Nice people, nasty issues:

Health philanthropy and social change.

Andrew Penman
CEO
The Cancer Council NSW
# CONTRIBUTION OF SPECIFIC RISK FACTORS TO BURDEN OF CANCER IN AUSTRALIA

(25.1 Cancer DALY’s/1000)

<table>
<thead>
<tr>
<th>RISK FACTOR</th>
<th>ATTRIBUTABLE %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tobacco Use</td>
<td>20.1</td>
</tr>
<tr>
<td>High Body Mass</td>
<td>3.9</td>
</tr>
<tr>
<td>Physical Inactivity</td>
<td>5.6</td>
</tr>
<tr>
<td>Alcohol</td>
<td>3.1</td>
</tr>
<tr>
<td>Low F&amp;V</td>
<td>2.0</td>
</tr>
<tr>
<td>Occupational</td>
<td>3.1</td>
</tr>
<tr>
<td>Intimate Partner Violence</td>
<td>0.5</td>
</tr>
<tr>
<td>Urban Air Pollution</td>
<td>0.8</td>
</tr>
<tr>
<td>Unsafe Sex</td>
<td>1.0</td>
</tr>
</tbody>
</table>
**OTHER SPECIFIC RISK FACTORS CONTRIBUTING TO BURDEN OF CANCER IN AUSTRALIA**

(25.1 Cancer DALY’s/1000)

<table>
<thead>
<tr>
<th>RISK FACTOR</th>
<th>ATTRIBUTABLE %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Solar UVR</td>
<td>??</td>
</tr>
<tr>
<td>Exogenous hormones</td>
<td>??</td>
</tr>
<tr>
<td>Chronic Hepatitis B</td>
<td>??</td>
</tr>
<tr>
<td>Chronic Hepatitis C</td>
<td>??</td>
</tr>
<tr>
<td>H. Pylori</td>
<td>??</td>
</tr>
</tbody>
</table>
HOW PREVENTION BECOMES NASTY

1. At odds with prejudices or belief systems e.g.
   - The idea of normal
   - Aversion to minorities

2. Challenge normalisation and reinforcement of risk behaviours

3. Powerful interest groups deeply committed to the status quo

4. Fear of loss or cost e.g
   - Alcohol – the quality of social interaction
   - Hormone replacement therapy – youth and sexual vigour
   - Descent of diet to millet porridge
NICE MEASURES FOR NICE PEOPLE

- Teach it in the schools
- Deliver CME for GP’s
- Produce an education booklet
- Write guidelines with the help of experts
- Run Conferences
- Set up a clearing house
Liver Cancer NSW: Incidence and Mortality 1972-2005
BARRIERS TO THE CONTROL OF LIVER CANCER

Prejudices or Beliefs
- Australia’s vaccination program will solve the problem
- HBV is an STD
- Prejudice towards immigrants
- Healthy carrier myth

Normalised behaviour
- Treatment focussed on liver damage not viral load

Vested interests
- Change to specialist and GP role in liver disease

Fear of cost or loss
- Cost of control program (expensive drugs etc.)
PREVENTING HRT-RELATED BREAST CANCER

WHAT HAPPENED

- Pre 2001 Evidence accumulates
- WHI Study
- Media Coverage
- TGA statement
- 40% drop in HRT
- 600 fewer breast cancers p.a.
- HRT use rebounds post 2003
- Cancer decline ceases
- Int. menopause conference renormalises HRT

WHAT COULD HAVE HAPPENED

- Full regulatory review based on totality of evidence
- sustained communication of TGA recommendation and rationale
- Public health goals
- PBS change
- Change pharmacy practice
- Surveillance of use
- Rescheduling of HRT
FAILURE HAS ITS BENEFIT:
IT’S CALLED LEARNING

Lessons from HRT and Breast Cancer

1. Adopt an explicit behavioural model that relates to the target(s)
2. Invest in research generally secondary, sometimes primary
3. Measure impact not activity
4. Be prepared to change strategy
5. Create broader alliances for change.
CREATING A SOCIAL CHANGE ORGANISATION

1. Create the mandate
2. Make it everyone’s business
3. Redesign business processes
4. Consistently apply principles of social marketing
5. Be prepared for an extended journey
HEALTH CHARITIES AND SOCIAL MARKETING

Feasible or Not?

IF
Social Marketing = The application of commercial marketing technologies to ---- to influence the voluntary behaviour of target audiences in order to improve their personal welfare and that of their society” (Andreasen, 1995)

Probably NOT

IF
Social Marketing = the adaptation of commercial marketing technologies to achieve social change

Probably YES
BUT WHAT ABOUT SLIP, SLAP, SLOP?

- NGO activity Focussed on intermediaries
- Unpaid media coverage
- advocacy, retail, education, corporate marketing
- Public Campaign $ with Govt.

(Though public attributes campaigns to CC)
WHY NGO’s SHOULD LEAD SOCIAL CHANGE

1. Public trust and credibility
2. Free to speak and act
3. Media access
4. Donor and supporter networks
PESKY NGO’s – OBSTACLES AND THREATS

1. Reluctant to antagonise Government ($$$).
2. “Not core business.”
3. Cost of Social marketing
4. Need to be apolitical
5. Flight of Donors
6. Lack of skill base
CONCLUSION

1. Achieving social change a fundamental NGO role
2. Adopt clear population health goals
3. Accept accountability for achieving goals
4. Reorient Strategy from activity to outcomes
5. Build support among core constituency
6. Develop capacity for social change action