A
c
ssociate Professor Peter Adams, never one to stay still for long, has once again taken up the role of Acting Head of School at the School of Population Health. Peter will hold the fort for the next year, standing in for Professor Ngaire Kerse who will be on a long planned sabbatical.

Now seems a good time to mention that Dean John Fraser recently named Peter as the winner of the 2013 Butland Award for Sustained Excellence in Teaching.

Peter also found time to weigh in to national politics recently, joining the Salvation Army and the Problem Gambling Foundation in pushing for the scrapping of Te Ururoa Flavell's Gambling Harm Reduction Bill, because changes put forward at the select committee stage removed or weakened the bill's main provisions.

And to cap it off, Peter will be involved with the launch of the new Addictions Research center in August - but more on that next issue.

Meanwhile, in the Stream of 
Cold Impermanence

I prefer winter and fall, when you feel the bone structure of the landscape—
the loneliness of it—the dead feeling of winter. Something waits beneath it, the whole story doesn’t show.

Andrew Wyeth

Peter Adams and Ngaire Kerse, trading places.
As mentioned briefly in the last newsletter, a recent report by SoPH researchers reveals the road crash injury risk in Auckland is higher among Māori (of all ages) and Pacific children. This study is one of a group of publications by SoPH researchers in recent months on the subject of road safety.

Dr Jamie Hosking and colleagues from the Section of Epidemiology and Biostatistics carried out the study, commissioned by Auckland Transport and published in April in the Australia and New Zealand Journal of Public Health. The study highlights the communities where people are more likely to be involved in road crash deaths and injuries, and shows that road crash injury rates per capita increase with levels of deprivation for all age groups. Road crash injury risk is highest among Māori in all age groups, and is also high for Pacific children, those living in rural local board areas, and people from the southern Auckland urban area.

"This suggests there are large inequalities in crash risk across Auckland", says Dr Hosking, "and some of our most vulnerable communities could really benefit from road safety prevention efforts, particularly traffic calming and speed reduction".

A similar publication in the Journal of the New Zealand Medical Association in May looked at traffic calming techniques in more detail, especially in light of the socioeconomic inequalities that had been identified above. The study - "A tale of two cities: paradoxical intensity of traffic calming around Auckland schools" - found socioeconomically least-deprived schools had more traffic calming interventions than the most deprived schools, and Auckland schools had more interventions than Manukau schools.

Summer Research Student Timothy Hopgood and colleagues from Pacific Health and Epidemiology & Biostatistics noted that most authorities used requests from public or concerns from council members or police to identify need for traffic-calming measures. "Relying on community advocacy alone to address these disparities appears misguided given families of lower socioeconomic status and of Māori or Pacific ethnicity are less likely to complete petitions for such interventions", the researchers said. "Given children in these groups are known to be at increased risk of child pedestrian injury, the lower intensity of road traffic-calming measures in Manukau City (compared with Auckland City) is discouraging."
In the same issue of the Journal of the New Zealand Medical Association that featured the Auckland road safety study (see article page 2) three SoPH researchers also provided a related editorial - Pay attention [to the road] or pay the price.

Alistair Woodward, Jamie Hosking and Shanthi Ameratunga commented on the recent pedestrian safety campaign in Auckland that featured posters showing texting pedestrians stepping off the curb into murderous traffic. The obvious message is that road users should drive, ride or walk carefully to avoid injury. As the authors point out, there are some problems with this approach.

First, carelessness is difficult to define, since it is often only apparent after the event. This can lead to a circular logic: careless, therefore injured; injured, therefore careless.

There are three problems with this approach to road safety. The underlying logical model is circular. Not paying attention, or not being careful, is defined by the consequences. And the consequence (injury) is attributed to lack of attention or due care.

Also, there is no evidence that interventions of this kind are actually effective, as people don’t have the ability to “pay attention” all the time to all possible threats. Instead, we see what we expect to see.

"Even if the spirit was willing, our brains don’t work that way", say the researchers. "For example, in an environment in which cyclists and pedestrians are uncommon, the brain is tuned to recognize cars. Failing to see a cyclist is not necessarily due to lack of care; there may be a physiological explanation."

Finally, by focusing on individual road users, we may be missing opportunities to correct hazardous aspects of the broader transport system.

The editorial concludes that existing legislation is sufficient to deal with careless, negligent and dangerous behaviours on the road, provided it is applied consistently. "And more importantly, the big gains in road safety and public health more broadly will not come from pinning blame on individual road users, either cyclists and pedestrians or vehicle drivers."

For further reading, see: Pay attention [to the road] or pay the price. Alistair Woodward, Jamie Hosking, Shanthi Ameratunga.

[Journal link]

Girl texting in traffic. Image source: Wikimedia Commons
School of Population Health Winter School

In the second week of June, SoPH ran a series of short courses developed for the wider health sector. This year's programme offered pragmatic, practice-oriented courses designed to advance knowledge and skills and to support development, collaboration and capacity building for all those working at the coal face of patient and community-centered care.

Peter Carswell (Health Systems) fielded two sessions, first presenting evidence and strategies for helping plan and lead effective change in healthcare organisations, giving attendees tools to address the challenge of change management healthcare sectors at all levels.

The following day he then looked at the increasing use of cross-organisational structures to plan and deliver healthcare, using his own project experience to take participants though the evidence about when these structures work, why they can work, and how to get them to work.

Tim Tenbensel and Sarah Appleton-Dyer (Health Systems) outlined the nature of programme evaluation and performance information. They jointly examined key approaches to - and most appropriate research tools for - evaluation in the health sector.

Anne-Thea McGill (General Practice and Primary Healthcare) took a look at evolutionary evidence and theory on why humans have developed metabolic syndrome (obesity, diabetes, CVD, many cancers.) She challenged some assumptions in current lifestyle paradigms and showed attendees how this new information can be applied to help patients make changes in their behaviour.

David Rees (guest lecturer and systems-thinker) addressed one of the major challenges in bringing about change within health: the need to engage and collaborate with stakeholders while, at the same time, ensuring that the engagement gives sufficient weight to the evidence. David provided participants with systems-based ideas and tools that are directly applicable to achieving this balance within the health sector.

Karen Day, Jim Warren & Koray Atalag (National Institute for Health Innovation) explained how technology and people interact to optimise healthcare delivery. Their course explored the current and future place of health informatics in relation to organisational change, knowledge management and innovation adoption.

Richard Edlin (Health Systems) provided an introduction to what health economics is, and how it is used by decision-makers world-wide to help guide resource allocation. His course also provided a toolkit to help participants conceptualise questions in an 'economic' fashion, showing the strengths (and weaknesses) of evaluating health technologies or programmes in this way.

Head of School Ngaire Kerse joined with Kathy Peri (Nursing) to examine key clinical issues for frail older people. Using group discussions and case-based learning, the pair gave participants understanding of how to overcome challenges and obstacles to improving care and nutrition in ageing populations.

Several of the course presenters are keen that the Winter School helps advertise SoPH's semester courses, especially the distance-taught courses which are now enrolling.

Regrettably two courses were not run due to insufficient numbers. Bridget Kool & Gill Robb (Epidemiology & Biostatistics) offered an introductory workshop on Quality Improvement, and Peter Huggard (General Practice and Primary Healthcare) offered a course covering recent understanding of loss and grief processes.
As the Tāmaki Update in June reported, the Growing Up in New Zealand study has received a boost of $6.4M in government funding over the next two years. The study’s researchers at the Centre for Longitudinal Research – He Ara ki Mua have also been busy running workshops after the recent release of the study’s antenatal data.

The first Data Set Release workshop on Monday 27th May in Auckland was a great success. The team presented to a large group of interested people to explain more about the ways the Growing Up in New Zealand data is organised and is being made available for other research organisations to use. The data is cleaned, anonymised and prepared for external use via a set of secure and controlled processes to protect the identity of the individual participants.

Commenting on a Radio Live interview on Mother’s Day, Dr. Morton says the researchers look forward to further data releases and associated analyses. “We’re really keen to understand how the environments and the lives of children and their families in the very early years will shape their outcomes in later life.”

This year, the lead agency managing these partnerships between the study and multiple government agencies will move from the Ministry of Social Development to the newly established Social Policy Evaluation Research Unit at the Families Commission.

Dr. Morton said although this new arrangement is in its infancy, she hoped it would assist the study to work more effectively with many government agencies, as well as assist the agencies to work more effectively together. “It has always been our key driver to deliver valuable research evidence to help inform and strengthen the development of policies and strategies to benefit the health and wellbeing of New Zealanders.”

Three projects by SoPH researchers have received grants from this year’s Health Research Council of New Zealand funding round.

*Effective interventions and policies to improve population nutrition and health* (Associate Professor Cliona Ni Mhurchu from the National Institute of Health Innovation) received an HRC grant of just under $5M for the next 60 months. Cliona’s programme involves collaborations with Prof Boyd Swinburn (Epi & Biostats), University of Otago, University of Oxford and the George Institute for Global Health, Sydney.

*Delivering a new measure of neighbourhood disadvantage for New Zealand* (Senior Lecturer Dr. Daniel Exeter from Epidemiology & Biostatistics) received an HRC grant of $1.1M over 36 months.

*‘Acceptability’ and access to primary care: The reception process* (Senior Lecturer Dr. Pat Neuwelt, Te Kupenga Hauora Māori) was awarded an HRC Emerging Researcher First Grant of $149,000 for 30 months.

Dean John Fraser described the grants as “a wonderful success not only for the individual investigators who constructed these exciting proposals, but also for the faculty and the University in an incredibly competitive funding round.”

Every year the most recently-returned Harkness Fellow In Health Care Policy and Practice reports back about his/her Harkness Fellowship experience. This year Dr Sarah Derrett will speak about her experience at the University of Chicago’s Department of Medicine.

Sarah investigated integrated health care in rural American Safety Net Clinics and larger Community Health Centres, with an aim to increase understanding about how, in practice, rural clinics transitioning to patient-centred medical homes (PCMH) have implemented a plan to sustain care integration.

Sarah will present in the function room on 31st July. There is no charge and all are welcome to attend.
GeneraL PrACtiCe ta kes A stAnD A t CoNFerence

For the last fifteen years the Department of General Practice and Primary Healthcare have had an exhibitors stand at the annual RNZCGP Conference for General Practice. This year for the first time they also hosted a stand at the General Practice Conference and Medical Exhibition (GP CME), which took place in Rotorua’s Energy Events Centre, from 20th to 23rd June.

The stand was staffed by SoPH Profession Staff members Angela Robinson and Dale-Cormack Pearson. "We wanted to capture more health disciplines", said Angela, "so this is the first year we have attended the GP CME conference."

Over 1300 delegates attended the conference, and the stand fielded a huge number of enquiries. Managers of GP practices expressed interest in seeing our UG Medical students doing GP attachments in the community, while Nurses and GPs looked at pursuing further studies through the Goodfellow Unit or through postgraduate courses. Angela was pleased to report 54 written enquiries; twice the usual number from previous conferences.

Professor Bruce Arroll from the Department presented at a number of sessions, covering the subjects of insomnia, gout and depression. Bruce also chaired one of the keynote speaker sessions. And Professor Rod Jackson of Epidemiology & Biostatistics presented one of the main sessions on "CVD Risk Prediction in NZ 2013 and Beyond - the Epidemiologist’s View".

Others from SoPH who also presented were:

- Professional Teaching Fellow Perrin Rowland (Goodfellow Unit) co-presented with Bruce Arrol on "An Online Resource for Insomnia".
- Associate Professor Nikki Turner (General Practice and Primary Healthcare) conducted several workshops on recent developments and issues related to vaccinations.

"It was wonderful to see staff from SoPH, Dr Henry Doerr, Dr Stewart Wells and many other previous students from Public Health and General Practice", said Dale-Cormack Pearson.

Contributions to the School of Population Health newsletter can be sent to John Trevithick at j.trevithick@auckland.ac.nz. The SOPH news is a quarterly publication. The next issue will be published in September.