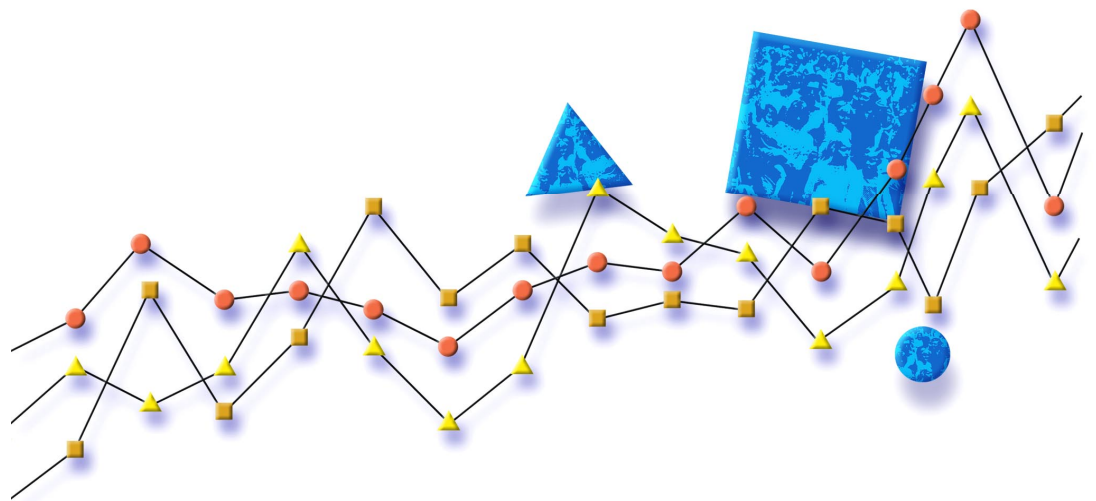
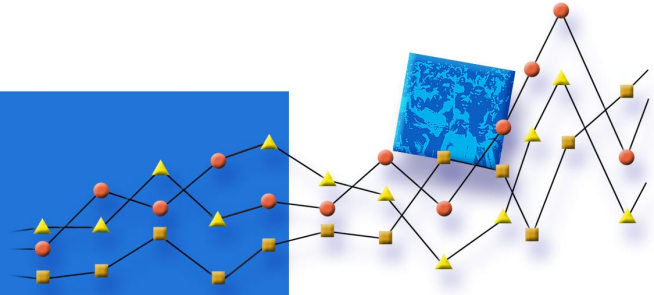


Centre for  
Public Health  
Research

Annual Report 2001



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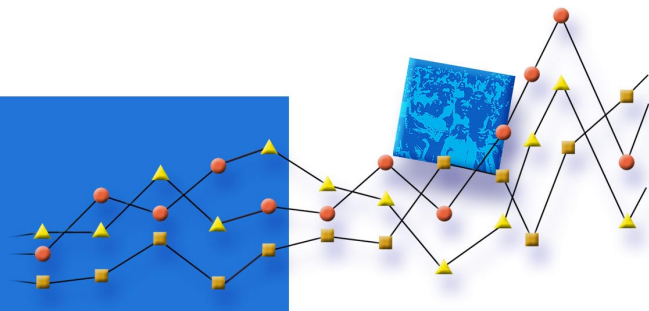
## Courier Address

1st floor  
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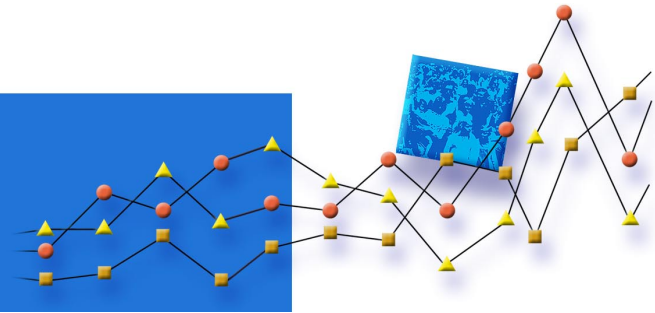
This report is also available in downloadable form  
from our website at:

<http://publichealth.massey.ac.nz/>  
<http://www.publichealth.ac.nz/>

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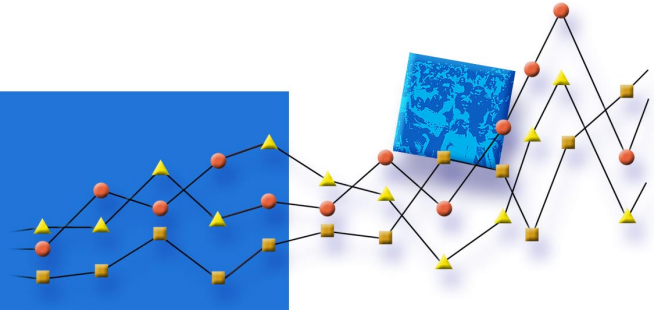
Michelle Gray – Community Worker, Kokiri Seaview Marae

Naomi Young – Research Assistant

Nyk Huntington – Research Fellow

Sunia Foliaki – Wellcome-Trust Research Fellow

# Introduction

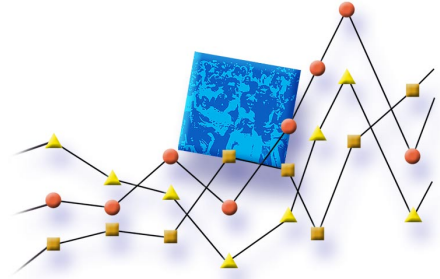


The Centre for Public Health Research is a multi-disciplinary team of researchers based on the Massey University Wellington campus.

The Centre was established in 2000. Our research programme covers all aspects of public health research, but with a focus on:

- Non-communicable diseases (respiratory disease, cancer, diabetes)
- Māori health
- Pacific health
- Occupational health
- Environmental health
- Socio-economic determinants of health

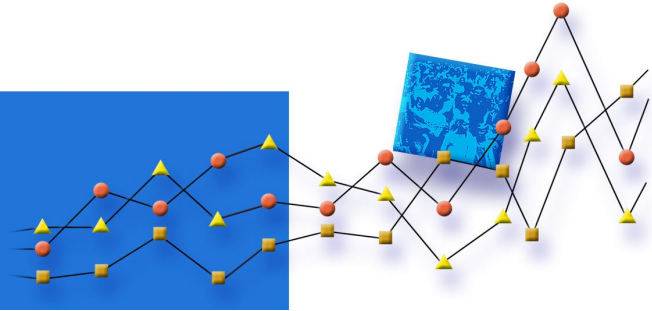
The Centre for Public Health Research recognizes the importance of the Treaty of Waitangi and its relevance to our work. We have a long history of involvement with Māori research and policy development including the Māori Asthma Review and the Wairarapa Māori Asthma Project. Much of our Māori health research is done in collaboration with Te Pūmanawa Hauora, and our Māori asthma research involves a formal link with the Māori Committee of the Asthma and Respiratory Foundation of New Zealand. We are also committed to employing and training Maori researchers.



The Centre is based in the College of Humanities and Social Sciences, but we also work with researchers at other Massey Colleges and campuses, as well as with researchers at other institutions including the Malaghan Institute for Medical Research (MIMR), Occupational Safety and Health (OSH), the Health Services Research Centre (Victoria and Otago Universities), the Population and Environmental Health Group of the Institute for Environmental Science and Research (ESR), the Massey University Veterinary Epicentre and the Institute for Risk Assessment Sciences (IRAS) at the University of Utrecht (The Netherlands).

Although our main activity is research, we also work with organisations such as the Ministry of Health, Occupational Safety and Health (OSH), and various non-governmental organisations, unions and companies to ensure that the findings of research are relevant to, and applied in, public health policy. In particular, we have served on a number of advisory committees for the Health Research Council, the Ministry of Health, and OSH.

# The Year In Review



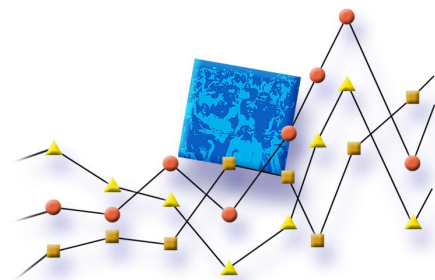
The Massey University Centre for Public Health Research was established in October 2000, and this report covers the period October 2000-December 2001. The Centre has been very successful in the year 2001, both in terms of obtaining funding and producing outputs. In the annual Health Research Council (HRC) funding round we were successful with project grant applications totalling \$1.2 million. In addition, we obtained grants from Lotteries Health Research, the Ministry of Health, Occupational Safety and Health, as well as a large grant from the Wellcome Trust. We were also successful with a FRST Bright Futures Scholarship application, and an HRC Postdoctoral Research Fellowship application. All this has meant that we have gone from a preliminary stage of development in 2000 to being fully established from 1<sup>st</sup> July 2001.

## Non-Communicable Diseases

The main focus of our non-communicable disease research continues to be on the causes and control of asthma, although we are also conducting studies in cancer and diabetes, and in more general health promotion and protection for non-communicable diseases.

Asthma prevalence is increasing worldwide, but

the underlying reasons for this increase are currently unclear. Furthermore, the pathophysiological mechanisms involved in the development of asthma are not completely understood. The “hygiene hypothesis” postulates that the global increases in asthma prevalence could be due to increased susceptibility due to the cleaner modern environment. Although this



may involve an allergic (TH<sub>1</sub>/TH<sub>2</sub>) mechanism, it is becoming increasingly accepted that non-allergic mechanisms may play an important role in asthma. In particular, it is well known that non-allergic asthma is quite common in adults in certain occupational populations. In this context, we received funding and commenced two new etiologic asthma projects in 2001. The first study is examining the subsequent risk of asthma in children for whom infections at age 0-4 have been reported in the surveillance data held by Environmental Sciences and Research (ESR). The second study is investigating the importance and nature of allergic and non-allergic mechanisms for childhood asthma, and is being conducted in collaboration

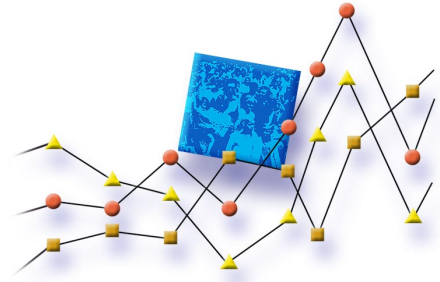
with the Malaghan Institute for Medical Research. This latter study is an “add on” study to the Phase III survey of the International Study of Asthma and Allergies in Childhood (ISAAC), which we are conducting in Wellington. The ISAAC study was developed and organized together with colleagues in Auckland, London and Münster. This study now includes more than 750,000 children in more than 170 centres in 60 countries. Neil Pearce is a member of the ISAAC Executive and ISAAC Steering Committee, and is the ISAAC Publications Coordinator. Sunia Foliaki is Regional Coordinator for Oceania and is a member of the ISAAC Steering Committee.

## Occupational And Environmental Health

In addition to occupational asthma research (including studies of hairdressers, farmers, saw mill workers

and plywood mill workers) we are conducting a number of studies of occupational causes of cancer. These





include studies of cancer incidence and mortality in meat workers, pesticide production workers and pulp and paper workers. In addition, we have been contracted by OSH to investigate the feasibility of conducting similar studies on the health of New Zealand timber workers exposed to PCP. Dave McLean and Neil Pearce are members of the OSH Cancer Panel which is investigating cases of occupational cancer, particularly bladder cancer, non-Hodgkin's lymphoma, leukemia and

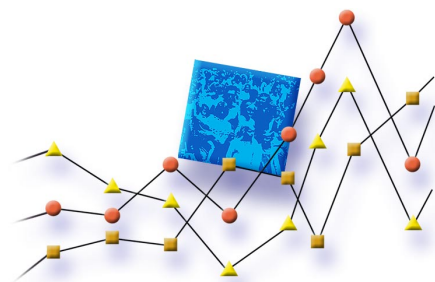
nasopharyngeal cancer. Neil Pearce is a member of the OSH Asbestos Advisory Committee which is investigating respiratory disease (malignant and non-malignant) in asbestos-exposed workers, and a member of the Ministry of Health Organochlorines Technical Advisory Group. We are also assisting with a study of cell phones and brain tumours being conducted by Angus Cook and Alistair Woodward (Wellington School of Medicine).

## Māori Health

A further "add on" to the ISAAC study is an investigation of asthma in Māori adolescents being conducted by Lis Ellison-Loschmann, Aroha Webby and Michelle Gray. Asthma prevalence is similar in Māori and non-Māori children, but Māori suffer from more severe asthma and more long-term problems. This study involves surveying Māori

adolescents, with current asthma symptoms, to examine the relationship between asthma severity and access to asthma education and asthma health care in this young population. We are also continuing to work closely with Te Pūmanawa Hauora, including the development of a proposed study of diabetes intervention in Māori communities.

## Pacific Health



Sunia Foliaki has recently joined the Centre on a two-year Fellowship from the Wellcome Trust to coordinate the ISAAC Phase III study in the Pacific, and to develop a broader programme of research into the epidemiology of non-

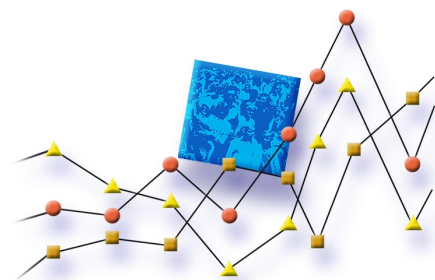
communicable disease in the Pacific. Ate Moala is conducting PhD research into the development of a health promotion model for Pacific adolescents and their families with funding from an HRC Pacific Health Research Training Fellowship.

## Socioeconomic Determinants Of Health

Neil Pearce has studied socioeconomic determinants of health in New Zealand for many years, with the initial analyses covering the period of the 1970s. This work has recently been updated and has shown that although New Zealand men are generally getting healthier and living longer, the gap in life expectancy between rich and poor is continuing to increase. We have also continued to be involved in research into socio-economic determinants of health being conducted by other research groups and institutions, including involvement in the New Zealand Census Mortality Study (Tony Blakely, Wellington School of

Medicine) and work with Peter Davis (Christchurch School of Medicine). In August 2001 we held a very successful Symposium on Explanations for Socioeconomic Differences in Health (see page 30). This was the first of a series of Annual Symposia in Health Research and Policy. The symposium was organised jointly with the Ministry of Health, and the Social Inequalities and Health Network (Christchurch School of Medicine) with funding support from the Ministry of Health, the National Health Committee and Massey University.

## Other Projects



Irihapeti Ramsden is investigating Kawa Whakaruruhau/Cultural Safety in the international context with funding from an HRC Erihapeti Rehu-Murchie Postdoctoral Research Fellowship.

Helen Wilson has been awarded a FRST Bright Futures Doctoral Fellowship for a participatory action research study of teenage mothers and their perceptions of successful parenting.

## Concluding Remarks

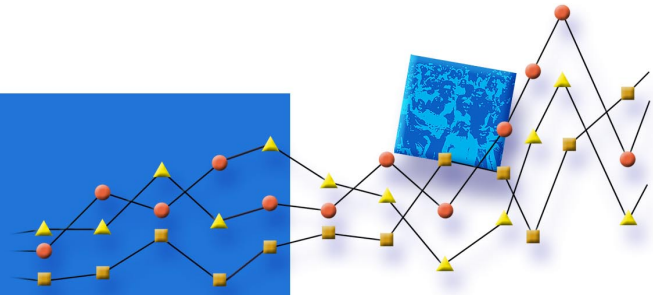
In closing we wish to thank all research collaborators involved in our various projects who have played an important role in ensuring a productive year, the agencies who have funded this programme of research,

and all those who have participated in our studies.

We also wish to thank Massey University and its staff for its excellent support for our research programme.

# Current Research Projects

## Completed Projects



### 1. Social class differences in mortality in New Zealand men

**AIMS:**

1. To investigate social class differences in mortality in New Zealand men during 1995-1997.
2. To examine time trends in social class mortality differences by comparing the findings for 1995-1997 with similar analyses of deaths during 1974-1978 and 1985-1987.
3. To analyse and compare social class mortality patterns in Māori and non-Māori.

**FUNDING:** Health Research Council of New Zealand

**RESEARCHERS:** Neil Pearce

**COLLABORATORS:** Professor Peter Davis, Andrew Sporle (Christchurch School Of Medicine)

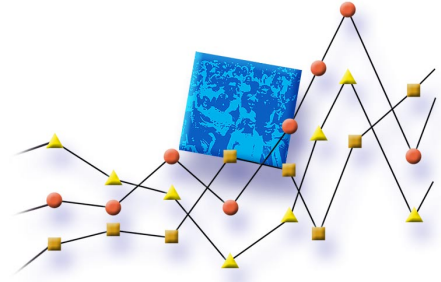
**KEY WORDS:** Socio-Economic Factors, Māori Health

**KEY FINDINGS:**

Although the overall death rate in New Zealand men has fallen in the last 20 years, the social class differences in mortality rates have widened. Whereas in the 1970s, the death rate in unskilled manual was about

1.8 times that in professional and managerial workers, by the 1990s the ratio has risen to 2.3. The social class mortality differences are particularly strong within Māori.

## 2. Time trends and regional differences in asthma mortality and hospital admissions in Māori



### **AIMS:**

1. To review time trends in asthma mortality and hospitalization rates for Māori.
2. To examine the asthma admission rates for Māori by region.
3. To locate and document current primary care organizations contracted to provide asthma education services.
4. To identify priority regions throughout New Zealand for implementation of the Māori asthma education plan.

### **FUNDING:**

Ministry of Health (through the Māori Committee of the Asthma and Respiratory Foundation of New Zealand)

### **RESEARCHERS:**

Lis Ellison-Loschmann, Soo Cheng, Neil Pearce, Ron King (Ministry of Health)

### **COLLABORATORS:**

Māori Committee Of The Asthma And Respiratory Foundation Of New Zealand

### **KEY WORDS:**

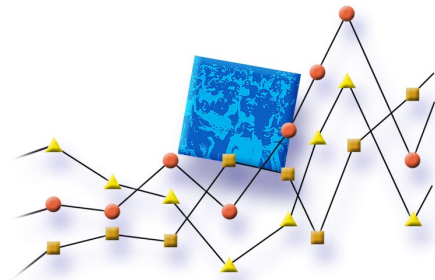
Asthma, Māori

### **KEY FINDINGS:**

Deaths from asthma have declined since the restriction of fenoterol in 1989, and Māori death rates are similar to those in non-Māori. However, Māori

asthma hospitalization rates are consistently higher than non-Māori. For Māori, deaths are highest in spring whereas hospitalizations peak in winter.

### 3. Occupational asthma in plywood mill workers



#### **AIMS:**

Exposure to wood dust has been shown to be associated with occupational asthma. Patho-physiological mechanisms, however, remain largely unknown. The aims of this cross sectional study are:

1. To determine the prevalence of work related asthma and other respiratory symptoms among plywood mill workers in New Zealand.
2. To assess a relationship between plywood mill exposures and respiratory symptoms and lung function.

**FUNDING:** Health Research Council of New Zealand (HRC), Netherlands Organisation for Scientific Research (NWO)

**RESEARCHERS:** Jeroen Douwes, Dave Mclean, Neil Pearce

**COLLABORATORS:** Wouter Fransman (Institute For Risk Assessment Sciences (IRAS), University Of Utrecht), Paul Demers, Victor Leung (University Of British Columbia)

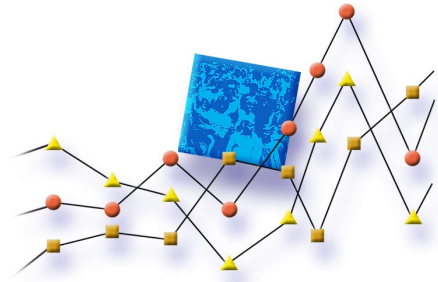
**KEY WORDS:** Asthma, Respiratory Disease, Occupation

#### **KEY FINDINGS:**

Plywood mill workers are exposed to significant levels of inhalable dust, bacterial endotoxin, terpenes, resin acids and formaldehyde, and they appear to have an

increased risk of developing respiratory symptoms. A strong association was found with exposure to formaldehyde, but not with any of the other specific exposures measured.

#### 4. Analyses of The New Zealand Asbestos Exposure Register and the New Zealand Asbestos Disease Register (with OSH)



**AIMS:**

1. To assess the association between cumulative asbestos exposure and the occurrence of respiratory symptoms.
2. To examine lung function changes in asbestos-exposed workers with pleural abnormalities

**FUNDING:** Occupational Safety and Health (OSH)

**COLLABORATORS:** Professor Bill Glass (OSH) and the National Asbestos Medical Advisory Panel

**RESEARCHERS:** Dave McLean, Neil Pearce

**KEY WORDS:** Asthma, Asbestos, Respiratory Disease

**KEY FINDINGS:**

A clear dose response pattern was found with reduction of FVC and FEV<sub>1</sub> in relationship to increasing asbestos exposure.

This was independent of smoking but was greater in smokers than in non-smokers.

#### 5. Occupational cancer in pulp and paper workers

**AIMS:**

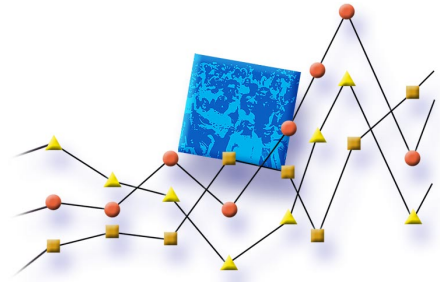
1. To examine the long-term effects on mortality and cancer incidence in pulp and paper workers.

**FUNDING:** Cancer Society of New Zealand, Health Research Council of New Zealand (HRC), Accident Compensation Corporation (ACC)

**RESEARCHERS:** Dave McLean, Neil Pearce

**COLLABORATORS:** Paolo Boffetta (International Agency For Research On Cancer)

**KEY WORDS:** Cancer, Occupation, Dioxin



**KEY FINDINGS:**

This was a cohort study of cancer incidence and mortality at three New Zealand pulp and paper mills. No overall increase in mortality from cancer or other causes was observed, although there was a small non-significant increase in lung cancer. The study was part of an international collaborative

study organized by the International Agency for Research on Cancer (IARC). The global study found that lung cancer mortality was associated with exposure to asbestos, sulphur dioxide and pulp and paper dust in pulp and paper mills.

**6. Asthma in Pacific people in New Zealand and in the South Pacific**

**AIMS:**

1. To review research on asthma prevalence and access to asthma health care in New Zealand and the Pacific nations, which included information on Pacific people

**FUNDING:** Health Research Council of New Zealand (HRC)

**RESEARCHERS:** Ate Moala, Neil Pearce

**KEY WORDS:** Asthma, Prevalence, Management, Pacific

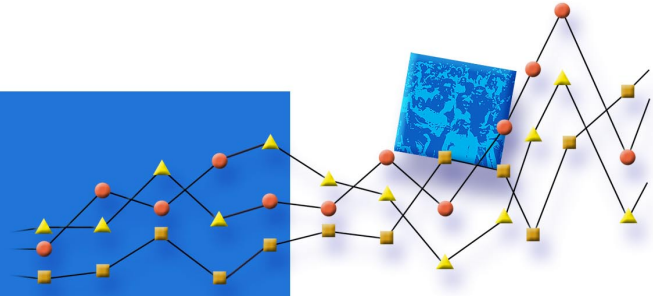
**KEY FINDINGS:**

In New Zealand, asthma prevalence in Pacific children is similar to, or lower than, that in non-Polynesian children, whereas in adults the prevalence is higher in both Pacific people and Māori. Asthma is more severe in Pacific people and Māori with a higher frequency of

hospitalizations. This may in part be due to problems of access to health care and asthma education. Little is known about the prevalence of asthma throughout the Pacific, but this will be examined in Phase III of the International Study of Asthma and Allergies in Childhood (ISAAC).



## Ongoing Projects



### 7. Kawa Whakaruruhau/cultural safety in the international context

#### **AIMS**

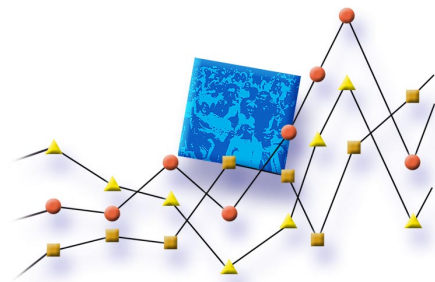
1. To undertake an international literature search and compile an accessible body of work on cultural safety in the international context.
2. To investigate parallels to Cultural Safety in education of health professionals (and others) in the area of indigenous health issues.
3. To characterise successful programmes and educational strategies in Cultural Safety
4. To identify the relationship with the development of health policy
5. To develop data on the specific requirements of Māori entering the health professions with a focus on decolonisation and skill development in matauranga Māori

**FUNDING:** Health Research Council of New Zealand (HRC)

**RESEARCHERS:** Irihapeti Ramsden

**KEY WORDS:** Cultural Safety, Indigenous Health, Māori Health, Nursing

## 8. Causes of morbidity, and factors affecting access to health services in Māori adolescents with asthma



### **AIMS:**

1. To estimate the proportion of Māori students, with asthma or asthma symptoms, who are receiving asthma medication, asthma education and using asthma management plans.
2. To identify what factors affect asthma severity in Māori students.
3. To identify and describe barriers to accessing asthma health care and asthma education of experienced by Māori students.

**FUNDING:** Health Research Council of New Zealand

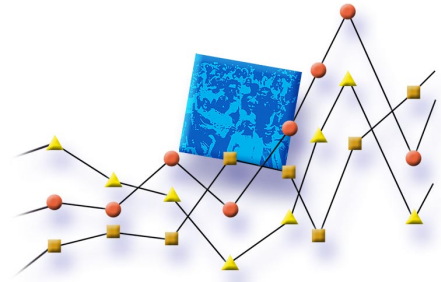
**RESEARCHERS:** Lis Ellison-Loschmann, Aroha Webby, Michelle Gray, Irihapeti Ramsden, Neil Pearce

**KEY WORDS:** Asthma, Respiratory Disease, Māori

## 9. Development of a model of health promotion for fanau Pasifiki and their families

### **AIMS:**

1. To determine: (a) what constitute measurable positive Pacific health outcomes; (b) the key health indicators; (c) effective health promotion service delivery mechanisms; (d) the criteria for effective health promotion for fanau Pasifiki and their families.
2. To develop a Pacific health promotion model.
3. To perform an evaluation for the model on several 'case-study' health promotion programmes.



**FUNDING:** Health Research Council of New Zealand  
**RESEARCHERS:** Ate Moala  
**COLLABORATORS:** Sitaleki Finau (Fiji School of Medicine)  
**KEY WORDS:** Health Promotion, Pacific Health

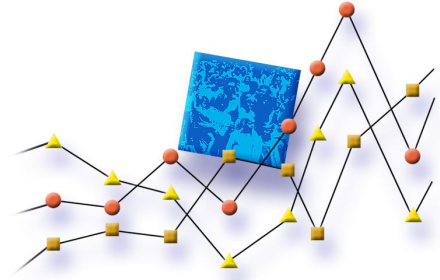
## 10. A participatory action research study of teenage mothers and their perceptions of successful parenting

**AIMS:**

1. To work alongside teenage mothers as they explore how they parent and what enables them to parent successfully.
2. To facilitate the documentation of their findings in a form that can be disseminated, not only to position these mothers favourably, but to inform public policy and professional practice

**FUNDING:** FRST Bright Futures Doctoral Fellowship  
**RESEARCHERS:** Helen Wilson  
**COLLABORATORS:** Professor Robyn Munford, Dr Annette Huntington (Massey University)  
**KEY WORDS:** Maternal and Child Health

## 11. ISAAC (International Study Of Asthma And Allergies In Children). Phase III



### AIMS:

1. To describe the prevalence and severity of asthma, rhinitis and eczema in children living in different centres and to make comparisons within and between countries.
2. To conduct ecologic analyses of the association of asthma prevalence with factors such as diet, infections, immunisation, air pollution and allergen levels.
3. To examine trends in asthma prevalence over time.
4. To provide a framework for further etiological research into genetic, lifestyle, environmental and medical care factors affecting these diseases.

The International Study of Asthma and Allergies in Childhood (ISAAC) was developed and organized together with colleagues in

Auckland, London and Münster. This study now includes more than 750,000 children in more than 170 centres in 60 countries. Our involvement includes:

- Sunia Foliaki is Regional Coordinator for Oceania and a member of the ISAAC Steering Committee
- We participating in the New Zealand ISAAC Phase III survey, and conducting the survey in Wellington.
- We are also conducting two “add on” studies that are described below.
- Neil Pearce is a member of the ISAAC Executive and ISAAC Steering Committee, and is the ISAAC Publications Coordinator

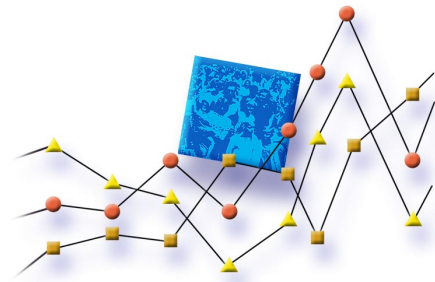
**FUNDING:** Health Research Council of New Zealand (HRC)  
Wellcome Trust

**RESEARCHERS:** Neil Pearce, Nyk Huntington, Claire Macdonald, Lis Ellison-Loschmann, Sunia Foliaki, Soo Cheng

**COLLABORATORS:** Dr I. Asher (Auckland Medical School) and many other colleagues in more than 170 centres in 60 countries

**KEY WORDS:** ISAAC, Asthma, Respiratory Disease, Child Health

## 12. Early childhood infections and subsequent asthma risk



### **AIMS:**

1. To investigate the associations between infections in infancy and the subsequent risk of childhood asthma, using the ESR EpiSurv database.

**FUNDING:** Health Research Council Of New Zealand (HRC)

**RESEARCHERS:** Neil Pearce, Claire Macdonald, Nyk Huntington, Jeroen Douwes, Soo Cheng

**COLLABORATORS:** Dr Michael Baker (Environmental Sciences And Research (ESR), Professor Graham Le Gros (Malaghan Institute Of Medical Research)

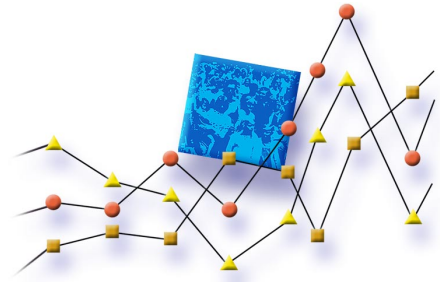
**KEY WORDS:** Asthma, Respiratory Disease, Child Health

## 13. Non-allergic causes of asthma

### **AIMS:**

1. To study airway inflammation in asthmatic and non-asthmatic children.
2. To assess whether childhood asthma can be divided into two (or more) inflammatory sub-types: allergic and non-allergic asthma.
3. To assess the relative importance of non-allergic asthma in a random sample of asthmatic children.
4. To assess whether allergic and non-allergic asthmatics differ with respect with bronchial re-activity, skin prick test results, disease severity and medication use.

**FUNDING:** Health Research Council of New Zealand



**RESEARCHERS:** Elizabeth Harding, Jill Parkin, Jeroen Douwes, Neil Pearce

**COLLABORATORS:** Professor Graham Le Gros, Dr Jacqui Harper (Malaghan Institute), Professor Peter Gibson (John Hunter Hospital, Newcastle, Australia), Dr Ian St George, Dr Wallace Farquhar (John St Doctors), Dr Angela Zacharasiewicz (University of Vienna)

**KEY WORDS:** Asthma, Respiratory Disease, Child Health

## 14. Mortality and cancer incidence in meat workers

**AIMS:**

1. To investigate mortality and cancer risk in meat workers.
2. To ascertain which aspects of meat work may be associated with an increased risk of specific cancers.

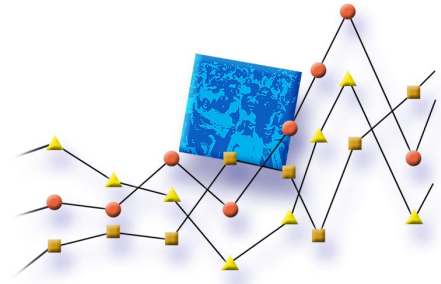
**FUNDING:** Health Research Council of New Zealand (HRC)

**RESEARCHERS:** Dave Mclean, Neil Pearce, Soo Cheng

**COLLABORATORS:** Dr Paolo Boffetta, Dr Paul Brennan (International Agency For Research On Cancer)

**KEY WORDS:** Cancer, Occupation

## 15. Occupational cancer in pesticide producers and sprayers exposed to dioxin



### **AIMS:**

1. To examine the long-term effects on mortality and cancer incidence in production workers and pesticide sprayers exposed to phenoxy herbicides, chlorophenols and dioxin contaminants.

**FUNDING:** Lotteries Health Research

**RESEARCHERS:** Dave McLean, Neil Pearce, Soo Cheng

**KEY WORDS:** Cancer, Occupation, Pesticides, Dioxin

## 16. Feasibility study of research on the health of New Zealand timber workers exposed to PCP

### **AIMS:**

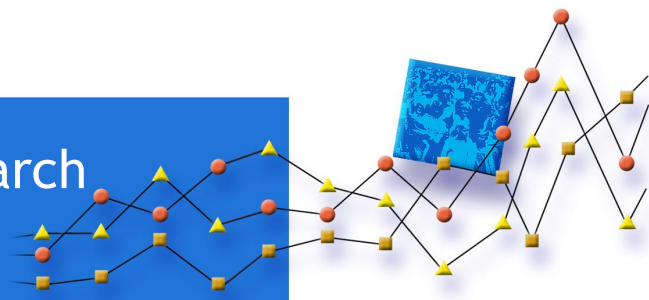
1. To examine the feasibility of conducting mortality and cancer incidence studies or cross-sectional studies of New Zealand timber workers exposed to PCP.

**FUNDING:** Occupational Safety and Health (OSH)

**RESEARCHERS:** Dave McLean, Neil Pearce

**KEY WORDS:** Cancer, Occupation, Dioxin

## Projects Based In Other Research Groups And Institutions



### 1. Health effects of mobile (cellular) phones

**AIM:**

1. To investigate whether mobile phone use causes brain cancer.

**COLLABORATORS:** Professor Alistair Woodward, Dr Angus Cook (Wellington School of Medicine), Dr Elizabeth Cardis International Agency for Research on Cancer (IARC)

**CPHR RESEARCHERS:** Neil Pearce

**KEY WORDS:** Cancer, Environmental Health

### 2. Diabetes intervention in Māori communities

**AIMS:**

1. To assess whether Māori community-based health promotion can reduce the incidence of diabetes in Māori;
2. To assess whether education programmes conducted by Māori community health organisations can reduce the incidence of diabetes in Māori at high risk of developing the condition.

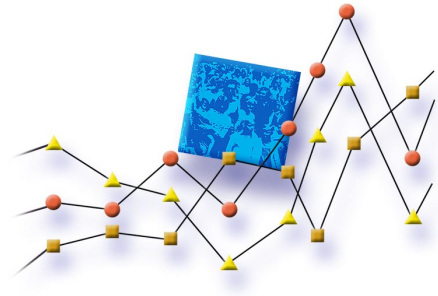
**COLLABORATORS:** Dr Chris Cunningham, Professor Mason Durie (Te Pūmanawa Hauora), Grace Malcolm, Dr Jos Pouesi (Te Runanga O Te Whanau)

**CPHR RESEARCHERS:** Neil Pearce

**KEY WORDS:** Diabetes, Māori Health



### 3. Social variation in New Zealand health expectancy trends



**AIM:**

1. To investigate changes in social class differences in health expectancy over time

**COLLABORATORS:** Professor Peter Davis, Dr Patrick Graham, Andrew Sporle (Christchurch School of Medicine), Dr Tony Blakely (Wellington School of Medicine)

**CPHR RESEARCHERS:** Neil Pearce

**KEY WORDS:** Social Class, Health Expectancy

### 4. The New Zealand census mortality study

**AIM:**

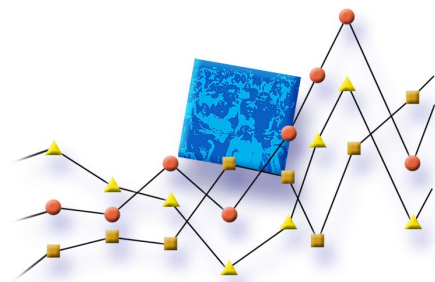
1. To investigate measure socio-economic differences in mortality in New Zealand

**COLLABORATORS:** Dr Tony Blakely, Dr Clare Salmond, Professor Alistair Woodward, June Atkinson, Jackie Fawcett (Wellington School of Medicine), Dr Cindy Kiro (Massey University), Professor Peter Davis (Christchurch School of Medicine)

**CPHR RESEARCHERS:** Neil Pearce

**KEY WORDS:** Social Class, Mortality

## 5. Occupational cancer in developing countries



### **AIMS:**

1. To update and extend a previously published report on occupational cancer in developing countries

**COLLABORATORS:** Dr Paolo Boffetta (International Agency for Research on Cancer), Dr Manolis Kogevinas (IMIM, Barcelona, Spain)

**CPHR RESEARCHERS:** Neil Pearce

**KEY WORDS:** Cancer, Occupation, Social Class, Mortality

## 6. Estimating the long-term health outcomes of people with epilepsy

### **AIMS:**

1. To establish an epilepsy register in Tasmania
2. To undertake a cross-sectional study of this community sample of people with epilepsy to investigate the prevalence of epilepsy syndromes, and their severity, epilepsy-related injuries and health service utilization
3. To establish a community cohort of people with epilepsy which can be followed prospectively to monitor health outcomes, measure risk factors contributing to these outcomes if indicated (with second stage case-control studies), and perform intervention trials if considered appropriate

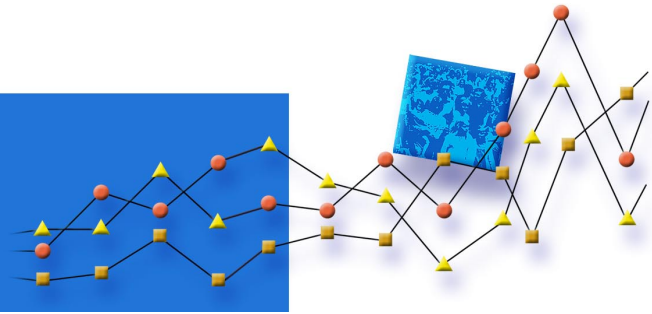
**COLLABORATORS:** Dr Wendyl D'Souza, Dr Mark Cook, Dr Terry O'Brien (St Vincent's Hospital, Melbourne), Dr Bruce Taylor (Hobart Hospital, Tasmania), Professor Terry Dwyer (Menzies Centre, Hobart, Tasmania)

**CPHR RESEARCHERS:** Neil Pearce

**KEY WORDS:** Epilepsy

# Training

## Doctoral Fellowships



Dave McLean

HRC Public Health Research Training Fellow  
**Title: Mortality And Cancer Incidence In Meat Workers.**  
*Supervisors: Neil Pearce, and Professor Alistair Woodward (Wellington School of Medicine)*

Ate Moala

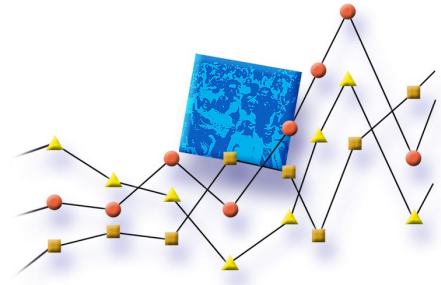
HRC Pacific Health Research Training Fellow  
**Title: Health Promotion In Pacific People**  
*Supervisors: Neil Pearce and Dr Sitaleki Finau (Fiji School of Medicine)*

Lis Ellison-Loschmann

HRC Māori Health Research Training Fellow  
**Title: Asthma In Māori**  
*Supervisors: Neil Pearce and Irihapeti Ramsden*

Helen Wilson

FRST Bright Futures Doctoral Fellow  
**Title: Teenage Mothers' Perceptions Of Successful Parenting: A Participatory Action Study.**  
*Supervisors: Professor Robyn Munford (Massey University Turitea Campus), Associate Professor Annette Huntington (Massey Wellington) and Neil Pearce*



Mihi Ratima

HRC Māori Health Research Training Fellow  
**Title: Kia Uruuru Mai A Hauora: Being Healthy, Being Māori**  
*Supervisors: Neil Pearce and Professor Mason Durie (Massey University).*  
Submitted and awarded 2001

Tony Blakely

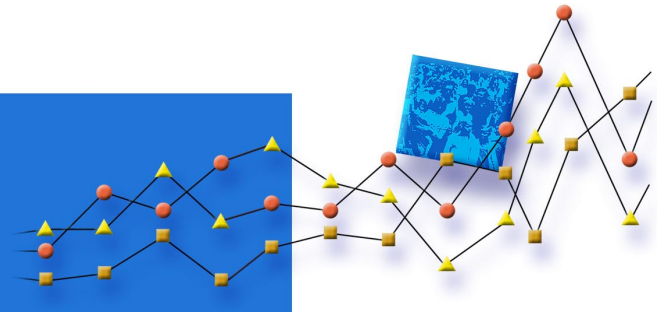
**Title: Socioeconomic Factors And Mortality In New Zealand.**  
*Supervisors: Professor Alistair Woodward (Wellington School of Medicine) and Neil Pearce.*  
Submitted and awarded 2001

Angus Cook

**Title: Brain Cancer In Cell Phone Users**  
*Supervisors: Professor Alistair Woodward (Wellington School of Medicine) and Neil Pearce.*

## Training

### Postdoctoral Fellowships



[Irihapeti Ramsden](#)

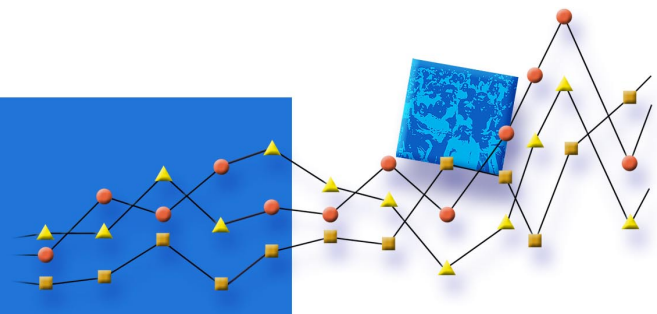
HRC Erihapeti Rehu-Murchie Postdoctoral Research Fellow

**Title: Kawa Whakaruruhau/Cultural Safety In The International Context.**

*Supervisors: Neil Pearce and Chris Cunningham (Te Pūmanawa Hauora)*

## Training

### Other Fellowships



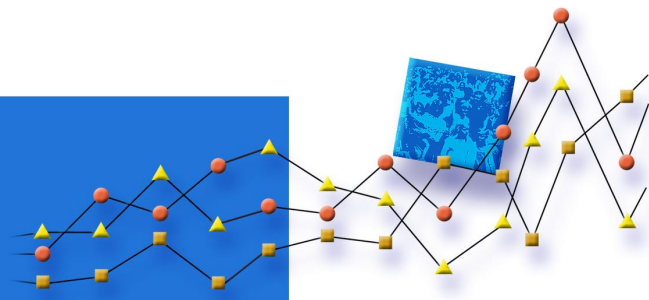
[Sunia Foliaki](#)

Wellcome Trust Travelling Research Fellowship

**Title: Epidemiology Of Asthma And Other Non-Communicable Diseases In The Pacific.**

*Supervisor: Neil Pearce*

# Annual Symposium In Health Research And Policy



## Explanations For Socioeconomic Differences In Health

Ilott Theatre, Wellington Town Hall. Wednesday 8 August 2001

### **Keynote speaker**

**Professor George Davey Smith** (*University of Bristol*) -  
Explanations for Socio-economic differences in health

### **Other speakers**

**Hon Annette King** (*Minister of Health*)

**Professor Peter Davis** (*Christchurch School of Medicine*) -  
Measuring socio-economic status in New Zealand

**Dr Tony Blakeley**

(*Wellington School of Medicine*) – Evidence for socio-economic  
differences in health in New Zealand

**Andrew Sporle** (*Christchurch School of Medicine*) - Socioeconomic  
differences in Māori

**Dr Cindy Kiro** (*Massey University*) – The dual bind – ethnicity, socio-  
economic status and health

**Associate Professor Philippa Howden-Chapman** (*Wellington  
School of Medicine*) – Social capital and social policy

**Dr Ruth Richards** (Ministry of Health) – Draft policy framework for  
reducing health inequalities

**Professor Neil Pearce** (*Massey University*) – Discussion and summary

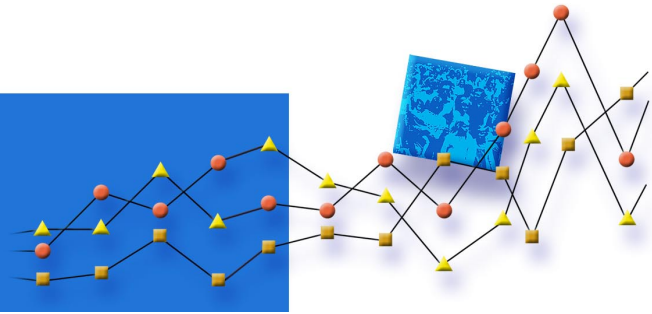
This was the first of a series of Annual Symposia in Health Research and Policy. The symposium was organised by the Centre for Public Health Research (Massey University), the Ministry of Health, and the Social Inequalities and Health Network (Christchurch School of Medicine) with funding support from the Ministry of Health, the National Health Committee and Massey University.

The presentations and written manuscripts are available in downloadable form on our website at:

<http://publichealth.massey.ac.nz/Presentations.htm>

An edited version of the Symposium proceedings will be available on the website as a downloadable pdf file, and will also be published in hard copy in mid-2002.

# Presentations



## **Symposium on The Future Of Epidemiology.**

International Epidemiology Association European Regional Meeting, Kaunas, Lithuania  
September 2000  
Pearce N. Public Health Epidemiology

## **Congres sur l'asthme et les Maladies Respiratoires**

Noumea, New Caledonia  
October 2000.  
Pearce N. ISAAC in the Pacific

## **Australasian Epidemiology Association Annual Meeting**

Canberra, Australia  
November 2000  
Pearce N. The future of epidemiology. Australasian Epidemiologist 2001; 8.1: 3-7.

## **New Zealand Nurses Organisation Nursing Research Section**

## **Conference**

March 2001  
Wilson H. Partnership and power in Plunket nursing practice.

## **Ministry of Health**

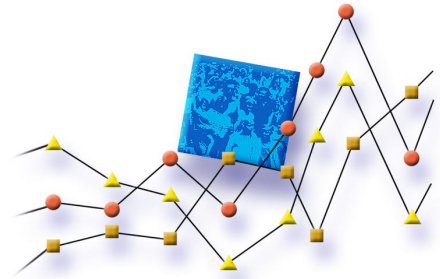
Wellington  
May 2001  
Pearce N. The future of epidemiology

## **Municipal Health Service**

Amsterdam, The Netherlands  
June 2001  
Pearce N. Why is asthma prevalence increasing?

## **Pasifika Medical Association Annual Conference**

Rarotonga, Cook Islands  
July 2001  
Pearce N. Asthma in the Pacific  
Pearce N. Public Health in the Pacific



**Australasian  
Epidemiological Association  
Annual Conference**, Sydney,  
Australia  
September 2001  
Bethwaite P, McLean D,  
Kennedy J, Pearce N. Adult-  
onset acute leukemia and  
employment in the meat  
industry: a New Zealand case-  
control study. *Australasian  
Epidemiologist* 2001; 8.3 :17  
(abstract)

**Thirteenth conference of the  
International Society for  
Environmental Epidemiology**  
Garmisch Parlekirchen,  
Germany  
September 2001  
Douwes J, Pearce N, Heederik  
D. Health effects of endotoxin:  
An overview.

**Grace Neill Memorial Lecture  
Series**

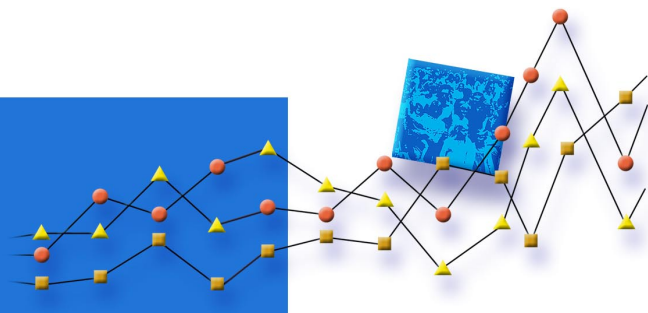
Victoria University, Wellington  
October 2001  
Ramsden I. Nursing: is there a  
problem?

**New Zealand/Australia  
Health Services and Policy  
Research Conference**

Wellington  
December 2001  
Pearce N. Research funding -  
trends and challenges.



# Publications



## Journals

Asher MI, Barry D, Clayton T, Crane J, D'Souza W, Ellwood P, Ford R, Mackay R, Mitchell EA, Moyes C, Pattermore P, Pearce N, Stewart AW, The burden of symptoms of asthma, allergic rhinoconjunctivitis and atopic eczema in children and adolescents in six New Zealand centres: ISAAC Phase One. *NZ Med J* 2001; 114: 114-20.

Bates M, Fawcett J, Garrett N, Arnold R, Pearce N, Woodward A. Is testicular cancer an occupational disease of fire fighters? *Am J Ind Med* 2001; 40: 263-70.

Bethwaite P, Cook A, Kennedy J, Pearce N. Acute leukaemia in electrical workers: a New Zealand case-control study. *Cancer Causes and Control* 2001; 12: 683-9. Bethwaite PB, McLean DJ, Kennedy J, Pearce N. Adult-onset acute leukaemia and employment in the meat industry: a New Zealand case-control study. *Cancer Causes and Control* 2001; 12: 635-43.

Douwes J, McLean D, Slater T, Pearce N. Asthma and other respiratory symptoms in New Zealand pine processing

sawmill workers. *Am J Ind Med* 2001; 39: 608-15.

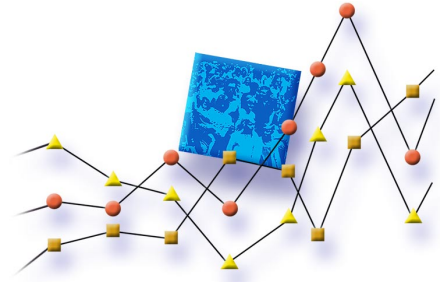
Douwes J, 't Mannetje A, Heederik D. Work related respiratory symptoms in sewage treatment workers. *Ann Agric Env Med* 2001; 8: 39-45.

Ellison-Loschmann L, Pearce NE. He Mate Huango: An update on Māori asthma. *Pacific Health Dialogue* 2000; 7: 82-93.

Ellison-Loschmann L. Giving a voice to health consumers. *Kai Tiaki Nursing New Zealand* 2001; February: 12-13.

Ellwood PE, Asher MI, Björkstén B, Burr M, Pearce N, Robertson CF and the ISAAC Phase One Study Group. Diet and asthma, allergic rhinoconjunctivitis and atopic eczema symptom prevalence: an ecological analysis of the International Study of Asthma and Allergies in Childhood (ISAAC) data. *Eur Respir J* 2001; 17: 436-43.

Lai C, Pearce N. The contribution of ISAAC to the understanding of asthma. *Leukotriene Res & Clin Rev* 2001; 2: 1-4.



Pearce N, Sunyer J, Cheng S, Chinn S, Bjorksten B, Burr M, Keil U, Anderson HR, Burney P, on behalf of the ISAAC Steering Committee and the European Community Respiratory Health Survey. Comparison on asthma prevalence in the ISAAC and the ECRHS. *Eur Resp J* 2000; 16: 420-6.

Pearce N. The future of epidemiology: a problem-based approach using evidence-based methods. *Australasian Epidemiologist* 2001; 8.1: 3-7.

Pekkanen J, Pearce N. Environmental epidemiology: challenges and opportunities. *Environ Health Perspectives* 2001; 109: 1-5.

Slater T, Bradshaw L, Fishwick D, Cheng S, Kimbell-Dunn M, Erkinjuntti-Pekkanen R, Douwes J, Pearce N. Occupational respiratory symptoms in New Zealand hairdressers. *Occup Med* 2000; 50: 586-90.

Wilson H. Power and partnership: a critical analysis of the surveillance discourses of child health nurses. *J Advanced Nursing*. 2001; 8: 39-45.

## Conference Proceedings

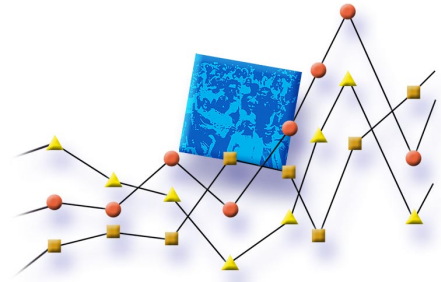
Pearce N. "When in doubt, do the courageous thing". A celebration of Ian Prior's life and work in epidemiology. In: Howden-Chapman P, Woodward A (eds). *The health of Pacific societies - Ian Prior's life and work*. Wellington: Steele Roberts, 2001, pp 50-60.

Pearce N. Epidemiology and "Health by the People". In: *Health by the People: A celebration of the life of Ken Newell*. Liverpool: Liverpool School of Hygiene and Tropical Medicine, 2001, pp 38-45.

## Book Chapters

Pearce N. Occupation. In: Olsen J, Saracci R, Trichopoulos D (eds). *Teaching epidemiology*. 2nd ed. Oxford: Oxford University Press, 2001, pp 795-804.

Pearce N, McMichael AJ. Interactions of environmental change and human health. In: *Our fragile world: challenges and opportunities for sustainable development*. Oxford: UNESCO-EOLSS, 2001, pp 795-804.



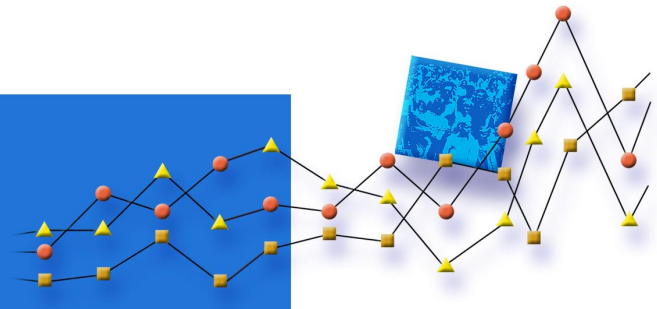
## Other Publications

Pearce N. Review of: Proctor RN. The Nazi war on cancer. NZ Med J 2001; 114:S1 (republished in PHA Newsletter 2001; 6 (2): 8-9).

Pearce N. Review of: McMichael A. Human frontiers, environments and disease. Int J Epidemiol, 2001;30: 1502-3.

Pearce N. Review of: Sen A. Development as freedom. Int J Epidemiol 2001; 30: 907-8.

## Overseas Visitors



**Professor Chantal Brisson**  
University of Quebec  
Quebec City, Canada

**Dr Lucy Carpenter**  
Oxford University  
Oxford, United Kingdom

**Professor George Davey Smith**  
University of Bristol  
Bristol, United Kingdom

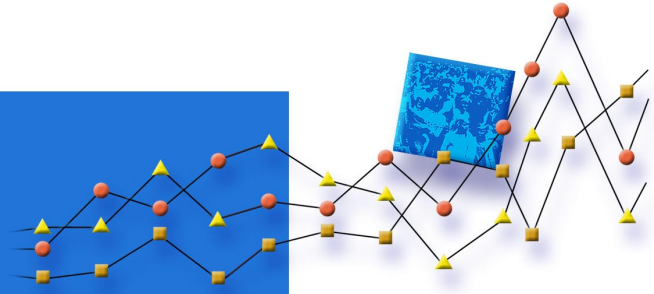
**Andrea 't Mannetje**  
International Agency for  
Research on Cancer  
Lyon, France

**Dr Mark Nieuwhuijsen**  
Imperial College of Science,  
Technology and Medicine  
London, United Kingdom

**Professor Kurt Ulm**  
University of Munich  
Munich, Germany

**Dr Stephan Weiland**  
University of Münster  
Münster, Germany

# Acknowledgements



The Centre for Public Health Research is supported by Massey University and the Health Research Council of New Zealand:



Health Research Council  
of New Zealand

Te Kaunihera Rangahau Hauora o Aotearoa

Specific projects are funded by grants from a variety of organisations including:

- The Health Research Council of New Zealand
- The Asthma & Respiratory Foundation of New Zealand
- Lotteries Health Research
- OSH (Occupational Safety and Health)
- Ministry of Health
- The Wellcome Trust

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