

SUNSMART

What can we learn from this successful health promotion campaign?

twenty years on

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a summary



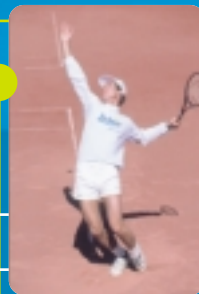
schools



community



education



television



sponsorship



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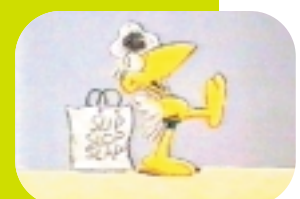
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Introduction

The Anti-Cancer Council of Victoria has been running a sun protection program for over 20 years—Slip! Slop! Slap! from 1980 to 1988 and the SunSmart Program from 1988 to the present. The sun protection program has played an important role in changing society's attitudes and has helped to achieve marked reductions in sun exposure. The Victorian Health Promotion Foundation has provided funding for the SunSmart Program since its inception.

What has made this health promotion program so successful, and what can we learn from it to help with the planning of future campaigns? In an attempt to answer these questions, this paper provides a background on the program relating to its social, political, economic and organisational context and identifies eleven critical aspects of its development and implementation. The authors conclude that the success of the sun protection program has been built on two key elements—the integration of research and evaluation on the one hand, and a basis of consistency and continuity on the other—providing a solid foundation for dealing with future challenges.





Background

Australia has the highest incidence of skin cancer of any country in the world. One out of two Australians will be treated for skin cancer during their lifetime. Melanoma is now the third most common cancer, and of all forms of cancer it results in the highest costs to the nation's health system. The latest estimates are that costs are over \$232 million per year for non-melanoma and over \$65 million for melanoma skin cancer.

Since the Anti-Cancer Council of Victoria launched the Slip! Slop! Slap! Campaign in 1980, a number of initiatives have been taken to encourage Australians to reduce their exposure to the sun. These include an annual National Skin Cancer Awareness Week, the establishment of centres for behavioural research and epidemiological research, the establishment of the Victorian Health Promotion Foundation (VicHealth) and the launching in 1988 of the SunSmart Program.

SunSmart incorporates mass media work, sponsorship of sporting organisations, resource development and dissemination, professional education, advocacy of policy development and a strong research and evaluation component. The overall aim of the SunSmart Program is to change personal and institutional attitudes and behaviours, through environmental and organisational change and control of existing disease, and to reduce the incidence and mortality of skin cancer.

VicHealth program and sponsorship funding for SunSmart is around half a million dollars per annum, while the Anti-Cancer Council has maintained an annual commitment of around a quarter of a million dollars in funds and in kind.

What has been achieved? After 13 years, SunSmart's research and evaluation work provides extensive evidence of changes in attitudes, knowledge, behaviour, policies, regulations, practices and legislation.

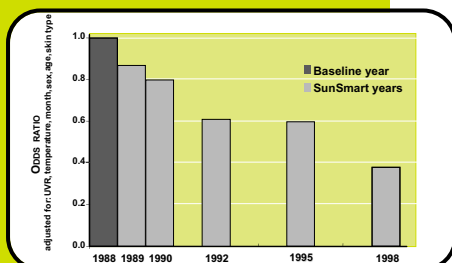
Attitude change

Survey research shows that over the period since SunSmart was launched the proportion of Victorians who like to get a suntan has decreased markedly, from 61 per cent in 1988 to 35 per cent in 1998. The percentage agreeing that 'friends think a suntan is a good idea' dropped from 69 per cent in 1988 to 36 per cent in 1998, those agreeing that 'it is easier to enjoy summer once you get a tan' fell from 62 per cent to 29 per cent over the period, and those agreeing that 'I feel more healthy with a suntan' fell from 51 per cent to 20 per cent.

Behaviour change

Findings from a SunSmart survey show a consistent increase over the last 13 years in the proportion of people who report seeking shade, using a hat and sunscreen, covering up and choosing not to go out in the sun between 11 am and 3 pm on summer weekends. There has been a 50 per cent reduction in people getting sunburnt in the decade from 1988.

Decline in summer weekend sunburn – Victoria



Structural and organisational change

Structural or institutional change related to the SunSmart Program has occurred in a range of organisational settings. For example, SunSmart worked with trade unions representing outdoor workers, to develop occupational health and safety guidelines for sun protection. These are now the basis of industrial awards and are standard practice throughout Victoria.

A SunSmart accreditation program has operated in Victorian primary schools since 1994. By December 2000, 71 per cent of all primary schools were accredited as SunSmart Schools. Accredited schools adopt a sun protection policy, that includes compulsory hat wearing for children playing outside in the two summer terms, considers structural approaches to enhance sun protection such as shade and includes sun protection in the curriculum. The program has now been adopted throughout most of Australia.

By 1998, over a third of Local Government Authorities (LGAs) reported having sun protection policies in their Municipal Health Plan. Fifty-two per cent had a sun protection policy for outdoor staff, compared to the 29 per cent of LGAs that had such a policy in 1990. Thirty-seven per cent of LGAs with outdoor swimming pools had shade over all wading pools, compared to only 20 per cent in 1993, and 72 per cent of LGAs had a policy or set of procedures that dealt specifically with sun protection compared with only 22 per cent in 1990.

A significant proportion of sport and leisure organisations, workplaces and community health centres have also adopted sun protection policies, regulations and practices. Weather forecasting, the fashion industry, solariums, building design, industrial awards, occupational health and safety practices, sunscreen production and pricing, hat, swimwear and shade manufacture have all been influenced by the program.

At the beach, hats and protective swimwear are the norm for children and are frequently worn by adults. Personal shade structures are commonplace, and lifesavers demonstrate and promote SunSmart behaviour.

Sun protection is now an integral part of Victorian life. The word 'sunsmart' has become absorbed into the language to describe sensible behaviour in relation to the sun.

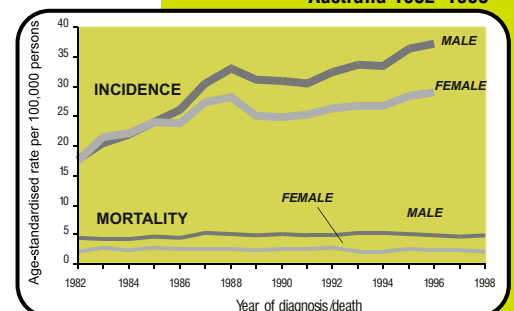
Trends in skin cancer incidence and mortality rates

Evidence is emerging that skin cancer incidence rates are beginning to plateau after decades of increase. Rates of skin cancer in young people are falling and earlier detection of skin cancer is leading to better treatment and long-term outcomes throughout the whole population.

The general picture is one of success for the SunSmart Program. What was the context within which it developed, and what critical insights can be drawn from our experience of over 20 years?



Trends in melanoma incidence & mortality
Australia 1982–1998





Factors contributing to SunSmart's success

'Positive' factors relating to the specific health issue

Health promotion is not always easy, but as an issue, skin cancer prevention has a number of things going for it. Most people know someone who has had skin cancer. Skin cancer does not discriminate between class, gender or to a more limited extent, skin type. It is preventable, however there are some simple and effective steps people can take. It is detectable largely without invasive procedures, and individuals as well as medical professionals can be alerted to the indications of skin cancer. It can be treated successfully in 95 per cent of cases if detected early.

In contrast to some other health-related campaigns, for example anti-smoking programs, there are no obvious moral or commercial opponents of protective messages—in fact many commercial opportunities have sprung up as a result of the increasing demand for protective products and services.

Skin cancer prevention messages are generally not perceived as threatening by governments or political parties, since they involve little or no erosion of tax revenue, nor are they likely to diminish voter support or financial contributions. In terms of reaching and covering the general population, many of the harder to reach groups, such as newly arrived migrants, are at lower risk, so it is not difficult to ensure equity across the community.

The social, political and economic environment

Social, economic and political environment factors have been important both for the development, funding and directions of the sun protection program and in terms of community receptivity to campaign messages. Central to its success has been the capacity to be seen on the agenda of the whole community, helping to stimulate change in social values.

During the eighties, while the Australian program was being developed, there was an international emphasis on healthy communities and on preventive approaches—part of a 'new public health' agenda. This was reflected by the first International Conference on Health Promotion, held in Ottawa in 1986; the publication of the *Ottawa Charter for Health Promotion*; and the development of the World Health Organization's Healthy Cities Program. In many respects, the Anti-Cancer Council's education and health programs built on these foundations and the principles they embodied.

Nationally and internationally in the late eighties there was also growing community concern over a range of environmental issues, including damage to the ozone layer and the consequent increased risk from ultraviolet radiation. This may have helped to speed up program development and public acceptance of skin cancer prevention messages. In addition, governments, funding bodies and the community at large appeared ready to support broad-based, multi-faceted environmental and health promotion approaches.



Where did the Anti-Cancer Council and its program fit in?

The sun protection program offered a model that would inform and empower individuals, tackle organisational, local and physical environments and take up a lobbying and advocacy role with governments, business and labour organisations. The Anti-Cancer Council was therefore in a key position to take a leading role, since it had:

- an existing body of experience in running a skin cancer program,
- a preparedness to expand its campaigns through use of new funding streams,
- a well-developed and specialist research capacity, including access to specialised epidemiological and behavioural research skills,
- prior credibility as a health promotion agency and existing networks with media agencies, VicHealth and many community organisations,
- an unambiguous and uncontroversial focus on cancer, and a high public profile for its work,
- a number of trained staff with prior experience in running prevention programs, most notably in the anti-smoking field,
- an established infrastructure that could support and resource a new or expanded campaign.

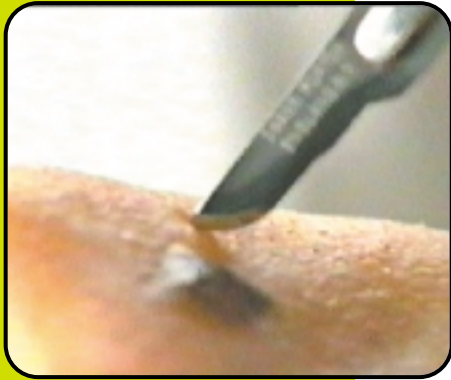


Other factors contributing to the program's success

Funding of SunSmart by the Victorian Health Promotion Foundation since its foundation in 1987 has been critical to the SunSmart Program's success. Over this period, VicHealth has also provided advice, support and structures for the long-term development of health promotion through sports and arts sponsorships, and has conducted valuable periodic reviews of SunSmart.

The Anti-Cancer Council has also been able to draw on the support of experts who have had a long standing relationship with SunSmart—including world leading behavioural scientists, epidemiologists and dermatologists. They have all made a significant contribution.





Program development: the evolution of theory and practice

The program has evolved through a number of stages or phases. These stages have overlapped, with a wide range of strategies and emphases in place at any one time.

The early eighties



The development of Slip! Slop! Slap! involved coordinated efforts to ensure that messages reached their target audiences. There was an emphasis on the use of TV and face-to-face promotion to inform individuals, especially parents, of the risks of sun exposure and to persuade them to protect themselves and their children. Links were forged with the environment movement. Efforts were also made to encourage organisations such as childcare centres, schools and local government to adopt sun protection policies and practices. Over time, the emphasis shifted from simple information provision to a broader educative role.

Partnerships made in these early days, with local government, trade unions, dermatologists, education systems and schools, were the foundation of what we now call 'community capacity building'. At that stage, the health issue was not understood intuitively by members of the community. The evidence of risk emerged out of epidemiological research, not the everyday experience of the community, and until there was community concern there would be no local or community efforts to help resolve the problem. Initially, however, there was no real sense of how to achieve this systematically.



The late eighties

In the late 1980s, VicHealth moved to resource a broader campaign that would argue for structural change to support individual behaviour change. A population-wide approach was adopted, based on social-cognitive theories of attitude and behaviour change—where people are seen as active decision-makers whose attitudes are based on knowledge and beliefs about the costs and benefits of their behaviour. When attitudes change, the theories suggest, people will eventually change, or attempt to change, their behaviour. According to the theory, difficulties associated with the task can be overcome by altering the social or environmental context and/or training and supporting people in their attempts to change.

There was some doubt at the time about whether such a program could change something as deeply ingrained in the Australian culture as our traditional outdoor lifestyle. To change what had become social and cultural norms, a comprehensive health promotion strategy was needed—and was developed as the SunSmart Program. This included a mass media campaign, sponsorship strategies with sporting and leisure organisations, and education and advocacy strategies with the fashion and design industry to promote proper SunSmart behaviour. Other efforts included educating key professional

groups, encouraging organisations to adopt sun protection policies and practices, developing partnerships with and between key groups and also lobbying governments to reduce the cost of sun protection.

Wherever possible, decisions about SunSmart's focus and content were influenced by evidence drawn from the results of systematic research and evaluation. This emphasis on research and evaluation and its contribution to program design has been the most significant factor contributing to the success of SunSmart.

The nineties

As evidence of changing values and attitudes began to emerge in the 1990s, the focus of the media message was changed to one of sun protection behaviour, rather than awareness-raising about health risks. As social norms changed, the program focused more on environmental, organisational and structural change, and on building the community's capacity to resource and undertake health promotion around sun protection.

Towards the end of the decade, hard-hitting messages were incorporated into the media campaign, designed to shock people into action. This reflected current media trends and was a response to market research, which was showing that adolescents in particular needed graphic prompts to spur them on to do what they know they should do and to fight emerging community complacency. In addition, as a result of increased cooperation between state cancer councils, there was closer strategic alignment of goals and strategies, bringing savings in program and labour costs.





Key elements for a successful health promotion program

What can we learn from the ‘successes’ and ‘failures’ of this program? We have identified 11 elements—both positive and negative—that have impacted significantly on the development and achievements of the sun protection program. The first six relate to the context within which the SunSmart Program was founded and currently operates. They highlight the importance of establishing firm foundations for such a program—specifically in terms of resources, vision and knowledge—and also emphasise the need for understanding and working with the community and its institutions. The other five relate more to issues inherent in the implementation of program strategies and interventions.



1 Maximising the favourable aspects of the broader environment

As described earlier, the relationship of a program with the social, political and economic environment can play a key role in its development. Because of the scale of the problem in Australia, skin cancer was an area where there was a clear need for action and constituted both a challenge and a strategic opportunity for the Anti-Cancer Council. These factors provided leverage for inspiring the new VicHealth with the possibilities of the area, for assuring it of the Anti-Cancer Council’s capacity to deliver a successful health promotion program, and for attracting funds for the SunSmart Program.

2 Growing out of a strong home base

Slip! Slop! Slap! and SunSmart both gained enormously from the fact that they operated out of an established, effective, well-resourced organisation that had compatible aims and values. Key factors within an organisation that influence long-term sustainability include institutional strength, compatibility and integration with organisational vision and with other programs, and strong internal support for the Program (Shediac-Rizkallah & Bone, 1998). All of these are present at the Anti-Cancer Council.

3 Having access to adequate and consistent resources

Community-wide change related to a major health problem—for example, the reduction of death rates from skin cancer—must be sustained over a considerable period before significant change in trends can be measured. Continuity and adequacy of resources over time are crucial. From 1993, SunSmart funds have been granted on a three-year basis, ensuring that the SunSmart Program has had a sufficiently long timeframe within which to plan, evaluate and deliver services. The continuity of funding has also enabled the retention and fostering of expert staff, as well as recruitment of additional skilled people to join a high profile program.

4 Congruency of aims of funding and implementation organisations

Congruency of aims among the partners on a program is vital. The relationship of VicHealth and SunSmart for example, has been mutually beneficial. The SunSmart Program has benefited from being funded and hosted by organisations that share similar values and aims. VicHealth has also been a source of advice, review and support to the SunSmart Program, as well as being an active participant in the development of the Sponsorship Program. VicHealth too has benefited from the relationship with SunSmart, in that the successes of SunSmart have helped VicHealth attain its goals and reputation.



5 Ensuring clarity of vision and planning

Systematic strategic planning is essential, keeping the ultimate aim of the program in mind at all times. This involves the clear articulation of aims, objectives and strategies and the adoption of regular program review and planning processes. The strategies and evidence need to be evaluated systematically, with the results fed back to provide for open evidence-based planning.



6 Integrating research and evaluation into program planning and implementation

Based on experience with the skin cancer program, a strong research and evaluation base is essential to measure progress, assess the value of particular approaches and justify funding and effort. In the case of SunSmart, this has involved the generation of baseline data, monitoring of progress, formative research to inform planning and design, process research to modify and develop program operations, surveys, focus groups and community consultation processes. This is to ensure that the SunSmart Program is responsive to the community it serves and to impact and outcome research in the behavioural and epidemiological research centres of the Anti-Cancer Council.

The results of such research are used to modify ongoing program strategies and goals. With SunSmart, they are also used in the dissemination of knowledge about health promotion in the skin cancer area; they add bite to media relations work and are used as tools in lobbying and advocacy work with organisations and governments. They help the community reflect and build on the progress it has made.

Many benefits come from the one organisation hosting both the SunSmart Program and the behavioural and epidemiological research centres. These include the integration of research and program work, cross-fertilisation of educational and evaluation work, generation of both practical and theoretical ideas, research planning, the exchange of results and sharing expertise. We believe that our model of having the research and evaluation team working close to, but separate from, the SunSmart team is ideal. The separation allows for objectivity, but the closeness means the researchers are quickly aware of issues, understand the SunSmart Program and are able to feed back results as they become available.



7 Appreciating the complexity of system change

The processes that result in attitude and behaviour change are not linear. They are complex and made up of many elements and it is not always easy to predict where emphasis should be nor the relative impact of separate elements. Policy change, for example, does not automatically result in program change. Program change is not always followed by a change in community values and attitudes, or in the behaviour of individuals. A change in awareness does not always translate into efforts to change behaviour. Influences are mutually dependent. A breadth of vision and of action is required.

In any case, no matter how well resourced you are, you cannot do it all at once. Experience with SunSmart suggests you need to be doing at least a little in all areas to provide the seeds from which more concerted efforts might grow when the signs are right. This involves listening and responding to the changing way in which the community responds to the campaign. It involves casting a wide net and working:

- at many levels, (for example, individuals, households and families, organisations or institutions, and the community at large),
- in many settings (for example, education, the workplace, sport and recreation environments, the community health sector, local government and certain key manufacturing areas), and
- with many target groups (for example, children, adolescents and their parents, carers and teachers for primary prevention purposes, older people especially those over fifty years of age, outdoor workers and nurses and general practitioners).

8 Adopting a wide range of strategies

A broad focus on working simultaneously across the whole system needs to be complemented by the adoption of a range of strategies or interventions. Where possible, these need to be based on evidence, to be clearly articulated, to have priority targets, and to be designed as mutually reinforcing. SunSmart examples include:

- fostering community norms and values that embrace and act upon the public health message, including mass media campaigns, ongoing media relations work and promotion of popular role models.
- working with organisations from the bottom up, and developing the expertise of individuals in organisations so they can plan, implement and evaluate health programs. These include advocacy related to the education, training and ongoing professional development of health and other professionals, the development and supply of resources to support workers in the field, training for key personnel in the media, competitions for design students around sun protective clothing and the provision of small grants to develop local sun protection strategies.
- working with organisations from the top down to develop the capacity of organisations to support health promotion as an integral part of their functioning. These include developing partnerships with organisations at senior levels, and with peak bodies.

- developing partnerships between individuals and organisations so that as partners they can take action in their local setting and strengthen local initiatives.
- working with communities to build their awareness, skills and knowledge so that they can work to solve their community's health issues—an ambitious approach that may imply the establishment of new organisations to take the issues into their hands, or a focus on existing organisations and individual members of the community.



9 Tailoring the media message to the environment

Media messages need to be carefully tailored to work best with the prevailing culture and community awareness at that time. Early media messages with the Anti-Cancer Council's programs were positive, encouraging, and designed to be happy, good-news messages. These were defined and refined by research findings and by the day-to-day experience of the program educators. As an interaction took place between the growing sophistication of the public and the development of the media campaigns, the media message moved on from raising awareness to advising on protective behaviour. Public demand for more detailed information led us to deliver more detailed messages.

When adolescents and young adults emerged as the group slowest to adopt 'sunsmart' behaviour, despite high awareness, media messages were designed and trialed specifically to influence them. As mentioned earlier, a shift towards hard-hitting messages with shock value was designed to influence the difficult to reach groups who were either unconvinced or who had accepted the message but were not putting the self-protective behaviour in place. Graphic, fear-inducing advertisements have continually come out as the preferred way of doing this, based on qualitative research with this sector of the community.

A program like SunSmart is designed to reach everybody. Although some groups may need a strong message if their attitudes and behaviour are to change, it is necessary to keep things in balance overall, with a focus on a healthy, practical and realistic approach for all members of the population.

10 Potential negative effect of strategies

Some strategies have the potential to 'backfire' or to 'cut both ways'—they may appear to provide an incentive to action or support for change, but in fact inhibit change. Two areas where the SunSmart Program has learnt this lesson are:

- the fear of future legal liability, which on the one hand may encourage agencies or employers to adopt SunSmart policy so as not to be open to charges of failure of duty of care. On the other hand, in some quarters there is a belief that the adoption of a policy actually puts the agency or employer at risk of litigation should they then fail to ensure that the policy is implemented.
- commercial sector funding, where commercial sponsorship has helped provide access to resources, settings and fresh approaches and some fruitful partnerships with the business sector. On the other hand, drawbacks



have included some or all of the following: loss of control in elements of the SunSmart Program, dilution of the health promotion program message, close association with one commercial enterprise inhibiting program work with commercial competitors, potential conflict of interest between the health promotion program and commercial enterprise, significant expenditure of resources, skills and energy in the pursuit or maintenance of commercial relationship and difficulties in maintaining continuity of commercial sector funding, where commercial interests may be annual or even seasonal, but rarely involve a longer timeframe.

11 Motivating the more difficult, 'hard to reach', groups

Certain settings or target groups seem more difficult to reach with health promotion messages and may require particularly intensive efforts or specific strategies. Education is one such area, where the challenges still to overcome include:

- achieving strong policy commitment from top education bodies. Working with a peak body with a strong training, resourcing or regulatory role tends to make for greater success in reaching member organisations. This is relatively difficult in education, where the state system has been establishing a devolved management model for schools, and has been reluctant to impose prescriptive policy statements. In addition, it has been difficult to establish a uniform approach with independent schools, which to a large extent operate as separate entities.
- achieving changed behaviour in adolescents and young adults. Although significant changes in beliefs and attitudes about sun exposure have been achieved in young people, teenagers are the group least likely to be protecting themselves. There are similar findings for smoking. Significant factors seem to include teenagers' stage of personal development, with their social and recreational activities seeming to act against changing their behaviour, their youthful sense of immortality and invincibility, the influence of fashion and culture, resistance to adult-driven health messages from parents or teachers and a perception of sun protection messages as less important than messages about depression, suicide, drug and alcohol use, safe sex or eating disorders.

Interventions in this area, including the use of young ambassadors and high-profile role models have proved costly in terms of staff time and difficult to evaluate in terms of effectiveness. The development of new strategies is continuous, based on research and experience.



Issues for ongoing consideration

Several issues are ongoing and have implications for the future development of programs like SunSmart. These are in the areas of funding, evaluation, program maturation and identifying and facing new challenges.

The funding of health promotion programs

Ongoing questions in this area include where funds should come from to initiate and to sustain population-based health promotion programs, how much funding is appropriate and for how long, the role of the commercial sector, and the balance between resources for program implementation and resources for evaluation activities.

The evaluation of health promotion programs

There are questions to ask about where the research and evaluation capacity should be placed—within the program, in a completely separate organisation, or alongside the program. The Anti-Cancer Council adopts the latter option, so that interaction and cross fertilisation occurs but ‘objectivity’ is not seen to be contaminated.

Further areas for debate include:

- the relative absence of large-scale national and international studies for comparison,
- a lack of evaluation of specific strategies in terms of cost-effectiveness,
- methodological difficulties in dealing with a system-wide program, for example, in distinguishing between attitude and behaviour, providing for pre and post intervention measurement or studies—instead of inadequate use of control groups for comparison with study groups—and the need for more randomisation in study and control groups, and
- the lack of common definitions for community capacity building, sustainability and social capital—and of indicators or measures for their assessment.

The ‘maturing’ of health promotion programs

SunSmart has been described as a ‘mature’ program. Such a description or image may have both positive and negative implications for a program’s future directions. The strengths of a mature program like SunSmart include being successful and stable with an established and growing range of achievements. It has opportunities for consolidating this success and anticipates expanding its operations in the future.





Some commentators however, might see a weakness in this argument, relating to the program's very success. They might argue that having achieved many of its objectives, a 'mature' program requires lower levels of funding, or that it is no longer necessary. Others, considering it well integrated into the infrastructure, culture and day-to-day operations of the community, might say it should become self-sustaining. Others might think it should move away from reliance on funding from philanthropic trusts or health promotion foundations that essentially work to initiate or trial programs, and seek resources from government or commercial sectors or even charge a fee for its services.



Are these valid viewpoints? Should a program that successfully achieves its aims in relation to the majority of the population cease to be a system-wide program? Should its role perhaps become more to oversee progress in general, to identify newly emerging needs that require further interventions, and to develop new strategies to handle changes in the situation? Such questions might be seen as 'threats' to a program; rather they should be seen as part of a healthy and ongoing evaluation process. In a field as dynamic and changing as health promotion, those who manage programs that become mature and successful over time need to be able to answer these questions. The programs need to be assessed continually in terms of what they have achieved, what they are still achieving, and what remains to be achieved.



Conclusion

Sun protection programs in Victoria have been in place for 20 years—long enough that we can now see the beginning of positive change in incidence and mortality trends. This is a significant achievement in itself, in a health area where there is considerable timelag between sun exposure and the development of skin cancer.

The success of the Slip! Slop! Slap! and SunSmart Programs has been built on two key foundations: consistency and continuity on the one hand, and research and evaluation on the other. Consistency and continuity are vital to sustain efforts sufficiently to have a lasting impact. In terms of organisation, SunSmart experience demonstrates the importance of being hosted by a stable, strong and supportive organisation that has common goals, complementary capabilities, and of having a strong and consistent research capacity. In terms of finance, experience shows the importance of having reliable and adequate funding both from the host organisation and from outside sources that share the program's goals (such as VicHealth).

It is hard to imagine a successful health promotion program without research. Being data-driven means asking what the health issue is, why we should be concerned about it, how people think about it and what is inherent in the culture that may support or undermine the health message. It assists us in moving from understanding these issues to identifying and evaluating the solutions, and to reporting on progress. At a broader level, research assists in the development of conceptual frameworks; at its best, it may lead to stepping outside accepted thinking, taking risks, asking difficult questions, and articulating new ideas and connections.

There remains an ongoing need for a skin cancer control program. A new audience for the sun protection message is constantly emerging as children are born, young people become parents, a new crop of youngsters goes through the schools and new arrivals come to live in Australia. We can anticipate only some of the challenges we may face in the future. One area to be monitored carefully, however, is any possible 'backlash' effect if people become 'saturated' with sun protection messages. Another is the possible need to change messages, strategies, interventions or style of work—either by choice, for example, where we learn more about skin cancer, or as a result of factors beyond our control, for example, as a reaction to changes in system, government or organisational requirements.

As a mature program with depth and breadth of experience, a consistent record of successful campaigns, established skills and infrastructure, and a firm grounding in practice based on the evidence of research and continuous evaluation, SunSmart is well placed to meet the challenges of changing needs and circumstances.



References

The key references for this paper were *SunSmart Evaluation Studies, Numbers 1–6*, published by the Anti-Cancer Council of Victoria.

Specific reference is also made in the text to the following work:

Shediac-Rizkallah MC, Bone LR 1998.
Planning for sustainability of community-based health programs: conceptual frameworks and future directions for research, practice and policy. *Health Education Research Theory & Practice* **13** (1):87–108.



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