



AUSTRALIA BEHAVIOURAL RESEARCH IN CANCER

Centre for Behavioural Research in Cancer (CBRC), Victoria

Models of peer support for people living with colorectal cancer

Disease-specific peer support services for people diagnosed with colorectal cancer are lacking. This research project aimed to examine the acceptability of peer support for people with colorectal cancer in metropolitan and regional areas of Victoria via three studies. First, a search of the literature on support models for people living with cancer was undertaken. Five models of peer support for people with cancer were identified from the 58 papers included in the review. Given the limited level 1 evidence for the effectiveness of any model, a formative study was then undertaken. This study explored the peer support needs of people with colorectal cancer recruited from outpatient clinics and their preferences for the various peer support formats, via quantitative (N=52) and qualitative (N=29) methods. The formative study led to the development of two peer support programs - a one-to-one telephone and face-to-face group program. The acceptability of these models was tested in a pilot study that adopted a pre-post intervention with patients and peers as support providers. Thirty-four patients were recruited, with half electing to participate in the telephone program and half in the group program. Twelve peers provided support in the telephone program. Two group programs were established (metro and regional), each co-facilitated by a peer and a health professional. The two peer support models were received favourably and findings suggest these models cater to different peer support needs. Clinician promotion and timing of referral (improved if closer to diagnosis) contributed to participation and retention. The project emphasised the value of peer support in cancer care for colorectal cancer patients.

Performance of anti-smoking television advertisements in low and middle-income countries using a standard pre-testing protocol

Low and middle income countries may benefit from adapting previously successful anti-smoking television advertisements from other regions, reducing the substantial production costs of mass media campaigns. This study aimed to test the comprehensiveness, acceptability and potential effectiveness of existing anti-smoking ads in low and middle income countries. Within each country, 24 groups of male and female smokers aged 18-34 years were shown 10 anti-smoking advertisements. After viewing each advert participants completed a 10-item scale, rating each advert in terms of message acceptance

and emotional and cognitive impact. All adverts and advert rating materials were presented in participants' local language. Data has so far been collected in seven countries - China, Russia, India, Indonesia, Mexico, Vietnam and the Philippines. Initial results have shown that within each country, adverts that described the negative health effects of smoking using visceral imagery had the strongest performance overall. Adverts communicating interpersonal loss as a result of smoking, using personal testimony, tended to have variable performance across countries, highlighting the importance of cultural suitability and relevance of advert choice. Adverts that provided a secondhand smoke message (without visceral imagery) showed moderate performance relative to other ad types. These findings suggest that careful adaptation and translation of existing strong graphic advertisements can be considered as a lower cost mass media tobacco control strategy for low and middle income countries.

Centre for Behavioural Research in Cancer Control (CBRCC), WA

Effectiveness of smoking cessation drugs in real-life settings

Clinical trials consistently demonstrate that smoking cessation pharmaceutical aids (R_x) approximately double a smoker's chances of successfully quitting. However, despite their widespread availability, successful quitting rates within the general population do not seem to have improved. We aimed to determine if, and why, cessation R_x are less efficacious in real life settings compared to clinical trials. We have just concluded a longitudinal study with 1226 Western Australian smokers interviewed by telephone every three months for two years (2007–2009). Participants were asked in structured, open-ended manner about any quit attempts since their previous interview, antecedents to such attempts, attempt duration, and cessation aids used. Participants' mean age was 41.8 years (range 18–78), 45% were male and 55% female, and had an average consumption of 17.5 cigarettes a day (range 1–70). The retention rate after two years was 76.8%. Preliminary analyses suggest 88.4% participants made at least one quit attempt, 14.2% had remained abstinent for 6+ months and 8.8% for 12+ months. Cessation R_x were used by 33.8% of participants and predicted significantly greater rates of abstinence amongst those who used them at six months (20.8 v 12.7%; $\chi^2=12.673$ $p<.001$) but not at 12 months (11.4 v 8.7%; $\chi^2=2.060$ $p=.151$). Analysis is currently underway to determine whether R_x type, treatment compliance and adjuvant assistance are predictors of successful

REPORTS

abstinence. Our preliminary results complement previous research suggesting cessation Rx provide superior short-term but not long-term smoking abstinence. Through ongoing analysis we hope to determine the reasons why this is the case.

Dissecting graphic health warnings: assessing what makes for the greatest impact

Smoking cessation advertisements with gruesome health warning imagery are consistently demonstrated to maximise emotional arousal in viewers, increase their risk perceptions, and be more recalled by smokers. However, not all gruesome imagery has proven equally effective. One hypothesis suggests gruesome imagery with a clear ground/figure execution (eg. organ on a surgical tray v within the body) may aid recall memory. Another hypothesis suggests gruesome imagery incorporating physical violence enhances recall. We are currently testing these hypotheses by asking participants to view an online experiment depicting a randomised series of 36 four-second video clips of damaged body organs. Half the clips depict an aggressive condition, where the organ is subject to physical harm, such as being cut, dissected or punctured, resulting in oozing slurry. The other half depict a passive condition, where only the damaged organ and leaking fluids are depicted. The organs were filmed on a green screen so that backgrounds could be superimposed in both clear and merged fashion. Viewers are asked to rate how 'confronting' they consider the footage and one week later they are asked to view a second series of 72 videos, including the 36 previously viewed, plus an additional 36 similar videos not seen before, and to nominate if they have previously viewed each exact video. Preliminary analyses suggest a strong effect size for the physical violence hypothesis, but only a weak effect size for the clear figure/ground hypothesis.

Centre for Health Research and Psycho-oncology (CHeRP), NSW

Delivering smoking care to disadvantaged groups: a qualitative study of potential in community welfare organisations

Despite falling rates of smoking in the general Australian population, smoking rates remain markedly higher among severely socially disadvantaged groups including Aboriginal and Torres Strait Islander people, the homeless and people on low incomes. Community service organisations provide a potentially ideal setting for accessing and delivering smoking care to disadvantaged smokers, however little is known about their current provision of smoking care, or the acceptability and feasibility of providing care in this setting. In-depth interviews and focus groups were conducted with eight managers, 35 staff and 32 clients of community service organisations between December 2008 and March 2009. Results suggest that providing and receiving cessation support in the community service setting is highly desirable. Staff reported that smoking was a significant issue for their clients, and perceived the provision of smoking care to be compatible with their role as care providers. However, they identified several barriers to providing care, including competing

priorities, insufficient resources and inadequate staff training. Managers and staff preferred brief intervention approaches. Many clients reported a desire to quit smoking, and thought that personalised support from the community service organisation would help. These results suggest that the community service setting represents a promising access point for targeting disadvantaged smokers that is acceptable and desired by managers, staff and clients. Further research examining the effectiveness of support offered in this setting is clearly warranted.

Psychosocial needs of survivors

Peer support programs provide one avenue for meeting the significant psychosocial needs of cancer survivors. Such programs are based on the premise that shared cancer experience is a valuable resource, which assists in adjusting to, and coping more effectively with, the disease. Cancer Council NSW has been operating a one-to-one matched peer support program, Cancer Council Connect, since 2000. CHeRP was commissioned to undertake an evaluation of the program to determine if the service satisfactorily met the needs of clients and volunteers. A total of 86 clients and 65 volunteers of the program completed a computer assisted telephone interview. Ten clients, who during the interview, expressed dissatisfaction with their involvement in the program, were invited to complete an in-depth semi-structured telephone interview about their experiences. Clients were highly satisfied with their interaction with the Cancer Council Connect consultants and their allocated volunteer, who was perceived to provide a high degree of practical and emotional support, with 'coping and reassurance' being most frequently sought by clients. The most disliked aspect related to insufficient or irregular volunteer contact. More than half reported all or most of their needs met, and almost all would recommend the program to others diagnosed with cancer. Cancer Council Connect volunteers reported a high degree of satisfaction with their volunteer role, feeling well supported by program staff. The most disliked aspect related to the emotional burden associated with client contact. Almost half felt under-utilised. Based on the findings, recommendations were made outlining potential areas for improvement.

Viertel Centre for Research in Cancer Control (VCRCC), Queensland

Beating the blues after cancer

Approximately 35% of patients will experience persistent clinically significant distress; carers often experience even higher distress than patients. There is a need to identify patients and family members experiencing high distress and once identified, refer people to services that match their psychosocial care needs. This study is being conducted in collaboration with Cancer Council NSW to investigate support options for distressed callers to Cancer Council Helpline in Queensland and NSW. It will assess the efficacy and cost-effectiveness of psychological interventions offered through Cancer Council Queensland - self-managed care with nurse counsellor support v five individualised sessions with a therapist. Outcomes for health services planning will include recommendations

about: the efficacy of self-managed support versus tele-based psychologist intervention to facilitate better psychosocial adjustment and mental health; an evidence-based, practical and applied approach to psychosocial care that can be rapidly translated into community and acute settings; and information on the potential economic value of interventions to help achieve efficient health service delivery.

Amazon Heart Thunder: achieving personal growth through a Harley Davidson

Amazon Heart is an organisation that coordinates adventure events aimed at providing a unique and inspiring peer support opportunity for breast cancer survivors. Amazon Heart Thunder is one such event, which recently comprised a Harley Davidson motorcycle ride from Brisbane to Sydney over 10 days. This research aims to identify the mechanisms for which positive life change occurs in the context of a motorcycle ride with other breast cancer survivors. Interviews and surveys completed by the motorcycle riders will explore elements of this peer support adventure-based activity that may contribute to personal growth, such as risk-taking behaviour, social identity and group cohesion. An important outcome will be identifying factors that contribute to the success of the adventures, allowing us to create further peer support activities for breast cancer survivors that promote personal transformation.

Melanoma survivor study

Melanoma is one of the most common cancers in Queensland, however surprisingly little is known about the psychosocial outcomes patients and their families experience following a melanoma diagnosis, particularly for long-term survivors. Patients and their carers may experience issues such as continued fear of recurrence, changes to appearance and self image and changes to social support structures to name a few. The Melanoma Survivors Study is investigating levels of psychological distress, physical and emotional well being, quality of life, and health behaviours for over 2500 long-term melanoma survivors. Using self-administered questionnaires, the study is collecting information on: levels of emotional, physical, functional and social well being; levels of distress

and anxiety; adjustment; and current health behaviours (such as sun exposure, sun protection practices, skin self-examination). Information regarding routine surveillance practices including: follow-up visits; consultation procedures (type of skin examination, other clinical procedures, education about sun protection and early detection); frequency of recurrence; and development of additional primary melanoma(s) is being collected through the questionnaires and the patient's physician.

Behavioural Research and Evaluation Unit (BREU), South Australia

Influence of family on food choices

Overweight and obesity are increasingly recognised as significant risk factors for chronic diseases including cancer. Some food behaviours and dietary preferences may be learnt in the family context. In the current study, focus groups were conducted with two or three generations of members of seven families to explore the roles of various family members in the development and maintenance of food choices, eating behaviours and meal practices. Three different cultural groups were included to explore the potential social influence processes on food choice in families from different cultural backgrounds. Participants included families who identified themselves as Anglo-Australian, Italian-Australian and Congolese-Australian families. This pilot study identified a bi-directional influence between parents and their children on food consumption across different cultural groups. For Australian families, the nuclear household was the key environment in which food was discussed and meals were prepared and eaten, without strong links to family or cultural food traditions. The influence of grandparents on the family food environment was unique to Italian-Australian families, with grandparents being very integrated in the preparation and sharing of food, and having strong views about food that were taken seriously by the families. The food environments of the Congolese-Australian families were also influenced by third generation family, although they did not reside in Australia, through the retention of cooking styles passed on from mothers to their children.