12th Behavioural Research in Cancer Control Conference
‘Bridging the Gap’ between research evidence, and practice and policy

CONFERENCE PROGRAM

12-15 May, 2015
Dockside, Cockle Bay Wharf, Sydney
**Collaboration**
We work with the community, people affected by cancer, health professionals, governments, researchers and cancer organisations; we work collaboratively to end cancers as we know them.

**Influencing behaviour change**
We are dedicated to keeping people off the cancer journey by encouraging preventative behaviours, symptom awareness and screening.

**Informing quality cancer care**
We work across the health system to ensure people diagnosed with cancer are provided equitable, evidence-based treatment and care.

**Using information to lead change**
We provide meaningful information to influence real change across the health system, with more than 40 years of cancer-related data on record.

**Innovation**
We are building research capacity and investing in the future to create the new knowledge and evidence needed to drive improved cancer outcomes and remain at the forefront of cancer control.
Members of the 2015 BRCC Conference Scientific and Advisory Committee were selected because of their standing in the cancer control community. They have been responsible for guiding the scientific program, reviewing abstract submissions, and making strategic decisions regarding the conference.

Kathy Chapman  
Conference Chair  
Director, Cancer Programs Division, Cancer Council NSW

Nicci Bartley  
Conference Coordinator  
Research Project Officer, Cancer Council NSW

Ian Olver  
Director, Sansom Institute for Health Research, University of South Australia  
Former CEO, Cancer Council Australia

Melanie Wakefield  
Director, Centre for Behavioural Research in Cancer, Cancer Council VIC

Victoria White  
Deputy Director, Centre for Behavioural Research in Cancer, Cancer Council VIC

Terry Slevin  
Director of Cancer Prevention & Education, Cancer Council WA

Emma Croager  
Education & Research Services Manager, Cancer Council WA

Joanne Aitken  
Head of Research and Director Cancer Registries, Cancer Council QLD

Alana Sparrow  
Advocacy Manager, Cancer Council SA

Claudine Lyons  
Manager Cancer Prevention, Cancer Institute NSW

Amy Waller  
Research Fellow, New 3C, University of Newcastle

The conference committee thanks the following people for their contribution to the conference:

Cancer Council NSW  
Nicci Bartley  
Irena Brozek  
Kathy Chapman  
Verity Hodgkinson  
Angela Pearce  
Anita Tang  
Libby Topp  
Scott Walsberger  
Wendy Watson  
Lyndal Wellard  
Kelly Williams

Cancer Council VIC  
Anna Boltong  
Emily Brennan  
Kate Broun  
Sondra Davoren  
Helen Dixon  
Suzanne Dobbinson  
Sarah Durkin  
Belinda Morley  
Craig Sinclair  
Melanie Wakefield  
Victoria White

Cancer Council SA  
Monica Byrnes  
Joanne Rayner

Cancer Council WA  
Emma Croager  
Steve Pratt  
Terry Slevin

Cancer Council QLD  
Rebecca Lowe

Cancer Institute NSW  
Sally Dunlop  
Claudine Lyons

University of Sydney  
Phyllis Butow  
Becky Freeman  
Blythe O’Hara

University of Newcastle   
Jamie Bryant  
Billie Bonevski  
Mariko Carey  
Erica James  
Christine Paul  
Amy Waller  
John Wiggers  
Luke Wolfenden

Curtin University  
Simone Pettigrew

University of Wollongong  
Bridget Kelly

Suppliers
Dockside Group  
docksidegroup.com.au
Impact AV Australia  
impactav.com.au
The Tea Room, QVB  
theetearoom.com.au
Sydney Jazz Collective  
sydneyjazzcollective.com.au
Four Points by Sheraton  
fourpointssydney.com
Oz Harvest  
ozharvest.org
Box Fresh  
boxfresh.com.au
Cancer Council NSW is proud to host the 12th Behavioural Research in Cancer Control Conference (BRCC2015). The conference would not be possible without the support of Cancer Council Australia (through its Public Health Committee), the sponsorship of Cancer Institute NSW, the Conference Committee, the Organising Team and of course the quality submissions from cancer researchers and cancer health professionals around the country and abroad.

It’s a privilege to provide a forum for the presentation of this quality work, which will no doubt improve the collective knowledge base about cancer control among like-minded organisations, governments, health professionals, researchers, educational institutions and individuals.

We are lucky to have four internationally recognised keynote speakers. We welcome:

- **Dr Graham Colditz**, Associate Director of Prevention and Control at the Siteman Cancer Center, Washington University in St Louis
- **Professor Carolyn Gotay**, Canadian Cancer Society Chair in Cancer Primary Prevention, University of British Columbia
- **Professor Phyllis Butow**, Co-Director of the Centre for Medical Psychology and Evidence-based Decision-making at the University of Sydney
- **Associate Professor Gail Garvey**, Leader of the Division of Epidemiology and Health Systems at Menzies School of Health Research

The theme of BRCC2015 is ‘Bridging the Gap’ between research evidence, and practice and policy.

During the conference, behavioural researchers and program staff will showcase innovative and effective methods to reduce the gap between best evidence and the care actually received by communities and individuals.

We have a packed program with streams covering: advocacy, developments in cancer control, evaluation, Indigenous issues, psychosocial outcomes, supportive and practical care, lifestyle behaviours and interventions, prevention, early detection and cancer screening.

To drive home the ‘Bridging the Gap’ theme, pre-conference workshops are being held on Tuesday 12 May and are designed to complement the three day conference program. Dr Colditz’ workshop on Implementation Science will introduce a field which aims to ensure that knowledge and materials produced by health research genuinely enhance population health. Anita Tang’s workshop, Advocacy: The missing magic will provide delegates with an in-depth view on how to bridge the gap between research findings and public policy through advocacy and campaigning.

This is an excellent forum to network and share your ideas and expertise. We aim to make BRCC2015 as engaging as possible so I encourage you to share links to your programs and research by using the hashtag #BRCC2015. Don’t hold back on asking questions and taking this opportunity to look at the ‘bigger picture’ of behavioural research in cancer control and where your program or research area fits in.

Enjoy your stay in Sydney.

Kathy Chapman
Director, Cancer Programs, Cancer Council NSW 
@KathyEChapman
Conference Venue
Dockside, Cockle Bay Wharf (Balcony Level)
Sydney, NSW 2000
docksidegroup.com.au/venues/dockside
1300 117 118

Contact Us
The BRCC Conference Organising Team can be contacted via email: BRCC2015@nswcc.org.au

Getting Here
Train: The closest station to venue is Town Hall. Take the Druitt St exit and walk down the street towards Cockle Bay Wharf where you can access a footbridge. You access another footbridge via 1 Market St. Both are (approx. 10mins walk). To plan your journey via public transport, visit: transportnsw.info

Car Parking: Wilson Parking offers the closest parking facilities, located in the Darling Park complex just moments from the venue. The car park has very reasonable early bird, book online and after 5pm weeknight rates. Wheelchair access available. Parking is at the delegates own expense. For more information, visit: wilsonparking.com.au/park/2076_Darling-Park

Taxi: Taxi rank located behind Dockside on Wheat Road. Refer to the Sydney CBD map on the back inside cover of this program for points of interest close to the venue.

Wi-fi
Complimentary Wi-fi is provided for all delegates at the conference. To access, search for:
Network: Impact AV | Password: impact101

Registration Desk
The Registration Desk is located at the entrance to the Darling Room on the Balcony Level and will be open at the following times:

Tuesday 12 May 12:00pm – 5:00pm
Wednesday 13 May 8:30am – 6:30pm
Thursday 14 May 8:00am – 6:00pm
Friday 15 May 8:00am – 3:00pm

Please see our staff at the Registration Desk for enquiries about first aid and luggage storage. For program updates please refer to the whiteboard in the registration area.

Social Media
Get social and use the #BRCC2015 across Twitter, Facebook, Instagram and other social media platforms.

Abstract titles listed on the program (pages 17-93) have been condensed to 140 characters to help you share research or anything of interest in the sessions via Twitter. When tweeting about your own presentation, don’t forget to add a link to your research or program so delegates can learn more if they want to. Check out the monitor in the registration area where you can view a live stream of social media using the #BRCC2015.

We also have a LinkedIn ‘group’ where you can join the conversation, search: Behavioural Research in Cancer Control Conference 2015

Mobile Phones
Please respect the comfort of other delegates and ensure your mobile phone is switched to silent during sessions.
**Catering**

The conference registration fee includes morning and afternoon tea and lunch on all conference days. If you have dietary issues, please advise the venue banquet staff.

Catering will be served in the Darling Room and you are welcome to take advantage of seating on the outside balcony. Water and fruit is available near the Registration Desk. You’re welcome to help yourself at anytime.

At the end of each conference day, food rescue organisation, OzHarvest will be collecting any surplus food and delivering it to much needed charities across Sydney.

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**Welcome Reception**

**Wednesday 13 May, 2015**  
5:30pm – 7:00pm  
Balcony Level

Join us for light refreshments overlooking Darling Harbour. This is a great opportunity to network with your peers and make new contacts in a relaxed atmosphere.

Canapés and non-alcoholic drinks will be provided. A bar will be available for beer and wine purchases.

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**Conference Dinner**

**Thursday 14 May, 2015**  
6:30pm – 10:30pm  
The Tea Room, Queen Victoria Building (North end)  
455 George Street (Cnr Market Street), Sydney

The Tea Room in Sydney’s heritage listed, landmark Queen Victoria Building, is one of Sydney’s most beautiful dining establishments. Join us for a dining experience like no other. A delicious two course meal including canapés and non-alcoholic beverages will be provided. A bar will be available for beer and wine purchases.

Entertainment will be provided by the Sydney Jazz Collective. With a broad repertoire of jazz, soul, blues, funk and contemporary popular music, they are guaranteed to get you in the party mood and up on the dance floor!

The Tea Room is approx. 15min walk from the Dockside conference venue. Please refer to the Sydney CBD map on the back inside cover of this program for directions. Alternatively, you can take a taxi from the taxi rank.

**Note:** Only delegates who booked the dinner as part of their registration are able to attend. While we are unable to accept late bookings due to catering limitations, please check with the Registration Desk and we may be able to put you on a waiting list if late cancellations occur on the day. Should you need to cancel, please advise our staff at the Registration Desk ASAP. Unfortunately refunds will not be possible.
The BRCC Conference is held over two levels at the Dockside venue, the Balcony level and the Terrace level.

The Terrace is situated on the level above the Balcony and can be accessed by an escalator and a lift.

The Terrace Room will be utilised for concurrent sessions only.

Balcony level

Note: These maps are not to scale.
Facilitated by Dr Graham Colditz and Anita Tang, these workshops are designed to give you a more in-depth experience at the 2015 BRCC Conference by complementing the three day conference program.

Turning research into reality: Implementation science for population health

Facilitated by Dr Graham Colditz, Associate Director of Prevention and Control at the Siteman Cancer Center, Washington University in St Louis

The goal of implementation science is to ensure that the knowledge and materials produced by health research actually lead to improved population health by:

1. reaching the people for whom they are intended;
2. being adapted to local circumstances; and
3. being implemented effectively, safely, equitably, and in a timely manner that keeps the patient at the forefront of decision-making.

In this workshop, participants will look at their own evidence-based intervention and review supporting evidence concepts, plans and strategies to design and evaluate implementation, paying particular attention to:

- measures for and theories of implementation of evidence-based interventions
- the existing paradigm for how scientists create evidence, prioritise publications, and synthesise research needs, identifying barriers that may impede the potential of implementation science to speed translation from discovery to application and public health benefits
- understanding how stakeholder input and partnerships can increase the relevance of research to practice settings
- considering how the broader context of systems and services modify the adoption of evidence-based interventions in real world settings.

Dr Colditz has devoted much effort to the application of scientific advances in cancer prevention to broader population programs and continues to pursue approaches to the translation of epidemiologic data to improve risk stratification and tailor prevention messages and screening strategies.

Advocacy: The missing magic

Facilitated by Anita Tang, Advocacy Advisor & Campaign Coach to non-government organisations

Keen to try some tools and techniques for effective advocacy?

We all know that behavioural research helps identify policy changes that will make a difference to cancer. However, we also know that research findings, in and of themselves, are generally insufficient to create change. Bridging the gap between research findings and public policy change requires advocacy and campaigning.

In this workshop, we will explore a range of strategies and approaches to bridging the gap between evidence and policy change, with a particular focus on influencing political opinion and decision-makers, and creating public pressure for change. Participants should have a particular advocacy campaign in mind and there will be opportunity to apply some practical tools and techniques during the workshop (examples may include power mapping, theory of change, forcefield analysis). It will also include a presentation of case studies, and models for advocacy, as well as practical activities to consider the application of the principles to different organisations and settings.

The workshop will be facilitated by Anita Tang, advocacy advisor and campaign coach to non-government organisations. For over 12 years, Anita was the Manager of Policy & Advocacy, Cancer Council NSW, leading campaigns that led to reforms including smoke-free pubs and clubs, smoke-free outdoor areas, a ban on solariums, and improvements in the financial assistance scheme for country patients travelling for treatment. And as part of the recent State election campaign, Cancer Council NSW was able to secure commitments from all parties to abolish the co-payment on chemotherapy drugs.
Keynote

Graham Colditz MD, DrPH

Deputy Director, Institute for Public Health; Chief, Division of Public Health Sciences; Niess-Gain Professor of Surgery, School of Medicine; and Associate Director, Prevention & Control, Siteman Cancer Center, Washington University in St Louis.

Dr Colditz is an internationally recognised leader in cancer prevention and was a Chief Investigator on the Harvard University’s Nurses’ Health Study. As an epidemiologist and public health expert, he has a longstanding interest in the preventable causes of chronic disease, particularly among women. He is also interested in strategies to speed translation of research findings into prevention strategies that work.

Dr Colditz is the principal investigator for TREC@WUSTL, a National Cancer Institute funded transdisciplinary research centre studying the associations between obesity and cancer causes, prevention and survival. He is also the principal investigator of the Siteman Cancer Center’s Program for the Elimination of Cancer Disparities (PECaD), a group that uses community-based partnerships to impact disparities in cancer screening, treatment and survivorship in the region.

The goal of Dr Colditz’ keynote presentation is to review evidence that cancer can be prevented with what we know, and discuss the importance of accelerating prevention through translation of knowledge to sustainable prevention programs. Lifestyle and medical interventions could prevent more than 60% of cancer today. This research asks the question, will stronger stakeholder engagement, changing environments to sustain behaviour as habitual and healthy, enable us to more quickly deliver sustainable cancer prevention at the population level?

@gcolditz

Carolyn Gotay PhD, FCAHS

Professor, Canadian Cancer Society Chair in Cancer Primary Prevention, University of British Columbia.

Professor Gotay’s long career in cancer prevention and control research includes leadership experience in academia and in the community. Currently the Director for the Cancer Prevention Centre, a partnership between the Canadian Cancer Society and the University of British Columbia, Professor Gotay’s research focuses on primary cancer prevention, evaluating programs that promote community health and help individuals reduce their cancer risk, and engaging in outreach to modify risk factors associated with developing cancer. The Cancer Prevention Centre partners with academics, community organisations, health care organisations, policy makers, and others to help prevent cancer.

Her prior research interests focused on quality of life outcomes in cancer survivors, particularly assessment of quality of life in indigenous and multicultural cancer patient populations. Current research interests include eliminating occupational exposure to carcinogens, assessing worksite health promotion programs, reducing breast cancer risks, improving sleep quality to reduce breast cancer-related impacts of shiftwork, and improving health outcomes for prostate cancer patients.

Professor Gotay’s keynote presentation will discuss how prevention – including the adoption and maintenance of healthy lifestyles – influences cancer incidence, tolerance to cancer treatment, and recurrence and survivorship. Summaries of what is known about risk factors and successful preventive interventions will be presented, along with identification challenges for research, clinical practice, and knowledge translation.

@c2sky (Carolyn Gotay)
@cancerprevent (Cancer Prevention Centre)
Phyllis Butow BA (Hons), Dip Ed, M Clin Psych, MPH, PhD

Professor, School of Psychology; Co-Director, Centre for Medical Psychology and Evidence-based Decision-making, The University Of Sydney; Senior Principal Research Fellow at The University Of Sydney; and Co-Director of the Surgical Outcomes Research Centre.

Professor Butow has worked for over 20 years in the area of psycho-oncology, developing an international reputation in psycho-oncology research and in health communication. She is a world leader in research focused on doctor-patient communication in oncology, and has particular expertise in longitudinal epidemiological studies exploring the impact of psychosocial factors in disease incidence and outcome.

Her research interests are within the field of health psychology, including psychological impact of disease, factors influencing coping and adjustment to disease, evaluation of health services, health education and behavioural interventions, measurement, evaluation and interventions within health professional-patient communication, predictors of treatment compliance, psychometric measurement and test development.

Professor Butow’s keynote presentation will describe programs of work underway by the Psycho-Oncology Co-operative Research Group, to increase implementation of effective psychosocial care. One is a randomised controlled trial of a psychologist-delivered intervention to help patients better manage fear of cancer recurrence. The second program of work involves developing patient and staff education resources on anxiety and depression, internet-based therapy for anxiety and depression, and an online portal to automate screening and management of distress as much as possible. Other strategies for getting psychosocial care into routine practice will be discussed.

Gail Garvey BEd, MEd (Research)

Associate Professor, Division Leader of Epidemiology and Health Systems, Menzies School of Health Research; and Research Program Leader, Lowitja Institute.

Associate Professor Garvey is an Indigenous researcher who has worked for over 25 years in Indigenous education and health. She plays a leadership role in Indigenous cancer research nationally and was instrumental in bringing together key cancer researchers, clinicians and Indigenous consumers to identify cancer research priorities in 2010.

Associate Professor Garvey is currently leading two large national grants: a National Centre of Research Excellence in Cancer and Indigenous People and a Cancer Council NSW Strategic Research Partnership Grant, in part supported by Cancer Council Western Australia. She is also a chief investigator of other large epidemiological and psycho-oncology cancer projects that are reviewing support services, screening programs, system approaches to service delivery and the feasibility of specific interventions to improve the outcomes in cancer for Aboriginal and Torres Strait Islander people.

The Australian health care system is failing to adequately prevent, diagnose and treat cancer among Aboriginal and Torres Strait Islander Australians, a situation which is being confirmed by a growing body of research evidence. Associate Professor Garvey’s keynote presentation will outline the current evidence in relation to cancer, cancer risk factors and Indigenous Australians and present preliminary results on the health behaviours and psychological distress of Indigenous cancer patients.

@garvey_gail
<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
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<tbody>
<tr>
<td>8:30am</td>
<td>REGISTRATION</td>
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<tr>
<td>10:30am</td>
<td>WELCOME: Jim L’Estrange, CEO Cancer Council NSW and Kathy Chapman, Chair of BRCC2015 (includes Welcome to Country by Uncle Chicka Madden)</td>
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<tr>
<td>11:00am</td>
<td>KEYNOTE SESSION: GRAHAM COLDITZ – Speeding knowledge translation to improve cancer prevention Chair: Kathy Chapman</td>
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<tr>
<td>12:00pm</td>
<td>LUNCH</td>
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<tr>
<td>1:00pm</td>
<td>CONCURRENT #1 Early detection Chair: Karen Canfell Room: Terrace</td>
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<td>CONCURRENT #2 Lifestyle interventions for cancer patients/survivors Chair: Monica Byrnes Room: Quay</td>
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<td>CONCURRENT #3 Tobacco use in socially disadvantaged populations Chair: Sarah Durkin Room: Cockle Bay</td>
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<tr>
<td>1:15pm</td>
<td>An RCT of tailored decision-support for Colorectal Cancer Screening in Australia (Carlene Wilson)</td>
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<td>Translating research into practice: The Healthy Living after Cancer Partnership Project (Elizabeth Eakin)</td>
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<td>Homeless clients benefit from smoking cessation treatment delivered by a ‘homeless persons’ program (Sarah Maddox)</td>
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<td>1:30pm</td>
<td>National Bowel Cancer Screening Program in Australia: Cost and health benefits of increasing participation (Jie-Bin Lew)</td>
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<td>Living well after breast cancer: Experiences of dietary change during a weight loss intervention (Marina Reeves)</td>
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<td>What’s stopping you from quitting? Highly disadvantaged smokers identify important barriers to quitting (Laura Twyman)</td>
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<td>1:45pm</td>
<td>Strategies to improve men’s participation in faecal occult blood test screening: RCC of mailed invitations (Clare McGuiness)</td>
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<td>Cancer Council’s role in supporting health professionals: Helping dietitians help their oncology patients (Anna Bolong)</td>
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<td>A smoking cessation intervention for socially disadvantaged smokers: Effectiveness &amp; future considerations (Laura Twyman)</td>
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<td>2:00pm</td>
<td>Using behavioural insights for NSW Pap Test Register 27 month reminder letter: Randomised Controlled Trial (Joanna Freeman)</td>
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<td>Psychosocial and health behaviour change programs for cancer survivors, their partners, carers and family (Gabrielle Asprey)</td>
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<td>Aus socioeconomically disadvantaged smokers’ responses to increasing cigarette prices: A qualitative study (Ashleigh Guillaumier)</td>
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<td>2:15pm</td>
<td>Cervical Screening Program renewal: A qualitative study of Victorian women (Kate Scalzo)</td>
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<td>Effects of moderate vs. high intensity exercise on functional fitness &amp; quality of life in cancer survivors (Kellie Toohey)</td>
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<td>Staff attitudes &amp; organisational readiness for providing quit care in Aus drug &amp; alcohol treatment centres (Eliza Skelton)</td>
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<td>2:30pm</td>
<td>The Rural Cancer Initiative: Face-to-face GP education program in regional WA to reduce time to diagnosis (Terry Slevin)</td>
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<td>How analysis methods can impact findings of multiple health behaviour change interventions for survivors (Erica James)</td>
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<td>To ban or not to ban? A comparative case study of smoking policy change in two residential youth services (Rae Fry)</td>
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<td>3:00pm</td>
<td>CONCURRENT #4 Developments in cancer control Chair: Claudine Lyons Room: Terrace</td>
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<td>CONCURRENT #5 Advocacy Chair: Jane Martin Room: Quay</td>
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<td>CONCURRENT #6 Tobacco Control Chair: Todd Harper Room: Cockle Bay</td>
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<td>3:30pm</td>
<td>Building an implementation science program in lung cancer care: Results from Sydney Catalyst (Nicole Rankin)</td>
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<td>Effective advocacy: The view from both sides of the fence (Vanessa Rock)</td>
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<td>The first population-level analysis on tobacco addiction defined by a measure of withdrawal symptoms: The 4 stages of nicotine addiction (Darren Walton)</td>
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The numbers indicated next to each concurrent session, relate to the corresponding abstracts which can be viewed on pages 17-93.
**Program**

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<tr>
<th>Time</th>
<th>Session</th>
<th>Chairs/Speakers</th>
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<tbody>
<tr>
<td>3:15pm</td>
<td>Developing a policy research centre for cancer prevention: Challenges and benefits</td>
<td>Jyotsna Vohra</td>
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<td>The role of strategic research in advocacy campaigns</td>
<td>Kirsten Jackson</td>
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<td>Nicotine withdrawal, relapse of mental illness or medication side-effect?</td>
<td>Catherine Segan</td>
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<td>3:30pm</td>
<td>An atlas of cancer in South Australia: How Australian data can support Cancer Council initiatives</td>
<td>Greg Sharplin</td>
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<td>Political influence through long term relationships: The perspective from both sides of the fence</td>
<td>Carolyn Grenville &amp; Alison Todd</td>
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<td>The Quitstair: A stepped care model increasing implementation of effective smoking cessation strategies</td>
<td>Christine Paul</td>
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<td>3:45pm</td>
<td>Tissue banking: What are the views of patients with haematological cancer?</td>
<td>Amy Waller</td>
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<td>Supporting volunteers in advocacy leadership for a pre-election campaign</td>
<td>Kelly Williams &amp; Jamie Seymour</td>
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<td>Active ingredients in tailored online smoking cessation interventions: A systematic review</td>
<td>Samantha McCrabb</td>
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<td>4:00pm</td>
<td>Oncology patients overwhelmingly support tissue banking</td>
<td>Jamie Bryant</td>
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<td>Evaluating advocacy – it takes more than a SurveyMonkey</td>
<td>Bernadette Roberts</td>
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<td>Public opinion on tobacco control regulation: Has opinion changed over time?</td>
<td>Rhiannon Newcombe</td>
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<td>4:15pm</td>
<td>STRETCH BREAK</td>
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<td>4:25pm</td>
<td>CONCURRENT #7 Research impact evaluation</td>
<td>Caroline Miller</td>
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<td>Chair: Caroline Miller</td>
<td>Terrace</td>
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<td>CREDIT where credit is due: Measuring &amp; evaluating research impact using best practice methods</td>
<td>Louisa Gordon</td>
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<td>Note: presentation time runs 4:25pm – 4:45pm</td>
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<td>4:40pm</td>
<td>CONCURRENT #9 Skin cancer prevention</td>
<td>Vanessa Rock</td>
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<td>Chair: Vanessa Rock</td>
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<td>Evaluating the impact of a large cancer research funding program</td>
<td>Jacqueline Bowden</td>
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<td>(Jacqueline Bowden)</td>
<td>Note: presentation time runs 4:45pm – 5:05pm</td>
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<td>4:55pm</td>
<td>CONCURRENT #9 Tobacco use in cancer patients</td>
<td>Victoria White</td>
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<td>Chair: Victoria White</td>
<td>Cockle Bay</td>
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<td>Smoking during radiotherapy: Rates of continued tobacco smoking in a sample of head &amp; neck cancer patients</td>
<td>Kristen McCarter</td>
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<tr>
<td>5:10pm</td>
<td>5:10pm WELCOME RECEPTION</td>
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<td>Join us for light refreshments overlooking beautiful Darling Harbour. This is a great opportunity to network with your peers and make new contacts in a relaxed atmosphere.</td>
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<td>Time</td>
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<tr>
<td>8:00am</td>
<td><strong>REGISTRATION</strong> (for delegates first arriving on Day 2)</td>
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<tr>
<td>9:00am</td>
<td><strong>WELCOME</strong></td>
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| 9:15am | **KEYNOTE SESSION:** PHYLIS BUTOW – Implementing psychosocial care into routine practice: Making it easy  
            Chair: Sanchia Aranda                                                                         |
| 10:15am| **MORNING TEA**                                                                               |
| 10:45am| **CONCURRENT #10:** Psychosocial outcomes for cancer patients  
            Chair: Amy Waller  
            Room: Terrace                                                                                  |
|        | **CONCURRENT #11:** Obesity  
            Chair: Clare Hughes  
            Room: Quay                                                                     |
|        | **CONCURRENT #12:** Tobacco retail and electronic cigarettes  
            Chair: Melanie Wakefield  
            Room: Cockle Bay                                                                 |
| 10:45am| Can peer support for female BRCA1 or BRCA2 mutation carriers reduce distress? A randomised controlled trial (Victoria White) |
| 11:00am| Prevalence & socio-demographics of body weight, diet & activity among Australian adolescents, 2009 to 2015 (Belinda Morley) |
|        | Modelling impacts of tobacco retail on smoking habits in NSW: Opportunities & challenges with existing data (Simon Deeming) |
| 11:00am| Prevalence and predictors of anxiety among Australian adults with kidney cancer (Helen Bibby) |
|        | Factors associated with frequent consumption of sugar-sweetened beverages among Australian adolescents (Maree Scully) |
|        | Tobacco retail price in NSW: Monitoring changes over time (Scott Walsberger)                  |
| 11:15am| The distress thermometer: perspectives of Cancer Information & Support Service callers & nurse operators (Karen Linehan) |
|        | Including the excluded: Cancer Council NSW Fruit & Veg Made Easy strategy (Jessica Green)      |
|        | Retail availability of electronic cigarettes in NSW: Baseline data (Scott Walsberger & Michelle Havill) |
| 11:30am| Development and psychometric evaluation of the quality of patient-centred cancer care measure (Flora Tzelepis) |
|        | Awareness of obesity-related lifestyle factors link to cancer and support for food policy initiatives (Wendy Watson) |
|        | Electronic cigarette use among NZ adults & adolescents: Findings from two nationally-representative surveys (Judy Li) |
| 11:45am| A consumer action model to improve the delivery of patient-centred care in NSW chemotherapy cancer units (Alix Hall) |
|        | Investigating fruit and vegetable claims on food labels (Lyndal Wellard)                       |
|        | Longitudinal data on e-cigarettes: Use, attitudes, exposure and advertising (Judy Li)           |
| 12:00pm| Development of patient-held resources to overcome barriers to cancer pain assessment and management (Tim Luckett) |
|        | Changes to industry self-regulation in Aus: what the food & beverage industry hoped we wouldn’t notice (Jane Martin) |
|        | Non-smokers, smokers and former smokers responses to electronic cigarette advertisements (Sarah Durkin) |
| 12:15pm| **LUNCH**                                                                                    |
| 1:15pm | **KEYNOTE SESSION:** GAIL GARVEY – Health behaviours and psychological distress among Indigenous cancer survivors I Chair: Craig Sinclair |
| 2:00pm | Exploring anti-tobacco advertising concepts and messages with smokers from Aboriginal communities (Caroline Anderson) |
| 2:15pm | Improved cancer care for Aboriginal people: Building evidence whilst implementing solutions (Catherine Wood) |
| 2:30pm | Cancer Data and Aboriginal Disparities (CANDAD) project: Realist analysis of Aboriginal illness narratives (Paul Yerrell) |
| 4:00pm | **AFTERNOON TEA**                                                                            |
| 3:15pm | **CONCURRENT #16:** RAPID FIRE  
            Supportive and practical care  
            Chairs: Amy Waller & Sandy McKiernan  
            Room: Terrace                                                                   |
|        | **CONCURRENT #17:** RAPID FIRE  
            Lifestyle behaviours  
            Chairs: Wendy Watson & Emily Adamson  
            Room: Quay                                                                  |
|        | **CONCURRENT #18:** RAPID FIRE  
            Tobacco  
            Chairs: Scott Walsberger & Bernadette Roberts  
            Room: Cockle Bay                                                  |
<p>| 3:15pm | Translating distress screening into cancer care: Phase 1 of an implementation case study (Melissa Hyde) |
|        | Message strategies to counter food and cigarette industry opposition to health policies (Jeff Niederdeppe) |
|        | Promoting smoking cessation through interactive mobile-based social marketing (Brett Archer)   |
| 3:19pm | &quot;Email a Cancer Nurse&quot;: Offering emotional support with information and advice through the written medium (Monica Conway) |
|        | Note: presentation time runs 3.15pm – 3.23pm                                                |
|        | An online portal of national tobacco control data: The NZ Tobacco Control Data Repository (Darren Walton) |</p>
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<tr>
<th>Time</th>
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<tr>
<td>3:23pm</td>
<td>Information &amp; support in a hospital setting: Evaluating the efficacy of Cancer Council Information Centres (Katie Towers)</td>
<td>16.3</td>
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<tr>
<td>3:27pm</td>
<td>The cost of cancer: Assessing the impact of financial crisis assistance (Alka Bisen)</td>
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<td>3:31pm</td>
<td>Understanding the reach and effectiveness of selected Cancer Council publications (Elizabeth Humphries)</td>
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<td>3:35pm</td>
<td>The best dietary interventions for weight control in women treated for breast cancer: A systematic review (Anna Bolton)</td>
<td>16.6</td>
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<td>3:39pm</td>
<td>The prevention &amp; early detection of skin cancer in general practice’ active learning module – 6 months on (Shannon Jones)</td>
<td>16.7</td>
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<td>3:43pm</td>
<td>Factors affecting the participation of lapsed and never screened women in BreastScreen NSW (Nicola Scott)</td>
<td>16.8</td>
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<td>3:47pm</td>
<td>Women’s knowledge, attitudes and beliefs about breast cancer in NSW (Samantha Raheib)</td>
<td>16.9</td>
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<tr>
<td>3:51pm</td>
<td>Questions</td>
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<td>Questions</td>
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<td>3:59pm</td>
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<td>4:03pm</td>
<td>STRETCH BREAK</td>
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<td>4:20pm</td>
<td>CONCURRENT #19 Campaign evaluations</td>
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<td>Chair: Helen Dixon Room: Terrace</td>
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<tr>
<td>4:25pm</td>
<td>Please like me: A qualitative evaluation of the Make Smoking History Facebook page (Stacey Keightley)</td>
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<td>4:40pm</td>
<td>Reach &amp; reaction: Promoting World No Tobacco Day to the masses via Facebook (Stacey Keightley)</td>
<td>19.2</td>
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<td>4:55pm</td>
<td>Evaluation of Find Cancer Early – A regional cancer awareness campaign (Terry Slevin)</td>
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<td>5:10pm</td>
<td>Evaluating an anti-tobacco campaign on a shoestring budget: Online panels and opportunistic data (Joanne Dono)</td>
<td>19.4</td>
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<td>5:25pm</td>
<td>Comparison of CATI vs online survey in final campaign evaluation of Cancer Council WA’s UV index campaign (Carolyn Minto)</td>
<td>19.5</td>
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<td>6:30pm</td>
<td>CONFERENCE DINNER The Tea Room, Queen Victoria Building</td>
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<td>QUEST: Making the healthy choice the easy choice (Rebecca Lowe)</td>
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<td>Increasing the reach of effective interventions targeting cancer risk behaviours via proactive recruitment (Fiona Tzelepis)</td>
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<td>The link between knowledge of obesity and overweight in cancer risk &amp; being overweight or obese; 2004-2012 (Caroline Miller)</td>
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<td>Benefits of policy support of a healthy eating initiative in schools (Nicole Nathan)</td>
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<td>How organisational demographics may impact perceptions of support for workplace physical activity programs (Greg Sharpin)</td>
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<td>‘We don’t sell cigarettes anymore’: Tobacco retailers who stop selling tobacco (Kelly Williams)</td>
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<td>Self-exempting beliefs and intention to quit within a socioeconomically disadvantaged sample of Aus smokers (Ashleigh Guillamier)</td>
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<td>Tackling tobacco in addictions treatment: Tobacco control practices in Aus drug &amp; alcohol treatment centres (Eliza Skelton)</td>
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<td>Use of the Victorian Quitline by socially disadvantaged smokers (Renee Railton)</td>
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<td>Missed opportunities: General practitioner identification of their patients’ smoking status (Jamie Bryant)</td>
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<td>Questions</td>
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<td>Alcohol consumption and head and neck cancer in Australia: A time series analysis (Heng Jiang)</td>
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<td>Innovative data sources for cancer control research: Retail sales data for tobacco and alcohol (Hayley Guiney)</td>
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<td>Alcohol: A population study of predictors of consumption and awareness of the link with cancer (Jacqueline Bowden)</td>
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<td>The 1000 Survivor Study: The concerns and support use behaviour of cancer survivors (Leah Zajdlewicz)</td>
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<td>Correlates of fear of cancer recurrence in overweight or obese breast cancer survivors (Marina Reeves)</td>
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<td>The development of a cancer survivorship monitoring system for South Australia (Nadla Lawsin)</td>
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<td>Cancer stories of New Zealand / He Kahui Korero Taumahtatanga o te Mate Pukupuku: Key findings (Richard Egan)</td>
<td>21.4</td>
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<td>Questions</td>
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**Day 3**
**Friday**
**15 May 2015**

### 8:30am  WELCOME (in each concurrent session)

<table>
<thead>
<tr>
<th>Concurrent #22</th>
<th>Concurrent #23</th>
<th>Concurrent #24</th>
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<tbody>
<tr>
<td><strong>Skin cancer prevention in youth</strong>&lt;br&gt;Chair: Joanne Aitken&lt;br&gt;Room: Terrace</td>
<td><strong>Obesity</strong>&lt;br&gt;Chair: Belinda Morley&lt;br&gt;Room: Quay</td>
<td><strong>Evaluation – Lifestyle</strong>&lt;br&gt;Chair: Sarah McGill&lt;br&gt;Room: Cockle Bay</td>
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#### 8:35am
- NZ secondary schools’ sun protection policies & practices: A baseline to inform advocacy & programme development (Anthony Reeder)
- School fruit and vegetable breaks: Increasing their implementation in a population of Australian schools (Nicole Nathan)
- FOODcents: Bridging the knowledge-behaviour change gap (Simone Pettigrew)

#### 8:50am
- Underlying themes in habitual sun-related behaviours in teens and the role of appearance-based motivations (Nadia Corsini)
- Food marketing with movie character toys: Effects on young children’s fast food meal preferences (Philippa Niven)
- LiveLighter: Evaluating the sugary drinks phase (Anne Finch)

#### 9:05am
- Teenage sun protection: Do they really do what they say they do? (Emma White)
- The key to successful public health campaigns promoting healthy weight to adults: audience testing research (Helen Dixon)
- How effective is Victoria’s Quitline for smokers with mental illness? (Catherine Segan)

#### 9:20am
- Pretty Shady – a new youth skin cancer prevention campaign approach (Lauren Lee)
- Identifying effective media campaign messages for addressing obesity: Focus group research with adults (Helen Dixon)
- Organisational changes to tackle smoking in community-based mental health organisations (Scott Walsberger)

#### 9:35am
- SunSmart schools curriculum resources (Louise Sandford)
- Knowledge of the link between lifestyle risk factors and cancer in the NSW community (Wendy Watson)
- Baseline data from a cluster-control trial evaluating sun-safety in NSW primary schools (Dean Dudley)

#### 9:50am
- Results and recommendations from the National Early Childhood Sun Protection Survey 2013 (Kimberley Martin)
- Knowledge, beliefs & attitudes around sugar-sweetened beverages & possible regulatory means to curb obesity (Caroline Miller)

### 10:05am  MORNING TEA

#### 10:25am
- Techniques for improving emotional content of on-line communications – a systematic review (Christine Louise Paul)
- LiveLighter: Passing the scream test (Anne Finch)
- Mutations anti-smoking campaign – addressing changing media consumption habits of young smokers (Katarzyna Bochynska)

#### 10:40am
- The Rainbow Daffodil: Cancer Council NSW addresses the support needs of the LGBTI community affected by cancer (Kim Pearce)
- Shade – permanent not temporary? (Louise Sandford)
- Australia’s plain tobacco packs: Anticipated and actual impact among youth and adults (Sally Dunlop)
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<th>Time</th>
<th>Session</th>
<th>Authors</th>
<th>Room</th>
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<tbody>
<tr>
<td>10:55am</td>
<td>Integration of referral to Cancer Council support services into usual clinical care: A pilot study</td>
<td>(David Marco)</td>
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<td>11:00am</td>
<td>Sugar-sweetened beverage (SSB) tax: Framing the message for public acceptability</td>
<td>(Jane Martin)</td>
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<td>11:05am</td>
<td>Stop before you start: Development of an anti-tobacco mass media campaign targeted at young adults</td>
<td>(Hayley Guiney)</td>
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<td>11:10am</td>
<td>Life expectancy discussions in a multi-site sample of Australian medical oncology outpatients</td>
<td>(Alison Zucca)</td>
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<td>11:15am</td>
<td>No Duff-ence: An advocacy case study challenging the sale of alcohol products that appeal to children</td>
<td>(Elizabeth Holzer)</td>
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<td>11:20am</td>
<td>The flow-on effects of a young adult-targeted tobacco control campaign on adult smokers</td>
<td>(Judy Li)</td>
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<td>11:25am</td>
<td>Radiation oncology outpatients’ perceptions of life expectancy discussions</td>
<td>(Lisa Mackenzie)</td>
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<td>11:30am</td>
<td>Translating data into government action: Smoking rates and reinstating a terminated anti-tobacco campaign</td>
<td>(Joanne Dono)</td>
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<td>11:35am</td>
<td>Non-daily, low-rate daily and high-rate daily smoking in young adults: A 17 year follow-up</td>
<td>(Lindsay Robertson)</td>
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<td>11:40am</td>
<td>STRETCH BREAK</td>
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<td>11:45am</td>
<td>PRO BONO LEGAL &amp; FINANCIAL SERVICES: A model of service delivery and impact on people affected by cancer</td>
<td>(Sarah Penman)</td>
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<td>11:50am</td>
<td>Bridging the gap between viral hepatitis and liver cancer</td>
<td>(Emily Adamson)</td>
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<td>11:55am</td>
<td>Australians’ (non)use of responsible drinking practices</td>
<td>(Simone Pettigrew)</td>
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<td>12:00am</td>
<td>The impact of a telephone-based cancer information &amp; support on callers’ levels of distress</td>
<td>(Kate Gunn-Fennell)</td>
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<td>12:05am</td>
<td>Building evidence: Designing a culturally responsive campaign to boost awareness of hep B testing to prevent liver cancer</td>
<td>(Emily Adamson)</td>
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<td>12:10am</td>
<td>Discussing alcohol with GPs: knowledge, attitudes and practices</td>
<td>(Lyndal Wellard)</td>
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<td>12:15am</td>
<td>Supporting &amp; training community support group leaders to conduct successful cancer support groups</td>
<td>(Sally Carveth)</td>
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<td>12:20am</td>
<td>Characteristics of chronic hep B infection in south west Sydney: Clinical correlates &amp; policy implications</td>
<td>(Monica Robotin)</td>
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<td>12:25am</td>
<td>Alcohol harm prevention ads: Identification and analysis of Australian and international ads, 2006-2014</td>
<td>(Kimberley Dunstone)</td>
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<td>12:30am</td>
<td>Reducing the impact of cancer in culturally diverse communities: Cancer Council VIC’s organisational approach</td>
<td>(Neela Konara)</td>
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<td>12:35am</td>
<td>Youth as ‘agents of change’: The unexpected allies in raising hepatitis B community awareness</td>
<td>(Monica Robotin)</td>
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<td>12:40am</td>
<td>Youth exposure to television alcohol advertising and alcohol consumption in Australia 1999-2011</td>
<td>(Denise Azar)</td>
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<td>12:45am</td>
<td>LUNCH</td>
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<td>1:15pm</td>
<td>KEYNOTE SESSION: CAROLYN GOTAY – Prevention across the cancer control continuum</td>
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<td>1:30pm</td>
<td>CONFERENCES CLOSE: Kathy Chapman</td>
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<td>2:00pm</td>
<td>Handover to next Cancer Council host; Presentation award; Prize draw</td>
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Note: This program is correct at the time of publication and is subject to change without notice.
ABSTRACTS   DAY 1

Day 1

Abstract Number: 1.1

An RCT of tailored decision-support for Colorectal Cancer Screening in Australia

Carlene Wilson, Cancer Council SA; Flinders University (Australia)
Email: Carlene.Wilson@flinders.edu.au

Authors: Carlene Wilson, Cancer Council SA; Flinders University (Australia); Ingrid Flight, Cancer Council SA; Flinders University (Australia); Deborah Turnbull, University of Adelaide (Australia); Graeme Young, Flinders University (Australia); Steve Cole, Flinders University (Australia); Ian Zajac, CSIRO (Australia)

Background: Participation in bowel cancer screening is suboptimal. Decision support tailored to important psychological predictors may result in increased screening.

Aim: To assess the effect of tailored computerised decision support on FOBT return and performance on targeted psychological variables compared to non-tailored paper or computer information.

Methods: An RCT with 25,511 randomly selected people aged 50-74 years to complete an eligibility questionnaire. Eligible respondents were assigned to Tailored Personalised Decision Support (TPDS), Non-Tailored PDS (NTPDS), or Control (CG) (intention-to-treat, ITT sample). TPDS and NTPDS groups completed an on-line baseline survey (BS) and accessed generic information. The TPDS group additionally received a tailored intervention. Those completing the BS (n=2270) were mailed an FOBT and requested to complete an endpoint survey (ES) that re-measured BS variables (per-protocol, PP sample).

Results: FOBT return: In the ITT sample, there was no significant difference between any group for FOBT return ($\chi^2 (2) = 2.57$, $p = .26$). In the PP sample, FOBT return in the internet groups was significantly higher than the paper group ($\chi^2 (2) = 17.01$, $p < .001$). FOBT completion by TPDS and NTPDS did not differ significantly ($\chi^2 (1) = 2.23$, $p = .13$). Female gender predicted FOBT return. Decision to screen: Participants not wanting to screen at baseline and allocated to TPDS and NTPDS were significantly more likely to return an FOBT than those assigned to the CG. FOBT return by TPDS and NTPDS did not differ significantly from one another. Age was positively associated with kit return. Analysis of change over time indicated that screening Salience and Coherence and Self-efficacy were improved and Faecal Aversion decreased by tailored messaging.

Conclusion: Online information resources may encourage internet-enabled people who are uncommitted to screening to change their attitudes, perceptions and behaviour.

Implications: Providing information about screening to internet-enabled people via the web may produce better participation rates than the current paper based approach.

Abstract Number: 1.2

National Bowel Cancer Screening Program in Australia: Cost and health benefits of increasing participation

Jie-Bin Lew, University of NSW (Australia)
Email: jie-bin.lew@unsw.edu.au

Authors: Jie-Bin Lew, University of NSW (Australia); Xiang-Ming Xu, University of NSW (Australia); Veerle Coupe, VU University Medical Center (The Netherlands); Marjolein Greuter, VU University Medical Center (The Netherlands); Michael Caruana, University of NSW (Australia); James St John, Cancer Council Victoria (Australia); Dayna Cerin, Cancer Council Western Australia (Australia); Emily He, University of NSW (Australia); Karen Cantwell, University of NSW (Australia)

Background: The Australian National Bowel Cancer Screening Program (NBCSP) commenced in late 2006, offering free immunochemical Faecal Occult Blood Test (iFOBT) for Australians turning 55 and 65 years. The program has since been expanding and full rollout of biennial screening for 50-74 years is targeted for 2020. In 2012-13, the overall participation rate among Australians aged 50, 55 and 65 years (who were invited to participate in the program) was 33%. Participation was lower in males, rural and remote populations, lower socio-economic (SES) groups, Indigenous Australians and people whose preferred language at home is not English.

Aim: This study aimed to estimate the impact of a modest and feasible improvement in participation in these subgroups on the overall cost, health outcomes and resource utilisation of the NBCSP using a modelling approach.

Methods: The ASCCA model, which models the development of CRC via both the adenoma-carcinoma and serrated pathway and is based on Dutch trial data, was used for the evaluation. ASCCA was adapted to the Australian setting and expanded to perform detailed modelling of CRC screening, including the gradual rollout of NBCSP from 2006 to 2020. Base-case screening participation and compliance rates for colonoscopy follow-up were derived from NBCSP data. Alternative scenarios, including a scenario assuming an increase in participation rate across all groups to that currently achieved in 65 year-old (39.5% in males, 43.7% in females) were modelled.

Results: This modest increase in participation would lead to an additional ~79,300 people screened by iFOBT, ~5300 positive iFOBT results and ~2900 primary health-care practitioners visits and colonoscopy follow-ups (with/without polypectomy), and would be associated with up to 53 additional deaths prevented p.a.

Conclusion: Increasing the participation rate across the population to the rate already achieved in 65 year-old age group increases costs and resource utilisation. However, it would have a beneficial impact on population health outcomes.

Implications: This study’s finding will provide key information on the potential incremental cost, benefit and resource utilisation if the participation rate is increased in population subgroups.
Abstract Number: 1.3

Strategies to improve men’s participation in faecal occult blood test screening: Results from a randomised controlled comparison of mailed invitations

Clare McGuiness, University of Adelaide (Australia)
Email: clare.mcguiness@adelaide.edu.au

Authors: Deborah Turnbull, University of Adelaide (Australia); Amy C Duncan, University of Adelaide (Australia); Ingrid Flight, CSIRO (Australia); Gary Wittert, University of Adelaide (Australia); Stephen R Cole, Flinders University (Australia); Graeme Young, Flinders University (Australia); Carlene Wilson, Flinders University; Cancer Council SA (Australia); Ian T Zajac, CSIRO (Australia); Clare McGuiness, University of Adelaide (Australia)

Background: Colorectal cancer (CRC) is a major public health problem in Australia. Men participate in faecal occult blood test (FOBT) screening at a consistently lower rate than women despite their increased CRC risk.

Aim: This study compared the efficacy of varying invitation strategies for increasing men’s participation in screening.

Methods: The study was a factorial design, randomised controlled trial where participants (N= 6816 men) were allocated to 1 of 4 trial arms. Participants were invited to screen consistent with the invitation strategy utilised in Australia’s National Bowel Cancer Screening Program (NBCSP) which comprised a mailed advance notification letter followed by mailed invitation and free FOBT. The content of the advance notification and invitation letters differed by trial arm. The control arm replicated the content of the NBCSP advance notification and invitation letters. For the intervention arms, modifications were made to the content of the advance notification letter following content and structure to increase CSP participation by women who’s last Pap test was 27 months prior and thus more than 3 months overdue.

Results: Men who were sent the targeted invitation letter (32.5%) were significantly more likely to participate in screening with screening participation in men.

Conclusion: An advance notification letter including messages to decrease perceived barriers to screening, and increase engagement with sources of social support and influence regarding screening, significantly increased men’s FOBT uptake.

Implications: These modifications could be easily incorporated into current Australian screening practice. Further research should explore the extent to which these findings could be applied to improve screening in other hard to reach populations.

Abstract Number: 1.4

NSW Pap Test Register behavioural insights 27 month reminder letter randomised controlled trial

Joanna Freeman, Cancer Institute NSW (Australia)
Email: Joanna.Freeman@cancerinstitute.org.au

Authors: Joanna Freeman, Cancer Institute NSW (Australia); Anna Burnham, Cancer Institute NSW (Australia); Flora Ding, Cancer Institute NSW (Australia); Stephen Morrell, Cancer Institute NSW (Australia); Rory Gallagher, Department of Premier and Cabinet (Australia); Simon Raadsma, Department of Premier and Cabinet (Australia)

Background: A priority of the NSW Cancer Plan 2011-2015 is to increase Cervical Screening Program (CSP) participation. The NSW Pap Test Register (PTR) therefore regularly trials reminder letter strategies to women overdue for their next two-yearly Pap test. In 2014, the PTR ran a randomised controlled trial with the Behavioural Insights Unit (BIU) of the Department of Premier and Cabinet (DPC) to test innovative new reminder letters developed using behavioural insights theory.

Aim: To test a selection of new reminder letters based on evidence from behavioural science to determine the most effective content and structure to increase CSP participation by women who’s last Pap test was 27 months prior and thus more than 3 months overdue.

Methods: The PTR and BIU developed four new 27 month reminder letters to be tested against the standard reminder letter currently sent to women who are more than 3 months overdue for their next Pap test. Each week between June – September 2014, all women who became overdue for their next Pap test were randomised to one of four intervention groups to be sent the new letters or to the control group to be sent the standard letter.

Results: Preliminary analysis conducted in September 2014 suggested that women in each intervention group were more likely to have a subsequent Pap test than the control group. Subsequent evaluation will be conducted in early 2015 to assess cost-effectiveness and additional sub-group analysis such as age.

Conclusion: PTR reminder letters based on behavioural science appear to be more effective in increasing CSP participation than standard reminder letters.

Implications: This RCT will help build the evidence base around effective reminder letter strategies, raise awareness and improve communication related to cervical cancer screening and prevention, increase participation in the CSP and inform future strategy relating to the National CSP Renewal implementation in 2016.
Abstract Number: 1.5

Cervical screening program renewal: A qualitative study of Victorian women

Kate Scalzo, Cancer Council Victoria (Australia)
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Background: In April 2014, the Medical Services Advisory Committee released recommended changes to the National Cervical Screening Program (NCSP). This included human papillomavirus (HPV) testing every five years as the primary screening test and commencing screening at age 25. These recommendations are being considered by federal, state and territory governments.

Aim: To explore Victorian women’s knowledge about HPV and its role in cervical cancer and how women interpret and react to the recommended changes to the NCSP.

Methods: Eight focus groups were conducted in July 2014 with women aged 25-59. Groups were segmented by age and Pap test status.

Results: While some women were relieved about a longer screening interval, many women were concerned about the risks posed by an alternate test. These women tended to be up-to-date with screening. The majority of women did not understand the link between HPV and cervical cancer and feared that HPV testing may miss early cell changes that they identified as a benefit of the Pap test. However, when informed that all cases of cervical cancer were associated with HPV, and that HPV is a precursor to cervical cell changes, women were more accepting of the recommended changes.

Conclusion: Communicating changes of the NCSP is an important health promotion task. These focus groups highlight that explaining the link between HPV and cervical cancer is a crucial factor in helping women to accept changes to the screening program.

Implications: These focus groups provide valuable information about what Victorian women need to make informed decisions about adopting a different primary screening test. This work will help inform future communication strategies, messaging and resource development when the new screening guidelines are introduced.

Abstract Number: 1.6

The Rural Cancer Initiative: Face-to-face GP education program in regional Western Australia to reduce time to cancer diagnosis

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Background and context: Regional cancer patients have a 20 to 30% higher mortality than their metropolitan counterparts. This presentation outlines a regional GP education program intervention from a randomised controlled trial that aims to provide regional doctors with practical tools to reduce delays in diagnosis for patients with symptoms of bowel, lung, prostate or breast cancers.

Aim: To develop, implement and evaluate a GP education resource and academic detailing program to help improve outcomes for country cancer patients.

Strategy/Tactics: A GP education resource card – the ‘Rural Cancer Initiative – a Guide for General Practitioners’ – was developed based on the latest available best practice guidelines and peer-reviewed evidence for early detection of cancer in primary care. It provides risk assessment tools for combinations of symptoms which best predict cancer; implications for practice; and referral details. Intervention practices (n=69) were provided a copy of the GP education resource and offered four reinforcing face-to-face visits over two years by a regional Project Officer. Pre and post qualitative and quantitative evaluation was collected.

Program/Policy/Campaign process: Eighty nine per cent of randomised GP practices (56/63) participated in the program and received one visit, with 73%, 65% and 63% receiving at two, three and four visits respectively. Barriers included: turnover of GPs; practice closure; and time-poor GPs. During the two-year program, GPs felt more comfortable engaging with the program and sharing experiences at subsequent visits. Evaluation results will be presented which show excellent recall of take-home messages and positive feedback towards program content.

Outcomes/What was learnt: The GP program has been useful for new or overseas trained doctors, particularly the referral information, but similarly long-term doctors find it to be a good reinforcer that what they are doing in normal practice is based on evidence.

Implications: On-going face-to-face engagement with regional GPs was a useful strategy for reinforcing important information to reduce time to cancer diagnosis.
Abstract Number: 2.1

Translating research into practice: The Healthy Living after Cancer Partnership Project

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Aim: This paper describes the Healthy Living after Cancer (HLaC) NHMRC-funded Partnership Project, which is evaluating the uptake of an evidence-based, telephone-delivered lifestyle program targeting health behaviours and health outcomes for cancer survivors, but very limited uptake of such interventions into practice.

Methods: NHMRC-funded Partnership Project, which is evaluating the uptake of an evidence-based, telephone-delivered lifestyle program targeting cancer survivors by four state-based Cancer Councils in collaboration with an interdisciplinary team of Australian and international scientists.

Results: There is considerable evidence for the efficacy of physical activity, diet and weight loss interventions in improving health behaviours and health outcomes for cancer survivors, but very limited uptake of such interventions into practice.

Conclusion: The project is set to move into Phase 2, and aims to start delivery early 2015, providing a 3-year period of implementation, with embedded evaluation and feedback cycles.

Implications: Collaboration with the Cancer Councils has provided an important opportunity for national dissemination of evidence-based support for healthy living to cancer survivors across Australia.

Abstract Number: 2.2

Living well after breast cancer: Experiences of dietary change during a weight loss intervention

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Aim: To qualitatively describe breast cancer survivors’ experiences of implementing and maintaining dietary strategies during participation in a telephone-delivered lifestyle weight loss intervention.

Methods: Fourteen women, randomised to and completing the 12-month intervention, took part in semi-structured telephone interviews conducted 7.5±0.5 months after intervention completion. Interviews were audio-recorded, transcribed verbatim, independently coded, and thematically analysed.

Results: Women were (mean±SD) 56.6±8.5 years, 30.2±4.6 kg/m², and 17.1±3.4 months post-diagnosis at study baseline. Four major themes emerged: facilitators of dietary change, challenges of dietary change, perceptions of dietary change strategies targeted in the intervention, and maintenance of behaviour change. All women noted the impact of social/family environments, either to facilitate (e.g. support from family members) or impede (e.g. major family event) dietary change. Other facilitators included the structure and support of the lifestyle program, particularly accountability to their coach. Other challenges included breast cancer-specific issues such as post-diagnosis weight gain, treatment-related side-effects, and psychological factors around readiness to change and self-regulation.

Conclusion: Women found many dietary strategies targeted by the intervention easy to initiate, particularly those they had used prior to the trial. These included limiting alcohol intake, eating breakfast, weekly planning, eating regular meals and adequate fruit and fibre intake. Portion control was the most used prior to the trial. These included limiting alcohol intake, eating breakfast, weekly planning, eating regular meals and adequate fruit and fibre intake. Portion control was the most

Implications: These experiences of implementing and maintaining dietary change strategies by breast cancer survivors can inform future intervention development/refinement. For example, formal involvement of a support person (e.g. family member/friend), and referring to ongoing, community-based services to maintain accountability appear particularly useful strategies.
Abstract Number: 2.3

Cancer Council’s role in supporting health professionals: Helping Victorian dietitians help their oncology patients

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Background and context: Cancer Council Victoria (CCV) aims to support health professionals by providing reliable information regarding cancer control. Many health professionals who do not specialise in oncology are required to provide cancer-specific information and support to their patients.

Aim: 1) Explore the information needs of Victorian private practice and community dietitians in treating oncology patients; 2) Inform the content of a resource guide for use in public health oncology nutrition practice.

Strategy/Tactics: Victorian private practice and community based dietitians (n=133) were identified via public listings and subsequent snowballing via dietetic colleagues. They were invited to complete a brief, telephone-based survey during August 2014.

Program/Policy/Campaign process: A survey tool was developed based on the Traditional Model for Public Health Promotion Programs Needs Assessment to seek information regarding knowledge, self-efficacy, needs and interests of the target population. Questions focused on experience, contact and confidence in treating oncology patients, education tools used, gaps in educational resources and management plans, and desired content of a resource guide.

Outcomes/What was learnt: Surveys were completed by 63 Victorian dietitians from metropolitan and rural Victoria (47% response rate). Although 90% felt ‘very confident’ or ‘confident’ in their management of oncology patients, 10% reported they lacked confidence or were not confident; 56% reported to see oncology patients monthly or less frequently. Informed by expressed need, an electronic resource, largely consisting of pre-existing guidelines and practical education tools was compiled and distributed to all participants and throughout oncology dietetic networks. It has been added to the suite of available resources for health professionals on the CCV website.

Implications: This program of work engaged nutrition professionals and bolstered CCV’s position of supporting clinicians. A planned evaluation of use of the resource and adaptation to support national relevance for Australian public health dietitians should further reinforce this role.

Abstract Number: 2.4

Psychosocial and health behaviour change workshops, seminars, and programs for cancer survivors, their partners, carers and family

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Background and context: Many cancer survivors, their partners, carers and family, experience ongoing physical and emotional challenges following cancer treatment. Although programs targeting survivors and carers may result in positive outcomes, i.e. improvements in emotional and physical wellbeing, until recently there has been a paucity of after-treatment care services. In response, Cancer Council NSW (CCNSW) has developed and implemented a range of programs specifically for survivors and carers.

Aim: The purpose of our programs is to address the challenges and needs of cancer survivors and carers through psychosocial and health behaviour change workshops, seminars and programs.

Strategy/Tactics: 1) ENRICH (Exercise and Nutrition Routine Improving Cancer Health): a 6 week face-to-face program led by dietitians and exercise physiologists comprising physical activities and healthy eating information. It draws on social cognitive theory and chronic disease self-management frameworks to foster, sustainable skill development and behaviour change. 2) Living Well After Cancer: a 2.5 hour face-to-face workshop delivered by cancer survivors assists participants to develop coping strategies, share personal experiences, reduce feelings of isolation, and provides an opportunity for normalising their experience through engagement with others. 3) Young adult and workplace webinars: provides accessible, online practical support and information about a range of issues that affect survivors aged 18–45 years and people returning to work. Delivered by health, legal and financial professionals, and survivors and carers.

Program/Policy/Campaign process: A triage process directs people to the most suitable program(s) based on a brief assessment of their needs.

Outcomes/What was learnt: Survivors gain knowledge, learn coping strategies, connect with others with similar experiences, and make positive behavioural changes.

Implications: The strengths of this suite of survivorship programs are:
• delivery of information and support across a range of different modalities;
• ability to engage a diverse community;
• informed by evidence; and
• positive outcomes for participants.
Moderate vs. high intensity exercise: Effects on selected functional fitness parameters and quality of life in cancer survivors

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Background: Although the incidence of cancer has increased in Australia, improvements in early detection and therapy have resulted in survival gains and a reduction in cancer specific mortality. The effects of exercise on reducing the burden of cancer among patients and survivors has been well reported, however, little is still known regarding the impact that different exercise intensities may have on functional capacity and quality of life in this cohort.

Aim: To determine the effect that moderate vs. high intensity exercise has on selected functional fitness parameters and quality of life.

Methods: Cancer survivors were randomly assigned into a high (n=8) or moderate (n=8) intensity 36 session (12 week) supervised exercise program. The high-intensity group (HIG) performed interval training (≥ 85% maximal heart rate) and the moderate intensity group (MIG) performed continuous aerobic training (≤ 55% maximal heart rate). Data was analysed using Stata® and GraphPad Prism® (GraphPad Software, Inc. CA, USA). The Mann-Whitney U test was utilised to compare measurements between the two groups and the Wilcoxon signed-rank test was used to compare pre and post-intervention measures within each group. Significance was set at p < 0.05.

Results: The MIG showed an improvement in QoL score of (P=0.032) and waist measures (P=0.0288). The HIG showed improvements in QoL (P=0.0137), weight (P=0.0173), waist measures (P=0.014), SBP (P=0.028), FSTS (P=0.0117) and 6MWT (P=0.0116).

Conclusion: Preliminary findings show improvements in QoL and functional fitness with greater percentage changes being observed for those engaged in the high intensity exercise. A larger sample size is required to confirm the clinical significance of these findings.

Implications: The results from this pilot study would tend to suggest that high intensity interval training is well received and imparts favourable benefits for exercising cancer survivors.

Abstract Number: 2.5

Does the analysis method used impact findings of multiple behaviour change interventions for cancer survivors?

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Background: Multiple health behaviour change (MHBC) interventions target several behaviours and offer the potential of increased health benefits, maximised health promotion, and reduced costs. Traditionally, MHBC trials have reported changes for each behaviour separately. However, focusing on single risk factors, increases the chance of a type II error and does not estimate the overall effect of the intervention.

Aim: The Exercise and Nutrition Routine Improving Cancer Health (ENRICH) intervention is a MHBC program for cancer survivors and carers that targets several aspects of physical activity and diet. This presentation uses data from the ENRICH two-arm pragmatic randomised controlled trial (n=174) to explore the differences in interpretation of results using four different methods of MHBC analysis.

Methods: We analysed the ENRICH data by: 1) reporting change for each behaviour separately, 2) calculating a summative index (assigning a point for each behaviour that meets the recommendations) and calculating the change in index scores 3) creating a combined change score (a z-score calculated to standardise change in behaviours such that categorical and continuous variables can be combined into one score) 4) modelling an optimal linear combination of multiple behavioural risk factors, including interactions between risk factors.

Results: We will present the results of the four different analyses. Method 2 (summative) is useful for examining the ability of the intervention to encourage participants to meet lifestyle recommendations for cancer survivors. Methods 3 (z-score) and 4 (linear combination) allow us to look at a change in each behaviour on a continuous scale in order to assess incremental changes.

Conclusion: The analysis and interpretation of the ENRICH trial using each method will be discussed, highlighting important similarities and differences between the methods.

Implications: Our results provide practical considerations to researchers to guide their decision in the selection and interpretation of a MHBC evaluation method.
Abstract Number: 3.1

Homeless clients benefit from smoking cessation treatment delivered by a homeless persons’ program

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Background: In high-income countries, tobacco smoking amongst people experiencing homelessness is extremely prevalent, and has been identified as the main cause of high mortality. However, few homeless programs offer smoking cessation treatment.

Aim: This study examined the feasibility, acceptability and effectiveness of a smoking cessation treatment model delivered by staff of a homeless persons’ program.

Methods: Fourteen nurses from Melbourne’s Royal District Nursing Service Homeless Persons’ Program recruited 49 clients into a 12-week program offering weekly nurse-delivered smoking cessation appointments with intermittent carbon monoxide (CO) measurements, GP-prescribed free nicotine patch, bupropion or varenicline, and Quitline phone support. Surveys were completed at program enrolment, end of program (EoP, 3 months) and six months post-enrolment.

Results: Clients attended on average 6.7 nurse-delivered appointments. Most used pharmacotherapy (69%, n=34) and Quitline (61%, n=30, average 8.4 calls among users). Using all-cases analyses 29% had made a quit attempt by EoP; 24-hour point prevalence abstinence rates were 6% at EoP and 4% at 6 months (no participants achieved sustained cessation), and 29% reported 50% consumption reduction at 6 months, the latter positively associated with increased Quitline use. Tobacco consumption and money spent on tobacco halved by EoP with similar levels maintained at 6 months. Discarded butt smoking reduced. Using within-subjects analyses, all participants reported either the same or less symptoms of anxiety at EoP compared to baseline and 92% reported the same or less depressive symptoms.

Conclusion: Integrating nurse support with readily accessible cessation interventions (government subsidised pharmacotherapy plus Quitline) was feasible and acceptable. While quit rates were low, treatment benefits included harm-reduction (reduced consumption and butt smoking), significant financial savings and psychological benefits (improved or stable mood).

Implications: The treatment model tested in this study provides a demonstration of what can realistically be achieved by services with limited resources, but further research is required to find sustainable interventions that also increase cessation.

Abstract Number: 3.2

What’s stopping you from quitting? Highly disadvantaged smokers identify the most important barriers to quitting smoking

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Background: Understanding the barriers to quitting smoking faced by socially disadvantaged groups may help to improve their smoking cessation rates.

Aim: This study aimed to identify the most frequently reported barriers to smoking cessation and the top three barriers to cessation ranked as most important within a sample of Australian welfare recipients.

Methods: A cross sectional survey of adult welfare recipients who were current smokers was carried out in two welfare agencies in NSW, Australia from October 2013 to July 2014. Smoking status, smoking related variables and barriers to cessation were assessed. Participants were presented with a randomised list of 38 barriers to quitting and asked to rate each item on a scale of zero (not a barrier) to three (large barrier). Of those barriers rated as ‘large’, participants were asked to rank the top three most important barriers to address in order for participants to quit smoking.

Results: In total, 384 current smokers consented (85%). Females made up slightly more of the sample (59%), mean age=40 years. The most frequently reported ‘large’ barriers were addiction to smoking (54%), smoking to deal with stress (47%), smoking to manage anxiety or depression (39%), too many stressful life events (39%) and smoking for relaxation (38%). The top three ‘large’ barriers identified as most important in order for participants to quit smoking were addiction (38%), dealing with stress (12%) and enjoyment (8%). Factors related to endorsement of each barrier will be discussed.

Conclusion: By addressing addiction, stress and mental health when encouraging disadvantaged smokers to quit smoking, the primary perceived barriers to quitting will be tackled.

Implications: Targeted approaches to increasing smoking cessation rates in disadvantaged welfare recipients should address the most important perceived barriers to quitting smoking.
**Abstract Number: 3.3**

**A smoking cessation intervention designed for socially disadvantaged smokers: Effectiveness and future considerations**

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**Background:** The prevalence of smoking within disadvantaged groups remains higher than the prevalence of smoking in the general population. However, few RCTs examining the effectiveness of smoking cessation programs have been carried out in disadvantaged groups.

**Aim:** To evaluate the effectiveness of a caseworker delivered smoking cessation intervention at increasing smoking cessation rates amongst socially disadvantaged smokers.

**Methods:** The intervention group received brief advice and motivational interviewing during eight weekly sessions, free nicotine replacement therapy (NRT), telephone quitline referrals and peer support. The control group received advice to quit smoking and the NSW Quitline phone number. All participants were followed up at one and six months post baseline. Primary outcome was expired CO-confirmed continuous abstinence at six months.

**Results:** 919 people were screened, 435 people consented and were randomised into intervention (n=193) and control groups (n=242) with a 60% follow up rate at six months. Demographic and smoking related variables were similar across the intervention and control group. Based on complete case analysis, in the intervention and control groups, no statistically significant differences were detected in expired CO-confirmed continuous abstinence (3.2% versus 2.1%, OR=1.07, 95% CI=0.18, 6.51), or seven day point prevalence (2.1% versus 3.5%, OR=0.39, 95% CI=0.04, 3.57). Adjusted analyses found a statistically significant difference between intervention and control groups in number of cigarettes smoked per day (8 versus 13, p<0.001). Process measures including intervention compliance and NRT use will be presented.

**Conclusion:** This RCT was not effective at increasing smoking cessation rates amongst a sample of socially disadvantaged smokers, including the effects on essential household expenditure, smoking behaviour and quit cognitions. Interviews were audio-taped, transcribed verbatim and analysed using thematic framework analysis.

**Implications:** Further research is needed to ensure cutting down number of cigarettes smoked is followed by successful smoking cessation in this group.

**Abstract Number: 3.4**

**Australian socioeconomically disadvantaged smokers’ responses to increasing cigarette prices: A qualitative study**

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**Background:** Despite substantial modelling research assessing the impact of cigarette taxes on smoking rates among various income groups, few studies have examined the broader financial effects and unintended consequences of tobacco prices on smokers in the lowest income groups.

**Aim:** This study aimed to explore how socioeconomically disadvantaged smokers manage smoking costs on limited budgets, and the impact this has on material deprivation, financial stress and cessation cognitions.

**Methods:** Qualitative semi-structured interviews were conducted with 20 smokers recruited from a Social and Community Service organisation providing crisis welfare assistance to disadvantaged people in New South Wales, Australia. Interviews explored the perceived impact of tobacco costs among socioeconomically disadvantaged smokers, including the effects on essential household expenditure, smoking behaviour and quit cognitions. Interviews were audio-taped, transcribed verbatim and analysed using thematic framework analysis.

**Results:** Instances of smoking-induced deprivation and financial stress, such as going without meals, substituting food choices, and struggling to pay bills in order to purchase cigarettes were routine experiences among socially disadvantaged smokers and their community. Price-minimisation strategies and sharing tobacco resources within social networks were used as strategies to maintain smoking. Participants reported tobacco price increases were good for preventing uptake, and that larger price rises and subsidised cessation aids were needed to help them sustain abstinence.

**Conclusion:** Socioeconomically disadvantaged smokers engage in behaviours that exacerbate deprivation to maintain smoking, despite the cost. Tobacco taxation policy should consider impact on the financial and material wellbeing of socioeconomically disadvantaged smokers who may find it difficult to quit unassisted.

**Implications:** Governments should consider providing and promoting effective cessation aids and programs at the time of tobacco price increases to counter the negative consequences of rising costs and support quit attempts.
Abstract Number: 3.5

Staff attitudes, barriers and perceived organisational readiness toward providing smoking cessation care in Australian drug and alcohol treatment centres

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Background: The delivery of smoking cessation care (SCC) in the drug and alcohol (D&A) treatment setting is sub-optimal and infrequent. This is despite a strong evidence base for SCC provision. In order to increase the delivery of SCC in D&A treatment centres, it is important to understand the barriers faced by staff and current levels of organisational readiness to address tobacco use.

Aim: 1) Examine current staff attitudes, barriers and perceived organisational readiness to increase smoking cessation care delivery to clients in D&A treatment services. 2) Examine factors associated with positive attitudes to the delivery of smoking cessation care.

Methods: An online survey was conducted between September and October 2014 with 33 D&A services in NSW, ACT, QLD and SA participating in a larger organisational change trial. Eligible participants were all current paid and voluntary staff who had client contact.

Results: Among the 502 staff who responded to the survey, attitudes were generally positive, with the majority valuing the importance of SCC during treatment and the integration of smoking interventions as part of routine care. Concerns about the lack of funding to the organisation to address smoking (30%, N=137) and client inability to afford smoking cessation medicines (28%, N=129) were most commonly selected as ‘very important barriers’ to the provision of SCC. Nevertheless, staff scored their organisation’s readiness to increase the delivery of SSC to their clients 6 out of 10 (SD=2.552).

Conclusion: D&A staff hold broadly positive attitudes towards addressing tobacco use and perceive their organisation ready to increase their current delivery of smoking cessation interventions despite some barriers.

Implications: Examining current attitudes of staff in D&A treatment settings, organisational barriers and readiness will enable development and tailoring of organisational interventions to increase the likelihood of implementation and sustainability of evidence-based SCC.

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Abstract Number: 3.6

To ban or not to ban? A comparative case study of smoking policy change in two residential youth services

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Background and context: Cancer Council NSW’s Tackling Tobacco program partners with not-for-profit community sector organisations (NFPs) to reduce smoking-related harm among disadvantaged people who have high smoking rates. The program involves staff training, quit support, and a review of organisational policies and practices related to smoking. There is evidence that smoke-free policies are effective in reducing smoking, but NFPs may be wary of implementing such policies, especially in residential services.

Aim: To explore the factors affecting successful smoking policy change in two residential youth services.

Strategy/Tactics: Cancer Council NSW (CCNSW) provides a policy toolkit, including policy recommendations and guidelines for change management. CCNSW staff provide ongoing information and advice.

Program/Policy/Campaign process: The youth services are both part of Mission Australia, which has an overarching smoking policy that can be adapted for individual services. One of the services is a small urban service offering crisis accommodation; the other is a 12-week rural residential rehabilitation program. There was no off-the-shelf policy suitable for the small urban service. An innovative policy for a ‘non-social’ designated smoking area was developed, along with consequences for non-compliance and procedures for communicating the policy to clients and new staff.

Outcomes/What was learnt: Both services successfully developed and implemented policies that worked well for their service. The rural rehabilitation program introduced a total smoking ban and the urban service introduced a partial ban. Factors affecting policy development were health and safety for clients and staff, providing support (such as nicotine replacement therapy), and feasibility. Flexibility and creativity were needed for policy change in these settings. Internal consultation and communication were important for successful implementation.

Implications: This case study demonstrates innovative and inspirational preventive health practice for hard-to-reach groups. It will be used to help improve the Tackling Tobacco policy toolkit and support other NFPs in policy change.
Abstract Number: 4.1

**Building an implementation science program in lung cancer care: Results from Sydney Catalyst Translational Cancer Research Centre**

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**Background:** The Sydney Catalyst Translational Cancer Research Centre of Central Sydney and Regional NSW is a multi-site and multi-disciplinary centre incorporating clinical cancer services and research organisations. The T2-3 research stream focuses on implementing evidence into practice. Our flagship program has been developed to address the significant gaps in lung cancer care.

**Aim:** To detail the systematic approach we have taken in developing this program and reporting results.

**Methods:** Research activities have included: selecting a theoretical foundation from the implementation science literature; developing methodologies for, and conducting: an evidence-practice gap analysis (a five step process that includes evidence review and local data analysis); priority setting focus groups conducted with three lung cancer services; and a process mapping exercise with each service. Qualitative interviews with general practitioners and lung cancer consumers are currently underway to further understand care pathways.

**Results:** We identified and pilot-tested seven evidence-practice gaps in lung cancer care. Results from the prioritisation process (3 focus groups, 42 participants in total) highlighted two priority gaps to target for implementation: reducing the time from first presentation of symptoms to diagnosis and referral for care, and improving early referral to palliative care services. Process mapping resulted in detailed maps of the patient journey from entry points into cancer services via primary care and emergency department admissions, routes to diagnosis and referral for treatment, through to survivorship or palliative care. The maps highlight the complexities for patients navigating health services, particularly for those living in regional and rural areas.

**Conclusion:** This collaborative program between clinicians and researchers targets where improvements can be made in the delivery of lung cancer care.

**Implications:** The findings have led to the development of a pilot rapid referral pathway that will be implemented and evaluated during 2015 using implementation science methods.

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Abstract Number: 4.2

**Developing a policy research centre for cancer prevention: Challenges and benefits**

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**Background and context:** It is estimated that one-third of all worldwide cancers are preventable. The World Health Organization has stated that prevention is the most cost-effective long-term strategy for the control of this disease. It is known that 40% of all cancers in the UK are preventable and attributed to lifestyle and environmental factors and this accounts for approximately 142,000 cases annually. In 2014, CRUK updated its Research Strategy, with prevention through behavioural change being listed as a key objective to tackle preventable cancers. Following a £3 million matched grant from the Bupa Foundation the organisation embarked on a wider Cancer Prevention Initiative that included a Policy Research Centre for Prevention (PRCP). The centre has a clear vision for ‘A healthier population who avoid more preventable cancers’, and will build the foundations to achieve this.

**Aim:** Both barriers and opportunities have been met internally and externally in establishing a PRCP that focuses on translatable evidence in behavioural change. This presentation will highlight the challenges and progress.

**Strategy/Tactics:** The Centre is working towards raising the awareness and need for a cancer prevention strategy internally and externally, and building an understanding that this commitment must be long term as rewards will only be seen in time. A strategy is also vital for working in partnership with key organisations/groups, to address and achieve common goals and build the capacity in this area.

**Program/Policy/Campaign process:** The PRCP will carry out behavioural related, translatable policy research, to create a new in-house capacity that will provide understanding of the existing evidence and the gaps in cancer prevention.

**Outcomes/What was learnt:** To date the program has laid strong foundations for the PRCP establishing key priority areas that will lead to long term sustainability of the centre and a reduction in preventable cancers.

**Implications:** This research will enable recommendations and interventions that reduce preventable cancers.
Abstract Number: 4.3

A South Australian Cancer Atlas shows important variations in cancer outcomes and how Australian data can better support Cancer Councils

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Background: A quarter of the South Australian population resides outside of metropolitan Adelaide. South Australia has a highly centralised distribution of cancer treatment facilities, with all radiotherapy services and most chemotherapy services provided in metropolitan Adelaide. To guide prevention, treatment and support initiatives, Cancer Council SA produced a Cancer Atlas to demonstrate inequalities between metropolitan and country residents of South Australia in cancer risk factors, cancer incidence and outcomes, with particular focus on high-risk groups.

Aim: 1) To outline key observations from the Cancer Atlas and demonstrate the benefit of using combination data from multiple data sources; and 2) to report on the data retrieval process.

Methods: Cancer Council SA partnered with the Public Health Information Development Unit (University of Adelaide) to produce the Cancer Atlas. Multiple data sources were accessed to produce age-standardized rates.

Results: The final report, ‘An Atlas of Cancer in South Australia’, provided an overview of patterns of cancer and cancer risk factors, with a focus on rural and remote communities, residents of areas of socioeconomic disadvantage and Aboriginal and Torres Strait Islander people. Differences in survival were also presented. The Atlas illustrated the benefit of using data from multiple sources together to highlight inequalities in cancer and cancer risk. Acquisition of data for the Atlas proved to be a slow and difficult process. There was good support from many data custodians but also major barriers, including some that proved insurmountable within the two-year period of the project.

Conclusion: Recommendations were made regarding cancer-control initiatives needed to reduce inequalities, particularly among high risk populations.

Implications: There is a need to improve data governance arrangements and resourcing to increase access to existing Australian data to guide cancer-control initiatives. When viewed together, data from different sources can provide a better overview of service needs.

Abstract Number: 4.4

Tissue banking: What are the views of patients with haematological cancer?

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Background: Tissue banks, also known as biobanks or biorepositories, are valuable resources allowing the causes and mechanisms of cancer to be studied, and more effective treatments developed. However there remains much debate about the regulatory structure of tissue banks, especially in terms of how samples should be used. Limited studies to date, among the general public, as potential donors and actual (cancer) tissue bank donors, have generally shown high levels of support for tissue banks.

Aim: To investigate the views and preferences of a sample of haematological cancer patients on the topic of tissue banking.

Methods: Patients presenting for an outpatient appointment at one of three haematological cancer clinics in Australia were invited to complete a baseline and follow-up survey, one month apart. Demographics, diagnosis and treatment information were collected at baseline. Participants were asked a series of questions regarding their views on tissue banking at follow-up.

Results: 213 participants completed both the baseline and the follow-up survey. Overall, support for tissue banking was very high, with 92% (n=196) of participants indicating they would be willing to donate tissue for research if asked. Preferences for a tissue bank consent model (consent given once vs. consent for each new study vs. individual preference) were more varied.

Conclusion: There is overwhelming support for tissue bank donation amongst a sample of haematological cancer patients; however their views regarding consent models for tissue sample use are more heterogeneous.

Implications: This study provides valuable data about the views of haematological cancer patients regarding tissue banking, which can inform debate about the regulatory structure of tissue banks.
Abstract Number: 4.5

Oncology patients overwhelmingly support tissue banking

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Background: Translational biomedical research relies on the availability of human tissue to explore disease aetiology and prognostic factors, with the objective of developing better targeted treatments. The establishment of biobanks poses ongoing ethical considerations for donors.

Aim: The objectives of this study were to explore oncology patients’ preferences about tissue banking.

Methods: A cross-sectional survey was conducted in two tertiary oncology outpatient clinics. Eligible patients were approached by volunteers to complete a touchscreen survey in waiting rooms or while receiving intravenous therapy. Consenting participants completed demographic questions and received up to 12 previously validated items exploring preferences for donating tissue.

Results: 224 oncology outpatients participated (69.1% consent rate; 64.4% completion rate). Most participants were female (54%), aged 62 years, diagnosed with breast (26%) and bowel (20%) cancer. Most participants indicated willingness to donate tissue (84%) and for their sample to be stored for future use (96%). Participants preferred a blanket consent approach (71%), samples to be linked to medical records (62%) and for general results of the research (79%) to be provided to them. Factors influencing willingness to donate tissue included personal (85%) or familial health benefits (88%) and a sense of duty to future patients (82%).

Conclusion: The overwhelming majority of oncology patients are willing to participate in a tissue bank. To enhance patient acceptability, tissue banking programs should: 1) allow provision of blanket informed consent; 2) develop patient information feedback protocols consistent with patient preferences; 3) provide clear information to potential donors about the benefits of donation.

Implications: These findings provide some support to explore ‘opt-out’ models of informed consent. Opt-out models have the potential to streamline the donation process and ensure a heterogeneous collection of tissue. Future research should explore the potential ethical, cost and practice implications of moving to an opt-out model.
Abstract Number: 5.2

The role of strategic research in advocacy campaigns

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Background and context: Primary schools are a key setting for reducing children's future skin cancer risk. However as at February 2013, the NSW Department of Education’s sun protection guidelines did not reflect best-practice evidence, and had not been updated since 1997. The Department was resistant to updating their guidelines, arguing that parents would not welcome a requirement for broad-brimmed hats and some would not be able to afford to buy the hats.

Aim: The advocacy objective was to ensure that all primary schools were required to implement comprehensive sun protection measures. The aim of the strategic research was to assess parental attitudes to a state-level requirement for children to wear sun-safe hats at school, including gathering data to respond to the claims of the Department.

Strategy/Tactics: An online survey was conducted with a stratified sample of 1045 NSW primary school parents and carers. The survey found that 95% of parents and carers would support the introduction of a state level requirement for sun-safe hats. High levels of support were found across different household income levels, parents'/carers’ education levels, school types, metropolitan and non-metropolitan regions and between genders.

Program/Policy/Campaign process: Cancer Council staff briefed the relevant Minister on the research, and advised our intention to share the results with the media if the guidelines were not updated by 30 June 2013. On 27 June 2013, the Department released comprehensive sun-safety guidelines.

Outcomes/What was learnt: The research provided evidence that requiring schools to adopt a best-practice sun protection policy, including compulsory sun-safe hats, would be welcomed by the overwhelming majority of parents and carers.

Implications: While the research results have not been published in an academic journal, this example demonstrates the value of strategic research in advocacy campaigns and policy negotiations.

Abstract Number: 5.3

Political influence through long term relationships: The perspective from both sides of the fence

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Background and context: Established in 2010 the MP Liaison program provides local, long-term constituent relationships with NSW lower house Members of Parliament (MP) on behalf of the Cancer Council NSW (CCNSW).

Aim: As a political engagement strategy the program cultivates positive, long term and holistic relationships with MPs. The relationship is not limited to advocacy as it allows MPs to also engage with CCNSW’s fundraising and community events allowing them to better understand the work of CCNSW.

Strategy/Tactics: MP Liaisons are required to live in the electorate of the MP. Acting as a valuable reminder to the MPs of CCNSW’s presence across NSW, the MP Liaison becomes the primary manager of the relationship, speaking on behalf of CCNSW. The program emphasises the value of a constituent relationship and provides opportunities for reciprocity in our engagement with MPs. The MP Liaison role differs from that of a CCNSW community advocate, in that it is a long term 1:1 relationship which also offers the MP opportunities for connections with CCNSW that are unrelated to advocacy campaigns.

Program/Policy/Campaign process: MP Liaisons are carefully recruited from existing CCNSW volunteers to take on a specific role in ‘adopting their pollie’. They undergo training and are supported in the role by CCNSW staff.

Outcomes/What was learnt: As at March 2015, around 60% of NSW MPs have an MP Liaison volunteer. Feedback and observations from MPs about the program have been collected from a qualitative study of policymakers and a quality improvement review involving interviews with MP Liaison volunteers. This presentation will share insights from both MPs and the MP Liaison volunteers about the impact of the program.

Implications: Organisations seeking to influence the views of politicians should consider strategies for long term relationships with MPs that are based around accountability and connection to local constituents.
Abstract Number: 5.4

Supporting volunteers in advocacy leadership for a pre-election campaign

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Background and context: In mid-2014, Cancer Council NSW (CCNSW) appointed 77 volunteers as local campaign leaders for CCNSW’s pre-election campaign Saving Life 2015, in the lead-up to March 2015. The volunteer leaders participated in a two-day training and planning workshop and were supported by CCNSW staff throughout the life of the campaign.

Aim: CCNSW’s pre-election strategy focused on ‘taking it local’ and ensuring that at least half of all NSW MPs were engaged personally by CCNSW local campaign leaders who were trained and well supported so that they had a clear understanding about the issues in CCNSW’s election agenda, how to engage their MPs and how to achieve media coverage for their local activities.

Strategy/Tactics: To ensure that we could achieve MP coverage, and to show MPs that their constituents cared about cancer issues, we recruited volunteers from across NSW to lead campaign activities in their communities. Recruitment occurred via existing CCNSW networks with the majority already participating in CCNSW’s cancer advocacy community.

Program/Policy/Campaign process: After being trained, volunteer leaders committed to: running three events to highlight Saving Life 2015 pre-election agenda; a minimum of two face-to-face interactions with their local MP; and obtaining media coverage at least twice during the campaign. Leaders worked with local CCNSW volunteers to plan and run their activities. A short online questionnaire about skills and confidence was distributed at three intervals during the campaign.

Outcomes/What was learnt: By the conference all surveys will be complete so these data, and reflections on the role of training, support and peer networking will be discussed. In addition, campaign achievements will be highlighted.

Implications: Many non-government cancer organisations rely on volunteers and community leaders to achieve their mission. The insights from this work may assist others in structuring training and ongoing support for volunteer leaders.

Abstract Number: 5.5

Evaluating advocacy – it takes more than a SurveyMonkey

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Background and context: The Policy and Advocacy Unit at Cancer Council NSW (CCNSW) analyses government policy and engages individuals, community groups and organisations in grassroots campaigning so that together we can convince governments to change policies that affect people with cancer, their families and carers. This model has been developed over a 10 year period and elements, such as community advocacy training modules, have included some evaluation. However there has been no systematic evaluation of CCNSW’s advocacy model.

Aim: To produce an advocacy evaluation framework that systematically evaluates CCNSW’s advocacy program logic and its short- and long- term impacts.

Strategy/Tactics: Cancer Council NSW’s advocacy model involves training community members in advocacy, local community organising and mobilising, leadership development, policy analysis, political engagement and media. Developing a systematic way of evaluating this work as a whole has proved difficult because advocacy is often qualitative, long-term and multi layered; and there is no consensus about the right approach in the literature.

Program/Policy/Campaign process: A search of advocacy evaluation literature was undertaken. This informed the development of an options paper which was presented at Cancer Council’s Evaluation Circle, a monthly internal forum for information and critical analysis. Input at the Evaluation Circle informed the next iteration of the framework. This will be tested in early 2015 by the Policy and Advocacy team and a focus group of advocates in the context of the Saving Life 2015 pre-election campaign.

Outcomes/What was learnt: By the conference the advocacy evaluation framework will have been developed, tested and where appropriate, adjustments made. A description of this process, what we learned along the way and the final advocacy evaluation framework will be presented.

Implications: Evaluating advocacy functions for cancer organisations is less straightforward than evaluating program interventions. This presentation will outline some ways to address these challenges.
Abstract Number: 6.1

The first population-level analysis on tobacco addiction defined by a measure of withdrawal symptoms: The 4 stages of nicotine addiction

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Background: The 4 Stages of Nicotine Addiction was developed following research examining the physical and functional changes in neurology associated with smoking uptake and abstinence. The model shows that as physical dependence advances, the intensity and quality of the subjects’ awareness of their addiction changes through stages of having no withdrawal symptoms (stage 1), wanting (stage 2), craving (stage 3) and needing (stage 4) to smoke. Although previous studies have reliably correlated these stages to other metrics of addiction and neurological changes, the stages have never been validated in a population-level survey.

Aim: 1) Determine the prevalence of each of the 4 stages of nicotine addiction in a nationally representative sample of current smokers. 2) Correlate the stages to other measures of nicotine dependence.

Methods: The 2014 New Zealand Health and Lifestyles Survey is a nationally representative face-to-face survey of adults aged 15 years or more, conducted using computer-aided personal interviewing (n=2594). Four questions addressed stages of nicotine addiction were administered to current smokers (n=590). Level of nicotine dependency was also assessed using the Fagerström Test for Nicotine Dependency and questions on frequency of smoking.

Results: Prevalence rates are adjusted by jackknifed estimates: Stage 1: 22.3%, Stage 2: 23.5%, Stage 3: 14.4%, and Stage 4: 39.8%. Levels of nicotine dependence indicated by the 4 Stage of Nicotine Addiction correlate highly with frequency of smoking and Fagerström measures.

Conclusion: Consistent with previous studies using different methodologies, the present study validates the 4 Stages of Nicotine Addiction model by showing correlations between the 4 stages and other measures of nicotine dependence.

Implications: The 4 Stages of Nicotine Addiction could potentially be modified to assess other addictive behaviours such as alcohol consumption, other substance use and gambling. The standardised measures could then be used to assess the co-existence of different addictive behaviours.

Abstract Number: 6.2

Nicotine withdrawal, relapse of mental illness, or medication side effect? Implementing a symptom monitoring tool for callers with mental illness in Victoria’s Quitline

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Background and context: Smoking cessation is more complicated for people with mental illness because: 1) symptoms of nicotine withdrawal can be difficult to distinguish from mental health symptoms, and; 2) smoking cessation can increase the blood levels and hence side-effects of some psychotropic medications and other substances, e.g. caffeine. Research-based treatment protocols that included monitored nicotine withdrawal symptoms and common medication side effects have been found to be effective in increasing cessation in people with severe mental illness.

Aim: To describe symptom monitoring and its implementation in Victoria’s Quitline for callers with mental illness.

Strategy/Tactics: Symptom monitoring involves administering (once pre-cessation and at each call post-cessation) 1) The Minnesota Nicotine Withdrawal Scale, which asks about experience and severity of nine symptoms: angry, anxious, depressed, craving, difficulty concentrating, increased appetite, insomnia, restless, impatient. 2) Adverse side-effects checklist of at least five and up to ten symptoms: eg. dry mouth, increased thirst etc.

Program/Policy/Campaign process: Following a one-day update training in mental health, counsellors were asked to offer symptom monitoring to callers disclosing mental illness. Group interviews with Quitline counsellors were conducted two months later to examine its utility.

Outcomes/What was learnt: Barriers to symptom monitoring included awkwardness in integrating a new structured practice into counselling, difficulty in containing some callers, and initial anxieties about how to respond to changes in some symptoms. Benefits included the ability to provide objective feedback on changes in symptoms, as this identified early benefits of quitting, provided reassurance for callers and provided an opportunity for early intervention where symptoms worsened. Many callers reported that symptom monitoring was useful, even in instances where counsellors reported awkward implementation.

Implications: Symptom monitoring was able to be integrated into Quitline’s service and is valued by counsellors and clients. Given its benefits we recommend its adoption by other services.
Abstract Number: 6.3

Increasing implementation of effective smoking cessation strategies – the Quitstair

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Background: Reductions in smoking rates must accelerate to reach policy targets yet uptake of effective cessation strategies remains poor. The ‘Quitstair’ is a comprehensive stepped care model that encourages those who can quit with minimal intervention to do so, and offers more intensive support to those who need it.

Aim: To identify the uptake of the Quitstair model and cessation rates among proactively recruited community smokers.

Methods: A cohort pilot-test involving 250 current smokers from the general community in New South Wales, Australia was conducted. Random-digit dialling was used to identify households with a smoker and invite participation. Participants completed a telephone interview at recruitment and 4 months later. The stepped care intervention involved sequential steps through different types of support (e.g. written/online materials, Quitline telephone counselling, pharmacotherapy, referral) over a 4 month period. Intervention delivery was guided by a stepped care coordinator who contacted participants by telephone.

Results: Approximately 55% of pro-actively-recruited smokers opted to enter the program. Drop-out rates at each step of the Quitstair ranged from 2% to 8% of remaining participants. The majority of participants: made at least one quit attempt; elected to follow the model and agreed to use more than one evidence-based strategy to assist in a quit attempt.

Conclusion: The Quitstair approach represents a shift towards a coordinated, systematic, and long-term model of care that includes repeated effort to assist individuals to use evidence-based strategies.

Implications: This chronic-disease model of care capitalises on existing services and can be implemented in a range of settings.

Abstract Number: 6.4

Active ingredients in tailored online smoking cessation interventions: A systematic review

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Background: Online interventions aimed at helping tobacco users quit are becoming more common. Previous research indicates that online interventions are effective in assisting smoking cessation but fail to indicate what ‘active ingredients’ produce behaviour change.

Aim: The primary aim of this review is to discover the active ingredients of online smoking cessation.

Methods: EMBASE, CINAHL, the Cochrane Database of Systematic Reviews and MEDLINE were searched for relevant publications. Inclusion criteria were: adult participants (over the age of 18), randomised controlled trials (RCTs), published studies written in English.

Results: 48 papers were identified for data extraction. There has been a proliferation in the number of online smoking cessation programs with 26 of the identified articles published within the last 5 years. The components of these programs that produce behaviour change have been identified and will be discussed.

Conclusion: The active ingredients identified in this systematic review will be able to increase the understanding and knowledge of what components of online smoking cessation programs produce behaviour change.

Implications: By better understanding what it is that goes into tailored online smoking cessation programs to produce behaviour change, more effective programs can be developed. This is important as online health programs have been found to be acceptable tools for providing health care by both users and health care professionals.
Abstract Number: 6.5

Public opinion on tobacco control regulation: Has opinion changed over time?

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Background: Effective tobacco control program take a multi-faceted approach. One method of achieving the New Zealand government’s Smokefree 2025 goal will be through policy initiatives aimed at reducing tobacco harm and accessibility.

Aim: The present study assessed the public acceptability of a range of tobacco policy regulations over an eight-year period.

Methods: Data were collected from the Health and Lifestyles Survey, a national biennial survey of adults aged 15+ years administered in people’s homes. The survey was conducted in 2008 (n=1608), 2010 (n=1740), 2012 (n=2672) and 2014 (n=2594). Datasets were weighted to represent the New Zealand adult population. Across the four survey waves, respondents were asked questions assessing their support for tobacco control regulation measures (5-point scale ranging from ‘strongly agree’ to ‘strongly disagree’). Measures included retail availability, reduction of nicotine content in cigarettes, display bans, smoking bans and restrictions in public places. Level of agreement was compared by smoking status and socio-demographic factors.

Results: There were significant increases in agreement with enhanced tobacco control regulations over time for display bans (increased from 69% in 2008 to 82% in 2014) and outdoor restrictions (increased from 67% in 2008 to 84% in 2014). Level of agreement across all measures also typically differed by key socio-demographic factors including gender, ethnicity, and smoking status. For example, in 2014, 62% of never smokers agreed that ‘duty-free shops should not be allowed to sell cigarettes and tobacco’, compared with only 17% of current smokers who agreed with this statement.

Conclusion: During a time of dynamic activity in the tobacco control sector, there has been a shift to increasing public support for some key tobacco control regulation measures.

Implications: Understanding public acceptability of tobacco control policies is important when building support for a national goal of Smokefree 2025.

Abstract Number: 7.1

Measuring and evaluating research impact using best practice and the CREDIT

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Background and context: There is growing interest in measuring and reporting the impact of publicly funded health and medical research. The purpose of measuring impact is varied ranging from advocacy reasons, internal analysis, demonstrating accountability and allocation of future funds.

Aim: To implement and test the Cancer Research & Development Impact Assessment Template (CREDIT), based on the Payback Framework and including ‘return on investment’, for potential ongoing use by Cancer Council NSW (CCNSW).

Strategy/Tactics: Using the CREDIT, we applied a standardised framework including both objective and subjective critique to 20 CCNSW funded projects/programs during 2006-2012. These projects covered a wide spectrum of grant types and Common Scientific Outline categories.

Program/Policy/Campaign process: The main sources of data that informed the assessments included: the Annual Progress and Final Reports supplied by the lead researchers; the online CCNSW research database that provided information on the research investigators and annual funding payments; and internet searches of the various websites that could inform the work.

Outcomes/What was learnt: The time taken to complete each CREDIT became quicker with each subsequent CREDIT, indicating a learning curve and improved timeliness with experience. Access to bibliometric indicators via Google Scholar is free and is a reasonably effective substitute to Web of Science. The CREDIT promoted critical evaluation and separated the ‘promises’ of benefit versus ‘actual’ benefits or achievements. Most projects were at the stage of knowledge generation/academic outputs, with no wider health or societal impacts. There was little opportunity for estimating the return on investment without intervention research.

Implications: Wide-spread application of the CREDIT is required to further test functionality, feasibility and usefulness by CCNSW as users of the information. The recommended timeframe from completion of the research project and completion of the CREDIT is three to five years.
Abstract Number: 7.2

Evaluating the impact of a large cancer research funding program

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Background: The Cancer Council Beat Cancer Project (BCP) is a strategic cancer research partnership between Cancer Council SA, SA Health, the three South Australian universities and the South Australian Health and Medical Research Institute. The BCP provides in excess of $30M (AUD) in funding over 5 years commencing in 2011, making it the single largest source of funding for cancer research and infrastructure within SA. Research translation and the impact beyond traditional measures of research excellence is a key focus of the BCP.

Aim: To develop and implement a suitable evaluation methodology that is embedded within the current BCP processes, and focuses on outputs beyond the traditional measures of research excellence.

Methods: A multi-faceted evaluation was designed based on the Payback Framework (Brunel University, London). Study 1 was a quantitative survey of all grant recipients during 2011-2014 (n=92; 88% participation rate). Study 2 was a bibliometric analysis of papers published in the peer-reviewed literature by chief investigators. Case-studies were also undertaken using purposive sampling.

Results: The BCP yielded strong ‘payback’ in the category of benefits to future research and research use, with 110 higher degrees being awarded or expected and 53% of funded projects generating tools for future research. The BCP generated exceptional ‘payback’ for generating further research, with the BCP’s investment (as at October 2014) of $10.4M yielding $26.3M in matched funding and additional funding. Other categories including benefits to policy, product development, health gain and broader economic benefits also showed promising results.

Conclusion: This is the first study of this kind using the Payback Framework in a general cancer research setting. The results compared favourably with a similar study conducted by the National Breast Cancer Foundation over a 17 year funding period.

Implications: With the changing landscape of donors requiring increased accountability, this study is timely and results will inform funding agencies and donors.

Abstract Number: 7.3

What do cancer researchers think about funding agencies evaluating their research impact?

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Background: The interest and activity in measuring and reporting the impact of publicly funded health and medical research has grown rapidly in recent years. Research evaluation typically relies on researchers for much of the information for an impact assessment. However, the acceptability and feasibility of this activity among health researchers is unknown.

Aim: To understand the role and opinions of cancer researchers in the growing area of impact evaluation, to inform the logistics of a sustainable program of impact evaluation.

Methods: A brief anonymous online survey was administered to 96 current and past grant recipients funded through the external grants program at Cancer Council New South Wales (CCNSW). Eleven questions were asked that covered the conceptual, attitudinal and practical aspects of impact evaluation. Eleven survey statements were constructed with Likert responses and supplemented with two open-ended questions. The survey targeted researchers from the full spectrum of cancer control research classifications. Descriptive analyses were performed to obtain the count and frequency of responses.

Results: Forty-five cancer researchers completed the survey (response rate 47%) and 77% were Associate Professors or Professors. Responses were polarised for questions relating to engaging with research end-users, perceived time-pressure to collate data, and pressure to produce outputs. Some researchers emphasised that quality was an important goal over quantity and warned that collecting impact data was intervening in research as it creates incentives and disincentives for researchers.

Conclusion: There was mixed support and acceptance among senior cancer researchers in Australia on their perceived role and engagement with research impact activities.

Implications: Sole reliance on cancer researchers for impact data may be problematic. Requesting information from researchers should be minimised and confined to final reports and possible verification of externally-led evaluations.
Abstract Number: 8.1

There’s an app for that: Communicating UV via the SunSmart app

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Background and context: Ultraviolet (UV) radiation is the major cause of sunburn, premature ageing, eye damage and skin damage leading to skin cancer. The SunSmart app was launched as a new technology tool to communicate the internationally standardised Global Solar UV Index, which indicates the degree of risk associated with different levels of UV radiation.

Aim: The SunSmart app aims to translate the UV Index into an easy-to-understand, useful tool with a strong call to action that enables Australians to make informed daily decisions about when to use sun protection.

Strategy/Tactics: Cancer Council Victoria’s SunSmart Program worked with the Bureau of Meteorology and app developers to create an iPhone app in 2010 to communicate the times of day sun protection is required (and not required) based on UV Index forecast information.

Program/Policy/Campaign process: Due to demand, Android and tablet-friendly versions have also been released. Updates have included additional features such as a weather forecast, mail box, sun protection alerts, a sunscreen calculator and a vitamin D tracker tool. Both paid and unpaid media have been utilised to promote the app.

Outcomes/What was learnt: As of March 2015 there have been more than 160,000 downloads of the app. Further updates are planned to improve design, usability and functionality in line with the outcomes of user evaluation, in order to drive downloads and encourage continued usage among existing users to assist them in improving their sun protection behaviours.

Implications: Ongoing evaluation has shown that overall the app appears to be successful in achieving its objective of enabling Australians to make informed daily/regular decisions about when to use sun protection; therefore contributing to a reduction in skin damage, sun burn and ultimately skin cancer in Australia.

Abstract Number: 8.2

Sun protection practices and policies implemented by small outdoor workplaces in South Australia: Facilitators and barriers to adherence

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Background: Individuals who work outdoors for all or part of the day are at an increased risk of developing skin cancers due to the frequent and prolonged occupational UVR exposure (approximately 5-10 times greater UVR exposure).

Aim: 1) To document knowledge, attitudes and behaviours related to skin cancer and sun protection among employees/contractors and employers/managers of small outdoor businesses in South Australia, including practices and attitudes pertaining to workplace sun protection policies, and 2) to identify what assistance small businesses might require with policy implementation, monitoring and adherence.

Methods: Data were collected between March 31 and May 12, 2014. Twelve employees/contractors and 6 employers/managers of small outdoor businesses operating in South Australia were recruited. Semi-structured individual interviews were conducted with separate interview schedules for the two occupational categories. Data were analysed using thematic analysis with transcripts verified independently by the two primary investigators.

Results: There were a number of misconceptions about skin cancer, sun exposure, and sun protective behaviours among outdoor workers. Participants had a reasonable understanding of the risk factors for skin cancer, yet knowledge of the consequences of skin cancer was generally poor. There was low participation in effective sun protection and routine use of sun protective measures. Workplace cultural norms significantly influence individual sun protection practices. Participants acknowledged the importance of workplace sun protection policy, and perceived a need for this policy to be effectively communicated and enforced.

Conclusion: Sun protection by outdoor workers is influenced by a complex interplay of workplace and individual-level factors, including knowledge and beliefs about sun exposure and skin cancer, subjective perceptions of risk and workplace cultural norms related to sun protection practices.

Implications: Recommendations were made for Cancer Council SA related to dissemination of information to address small outdoor businesses with sun protection policy implementation, monitoring and adherence.
Abstract Number: 8.3

Monitoring changes in Australians’ skin cancer prevention behaviours: Findings of the 2013-14 National Sun Protection Survey

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Background: In Australia skin cancer is a significant public health burden. Prevention programs and campaigns have been implemented over many decades to support a reduction in Australians’ exposure to ultraviolet radiation (UVR) and their risk of skin cancer.

Aim: To provide a detailed assessment of Australian’s skin cancer preventive behaviours and sunburn (a marker of increased risk); to monitor changes over time; and to produce a resource for planning and evaluation of skin cancer control initiatives.

Methods: Over summer 2013-14 in 8 cross-sectional surveys a representative sample of Australians (12 to 69 years) were interviewed by landline and mobile telephone about their sun protective behaviours and sunburn on the previous weekend. Questions also assessed respondents’ awareness of campaigns, media use (television, internet, Facebook, smart phone), UV knowledge, tan and sun-related attitudes, and frequency of extended sun exposure during summer and other relevant measures for skin prevention. Analyses examined the prevalence of key outcomes in 2013-14 and compared levels with baseline data (2003-04) and the previous survey (2010-11) adjusting for demographic groups, temperature, cloud and UVR.

Results: A total of N=1061 adolescents and N=5288 adults were interviewed. The majority had spent an extended amount of time outdoors in summer 2013-14, but reported they had used sun protection on the most recent day outdoors. Compliance with sun protection on specific summer weekends was relatively low (27% of adolescents and 44% of adults wore a hat/cap/visor). Although awareness of campaign messages was high, prevention outcomes were mixed. Adolescents’ tanning attitudes and behaviours improved since 2010-11, while there was a weakening of across several prevention measures for adults.

Conclusion: Continued prevention efforts are needed to reduce Australians’ UVR exposure.

Implications: The findings will inform programs about who is most at risk, the settings, messages and different media relevant for different target audiences.

Abstract Number: 8.4

Economic benefit of the SunSmart program – an updated and more comprehensive economic evaluation

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Background: The health and economic burden from skin cancers, the most common cancer in Australia, is substantial. More importantly, skin cancers are preventable and this burden is, therefore, largely avoidable.

Aim: To update and broaden our 2009 economic evaluation of the SunSmart Program with latest skin cancer incidence and program expenditures.

Methods: The economic evaluation was conducted from both a ‘3rd party funder’ viewpoint to inform policy planning and from a broader ‘societal perspective’. Cost-effectiveness analysis (CEA) was undertaken by comparing incremental health outcomes to incremental costs expressed in SAUD 2011 values (latest year for which data was available). Cost-benefit analysis (CBA) was performed to determine a net social benefit (NSB), with productivity impacts assessed by both the Human Capital Approach (HCA) and the Friction Cost Approach (FCA). Program cost was compared to cost savings to determine the investment return of the program.

Results: With an investment level of $0.53 per capita nationally from 2011 to 2030, an upgraded SunSmart Program would prevent 45,000 melanoma and 95,000 non-melanoma skin cancer (NMSC) cases. Potential savings in future healthcare costs were estimated at $200 million, while productivity gains were $2269 million (HCA) and $221 million (FCA). A future upgraded SunSmart Program was predicted to be cost-saving from the funder perspective, with an investment return of $3.20 for every additional dollar the Australian governments/funding bodies invested into the program. Broadening the analysis to include productivity gains yielded a NSB of $2407 million (HCA) and $359 million (FCA). Further expansion to add the potential cost to individuals in meeting sun protection recommendations yielded a NSB of $813 million (HCA) and - $1235 million (FCA), with an ICER of $13,000 per health-adjusted life-year.

Conclusion: The rationale for including potential costs to individuals is worthy of discussion, but economic values remain strong regardless, particularly from a government perspective.

Implications: The study demonstrates strong economic credentials of the SunSmart Program, with a strong economic rationale for increased investment.
Abstract Number: 9.1

Smoking during radiotherapy: Rates of continued tobacco smoking in a sample of head and neck cancer patients

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Background: Available evidence indicates that approximately one-third of patients with head and neck cancer (HNC) continue to smoke after diagnosis.

Aim: This study aimed to describe the rates of continued smoking within a sample of HNC patients about to undergo radiotherapy.

Methods: As part of a NHRMC funded trial, baseline data on smoking characteristics was collected from a sample of HNC patients from four Australian radiotherapy departments. Self-reported nicotine dependence was measured via the Fagerström Test for Nicotine Dependence (FTND). Biochemical verification (CO breath analysis of smoking status was also conducted (standard cutoff > 10 ppm = smoker and as recently recommended for clinical trials >3 ppm = smoker).

Results: The mean age of patients (n=142) was 58 years and 82% were male. 13% of patients (predominantly male) identified as current smokers and CO verification using the standard cutoff score did not increase this percentage. However, the lowered cutoff identified 28% of patients as smokers. The majority of self-reported current smokers fell in the low to moderate range of nicotine dependence. 78% of patients had been smokers in their lifetime and 41% of these reported smoking in the last 6 months.

Conclusion: This is the first Australian study to biochemically verify self-report of smoking in HNC patients about to undergo radiotherapy. The rate of self-report and CO verified current smoking (standard cutoffs) in this sample is lower than existing literature. However, the lowered cutoffs indicate that some patients may be continuing to smoke despite self-reporting abstinence. Further investigation is needed to elucidate HNC patients’ continued smoking rates, reasons for quitting and longitudinal follow-up to determine rates of smoking relapse.

Implications: This research evidence may be used by health professionals and researchers working with this population to develop interventions that focus on smoking cessation and relapse prevention prior to, during and post radiotherapy.

Abstract Number: 9.2

Prevalence and correlates of current smoking among medical oncology outpatients

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Background: Continued smoking following a cancer diagnosis has adverse impacts on cancer treatment and puts individuals at risk of secondary cancers. Data on the prevalence and correlates of smoking amongst cancer patients is critical for successfully targeting smoking cessation interventions.

Aim: To explore among a sample of medical oncology outpatients: (a) the prevalence of self-reported current smoking; and (b) the demographic and psychosocial factors associated with self-reported smoking.

Methods: A heterogeneous sample of cancer patients aged 18 years or over were recruited from one of 11 medical oncology treatment centres across Australia. Patients completed a survey assessing: smoking status; socio-demographic, disease and treatment characteristics; time since diagnosis; anxiety; and depression. Factors associated with self-reported smoking were examined using a univariate and multivariate mixed-effects logistic regression.

Results: A total of 1379 patients returned surveys and 1338 were included in the analysis. The prevalence of current smoking was 10.9% (n=146). After adjusting for treatment centre, patients aged 65 years and older and those without health concession cards were significantly less likely to smoke. Patients diagnosed with lung cancer and those without private health insurance were more likely to smoke.

Conclusion: A minority of cancer patients reported continued smoking at an average time of 13 months post-diagnosis. Patients who are younger, have been diagnosed with lung cancer, and have lower socioeconomic status are at-risk groups and represent important targets for smoking cessation advice and intervention.

Implications: This study highlights the need to further examine the strategies commonly applied to reduce smoking among oncology patients. Current evidence regarding the efficacy of smoking interventions is unclear. Alternative approaches to managing smoking behaviour among this population by healthcare providers should be explored.
Abstract Number: 9.4

Smoke-free recovery: Development and pilot testing of an online smoking cessation intervention for orthopaedic trauma patients

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Background: Smoking while recovering from surgery can lead to increased surgical complications. Pilot research indicates that the provision of smoking cessation care, according to clinical practice guidelines, is not provided at recommended levels in hospitals. Online smoking cessation interventions have been found to be acceptable by both users and health care professionals.

Aim: To develop a tailored online smoking cessation intervention which can be delivered in hospital via an iPad device to orthopaedic trauma patients and which patients can continue to use post-discharge.

Methods: Intervention development occurred in four stages; 1) formative research, including a systematic review of other online smoking cessation programs and input from health care providers; 2) development of the intervention; 3) formative evaluation of intervention content, including coding it for the inclusion of behaviour change techniques and review by health professionals; and 4) piloting with orthopaedic trauma patients with revisions based on feedback.

Results: A tailored online smoking cessation intervention for orthopaedic trauma patients containing seven modules to guide participants through the quit smoking process. Modules include barriers to smoking cessation, tips to quit and relapse prevention. The program will also feature games, a discussion forum, information about smoking cessation medication and a section for individuals to track their progress.

Conclusion: Orthopaedic trauma inpatients will be able to use this online intervention to assist them to quit smoking and they will also be able to access it post-discharge.

Implications: Developing this program to be provided to inpatients could change the way smoking cessation care is provided in hospitals by aiding time-scarce staff to provide the recommended level of care. Additionally, this program will help smokers who quit in hospital stay smoke-free post-discharge by addressing the intervention gap between hospital and returning home.
Peer support for female BRCA1 or BRCA2 mutation carriers: Can it reduce distress? A randomised controlled trial

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Background: Women with a BRCA1/2 genetic mutation face complex risk management and communication decisions, with many reporting increased distress levels. Currently there are few support services available to this group.

Aim: We conducted a randomised control trial (RCT) to test the effectiveness of a telephone-based peer support program in reducing distress among women with a BRCA1/2 gene mutation.

Methods: 337 women (response 42%) completed baseline surveys with those indicating interest in talking to other mutation carriers randomised to usual care (UCG) (n=102) or the intervention (n=105) (IG). IG women were matched to trained peers who contacted them multiple times over a four-month period. Participants completed follow-up questionnaires: 1) four months (Time 2) and 2) six months (Time 3) after randomisation. Outcomes included breast cancer anxiety (primary), unmet information needs, cognitive appraisals about mutation testing and feelings of isolation. Multi-level linear regression models tested the effect of the intervention.

Results: On average IG women received 3.7 calls. The IG had a greater decrease in breast cancer anxiety than UCG at Time 2 (mean difference: -5.96, p=0.002) and Time 3 (mean difference: -3.94, p=0.04). The IG had a greater reduction in unmet information needs than UCG (p<0.01), with unmet needs lower in the IG than UCG at Time 2. There was a greater reduction in cognitive appraisals-stress in the IG than UCG (p<0.01) with IG scores lower at Time 2 (p<0.01).

Conclusion: This is the first RCT to investigate the effect of a peer support program for female BRCA1/2 mutation carriers. Findings suggest that for female BRCA1/2 mutation carriers who are interested in talking to similar women, peer support programs may reduce distress and unmet information needs.

Implications: Our study’s findings suggest that telephone peer support programs should be developed and promoted to this group of women.

Prevalence and predictors of anxiety among Australian adults with kidney cancer

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Background: The incidence of kidney cancer is increasing. Cure rates are poor for those with advanced disease. Little is known about the psychosocial wellbeing of patients with this diagnosis, or whether their support needs are being met.

Aim: 1) To examine the prevalence of anxiety in adults with kidney cancer and identify factors associated with it. 2) To explore the relationship between anxiety and unmet needs in this population.

Methods: Patients diagnosed with kidney cancer in the past year were recruited through the Victorian Cancer Registry (VCR). A telephone interview assessed anxiety (HADS) and unmet needs (SCNS-SF34). The VCR provided demographic and disease information. Multivariate logistic regression examined relationships of interest, adjusting for demographic, disease and treatment characteristics.

Results: Data is presented for 370 participants (63% of those consenting to be contacted by researchers). 15% reported high levels of anxiety. Anxiety was higher among participants aged under 60 (22.9% versus 9%, p<0.05) and for those with self-rated poorer health (excellent or very good health: 5.1%, good health: 16.7%, fair or poor health: 37.2%, p<0.01). Patients were more likely to experience anxiety if they had unmet needs in the following domains: psychological (36.1% versus 6.1%, p<0.01); physical and daily living (45.9% versus 8.8%, p<0.05); and sexuality (57.1% versus 11.7%, p<0.01). There was no evidence of a relationship between anxiety and tumour stage (p=0.110) or surgical approach (p=0.588).

Conclusion: A small but significant proportion of adults with kidney cancer appear to have high levels of anxiety, with prevalence higher in patients who are younger or in poor health. Our data suggest that an elevated risk for anxiety relates to unmet support needs, rather than disease severity.

Implications: Adults with kidney cancer should be screened for anxiety and unmet needs. Improved access to patient support services may reduce anxiety in this group.
Abstract Number: 10.3

Acceptability of the distress thermometer from the perspective of cancer information and support service callers and nurse operators

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Background: The validity of the Distress Thermometer (DT) as a measure of psychological distress has been widely examined, although little is known about users’ experience of the DT and its utility with cancer helpline services.

Aim: This study explored: 1) whether the DT is useful and valid as a screening tool and outcome measure for a cancer helpline and 2) user comfort with the DT.

Methods: A mixed-method design was employed. Callers (i.e. people diagnosed with cancer and their family/friends; N=100) responded to a questionnaire that included DT ratings and the Depression Anxiety and Stress Scale-21. Comfort in asking about and responding to the DT was assessed of both nurse counsellors and callers. A purposively selected subgroup of callers were then interviewed about their experience of being asked the DT question (n=20) and responses were thematically categorised using content analysis.

Results: The DT correlated with the DASS-21 depression (r=.45, p=.000), anxiety (r=.56, p=.000) and stress (r=.64, p=.000) subscales. Both callers and nurses reported comfort responding to, and using the DT.

Conclusion: The DT is a useful and valid tool for cancer support helplines and is generally acceptable to both callers and nurse operators.

Implications: As callers and nurse operators reported acceptability with the DT, and it has been found to have good validity, this tool could be seriously considered a standard ‘screener’ for psychological distress within cancer information and support helplines in the future. Future research into when and how a nurse operator asks the DT and the associated impact on caller distress and psychosocial outcomes would be useful.

Abstract Number: 10.4

Development and psychometric evaluation of the quality of patient-centered cancer care measure

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Background: The Institute of Medicine (IOM) recommended six objectives for achieving patient-centred care which stated that care must be: respectful to patients’ values, preferences, and expressed needs; coordinated and integrated; provide information, communication, and education; ensure physical comfort; provide emotional support; and involve family and friends. However, most patient-reported outcome measures developed with cancer populations fail to address all six patient-centred care dimensions.

Aim: To develop the Quality of Patient-Centered Cancer Care (QPCCC) measure based on IOM recommendations and to examine the measure’s validity and reliability.

Methods: Haematological cancer survivors were recruited from two Australian state cancer registries and were mailed the QPCCC measure. To examine test-retest reliability a second QPCCC measure was mailed to survivors 7-14 days after receiving the first measure.

Results: QPCCC items were developed based on an extensive literature review, input from haematologists and interviews with seventeen haematological cancer survivors. Overall 545 haematological cancer survivors completed the QPCCC measure. Exploratory factor analysis revealed a 10-factor structure with factor loadings >0.40. The QPCCC measure demonstrated acceptable internal consistency for all subscales. When assessing test-retest reliability, most items showed moderate agreement. Areas of cancer care most frequently nominated as not delivered were hospital staff not helping family and friends (34%) or the cancer survivor (32%) to find other people with similar experiences to talk to.

Conclusion: The QPCCC measure showed evidence of face and content validity, construct validity and internal consistency. However, the measure’s test-retest reliability could be improved. Provision of peer support programs that allow haematological cancer survivors and their families to meet others in similar situations could be improved.

Implications: Psychometric evaluation is necessary to identify how accurately patient-centred cancer care measures identify gaps in cancer care. Psychometrically robust measures that assess the quality of patient-centred cancer care are essential to quality improvement efforts.
Abstract Number: 10.5

**A consumer action model to improve the delivery of patient centred care in NSW chemotherapy cancer units**

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**Background:** Patient-centred care that is responsive to patient’s needs, values and preferences is acknowledged as essential to high quality health care. Involvement of consumers in improving health care is vital to ensuring the delivery of patient-centred care. This presentation will detail the development and progress of a current Australian Research Council funded study that is being conducted by professionals from the University of Newcastle and Cancer Council NSW.

**Aim:** To assess the effectiveness of a consumer-driven intervention in: improving aspects of health care which have been identified as priorities by chemotherapy patients and; reducing patients’ unmet supportive care needs and improving overall quality of life.

**Methods:** The intervention involves two main components: 1) collection of data from chemotherapy cancer patients at regular intervals by volunteers from treatment centres across NSW, and 2) the provision of this data back to a multi-disciplinary Consumer Action Group, who will develop and implement changes to their treatment centre based on the specific concerns identified by patients.

**Results:** Baseline data collection has just begun in four treatment centres across NSW. Preliminary data will be presented.

**Conclusion:** While the involvement of consumers in shaping health policy and services is widely recognised as important, there is a paucity of rigorous evidence on the effectiveness of such activities. This study will be the first rigorous trial, both nationally and internationally, of a consumer led intervention for improving quality of cancer care.

**Implications:** If effective this study will improve the delivery of patient-centred care to chemotherapy cancer patients, as well as their quality of life and unmet needs. Furthermore, if effective this study will provide a relevant and easily transferable model of involving consumers in health care delivery, which could be easily translated to chemotherapy cancer units throughout NSW, Australia and internationally.

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Abstract Number: 10.6

**Development of patient-held resources to overcome barriers to cancer pain assessment and management**

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**Background:** Cancer pain is a common problem that is under-treated despite the availability of guidelines due to barriers at the levels of health system, clinician and patient.

**Aim:** We aimed to develop patient-held resources to support evidence-based, person-centred care for cancer pain. The resources were intended to supplement the Australian guidelines for “Cancer Pain Management in Adults” (available from the Cancer Council Australia Cancer Guidelines Wiki) and the Cancer Council patient education booklet, “Overcoming Cancer Pain”.

**Methods:** The project used mixed methods, including: 1) a national online survey of current practice; 2) two systematic reviews; 3) a review of online patient diaries and resources; 4) a case study of barriers and facilitators to cancer pain assessment and management at a single palliative care unit; 5) consultation with stakeholders; and 6) piloting of draft resources and assessment of acceptability and usefulness in palliative care and oncology.

**Results:** Findings highlighted the need for resources to support self-management, be tailored to patients’ needs, build patients’ sense of control, and support communication with health professionals and coordination between services.

**Conclusion:** Patient-held resources were developed that include: 1) a template for setting specific, measureable, achievable, relevant and time-bound (SMART) care goals, as well as identifying potential obstacles and ways to overcome them; 2) an action plan detailing exacerbating and alleviating factors, current strategies for management and contacts for support; and 3) a tool for self-evaluating capacity to self-manage pain and adequacy of support.

**Implications:** Patient-held resources may have potential for addressing barriers to cancer pain management across the levels of the health system, clinician and patient. A cluster randomised controlled trial will test cost-effectiveness of the resources in combination with pain screening, audit and feedback, and health professional education. If found to be effective, all resources will be made freely available on the Wiki.
Abstract Number: 11.1

Prevalence and socio-demographic distribution of body weight, diet and activity among Australian adolescents, 2009-10 to 2012-13

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Background: The National Secondary Students’ Diet and Activity (NaSSDA) survey was established by Cancer Councils and the National Heart Foundation of Australia, and supported by State and Territory Government funding, to address the lack of regular monitoring of young people’s eating and physical activity behaviours at the national level.

Aim: To provide population estimates of body weight, dietary and physical activity behaviour among Australian secondary school students and track changes over time.

Methods: Cross-sectional survey of 8888 students in Years 8 to 11 (aged 12-17 years) who completed the NaSSDA survey in 2012-13 compared with 12,188 who completed the 2009-10 survey. Students’ self-reported dietary, physical activity and sedentary behaviours were assessed using validated instruments administered via an online questionnaire. Their height, weight and waist circumference were measured.

Results: Results will be presented on adolescents’ diet and physical activity and rates of overweight and obesity. Where relevant, prevalence estimates will be compared with current Australian recommendations. Using multivariate logistic regression, adjusting for potential confounders and school level clustering, relationships will also be investigated between aspects of diet and activity behaviour and key socio-demographic characteristics. Multivariate logistic regression models will also test for changes over time on main outcomes including vegetable and fruit intake, consumption of fast food and sugar-sweetened beverages, physical activity levels, small screen recreation and overweight and obesity.

Conclusion: Available for the conference in May 2015.

Implications: Population estimates from the NaSSDA survey will provide an assessment of progress over time at the national level and a platform to determine factors that influence eating and exercise in order to seek effective policy solutions to overweight and obesity in Australia.

Abstract Number: 11.2

What factors are associated with frequent consumption of sugar-sweetened beverages among Australian secondary school students?

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Background: Sugar-sweetened beverages are energy-dense and offer no nutritional benefits, and their consumption is associated with overweight and obesity. However, they are commonly consumed by adolescents.

Aim: The purpose of this study is to examine demographic and behavioural correlates of frequent consumption of sugar-sweetened beverages among Australian secondary school students. In addition, it also aims to explore the influence of (1) students’ beliefs about these drinks, and (2) the school food environment on their consumption.

Methods: Cross-sectional survey of 8888 students in Years 8 to 11 (aged 12-17 years) who completed the National Secondary Students’ Diet and Activity survey in 2012-13. Students’ self-reported eating, physical activity and sedentary behaviours were assessed using validated instruments administered via an online questionnaire.

Results: Data analysis is underway and results will be available for presentation. A multivariable logistic regression model will test the association between frequent consumption of sugar-sweetened beverages and demographic (sex, year level, weight category, socio-economic position and geographic location) and behavioural (vegetable and fruit intake, fast food and snack food consumption, physical activity levels, television viewing, sleep duration) factors, adjusting for all covariates and school-level clustering. Two additional multivariable models will test the association between frequent consumption of sugar-sweetened beverages and (1) students’ perceptions of the availability, convenience and value for money of these drinks, and (2) whether these drinks are sold in the school canteen or stocked in the school vending machine/s.

Conclusion: Results and conclusions will be presented in May 2015.

Implications: Identifying factors related to frequent sugar-sweetened beverage consumption among Australian adolescents will enable interventions to be targeted where they are likely to have most impact. The findings of this study have the potential to assist in advocacy efforts and inform policy with regard to the availability of sugar-sweetened beverages in school settings.
Abstract Number: 11.3

Cancer Council NSW Fruit & Veg Made Easy strategy – including the excluded

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Background and context: Cancer Council NSW's (CCNSW) Eat It To Beat It (EI2BI) program encourages families with primary school aged children to eat more fruit and vegetables to reduce their cancer risk. Fruit and vegetable consumption amongst adults in NSW is alarmingly poor with 90% of adults not eating the recommended daily amount of vegetables and 50% not eating enough fruit. EI2BI has reached more than 14,700 parents across NSW since January 2013. Despite the success of the program, socially excluded groups have been traditionally difficult to engage in the program. It is well established that these groups experience greater health disparities.

Aim: Engage socially excluded parents, including low literacy groups, in the EI2BI program to increase their families’ fruit and vegetable consumption.

Strategy/Tactics:
1) Create and pilot a modified parent workshop to engage socially excluded parents to increase their own and their families’ fruit and vegetable consumption.
2) Establish relationships with social welfare organisations to connect with these individuals through existing parenting programs, and utilise these relationships as a vehicle to deliver the workshop.

Program/Policy/Campaign process: Existing EI2BI resources were tailored to reflect the specific needs of socially excluded individuals, including low literacy groups. CCNSW piloted and evaluated a modified parent workshop and resources with parents participating in Wesley Mission Brighter Futures parenting programs in Greater Western Sydney, to identify the acceptability and relevance of the modified strategy.

Outcomes/What was learnt: CCNSW developed Fruit & Veg Made Easy (FVME), a two hour interactive workshop tailored to socially excluded and low literacy groups. FVME engages parents through the use of food models, images and practical activities to encourage increased fruit and vegetable consumption.

Implications: In 2015 FVME will be delivered through Cancer Council NSW regional offices. This will facilitate statewide engagement of socially excluded groups and broaden the reach of the EI2BI program to address health inequalities.

Abstract Number: 11.4

Awareness of the link between obesity-related lifestyle factors and cancer and support for food policy initiatives

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Background: Over 30% of all cancers are preventable. Obesity, poor diet and lack of physical activity are among the preventable risk factors for cancer. Policy measures to address overweight and obesity can help to reduce prevalence of obesity-related cancers.

Aim: The study investigated awareness of the link between cancer and obesity-related lifestyle factors in the NSW community, and assessed community support for food policy initiatives.

Methods: An online survey of 2474 adults living in NSW was conducted in 2013. Respondents were asked questions to assess awareness of lifestyle behaviours and cancer risk and to gauge support for a number of related policy measures. Associations between demographic factors, awareness of obesity-related risk factors for cancer and support for food policy initiatives were analysed.

Results: Participants had low levels of awareness that diet and physical activity were cancer risk factors. Poor diet was more commonly perceived as a cancer risk factor (46%) compared to inadequate fruit and vegetable consumption (44%), overweight and obesity (39%) and physical inactivity (23%). Of the food policy interventions presented, most respondents supported a colour-coded front-of-pack food labelling system (86%), health warning labels on unhealthy foods (78%) and a ban on unhealthy food advertising to children (72%). Taxes or price increases on unhealthy foods were least supported (40% for both).

Conclusion: Improving awareness of the links between diet, physical activity and cancer risk may achieve higher levels of community support for food policy interventions.

Implications: Understanding community awareness of diet- and physical activity-related cancer risk factors will help refine communication strategies about the importance of nutrition and physical activity in preventing cancer. Understanding levels of support for food policy initiatives to support healthy behaviours will inform advocacy for policy change.
Abstract Number: 11.5

Investigating fruit and vegetable claims on food labels

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Background: Fruit and vegetable claims on food packages, such as ‘contains two serves of vegetables’ or ‘50% real fruit’, are not regulated under the Australia New Zealand Food Standards Code as they relate to ingredients rather than nutrients. Therefore they are not required to meet nutrient profiling and can appear on unhealthy foods.

Aim: This study aimed to 1) investigate the number and healthiness of products carrying fruit and vegetable claims; and 2) compare the nutrition composition of these products with fresh fruit and/or vegetables.

Methods: A content analysis of fruit and vegetable claims on food packages was conducted. All available products in the fruit snacks, soups, fruit and vegetable juices and fruit drinks categories (n=762) in the five largest supermarket chains in Australia were surveyed. Nutrition composition, ingredients and claims were recorded for each product. Healthiness was determined using the nutrient profiling criterion from the Food Standards Code. The nutrient composition of products carrying claims referencing the serves of fruit and vegetables in the product were compared to that of the dominant fruit and/or vegetables in each product.

Results: Of the products surveyed, 48% (n=366) carried claims, of which 34% (n=124) were unhealthy. Products carrying claims referencing the number of serves of fruit and vegetables had more energy, sodium, saturated fat, and sugar and less fibre than fresh fruit and/or vegetables (all p<0.001).

Conclusion: Many products carried fruit and vegetable claims, and were significantly less nutritious than fresh fruit and vegetables. Marketing these products as a way of meeting fruit and vegetable intake is inaccurate and may adversely impact consumers’ diets.

Implications: To prevent these claims from appearing on unhealthy products, fruit and vegetable claims should be included in the Food Standards Code and regulated using nutrient profiling.

Abstract Number: 11.6

Changes to industry self-regulation of unhealthy food advertising to children in Australia: What the processed food and beverage industries hoped you wouldn’t notice in 2014

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Background: 2014 has seen a series of subtle but significant changes to the voluntary codes governing the advertising of food and beverage products to children in Australia. Developments included the introduction of a Practice Note to inform the application of the Australian Association of National Advertisers (AANA) Code of Advertising and Marketing Communications to Children in April 2014, and changes to elements of the industries’ voluntary codes in January 2014.

Aim: To determine how the self-regulatory scheme is operating and the impact of changes to the codes in effectively protecting children from exposure to unhealthy food marketing.

Methods: More than 25 complaints were submitted to the Advertising Standards Board regarding advertisements alleged to promote unhealthy food products (processed packaged foods and fast food) to children, in breach of industry codes in 2013 and 2014. Practical case studies from the resulting body of decisions were considered and analysed to gain insight into recent trends in food and beverage advertising to children. Implications for future regulatory policy were considered.

Results: The analysis suggests that changes to the codes have progressively weakened the protections in place for children. Two important developments were the narrowing of the definition of advertising that is considered ‘directed primarily to children’, with findings suggesting the rules are increasingly permissive of a range of child-oriented techniques. Secondly, advertisers themselves now define the criteria by which products are assessed to be ‘healthier’ (and therefore able to be advertised to children).

Conclusion: The analysis suggests that the level of protection afforded by industry self-regulation of advertising in Australia is being progressively eroded by amendments made unilaterally to the voluntary codes by advertisers.

Implications: Erosion of the limited protections offered by self-regulation show there is a need to strengthen the provisions around marketing directed primarily to children and to develop a uniform definition of unhealthy food in line with the Australian dietary guidelines.
**Abstract Number: 12.1**

**Modelling impacts of tobacco retail availability on smoking behaviours in NSW – opportunities and challenges with existing data**

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**Background:** Tobacco is a product that kills half its long-term users, but there are few limits on its retail availability. Reducing availability could reduce smoking rates as research suggests that distribution of tobacco outlets may affect smoking prevalence and cessation. However, the magnitude of the impact is not clear. Modelling of the relationship between the tobacco retail environment and selected smoking behaviours represents a viable next step to inform policy options.

**Aim:** To examine the capacity of existing data sets to populate models assessing the relationship between retail availability of tobacco products and smoking behaviours in NSW.

**Methods:** Existing NSW data sets on tobacco expenditure, tobacco sales and smoking behaviours were reviewed to determine suitability. Data sets were reviewed based on critical factors identified in the published literature. Relevant factors included capture of selected smoking behaviours and related confounders, sample size and non-respondent bias, capacity to generalise and the options for repetition over time. The level of geospatial detail was a critical consideration. Data sets were ranked based on their potential capacity to contribute to the provision of credible evidence.

**Results:** This presentation will report on the strengths and weaknesses of identified data sets for the purpose of this analysis.

**Conclusion:** Existing data sets in NSW contain some of the required data, but are limited in other areas. Opportunities exist to address this challenge going forward.

**Implications:** The National Tobacco Strategy highlights the need to explore regulatory approaches to control the number and type of tobacco outlets. If the evidence base to inform this policy discussion is to improve, agencies and researchers collecting smoking behaviour data need to re-visit their data collection programs to account for a geo-spatial perspective. This has potential implications for a range of cancer risk behaviours and their relationship with environmental factors.

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**Abstract Number: 12.2**

**Tobacco retail price in NSW: Monitoring changes over time**

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**Background:** Increasing tobacco price is an effective strategy for reducing smoking prevalence and consumption, particularly among price-sensitive groups like young people and disadvantaged populations. On 1 December 2013, the Australian Government introduced the first of four 12.5% annual tobacco tax increases, with subsequent increases on 1 September 2014, 1 September 2015 and 1 September 2016. These increases are expected to raise the cost of an average pack of 25 cigarettes from about $18 to over $25.

**Aim:** To monitor changes in prices of tobacco products in retail outlets across NSW relative to tobacco tax increases.

**Methods:** An audit of tobacco retailers in urban and regional NSW was conducted in 2012/13, and was repeated in late 2014 after the second tax increase. The baseline audit collected price data for Winfield 25s and Winfield multipacks. In the 2014 audit, data on the lowest-price pack (brand, pack size and price) were also collected. The study examined price variations by outlet type, demographic factors and remoteness. Price changes over time were also analysed for Winfield 25s and Winfield multipacks.

**Results:** Baseline data from 1579 retailers in 2012/13 found evidence of price discounting for Winfield multipacks. Prices of Winfield 25s were significantly lower in some outlet types, lower socioeconomic postcodes, and postcodes with higher percentage of people under 18. In contrast with other consumer goods, prices were lower outside major cities. Results from the 2014 audit will also be presented.

**Conclusion:** The provision of substantial multipack discounts and lower prices in postcodes with a higher proportion of price-sensitive smokers is consistent with targeted discounts being used as a tobacco marketing strategy.

**Implications:** This study helps identify tobacco industry strategies that may be undermining the effectiveness of excise increases in reducing smoking prevalence, and informs strategies to minimise these practices.
Abstract Number: 12.3

Retail availability of electronic cigarettes in NSW: Baseline data

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Background: ‘Electronic cigarettes’ include a variety of devices designed to simulate the act of smoking tobacco cigarettes. These products heat a liquid which is vapourised and inhaled. Electronic cigarettes may contain nicotine and/or other chemicals and flavourings. There is growing concern among public health groups about the proliferation of electronic cigarettes internationally and in Australia. Of particular concern is how these products are promoted to young people. There is limited evidence about the availability and use of electronic cigarettes in Australia.

Aim: To obtain a baseline measure of the availability of electronic cigarettes in tobacco retail outlets in NSW.

Methods: In NSW, retailers that sell tobacco products are required to notify the NSW Ministry of Health’s Tobacco Retailer Notification Scheme. An audit of 1685 tobacco retailers across 90 postcodes in NSW was conducted in late 2014 to collect data on the availability of electronic cigarettes in these outlets. Data collected includes retail display of electronic cigarettes and point-of-sale promotions. The study examines variation in pricing by outlet type, demographic variables (socioeconomic level, % in the area under 18 and % born in Australia), and remoteness.

Results: TBD – Fieldwork commenced in October 2014. Based on pilot testing, electronic cigarettes were available in a limited number of tobacco retail outlets, predominantly tobacconists. Point-of-sale promotions were present.

Conclusion: TBD

Implications: The sale and promotion of electronic cigarettes are currently not addressed under NSW tobacco control legislation. More evidence is needed to inform policy responses to regulating the sale and promotion of electronic cigarettes. This baseline data will be useful in helping to inform policy development as well as monitor changes over time in line with possible future policy changes.

Abstract Number: 12.4

Use of electronic cigarettes among New Zealand adults and adolescents: Findings from two nationally-representative surveys

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Background: The World Health Organization (WHO) recommends governments monitor the use of e-cigarettes. However, little is known about their use in Australasia.

Aim: This study provides New Zealand population estimates on the ever-use and current use of e-cigarettes among both adults and adolescents. It also explores the association between e-cigarette use and socio-demographic factors and tobacco smoking status, and extends the international literature by investigating reasons for people trying e-cigarettes.

Methods: Data were collected from two national surveys: 1) a biennial face-to-face in-house survey of adults aged 15 years or over (n=2595), and 2) a biennial self-complete survey of Year 10 students (predominately 14- to 15-year-olds) administered at schools (n=2922). Both datasets are weighted to represent the sampling population. The association between e-cigarette use and socio-demographic factors and tobacco smoking status are examined using logistic regression models.

Results: In 2014, ever-use and current use of e-cigarettes was 13% and 1% among the adult sample, and 20% and 3% among adolescents. Tobacco smoking status predicted e-cigarette use, with current smokers reporting the highest rate of use (e.g. 49% of ever-use among adult smokers). Rate of ever-use also differed by age, with adolescents and young adults (aged 15-24 years) having a seven-fold increased odds of reporting ever-use when compared with those aged 45 years or over. In both surveys, the most common reason for trying an e-cigarette was curiosity.

Conclusion: Compared with the US and European countries, New Zealand has a high rate of e-cigarette ever-use. However, progression to current regular use is rare.

Implications: E-cigarettes appeal to certain population groups (e.g., smokers, adolescents and young adults). Considering the increasing trend in e-cigarette use internationally, it is important to continue monitoring the use and uptake of e-cigarettes, and utilise the information to advise policy development around e-cigarettes.
Abstract Number: 12.5

Longitudinal data on electronic cigarettes: Use of and attitudes towards electronic cigarettes, exposure to advertising, and exposure to electronic cigarette use

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Background: There is strong interest in the use of electronic cigarettes (e-cigarettes) globally. Most studies that report on the use of, and attitudes towards, e-cigarette came from one-off or repeated cross-sectional surveys. Longitudinal data on e-cigarette use is limited.

Aim: This study reports on longitudinal data collected from a sample of current smokers and recent quitters. Fieldwork for wave 1 and wave 2 were 12 months apart. The objectives of this study are to: 1) explore changes in e-cigarette use over time, and 2) investigate whether attitudes to e-cigarettes, exposure to e-cigarette advertising, and exposure to e-cigarette use at wave 1 predicted e-cigarette use at wave 2.

Methods: Fieldwork for wave 1 (n=255) occurred between September and December 2013, and respondents were re-contacted approximately 12 months after their first interview. At both survey waves, respondents reported on their use of e-cigarettes, their attitudes towards e-cigarettes, recent exposure to e-cigarette advertising, and recent exposure to e-cigarette use.

Results: At wave 1, around one-third of respondents had tried an e-cigarette, while past two-week use was rare (3%). Exposure to advertising was common, with one in two reported seeing an advertisement in the past two weeks. Findings from the wave 2 survey will be compared against the wave 1 dataset, and we will also report on what predicted uptake of e-cigarettes at wave 2.

Conclusion: This is the first longitudinal study that examines the use and uptake of e-cigarettes in New Zealand. Findings will strengthen the current understanding of e-cigarette uptake by establishing the causal relationships between a range of potential predictor factors and the use of e-cigarettes.

Implications: Findings from this study will have important implications on policy relating to the regulation of e-cigarette advertising and the use of e-cigarettes in places where tobacco smoking is prohibited.

Abstract Number: 12.6

Non-smokers, smokers and former smokers responses to electronic cigarette advertisements

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Background: Internationally electronic cigarette (e-cigarette) advertising and promotion is increasing rapidly, with widespread promotion on television, YouTube and retail websites. These ads commonly portray the hand-to-mouth action of “vaping” in a very glamorous manner, and include claims of advantages over regular cigarettes and increased social status.

Aim: To assess responses to e-cigarettes ads among non-smokers, former smokers and smokers using an adaption of a standard ad pre-testing protocol.

Methods: Six groups, including two 18-24 y/o non-smoker, two 25-55 y/o former smoker, and two 25-55 y/o smoker groups, participated in the study (n=6-8 in each group). Each group viewed and rated 1 of 2 sets of 8 ads and participated in a group discussion about each ad. Each group included 2-3 participants who had previously tried e-cigarettes and excluded regular e-cigarette users.

Results: As data collection was completed in October 2014, we are currently analysing the extent to which ads were understandable, believable, relevant, perceived as glamorous and sophisticated, taught viewers something new, made participants want to try the product, reminded them of smoking tobacco cigarettes and made them likely to share the ad with others. Qualitative discussions indicated glamorous ads with few references to product advantages were most appealing to non-smokers, whereas those detailing product advantages were most appealing to smokers. Few ads appealed to former smokers who were especially concerned that a smoking-like behaviour could be promoted as glamorous.

Conclusion: Smoking status may influence which types of e-cigarette ads are most appealing. The extent to which different e-cigarette ads may potentially promote “vaping” and tobacco smoking will be available after quantitative analyses are completed.

Implications: Australian authorities are yet to decide on regulatory measures for e-cigarette production and promotion. This study will provide some indication of the potential effects of different e-cigarette advertising and promotion in Australia.
Abstract Number: 13.1

Formative research exploring anti-tobacco advertising concepts and messages among smokers from Aboriginal communities

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Background: Tobacco use is a major contributor to poorer health outcomes in Aboriginal people and smoking prevalence in NSW Aboriginal populations (36.8%) is significantly higher than in the overall NSW population (15.6%). It is therefore necessary to develop Aboriginal-specific programs and health education campaigns to promote smoking cessation.

Aim: To explore with Aboriginal smokers their attitudes towards smoking; the cultural appropriateness of campaign concepts and potential communication messages for future campaigns.

Methods: In July 2012 and December 2013 two rounds of formative research with Aboriginal people were conducted. These comprised of a total of 14 focus groups in both metropolitan (n=40) and regional NSW (n=51) areas. Groups included both males and females but were segmented by age. Findings from the focus groups were coded and analysed to understand key themes and patterns.

Results: Adverse life events and consequential stressors were major triggers for increased smoking among Aboriginal people. Conversely, pressure from children to quit and desire to live longer for loved ones encouraged quitting thoughts. Participants listed past advertisements featuring the impact of smoking-related illnesses on family members as the most effective. Graphically confronting ads were also endorsed, particularly if the risks were serious and able to be personalised. Visuals and the concepts need to be clear with language not overly medicalised. Messages that demonstrate the benefits of quitting before further damage is done have the potential to be effective in changing behaviours. Participants indicated a desire for stories from Aboriginal people showing real smokers trying to quit or already quit.

Conclusion: This study confirms the acceptability of anti-tobacco advertising campaigns with Aboriginal people and that culturally appropriate messages can potentially impact attitudes about smoking and quitting intentions.

Implications: Results from these studies will continue to inform the development of future tobacco control campaign activities in NSW and the learnings applied to other health promotion campaigns for Aboriginal people.

Abstract Number: 14.1

Improved cancer care for Aboriginal people: Building evidence whilst implementing solutions

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Background and context: The Aboriginal Cancer Partnership Project (ACPP) has taken an innovative approach to investigate the factors behind the poorer cancer outcomes experienced by Aboriginal people, whilst at the same time supporting local stakeholders to establish their own solutions. The ACPP (2012-2014) is a collaboration between the Aboriginal Health and Medical Research Council, Cancer Council NSW and Cancer Institute NSW. Evaluation results will be finalised in early 2015.

Aim: The overall goal of the ACPP was to improve cancer care for Aboriginal people in NSW. Individual elements of this project, including a series of community cancer workshops and training needs analysis aimed to gain evidence to improve Aboriginal cancer outcomes and build grassroots capacity to respond.

Strategy/Tactics: Twenty local cancer workshops were conducted in communities throughout NSW. A total of 360 Aboriginal community members and health professionals participated. These workshops took a distinctive collaborative approach by creating a culturally safe space for open communication between Aboriginal community members and representatives from local (Aboriginal and mainstream) health services.

Program/Policy/Campaign process: Each workshop was tailored to the local context and coordinated by a local working group convened by the AH&MRC and Cancer Council NSW. Activities and speakers focused on the identification of practical local solutions, which were collated and shared back to participants. These plans articulate clear local strategies that are needs-based, realistic and jointly ‘owned’ by all relevant groups.

Outcomes/What was learnt: The ACPP project facilitated an extensive stakeholder consultation that provided deep insight into the priorities for Aboriginal cancer control. It further highlights that knowledge of the barriers experienced by Aboriginal people in accessing cancer care should not be assumed, and that local groups need ongoing opportunities and support to get together to exchange concerns and work on shared solutions.

Implications: This project contributes a great deal of evidence to Aboriginal cancer control priorities that hold significant implications for health policy and practice. By creating a culturally safe forum to discuss issues and solutions within an evidence-based environment, this project establishes shared and realistic priorities that have buy-in from all stakeholders.
Abstract Number: 15.1

Cancer Data and Aboriginal Disparities (CANDAD) project: Realist analysis of Aboriginal illness narratives

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Background: There are unacceptable disparities between Aboriginal and non-Aboriginal people in cancer treatment and outcomes. Research has identified barriers to care spanning a wide range of logistical and socio-cultural issues relating to transport, hospital environment, distress from separation from family and country, and potentially dangerous misunderstandings through language and cultural differences.

Aim: With a view to addressing such disparities, CanDAD is developing a comprehensive cancer data monitoring system for Aboriginal people in South Australia. Uniquely, this system will incorporate Aboriginal patients’ experiences with cancer and cancer services and those of service providers, which form an essential (but frequently overlooked) part of identifying structural and interpersonal targets for reform.

Methods: Initially, stories coughed around the questions, ‘what works, for whom, and in what circumstances?’ are collected. Illness narratives of Aboriginal patients, survivors and carers and reflections on the provision of cancer services by service providers will be melded into a ‘negotiated narrative’, where identified issues for an Aboriginal cancer pathway are mapped for areas of prioritisation and feasibility for clinical system change. The principles of realist evaluation offer a guiding framework in developing an appropriate methodology for this work, including:

- recognition of Indigenous psychologies in relation to Aboriginal peoples’ connectedness with Country, Community, family and spirituality – communality as distinct from individuality
- the maintenance of the integrity of stories as a whole
- respect for the syntax of Aboriginal illness narratives
- exploring the hidden cognitive mechanisms of Aboriginal peoples in response to service delivery.

Results: Results will be available for the Conference in May 2015.

Conclusion: The methods protocol will demonstrate how these methodological challenges are being addressed using a realist analytic framework in a complex environment where multifaceted interventions at patient, provider and system levels are required.

Implications: A culturally appropriate Aboriginal cancer pathway will be developed to guide continuous service improvement, community engagement, research, data infrastructure for health services and training.

Abstract Number: 16.1

Translating distress screening into cancer care: Phase 1 of an implementation case study

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Background: The diagnosis and treatment of cancer is accompanied by significant psychological distress. Despite the existence of clinical practice guidelines for psychological care in oncology, this distress is often unrecognised and untreated. This presentation describes Phase 1 of a two-phase implementation case study to introduce routine screening for distress in cancer patients at Gold Coast University Hospital’s Medical Oncology unit using an internationally validated scale (Distress Thermometer) and referral to appropriate psychological care.

Aim: Phase 1 – Obtain health professionals’ perspectives on the proposed change; Phase 2 – review pre- and post-implementation distress screening and referral rates (commencing 2015).

Methods: Medical Oncology staff (n=4) were interviewed regarding their perspectives on current practice, benefits, barriers and facilitators of distress screening in the unit. A psychosocial care model for cancer patients was then developed and piloted in a small focus group with staff (n=5).

Results: Thematic analysis of interview transcripts identified benefits (minimises risk), service gaps (few cancer care coordinators), barriers (staff overwhelmed by referrals), and facilitators (integrate with current practice) of implementing distress screening. Results informed development of a psychosocial care model which integrated key staff roles; Distress Thermometer cut-off scores to prompt staff action; four critical decision rules to guide service use and referral; and core information and referral pathways for cancer patients identified as distressed in the unit. Additional outcomes included steps to enable direct referral to external supportive care services for cancer patients. The focus group identified aspects for further development including provision of distress screening training for staff.

Conclusion: Phase 1 identification of service gaps, barriers and facilitators and development of a psychosocial care model are critical steps to support implementation; pre-post review (Phase 2); and facilitate staff ownership, involvement and ‘buy-in’ in progressing this planned change in practice.

Implications: This study addresses the scant available research describing the process of implementing routine distress screening and referral to appropriate psychological care in clinical settings.
Abstract Number: 16.2

‘Email a Cancer Nurse’: A nurse-led service encompassing emotional support with information or advice for people affected by cancer

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Background and context: People affected by cancer often have emotional needs that are intertwined with their need for information. Information and support services offered via telephone have proven to respond well to these needs. However, with the rise of e-communication in health, the need to offer innovative communication channels for cancer information and support has increased.

Aim: To describe Cancer Council Victoria’s (CCV) ‘Email a Cancer Nurse’ service and compare its user profile to CCV’s ‘13 11 20’ phone service.

Strategy/Tactics: The program delivery framework guiding this specialist nurse practice centres upon a unique ability to provide a compassionate and personalised response underpinned by evidence-based information, through the written medium. A core team of nurses use robust quality assurance mechanisms with therapeutic communication techniques that promote health literacy.

Program/Policy/Campaign process: Email and phone user data from the first six months of 2014 were examined to compare demographics, contact type and reasons for making contact via both services.

Outcomes/What was learnt: One in 14 incoming enquiries was via email. Family and carers were the most frequent users of the email service (36%) whereas cancer patients were highest users of the phone service (32%). Reason for contact differed; 25% of email enquiries regarded treatment and management, whereas phone calls mostly regarded practical issues (23%). Email users were younger (average age=47) than phone users (average age=56). Emotional support was the main reason for query (10% and 17% respectively) in the email and phone services.

Implications: The ‘Email a Cancer Nurse’ service review suggests that email is a useful tool in some user groups for addressing both practical information and emotional support needs. The challenge for cancer information and support services is to continue developing new offerings that complement existing services, and to ensure they are accessible and relevant to today’s consumer.

Abstract Number: 16.3

Cancer Council Information Centres: Understanding the reach and effectiveness of information and support within a hospital setting

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Background: Psychosocial needs-based research has indicated that between 38-89% of people affected by cancer report unmet needs, and of these, information needs rank highly. The benefits of having these needs met include improved understanding of diagnosis and prognosis, better coping, reduced anxiety, and improved symptom management and self-care. In response to this, Cancer Council NSW (CCNSW) identified an opportunity to improve patient access to information and support services through the establishment of volunteer-staffed Information Centres within hospitals and treatment centres in 15 locations across the state.

Aim: The primary aim of this study is to assess the effectiveness of these Information Centres in disseminating information, and providing support. The secondary aim is to assess the awareness of and use of the Centres for health professionals.

Methods: The method used will be self-report surveys for 1) health professionals at treatment centres where the Information Centres are located. It will assess awareness and use of the Centres; referral rates and barriers; and primary reasons for visiting, and 2) people affected by cancer who visit the Centres. This survey will assess primary reasons for visit; knowledge and use of resources and services; and the provision of support from trained volunteers.

Results: Available in May 2015.

Conclusion: Available in May 2015.

Implications: There is currently a lack of research available to support the effectiveness of introducing a volunteer-led information and support centre within a hospital setting. This research will provide evidence about successful delivery of assisted information gathering and the provision of peer support; and outline the benefits to the cancer community (professionals and patients, family and friends).
Abstract Number: 16.4

The cost of cancer: Assessing the impact of financial crisis assistance

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Background: Research suggests that around 25% of patients and more than one-third of carers are faced with financial worries following a diagnosis of cancer. In response, the Financial Assistance Program, run by Cancer Council NSW, aims to provide short-term financial crisis assistance to people across NSW who are affected by cancer.

Aim: The study aimed to assess the impact of the financial assistance on clients.

Methods: Clients who received assistance from November 2013 to February 2014 were sent a questionnaire assessing: reduction in stress and worry; respite from the financial crisis; and investigating the utility of the amount supplied. Of the 298 clients who were helped during that period, 109 people returned their questionnaire representing a response rate of 37%.

Results: In total, assistance was provided with 137 financial items and around 21% of people had multiple items paid for. Clients indicated they felt the assistance eased their current situation (70.5%); provided some breathing space where they could focus on other things (70%); and reduced their stress and worry. The assistance provided enabled people to purchase food and petrol and/or to pay their utility bill, which did alleviate the crisis in the short-term. Most clients (63%) agreed that the amount of assistance (up to $250) had an impact on their situation. However, clients also noted that the ongoing financial distress they were under meant that the relief was tempered for only the short-term. Some clients reported improvements in their mood and emotional wellbeing after being involved with the program.

Conclusion: The assistance provided had some impact on clients in the short-term, alleviating their stress and worry and providing some respite from the current crisis.

Implications: People affected by cancer face ongoing financial issues as a direct result of the diagnosis and the Financial Assistance Program helps to alleviate acute situations.

Abstract Number: 16.5

Understanding the reach and effectiveness of selected Cancer Council publications

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Background: People affected by cancer now have to deal with increasingly complex decisions about their care that require an understanding of cancer, its treatment, and ongoing management. Whilst highly valued, informational needs are not always met within the health system. Cancer organisations are well placed to assist with these needs through the provision of easy-to-read, up-to-date, and evidence-based information.

Aim: The aim was to assess selected Understanding Cancer booklets in terms of readability, usefulness, and impact of the information on knowledge and help-seeking behaviour.

Methods: A self-report survey was developed to measure the intended outcomes of the booklets.

Results: (Results are available for one title: Understanding Radiotherapy. Further titles are currently being evaluated and the combined results will be available in May 2015). Most participants sourced the booklet from a health care professional (59%); and 73% indicated they felt they received it at an appropriate time. Around 90% shared or discussed the information with family/friends and the majority (71%) agreed or strongly agreed that the booklets helped them to explain things to others; contained useful information (81%); provided a good introduction to radiotherapy (79%); used language they could relate to (79%); was easy to understand (78%); helped them better understand information that had been delivered to them by their doctor (71%); and increased their knowledge about cancer-related topics (74-80%). As a result of reading the booklet just over half of the participants indicated they had spoken to their health care team about any concerns or questions they had; 23% sought out more information; 10% called the 13 11 20 Information and Support service; and 13% used another Cancer Council service.

Conclusion: Cancer Council publications provide useful and understandable information to people affected by cancer, increasing their knowledge about cancer-related topics and prompting further help-seeking behaviours.

Implications: Credible patient health information is an essential part of cancer care, fostering better health choices and relationships between health care professionals and their patients.
Abstract Number: 16.6

What are the most effective dietary interventions for weight control in women treated for breast cancer? A systematic review

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Background: Weight gain is common in women during and after treatment for breast cancer and is associated with an increased risk of cancer recurrence, development of co-morbidities and decreased quality of life. Weight management is pivotal in improving health outcomes for this population group.

Aim: This systematic review sought to determine the most effective dietary interventions for weight control in women treated for breast cancer.

Methods: A systematic review of the literature was conducted. MEDLINE, EMBASE, CINAHL Plus, Allied and Complementary Medicine and PsycINFO databases were searched using terms: breast cancer, diet, nutrition and weight. English language, randomised controlled trial publications investigating adults (>18 years) treated for breast cancer were eligible.

Results: Six hundred and ninety-two papers were screened of which seven (1%) met the inclusion criteria. Of the seven studies, five involved both dietary and physical activity interventions. Three studies demonstrated a significant difference (p<0.05) in mean weight change, compared to the control group, from baseline. Successful interventions were cognitive behavioural therapy focussing on a reduced-energy diet and exercise (mean decrease of 5.7kg from baseline), a commercial nutrition and exercise program (mean decrease of 2.9kg from baseline) and written educational materials and kitchen classes (mean decrease of 2.9kg from baseline).

Conclusion: Combined dietary and physical activity interventions are shown to assist women with weight loss during and after breast cancer treatment has been completed.

Implications: Kitchen classes and written educational materials during adjuvant chemotherapy show promise in supporting weight management and could be incorporated into usual survivorship care if validated in larger studies. Further education is required to realign dietary and lifestyle messages for women before, during and after treatment for breast cancer.

Abstract Number: 16.7

Evaluating ‘The Prevention and Early Detection of Skin Cancer in General Practice’ Active Learning Module – 6 months on

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Background and context: The SunSmart Program aims to reduce the incidence and burden of skin cancer in Victoria. The Program works across settings to influence skin cancer prevention and early detection strategies, including the general practice sector where general practitioners (GPs) in Australia have over 1 million patient encounters per year for skin cancer. Since 2006 SunSmart has developed a range of strategies for health professionals including a melanoma workshop, an Active Learning Module (ALM) ‘The Prevention and Early Detection of Skin Cancer in General Practice’ and other online learning activities. Since this time over 900 GP’s and health professionals have completed the ALM which covers epidemiology of skin cancers in Australia, skin cancer prevention, taking a balanced approach to UV and vitamin D awareness, and the diagnosis and management of melanoma and common skin cancers.

Aim: A six month follow-up survey monitors changes in knowledge, confidence, behaviours and practices. Consultation will also be held with the sector to determine future initiatives for addressing skin cancer prevention and early detection in general practice.

Strategy/Tactics: This new 6 month evaluation allows the assessment of how the course influences changes in knowledge, confidence, behaviours and practices.

Program/Policy/Campaign process: The follow-up evaluation allows SunSmart to gauge information from participants such as; changes in the number of skin checks conducted, provision of preventative advice, referrals to dermatologists, accuracy of diagnosis and any changes to vitamin D testing referrals as a result of completing the ALM.

Outcomes/What was learnt: This information will help evaluate long term changes and modify education accordingly.

Implications: Outcomes will help refine education provided to GPs and other health professionals to offer cost effective skin cancer prevention and early detection strategies.
Abstract Number: 16.8

Factors affecting the participation of lapsed and never screened women in BreastScreen NSW

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Background: BreastScreen NSW, as part of the BreastScreen Australia Program, provides free biennial screening for women aged 50-74 years. Participation rates in BreastScreen NSW are below the national target of 70%.

Aim: A mixed-methods study was conducted to provide evidence for future communication and marketing activities to encourage participation in BreastScreen NSW. Factors affecting participation were explored, with a focus on women’s previous experiences with screening and reported barriers and enablers to participation.

Methods: The study included qualitative and quantitative phases. Study participants were women aged 40-69 years from a mix of metropolitan, regional and rural areas in NSW. The qualitative phase involved focus groups (n=5) and in-depth interviews (n=10). A telephone survey was conducted in the quantitative phase and women (n=871) were asked questions related to breast cancer screening and BreastScreen NSW.

Results: The qualitative research highlighted that mammograms were viewed as physically unpleasant and involved a high level of anxiety. Never screeners were deterred from participating due to concern about potential pain and discomfort. Low perceived susceptibility to breast cancer was a significant barrier. There was a strong belief that breast cancer was hereditary and screening was unnecessary if there was no family history. Other barriers included; offsetting the need for screening by healthy behaviours, cultural issues and service accessibility. The quantitative component identified main barriers for lapsed and never screeners were lack of time and perceived low cancer risk.

Conclusion: Positive messages around the importance of early detection and the peace of mind that screening can provide resonated with participants, and are potential enablers for screening participation. General practitioners (GPs) were identified as having an important role in prompting women to participate in screening.

Implications: Identification of barriers and enablers to screening attendance is relevant to other state/territory BreastScreen services. Further research on strategies to encourage GPs to prompt patients to attend BreastScreen NSW is being conducted by the Cancer Institute NSW.

Abstract Number: 16.9

Women’s knowledge, attitudes and beliefs about breast cancer in NSW

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Background: One in eight females in NSW will develop breast cancer by the age of 85 years. Women’s awareness about breast cancer affects screening participation rates. Screening aims to detect cancer at an early stage so that treatment can reduce illness and mortality.

Aim: To assess women’s knowledge and awareness of breast cancer, and the perceived importance of screening. Findings will be used to inform BreastScreen NSW recruitment strategies.

Methods: The study included qualitative and quantitative components. Study participants were women aged 40-69 years from a mix of metropolitan, regional and rural areas in NSW. The qualitative component involved focus groups (n=5) and depth interviews (n=10). A telephone survey was conducted in the quantitative component and women (n=871) were asked questions related to breast cancer screening and BreastScreen NSW.

Results: Awareness of breast cancer was high with women tending to significantly overestimate prevalence, stating that more than one women in five will be diagnosed in their lifetime. There was a strong awareness that mammograms were the main method of early detection, however due to perceived low risk, overall breast screening lacked personal relevancy. Almost all participants in the qualitative study believed that reminder letters for screening were a good idea, however felt that they were currently easy to ignore. Participants felt that the tone of the letters currently used was not geared to prompt immediate attention or urgency.

Conclusion: Current communication strategies employed to prompt women to attend breast cancer screening should be re-examined, to better address motivators and barriers reported by women. These findings have led to a review of all BreastScreen NSW written communications. The review will utilise behaviour change principles to optimise the efficacy of the written communications.

Implications: Despite high levels of awareness of breast cancer, effective reminder communications are required to prompt women’s participation in breast cancer screening.
Message strategies to counter food and cigarette industry opposition to health policies

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Background: Successful efforts to further reduce rates of obesity and cigarette smoking will require multi-sector engagement in efforts to create physical, social, economic, and soda/cigarette marketing environments that encourage healthy behaviour. Public support for these efforts will be essential for their passage, but soda and cigarette industry opposition to most of these efforts are widespread and well-funded.

Aim: To assess whether narrative and ‘inoculation’ message strategies are effective at off-setting soda and cigarette industry messages aimed at shifting public support for policies to reduce obesity and cigarette use.

Methods: A two-wave randomised experiment involving 5009 US adult members of the Survey Sampling International online panel whose demographics resemble the national US population. Respondents were randomly assigned to one of six message conditions within two policy areas: soda and cigarettes. All respondents read a brief introduction to the health issue. Next, respondents read 1) a short narrative advocating for policies to further regulate soda/cigarette marketing, 2) an ‘inoculation’ message warning them that the soda/cigarette industry will try to manipulate them into opposing soda/cigarette marketing regulations and anticipating specific industry (anti-policy) arguments, or 3) nothing. Respondents were further randomised to receive a message from the soda/cigarette industry arguing against regulation either at time 1 or a week later. All respondents answered questions about their response to the messages, views on the soda/cigarette industry, and policy support; all respondents answered the same set of questions again 1-2 weeks later to assess the durability of message effects.

Results: The narrative was successful at increasing support for soda/cigarette policies at both time 1 and (to a lesser extent) at time 2. However, the narrative did not reduce the impact of the industry anti-policy message, which reduced policy support at time 1. The inoculation message was successful at increasing support for soda/cigarette policies at time 1 and reduced the impact of the industry anti-policy message at time 2. Beliefs about industry marketing played a key role in these effects.

Conclusion: Advocates who wish to promote policies to further regulate soda/cigarettes may benefit from using both short stories demonstrating how these policies influence behaviour and by ‘inoculation’ messages that actively refute industry anti-policy arguments. Resistance to industry anti-policy arguments may be particularly important.

Implications: This research offers health policy advocates guidance about message strategies that may be useful in generating public and policymaker support for efforts to regulate unhealthy marketing practices.

QUEST: Making the healthy choice the easy choice

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Background and context: The World Health Organization has long advocated for a settings based approach to achieve sustainable and effective health promotion outcomes. A settings based approach forms a critical part of contributing to a reduction in the one third of cancers that are preventable through healthy lifestyle.

Aim: Cancer Council Queensland has developed QUEST, aimed at strengthening community action where Queensland’s live, work, play and learn. Through these actions, we will contribute to making healthy choices easy choices.

Strategy/Tactics: QUEST, an innovative, web-based, interactive program, was launched in May 2014. It equips settings with resources to build healthy public policy, create supportive environments and develop personal skills within their organisations. Development was informed by the available evidence and industry consultation. The online tool allows for extensive data collection to inform continual program improvement, identification of future needs and measure public health activity across the state.

Program/Policy/Campaign process: QUEST allows Queensland workplaces, schools, childcare centres, sports clubs and local councils to register for free, select from a range of health strategies supported by over 300 resources and track and share their progress. QUEST is also an acronym - Quit smoking, Understand your body and get checked, Eat healthily and drink less alcohol, Stay SunSmart every day and Take time to be active; these form the key health areas for action.

Outcomes/What was learnt: Over 300 organisations have registered to the QUEST program. A summary of findings from a November 2014 survey will be shared to provide insight on the strengths and challenges of this approach for future translation.

Implications: Most cancer prevention programs focus on individual behaviour or education alone. In contrast, QUEST provides a novel approach to creating supportive environments by initiating organisational change.
Abstract Number: 17.3

Increasing the reach of effective interventions targeting cancer risk behaviours via proactive recruitment

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Background: Effective interventions targeting cancer risk behaviours are underutilised by smokers, and individuals who are overweight or obese or drink alcohol excessively. Proactive telephone recruitment has been shown to increase the use of telephone interventions for smoking cessation and weight management respectively. However, cancer risk behaviours often co-occur and there is a need to explore the extent to which at-risk individuals will accept proactively offered interventions for single and multiple cancer risk behaviours.

Aim: This study examined whether smokers, individuals who were overweight or obese or drank alcohol at risky levels would accept proactively offered assistance for cancer risk behaviours.

Methods: Smokers and ex-smokers were telephoned and invited to complete a cross-sectional computer-assisted telephone interview (CATI). The CATI examined if individuals with cancer risk behaviours would accept a proactive telephone offer of assistance for these behaviours and the types of interventions they would be likely to use.

Results: Of 321 respondents, 199 (62%) were current smokers, 206 (67%) were overweight or obese and 115 (36%) drank alcohol at risky levels. Of those with one or more cancer risk behaviours, 59% were willing to accept proactively offered assistance for at least one behaviour. The intervention most likely to be used for smoking, weight management and alcohol intake was seeing a general practitioner (>66%). The majority of those willing to accept assistance for multiple cancer risks preferred to receive support for these behaviours simultaneously.

Conclusion: Most at-risk individuals appear willing to accept proactively offered assistance for at least one cancer risk behaviour, particularly under the guidance of a general practitioner. Targeting multiple behaviours simultaneously also appears acceptable.

Implications: Despite the availability of effective interventions targeting cancer risk behaviours, uptake of these services remains low. Proactive telephone recruitment has the potential to increase the use of such services.

Abstract Number: 17.4

The association between community knowledge of obesity and overweight in cancer risk and overweight and obesity: 2004–2012

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Background: Knowledge of overweight and obesity as a cancer risk factor remains at a moderate level in comparison to well known risk factors such as tobacco and sun damage.

Aim: This study examined the extent to which knowledge of overweight and obesity as a cancer risk factor was associated with overweight and obesity over time.

Methods: This study tracked community knowledge of obesity-related risk factors for cancer and overweight and obesity from 2004-2012. Data from five South Australian cross-sectional representative population surveys with approximate sample sizes of n~3000 were analysed (adjusted for age, gender and SES) at 2-year intervals from 2004-2012.

Results: Levels of unprompted awareness of maintaining a healthy weight as a cancer prevention strategy increased significantly from 2004 to 2012 (3%-8%; p<.01) as did being overweight/obese (54%-60%; p<.001); however, perceptions of being overweight as an important cancer risk factor decreased significantly from 2008 to 2012 (64%-50%; p<.001). An association between unprompted awareness of maintaining a healthy weight and overweight/obesity was found in 2010: those who were more knowledgeable had increased odds of being in the overweight/obese range (OR=1.53, p<.01). Conversely, an association was observed between prompted awareness of being overweight as an important cancer risk factor and overweight/obesity in 2010 (OR=0.85, p<.05) and 2012 (OR=0.82; p<.05); those who perceived overweight as an important risk factor for cancer had decreased odds of being in the overweight/obese range.

Conclusion: Findings suggest that having knowledge of maintaining a healthy weight to reduce cancer risk may not motivate people to maintain a healthy weight; however, an understanding of the degree of importance of being overweight as a cancer risk factor may be more likely to motivate change.

Implications: Results have implications for the ways in which we frame health messages aimed at increasing awareness of the link between overweight/obesity and cancer.
Abstract Number: 17.5

Benefits of policy support of a healthy eating initiative in schools

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Background: In Australia, national, state and local initiatives have had a sustained focus over the past decade on strategies to prevent child obesity, and to support primary schools’ implementation of vegetable and fruit programs specifically.

Aim: To assess the impact sustained government investment at a federal, states and local level has had on the proportion of schools implementing a vegetable and fruit program (Crunch&Sip®).

Methods: Data were obtained between 2008 to 2014, from a database of all primary and central schools, that included information regarding Crunch&Sip® certification status.

Results: Since 2008 the proportion of schools in the region that have obtained Crunch&Sip® certification has risen from 18% (n=79) in 2008 to 80% (n=351) in 2014, an achievement which is higher than the rest of the state.

Conclusion: These findings demonstrate that significant positive changes regarding the implementation of vegetable and fruit breaks can be achieved through sustained policy focus and investment. Assuming an average school size of 250 students, the achievement of 80% of schools implementing the program within the region suggests that almost 88,000 children are benefiting from the program each school day.

Implications: Continued policy and investment focus on this strategy, and others such as healthy canteens are required to ensure that suggested positive gains in addressing overweight and obesity in Australia are not lost, and further gains are made.

Abstract Number: 17.6

Analysing the impact of organisation characteristics on employers’ perceptions of the likelihood of implementing workplace physical activity programs

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Background: Physical activity is estimated to reduce the risk of breast and colon cancer by 21-25%. The workplace has long been recognised by international bodies as an important public health setting for physical activity promotion. However, employers’ perspective regarding workplace physical activity programs (WPAPs) remains poorly understood.

Aim: To explore the relationship between the implementation feasibility of WPAPs and manager ratings of likelihood of support for WPAPs in their organisation.

Methods: Ninety-eight people in management positions at organisations in South Australia completed an online survey. The survey included questions regarding individual and organisational demographics, a measure of the likelihood of organisational support for WPAPs (operationalised as total score on the Physical Activity Program (PAP) measure), and eight scales that measured organisational-level factors previous research had suggested might impact on adoption of these programs in a worksite.

Results: Multiple regression indicated that workplace environment, communication and management support were independent, significant predictors of PAP score. Three organisational demographics (industry type, centrality of workforce and business size) were analysed as moderating variables in the relationship between organisational-level factors and likelihood of support. No evidence for moderation was found.

Conclusion: The results of this study demonstrate that a relationship exists between aspects of organisational practices and structures and managers’ report of likely support for implementing WPAPs. This influence is independent of the sector the organisation operates in, its size, and extent of centralisation. Further research is required to replicate these results using other samples, to explore the factor structure of the measures used and to refine the questions using larger samples.

Implications: This study identified organisational characteristics that impact on the feasibility of supporting physical activity in the workplace and indicates that aspects of both the physical and attitudinal workplace environment may need to be addressed before programs can be implemented.
Abstract Number: 17.7

How do you keep slopping and slapping from slipping? Keeping SunSmart on the health agenda in schools and early childhood services

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Background and context: The SunSmart Schools Program, introduced in Victoria in 1994, and in early childhood services in 1996, is a voluntary membership program addressing sun protective behaviours, policy, curriculum and sun safe environments (social and physical).

Aim: To establish sun safe behaviours; support member services in their capacity building role to minimise UV overexposure; and help reduce future skin cancer rates.

Strategy/Tactics: After 20 years of operation in this sector, SunSmart faces the challenge of ensuring schools and services maintain a sun protection focus. How do you keep the message fresh and on the agenda? State wide and national surveys have been conducted over the years to evaluate and monitor changes within school and early childhood settings.

Program/Policy/Campaign process: SunSmart supports each member service with policy and program advice, resources and information. Members are required to complete a policy review and membership renewal every three years. Our current KPI is 14% annual membership renewals. In 2014 we trialled a structured policy review program and the results will be presented at the conference.

Outcomes/What was learnt: Communication is the key. This involves hard copy mail-outs, direct emails, phone calls, follow ups and liaising with peak bodies. Updated resources and streamlined systems meeting current needs is also important.

Implications: The successful program has changed the sun protection culture and environments of early childhood services and primary schools across Victoria. Research indicates that prior to the 1993 pilot of the program, only 19% of Victorian schools enforced the wearing of sun protective hats compared to 99% in 2011. There have been similar successes in the early childhood sector. Prior to the commencement of the program, only 2% of Victorian preschools reported that hats were available in 1988. That has increased to 100% of Victorian early childhood services enforcing hat wearing in 2013.

Abstract Number: 17.8

Public support for restrictions on alcohol advertising and promotion

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Background: Exposure to alcohol advertising and promotion is associated with drinking initiation and increased alcohol consumption among young people, who are susceptible to alcohol-related harm. Regulations that restrict young people’s exposure to alcohol advertising and promotion may therefore contribute to a reduction in alcohol-related harm.

Aim: This study assesses public support for regulatory changes aimed at reducing young people’s exposure to alcohol advertising and promotion.

Methods: The 2014 Health and Lifestyles Survey (n=2594) is a face-to-face in-home survey conducted biennially with a nationally-representative sample of New Zealanders aged 15 years and over. Respondents were asked whether they would support or oppose certain regulatory changes if they were intended to reduce alcohol related harm. These suggested changes were increasing restrictions on alcohol advertising or promotion seen and/or heard by young people and banning alcohol-related sponsorship of events that young people might attend. Differences between socio-demographic groups and drinking behaviour were assessed using logistic regression.

Results: Most survey respondents supported increasing restrictions on alcohol advertising or promotion that is seen or heard by young people (79%); 65% supported banning alcohol-related sponsorship of events that young people might attend. Support for both changes was higher among females, older adults and non-drinkers. In addition, support for banning event sponsorship was higher among Asian people and people living in high deprivation areas.

Conclusion: The majority of New Zealanders support making regulatory changes to reduce young people’s exposure to alcohol-related advertising and promotion. Gender, age and drinking behaviour were the main determinants of attitudes towards these regulations.

Implications: Research evidence and public opinion can influence government responses to public health issues. Coupled with evidence relating to advertising exposure and alcohol use in young people, the current findings could be used to advocate for increased restrictions on alcohol advertising and promotion.
Abstract Number: 17.9

Opportunities for policy, program development and/or further research from cancer risk behaviour research conducted using the 45 and Up Study

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Background: The 45 and Up Study provides large-scale, open-source research infrastructure. More than 267,000 NSW residents 45 years and over were recruited to the Study and they have provided information on their health, lifestyle and demographic characteristics, as well as consent to link this data with other administrative data collections and to be contacted for sub-studies. The cohort is being followed up every five years. Questions specific to cancer risk behaviours include fruit and vegetable intake; smoking, alcohol, cancer screening and sun exposure.

Aim: To identify potential opportunities for policy, program development and/or further research from cancer risk behaviour research conducted using the 45 and Up study.

Methods: We reviewed all of the research projects undertaken using the 45 and Up study to identify those that had focused on cancer risk behaviours, cancer outcomes or quality of life among cancer survivors or caregivers.

Results: Fourteen research projects were identified that had a cancer focus and 4 were on cancer risk behaviours (Population-level relevance of risk factors for cancer; Predicting colorectal cancer among Australian men and women in later life; Using data mining to explore factors associated with prostate cancer; Understanding the risk factors for cancer); 3 were on cancer outcomes (Factors relating to cancer incidence, care and outcomes; Cause of death in men with prostate cancer; Selective estrogen receptor modules for early breast cancer) and 2 were on quality of life (Sexual wellbeing and quality of life after prostate cancer, Physical and psychosocial outcomes in adult cancer survivors).

Conclusion: There is substantial potential for policy, program development and/or further research on cancer risk behaviours, cancer outcomes or quality of life among cancer survivors or caregivers using the 45 and Up study, including linkage to administrative data collections.

Implications: By examining the types of research conducted additional collaborations can be encouraged by highlighting where gaps exist.

Abstract Number: 18.1

Promoting smoking cessation through interactive mobile-based social marketing

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Background and context: Media consumption trends of adult smokers in NSW highlight a shift away from traditional channels toward the widespread use of digital media and mobile phones. To reach and engage with smokers, anti-tobacco social marketing activities must focus on channels most often consumed.

Aim: To pilot mobile-based advertising to promote smoking cessation and registration with iCanQuit.com.au.

Strategy/Tactics: In September 2014, there was an opportunity to leverage the rising cost of tobacco due to tax increases and enhance smokers’ fiscal motivation to quit.

Program/Policy/Campaign process: An interactive mobile advertisement was developed that calculated an individual’s cost savings if they stop smoking. This advertisement directed smokers to register on iCanQuit (a comprehensive smoking cessation webpage), add a calendar reminder to register at a later date, or share their result on Facebook. Smart targeting technologies were applied to reach smokers ≥18 years, skewing toward low socioeconomic and regional areas. Click-through rates (CTR) were tracked to indicate campaign reach, and iCanQuit sessions and user registrations were tracked to evaluate performance.

Outcomes/What was learnt: Over 15 million impressions were delivered with around 36,000 people interacting with the advertisement (CTR 0.23%). A total of 1302 individuals responded with further actions (repeating calculations, saving reminders, sharing on Facebook, or visiting iCanQuit). Of the 281 individuals who directly clicked-through to iCanQuit, 7.1% registered, which is a substantially higher proportion than previously observed for the website (average 0.5%).

Implications: Learnings from this pilot are useful in informing future campaigns. Results suggest that mobile advertising, in conjunction with tax increases, may be an effective means of reaching smokers with a strong intention to quit and encouraging them to register with support services. Initial engagement of smokers and referrals may be potentially enhanced by extending the creative suite, minimising the number of steps and adding click-to-call functionality to direct smokers to the NSW Quitline.
Abstract Number: 18.2

An online portal of national tobacco control data: The New Zealand Tobacco Control Data Repository

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Background and context: Under the Framework Convention on Tobacco Control, its signatories are required to make monitoring data accessible and encourage their use by researchers, Government, and non-Government agencies.

Aim: The project aims to: (1) provide a freely available website to communicate all of New Zealand’s tobacco control data in one location, (2) facilitate the uptake of information for all levels of users.

Strategy/Tactics: Rather than a simple storehouse of databases tailored to academics and analysts, the Tobacco Control Data Repository (TCDR) caters to a wide range of numeracy skills to facilitate the uptake of the information by all sector users.

Program/Policy/Campaign process: As of June 6 2014, the TCDR is accessible online (http://www.tcdata.org.nz). The TCDR includes data from the New Zealand Census 2013, the Cancer Registry (NZCR) and Mortality Collection (MORT), the Health and Lifestyles Survey (HLS), the New Zealand Smoking Monitor (NZSM), the Youth Insights Survey (YIS), Quitline data, and tobacco sales data. The site is flexible, and caters specifically to users of different levels by allowing them to: (1) view a single summary report, (2) browse and interact with the graphed data either by dataset or by topic, and (3) create custom graphs. Each graph allows users to examine subsets of data, usually by key demographics and geographical area.

Outcomes/What was learnt: The TCDR gives practitioners of all levels fast and freely available access to the latest tobacco control information. The architecture of the TCDR platform ensures the site is always current. We expect the interactivity, customisability, and convenience of the TCDR will help sector users become more comfortable with the available data and lead to development of more informed and effective tobacco control interventions.

Implications: The TCDR platform provides the tobacco control sector with tools and monitoring information to aid the sector and the government achieve their Smokefree 2025 target.

Abstract Number: 18.3

Adolescents’ responses to changes in tobacco products

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Background: In response to the announcement of the introduction of plain packaging of tobacco products in Australia, research has identified an increase in the number of novel cigarette products on the Australian market, particularly menthol hybrids and packs with extra cigarettes.

Aim: This paper aims to examine adolescents’ responses to these new marketing strategies, menthol hybrids and packs with extra cigarettes, in 2013.

Methods: Cross-sectional survey of 4423 12- to 17-year-old Victorian secondary students conducted in 2013. A two stage sampling procedure was used with schools from the three main education sectors randomly selected in the first stage and students within a school selected in the second stage. Students completed an anonymous, self-report survey. Questions assess students’ use of tobacco in past seven days (current smokers) and past month, frequency of having ever smoked a ‘cigarette that lets you crush or squeeze the filter to make the taste of the cigarette change (e.g. hybrid or dual flavoured cigarettes)’ and among current smokers, the size of the pack their cigarettes come from.

Results: Approximately 6% of all students had smoked a hybrid cigarette at least once. Smoking hybrid cigarettes was more common among 16- and 17-year olds (10%) than 12- to 15-year-olds (4%) (p<0.001). Among the 8% of students who had smoked in the past month, approximately half had tried a hybrid cigarette (51%). Among current smokers in 2013, very few (0.3%) had obtained cigarettes from packs with extra cigarettes.

Conclusion: Adolescents seem to have responded more positively to the introduction of menthol hybrids rather than packs with bonus cigarettes.

Implications: As most adult smokers commence smoking as adolescents, preventing adolescents from smoking is an important tobacco control goal. Menthol hybrids seem to appeal to adolescents and may facilitate trying smoking and/or escalating use towards regular smoking.
Abstract Number: 18.4

Smoke-free policies in New Zealand public tertiary education institutions

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Background: In New Zealand (NZ) the smoking rate remains highest amongst young people; approximately 30% of 18 to 24-year-olds are smokers. Tertiary education institutions (TEIs) are useful settings for tobacco control since they provide access to large populations of young people and employ large workforces.

Aim: We aimed to assess the extent and nature of smoke-free campus policies at TEIs in NZ, and examine the policy development process from the institution’s perspective.

Methods: Stage one comprised an audit and content analysis of smoke-free policies at TEIs in NZ (n=26/29). In stage two, semi-structured telephone interviews with TEI representatives (n=22/29) were conducted to investigate the policy process. Qualitative content analysis was undertaken on interview notes.

Results: Stage one: Smoke-free policies varied widely in nature. Only nine mandated 100% smoke-free campuses without exceptions; few prohibited the sale of tobacco on campus or connections with the tobacco industry. Stage two: Facilitating factors for the development of 100% smoke-free policies were identified, as were challenges related to policy implementation, such as the physical characteristics of the campus, compliance, and relocating smokers to campus boundaries. Overall, the 100% smoke-free campus policies had been implemented with minimal difficulty and were viewed as effective.

Conclusion: Many smoke-free campus policies in NZ could be strengthened to better reflect a truly smoke-free organisation, by prohibiting smoking in all outdoor campus areas, relinquishing affiliations with the tobacco industry, and prohibiting the sale of tobacco on campus. Our findings suggest that challenges presented by campus size and layout may be difficult to overcome and as such, a ‘one-size-fits-all’ smoke-free outdoor area policy for institutions could be problematic.

Implications: These results should support and encourage TEIs in NZ and other countries, as well as other large workplaces, to develop 100% smoke-free policies.

Abstract Number: 18.5

Strata data: Measuring the adoption of smoke-free by-laws in multi-unit housing in New South Wales

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Background: Second-hand smoke (SHS) is a known cause of cancer, and people living in multi-unit housing (MUH) can be involuntarily exposed to SHS through smoke-drift from neighbouring apartments. Strata schemes, the most common form of ownership of MUH, can reduce exposure by adopting a smoke-free by-law. The NSW Tobacco Strategy 2012-2017 proposes actions to support voluntary implementation of smoke-free by-laws, and Cancer Council NSW provides information to community members who wish to do so. Upcoming reforms to NSW strata laws include a model by-law addressing smoking, which may encourage adoption. However, there are currently no available data to measure the impact of these activities.

Aim: To determine the extent to which strata complexes in NSW have adopted smoke-free by-laws, and to assess whether adoption of smoke-free by-laws is associated with demographic factors.

Methods: A representative sample of NSW strata scheme by-laws was examined. A content analysis was conducted to determine the proportion of schemes with by-laws restricting smoking in various ways, e.g. in communal areas only vs all areas of the property. Associations between smoke-free by-laws and demographic variables were assessed statistically.

Results: (Analysis in progress) Results to be reported are: the types of by-laws restricting smoking in NSW strata schemes and the number and proportion of schemes with such by-laws. Demographic analyses will compare the prevalence of smoke-free by-laws in urban vs regional locations, areas with higher vs lower socioeconomic status, and in newer vs older schemes.

Conclusion: Not yet available - research in progress.

Implications: The results of this study will help evaluate the NSW Tobacco Strategy 2012-2017 and directly inform future policy and practice. Cancer Council NSW will use the results to evaluate the impact of strata law reforms, improve our own activities to increase adoption of smoke-free by-laws, and strengthen advocacy to the NSW Government.
Abstract Number: 18.6

**Increasing the availability of smoke-free multi-unit housing: Building evidence to improve practice**

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**Background:** Second-hand tobacco smoke is a cause of cancer and there is no risk-free level of exposure. In multi-unit housing (MUH), second-hand smoke is transferred through open doors and windows; shared ventilation; cracks and gaps in floors, walls and ceilings. In NSW, strata schemes can adopt a by-law to prohibit smoking throughout the complex, however anecdotal evidence suggests few schemes have done this. Following expected implementation of new strata laws in 2016, community capacity building will be essential to increase uptake of smoke-free by-laws. Cancer Council NSW is planning to update its informational resource, Achieving Smoke-free Apartment Living, to maximise the impact of strata law reform.

**Aim:** To evaluate the effectiveness of the Achieving Smoke-free Apartment Living resource in supporting uptake of smoke-free by-laws in MUH, and to identify contextual factors affecting adoption of smoke-free by-laws.

**Methods:** A survey will assess users’ perceptions of whether the informational resource was useful and whether it improved their attitudes, knowledge, confidence and motivation towards addressing smoking in their complex. Semi-structured interviews with a purposive sample of MUH tenants and owners will explore contextual factors affecting adoption of smoke-free by-laws.

**Results:** This presentation will report users’ perceptions of the impact and usefulness of the informational resource and results of the qualitative analysis identifying barriers, facilitators and contextual influences to adoption of smoke-free by-laws.

**Conclusion:** Not yet available – research in progress.

**Implications:** The results will: inform revisions to the informational resource to maximise the impact of strata law reform; inform future advocacy to the NSW Government on measures to reduce barriers to adoption of smoke-free by-laws; direct program activities aimed at increasing adoption of smoke-free by-laws; and contribute to the limited Australian evidence and growing base of international evidence on increasing the availability of smoke-free MUH.

Abstract Number: 18.7

**Smoking in multi-unit housing: By-laws and nuisance claims in Queensland**

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**Background and context:** Inquiries about smoke-drift prompted an investigation of smoke-free apartment living.

**Aim:** To inform CCQ advocacy and empower stakeholders in advance of a property law review.

**Strategy/Tactics:** Consultations with body corporate, manager, resident and owner organisations revealed smoke-drift is common, smoke-free living is desirable, but opinions differed on whether by-laws can ban smoking. Research was reviewed and legal advice sought.

**Program/Policy/Campaign process:** Information Sheets were prepared to inform discussion, address misconceptions, and hopefully galvanise stakeholder consensus for change.

**Outcomes/What was learnt:** In Queensland a by-law cannot prohibit smoking or impose greater restrictions than those which exist under the State tobacco laws. A smoking nuisance by-law can mirror the general nuisance provision in strata law. However, proving a smoking nuisance is challenging: a diary detailing the source, volume, frequency and impact of smoke-drift may not be sufficiently objective and air quality evidence may be necessary. Measurement of second-hand smoke between units in multi-unit housing in adversarial circumstances is complex, expensive, and requires a suite of equipment and laboratory analysis. Professional expertise focuses on industrial and ambient air quality. Also, smoking in a lot is lawful and a reasonable use.

**Implications:** There are two issues: by-law making powers and remedies. Only the less potent smoking nuisance by-law is invulnerable to challenge. While International surveys show 41% to 64% support for smoke-free units, by-law adoption needs a 75% majority. Secondly, all seven smoking nuisance cases in Queensland were dismissed and show complainants cannot reconcile property law principles with health warnings. International surveys show 28% to 53% of residents in non-smoking units suffer smoke drift and 7% to 31% are exposed often or daily. Aside from the legal and practical challenges, there are health equity ramifications, child health concerns and a relationship between smoke-free units and smoke-drift from balconies.
Abstract Number: 18.8

"We don’t sell cigarettes anymore": Tobacco retailers who stop selling tobacco

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Background: Multiple commentators have called for fewer tobacco retailers to reduce easy access to cigarettes and environmental prompts to smoke, but there is almost no evidence on how many tobacco retailers stop selling tobacco, or their reasons.

Aim: To analyse retailers who stop selling cigarettes, why they do so, and consider implications for tobacco control.

Methods: An audit of a large sample of government-registered tobacco retailers in NSW was used to identify those who had stopped selling tobacco. Those identified as having exited the market were compared with all retailers to determine how many and what type of retailers stop selling tobacco. Attempts were made to contact all former retailers in two of the major population areas from the audit sample (n=98). Many former tobacco retailers had closed, but in-depth interviews were conducted with 13 former retailers in two major population centres, comprising 13.3% of all former retailers identified in those areas.

Results: Apart from those who stopped selling due to business closure, very few retailers stopped selling tobacco. Licensed premises were over-represented as a proportion of retailers exiting the market, and some retailers had resumed selling. Low profits were often cited as a reason for stopping, but almost all identified legislative or other business changes as a key driver for exiting the market.

Conclusion: Few retailers stop selling tobacco, and those that do tend to have low sales. Most only stopped when there was a significant change in their circumstances - new legislation or other business changes.

Implications: The results suggest that with a one-time, zero-cost registration system, few retailers stop selling tobacco, suggesting that in the absence of market changes, wide tobacco distribution will continue. Legislative changes or, as other evidence suggests, an annual fee, may provide an incentive or prompt for retailers to exit the market.

Abstract Number: 18.9

Self-exempting beliefs and intention to quit smoking within a socioeconomically disadvantaged sample of Australian smokers

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Background: Limited research has examined self-exempting beliefs about tobacco smoking in socioeconomically disadvantaged populations. An investigation of beliefs used to rationalise or justify smoking will have important implications for the content of anti-smoking programs targeted at socioeconomically disadvantaged groups, who show the lowest rates of cessation in the population.

Aim: This study aimed to: 1) assess the prevalence of self-exempting beliefs among a sample of socioeconomically disadvantaged smokers, and; 2) identify associations of these beliefs, socio-demographic characteristics, and smoking-related cognitions with quit intentions.

Methods: Current smokers seeking welfare assistance from a Social and Community Service Organisation in NSW, Australia were invited to complete a cross-sectional touchscreen computer survey. Data was collected between March and December 2012 as part of a larger study examining responses to various tobacco control strategies in disadvantaged populations. Responses to a 16-item self-exempting beliefs scale, intention to quit, smoker identity, and enjoyment of smoking were assessed.

Results: N=354 smokers (response rate 79%). Most participants earned <AUD$400/week (70%), and had not completed secondary schooling (64%). There was moderate agreement with each of the self-exempting beliefs statements. Smokers who had no immediate intentions to quit held significantly stronger self-exempting beliefs compared to those who were thinking about or preparing to quit. However, when taking into account other smoking variables multinomial logistic regression indicated enjoyment of smoking distinguished between smokers thinking about compared with preparing to quit.

Conclusion: Socioeconomically disadvantaged smokers hold self-exempting beliefs. These beliefs are stronger among smokers with limited quit interest. It continues to be important for tobacco control polices to address erroneous beliefs about the harms of smoking.

Implications: Results of the study also found enjoyment of smoking is an important factor related to quit intention. Targeting smokers’ sense of enjoyment and emotional reasons for smoking may be a new direction for anti-smoking campaigns.
Abstract Number: 18.10

Tackling tobacco in addictions treatment: A survey of tobacco control policies and practices in Australian drug and alcohol treatment centres

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Background: Approximately 70%-90% of clients in treatment for alcohol and other drug addictions smoke tobacco. Subsequently, these clients experience disproportionately high rates of tobacco related illness. Drug and alcohol (D&A) treatment centres provide a unique opportunity to provide smoking cessation care to this population. However policies and practices in relation to tobacco use within this setting in Australia are largely unknown.

Aim: 1) To measure the implementation of written smoking policies in Australian D&A treatment services. 2) To measure the current provision of smoking cessation care (SCC) to clients of drug and alcohol treatment services.

Methods: Staff from 33 government and non-government D&A services located in QLD, NSW, ACT and SA were invited to participate in a cross-sectional online survey about current smoking policies and practices at their organisation. All current paid and voluntary staff who had client contact were eligible to participate.

Results: In total 502 individuals responded to the survey (57% response rate). Overall, 45% (N=206) reported their employer had a written policy for a total smoking ban (67%, in the government sector and 33% in the non-government sector). Of those reporting a total ban 55% (N=113) stated it was ‘always enforced’. In regards to the provision of SSC a minority of staff reported ‘always’ providing verbal advice to quit smoking (N=135, 28%), written information about quitting smoking (N=79,17%) and offering nicotine replacement therapy (N=76, 16%).

Conclusion: Australian D&A treatment centres are becoming increasingly smoke free. However, rates of SCC are very low and not routinely provided to all clients. Interventions that help build the capacity of D&A services to tackle tobacco are warranted.

Implications: Current tobacco control policies and practices in D&A services indicate that additional intervention to support the implementation of smoke-free policies and smoking cessation practices are needed.

Abstract Number: 18.11

Use of the Victorian Quitline by socially disadvantaged smokers

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Background: Socially disadvantaged smokers have disproportionately higher smoking rates than the general population, and the difference in smoking rates between the least and most disadvantaged Australians is increasing over time.

Aim: To examine use of, and satisfaction with, the Quitline service by socially disadvantaged smokers and to see if their quit rates are comparable to other service users.

Methods: A quitline evaluation telephone survey (recruitment October 2013-April 2014) which contacted 803 service users at one and six months following their initial call with Quitline.

Results: Almost one half 47% of service users were currently unemployed, 27% disclosed an annual income less than $30,000, and 22% had experienced financial insecurity in the past month. On average, callers received a total of 3.5 calls and this did not differ according to employment, income or financial insecurity. Ninety seven per cent of callers reported being very or somewhat satisfied with the service, with no difference between socially disadvantaged smokers and other service users. One month quit rates were lower among socially disadvantaged smokers: 41% for those who are unemployed vs. 51% for employed callers (X2=13.265, p<0.05) and 37% for those earning less than $30,000 per annum vs. 47% among those earning more (X2=5.334, p<0.05). Six-month follow-up data is still being collected and will also be presented.

Conclusion: The Victorian Quitline is successfully reaching socially disadvantaged smokers, and their use and satisfaction of the service is equivalent to the general population.

Implications: Further research is essential to determine the most effective means in which quitlines can support socially disadvantaged smokers to quit.
Abstract Number: 18.12

Missed opportunities: General practitioner identification of their patients’ smoking status

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Background: General practitioners (GPs) play a critical role in detecting tobacco use and providing cessation advice and support to patients.

Aim: This study examined 1) the sensitivity, specificity, positive predictive value and negative predictive value of GP detection of smoking, and 2) the GP and patient characteristics associated with detection of tobacco use.

Methods: Eligible patients completed a touchscreen computer survey in a GP waiting room. Patients self-reported demographics, medical history, and current smoking status. GPs were asked to indicate whether the patient was a current smoker (yes/no/unsure/NA). Smoking prevalence, sensitivity, specificity, positive/negative predictive values (with 95% CIs) were calculated against patient self-report of smoking status. Generalised estimating equations were used to examine the general practitioner and patient characteristics associated with detection of tobacco use.

Results: Fifty-one GPs and 1573 patients in 12 general practices participated. Patient self-report of smoking was 11.3%; GP estimated prevalence of 9.5%. Sensitivity of GP assessment was 66% (95% CI 59-73); specificity was 98% (95%CI 97-98). Positive predictive value was 78% (95%CI 71-85); negative predictive value was 96% (95% CI 95-97). No GP factors were associated with detection of smoking. Patients with a higher level of education were less likely to be detected as smokers than patients who had completed a high school or below level of education.

Conclusion: Despite their role in providing smoking cessation advice and support, a substantial proportion of patients’ smoking status is not known by their GP. Electronic waiting room assessments may assist GPs in improving the identification of smokers.

Implications: Electronic waiting room assessments were feasible and acceptable methods for collecting relevant and accurate health data. This has implications for developing improved health behaviour screening strategies in a range of health care settings, which could improve prevention and early detection of various chronic health conditions, including cancer.

Abstract Number: 19.1

Please like me: A qualitative evaluation of the Make Smoking History Facebook page

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Background: Facebook provides numerous metrics which can be used to evaluate interaction with a Facebook page, the most common including number of Likes, Engagement and Reach. These quantitative metrics are commonly used to report on estimates of growth and consumption, but the numbers do not necessarily indicate if a Facebook page is being used for its intended purposes. The Make Smoking History (MSH) Facebook page, created in September 2012, was designed to engage people affected by, or interested in tobacco cessation between the ages of 18-54. Comments on Facebook posts have been identified as a valued component of interaction but Facebook does not provide a tool to analyse the depth of this data.

Aim: To provide a more thorough evaluation of interaction with the target audience on Facebook, by incorporating qualitative data analysis as well as quantitative data analysis.

Methods: Posts shared by MSH included motivation images, videos, statistics, news articles, negative effects of smoking, positive effects of quitting. Posts and comments on the MSH Facebook page were collated from September 2012- September 2013 for use in our analysis. Comments, Likes and Shares by Facebook users on MSH posts were captured directly from the MSH Facebook page, imported into NVivo software and coded to identify thematic trends.

Results: Analysis of the data indicates the post themes producing the greatest response from users by gender and smoking status. The majority of people commenting on MSH posts were found to be ex-smokers, indicating the page is being used more for reinforcement than cessation.

Conclusion: The results of this research will direct future Facebook activity and provides information to further target specific audiences.

Implications:
- Posts should be targeted to ex-smokers as well as current smokers
- Engage women through posts themed ‘loved ones’
- Engage males through posts themed ‘positive impacts of quitting’
Reach and reaction: Promoting World No Tobacco Day to the masses via Facebook

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Background: The Make Smoking History (MSH) Facebook page, created in September 2012, was designed to engage people affected by, or interested in tobacco cessation between the ages of 18-54. For World No Tobacco Day (WNTD) 2014, MSH and advertising agency Gatecrasher created a post for Facebook which was then promoted in consumers’ newsfeeds throughout WA.

Aim: Promote the WNTD theme for 2014 of raising tobacco tax, as set by the World Health Organization.

Methods: An engaging image was created for the Facebook post and consumers were encouraged to share it in the lead up to WNTD. The tobacco tax theme was mentioned in the post along with an image of a piggybank and the tagline ‘Save money and your life’. The post was uploaded to Facebook and promoted from 26th-30th May 2014. Consumer metrics were provided by Facebook's inbuilt analytics tool and Gatecrasher. Media spend was $3312.50.

Results: The original promoted post reached over 430,000 people (393,600 due to paid reach) and gained 4314 likes, 613 comments and 1528 shares. The comments were split relatively evenly between males and females (52%/48%). A further 2506 likes, comments and shares were achieved from people sharing the original post with their friends. The majority of comments (n=415) were made by people tagging by their friends and family. In addition, there were 72 comments classified as expletives (78% male, 22% female).

Conclusion: Analysis of the data indicates the post themes producing the greatest response from users by gender and smoking status. The results of this research will direct future Facebook activity and provides information to further target specific audiences.

Implications:
- The ‘tagging’ function of Facebook can be an extremely efficient targeting tool.
- Expletives were the second largest group of comments. This was a small percentage of comments overall but it required constant monitoring.

Evaluation of Find Cancer Early – a regional cancer awareness campaign

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Background: Australia non-metropolitan cancer patients have 20-30% higher mortality than those in metropolitan areas and this may be partly due to later presentation and diagnosis. Find Cancer Early is an intervention from a randomised controlled trial aimed at raising community awareness of cancer symptoms and encouraging symptomatic people to take action.

Aim: To develop, deliver and evaluate a community education campaign to a) increase cancer symptom awareness and b) reduce delays in help-seeking behaviour in people from rural Western Australia.

Methods: Formative research was undertaken with breast, bowel, lung and prostate cancer patients from regional WA. Community forums and concept testing helped develop and refine messages that appealed to our target audience and addressed the importance of earlier detection through symptom recognition and de-mystifying help-seeking barriers. The two-year campaign was delivered using a community engagement approach supported by a modest media buy (excluding TV). At 18 months, impact was measured by telephone survey of people aged 40+ in the intervention (n=725) and control regions (n=725).

Results: At 18 months there were: 130,000+ symptom checklists distributed; 231 presentations; 566 partnerships; and unpaid articles in 63 major and 566 minor newspapers (circulation 630,000+). There were significant differences between campaign and control regions in recall (3.5% vs 0.1%; p-value: 0.000), recognition (5.8% vs 21.6%; p-value: 0.000) and prompted recognition (7.6% vs 31.6%; p-value: 0.000). Overall, awareness was higher in campaign regions (46.7% vs 16.6%; p-value: 0.000).

Conclusion: Regional communities embraced the Find Cancer Early campaign; a Find Cancer Early Project Officer in their community was a key strategy in delivery of the messages.

Implications: Phase two of the campaign is underway and has been expanded to include regions in WA that didn’t receive the pilot campaign. It includes a TV ad featuring real regional doctors describing cancer signs and symptoms from their bathrooms and will be evaluated in 2015.
Abstract Number: 19.4

Evaluating an anti-tobacco campaign on a shoestring budget: Online panels and opportunistic data

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Background: State-wide anti-tobacco social marketing campaigns are expensive and sensitive to government budget cuts thus there is strong demand for data demonstrating its effectiveness. Best practice evaluation methods (e.g. continuous telephone surveys) designed to evaluate key campaign outcomes are often cost prohibitive, thereby restricting the availability of outcome data to funders. The substantial investment in social marketing campaigns in South Australia was terminated in 2013 and only recently re-instated in 2014 at a reduced amount. We were tasked with the job of designing a robust evaluation of the re-instated, reduced budget, state-wide campaign to ensure that quality data regarding campaign outcomes was available to funders.

Aim: To inform others of the lessons learnt from designing and implementing a small budget campaign evaluation that incorporated pre-existing state-wide survey data and an online research panel.

Methods: A multi-component evaluation plan was developed to match data sources with campaign outcome measures. Smoking prevalence questions were commissioned in an annual state-wide health omnibus survey conducted via face-to-face interviews (n~3000). Unprompted campaign recall questions were commissioned in a monthly state-wide health surveillance telephone survey (n~600). Finally, a biannual online survey of smokers and recent quitters was commissioned to evaluate group differences in cognitive and emotional responses to individual television commercials, which were shown as prompts during the survey.

Results: The results, which are not yet available, will be reported against campaign outcomes to the funders.

Conclusion: Anti-tobacco social marketing campaigns are widely utilised as a strategy for reducing smoking rates, but they require significant investment and quality evaluation data to justify their continued investment.

Implications: By matching campaign evaluation measures to opportunistic data sources, we have developed a robust evaluation on a shoestring budget that will yield valuable results to funders.

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Abstract Number: 19.5

Comparison of CATI vs online survey in final campaign evaluation of Cancer Council WA's UV Index campaign

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Background and context: In 2015 Cancer Council WA finished airing a mass media campaign about the UV Index, which had previously been evaluated through Computer Assisted Telephone Interviewing (CATI). However, CATI may become less reliable as a means of future program evaluation, due to the decrease in the number of landlines currently in Australian homes. A logical replacement for CATI may be online surveys.

Aim: To compare CATI Vs online evaluation methods in terms of reliability, cost and practicality; To evaluate the final year of the CCWA UV Index mass media campaign.

Strategy/Tactics: Cancer Council WA worked with the WA Cancer Prevention Research Unit (WACPRU) to create online versions of the existing CATI survey.

Program/Policy/Campaign process: In 2014/15 a combination of three evaluation techniques were used. Firstly, the original CATI survey in its entirety (including sun protection behaviour questions) was executed alongside an online version. Additionally, a briefer online version focusing on campaign evaluation without behaviour questions ran simultaneously. This was to determine whether possible ordering bias of questions in the original CATI may affect results.

Outcomes/What was learnt: Undertaking this thorough evaluation process helped to determine the effectiveness of the campaign and provided a useful comparison of online vs CATI methodology.

Implications: A better understanding of the UV Index gives people a tool to guide their sun protection behaviour and reduce their skin cancer risk. Results from the third year of the campaign will be presented along with findings regarding the different evaluation techniques used, and how this may affect evaluation strategies in future.
Abstract Number: 20.1

Alcohol consumption and head and neck cancer in Australia: A time series analysis

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Background: Although long-term alcohol use has widely been recognised as a risk factor for head and neck cancer, associations between aggregate level of alcohol consumption and head and neck cancer mortality have rarely been discussed, particularly among different sub-population groups.

Aim: This study aims to examine the magnitude and distributions of the preventative effects from the reduction of population drinking on head and neck cancer mortality across different gender and age groups controlling for the effects of smoking.

Methods: Annual time series data between 1960s and 2011 on per capita alcohol consumption (15+), head and neck cancer mortality were collected from the Australian Bureau of Statistics and Australian Institute of Health and Welfare respectively. Autoregressive integrated moving average models were established to estimate the associations across different gender and age groups with 20 years lagged effects of alcohol consumption identified.

Results: A 1-litre decrease in adult per-capita consumption of pure alcohol was associated with a decline of about 9% and 6% in male and female head and neck cancer mortality rates respectively. Comparing with other age groups, stronger and significant associations were found between per capita alcohol consumption and head and neck cancer mortalities among 50-69-year males and 70-year and above females.

Conclusion: Per capita alcohol consumption was significantly associated with head and neck cancer mortality among male and female with long-term effects across 20-year period.

Implications: The study provides clear evidence that a decrease in population level drinking could lead to a reduction in head and neck cancer mortality in Australia, particularly among 50-69 year males and 70-year and above females.

Abstract Number: 20.2

Innovative data sources for cancer control research: Retail sales data for tobacco and alcohol

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Background: Monitoring health behaviours with data sources that go beyond subjective reporting provides an accurate and reliable picture of trends in factors relating to cancer control. To this end, HPA purchases four-weekly retail sales data for alcohol and tobacco and uses it to analyse time trends and effects of policy initiatives.

Aim: To describe a useful data source for monitoring trends in tobacco and alcohol consumption, present initial findings, and discuss the types of research questions that can be addressed.

Methods: Raw data include value and volume of sales for different types of alcohol and tobacco sold at the majority of retail outlets around New Zealand (e.g. supermarkets; liquor stores; superettes). For analysis, data were transformed into standardised units (e.g. loose tobacco to standardised cigarettes).

Results: We will present trends in alcohol and tobacco consumption from 2010 to 2014, as well as cross-product associations. Since 2010, there has been a small increase in beer consumption (4%); large increases in cider (188%), “ready-to-drinks” (40%), and spirits (31%); and declines in cigarette (-15%) and wine (-4%) consumption. Initial findings indicate links between beer and cigarette sales, given their highly similar seasonal patterns (significant peaks in December/January and troughs in winter).

Conclusion: Our results show markedly different consumption trends for different alcohol types, as well as possible links between beer and cigarette consumption.

Implications: Sales data represent an objective information source that reduces reliance on ongoing self-report surveys. They can be used to answer diverse research questions in cancer control including assessing the impact of regulatory changes on consumption, time trends, and relationships between substances. They can also inform cancer control practice by highlighting the need to consider the links between alcohol and tobacco as well as seasonal shifts in consumption when designing and evaluating interventions.
Abstract Number: 20.3

Alcohol: A population study of predictors of consumption and awareness of the link with cancer

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Background: Alcohol consumption is a common and widespread part of Australian culture. Its use (and overuse) can cause substantial negative social, health and economic consequences and consumption is a known risk factor for cancer. Alcohol consumption in adolescence predicts consumption into adulthood.

Aim: To determine predictors of alcohol consumption among school students and awareness of the link between alcohol and cancer.

Methods: Data were collected via pen and paper questionnaires in the 2011 Australian Secondary Students’ Alcohol and Drug Survey (n=3050 South Australian students in year levels 7-12).

Results: In 2011, drinking status increased significantly with age and the proportion of those that drank exceeded those that did not drink by the age of 16 years. Awareness of the link between alcohol and cancer was low among students overall (28.5%). Predictors of consumption for 12 and 13 year olds (controlling for gender) were smoking, self-perceived lack of parental disapproval and associating alcohol consumption with relaxation and increased confidence. Predictors were similar for those aged 14 and 15 years old but parental disapproval was replaced by increased pocket money per week. Predictors were the same for those aged 16 and 17 years old however easy access to purchasing alcohol was also a predictor, along with smoking, self-perceived lack of parental disapproval, increased pocket money and associating alcohol consumption with relaxation and increased confidence.

Conclusion: Alcohol consumption during adolescence predicts consumption into adulthood. There is a complex interplay between personal, social and environmental factors at play in alcohol consumption among adolescents. Whilst socioeconomic disadvantage and awareness of the link between alcohol and cancer did not play an important role, parental disapproval, and availability through pocket money and access were predictors.

Implications: A multifaceted approach to tackle alcohol consumption is required including strategies and/or policies designed to restrict availability to young people.

Abstract Number: 21.1

Improving reach and uptake of psychosexual support: Introducing Rekindle, a web-based psychosexual resource for all cancer survivors and their partners

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Background: Sexuality changes can lead to psychological distress for cancer survivors, impacting long-term quality of life for them and their partners. Psychosocial and pharmaceutical interventions have proven beneficial in reducing this burden but are not widely accessed by most cancer survivors and their partners, due to embarrassment or lack of targeted information.

Aim: To develop and test the acceptability of Rekindle as a tailored web-based psycho-educational resource to address sexual concerns for cancer survivors and their partners.

Methods: The Rekindle design and construction was based on: 1) empirical evidence gathered from a literature review; 2) qualitative interviews with cancer survivors and partners; 3) an online survey of psychosexual support intervention preferences; 4) consultation with sexuality experts; and 5) usability testing of Rekindle.

Results: Interviews with 32 survivors (18 male) and 8 partners (4 female) highlighted the importance of communication and the need for self-guided communication skills training. The barriers and facilitators to effective sexual communication were specifically explored with changes to relationship perception, masculinity and self-confidence identified as three intervening phenomena. The online survey completed by 324 cancer survivors offered a clear preference for online delivery (32%) and interest in participating in interventions with their partner (32%). Embarrassment (28%) and lack of privacy (22%) were the most commonly cited barriers to uptake of psychosexual support. Usability testing served to enhance the functionality and acceptability of the Rekindle user experience. These findings together with the literature review led to the development and tailoring of seven modules for Rekindle.

Conclusion: Rekindle is designed to address sexual concerns amongst cancer survivors and partners by offering accessible, private and cost-effective support. Rekindle uses technology to create tailored supportive care for patients and their partners.

Implications: Rekindle may serve as a model for service delivery and integration of support services into standard care.
Abstract Number: 21.2

The 1000 Survivor Study

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Background: While current estimates indicate that more people are surviving cancer than ever before, not all are surviving well.

Aim: This presentation will describe preliminary results of the 1000 Survivor Study, a large online survey that aimed to comprehensively assess the concerns and support use behaviour of people who have experienced a cancer diagnosis and subsequent treatment.

Methods: Eligible participants were adults 18 years or older who had been diagnosed with cancer and who had completed treatment or were receiving maintenance therapy. Over 1000 cancer survivors, recruited through a multi-faceted community network and media campaign, completed an online survey asking about physical, emotional and practical concerns associated with their diagnosis and treatment.

Results: Participants had an average age of 57.6 years (SD = 12.9, range 18-87) with 54.9% being female. Seventy-four per cent were married or living with a partner and the highest level of education achieved was predominantly university, college, a trade or a technical certificate (64.7%). The majority (62.2%) had full private health insurance although 22.7% reported that they had no private health cover. Mixed cancer types were represented with the three most common treatments being surgery (68.2%), chemotherapy (45.5%), and radiation (44.9%). Nineteen percent reported they had finished treatment <1 year ago, 39.1% of participants reported that had finished treatment between 1 and 5 years ago, and 31.8% finished treatment >5 years ago. Detailed information will be reported on survivors’ concerns within the three domains of physical, emotional and practical problems, according to demographic characteristics and place of residence (regional/remote versus urban).

Conclusion: This important study quantifies an extensive range of concerns and accessed services for all cancer types.

Implications: The findings will help to further identify, develop and inform support mechanisms urgently needed to improve the quality of life of the growing number of cancer survivors.

Abstract Number: 21.3

Correlates of fear of cancer recurrence in overweight or obese breast cancer survivors

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Background: Fear of cancer recurrence (FCR) is common in breast cancer (BC) survivors and is associated with poorer quality of life. Obesity increases the risk of recurrence and all-cause mortality in BC survivors.

Aim: The aim of this study was to examine the prevalence and correlates of FCR in overweight/obese BC survivors.

Methods: Data were from baseline assessments of a weight loss intervention trial. Participants were recruited from multiple hospitals and the Queensland Cancer Registry. Women were diagnosed with stage I-III BC, had finished primary treatments (<2 years post-diagnosis), and had BMI 25-45kg/m2. FCR was measured via the Concern’s About Recurrence Questionnaire (CARQ-4) and dichotomised based on cut-off for clinical FCR (>12). Demographic, cancer-related, psychological (including depression measured by PROMIS-SF8b) and lifestyle-related characteristics were measured. Logistic regression model included variables associated with FCR at p<0.20 (in bivariate analysis), to determine independent correlates of FCR.

Results: 123 participants completed baseline assessments (55.7±9.1 years; median BMI 29.9kg/m2 [25th, 75th percentiles: 27.5, 33.6]; median 281 [25th, 75th percentiles: 205, 404] days since diagnosis. Over half (53.7%) reported clinical FCR. The logistic regression model (n=108) included age, chemotherapy treatment, BC subtype and depression. Depression was significantly associated with higher odds of clinical FCR (OR = 1.08, 95% CI 1.03, 1.14). BC subtype was associated with clinical FCR, although no longer statistically significant (Triple Negative BC compared to Luminal A BC: OR = 6.49 [95% CI 0.74, 56.63]).

Conclusion: FCR is common in overweight/obese BC survivors. Women with depression symptoms and those with triple negative BC may be particularly at risk. Future research should evaluate interventions to reduce FCR in BC survivors.

Implications: Routine screening of BC survivors, particularly those likely to be at high risk, is important to identify those in need of intervention to reduce fear and improve quality of life.
**Abstract Number: 21.4**

**The development of a cancer survivorship monitoring system for South Australia**

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**Background and context:** In South Australia there is no mechanism for collecting patient reported outcomes (PROs) experienced by cancer survivors (i.e. quality of life and unmet needs). PROs are not routinely collected in clinical settings and are not part of Clinical Cancer Registry data due to the difficulty of collecting this information. Data related to PROs are a key gap in population level data to inform cancer control activities.

**Aim:** The project aims to develop a minimum dataset and model for a cancer survivorship monitoring system for South Australia.

**Strategy/Tactics:** The project strategy includes identifying and engaging with key stakeholders to garner support for the establishment and implementation of a cancer survivorship registry, undertake research to test the feasibility of collecting PROs from cancer survivors and linking this data to clinical and population registry data, and (if feasible) seek funding to establish infrastructure for broader implementation.

**Program/Policy/Campaign process:** The program of work includes: 1) Undertaking a systematic review to identify existing cancer survivorship registries, 2) developing a minimum dataset and monitoring survey, 3) conducting a pilot study at a cancer treatment facility to determine the feasibility of collecting PROs post-treatment and over time from cancer survivors treated with curative intent, 4) exploring opportunities for funding to establish registry infrastructure and test broader implementation, and 5) ongoing engagement with stakeholders.

**Outcomes/What was learnt:** The project is in its infancy. We plan to collaborate with international experts, learn from their experiences and, where appropriate, apply models that have been implemented successfully.

**Implications:** A cancer survivorship monitoring system will meet the needs of a range of stakeholders including policy makers, clinicians, researchers, and consumers. It will address a critical gap in cancer control data. Data collected will be used to describe and quantify the psychosocial consequences of cancer treatment and will inform health service delivery, policy, research and advocacy.

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**Abstract Number: 21.5**

**Cancer stories of New Zealand / He Kahui Korero Taumahatanga o te Mate Pukupuku: Key findings**

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**Background:** Despite the growth in cancer survivorship research there is a notable lack of large qualitative studies conducted in New Zealand (NZ). This is despite the NZ Ministry of Health’s recent emphasis on addressing the psycho-social-spiritual needs of cancer survivors and recommendations for holistic approaches to care. Further, while the diagnosis and treatment of cancer can be extremely stressful, there has been some focus in the literature on positive aspects of the cancer experience.

**Aim:** To identify the factors that empower people who have experienced cancer.

**Methods:** A participatory research approach involved researchers and consumers working in partnership. Qualitative methods were used to focus on cancer survivors’ personal stories, asking them ‘what got them through their experience?’ Semi-structured interviews were conducted with 38 cancer survivors in the lower half of the North Island, NZ. Generic qualitative methods were employed including the recording, transcribing and thematic coding of interviews.

**Results:** The participants included 15 Māori, 18 European, 4 Pacific and 1 Asian (Korean); ages ranged from 18–88; 27 female, 11 male; and 13 primary cancer types. Underpinning the meta-theme of empowerment, seven distinct themes emerged: attitude, change, family/whānau and friends, healthcare professionals and services, sources of support, employment and tangata whānau (NZ’s indigenous peoples).

**Conclusion:** This study suggests key areas that may help empower people in their cancer journey. An empowerment lens, that asks how those affected by cancer may be further enabled at an individual, family/whānau, employer and healthcare professional level, may assist people in their experience of cancer.

**Implications:** This study, notably with consumer participation in design and analysis, provides a unique NZ view of what helped 38 people with cancer get through. While each person’s cancer experience was different; there were common themes that run across ethnicities, ages and cancer types.
Abstract Number: 22.1

New Zealand secondary schools’ sun protection policies and practices: A 2014 baseline to inform advocacy and programme development

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Background: Most skin cancers are potentially preventable through the avoidance of excessive exposure to ultraviolet radiation (UVR). School-based programmes for skin cancer primary prevention are justified because exposure in early life is a risk factor and schools are settings where young people are potentially exposed to, as well as learn about, UVR. A SunSmart Schools Accreditation Programme (SSAP) has been successfully implemented at primary schools, but is lacking at secondary schools.

Aim: To obtain comprehensive data on secondary school sun protection policies and practices in order to inform programme development, targeting, issue prioritisation and advocacy.

Methods: On 16 October 2014, 485 public secondary school principals identified from the Ministry of Education database were mailed a hard copy questionnaire modelled on that used in primary school SSAP evaluation. Sun protection policy development and practices were assessed, including planning and behavioural expectations at school and school events, curriculum content and environmental provision.

Results: Descriptive statistics obtained for all aspects of sun protection policy and practices were analysed by school size, type (single sex vs co-educational), socio-economic decile and geographic region (including provincial vs metropolitan site). A summative, total Sun Protection Score was created.

Conclusion: The specific areas where schools performed best and worst regarding sun protection were identified and overall school performance was assessed.

Implications: This study highlights areas that may require targeted efforts, provides timely information for programme development and advocacy and establishes a baseline against which future sun protection efforts in secondary schools may be evaluated.

Abstract Number: 22.2

Underlying themes in habitual sun-related behaviours in adolescents and the role of appearance-based motivations

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Background: Appearance-based motivations may contribute to low adoption of sun protection behaviours in adolescents.

Aim: The aims of this study were to (1) investigate underlying themes in habitual sun-related behaviours reported by adolescents and (2) explore relationships with skin tone dissatisfaction, tanning intentions, and beliefs about the benefits and risks of sun tanning in an adolescent sample.

Methods: Analyses were conducted using data from the 2011 Australian Secondary Students’ Alcohol and Drug Survey. In South Australia, data were available for 2875 students aged 12 to 17 years. Responses to questions about 7 sun-related behaviours were subjected to a principal components analysis to identify underlying factors. Bivariate correlations, run separately for males and females, examined patterns of associations between the resulting factors, skin tone dissatisfaction, tanning intentions, and several statements addressing beliefs about the desirability and risks of tanning.

Results: Sun-related behaviours could be reduced to three factors; Sun Protection (hat, sunscreen, protective clothing), Appearance-enhancement (sunglasses, briefer clothing), and Shade Behaviour (seeking shading, time indoors). Appearance-enhancement was associated with higher skin tone dissatisfaction, stronger intentions to tan, stronger beliefs about the attractiveness of a tan, and perceived peer norms in support of tanning. These measures were associated with Sun Protection and Shade Behaviour but in the opposite direction. In general, misperceptions about the risks of tanning were more likely to be associated with Shade Behaviour (lower misperceptions) than with Sun Protection and Appearance-enhancement; however the patterns of associations with sun protection behaviours varied depending on the specific question and gender.

Conclusion: Sun-related behaviours in adolescents are not independent; they can be understood in terms of a smaller number of themes that may have different underlying motivations.

Implications: Strategies to engage adolescents in sun protection should consider appearance-based motivations that encourage incidental sun protection (e.g. trendy hats and clothing).
Abstract Number: 22.3

Teenage sun protection: Do they really do what they say they do?

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Background: Existing evidence shows that Australian teenagers exhibit high-risk sun exposing behaviours with greater frequency of sunburn and lower levels of sun protection than adults. The most comprehensive available data has been collected via the self-report three-yearly Cancer Council Australia National Sun Protection Survey. Objective in-situ data is needed to assess whether self-report provides an accurate account of teenagers’ sun protection behaviours in practice.

Aim: To determine the in-situ sun protection behaviours of 12-18 year olds in outdoor aquatic environments (beaches and pools) in New South Wales (NSW), Australia.

Methods: The study adopted a quasi-experimental design. Eighteen research sites were selected based on aquatic setting type, socioeconomic status, patronage, skin cancer incidence, metropolitan or regional location, size and onsite facilities. Researchers visited each site in pairs during December 2013 and January 2014 in peak ultraviolet radiation (UVR) time-periods. Observations of teenagers’ sun protection behaviours were conducted for 30 minute periods. In total, 655 observations were conducted with teenagers aged 12-18 years.

Results: The proportion of teenagers observed to be using sun protection in aquatic environments was extremely low. Only 15% of teenagers applied sunscreen, 15% wore hats, 13% wore sunglasses, 8% used shade and 3% wore sleeved shirts whilst visiting an aquatic environment during summer in peak UVR periods.

Conclusion: Observed use of sun protection by NSW teenagers was lower than expected based on the most comparable available data from Australian self-report studies.

Implications: This study provides the first objective data on sun protection behaviours of teenagers in NSW aquatic settings. The findings reinforce that teenagers remain a priority audience for skin cancer prevention as their already low self-reported sun protection behaviours appear to be substantially lower in practice. The findings offer valuable insights into the observed sun protection behaviours of teenagers that can be used to guide development of tailored skin cancer prevention campaigns.

Abstract Number: 22.4

Pretty Shady – a new youth skin cancer prevention campaign approach

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Background and context: Australia has the highest rate of skin cancer in the world, and it is the most common cancer among young Australians. Skin cancer prevention campaigns in NSW have contributed to improvements in knowledge and attitudes toward skin cancer and sun tanning, however, routine and comprehensive use of sun protection remains a significant challenge. In 2013/14 the Cancer Institute NSW launched a new campaign, Pretty Shady, to encourage sun protection behaviours.

Aim: The presentation describes the development of the Pretty Shady skin cancer prevention campaign, implemented for the second time in 2014/15.

Strategy/Tactics: Pretty Shady is targeted at 18-24 years olds and aims to reframe the five sun protection measures and address barriers to sun protection presented by fashion and social norms. Building on learnings from the previous year the 2014/15 campaign strengthens its focus on promoting sun protection measures in digital environments that are relevant to the target audience. The campaign also focuses on real-world environments including beaches and music festivals where the target audience are likely to be exposed to the sun and engage in tan-seeking behaviours.

Program/Policy/Campaign process: The 2014/15 campaign utilises advertising, event sponsorship, PR and social media activity focused on digital platforms including Facebook, Instagram and Twitter. Specific campaign components include a video manifesto, ambassadors and limited edition giveaway sun protection products.

Outcomes/What was learnt: Evaluation activities include; an annual skin cancer online tracking survey to measure attitudes, beliefs, knowledge, sun protection behaviours and campaign recall, a digital evaluation using tagging and tracking technology to compare knowledge, attitudes and behaviours of youth exposed and unexposed to the campaign, and social media monitoring.

Implications: The campaign outcomes will inform future skin cancer prevention campaigns and learnings from digital evaluation can be applied to other youth-targeted campaigns as well as digital campaigns more broadly.
Abstract Number: 22.5

SunSmart schools curriculum resources

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Background and context: Skin cancer is the most common cancer in New Zealand and we have the highest rate of it in the world. The SunSmart Schools programme was initiated in 2005 to reduce our skin cancer rates.

Aim: To develop relevant curriculum resources to support the programme.

Strategy/Tactics: Baseline research about sun safety in schools was carried out before the programme was implemented and then follow up research was performed 5 years later. The research showed that the Cancer Society of NZ needed to focus on two areas to improve uptake and retention of the programme in schools. The first was shade, which has begun to be addressed and the second area was the school curriculum.

Program/Policy/Campaign process: Schools wanted curriculum resources that were meaningful. In response the Society developed curriculum resources that are linked to the New Curriculum set by our Ministry of Education. The resources – written by educational experts – are designed for Levels 1-4 of the New Zealand Curriculum and are cross-curricula: covering numeracy, literacy, health, Te Reo and science learning. They are inquiry-based and can be used to assess National Standards. The units can be used for an entire term of schools.

Outcomes/What was learnt: The development process for these was long, as not many curricula experts had expertise in the science of UV radiation. Expectations between health promoters, schools and the developers were often differing. In June 2014, the resources were completed after being piloted in schools. The launch has been successful and reports show that schools think they are high quality and differ as they link to the science curriculum.

Implications: The SunSmart schools programme needs to continue to develop in areas where research suggests weakness to stay relevant to schools and to increase uptake. The curriculum resources offer a new way into the programme and make it easier and more attractive for teachers to teach SunSmart each year.

Abstract Number: 22.6

Results and recommendations from the National Early Childhood Sun Protection Survey 2013

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Background: Overexposure to ultraviolet radiation (UVR) in childhood is a significant predictor of skin cancer in later life. The National Early Childhood Sun Protection Survey was first implemented in 2008 to investigate the sun protection practices used by early childhood services across Australia, and was conducted for the second time in 2013.

Aim: To provide an overview of sun protection practices in early childhood services across Australia in 2013, and to monitor changes in sun protection practices since 2008.

Methods: Approximately 15% of services in Australia were randomly selected to participate in an online survey, and 1037 services participated (response rate of 59%).

Results: Results indicated a high level of engagement with sun protection practices across Australian early childhood services. There were significant increases from 2008 to 2013 in the use of sunscreen, sun protective hats and sun protective clothing by early childhood services, although this varied across the states and territories. Almost half (49%) of services indicated that the issue of vitamin D and sun exposure had been raised at their service in the past year.

Conclusion: Sun protection practices in early childhood centres have improved over time. However, variation in adherence to sun protection standards across Australia demonstrates the need for comprehensive sun protection standards to be mandated in early childhood services. Widespread concerns regarding vitamin D highlight the need for ongoing promotion of a balanced approach to sun protection and achieving adequate vitamin D.

Implications: Lobbying government to enforce consistent standards of sun protection in early childhood services should be a priority, as adoption of standards into policy could greatly reduce overexposure to UVR in early childhood. Cancer Councils should continue to promote a safe approach to balancing sun protection and vitamin D to avoid centres adopting inadequate sun protection practices due to vitamin D concerns.
Abstract Number: 23.1

School fruit and vegetable breaks: Increasing their implementation in a population of Australian schools.

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Background: Limited evidence exists describing the effectiveness of strategies in facilitating the implementation of fruit and vegetable programs by schools on a population wide basis.

Aim: To examine the effectiveness of a multi-strategy intervention in increasing the population-wide implementation of vegetable and fruit breaks by primary schools and to determine if intervention effectiveness varied by school characteristics.

Methods: A quasi-experimental study was conducted in primary schools in the state of NSW, Australia. All primary schools in one region of the state (n=422) received a multi-strategy intervention. A random sample of schools (n=406) in the remainder of the state served as comparison schools. The multi-strategy intervention involved development and provision of: program consensus and leadership; staff training; program materials; incentives; follow-up support; implementation feedback. Comparison schools had access to routine information-based Government support. Data to assess the prevalence of vegetable and fruit breaks were collected by telephone from Principals of the intervention and comparison schools at baseline (2006-2007) and 11-15 months following the commencement of the intervention (2009-2010).

Results: At follow-up, prevalence of vegetable and fruit breaks increased significantly in both intervention (50.3% to 82.0%, p<0.001) and comparison (45.4% to 60.9%, p<0.001) schools. The increase in prevalence in intervention schools was significantly larger than among comparison schools (OR 2.36; 95% CI 1.60-3.49, p <0.001).

Conclusion: The findings suggest that a multi-strategy intervention can significantly increase the implementation of vegetable and fruit breaks by a large number of Australian primary schools.

Implications: Assuming an average school size of 250 students, the achievement of 82% of schools implementing the program within the region suggests that over 86,000 children are benefiting from the program each school day.

Abstract Number: 23.2

Food marketing with movie character toys: Effects on young children’s preferences for healthy and unhealthy fast food meals

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Background: Movie tie-in premiums are a pervasive method of targeting children with fast-food advertising.

Aim: To test whether 1) movie tie-in premiums accompanying fast-food meals influence young children’s meal choices and their perceptions of these meals; and 2) effects of these promotions occur to the same degree for both unhealthy and healthy fast-food meals.

Methods: Experimental design with 904 Grade 1 and 2 students from Melbourne randomly assigned to one of four conditions: 1) unhealthy and healthy meals (control – no premium); 2) unhealthy and healthy meals (all with premium); 3) unhealthy meals (with premium) and healthy meals (without premium); 4) unhealthy meals (without premium) and healthy meals (with premium). All participants were shown a trailer for a current children’s movie followed by an advertisement for a McDonald’s Happy Meal associated with that movie (Conditions 2-4) or an advertisement for a children’s leisure activity (Condition 1). Participants were shown meal options on screen and asked to choose their preferred meal before completing detailed meal ratings.

Results: Children shown meals with no premiums, premiums with all meals, and premiums with only unhealthy meals were significantly more likely (all p<0.001) to select an unhealthy meal compared to children shown meals where only the healthy meal was accompanied by a premium. Children rated healthy meals accompanied by a premium, more favourably relative to unhealthy meals on appearance, likelihood of asking their parents for the meal and how they would feel if their parents bought the meal for them.

Conclusion: Inclusion of movie tie-in premiums with healthy meals enhances children’s ratings of healthy meals relative to unhealthy meals. Children are least likely to choose unhealthy meals when movie tie-in premiums only accompany healthy meals.

Implications: Restricting movie tie-in premiums to healthy meals should encourage healthier fast food meal choices by children.
Abstract Number: 23.3

Finding the keys to successful public health campaigns promoting healthy weight to adults: Quantitative audience testing research

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Background: Mass media communications are an important component of comprehensive public health interventions to address population levels of overweight and obesity, yet we have little evidence about the characteristics of effective campaigns on this topic.

Aim: To quantitatively pre-test audience reactions to a range of existing adult-focused public health television advertisements (ads) promoting healthy weight to determine which ads have the highest levels of message acceptance, argument strength, personalised perceived effectiveness and negative emotional impact.

Methods: 1116 Australian adults aged 21-55 years were recruited from a national online panel to complete this web-based study. Quotas were applied to achieve even numbers of males and females, those aged 21-29 years and 30-55 years, and those of a healthy weight (BMI=18.5-24.9) and overweight/obese (BMI=25+). Participants were randomly assigned to view and rate four of eight ads that varied in terms of message content (health consequences, supportive/encouraging or social norms/acceptability) and execution style (graphic, simulationanimation, positive or negative testimonial, or depicted scene).

Results: Two ads emphasising the health consequences of excess weight – one via a graphic execution and the other via a negative personal testimonial – produced the highest ratings overall for personalised perceived effectiveness. In general, ads containing messages regarding social norms/acceptability received the lowest ratings for personalised perceived effectiveness while ads that provided support and/or encouragement for lifestyle behaviour changes tended to elicit less negative emotional impact. Ads featuring depicted scenes (e.g. actors portraying a scenario or series of events) did not perform as well as ads using other executional styles.

Conclusion: Ads emphasising the negative health consequences of excess weight appear most effective on the scales measured.

Implications: Findings from this study provide preliminary evidence of the most promising content and executional styles of messages that could be pursued as part of obesity prevention mass media campaigns.

Abstract Number: 23.4

Identifying effective media campaign messages for addressing obesity: Focus group research with adults

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Background: There is little research available concerning the types of public health ads that are likely to be most effective for promoting healthy weight and lifestyle. This qualitative project extends recent quantitative research in this area.

Aim: To explore adult’s attitudes and reactions to a range of television advertisements (ads) promoting healthy weight, physical activity and healthy eating.

Methods: Twenty-four focus groups (N=179) were conducted in metropolitan and regional areas of the Australian states of Victoria, New South Wales and Queensland, with participants segmented by sex, education (no tertiary, at least some tertiary) and life stage (young adults, parents). Each group was assigned to one of the three advertising streams: Weight, Activity, Eating.

Results: Reactions varied by demographic factors and current weight and lifestyle status. Participants furthest from achieving public health recommendations for weight, diet and activity responded best to ads involving gentle persuasion and helpful hints. Participants closer to meeting recommendations reacted to stronger, more graphic and emotive advertising.

Conclusion: A comprehensive communication strategy around weight, physical activity and eating should include four key components: the why, who, what and how of healthy lifestyles.

Implications: A strategic approach is required for the development of individual ads and whole campaigns, to ensure an appropriate message is delivered to selected target audience segments in the most effective manner.
Abstract Number: 23.5

Knowledge of the link between lifestyle risk factors and cancer in the NSW community

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Background: After not smoking, maintaining a normal body weight, eating a healthy diet and being physically active are the next most important preventable causes of cancer. Addressing these lifestyle cancer risk factors will also reduce the risk of cardiovascular disease, diabetes and other chronic diseases. Raising community awareness combined with public policy that creates health-promoting environments can influence personal risks of cancer and other diseases.

Aim: The aim of the study was to investigate the awareness of the link between diet and physical activity and cancer in the New South Wales (NSW) community.

Methods: 2474 adults living in NSW participated in an online survey in 2013. The survey investigated perceived risk factors for cancer and awareness of the link between lifestyle factors and chronic disease risk including cancer. Perceived risks were compared to estimated actual contribution of each factor to cancer risk. Analysis included comparison of awareness amongst different demographic groups.

Results: There were low levels of awareness of the link between obesity and cancer compared to awareness regarding obesity and other chronic diseases (for example 39% cancer vs 96% heart disease). The cancer risk associated with physical inactivity, overweight and obesity and low fruit and vegetable intake was underestimated compared to estimated actual risk. The cancer risk associated with family history of cancer, chemicals in food, pollution and stress was more often overestimated.

Conclusion: The results highlight the gap between perceived versus actual importance of certain factors to a person’s risk of cancer and in particular the low awareness of the influence of diet and physical activity on cancer risk.

Implications: These results highlight the need to increase awareness of the preventable causes of cancer and provide guidance on messaging to influence individuals’ lifestyle choices to reduce their personal cancer risk.

Abstract Number: 23.6

Knowledge, beliefs and attitudes regarding sugar-sweetened beverages and potential regulatory measures to curb obesity

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Background: Sugar-sweetened beverage (SSB) consumption increases the risk of overweight and obesity in adults and children.

Aim: To provide in-depth insight into public understanding of this relationship and attitudes towards measures to reduce SSB consumption.

Methods: We explored behaviours, attitudes and beliefs regarding the consumption of SSBs, including perceptions of potential regulatory measures (e.g. taxation and restrictions on marketing/sales to children). Eight focus groups were conducted (n=57) in 2014 with regular (at least weekly) consumers of SSBs. The groups were segmented by life cycle stage (young adults and parents of primary school-aged children), SES (low and mid), and gender.

Results: Consumption of SSBs for most participants and their children was normalised, approaching multiple times per week, and considered a necessary accompaniment to physical activity. They had limited understanding of the sugar content of sports drinks, juices and flavoured waters and milks, and of the link between consumption and excess weight and did not perceive themselves to be at risk of weight gain or other associated health problems due to their SSB consumption. Participants acknowledged the need not to drink SSBs to excess; however, they had no conception of what ‘excess’ was. There was little awareness or understanding of health agency recommendations regarding sugar consumption and SSBs. After exposure to a LiveLighter SSB fact sheet, concern regarding consumption rose markedly. There was support for regulations to reduce consumption of SSBs amongst children, but less support and some strong disagreement with regulations that affected participants’ own consumption.

Conclusion: The results indicated that knowledge was low, but there is clear potential to increase awareness of the need to reduce community consumption of SSBs, and an openness to related policy measures.

Implications: Further research is required to explore the types of factual and persuasive messaging that will motivate behaviour change.
Abstract Number: 24.1

**FOODcents: Bridging the knowledge-behaviour change gap**

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**Background:** FOODcents is a nutrition education program that aims to improve the health of Western Australians, especially the disadvantaged. It is funded by WA Health and has been operating for more than 20 years. The program is delivered to around 2500 Western Australians each year via collaboration between three non-government organisations – Cancer Council WA, the Australian Red Cross, and Foodbank WA. Ongoing funding of FOODcents is dependent on program effectiveness.

**Aim:** This presentation will outline the results of a comprehensive program evaluation that assessed whether FOODcents meets its objectives of improving participants’ nutrition-related knowledge and changing their food purchase and consumption behaviours, thereby reducing their risk of cancer.

**Methods:** Over a two-year evaluation period, a multi-method approach was used to access a broad range of FOODcents participants. Surveys (hard copy in-session questionnaires and a follow-up online questionnaire), focus groups, and participant observations generated data relating to various aspects of the program. More than 1000 program participants were involved in the evaluation.

**Results:** Both the qualitative and quantitative data indicated that the FOODcents program content is used by participants to improve their diets. Statistically significant improvements were identified in fruit and vegetable consumption, while consumption of fast food decreased. Lower SES participants were more likely than other groups to report favourable changes in their diets. Participants’ understanding of the diet-cancer link was also significantly improved.

**Conclusion:** The results demonstrate that the FOODcents program is effective in delivering nutrition information in a format and manner that facilitates dietary change post exposure, especially among the disadvantaged.

**Implications:** The results support the ongoing inclusion of programs such as FOODcents in comprehensive policies to address nutrition-related health problems.
Abstract Number: 24.3

**How effective is Victoria’s Quitline for smokers with mental illness?**

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**Background:** Smoking rates are higher in people with mental illness than the general population, and are not showing the same rates of decline over time. Quitlines are effective for the general population, but remarkably little has been published on their effectiveness for people with mental illness.

**Aim:** To describe and evaluate Victoria’s tailored Quitline service for smokers with a mental illness, including use and satisfaction with the service, and quit rates at one and six months.

**Methods:** A Quitline evaluation telephone survey (recruitment October 2013–April 2014), which contacted 803 service users at one and six months following their initial call with Quitline.

**Results:** One third (32%, n=260) of service users disclosed mental illness. Among these, the primary diagnosis was: 52% depression, 21% anxiety, 11% bipolar disorder, 13% schizophrenia and 3% other. Three quarters (76%) were taking medication for mental health. 74% self-referred to Quitline with the remaining 26% referred by health professionals. Among smokers at baseline, one month point prevalence quit rates were lower, but still very acceptable, among people with mental illness (28% vs 44% among those without mental illness, X2(1,260)=15.42, p<.001). Quit rates at one month follow up did not differ significantly according to primary diagnosis: 31% for depression, 24% anxiety, 22% bipolar, 23% schizophrenia. Quit rates at one month also did not differ significantly according to whether the client was self-referred (30% quit) or referred by a health professional (21% quit). Six month data is still being collected and outcomes will be presented.

**Conclusion:** Quitline is an effective but under-utilised resource for smokers with mental illness. Mental health providers should refer smokers to Quitline more often.

**Implications:** This is the first paper we are aware of that examines the effectiveness of a Quitline across a range of mental health disorders.

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Abstract Number: 24.4

**Organisational changes to tackle smoking in community-based mental health organisations**

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**Background:** The Tackling Tobacco program aims to reduce smoking-related harm among disadvantaged people. Cancer Council NSW partners with not-for-profit community sector organisations (NFPs) to implement organisational changes (leadership, policy, training, quit support, monitoring and data collection) and procedures to prompt practice change. Previous program evaluations have shown a whole-of-organisation approach is needed. Smoking is more common among people with mental illness (estimated prevalence of 32%); therefore organisations providing mental health services are one of the target groups for Tackling Tobacco. CCNSW initiated an organisational change project in community-based mental health organisations (Schizophrenia Fellowship of NSW and The Benevolent Society) in partnership with the Mental Health Coordinating Council (NSW).

**Aim:** To evaluate implementation of a multi-component change project to address smoking in NFPs providing mental health services.

**Methods:** Organisational audit assessed current policies, systems and practices. Pre-project staff survey and interviews were used to gain an understanding of factors that may affect program implementation. Development of action plan assisted in implementation of changes.

**Results:** Staff surveys showed positive attitudes to addressing smoking at baseline and these were maintained. The organisations updated or implemented new policies on smoking. Quit support was addressed in client case management and questions on smoking were incorporated into data collection.

**Conclusion:** The project showed mental health NFPs are willing to partner with public health organisations to address smoking. Project periods of six months or more are required to secure multi-component changes. Senior management engagement is necessary for successful organisational change.

**Implications:** The evidence helped identify key components of the Tackling Tobacco model. It highlighted the need for incorporating smoking outcomes in reportable performance measures of funding bodies to sustain the change in organisations. The learnings could be applied to other programs to support healthy behaviours in the NFP sector. The evidence will inform CCNSW advocacy to government.
Abstract Number: 24.5

Baseline data from a cluster-control trial evaluating sun-safety in NSW primary schools

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Background: Previous evaluations of the SunSmart Program have supported the link between a written sun protection policy and improved sun protection behaviours in NSW primary schools. However, these evaluations have relied on self-reported data, and research suggests that direct observations are required to better represent schools’ usual sun-protective practices.

Aim: The first phase of the study aims to provide an objective assessment of students’ sun-safe hat wearing and sunscreen use, and teacher role-modelling of sun-safe behaviour.

Methods: Baseline data is being collected from October to December 2014 as part of an 18-month cluster-controlled trial in NSW primary schools (n=20). Researchers will conduct three direct observations to record students’ hat use and teachers’ use of sun-protective measures during recess and lunch periods in each school. Researchers are also recording the volume of sunscreen that the Year 6 classes in each school utilise over the term.

Results: Data collection is in progress and data analysis will occur between January and March 2015. Results will be reported using measures of central tendency and Pearson correlations between the primary outcome variables and their identified covariates - that is the sun safety measures in relation to the time of day, temperature, UV radiation level and presence of supervision during the scan.

Conclusion: This will be the first objective analysis of sun-safe behaviours leading to a policy-driven intervention conducted in Australian primary schools since the 1990s, and will inform the future direction of sun safety in our schools.

Implications: An initial review of relevant Australian and New Zealand literature suggests that provision of policy support is likely to improve school sun protection practices; however there is no suggested model for this support. Following the baseline data collection, researchers will collaborate with five of the schools to develop and evaluate an intervention to improve the implementation of school sun protection policies.

Abstract Number: 25.1

Techniques for improving emotional content of on-line communications – a systematic review

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Background: On-line forms of communication are increasingly being used by health-related organisations to provide both information and psychosocial support. Written or typed forms of communication carry particular challenges in conveying emotional content, both for the consumer and the provider.

Aim: A systematic review was conducted to identify: techniques used to convey emotion in written or typed on-line communications and the effectiveness of the identified techniques in influencing the nature of the interaction, consumer perceptions of the interaction, participant satisfaction and impact on consumer psychosocial outcomes such as distress or anxiety.

Methods: An electronic search was conducted of databases including PubMed, Medline, CINAHL, PsychINFO, Embase and the Cochrane Library. Searches were also conducted using Google Scholar, manual searching of article reference lists and manual searching of tables of contents for selected relevant journals.

Results: A small number of techniques were identified including emotional bracketing and use of emoticons. Very few rigorous studies were identified which provide any empirical data regarding the effectiveness or impact of techniques for enhancing the emotional content of on-line communication techniques.

Conclusion: Techniques to facilitate communicating emotional content in an online setting do appear in the literature, but empirical data to support their effectiveness and use is scare.

Implications: As many health-based organisations are moving to incorporate online information and support services, there is a need for empirical examination of on-line communication techniques in the context of the provision of information and support in the health context.
Abstract Number: 25.2

The Rainbow Daffodil: Cancer Council NSW addresses the support needs of the Lesbian, Gay, Bisexual, Transgender and Intersex communities affected by cancer

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Background and context: Cancer Council New South Wales’ (CCNSW) mission is to defeat cancer by engaging the community. Recent focus has centred on effective engagement with the Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) communities to understand their needs when facing a cancer diagnosis. As noted in the NHMRC Clinical Guidelines for Psychosocial Care of Adults with Cancer (2003), there is a paucity of high-quality research about the health issues related to sexuality and the impact of cancer and it is noted that the LGBTI communities may face concerns and issues not experienced by their heterosexual counterparts.

Aim: To provide an overview of the strategies undertaken by CCNSW in expanding support programs for the LGBTI communities.

Strategy/Tactics: Strategies included: an evaluation of an existing lesbian cancer support group; the development of media presented case stories of same sex attracted peer volunteers in a number of current supportive care programs; evaluation of the perception of CCNSW’s current internal and external capacity to work effectively with LGBTI communities; evaluation of training that addresses LGBTI inclusive services (delivered in partnership with the Aids Council of NSW); and the evaluation of a webinar that addressed the ‘invisibility’ of LGBTI communities.

Program/Policy/Campaign process: CCNSW policy for supportive care programs is cognisant of the following research findings: 1) Being in a sexual or gender minority is a potential social determinate for poorer health outcomes; and 2) Cancer can often affect the way an individual experiences themselves as a sexual being.

Outcomes/What was learnt: Unique challenges facing LGBTI communities have been highlighted: primarily, layering of a second stigmatised identity, that of ‘cancer patient’ on an already marginalised group of people. CCNSW has delivered several interventions to address specific concerns and challenges within these communities and data will be available in May 2015.

Implications: Through the adoption of a more inclusive approach to the development and implementation of CCNSW supportive care programs, unique barriers to care, and specific issues and concerns, have been identified. This may facilitate fairer access to health services and improved health outcomes for LGBTI communities across NSW.

Abstract Number: 25.3

Integration of referral to Cancer Council support services into usual clinical care: A pilot study

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Background: Cancer “helplines” are a common model of providing information and support to people affected by cancer. Patients and their carers have high information and support needs, yet research shows there is low awareness and use of these services. Patients have reported they would be more likely to use services if suggested by a clinician, yet routine referrals to these services are lacking in the clinical oncology setting.

Aim: 1) determine whether a clinician referral to Cancer Council Victoria (CCV) 13 11 20 service increases uptake of support services among patients. 2) determine the acceptability and feasibility of integrating referrals into usual patient care.

Methods: A pre-post study design is adopted with two health services in Victoria (one metropolitan and one regional). Health professionals (HPs) will attend short information sessions detailing CCV support services, which are listed on the referral pad. In an appointment, the clinician may choose to refer their patient to any support services offered by CCV. Upon handing the referral to the patient, the HP will inform them of the referred service and how to contact CCV. Calls to CCV 13 11 20 will be monitored for changes in volume of patients calling from the pilot sites. Call content and outcome will also be recorded. A sample of HPs and patients will complete a survey assessing feasibility and acceptability of the referral system.

Results: The project is now in the implementation phase in the Chemotherapy Day Unit, Palliative Care, and Specialist Lung Clinic. Data collection is due to commence in November with preliminary results to be presented at the BRCC Conference.

Conclusion: A HP’s recommendation for a service at a salient point in the cancer trajectory can increase uptake of support services.

Implications: This project will inform a state-wide mechanism for patients to access cancer support services, as identified in conjunction with their clinicians.
Abstract Number: 25.4

Life expectancy discussions in a multi-site sample of Australian medical oncology outpatients

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Background: Patient-centred cancer care requires that patients receive the information they want about their life expectancy.

Aim: This multi-site study of medical oncology outpatients examined: 1) the proportion of patients who received their preferred level of life expectancy information; and 2) the socio-demographic, clinical and psychological factors associated with life expectancy information.

Methods: Cross-sectional survey of 1431 medical oncology outpatients across 11 Australian cancer treatment centres. Patients indicated the extent to which the information they received about life expectancy aligned with their preferences.

Results: Almost one quarter (24%; 95% CI: 22,27%) of patients perceived they received too little information, 4% too much information (95% CI: 3,5%), 22% neither wanted nor received any information (95% CI: 20,24%). Half of all patients received all the information that they wanted (95% CI: 47,52%). Patients had greater odds of receiving too little information if they were in remission, did not know their cancer stage at diagnosis, or were anxious or depressed. Patients had greater odds of receiving too much information if they were younger, had a more advanced cancer and did not know their cancer stage at diagnosis. Patients had greater odds of not wanting or receiving information if they were older and did not know their cancer stage at diagnosis.

Conclusion: The provision of life expectancy information must be improved to better meet the preferences of patients. Health care providers should routinely ask patients how much they wish to know, and whether they have received adequate information regarding their life expectancy.

Implications: Guidelines for how clinicians should convey life expectancy information to their patients are currently based largely on expert consensus, rather than high quality scientific evidence. There is a need for methodologically rigorous intervention studies that examine the impact of life-expectancy disclosure practices on patient outcomes.

Abstract Number: 25.5

Radiation oncology outpatients’ perceptions of life expectancy discussions

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Background: Clinical practice guidelines recommend life expectancy information should be provided in a manner that is responsive to cancer patients’ preferences. However, given the sensitivity of this topic, research evidence describing how life expectancy discussions impact on patients is limited. This study aimed to gain insights into patients’ experiences of life expectancy discussions and their views about the acceptability of such information.

Aim: To determine: 1) the proportion of radiation oncology outpatients who have discussed their life expectancy with their oncologist and other health professionals; 2) perceptions of life expectancy discussions with oncologists.

Methods: Patients receiving radiotherapy were invited to complete a touchscreen survey containing an optional section about life expectancy.

Results: Of 208 respondents, 133 (64%, 95% CI 57%-70%) had discussed life expectancy with oncology specialists (n=111) and/or other health professionals (n=81). The majority of patients reported the life expectancy information: was easy to understand (91%), was discussed sensitively (90%), helped plan for the future (83%) and gave them certainty (86%). The discussions made 10% of patients feel overloaded and 34% anxious. Although 97% of patients were glad they discussed life expectancy, approximately half perceived that cancer would not impact on their life expectancy, and one fifth disagreed with estimates provided to them.

Conclusion: Less than two-thirds of respondents had discussed life expectancy with a healthcare provider. Although the majority had positive perceptions about having these discussions, some patients’ views about their life expectancy may differ from clinicians views.

Implications: Clinicians need to be skilled at navigating patients understanding of life expectancy information, and at being able to recognise the adverse impact of such information that a minority of patients report. Communications skills training in assessing and responding to patients’ preferences is likely to form an important part of continuing professional development for cancer clinicians.
Abstract Number: 26.1

LiveLighter: Passing the scream test

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Background and context: LiveLighter is an hard-hitting and evidence-based public education campaign funded by the Department of Health Western Australia to address overweight and obesity in WA. Following its early success, it has now been rolled out in Victoria and the Australia Capital Territory. This comprehensive campaign includes mass media and advocacy initiatives as well as education and support tools for individuals.

Aim: One phase of the campaign encourages people to avoid sugary drinks. In the 2011 financial year, the junk drink industry spent over $111 million persuading Australians to do just the opposite. We are never going to be able to outspend the junk industry, so the LiveLighter campaign has turned to targeted, strategic elements to challenge the commercial determinants of health.

Strategy/Tactics: Careful selection of a specific message, location, and/or time gives campaign elements more clout. Using images of visceral fat near clusters of fast food outlets, replacing unhealthy sponsors with healthy ones and ‘topping and tailing’ ad breaks are all tactics that have been used.

Program/Policy/Campaign process: The ‘scream-test’ and other qualitative metrics have demonstrated industry displeasure with, and public support for the LiveLighter campaign and advocacy objectives.

Outcomes/What was learnt: Several letters of complaint have been received from the junk food and drink industry in relation to various campaign activities. The obesogenic environment is profitable for some, and LiveLighter is highlighting some of the commercial determinants of health.

Implications: Public awareness and support for the campaign and our advocacy goals is evident, as is industry disapproval. The campaign has been able to leverage this to create debate in the community and generate unpaid media. The fact that the LiveLighter campaign is perceived as a threat to product sales is both flattering and encouraging.

Abstract Number: 26.2

Shade – permanent not temporary?

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Background and context: While purpose-built shade sails in New Zealand schools have appealed to and been used by students, the Ministry of Education has elected not to support this type of shade canopy because of its limited life span and costly installation. The need for ultraviolet (UV) protection for fair-skinned children is long term, so more permanent shade structures are required. In New Zealand, covered outdoor learning areas (COLA) must respond to different climatic zones to create UV protective and thermally comfortable spaces.

Aim: This paper reviews designs of existing COLA in Australasia, and proposes design concepts using alternative structural and cladding systems to suit various sites in New Zealand.

Strategy/Tactics: In 2014, New Zealand schools lack effective shade. This is shade that provides effective protection from ultraviolet radiation (UVR) and is comfortable and desirable to use in New Zealand’s temperate climate. As part of the SunSmart Schools Accreditation Programme, the Cancer Society of New Zealand (CSNZ) is advocating to the Ministry of Education (MoE) for improved sun safety policy that can support practice in school settings.

Program/Policy/Campaign process: At a Ministry level, CSNZ has been working with the Property and Infrastructure team to update the Property Toolbox on shade for schools.

Outcomes/What was learnt: As this work progressed questions arose about shade that can enhance Modern Learning Environments in outdoor school settings.

Questions included:
1. What is the best shade design for covered outdoor learning spaces in the New Zealand climate?
2. When and where do we need warm shade?
3. What materials should be used to build effective shade with adequate UVR protection?

To investigate these questions, CSNZ worked with The University of Victoria’s School of Architecture in a jointly funded Victoria University of Wellington (VUW) Summer Research Scholarship project.

Implications: The findings were then presented to the MoE and discussions had on how we can move forward on this issue.
Abstract Number: 26.3

Sugar-sweetened beverage (SSB) tax: Framing the message for public acceptability

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Background: An understanding of how to persuade the public to support a tax on SSBs is paramount in advocating for this public health intervention to policymakers.

Aim: This study aimed to determine the most acceptable message-framing.

Methods: A nationally representative telephone omnibus survey of 1203 Australian adults in March 2014.

Results: Use of money raised from a tax on SSBs to fund programs to reduce childhood obesity and for children to play sport received the greatest support (85% and 84%), while replacing fast food and SSB sponsorship of children’s sport and subsidising the cost of healthy food received the least support (both 71%). Improving access to water fountains in public places and facilitating active transport received medium support (79% and 77%). Consistent with the individual ratings, childhood obesity programs ranked highest as the best way to use the money relative to the other options (26%) and did not differ by demographic characteristics. Children’s sport also ranked highly (20%) and consistently across demographic groups. Although receiving the least support individually, a healthy food subsidy ranked highly relative to the other options (21%) but was more acceptable to women (25% cf. 17%), younger adults (18-34: 32% cf. 35-49: 25% and 50+: 9%) and parents (30% cf. 14%). Sponsorship, water fountains (both 10%) and active transport (9%) ranked lower.

Conclusion: Message framing around using money raised by a tax on SSBs to fund childhood obesity programs and children’s sport is universally acceptable, while use of the funds to subsidise healthy food is indicated only for specific population subgroups.

Implications: Excise taxes on cigarettes have been effective in reducing consumption. This study shows the most effective message-frame to raise the salience of a tax on SSBs for the public in order to apply this policy change in the area of obesity prevention.

Abstract Number: 26.4

No Duff-ence: An advocacy case study challenging the sale of alcohol products that appeal to children

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Background and context: In May 2014, the Woolworths Liquor Group announced the launch of a beer product branded to replicate ‘Duff Beer’, popularised by the cartoon series, The Simpsons. As a product clearly designed to appeal to children, the Victorian Alcohol Policy Coalition (APC) saw this as a breach of alcohol advertising standards, and Woolworths’ own alcohol advertising code of conduct.

Aim: Through a combination of direct negotiation with the producer and a complaint to the Alcohol Beverages Advertising Code (ABAC), the APC sought the withdrawal from sale of this product, and the discontinuation of any marketing.

Strategy/Tactics: While the primary advocacy aim was the withdrawal of the product and discontinuation of the marketing, we recognised that even if our complaint was unsuccessful, this was an opportunity to demonstrate the failure of Australia’s self-regulatory approach to alcohol advertising.

Program/Policy/Campaign process: Our approach involved direct engagement with the producer of the product, the coordination of APC members to agree on a complaint to the ABAC, follow-up to seek a timely resolution of the complaint, complemented by media advocacy.

Outcomes/What was learnt: Our negotiations with the producer resulted in the cancellation of most (but not all) publicity about the launch of the product and all advertising of the product itself. Our complaint to the ABAC was successful and resulted in the withdrawal of the product from sale.

Implications: The ABAC decision has important legal implications for the approach by alcohol producers to ABAC compliance and risk assessments for new products and marketing collateral. Significant financial costs will have been incurred by the producers in licensing and producing a product that could not be marketed and was withdrawn from sale. The media coverage in both Australia and overseas, including in professional publications, compounding the financial and reputational impact for the producer.
Abstract Number: 26.5

Translating data into government action: Smoking rates and the reinstatement of a terminated anti-tobacco mass media campaign

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Background: Empirical evidence supports the use of anti-tobacco mass media campaigns to reduce smoking prevalence. In response, the South Australian Government made a substantial investment in anti-tobacco social marketing campaigns (700 Television Audience Rating Points per month). Budget cuts saw this investment terminated in July 2013, after a three-year period of intense television advertising.

Aim: This study reports on the process of using data in evidence-based policy advice that resulted in the reinstatement of the anti-tobacco mass media campaign.

Methods: Smoking prevalence data were collected via face-to-face interviews in annual cross-sectional representative population surveys of South Australians aged ≥15 years from 2010 to 2013. Interviews were conducted in spring each year and each survey had a sample size of approximately 3000 respondents. South Australian Quitline calls were also monitored from July 2010 to June 2014.

Results: The following smoking behaviour data were used by non-government organisations (NGOs) to advocate for the reinstatement of anti-tobacco mass media campaigns: During the three-year period of intense television advertising, annual smoking prevalence significantly declined from 20.5% (2010) to 16.7% (2012), and following the termination of mass media advertising, annual smoking prevalence significantly increased to 19.4% (2013). There was a corresponding statistically significant decline in the proportion of smokers who saw the dangers of smoking advertising ‘very often’ from 2012 (70.3%) to 2013 (63.9%). The average number of Quitline calls per week decreased by 43% in the year following the termination of anti-tobacco advertising.

Conclusion: Terminating the social marketing campaign coincided with an increase in smoking rates and a decrease in Quitline calls.

Implications: Through comprehensive tobacco control monitoring systems, and mature relationships between researchers, policy makers and NGOs, evidence-based policy advice was effective in reinstating the anti-tobacco mass media campaign in South Australia from July 2014, even in a climate of budget cuts.

Abstract Number: 27.1

Mutations anti-smoking campaign – addressing changing media consumption habits of young smokers

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Background and context: A new media campaign, ‘Mutations’, was launched in June 2014. It was developed in response to formative research with smokers that indicated there was limited knowledge in how smoking related diseases develop and progress and a lack of urgency to stop smoking. Aimed at younger smokers (18-34yrs), Mutations sought to leverage the changing media consumption habits of this audience. It was the first digitally-led anti-tobacco advertising campaign for NSW.

Aim: To develop and implement a digitally-led campaign to encourage smokers to quit.

Strategy/Tactics: The campaign strategy was underpinned by extensive formative research with the target audience. It was an emotionally powerful, graphic campaign with the key visual personalising the effects of cell mutations by graphically displaying the hidden damage inside the bodies of smokers.

Program/Policy/Campaign process: The campaign featured an online video (15sec) and digital advertising (in English, Vietnamese, Arabic, Mandarin and Cantonese) and was supported by outdoor advertising. A dedicated campaign landing page was built to help educate smokers on mutations and provide links to iCanQuit.com.au, a comprehensive smoking cessation webpage.

Outcomes/What was learnt: There were over 2.7 million views of the whole campaign video, leading to 107,200 campaign landing page visits, of which 10.5% were to non-English language pages. The campaign was evaluated with smokers using tagging and cookie tracking technology and an online survey to investigate knowledge, attitudes and behaviours as a result of the campaign (n=254). Of smokers in this targeted sample who recognised the campaign (n=104, 41%), 58% had thoughts about quitting, 53% had talked to someone about quitting and 41% had tried to quit as a result.

Implications: Evaluation suggests that a digitally-led campaign has the potential to motivate young smokers to quit. Learnings from this campaign will inform future tobacco control social marketing strategies and may be applied to other health promotion campaigns.
Abstract Number: 27.2

Australia’s plain tobacco packs: Anticipated and actual impact among youth and adults

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Background: In December 2012, Australia introduced world-first legislation mandating plain packaging for all tobacco products.

Aim: To assess support for, and self-reported impact of, plain packs before and after their introduction.

Methods: The Tobacco Promotion Impact Study (TPIS) is a yearly cross-sectional telephone survey of youth (12-24 years) from New South Wales (NSW) and Queensland. The NSW Smoking and Health Survey (SHS) is a biennial survey of adults (≥18 years). In 2011-2013, both surveys included questions about support for, and anticipated or actual impacts of, plain packaging (TPIS n=6000; SHS n=3200).

Results: Among youth, support for plain packaging rose from 51% (2011) to 64% (2013), *p*=.001. Support among non-smoking adults was 72% (vs. 63% (2011), *p*<.001); 41% among smokers (vs. 44%, *p*=.082). In 2013, 31% of youth smokers reported that plain packaging had made them think about quitting (vs. 7% anticipating this impact, *p*<.001), and 17% tried to quit because of plain packaging (vs.10% anticipated, *p*=.008). Among adult smokers, 12% had thought about quitting because of plain packaging (vs. 9% anticipated, *p*=.04), and 3% had tried to quit (vs. 13% anticipated, *p*=.001). Twelve percent of youth (vs. 3% anticipated, *p*=.001) and 10% of adults (vs. 5% anticipated, *p*=.001) reported feeling embarrassed to smoke because of plain packaging. Among youth, 16% of never-smokers and 18% of ex-smokers said plain packaging made them less likely to smoke (vs. 11%, *p*=.001, and 8% anticipated, *p*<.001).

Conclusion: The actual impact of plain packs was greater than anticipated prior to their introduction. Commonly reported impacts among youth and adults included quitting thoughts, hiding packs, and embarrassment, with the greatest impact among younger smokers.

Implications: This study adds to the growing evidence of the positive effects of Australia’s tobacco plain packaging legislation.

Abstract Number: 27.3

Development of a young adult-targeted mass media campaign: Stop before you start

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Background: Few tobacco control interventions in New Zealand have targeted young adults, despite them having the highest smoking prevalence of any age group and being potentially vulnerable to smoking initiation. In response to this gap, the Health Promotion Agency developed a young adult tobacco control campaign in 2013/14.

Aim: To describe how a series of formative research projects guided the development of a novel mass media campaign targeted at a high needs audience.

Methods: The formative research process included 1) a literature review of the types of tobacco control messages likely to be effective with young adults; 2) testing of overseas adverts through an online survey (n=1082), eye-tracking experiment (n=20), and individual interviews (n=20); and 3) testing a range of concepts through focus groups (n=42) and individual interviews (n=20).

Results: A literature review indicated that a tobacco industry denormalisation campaign may be an effective strategy for young adults. However, testing of six industry-focused advertisements with our target audience revealed that these types of messages were unlikely to be effective for New Zealanders who have little exposure to tobacco advertising or industry practices. Thus, the formative research guided us away from an industry-targeted message and towards a focus on the denormalisation of tobacco as a product. The resulting campaign (Stop before you Start) depicts the true nature of tobacco and contains multiple themes (addiction/losing control, health consequences, financial consequences, and image/appearance) to appeal to young adults.

Conclusion: Campaign themes that have been shown to be successful overseas do not necessarily work for young adults in New Zealand. Our suite of formative research was therefore central to the effective development of this novel campaign.

Implications: The experience with this campaign development will inform future young adult targeted initiatives in New Zealand and has the potential to inform similar international initiatives.
Abstract Number: 27.4

The flow-on effects of a young adult-targeted tobacco control campaign on adult smokers

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Background: Smoking prevalence among young adults (aged 18-24) is known to be higher than average. However, in New Zealand, it was not until June 2014 that the first national mass-media campaign (Stop before you Start) targeting 18- to 24-year-olds was launched. This campaign has two aims:

1) discouraging non-smokers from taking up smoking, and
2) discouraging social smokers from progressing to daily smoking.

Aim: Internationally, the impact of young adult-targeted campaigns is not well understood. This study investigates the flow-on effects of this young adult-targeted campaign on adult smokers and recent quitters.

Methods: Data were collected from the New Zealand Smoking Monitor – a fortnightly survey of daily smokers and recent quitters aged 18 years or over. Respondents were maintained on a panel and interviewed repeatedly. This paper reports on data collected over three fortnights and only includes the first set of responses collected from each individual (n=277).

Results: We found that 61.8% of respondents had recently seen the campaign. A wide range of measures were used to capture the impact of the campaign and the findings were generally positive. As a result of seeing the campaign, 33.6% deliberately decided not to smoke when other people were around, 59.2% had thought about quitting smoking, and 75.0% felt regret that they had ever started smoking. Notably, the campaign exerted equal impact on smokers and recent quitters of different age groups (aged 18-24 years, compared with 25-44 and 45+).

Conclusion: The campaign had flow-on effects on adult smokers and recent quitters, groups that were not deliberately targeted.

Implications: Our findings suggest that this type of campaign might be more cost-effective than adult-targeted campaigns. While adult-targeted messages often don’t resonate with young adults, this specific young adult-targeted campaign reached both young adults and older adult smokers.

Abstract Number: 27.5

Non-daily, low-rate daily and high-rate daily smoking in young adults: A 17 year follow-up

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Background: While overall tobacco consumption is declining in many countries, patterns of low frequency smoking – such as non-daily and low-rate daily smoking – appear to be increasing.

Aim: We aimed to describe differences in demographic, smoking- and quitting-related characteristics between non-daily and daily smokers in young adults, and examine changes in smoking patterns between ages 21 and 38.

Methods: We assessed a cohort of individuals born in Dunedin, New Zealand, in 1972-73, at regular intervals from age 21 to age 38 years. Smokers were categorised as either non-daily, low-rate daily (i.e. defined as 5 or less cigarettes per day; CPD) or high-rate daily smokers (6 or more CPD). Descriptive statistics, linear and logistic regression were used.

Results: Non-daily smokers at age 21 tended to self-identify as non-smokers. Both non-daily smokers and low-rate daily smokers reported higher readiness and confidence in quitting compared to high-rate daily smokers. Around 33% of the age 21 low-rate daily smokers reported smoking daily at age 38, compared to 13% of the non-daily smokers and 4% of the non-smokers. Non-daily smoking at age 21 was associated with increased odds of being a daily smoker by age 38 (OR: 3.6; 95% CI: 1.7-7.8) compared to non-smokers.

Conclusion: Different patterns of smoking are associated with differences in readiness to quit and confidence in quitting ability. There is a high transition between different patterns of smoking over the long-term, but for a considerable proportion of smokers low frequency smoking in young adulthood develops into daily smoking by adulthood.

Implications: Current smoking cessation treatments and guidelines tend to focus on regular daily smokers, though this group are less likely to be considering quitting compared to non-daily and low-rate smokers. Certain screening methods may fail to identify non-daily smokers.
Abstract Number: 28.1

Pro Bono Legal and Financial Services: A model of service delivery and impact on people affected by cancer

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Background: People affected by cancer have unmet legal and financial needs that have arisen as a direct result of their diagnosis, and they are unable to access services due to cost, illness or other barriers. The sequela of these unmet needs are higher levels of stress and worry, financial burden and poorer wellbeing. In recognition of these unmet needs and potential benefits for people when they are addressed, Cancer Council established a Pro Bono Program (2012) offering legal, financial planning, small business and workplace advisory services. This study will add to the literature that addresses the effects of legal and financial assistance on cancer patients, carers and survivors’ quality of life.

Aim: The aim of the research is to provide evidence on both the efficiency of the delivery of the Pro Bono Program and the effectiveness of the model in achieving client outcomes.

Methods: An online questionnaire will be developed for distribution to 1) professionals who provide pro bono services, assessing: satisfaction with program staff, number of referrals accepted and outcomes of services provided to clients and 2) healthcare professionals who refer to the program, assessing: satisfaction with processes, impact of the program on clients, awareness and referral to Cancer Council. A paper-based survey will also be sent to clients who have used the service between October-December 2014 and February-April 2015, assessing: satisfaction with staff and processes; type of service used and outcomes, time spent with professional, knowledge, and stress associated with the issue.

Results: Available for the conference in May 2015.

Conclusion: Available for the conference in May 2015.

Implications: Given the paucity of research in this area, the results of this study will significantly expand our understanding of the effect of practical assistance on variables such as stress, worry and knowledge. Information in regard to the delivery of the program, including the strengths and weaknesses of the current model, will help to inform others.

Abstract Number: 28.2

The impact of a telephone-based cancer information and support service on callers’ levels of distress

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Background: Despite the increasing emphasis on the provision of evidence-based supportive care, there is a lack of research evaluating the impact of cancer helplines.

Aim: This study explored 1) whether interactions between nurse and callers on a cancer helpline can reduce distress and 2) what predicts and explains caller satisfaction.

Methods: A mixed-method design was employed. Callers (i.e. people diagnosed with cancer and their family/friends; N=100) responded to a questionnaire that included Distress Thermometer (DT) ratings at three time-points and an adapted version of Client Satisfaction Questionnaire-18 (CSQ). Purposively selected callers were then interviewed (n=20) about their call and responses were analysed using thematic analysis.

Results: Mean caller satisfaction (measured from 1-7) was high, ranging from M=5 (SD=1.52) for the CSQ item “Are there any services you need but have not received?” to M=6.7 (SD=.65) for the item “If a friend were in need of similar help, would you recommend the helpline to him or her?” Analysis of variance indicated distress improved significantly over time, F (2, 97)=63.67, p<.05. Caller type (p=.15) and gender (p=.92) did not impact distress reduction over time. Nurses rated intervention satisfaction less favorably than callers. Multiple linear regression found caller distress initially and immediately after the call, explained 11.1% of variance in satisfaction (F (2, 97)=6.04, p<.05). Variance in satisfaction was qualitatively attributed to call length and nurse’s knowledge, expertise, empathy, listening skills and style. Providing more practical solutions and more referral options may improve satisfaction.

Conclusion: Following helpline contact, callers reported high satisfaction and decreased distress.

Implications: Cancer helplines are an evidence-based source of information and support. Satisfaction may be further improved if, where possible, more practical solutions and referral options are provided.
Abstract Number: 28.3

Supporting community support group leaders: Training, knowledge and skills to conduct successful cancer support groups

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Background: Cancer Council NSW is uniquely placed to support and educate community and health professional Cancer Support Group Leaders (CSGLs) through the development and delivery of evidence-based training.

Aim: The training for peer support group leaders aimed to increase confidence and knowledge, and support the acquisition of skills across a range of topics: development and use of group agreements/purposes (GPGA); welcoming new members (WNM); managing challenging behaviours (MCB); and self-care (SC).

Methods: At the conclusion of the training a 6-point Likert scale survey was used to conduct a retrospective post-then-pre evaluation. Data will also be available for a 3-month follow-up (to assess increases in knowledge and implementation of skills into practice).

Results: Preliminary results (based on one training session) – statistically significant gains were recorded in each of the assessed outcomes. GPGA: confidence to develop a group agreement/purpose [MT1=1.95; MT2=3.68, t(18) = 9.40, p=.000]; and use of GPGA to benefit the group [MT1=1.63; MT2=3.79, t(18)=13.67, p=.000]. Skill acquisition was evident across the following: welcoming new members (WNM) [MT1=2.79; MT2=3.63, t(18)=4.80, p=.000]; managing challenging behaviours (MCB)- for example, anger [MT1=1.94; MT2=3.22, t(17)=6.56, p=.000]. Attendees also gained a greater understanding of self-care practices [MT1=3.11; MT2=3.83, t(17)=3.20, p=.005].

Conclusion: The delivery of this evidence-based training had a significant impact on CSGLs who gained knowledge and skills in leading a cancer support group.

Implications: Training such as this provides best practice principles for leaders and has flow-on benefits for support group members and health professionals who refer to the support groups. Note – a further four training sessions will be conducted and evaluated for presentation in May 2015.

Abstract Number: 28.4

Reducing the impact of cancer in culturally diverse communities: Cancer Council Victoria’s organisational approach

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Background and context: Cancer Council Victoria (CCV) aims to reduce the impact of cancer on Victorians from all cultural backgrounds, by focusing on cancer prevention, research and support. As part of this commitment to improve the health of all Victorians, servicing Culturally and Linguistically Diverse (CALD) communities is a priority area for the organisation.

Aim: Three years ago, staff from across CCV first came together to find an integrated approach to provide better services and programs to Victoria’s CALD communities. This lead to the development and recent launch of CCV’s first formalised Cultural Diversity Plan (2013-16).

Strategy/Tactics: Key aspects of the development of the plan included the undertaking of a cultural audit. This involved looking at CCV’s existing multicultural initiatives and internal processes as well as cancer in CALD communities (current research, incidence data), Desk research and data analysis, examination of sector best practice and a range of internal and external consultations also contributed to the development of the plan.

Program/Policy/Campaign process: The Plan details CCV’s aims and objectives for improving the services it provides to CALD communities and, importantly, also sets out how the guiding principles should be incorporated into both the organisation’s overall strategy, as well as individual program and performance plans. The plan is designed to be flexible, delivering outcomes across all business areas including research, information and support, and prevention.

Outcomes/What was learnt: This project has allowed CCV to identify strengths and weakness within the organisation and move forward with a well-informed cultural diversity plan. It has enabled us to conceptualise how we can best service CALD groups and highlighted the importance of consultation and collaboration with the sector.

Implications: By sharing what we have learnt through this in-depth journey, we hope to inspire and inform other organisations to reflect our diverse population and make CALD communities a cornerstone of their own strategic plans.
Abstract Number: 29.1

Bridging the gap between viral hepatitis and liver cancer

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Background and context: Liver cancer has the fastest increasing incidence rate of all cancers in Australia, and survival remains among the lowest. A significant proportion of liver cancer is caused by chronic hepatitis B infection (CHB). The early detection and management of CHB significantly reduces the risk of developing liver cancer. However, timely management as a liver cancer prevention strategy faces multiple barriers. The majority of people infected are from culturally and linguistically diverse backgrounds, almost half remain undiagnosed and less than 20% of those who require treatment are receiving it.

Aim: Cancer Council Victoria (CCV) sought to address the rising burden of liver cancer by focusing on building the evidence base for timely CHB management. We recognised that cancer control measures need to move beyond vaccination programs to culturally responsive early detection programs, but understanding of how to improve in this area was lacking.

Strategy/Tactics: CCV identified potential in emphasizing liver cancer prevention to advocate for a strong public health response to hepatitis B.

Program/Policy/Campaign process: CCV invested in two research projects to build the evidence base. Evidence would be used to engage and inform key decision-makers, health professionals, and affected communities.

Outcomes/What was learnt: Based on findings, CCV: Used the evidence to enhance stakeholder relationships from the hepatitis sector and to undertake multi-sectoral advocacy at a state and national level; and increased media coverage of hepatitis B and liver cancer in health settings and in affected communities.

Implications: Cancer Councils have a major role to play and need to significantly increase efforts to reduce the rapidly growing burden of liver cancer. It is time to shift away from viewing liver cancer as a rare or forgotten cancer to one that is very avoidable. Cancer organisations may face limited resources to begin with but significant gains can be achieved with a multi-sectoral approach.

Abstract Number: 29.2

Building evidence: Designing a culturally responsive campaign to boost awareness of hep B testing to prevent liver cancer

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Background: Chronic hepatitis B (CHB) is a major public health issue in Australia affecting an estimated 218,000 people. The majority are from culturally and linguistically diverse backgrounds and have a higher risk of developing liver cancer. Little is known about how at-risk communities understand the link between liver cancer and CHB.

Aim: To inform the development of a call to action, and a strategy to encourage behaviours to reduce the risk of hepatitis B related liver cancer in affected communities. Research objectives:
• identify perceptions of liver cancer and understanding of its link to CHB
• identify barriers and enablers to testing for CHB
• determine whether the promotion of the link between CHB and liver cancer motivate or deter people from being tested.

Methods: Focus groups were conducted with the Chinese (N= 45) and Vietnamese (N=35) communities in Melbourne. Participants discussed how they perceive liver cancer and the link with CHB. Key messages were tested for clarity, cultural appropriateness, usability and potential influence. A thematic analysis was conducted.

Results: There was an incorrect perception that hepatitis B was less of an issue for those currently living in Australia versus Vietnam or China. Hepatitis B as a cause of liver cancer was not widely understood, but instead associated with unhealthy lifestyles. A strong reliance on general practitioners to initiate hepatitis B testing was also found.

Conclusion: The research identified a gap in knowledge that if addressed, could reduce liver cancer incidence in at-risk communities. Improving awareness of the link between hepatitis B and liver cancer in both communities would influence motivation for hepatitis B testing.

Implications: Cancer organisations should target liver cancer prevention efforts to:
• enable GPs to appropriately test and manage CHB
• increase awareness about liver cancer and hepatitis B in at-risk communities.
Abstract Number: 29.3

**Characteristics of chronic hepatitis B infection in South-West Sydney: Clinical correlates and policy implications**

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**Background:** A recent national hepatitis B mapping project estimated that in a region of Sydney with a large migrant population, approximately 10,000 people with chronic hepatitis B (CHB) were born overseas, particularly in Vietnam and China. The Hepatitis B Positive program was developed by Cancer Council NSW to address the rising burden of hepatitis B-related liver cancer in high-risk migrant communities in South-West Sydney.

**Aim:** Enhance CHB case detection, improve disease monitoring, raise community awareness and increase antiviral treatment uptake in South-West Sydney.

**Methods:** The CHB Registry recruits and follows up local people with CHB, in collaboration with their general practitioners (GPs). Biannual follow up includes a clinical assessment and a review of pathology and ultrasound examinations; follow up plans are documented. Management decisions are guided by a risk stratification algorithm, enabling GPs to refer people with active disease.

**Results:** Among the first 1000 enrollees, 441 (44%) were males; median age was 48 years. Most (47%) were born in China, Hong Kong or Taiwan and 33% in Vietnam. The majority (89%) were hepatitis B e antigen (HBeAg) negative and 21% were receiving antiviral treatment. Risk stratification in people not receiving treatment suggested that 60% could undergo routine CHB surveillance, 21% enhanced surveillance and 19% needed specialist referral.

**Conclusion:** The program has received input from a large range of stakeholders, including the NSW Ministry of Health, which had provided a grant supporting the work of a Clinical Nurse Educator (CNE) to support GPs in identifying and optimising the management of their patients with chronic hepatitis B. This helped advance research evidence into cancer control practice and policy.

**Implications:** Despite a limited number of data fields, the Registry facilitates CHB staging and management at primary care level, optimises specialist referrals and antiviral treatment uptake and improves individual patient outcomes.

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Abstract Number: 29.4

**Youth as ‘agents of change’: The unexpected allies in raising hepatitis B community awareness**

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**Background and context:** Over 200,000 Australians have chronic hepatitis B and approximately one third are unaware of their infection. South West Sydney’s Fairfield Local Government Area has almost half of people born in hepatitis-B endemic countries, particularly in Vietnam and China. Despite the availability of treatments that can change the natural history of the disease, high-risk communities have a limited engagement with the continuum of hepatitis B diagnosis and care.

**Aim:** Engage youth from culturally and linguistically diverse (CALD) backgrounds to develop and deliver innovative and culturally appropriate liver cancer prevention messages in CALD communities.

**Strategy/Tactics:** Cancer Council NSW (CCNSW) collaborated with schools and arts organisations in Western Sydney to educate Fairfield youth about chronic hepatitis B and liver cancer. Youth as agents of change learnt the art of film making and stop motion animation and produced innovative and creative health messaging to raise awareness within Chinese and Vietnamese communities. The grassroots approach to resource production ensured the health messages in the resources were culturally appropriate.

**Program/Policy/Campaign process:** We partnered with local schools, community organisations and Fairfield Council to identify and engage local youth to become the agents of change. The youth were engaged and coached through the process of film production or stop motion animation and learnt to produce films and cancer prevention messages. The films produced were launched in collaboration with the local community and at local schools.

**Outcomes/What was learnt:** Movie titled ‘Change of our lives’, a feature film about Vietnamese-Australian families, which wove hepatitis B issues in the storyline was launched on World Hepatitis Day. Stop motion animation short films were produced as cinema adverts.

**Implications:** Sustainable relationships and networks were established with unexpected allies (arts based organisations) and over 10 local community organisations and two schools in raising awareness about chronic hepatitis B and liver cancer.
**Abstract Number: 30.1**

**The potential to reduce alcohol-related harms by encouraging responsible drinking practices**

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**Authors:** Simone Pettigrew, Curtin University (Australia); Michelle Jongenelis, Curtin University (Australia); Iain S. Pratt, Cancer Council WA (Australia); Wenbin Liang, Curtin University (Australia); Terry Slevin, Cancer Council WA (Australia); Tanya Chikritzhs, Curtin University (Australia); David Glance, University of Western Australia (Australia)

**Background:** There are numerous recommended drinking practices that have the potential to reduce alcohol-related harms. These practices include 1) counting the number of drinks consumed, 2) quenching thirst by having a non-alcoholic drink before having alcohol, 3) alternating between alcoholic and non-alcoholic drinks, 4) eating while consuming alcohol, 5) only drinking low-alcohol drinks, and 6) refusing unwanted alcoholic beverages.

**Aim:** The Australian Institute of Health and Welfare National Drug Strategy Household Survey collects data relating to engagement in these practices, but the results are not reported. The present study assessed the extent to which these behaviours are practiced by a broad range of Australian adult drinkers to provide insights to inform future harm-reduction strategies.

**Methods:** Between October and December 2012, an online survey was administered to 2168 adult Australian drinkers who consume alcohol on at least two days per month. Analyses were conducted to determine whether reported enactment of the nominated range of responsible drinking practices was related to drinking status (low vs high risk as defined by the National Health and Medical Research Council (NHMRC) Alcohol Guidelines).

**Results:** The results indicate that, on average, only around one-third of respondents regularly engaged in these responsible drinking practices. Those behaviours with the lowest level of compliance included only drinking low-alcohol beverages, alternating alcoholic and non-alcoholic beverages, and counting the number of drinks consumed. Those drinking at levels assessed as high-risk according to the NMHRC Guidelines were least likely to report compliance.

**Implications:** There appears to be considerable scope to improve alcohol-related harms by encouraging greater compliance with a range of responsible drinking practices.

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**Abstract Number: 30.2**

**Discussing alcohol with GPs: Knowledge, attitudes and practices**

Lyndal Wellard, Cancer Council NSW (Australia)
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**Authors:** Lyndal Wellard, Cancer Council NSW (Australia); Clare Hughes, Cancer Council NSW (Australia); Wendy Watson, Cancer Council NSW (Australia)

**Background:** Alcohol consumption is a risk factor for several cancers. One of the most trusted sources of health information are general practitioners (GPs), and one role they play is encouraging patients to lead healthy lifestyles.

**Aim:** To provide insight into GP knowledge, attitudes and practices surrounding alcohol intake; and to explore whether GPs discuss alcohol as a cancer risk factor with their patients and why they do or do not.

**Methods:** In-depth interviews were conducted with 27 New South Wales and South Australian GPs from metropolitan and regional/rural locations, with patients from various socio-economic statuses. Discussion included GP knowledge, attitudes and practice when discussing alcohol, cancer risk, and barriers and enablers to assisting patients to change their lifestyles, particularly relating to alcohol.

**Results:** Although GPs recognised alcohol as an important lifestyle factor, they focussed on liver damage, or binge drinking in young patients. Numerous GPs could not correctly state the Australian drinking guidelines; some believing that four standard drinks daily were not harmful. Some GPs felt that the drinking guidelines were at odds with their own consumption. Several GPs believed there was no direct link between alcohol and cancer; others thought the causation evidence was weak. For GPs to initiate discussions on alcohol and cancer, they require evidence summaries showing the mechanisms that alcohol causes cancer and the reinforcement of public education campaigns, so that the GP is not the sole source of information.

**Conclusion:** Although GPs encourage patients to adopt healthy behaviours, they believe that alcohol is important in Australian culture, and feel powerless to change this. GPs willingness to recommend patients reduce their alcohol consumption may be influenced by their own consumption.

**Implications:** Multi-strategy communications on alcohol and cancer risk are needed. Reinforcement from mass media, scientific evidence and medical publications would facilitate GP-patient discussions on alcohol and cancer.
Alcohol harm prevention advertisements: Identification and content analysis of Australian and international advertisements, 2006-2014

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Authors: Kimberley Dunstone, Cancer Council Victoria (Australia); Emily Brennan, Cancer Council Victoria (Australia); Michael Slater, Ohio State University (United States of America); Helen Dixon, Cancer Council Victoria (Australia); Sarah Durkin, Cancer Council Victoria (Australia); Simone Pettigrew, Curtin University (Australia); Melanie Wakefield, Cancer Council Victoria (Australia);

Background: There is little knowledge about the advertising characteristics of effective alcohol harm prevention campaigns, outside the domain of drink-driving campaigns. As the first step in an NHMRC-funded program of research to test campaign effectiveness, content analysis provided a useful method for describing how public education messages on alcohol harm prevention have been presented to date.

Aim: To identify and quantitatively analyse the content of alcohol harm prevention advertising internationally.

Methods: Advertisements (ads) were identified via keyword searches of Google, YouTube and relevant government and health agency websites as of 3 September 2014 and snowballed from there (reviewing campaign websites, links to similar organisations and liaising with experts). Ads were eligible for inclusion if they were: in English, produced after 2005, not primarily focused on drink-driving or alcohol in pregnancy, and not alcohol industry funded. Ads were coded for topic, communication intent, executional style, emotional tone and other selected characteristics.

Results: One hundred and ten alcohol harm prevention ads were identified. Almost half were produced in Australia. The majority of ads were motivational and depicted reasons why to change alcohol consumption behaviours, and most of these focused on short term harms associated with risky drinking, used a dramatised execution style and a negative emotional tone. Fewer ads focused on long term health harms, underage drinking or support for drinking less.

Conclusion: Campaigns have been dominated by messages about the short term harms associated with risky drinking. Long term harm messages are few, potentially reflecting the more recent emergence of strong epidemiological evidence associating alcohol with longer term harms.

Implications: The findings will be used as a foundation for subsequent studies to identify the most effective characteristics of alcohol harm prevention campaigns, and ultimately inform recommendations for developing successful public education campaigns on this important public health issue.

Youth exposure to television alcohol advertising and alcohol consumption in Australia 1999-2011

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Authors: Denise Azar, Cancer Council Victoria (Australia); Victoria White, Cancer Council Victoria (Australia); Kari Coomber, Cancer Council Victoria (Australia); Agatha Faulkner, Cancer Council Victoria (Australia); Michael Livingston, Turning Point Alcohol & Drug Centre; University of New South Wales (Australia); Tanya Chikritzhs, Curtin University of Technology (Australia); Robin Room, Turning Point Alcohol & Drug Centre; University of Melbourne (Australia); Melanie Wakefield, Cancer Council Victoria (Australia);

Background: Adolescents are highly susceptible to alcohol marketing, and exposure to alcohol advertising is linked to positive attitudes to drinking, drinking initiation and harmful consumption. Australian research shows that adolescents are exposed to the same level of alcohol advertising as young adults. There is little Australian data examining alcohol advertising exposure and youth drinking using objective measures of advertising.

Aim: To examine the relationship between adolescent potential exposure to television alcohol advertising and alcohol consumption.

Methods: Cross-sectional data collected from metropolitan students participating in the triennial Australian Secondary Students Alcohol and Drug (ASSAD) survey between 1999 and 2011 (n range 12,578-15,972). Outcome measures were past month and past week alcohol use and risky drinking (≥5 drinks on drinking day). A media monitoring company provided estimated adolescents’ monthly television audience exposure (TARPs) to alcoholic beverage (including beer, wine, spirits, premix/cider) and alcohol retail outlet advertisements for five capital cities. TARPs data were aggregated for the capital cities for each survey year and merged with student data by state and survey date. Logistic regression examined the associations between advertising exposure and drinking outcomes for 12 to 15-year-olds and 16- to 17-year-olds.

Results: Higher exposure to all alcoholic beverage (OR range:1.08-1.22, p<.05), beer (OR range:1.14-1.45, p<.05) and wine (OR range:1.38-2.07, p<.05) advertising was positively associated with all drinking outcomes. Spirits advertising was positively associated with drinking among younger adolescents (OR range 1.25-1.39, p<.01) only. Premix/cider advertising was not related to drinking and retail advertising was only associated with risky drinking among younger adolescents (OR=1.50; 95% CI=1.05-2.16).

Conclusion: Greater exposure to alcohol advertising increases the likelihood of alcohol use among adolescents, particularly younger adolescents.

Implications: This study provides further evidence for the link between alcohol advertising and adolescents’ alcohol consumption. Restricting adolescents’ exposure to television alcohol advertising may reduce adolescents’ alcohol consumption.
1. Conference Venue
Dockside, Cockle Bay Wharf (Balcony Level)
Sydney NSW 2000
docksidegroup.com.au/venues/dockside

2. Conference Dinner Venue
The Tea Room, Lvl 3 Queen Victoria Building (north end)
455 George St (corner Market St), Sydney NSW 2000
thetearoom.com.au

3. Conference Accommodation
Four Points by Sheraton
161 Sussex St, Sydney NSW 2000
fourpointssydney.com

4. Car Parking
Darling Park Car Park
201 Sussex St, Sydney NSW 2000
wilsonparking.com.au/park/2076_Darling-Park
### Day 1 Wednesday 13 May, 2015

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
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<tbody>
<tr>
<td>8:30am</td>
<td>REGISTRATION</td>
</tr>
<tr>
<td>10:30am</td>
<td>WELCOME: Jim L' Estrange, CEO Cancer Council NSW and Kathy Chapman, Chair of BRCC2015 (includes Welcome to Country by Uncle Chicka Madden)</td>
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<tr>
<td>11:00am</td>
<td>KEYNOTE SESSION: GRAHAM COLDITZ – Speeding knowledge translation to improve cancer prevention Chair: Kathy Chapman</td>
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<tr>
<td>12:00pm</td>
<td>LUNCH</td>
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<tr>
<td>1:00pm</td>
<td>CONCURRENT #1 [Terrace Room] Early detection Chair: Karen Cantell CONCURRENT #2 [Quay Room] Lifestyle interventions for cancer patients/survivors Chair: Monica Byrnes CONCURRENT #3 [Cockle Bay Room] Tobacco use in socially disadvantaged populations Chair: Sarah Durkin</td>
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<tr>
<td>2:30pm</td>
<td>AFTERNOON TEA</td>
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<tr>
<td>3:00pm</td>
<td>CONCURRENT #4 [Terrace Room] Developments in cancer control Chair: Claudine Lyons CONCURRENT #5 [Quay Room] Advocacy Chair: Jane Martin CONCURRENT #6 [Cockle Bay Room] Tobacco Control Chair: Todd Harper</td>
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<tr>
<td>4:15pm</td>
<td>STRETCH BREAK</td>
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<tr>
<td>4:25pm</td>
<td>CONCURRENT #7 [Terrace Room] Research impact evaluation Chair: Caroline Miller CONCURRENT #8 [Quay Room] Skin cancer prevention Chair: Vanessa Rock CONCURRENT #9 [Cockle Bay Room] Tobacco use in cancer patients Chair: Victoria White</td>
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<tr>
<td>5:30pm</td>
<td>WELCOME RECEPTION: Darling Room &amp; Balcony</td>
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### Day 2 Thursday 14 May, 2015

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
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<tbody>
<tr>
<td>8:00am</td>
<td>REGISTRATION (for delegates first arriving on Day 2)</td>
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<tr>
<td>9:00am</td>
<td>WELCOME</td>
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<tr>
<td>9:15am</td>
<td>KEYNOTE SESSION: PHYLLIS BUTOW – Implementing psychosocial care into routine practice: Making it easy Chair: Sanchia Aranda</td>
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<tr>
<td>10:00am</td>
<td>MORNING TEA</td>
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<tr>
<td>10:45am</td>
<td>CONCURRENT #10 [Terrace Room] Psychosocial outcomes for cancer patients Chair: Amy Walter CONCURRENT #11 [Quay Room] Obesity Chair: Clare Hughes CONCURRENT #12 [Cockle Bay Room] Tobacco retail and electronic cigarettes Chair: Melanie Wakefield</td>
</tr>
<tr>
<td>12:15pm</td>
<td>LUNCH</td>
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<tr>
<td>1:15pm</td>
<td>KEYNOTE SESSION: GAIL GARVEY – Health behaviours and psychological distress among Indigenous cancer survivors Chair: Craig Sinclair</td>
</tr>
<tr>
<td>2:00pm</td>
<td>Exploring anti-tobacco advertising concepts and messages with smokers from Aboriginal communities (Caroline Anderson)</td>
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<tr>
<td>2:15pm</td>
<td>Improved cancer care for Aboriginal people: Building evidence whilst implementing solutions (Catherine Wood)</td>
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<tr>
<td>2:30pm</td>
<td>Cancer data and Aboriginal disparities (CANDAD) project: Realist analysis of Aboriginal illness narratives (Paul Yerrell)</td>
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<tr>
<td>2:45pm</td>
<td>AFTERNOON TEA</td>
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<tr>
<td>4:20pm</td>
<td>STRETCH BREAK</td>
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<tr>
<td>4:25pm</td>
<td>CONCURRENT #19 [Terrace Room] Campaign evaluations Chair: Helen Dixon CONCURRENT #20 [Quay Room] Alcohol Chair: John Wiggers CONCURRENT #21 [Cockle Bay Room] Psychosocial outcomes for cancer survivors Chair: Anna Boltong</td>
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<tr>
<td>6:30pm</td>
<td>CONFERENCE DINNER: The Tea Room, Queen Victoria Building</td>
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### Day 3 Friday 15 May, 2015

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
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<tbody>
<tr>
<td>8:30am</td>
<td>WELCOME (in each concurrent session)</td>
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<tr>
<td>8:35am</td>
<td>CONCURRENT #22 [Terrace Room] Skin cancer prevention in youth Chair: Joanne Atkin CONCURRENT #23 [Quay Room] Obesity Chair: Belinda Morley CONCURRENT #24 [Cockle Bay Room] Evaluation - Lifestyle Chair: Sarah McGill</td>
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<tr>
<td>10:05am</td>
<td>MORNING TEA</td>
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<tr>
<td>10:25am</td>
<td>CONCURRENT #25 [Terrace Room] Psychosocial outcomes for cancer patients Chair: Todd Harper CONCURRENT #26 [Quay Room] Advocacy Chair: Terry Slevin CONCURRENT #27 [Cockle Bay Room] Tobacco Chair: Rebecca Lowe</td>
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<tr>
<td>11:40am</td>
<td>STRETCH BREAK</td>
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<tr>
<td>11:45am</td>
<td>CONCURRENT #28 [Terrace Room] Supportive care program evaluations Chair: Angela Pearce CONCURRENT #29 [Quay Room] Hepatitis B Chair: Deshanie Rawlings CONCURRENT #30 [Cockle Bay Room] Alcohol Chair: Craig Sinclair</td>
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<tr>
<td>12:45pm</td>
<td>LUNCH</td>
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<tr>
<td>1:15pm</td>
<td>KEYNOTE SESSION: CAROLYN GOTAY – Prevention across the cancer control continuum Chair: Melanie Wakefield</td>
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<tr>
<td>2:15pm</td>
<td>CONFERENCE CLOSE: Kathy Chapman Handover to next host Cancer Council, Presentation award, Prize draw</td>
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<tr>
<td>2:30pm</td>
<td>CONFERENCE CONCLUDES</td>
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The full BRCC Conference program, can be viewed on pages 10-15

Note: This program is correct at the time of publication and is subject to change without notice.