how they got along with their family. They also were more likely to indicate that their family wanted to know where they were and who they were with. The 2012 cohort were also more likely to report they liked school and always felt safe in their own neighbourhood.

Persistent inequities between Māori and NZ European youth couldn’t be explained away just by socioeconomic status, however. This points to a “larger systemic bias in health and social service delivery.” Ethnic discrimination “has a real influence on wellbeing, particularly mental health for Maori students,” the study reported. The authors supported this claim with the statistic that more than a quarter of Maori students experienced some form of discrimination at school, or from the police or when interacting with the healthcare system. Such a finding suggests that fallout from colonialism still reverberates with its negative impacts on health as well as “ongoing racism that has measurable biological influence on health.”

A main area of focus in A/P Melody Smith’s Neighbourhoods for Active Kids study has been understanding the role of neighbourhoods in promoting health in children. Melody supervises Victoria Egli, who has been working on the project. Victoria’s PhD centres on taking a child-centred approach to investigating the links between the built environment, activity and nutrition behaviours, and child health. As part of her research, she has been developing original methods for knowledge translation that explain critical concepts in user-friendly forms. These methods include a comic strip and video (link above) that explores the impact neighbourhoods have on children’s health.
Avinesh Pillai is challenging the supremacy of the Randomised Controlled Trial (RCT). In his PhD research he’s exploring whether using ‘big data’ is a better way to achieve the same (or improved) results when looking at complex health interventions. RCTs, though the gold standard, are expensive, time-consuming and often plagued with issues such as inadequate sample size. “Given the developments around big data,” he says, “should it be used as a complement or even an alternative to the RCT?”

His earlier work as a statistician prompted his interest in the topic. “I was involved in the early stages of a project looking at government programmes to support beneficiaries with health conditions and disabilities into employment. I realised that these programmes were multi-faceted and that statistics and transparent reporting tied them all together. And that appealed to me, and so the PhD began.”

Avinesh’s plan is to make use of Statistics New Zealand’s Integrated Data Infrastructure (IDI). The IDI is essentially a big data warehouse storing anonymised data. “It contains microdata about people and households made available by Statistics NZ,” he said. “It holds over 166 billion facts, taking up 1.22 terabytes of space – and is continually growing.”

He’ll apply big data techniques to see if the IDI can generate robust evidence for his project. By linking a variety of areas like health, welfare, education, and housing, the data can be used for evaluating the impact of a health condition, such as a stroke, across several agencies or sectors.

Avinesh will draw on his statistical training to assess the outcomes of interventions developed under the ‘Oranga Mahi’ umbrella. “By using the information we have already collected in the IDI, and with accurate reporting, the hope is that future social investment programmes can be delivered effectively.” Risk prediction models and propensity-score matching are two of the statistical methods he’ll use. They’ll be valuable for profiling and matching individuals within the IDI and generating comparison groups. In turn, these results can be used for cost-benefit analysis.

As part of his research process he’ll consult with key agencies interested in the project. “After I’ve reported the findings of the programmes that are being implemented across DHBs, I will check if they have achieved the expected outcomes, and gather information about the stakeholders’ opinions of what actually happened.”

Avinesh Pillai is a Senior Research Fellow and Biostatistician in the Department of Statistics. His supervision team includes Professor Matthew Parsons, Professor Paul Rouse, and A/P Cameron Walker.


Spencer, G., Smith, M., Thompson, J.,


Wiles, J., Miskelly, P., Stewart, O., Kerse, N.,
Ashika Rasikaran, Dalen Ba, Khadija Bari, Hannah Carter, Chelsea Price and Bianka Radojkovich’s paper Does international rounding work on the ward floor? was published in September’s Nursing Review.

“It grew out of a class assignment, Dr Kim Ward said. It required them to “engage in critical, analytical and reflective practice by reviewing an experience in clinical practice.”

To catch up with Ashika and the Brilliance team’s article see: What does it take to deliver brilliant home-based palliative care? Using positive organisational scholarship and video reflexive ethnography to explore the complexities of palliative care at home.

NURSING STUDENTS OFFER THEIR PERSPECTIVE IN NURSING REVIEW

AILEEN COLLIER IS ‘EDITOR’S CHOICE’

Palliative Medicine has selected Dr Aileen Collier’s article on home-based palliative care as its ‘Editor’s Choice’ for the January 2019 issue. She has also been invited to blog about the research on the European Association for Palliative Care’s blog. The blog reaches health and social care practitioners, academics, researchers and advocacy consultants in about 170 countries.

To catch up with Aileen and the Brilliance team’s article see: What does it take to deliver brilliant home-based palliative care? Using positive organisational scholarship and video reflexive ethnography to explore the complexities of palliative care at home.