## ACADEMIC PROJECT SUBMISSION DETAILS:

<table>
<thead>
<tr>
<th><strong>Supervisor/s:</strong></th>
<th>Dr Lynne Chepulis (UoW), Dr Louise Wolmarans, Dr Ryan Paul, Dr Jade Tamatea (all from WDHB)</th>
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<tbody>
<tr>
<td><strong>Project Title:</strong></td>
<td>Investigating Barriers to appropriate screening of diabetes in pregnancy in the Waikato</td>
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<tr>
<td><strong>Field:</strong></td>
<td>Biomedical / Health</td>
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<tr>
<td><strong>Division/School:</strong></td>
<td>ALPSS - School of Social Sciences</td>
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## EXPECTED OUTCOMES:

1. To support a larger project investigating screening for diabetes in pregnancy in the Waikato
2. To collect and analyse data to allow us to understand what the barriers are towards appropriate screening of DiP
3. Gain experience with both quantitative and qualitative research skills
4. Collaborate with key clinicians in the DiP team
5. Support publications from this project

## STUDENT TASKS:

6. Interview/survey pregnant women about barriers to screening for DiP
7. Survey Waikato midwives about knowledge of MoH screening for DiP guidelines
8. Interview Waikato midwives about barriers to screening for DiP
9. Data analysis

## REQUIRED SKILLS:

1. Health knowledge, including some basic knowledge of diabetes and pregnancy
2. Qualitative research skills, specifically semi-structured interviews
3. Competent with microsoft office (word, excel) and online survey tools (eg survey monkey)
4. Good people skills, able to interact with patients, midwives and healthcare professionals
5. Basic data analysis skills (eg thematic analysis for qualitative data) and quantitative analysis of survey data

## PROJECT ABSTRACT:

Screening for diabetes in pregnancy (DiP) is essential as the disease can result in significant complications for mother and baby, both during pregnancy and after birth. In addition, the rates of DiP are increasing in New Zealand, with gestational diabetes (GDM) currently affecting 1 in every 11 pregnancies.
In December 2014 the Ministry of Health developed a new set of guidelines for screening for DiP. This includes an HbA1c test at < 20w gestation (to test for undiagnosed, pre-existing Type 1 or 2 diabetes) followed by a glucose challenge test at 24-28w gestation to assess for gestational diabetes.

Based on pilot study data collected by our team in 2017 (n=800), we observed that whilst 96% of Waikato women received some sort of screening for DiP, only 25% of women were screened correctly according to MoH guidelines. Screening rates were also lower in Maori women.

Thus, the aim of this project is to evaluate the barriers that currently prevent appropriate screening for DiP. This may take either a quantitative or qualitative approach, but will involve interviewing / surveying pregnant women, midwives, healthcare professionals etc to learn more about why women are not being screened correctly. Note that this is part of a larger study where we are evaluating what the current rates of screening for DiP is in Waikato women (using a much larger cohort than that collected in 2017).
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<th><strong>Supervisor/s:</strong></th>
<th>Dr Ryan Paul (WDHB) and Dr Lynne Chepulis</th>
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<tbody>
<tr>
<td><strong>Project Title:</strong></td>
<td>Evaluating glycemic monitoring and control in adult inpatients with diabetes at Waikato Hospital</td>
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<tr>
<td><strong>Field:</strong></td>
<td>Biomedical / Health</td>
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<tr>
<td><strong>Division/School:</strong></td>
<td>NIDEA</td>
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### EXPECTED OUTCOMES:

1. Knowledge of how well WDHB inpatients with diabetes are screened and monitored for glycemic control
2. Knowledge of the proportion of WDHB inpatients with diabetes who have hypo- and hyper-glycemic events during their hospital stay
3. Knowledge of how additional risk factors contribute to inpatient glycemic control
4. Drafting a report to feed results back to WDHB clinicians
5. Drafting a manuscript for publication in a peer-reviewed journal

### STUDENT TASKS:

1. Work under supervision to obtain hospital and laboratory data for all inpatients coded with diabetes during 2018
2. Analyse 2018 diabetic inpatient data and evaluate i) HbA1c screening, ii) rates of blood glucose level monitoring and iii) the number of hypo- and hyper-glycemic events during the inpatient stay.
3. Further analyse the data to determine how various risk factors for poor glycemic control (ethnicity, age, gender, reason for admission) affect rates of screening and monitoring for inpatients with diabetes
4. Along with project supervisors, prepare a report to feed these results back to the WDHB diabetes team
5. Draft a manuscript for publication

### REQUIRED SKILLS:

1. Knowledge of health, particularly diabetes
2. Familiarity with the diabetes clinical/hospital setting
3. Knowledge and understanding of clinical diabetes measures
4. Experience with analysis of health data
5. Some familiarity with report writing and/or drafting research work for publication
Approximately 25% of adult patients in hospital (inpatients) in New Zealand have diabetes due to the increased risk of hospitalisation from diabetes-related complications such as infections, cancers, cardiovascular disease, renal and eye disease. Blood sugar (glycaemic) control in these patients ideally should be monitored, as poor glycaemic control is associated with increased morbidity, mortality and a greater length of hospital stay because of the risks associated with both hypoglycaemia (glucose levels < 3.9 mmol/L) and hyperglycaemia (glucose levels > 11 mmol/L). Consequently, international guidelines recommend monitoring of blood glucose levels (BGLs) in inpatients with diabetes at least four times per day, with the aim of maintaining BGLs within 4 - 10 mmol/L. Measurement of glycated haemoglobin (HbA1c) is also recommended to assess chronic (longer-term) glycaemic control, and to screen for diabetes in patients admitted for a potential diabetes-related complication.

In 2017 we completed a pilot feasibility study of this project, which suggested that inpatients with diabetes may not be correctly screened and monitored for BGLs during their hospital stay. However, this earlier data set was small, and we would like to repeat this with a significantly larger dataset. This project will be completed as a hospital audit and all approvals will be in place before the project starts.
### ACADEMIC PROJECT SUBMISSION DETAILS:

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<tr>
<th>Supervisor/s</th>
<th>Shemana Cassim and Lynne Chepulis</th>
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<tbody>
<tr>
<td>Project Title</td>
<td>Hā Ora: Evaluating the uptake of an intervention to promote awareness of lung cancer</td>
</tr>
<tr>
<td>Field</td>
<td>Health Research/ Population Health/ Community Health</td>
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### EXPECTED OUTCOMES:

- An evaluation of up to two lung cancer awareness interventions in two different localities in the Midland Region
- A published output (a summary report or publication identifying key findings)

### STUDENT TASKS:

- Travel to one or two communities and carry out qualitative interviews with community members.
- Transcribe interviews
- Assist with qualitative data analysis (Under guidance of Dr Shemana Cassim and Assoc Prof Jacquie Kidd)

### REQUIRED SKILLS:

- Qualitative research experience (particularly interviewing)
- Effective time management
- Valid NZ driver's license
- Ability to carry out culturally responsive research
- Experience in analysing qualitative data (preferred, not essential)
- Prior experience carrying out or assisting with evaluation research (preferred, not essential)

### PROJECT ABSTRACT:

The Summer Research Project will contribute to a broader HRC funded project on improving early diagnosis of lung cancer in Māori rural communities entitled Hā Ora. Hā Ora began in October 2017, and the team has been working with four rural communities to co-design interventions for each locality that aims to promote awareness of, and improve early presentation and diagnosis of lung cancer. These interventions have recently been implemented in these communities, and the team is currently seeking a qualitative researcher who can evaluate the uptake of up to two of these interventions.
**PROJECT ABSTRACT:**

This role will require some travel to two of our localities (Opotiki, Gisborne, Rotorua and/or Te Kuiti), though travel costs will be covered. The successful applicant will be required to work with our team and the local community within the two localities (these are negotiable, but will most likely be Opotiki and Te Kuiti) to see how effective these interventions have been, what the community thinks of the local program, and whether this makes community members more likely to consider visiting their GP about lung-based health concerns.
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<th>Supervisor/s:</th>
<th>Dr Juan Tauri</th>
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<tr>
<td>Project Title:</td>
<td>Representations of Rangatahi in Crime Control-related Policy Development and Academic Discourse</td>
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<tr>
<td>Field:</td>
<td>Sociology</td>
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<td>Division/School:</td>
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EXPECTED OUTCOMES:

1. Two-part literature review
2. A set of specific (future) research questions.

STUDENT TASKS:

1. Literature review of central government policies, strategic documents and legislation
2. Literature review of relevant academic publications on Rangatahi Maori and crime control
3. Help develop a key set of questions for future research on the issue of Rangatahi Maori and the development of crime control policy

REQUIRED SKILLS:

1. Background in sociology, social policy, law, criminology
2. Time management skills
3. Ability to read 8-10 documents/sources per week (literature reviews)

PROJECT ABSTRACT:

In the thirty years since the release of Moana Jackson's groundbreaking research He Whaipaanga Hou: Maori and the Criminal Justice System, a significant amount of policy 'work' (in the form of discrete policies, strategic plans, crime control interventions and legislation) has been developed by central government. At the same time a growing number of academic publications have been released focusing on the 'Maori crime problem', with a number of those focusing on the criminal conduct of Rangatahi Maori, and their experiences of crime control in Aotearoa New Zealand.

Despite all of the policy and academic attention to Rangatahi Maori and criminal justice, little scholarly attention has been paid to the way(s) they are 'represented' in the lexicon.
PROJECT ABSTRACT:

This 'gap in knowledge' is significant due to the influence 'representation' of 'problematic populations' can have the development of crime control policy and legislation. This qualitative project will focus on two interrelated research questions, i) how are Rangatahi Maori represented and framed in policies, strategic documents and legislation developed by government agencies, and in related academic publications; and ii) to what extent (if any) do the voices and experiences of Rangatahi Maori influence their representation in this material.
### ACADEMIC PROJECT SUBMISSION DETAILS:

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<tr>
<th>Supervisors:</th>
<th>Tania Blackmore</th>
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<tr>
<td>Project Title:</td>
<td>Post-treatment quality of life and supportive care needs of colorectal cancer patients in the Waikato</td>
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<tr>
<td>Field:</td>
<td>Psychology/Medical research</td>
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<td>Division/School:</td>
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### EXPECTED OUTCOMES:

3. Paper submitted to an appropriate journal e.g., NZ Medical Journal, Psycho-oncology
4. Presentation to an appropriate research forum

### STUDENT TASKS:

4. Collect up to date data from the Cancer and Psychological Support Service on colorectal cancer patients
5. Compare the data of those colorectal cancer patients referred and not referred for psychological support
6. Contact approximately 10 colorectal cancer patients to conduct an interview to collect post treatment quality of life and supportive care needs
7. Write a literature review on the psychological support needs of colorectal cancer patients
8. Write up the methodology and results of the study
9. Draft a discussion and paper on the post treatment quality of life and supportive care needs of colorectal cancer patients
10. Present the data at appropriate research forums

### REQUIRED SKILLS:

4. Competent ability to use Microsoft excel
5. Research skills to conduct literature searches
6. Basic academic writing skills
7. Ability to talk to patients via phone
8. This studentship would ideally suit a Clinical Psychology student who has an interest in cancer
PROJECT ABSTRACT:

Colorectal cancer is the second highest cause of cancer death in New Zealand, with around 3000 cases per year (Ministry of Health 2019). New Zealand has one of the highest rates of colon and rectal cancer in the world, and poorer survival from colorectal cancer than Australia (Aye, et al 2010). Like other cancers, colorectal cancer patients experience significant levels of psychological distress related to their cancer diagnosis. In addition to experiencing fear of cancer recurrence and worry about treatment and its associated side effects, colorectal patients also have to cope with difficult physical symptoms that can impact significantly on quality of life. These can include living with altered bowel habits, and managing a temporary or permanent stoma (a bag attached to the abdomen to collect waste). While patients receive follow-up care in hospital outpatient clinics to support these physical side effects of colorectal cancer treatment, there may be an unmet need in terms of follow up support for quality of life and mitigation of psychological distress. The Ministry of Health (MoH) initiated Cancer Psychological and Social Support Service (CPSSS) provides psychosocial support to all cancer patients exhibiting psychological distress at any point through their cancer journey: from diagnosis through to completion of treatment.

The aim of the study will be to 1) compare the characteristics of those patients who were and were not referred to CPSSS 2) measure patient quality of life and feelings of support/satisfaction following colorectal cancer treatment.

This project will contribute to a larger HRC funded project investigating reducing delay and increasing access to early diagnosis for colorectal cancer.