

# Strategic Plan 2012–2015



research



prevention

support

13 11 20

# **Vision**

*To beat cancer in South Australia*

*Our vision will be realised when lives are not cut short or the quality of life diminished by cancer*

## Statement of purpose

To unite the community in the fight against cancer and be an independent voice for cancer control in South Australia

## Guiding principles

### **Reduce cancer risk, improve cancer prevention**

Outcome: save lives by reducing the number of new cases of cancer

### **Improve the rates of survival when cancer does occur**

Outcome: a decline in death rates from cancer

### **Optimise cancer care**

Outcome: people receive effective treatment and care

### **Improve the quality of life of people with cancer, cancer survivors and carers**

Outcome: people receive effective support, which contributes to quality of life

### **Address inequalities in cancer risk and cancer outcomes by addressing the causes**

Outcome: reduced inequality in cancer incidence and outcomes of care in the community

### **Build for the future through investment in infrastructure and strong cancer research**

Outcome: research outcomes are translated into effective cancer policy

### **Provide sound information for cancer control**

Outcome: all stakeholders have access to accurate accessible cancer information

## Strategic goals

Cancer Council SA's strategic goals focus on four key result areas - cancer research, cancer prevention, cancer support and organisational capacity.

## Outcomes and targets

Articulated throughout this plan are the outcomes that our strategies are designed to achieve, to ensure progress towards our strategic goals. Targets have been set so that our progress can be measured over the course of the strategic plan, or in some cases a longer period where behavioural change is required.

## Values

### **Integrity**

We are open and ethical in everything we do and accountable for our actions

### **Respect**

We embrace the diversity of our community and put their needs at the heart of every decision we make

### **Credibility**

We are a trusted source of cancer information and support, driven by the best evidence available

### **Leadership**

With courage and conviction, we unite and empower others with a strong message of hope for a future without cancer

### **Results**

We are committed to achieving the best possible cancer outcomes for the community through the best use of knowledge and resources

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# Foreword from Chairman



Cancer Council SA was formed in 1928 more than eighty years ago in an environment where cancer was misunderstood, feared and generally fatal.

With one in two Australian men and one in three Australian women being diagnosed with cancer in their lifetime, many of us will be touched by the disease, either through a personal diagnosis or the diagnosis of a family member or friend.

Cancer Council SA is committed to ensuring we invest community funds to undertake the best cancer research in South Australia, to raise awareness in the community about the lifestyle factors which contribute to up to fifty per cent of cancers and to support people who have a diagnosis of cancer, their families, carers, friends and colleagues.

We aim to achieve our stated goals in an environment of good governance and to lead the way in the charity sector in being transparent about how community funds are used.

Our strategic plan 2012–2015 commits us to strengthening relationships and continuing to work collaboratively with key stakeholders and partners including the community of SA, all levels of government, in particular the Government of SA, parliamentarians and health bureaucrats, health professionals, cancer researchers and research agencies, non-government organisations with joint interests, businesses and other Cancer Councils.

This plan is underpinned by key fundraising activities which enable us to continue to deliver good work in the community.

On behalf of the Board I am pleased to present Cancer Council SA's Strategic Plan 2012–2015, the development of which has had significant input from key stakeholders and our staff.

A handwritten signature in dark ink, appearing to read 'Juliet Brown', written in a cursive style.

**Ms Juliet Brown**  
**Chairman of the Board**

# Introduction from the Chief Executive



## The facts—did you know?

Every year in South Australia almost 9,000 people are diagnosed with cancer (incidence) and 3,500 people die from the disease (mortality). The impact of this extends well beyond the person with cancer, affecting families, carers, friends and colleagues.

The ten most common cancers (incidence and mortality) for men and women in South Australia are summarised in the tables following. This pattern is generally consistent with the rest of Australia.

Cancer remains the leading cause of illness and death in South Australia. It accounts for twenty-eight per cent of all deaths in the community each year and is responsible for more years of life lost prematurely than any other cause.

The most common causes of cancer deaths in South Australia for men in 2007 were from lung (21%), prostate (13.2%) and colorectal (12.2%) and for women breast (16.9%), lung (15.9%) and colorectal (12.7%).

When the population data (for men and women) are combined lung cancer accounted for 19.3% of all deaths with colorectal 12.4%.

Despite improvements in cancer prevention and survival, the incidence of cancer is increasing, largely due to the ageing of the population. In the thirty years to 2006, the incidence of cancer doubled and in the ten years from 2006 to 2016 it is projected to increase by over 20%.

Early detection and better treatment of cancers have improved health outcomes

with more than half of all cancers successfully treated. New technologies have seen survival rates for some common cancers increase by more than 30% in the past two decades.

## Research, prevention and support

Generating evidence through scientific discoveries will continue to increase capacity to prevent cancers and if not prevented to detect and treat at a curable stage. These research outcomes can make a significant contribution to the health and quality of life of individuals. Cancer Council SA will continue to invest in the best cancer research to ensure new knowledge is generated around prevention and better treatments for cancer and that these findings are translated into community benefit. With increasing numbers of people being diagnosed and surviving cancer, Cancer Council SA will continue to increase its understanding of the support people require during this challenging time, and the areas in which we can add value.

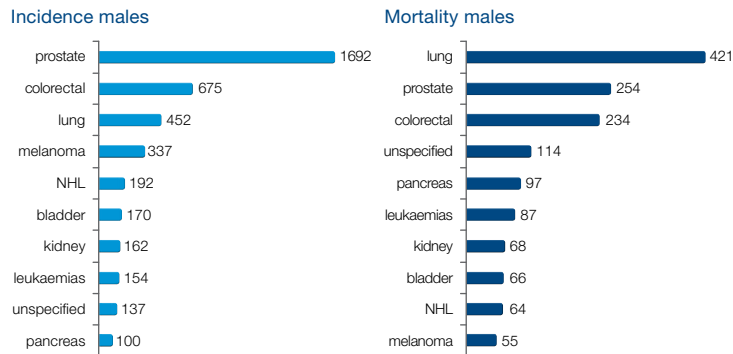
Cancer Council SA will continue to advocate on behalf of the community for governments to adopt a balanced approach to investing in the health of South Australians. With rising health care costs and an environment where pressures on the South Australian health care system continue to increase it is often difficult for governments to make decisions to invest in prevention where community benefits are often longer term. Decisions which achieve a balanced approach to investing in immediate health pressures as well as the longer term focus on prevention are required.

Like other countries, Australia faces growing pressures on health funding because of technological changes, increasing patient expectations and to a lesser extent an ageing of the population. In addition health workforce shortages place a burden on the health system. Factors such as changing consumer expectations and improved survival rates have shifted the focus of care to include a more patient-centred approach, treatment focused on the patient journey, increased involvement of patients in selection of treatment options, decision-making and informed consent to treatment, follow-up and psychosocial care and increased respect for privacy of patient information. These and other shifts provide opportunities to improve the treatment and support of patients. They also present challenges in implementing health care shown to have the best outcomes for people, predominantly due to cost pressures on the health care system and workforce shortages. Cancer Council SA will work with health agencies to address these difficult challenges.

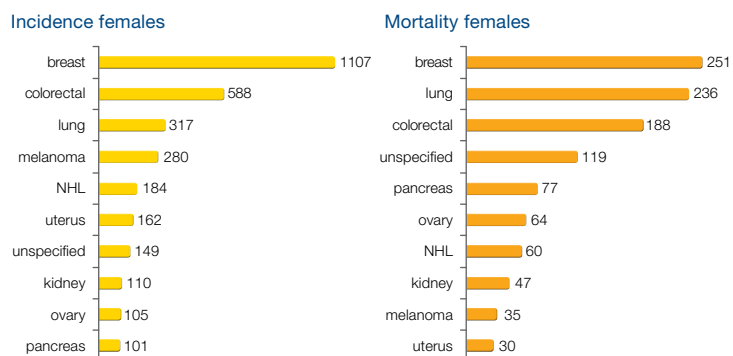
## Diminishing charity dollar

Cancer Council SA relies heavily on the support of the community in the form of donations, sponsorships and volunteer support. The charitable sector operates in an environment characterised by increasing competition for this support. This has been exacerbated by the recent financial downturn and the

**Incidence and mortality figures—ten most common cancers for men in South Australia, 2007**



**Incidence and mortality figures—ten most common cancers for women in South Australia, 2007**



Source: Cancer in South Australia 2007, SA Health

potential changes to the tax status of charitable organisations. We will continue to focus on building and maintaining a solid foundation and a sustainable revenue base as well as ensuring we use available resources in the most cost effective way. This will enable us to continue our work in research, prevention and support to get better health outcomes for the community.

**Stakeholder engagement**

Cancer Council SA understands the importance of working with stakeholders to achieve greater benefits for the community.

Stakeholder engagement remains a central theme enabling Cancer Council SA to achieve its vision to beat cancer

in South Australia and to deliver on the goals outlined in the Strategic Plan 2012–2015. Reductions in the numbers of cancers, and illnesses and deaths caused by cancer require collaboration with a range of stakeholders and partners in cancer control. They include the community of SA, all levels of government, parliamentarians and health bureaucrats, health professionals, cancer researchers and research agencies, non-government organisations with joint interests, the business sector and other Cancer Councils.

People affected by cancer are central to our work and engaging the community is vital to the achievement of our strategic goals. An inclusive approach to this engagement is required to enable us to be responsive to the needs of all South Australians affected by cancer including the needs of people living in metropolitan

Adelaide, rural and remote and Aboriginal and Torres Strait Islander communities and communities which are culturally and linguistically diverse.

Engaging with government, key politicians and health bureaucrats is essential to advance our advocacy goals and to continue to establish partnerships with mutually agreed goals which benefit the health status of the community we serve.

Engaging with clinicians enables us to understand how we can support and advocate for the implementation of evidence-based care.

Researchers and research agencies provide a pivotal role in cancer research finding better ways to prevent and treat cancers as well as ensuring research outcomes are translated into public health benefit.

To magnify our advocacy effort we will continue to work with other non-government agencies whose charter has similar health goals and outcomes for the community.

We will continue to pursue opportunities with the business sector. The support of businesses to raise awareness about cancer in their communities and to contribute financially to the work of Cancer Council SA will enable us to do more to achieve our vision.

Working with Cancer Council Australia and state and territory Cancer Councils to establish ways in which we can further enhance our collective effort is vital in ensuring we deliver programs and services in more cost effective ways for the communities we serve.

In summary our Strategic Plan 2012–2015 reflects the ongoing need to fund the best cancer research in our state which delivers health benefits to the South Australian community and beyond, to focus our attention on reducing people’s exposure to risk of cancer and to support people with cancer their carers, families, friends and colleagues.

**Professor Brenda Wilson  
Chief Executive**



Yeesim Khew-Goodall and Greg Goodall

# Cancer research



## GOAL 1: Foster and build South Australian cancer research capacity which makes a real difference to health and quality of life of people living in South Australia and worldwide

The outcomes of cancer research can make a significant contribution to the health and quality of life of individuals. This is evidenced by the increasing numbers of people engaged in screening to detect cancers early (cervix, breast and bowel) and adopting lifestyle behaviours which are known to prevent some cancers.

Further, survival rates after a diagnosis of cancer have increased significantly over the past 20 years. More than 60% of people treated for cancer will survive more than five years after diagnosis and the survival rates for many common cancers have increased by 30% in the past two decades.

Cancer Council SA will therefore continue to invest in a range of research strategies which focus on making a real difference to the health and quality of life of people living in South Australia and worldwide.

### Strategy 1.1

**The Beat Cancer Project will increase cancer research capacity in South Australia using local, national and international sources—\$20m joint investment with Cancer Council SA and Government of South Australia**

In partnership, Cancer Council SA and the Government of SA will each invest \$10m in cancer research in South Australia over the next five years, through the South Australian Health and Medical Research Institute (SAHMRI). Together we will be working in partnership with The University of Adelaide, Flinders University and University of South Australia to grow cancer research capability in South Australia. The outcomes of this research will be translated into significant health benefits for the community.

### Outcomes

- Research Committee established to monitor, review and evaluate the joint research investment 'Beat Cancer Project' to ensure that the agreed key deliverables are achieved (2012)
- Performance of SAHMRI against a set of key deliverables as follows
  - › increased cancer research funding obtained in South Australia from sources external to SA Health and Cancer Council SA, including National Health and Medical Research Centre (NHMRC), Cancer Australia and other national funders  
Target: >6.3% (11.5% by 2016)  
NB: Data available annually

- › increased availability of key cancer research infrastructure in South Australia (e.g. molecular profiling, bio-banking, genomics, clinical trials)
- › increased knowledge generation contributing to health gain in the community e.g. number of peer reviewed publications per annum weighted by quality and citation indices  
NB: Data collected annually
- › increased commercial gain for South Australia e.g. granted or lodged patents  
NB: Data collected at baseline and at five year mark

**Performance targets against \$20m joint investment in SAHMRI. Baseline data will be collected in the first instance and growth monitored over five years. All data collected annually**

- › research funding leveraged from sources external to SA Health and Cancer Council SA  
Target: At least 1 in 3 dollars leveraged from sources external to the funders in year 1; and 2 in 3 dollars leveraged by year 5
- › cancer research workforce increased capacity in South Australia  
Target: 50% of research funding allocated for research workforce support (compared to 25% for research and 25% for infrastructure)

- › capacity building increased for early career researchers  
Target: >90% of research applications demonstrate clear plans for mentoring etc and >90% of research funding arrangements show implementation of these plans within 12 months of commencement
- › collaboration between researchers increased (to increase research capacity)  
Target: by 2015 80% of research demonstrates collaboration
- › translation of research findings into complementary research activity, health policy, practice and health increased  
Target: >90% of research applications demonstrate clear plans for translation; >90% demonstrate translation within two years
- › cancer research investment across the research spectrum contributed to a balanced research funding portfolio  
Target: approximately 50% bio-medical, 25% clinical, 25% population health/health services research evaluation

### Strategy 1.2

#### Ensure the investment of \$4.4m in Cancer Registries is protected and maintained

During 2010–11 Cancer Council SA and SA Health jointly invested \$4.4m and worked in partnership to upgrade the Cancer Registries in South Australia. This vital work will ensure we understand accurately the cancer burden in South

Australia and researchers can use reliable information to undertake research which can be used to influence health policy. Cancer Council SA with SA Health will work in partnership to ensure this investment continues to deliver against a defined set of deliverables.

#### Outcomes

The following key performance indicators will be monitored:

- Annual report: State Cancer Registry data are sufficiently complete for reporting on incidence, mortality and survival within 12 months of completion of the designated calendar year and include all data items required in the national minimum data set
- Clinician access to data: Clinicians can obtain State Registry data within 12 months of completion of the designated calendar year, and from relevant hospital registry databases within 18 months of completion of the designated year, and that responses to data requests are normally met within one month of lodging of requests
- Accurate data: Cancer Registry data meets the standards incorporated by the International Association of Cancer Registries and the International Association of Research on Cancer in the validity CHECK program; the percentage of cancer incidence cases registered with death certificate information only does not exceed 1%; and 90% or more of cancers registered on the Cancer Registry are morphologically verified; and Registry protocols show ongoing checks of completeness of data collection using external case listings for comparison (assessed annually)

- Pick up trends: Annual reports from SA Health of Cancer Registry data are available 18 months from the end of the designated calendar year and include analyses of trends in incidence and mortality, and highlight emerging changes
- Data use: Evidence is provided in Cancer Registry reports of ongoing use of Registry data for population health surveillance, health policy development, quality and safety monitoring, service evaluation and research

### Strategy 1.3

#### Manage the \$2m Peter Nelson Leukaemia Research Fellowship Fund (PNLRFF)

Marjorie Jackson-Nelson AC, CVO, MBE, Olympic gold medal winner and former-governor of South Australia, set up the PNLRFF when her husband Peter Nelson died from leukaemia. Marjorie turned 80 in 2011 and decided to 'pass the baton' to Cancer Council SA to manage this important fund on her behalf. PNLRFF continues to fund high-quality leukaemia research.

#### Outcomes

- Fellow appointed annually
- Transparent selection process in place for appointing the best possible Fellow
- Receive report from Fellow
- Establish whether stated outcomes have been achieved
- Report to Research Committee



#### Strategy 1.4

##### Define Cancer Council SA's role in psychosocial support provision

People with cancer face many emotional, psychological and practical day-to-day demands on top of the debilitating physical impacts of the disease and its treatment. Evidence tells us that psychosocial needs are significant and frequently go undetected and unmet. Cancer Council SA is committed to working with consumers and key stakeholders to assess the state of psychosocial care of people in South Australia and to determine how we can influence health policy to benefit the community.

##### Outcomes

- Psychosocial support strategy which describes the state of psychosocial care of people with cancer in South Australia (by end of 2012)

- Determine the state of psychosocial care of people with cancer in South Australia including a description of:
  - › Cancer Council's role in psychosocial support provision (strategic purpose)
  - › whether we maintain, modify or radically change our approach to promoting psychosocial care for people with cancer
  - › how we use principles developed above to brief a leveraging strategy (2013)
- Develop and cost a leveraging strategy for Cancer Council SA (by end 2013)
- Recommendation to Board re implementation (2013–2014 budget)

#### Strategy 1.5

##### Identify areas in secondary prevention, in addition to screening, where investment by Cancer Council SA would be productive to improve outcomes in rural South Australia

We know that there are inequalities in the incidence, the secondary prevention and the outcomes of cancer, across geographic areas. Cancer Council SA will establish ways in which we can improve the outcomes of people in rural South Australia. This work will seek to identify if there is a difference in cancer outcomes between metropolitan and country residents in South Australia, the extent of any inequality and what factors might underlie it.

## Outcomes

- Scoping paper produced which addresses but is not limited to the following questions regarding secondary prevention—articulates what is known and not known, defines the problems, gaps in service delivery, opportunities, and includes options for leveraging. (2012)
- Policy paper developed (2012)
- Establish ways to use findings to influence health policy (2012)
- Advocacy strategy developed (2012)
- Advocacy strategy ready for implementation (2013)

## Strategy 1.6

### Behavioural Research and Evaluation

#### Initiate behavioural research to advance knowledge for policy and practice in cancer control

Behavioural research in this context focuses on the behaviours that are known to affect our chances of getting cancer. It attempts to provide insight into why people behave in particular ways, why they sometimes behave in unhealthy ways and what motivates them to adopt more healthy behaviours. Evidence tells us the burden of illness associated with cancer could be significantly reduced. Knowledge about how best to encourage uptake of cancer preventing behaviours and the impact of actual interventions, is incomplete. Behavioural research also aims to provide a more in depth understanding other psychosocial issues experienced by people affected by cancer to inform strategies aimed at improving psychosocial outcomes

for these people. Cancer Council SA will invest in behavioural research which advances knowledge about the behavioural and societal factors that are known to modify cancer risk, as well as psychosocial outcomes for people affected by cancer. The outcomes of the research program will translate this knowledge into health benefits for the community. Key areas of focus will be bowel cancer screening, healthy eating and sun protection, as well as research to inform improved psychosocial outcomes for people affected by cancer.

## Outcomes

- Each year undertake behavioural research and evaluation with clear evidence of translation of research findings into complementary research activity, health policy and practice
- Each year secure other externally funded resources for research, including:
  - › Target: maintain at 18 students supervised
  - › Target: maintain at \$1.6m external funds secured
  - › Target: maintain at 16 collaborations
- Annual production and targeted dissemination of:
  - › ten research and evaluation reports
  - › ten media releases
  - › ten peer reviewed journal publications
  - › ten oral and poster presentations to scientific conferences
  - › all projects demonstrate clear evidence of translation into advocacy and practice

## Undertake applied research and evaluation to inform our practice and our advocacy

Cancer Council SA invests in the evaluation of its own activities, and monitors community understanding of cancer and participation in cancer preventing behaviours among adults and children. There are a number of reasons underlying the need for a monitoring and evaluation capability, including:

- issues of public accountability, particularly given the community funding of cancer control
- the importance of having timely and practically helpful information on which to plan, implement and revise cancer control efforts
- the importance of knowing whether, or to what extent, cancer incidence and mortality are changing
- the importance of knowing whether, or to what extent, our cancer control targets are being met

## Outcomes

- Monitor cancer control outcomes i.e. population risk factors and impact of cancer control policy changes (annually)
- Coordinate collection of and reporting on outcomes:
  - › annually (for adult surveys i.e. Health Omnibus Survey, Health Monitor Survey)
  - › triennially (in 2014) (for school children; Australian Secondary Schools Alcohol & Drug Survey)
- Conduct four evaluation studies per annum to evaluate the effectiveness of our practice in cancer prevention and cancer support
- Each year disseminate monitoring and evaluation outcomes to build the cancer control knowledge base

## Strategy 1.7

### Research and evaluation

#### **Tobacco Control Research and Evaluation (TCRE) will undertake research and evaluation to advance tobacco control**

TCRE program conducts research and evaluation in the field of tobacco control in South Australia. The program aims to improve programs and services and to inform policy designed to reduce the harm caused by tobacco. TCRE is funded primarily by the South Australian Government.

### Outcomes

- Secure SA Health contract for 2012–2015 to continue to manage the TCRE program
- Deliver outcomes annually as defined in TCRE government funding and service agreement including:
  - › monitor tobacco control outcomes i.e. population knowledge, attitudes and behaviour annually
  - › disseminate research and evaluation outcomes to build the cancer control knowledge base
  - › report progress annually against the SA State Strategic Plan smoking target to Department of Premier and Cabinet by end of March
  - › provide strategic advice to SA Government and agencies engaged in tobacco control
  - › the effectiveness of tobacco control policy and practice is well evaluated

## Evaluate the 'Tackling Smoking in Indigenous Populations' Project

The Australian Government is funding the rollout of a national network of regional tobacco coordinators and tobacco action workers to work with Indigenous communities to reduce the number of people smoking. This workforce will implement a range of community-based smoking prevention and cessation support activities tailored to local Aboriginal and Torres Strait Islander communities. Tackling Indigenous Smoking coordinators are located within Quit SA (See 2.3), as well as SA Government and Aboriginal Health Council SA. TCRE has been commissioned to evaluate this initiative across South Australia.

### Outcomes

Deliver outcomes annually as defined in Tackling Smoking in Indigenous Populations government funding and service agreement including:

- Provide an accurate, independent and culturally appropriate monitoring service for the Tackling Smoking programs, including but not limited to measurement and/or evaluation of:
  - › tobacco smoking prevalence in targeted geographic areas
  - › delivery and impact of local and statewide social marketing campaigns and health promotion activities
  - › effective training for health staff to deliver smoking cessation and other brief interventions

- Identification of data reporting tobacco smoking prevalence in:
  - › South Australian Indigenous population
  - › Aboriginal females at first antenatal visit
  - › prevalence of low birth-weight babies born to Indigenous mothers
- Establish and maintain partnerships and networks with relevant agencies and researchers in South Australia, interstate and overseas to ensure a coordinated approach to data collection and to inform evaluation and monitoring strategies and practice

## Strategy 1.8

### **Priority driven Collaborative Cancer Research Scheme (PdCCRS)**

#### **Cancer Councils across Australia have partnered with Cancer Australia to establish priorities in cancer research**

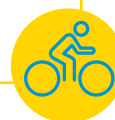
As a collective we have committed \$600,000 per year for three years. This represents a three year grant of \$200,000 pa.

### Outcome

- National cancer issues funded



# Cancer prevention



## GOAL 2: Reduce the preventable burden of cancer

There is enormous opportunity to reduce the impact of cancer through prevention and early detection. Up to half of all cancers are caused by known and avoidable risk factors namely smoking, excess exposure to UV radiation, excessive use of alcohol, poor diet and insufficient physical activity and being overweight or obese. These risk factors are especially prevalent among disadvantaged groups.

In addition, effective measures for population screening exist to detect cancers and precancerous conditions of the cervix (Pap smear), breast (mammography) and bowel (faecal occult blood test) at an earlier and more treatable stage.

Cancer Council SA's focus in cancer prevention is driven by the highest preventable burdens of incidence and mortality from cancer. Highest preventable burdens are in lung cancer, breast cancer, colorectal cancer, and skin cancer.

In men, prostate cancer has the highest incidence and the second highest cause of death however it is not yet

known how to prevent prostate cancer. Early detection and management of prostate cancer is a complex issue. Unlike cancers of the bowel, breast and cervix, there is insufficient evidence to support the benefits of population-based screening for prostate cancer. Tests aimed at helping to diagnose prostate cancer are available, but current evidence showing that the prostate specific antigen (PSA) test is not suitable for population screening as it is not shown to save lives. Also the harms associated with treatment such as incontinence and impotence, outweigh the benefits. Whether or not to be tested for prostate cancer is a matter of individual choice. Cancer Council SA encourages men to discuss the matter with their GP and be fully informed before making their choice about testing or treatment options.

Through appropriate prevention thousands of South Australians could be spared the distress of a cancer experience each year and early detection could reduce or delay a cancer experience for many more.

Cancer Council SA is taking a leading role in cancer prevention through advocacy, partnerships and initiatives to reduce exposure to cancer risk.

### Strategy 2.1

#### Advocate for South Australian and national policy and legislative changes, which the evidence indicates will prevent cancer

Broader social conditions, external to individuals, have a strong influence on health behaviours. For example price influences demand for tobacco and its use. Policy and legislative changes can create a social environment in which cancer preventing choices are easier choices and exposure to cancer causing agents are minimised.

Cancer Council SA is a significant contributor to national advocacy strategies and a driver of state advocacy, seeking political commitment and policy and legislative changes. Advocacy strategies include gathering and presenting an evidence base for desired changes, creating and maintaining effective coalitions, and the strategic use of news media and advertising campaigns.

### Outcomes

- SA Health and National Preventive Health Agency screen quality quit smoking social marketing campaigns, with sufficient media buy of 700 Target Audience Rating Points (TARPs) per month to achieve population behaviour change (2012)
- Alfresco hospitality venues become smoke-free (by 2015)
- All tobacco products are sold in plain packaging in Australia (2013)
- The Australian Government expands the National Bowel Cancer Screening Program to cover biennial screening for all Australians aged 50–75 (by 2015)
- Children are exposed to less marketing for unhealthy food  
Target: SA Government regulates advertising of unhealthy food at times when children are watching television; namely 7–9 am and 4–9 pm weekdays and 7 am–9 pm on weekends (by 2015)
- Menus in chain restaurants contain kilojoule labelling, to help consumers make informed choices (by 2013)
- An advocacy strategy prepared for the 2014 state election, including election priority document, unpaid media strategy and schedule of candidate meetings (2013)

### Strategy 2.2

#### **Work in partnership with governments, health bureaucrats and other organisations to deliver cancer prevention programs**

One of the keys to our success in preventing cancer in South Australia is ensuring we continue to strengthen our partnerships with other organisations in particular the South Australian and Australian Governments. Maintaining and creating new partnerships and collaborations with government, non-government organisations and the community extends the reach of our strategies to reduce the impact of cancer in South Australia.

#### **Outcomes**

- Cancer Council SA influences the design and delivery of partners' programs in particular in tobacco, healthy weight and alcohol; to ensure that they are of high quality and effective in achieving population health outcomes (assessed annually)
- All Cancer Clinical Pathways, developed by the SA Cancer Clinical Network, include evidence-based cancer prevention and early detection (assessed annually)

### Strategy 2.3

#### **Deliver cancer prevention and early detection programs in the following areas**

##### **Promote and support quitting Quit SA**

Lung cancer is the leading cause of cancer death in men and women combined. It has been estimated that around half of all long-term smokers will die from smoking related diseases, with cancer as a major cause of smoking-related death. Quit SA was established in 1989 as a joint initiative of Cancer Council SA and the Heart Foundation (SA Division), funded by SA Health.

Quit SA is the main provider for statewide programs that promote and support quitting, tobacco education and information. Quit SA also works with young people to prevent uptake. Quit SA works with other funded projects to make them more effective and sustainable. Quit SA also plays a support role for the extension of a smoke-free culture and environment.

#### **Outcomes**

- SA Health and National Preventive Health Agency screen quality quit smoking social marketing campaigns, with sufficient media buy of 700 TARPs per month to achieve population behaviour change (2012)
- Indigenous South Australians are provided with proactive encouragement to quit and relevant accessible services to assist them  
Target: increase cultural competency of all Quitline counsellors (2012)



- engage ten peak health service providers for Aboriginal communities including support for comprehensive tobacco control policies and education sessions with health workers who work with Aboriginal and Torres Strait Islander communities (2012)
- Maintain level of incoming requests for cessation support to Quit SA, using various mediums (19,700 pa)
- Maintain the level of Quitline call backs (30,000 pa)
- Meet 100% of nationally agreed Quitline service standards (2012)
- Fewer South Australians smoke  
Baseline: 20.7% in 2010; Target 15% (2016)

#### Promote bowel cancer screening

Colorectal cancer is the second most common cause of cancer in men and women and the second highest combined cause of death, after lung cancer. However colorectal cancer is highly preventable, with an estimated 75% attributable to lifestyle factors such as exercise, diet and alcohol consumption. Furthermore, if found early, survival rates are very high, and a screening tool exists with demonstrated effectiveness for population screening; namely the faecal occult blood test (FOBT).

Cancer Council SA collaborates on national advocacy campaigns such as Get Behind Bowel Cancer, engaging the community to lobby federal politicians for expansion of the National Bowel Cancer Screening Program (NBCSP) to cover biennial screening for all Australians aged 50–75.

Cancer Council SA also encourages South Australians to undertake biennial FOBT testing, whether they are eligible to participate in the nationally funded program or not, and sells FOBT kits at cost, via Cancer Council Helpline 13 11 20.

#### Outcomes

- More South Australians screen for bowel cancer  
Baseline: In 2010, 34% of adults aged 50–75 years report screening for bowel cancer using an FOBT in the last two years; Target: 40% 2016

#### Promote sun-protective behaviours and environments

Australia is the skin cancer capital of the world. In addition to the melanomas diagnosed each year, tens of thousands of South Australians are treated each year for non-melanoma skin cancers. Fortunately skin cancer is almost entirely preventable. High profile awareness and information campaigns telling Australians how to save their skin, such as 'Slip, Slop, Slap', have been in place since the 1980s. The SunSmart program focuses on changing policy and practice in settings such as schools and early childhood centres, bringing about widespread cultural and behavioral changes, reducing UV exposure at peak times of day, and during critical times of life, including childhood.



Research is increasingly linking public health programs that encourage sun-protective behaviour change to reductions in incidence and mortality of skin cancer. Cancer Council SA continues to pursue comprehensive sun-protective practices in primary schools and early childhood centres. Cancer Council SA continues to inform the community and motivate sun-protective behaviours during summer months using powerful social marketing campaigns.

#### Outcomes

- 60% of early childhood centres and 75% of primary schools have joined the Cancer Council SunSmart Schools and Early Childhood Program (2015)  
Baseline: 42% of early childhood centres, 53% of primary schools in 2010
- 19% of South Australians aged 15+ are routinely protecting themselves from the sun in five ways - Slip, Slop, Slap, Seek and Slide (2015)  
Baseline: 13% in 2010

#### Promote broad community awareness of cancer prevention, notably healthy weight and alcohol

Cancer Council SA has a key role in understanding the emerging evidence around cancer prevention and early detection, and translating that information to assist community awareness.

General community understanding of the risk factors for cancer varies markedly, with widespread

understanding of smoking as a risk factor, and heavy emphasis on family history and far lower awareness of modifiable factors. Furthermore the community tends to over-estimate the strength of evidence that other agents cause cancer, e.g. pesticides and pollution. The implications of the large imbalances between community perception and actual causes of risk are that people may be unduly fatalistic about cancer risk, whereas a large number of cancers could be prevented, or treated at an earlier stage through population vaccination and screening programs.

Cancer Council SA develops and provides evidence-based cancer information for the community and schools (see 3.3). Cancer Council SA also pursues a strong presence in unpaid media to communicate evidence-based cancer prevention and screening information. Community awareness of healthy weight and alcohol consumption as modifiable risk factors for many cancers is well below awareness of other factors such as smoking and sun-protection. Considerable progress has been made but this is still an area of focus.

#### Outcomes

- South Australians are aware that overweight is a risk factor for cancer  
Baseline: 61% in 2010; Target: 80% (2015)
- South Australians are aware that alcohol is a risk factor for cancer  
Baseline: 37% in 2010; Target 60% (2015)



**Promote community awareness of cancer prevention and early detection, among culturally and linguistically diverse communities**

People from culturally and linguistically diverse (CALD) backgrounds represent 16% of the population in South Australia. Three key phases of migration have been identified namely: post WWII–1970, when migrants predominantly came from Southern and Northwest Europe; 1975–1999, when migrants predominantly came from South-East Asia; and 2000 onwards, with migration from China, India, Malaysia, as well as humanitarian arrivals from Afghanistan and several countries in Africa.

Diversity of cancer risk factors between and within the three migration groups informs the cancer prevention and cancer screening priorities for each group. The diverse nature of these communities often influence the way they access cancer information, services and support. Rather than engage in direct service provision, Cancer Council SA liaises with peak migration and multicultural agencies.

**Outcomes**

- Undertake at least two partnership projects with peak CALD organisations (including joint application for external grant funding) to increase community awareness of cancer prevention and early detection, tailored to culturally and linguistically diverse communities (annually).



# Cancer support



## GOAL 3: Decrease distress and improve the quality of life of people affected by cancer

Every year, another 9,000 South Australians are diagnosed with cancer, and it has been estimated that for each person diagnosed with cancer at least another three people are seriously impacted. Because of gains in early detection and treatment, more people survive cancer than ever before, and thousands of South Australians are living with cancer or are 'survivors'.

People affected by cancer can experience significant distress as a result of an unmet support need in any of the following domains at any time throughout their cancer experience:

- Information (e.g. about treatment or side effects, in an easy to understand format, at times of need)
- Physical (e.g. side effects, pain, hair loss)
- Practical (e.g. accommodation, financial, travel, childcare, work)
- Psychological (e.g. emotional, behavioural, cognitive)
- Spiritual (e.g. meaning of life)

Furthermore, it is well documented that people with cancer incur substantial out-of-pocket expenses, often at a time when they are already under financial pressure because of reduced capacity to work.

Underpinned by the guiding principles of Cancer Council SA, the aim of the cancer support work undertaken is to decrease distress and improve the quality of life of people affected by cancer. Equitable access to quality

resources, services and information, that meet the identified needs of individuals, is the overarching objective to achieving this aim.

There are a number of ways Cancer Council SA can address current and emerging support issues, including:

- Advocating for improvements in the care of people with cancer
- Advocating for public health and policy initiatives
- Partnering with consumers and health professional colleagues to provide education and information opportunities
- Supporting people impacted by cancer through the provision of information
- Supporting people impacted by cancer through the provision of support services (including accommodation and transport)
- Developing, piloting, providing and disseminating evidence-based education programs
- Actively engage with other organisations and groups in South Australia involved in improving access to quality resources, services and information needed by people impacted by cancer
- Actively engage with other state and territory Cancer Councils in the development and provision of support services and programs to optimise use of valuable local resources and to improve outcomes

The steps to determining which approach best meets an identified support need that is within the scope of Cancer Council SA includes addressing the following questions:

- Does the issue align to the guiding principles of Cancer Council SA?
- What level of evidence is available to substantiate that this is an issue in South Australia and nationally?
- What currently exists, or is being undertaken, to address this issue?
- What evidence exists on the effectiveness and accessibility of any existing services in addressing the needs of people affected by cancer?
- What are the possible and achievable solutions? What are the processes, timelines and costing associated with each? Anticipated outcomes, reach and sustainability of each potential solution.
- Is any other organisation or group aware of this issue and wanting to partner in developing one or more initiatives to address the issue?
- Are we able to evaluate the 'best approach' for effectively addressing the issue or gap and improving quality of life and decreasing distress?

In its Cancer Support activities, Cancer Council SA needs to be cognisant of the dynamic and changing external health service environment as well as the latest cancer support research findings to ensure it focuses its effort, resources and capacity to optimise cancer support provision across the state. Building effective working relationships and credibility with the general community, people impacted by cancer, health practitioners, consumer advocacy groups and the wider health system is a key challenge and requirement to achieving this.

### Strategy 3.1

#### Provide supportive accommodation for people from the country impacted by cancer, facilitating their access to cancer treatment in Adelaide treatment centres

##### Supportive accommodation (Lodges)

For 16 years, Cancer Council SA has provided supportive accommodation for people from the country having cancer treatment in the Adelaide metropolitan area. The aim is to reduce distress caused by the need to travel and live in Adelaide to access optimal cancer treatment through the provision of affordable accommodation which meets the practical and social needs of people with cancer as well as their accompanying carers, family or friends.

##### Outcomes

- Best model for the ongoing provision of cost-effective, supportive accommodation for people from the rural and remote areas having cancer treatment in Adelaide determined (2012)
- Future optimal accommodation model incorporated into three year financial plan. Implementation strategy of optimal model determined and agreed with key partners (including government and corporate) (2012)
- People with cancer travelling from country South Australia to metropolitan Adelaide for cancer treatment receive supportive motel accommodation per annum  
Baseline: 13,000 guests in 2010;  
Target: 15,000 pa (2015)

- The community recognise Cancer Council SA as a provider of accommodation for people with cancer  
Baseline: 6% in 2010— unprompted response; Target: 15% (2015)

##### Social worker service

As well as providing economical, comfortable, physical accommodation, a social worker service is provided to assist guests, particularly those staying for weeks at a time, offering counseling, patient advocacy and assistance resolving practical needs.

##### Outcome

- Long-term guests are provided with the opportunity for assistance from a social worker  
Baseline: 25% of long-term guests (staying four weeks or more) were offered assistance in 2010; Target: 100%

##### Transport to treatment centres

People residing in our motel accommodation require transport to treatment centres to attend appointments. A bus service, staffed by volunteers provides regular transport to many of the major treatment centres, to facilitate day-to-day access to treatment centres for the guests.

##### Outcomes

- Transport service reviewed and optimal service delivery model determined to ensure ability to meet changing transport needs of guests in line with changing cancer treatment health service delivery capabilities and future Cancer Council SA accommodation provision model (2012)

- Transport provided by the transport service, enabling access to treatment centres  
Baseline: 19,600 guest trips in 2010;  
Target: 24,000 guest trips (2015)

##### Advocacy and partnerships to resource optimal accommodation and transport

People travelling more than 100 km for cancer (or other) treatment are eligible for the State Government's Patient Assistance Transport Scheme (PATS), which provides rebates for accommodation and travel costs. Cancer Council SA advocates for improvements to this scheme, which has many inadequacies. Cancer Council SA also pursues partnership opportunities with government and corporations.

##### Outcomes

- PATS eligibility criteria and reimbursements for travel and accommodation expenses are improved for people travelling for cancer treatment by 2015, by:
  - › decreased distance threshold from 100 km to 65 km
  - › increased private vehicle reimbursement rate from 16 cents per km to 75 cents per km
  - › increased rebate from \$30 per single or \$60 per couple to at least \$85 per room and indexed annually

## Cancer Council Helpline 13 11 20



### Strategy 3.2

#### Develop and provide cancer support services which are well coordinated with the wider health system

Cancer Council SA keeps updated with emerging trends in cancer support and the health system and works to reduce the distress caused by cancer and improve the quality of life for people affected by cancer through the provision of targeted services to meet practical, psychological and social needs. These services are developed in collaboration, and sometimes delivered, with other Cancer Councils around Australia.

#### Cancer Council Helpline 13 11 20

Cancer Council Helpline 13 11 20 is the gateway to accessing support, services and information for many people impacted by cancer. Enquiry officers handle routine calls for information from schools and workplaces, while experienced nurse counsellors who understand the impact of cancer are available to assist people impacted by cancer and health professionals. Nurse counsellors do not provide medical advice. They help to clarify medical terms, procedures and treatments,

provide information about other services—both outside and inside Cancer Council SA, provide relevant printed information or talk with people about their cancer experience.

#### Outcomes

- People impacted by cancer using Cancer Council Helpline are satisfied with the service  
Baseline: In 2006, 79% of callers reported that contact with the Helpline improved their overall experience of coping with cancer.  
Target: 90% (2015)
- The community recognises that Cancer Council SA runs Cancer Council Helpline 13 11 20  
Baseline: 2% in 2010—unprompted response; Target: 15%
- South Australians impacted by cancer are provided with support via Cancer Council Helpline  
Baseline: 6,500 in 2010/11 financial year; Target: 10,000 (2015)

#### Cancer Counselling Service

Our Cancer Counselling Service offers people an opportunity to discuss their cancer experience and its impact on their life. The professional counsellors

are experienced in helping people affected by cancer and can help people learn new ways to manage stress, set personal goals and develop ways to achieve them, or find ways to talk to family and friends about their concerns. People can speak to our counsellors in person or over the phone at any stage of their cancer experience, as difficult emotions can emerge after treatment has finished.

#### Outcomes

- The Cancer Counselling Service helped people impacted by cancer to adjust to issues which were distressing them.  
Target: maintain proportion of clients reporting high to very high level of satisfaction 75% in 2011
- Counselling provided to people and families impacted by cancer  
Target: maintain service reach of 1,200 counselling sessions pa
- The community recognises Cancer Council SA as a place to obtain patient and carer support and counselling assistance  
Baseline: 28% in 2010—unprompted response; Target: 30% (2015)

### Legal and Financial Planning Referral Service

People affected by cancer can experience significant financial hardship. To alleviate this distress Cancer Council SA, in partnership with Cancer Council NSW, offers access to pro-bono legal and financial planning assistance. The service is means-tested and aimed at those in the most difficult circumstances. A lawyer or financial advisor will assist eligible clients with various issues such as access to superannuation, credit and debt issues and applying to Centrelink for assistance. All referrals are through the social worker at the cancer treatment centre or Cancer Council Helpline 13 11 20.

#### Outcome

- Promote the Legal and Financial Planning Referral Service and double capacity over three years to meet projected community demand  
Baseline: Current capacity for 21 will drafting referrals and 22 financial planning referrals per month;  
Target: Capacity to provide 40 free wills per month and 40 free financial planning appointments per month (2015)

### Financial Assistance Program

Dealing with cancer can present significant financial challenges. Time for appointments and treatments while facing medical bills and additional travel costs can all take a financial toll. Cancer Council Helpline staff help people find relevant community and government resources that may be able to assist people impacted by cancer. In exceptional circumstances, Cancer Council SA will also provide a one-off grant to help people meet specific financial challenges posed by cancer. This is assessed on an individual basis usually through a social worker at their treatment centre.

#### Outcome

- South Australians impacted by cancer are assisted by receiving an emergency grant  
Target: maintain service reach of 200 grants of \$250 pa



### Consumer education and self management programs—Managing Cancer Stress

The eight-week (one session per week) Managing Cancer Stress Program is a consumer education and self-management program which aims to help people with cancer better manage some of the difficult thoughts and emotions that can arise when facing the challenges of cancer. Techniques used in the program include a focus on breathing and gentle movement. Trained counsellors with experience in working with people affected by cancer facilitate this program. The program uses a mindfulness-based cognitive therapy model and its effectiveness has been evaluated and published in medical literature.

#### Outcome

- People impacted by cancer participate in and benefit from participating in the Managing Cancer Stress Program  
Target: Maintain service reach of 30 clients pa

### Consumer education and self management programs—Staying Healthy After Cancer (SHAC)

SHAC is a seven-week program (one 2½ hour session per week) designed to help people who have finished their treatment to manage the changes resulting from a cancer experience. The program is run by two trained leaders (volunteers) who have an experience of cancer and will guide people through ways of improving their health and well-being to get more out of living. Topics in the program include nutrition, dealing with difficult feelings such as anxiety and fear, physical activity, goal setting and relaxation techniques. This program is offered in various community centres. This program was developed and is licensed by Stanford University, California. Six months after completing the program South Australian participants showed continued improvements including less fatigue and distress.

#### Outcome

- People impacted by cancer participate in and benefit from participating in the SHAC  
Target: maintain service reach of 75 clients pa

### Peer support programs

The confidential Cancer Connect service provides an opportunity for people impacted by cancer to talk with someone who has 'walked in their shoes' and really understands what it's like to deal with cancer. Cancer Connect links people by phone to a trained volunteer with a similar cancer experience, who can listen to concerns and provide support. This program is currently under review and may be modified to increase access to quality peer support opportunities in South Australia.

#### Outcome

- A new model for peer support, delivered nationally, with enhanced quality and cost-effectiveness is available (2012)

### Strategy 3.3

#### Develop and provide high-quality, relevant and accessible cancer information

Through collaboration with other Cancer Councils and engagement with key stakeholders, including consumers and health professionals, Cancer Council SA will provide evidence-based information in a variety of ways to increase accessibility to information for people affected by cancer. Through the utilisation of new technologies and a national approach to quality resource development we will be able to meet changing information needs of our community in an efficient, effective and equitable manner.

#### Outcomes

Cancer Council SA provides credible information, trusted by health professionals, and universally available to people impacted by cancer to meet their varying needs at different points in time.

- Roll out of nationally standardised resources  
Target: six nationally standardised resources developed and disseminated pa
- The community recognise Cancer Council SA as a place to obtain cancer information  
Baseline: 14% in 2010—unprompted response; Target: 25% (2015)
- Printed information resources accessed by South Australians impacted by cancer  
Baseline: 234,500 pa in 2010; Target: 240,000 (2015)
- Cancer support information viewed via Cancer Council SA website  
Baseline: 296,955 times in 2010; Target: 20% increase (2015)
- Cancer Council SA information is consistently presented and available in all cancer treatment facilities in the state (2012)
- Exploration of Cancer Information Centres being established at major Adelaide treatment centres (2012)

### Strategy 3.4

#### Stakeholder engagement to advance optimal cancer support

##### Health professional and consumer engagement

By engaging and collaborating with others, with the shared agenda of reducing the impact of cancer, Cancer Council SA can achieve greater benefits for the community.

Cancer Council SA partners with key agencies, SA Health, clinicians and consumer groups, to advance optimal cancer care and quality cancer support. Areas of focus include working with the SA Cancer Clinical Network and monitoring and influencing the implementation of recommendations of the Statewide Cancer Control Plan (SCCP).

A new area of focus is consumer and health professional engagement through forums on emergent areas in cancer support. By working with consumers and health professionals, workplaces and other organisations, Cancer Council SA will expand its reach and effectiveness in decreasing the impact of cancer, by increasing capacity in the health system, workplace and community in South Australia.

#### Outcomes

- All twenty recommendations of the SCCP are implemented (2015)
- In collaboration with health professionals and consumers, four forums are facilitated per annum to address needs in cancer support with a total of 200 participants
- Forum participants report significant differences in knowledge, skills or likely change to practice as a result of each of the forums

## Aboriginal and Torres Strait Islander cancer control

Increasingly there has been recognition of the poor cancer outcomes for Aboriginal and Torres Strait Islander peoples. As a consequence there are increasing efforts to develop specific strategies to address health disparities. Cancer Council SA has a strong commitment to community consultation and leveraging state and national initiatives to address the burden of cancer.

Cancer Council SA is actively engaged in the CanNET SA project (funded by the Federal Government), focused on Aboriginal and Torres Strait Islander cancer control. CanNET SA activity includes:

- Supporting the Aboriginal and Torres Strait Islander Committee of the SA Cancer Clinical Network implementing outcomes of the Aboriginal Companion document to the SCCP 2011–2015 (2015)
- supporting two areas of need highlighted in the recommendations from the Aboriginal Companion document:
  - › the development of a cancer education course for Aboriginal health professionals working in South Australia (2015)
  - › piloting an Aboriginal Health Cancer Care Coordinator as a demonstration position working across the Royal Adelaide Hospital, The Queen Elizabeth Hospital and Lyell McEwin Health Service (2015)

These Aboriginal and Torres Strait Islander cancer control initiatives complement each other and other activities across the state. They aim to help relieve the burden of cancer for Aboriginal and Torres Strait Islander South Australians in a sustainable way.

### Outcomes

- Clear action plan developed from the Aboriginal Companion document and implemented across the state
- Aboriginal health workers in South Australia have access to an accredited cancer module as part of their health worker qualifications

## Consumer advocacy groups

Cancer Council SA recognises and promotes the importance of meaningful consumer engagement in cancer care planning, to ensure patient-centered care. To enable representation of the views and perspectives of people impacted by cancer, Cancer Council SA provides seed funding to Cancer Voices SA and is an active member of Health Consumer Alliance SA.

### Outcome

- Cancer Voices SA contribute effectively to cancer control planning in South Australia (reported annually to Cancer Council SA)

## Strategy 3.5

### Survivorship

Australia's cancer survival rates are amongst the best in the world and it is estimated that there were 655,000 cancer survivors in Australia at the end of 2004. Both the incidence of and survival from cancer are expected to increase.

People identify with the term 'survivor' in different ways. For some, it applies at the start of cancer treatment. For others it relates to the period following the completion of active cancer treatment. Many feel like cancer survivors for many years. Some people living with advanced disease may also identify with the term 'cancer survivor.' 'Survivorship' is frequently defined as starting from the time of diagnosis for the balance of life. It can also be used to include others directly impacted and includes consideration of the effect on the family and caregivers of survivors. It covers the physical, psychosocial, and economic consequences of cancer diagnosis and treatment as well as issues related to follow-up care, prevention and control of late effects, second cancers and poor quality of life.

Evidence of the impact of cancer demonstrates that between 20–40% of survivors in the acute survival phase experience considerable physical, psychological and social morbidity depending on their cancer type, disease trajectory and individual factors such as co-morbidities, socio-

economic status and social support. Some research suggests that family members find the cancer experience more distressing than the survivor.

Most survivors adjust well over time and by five years post-diagnosis, most experience quality of life that is comparable to the general population. New issues that emerge include establishment of a new 'normal', employment problems, insurance difficulties, ongoing issues specific to surgery and treatment e.g. menopause, sexuality and fertility, and worries about health. Many survivors also report positive effects such as enhanced appreciation for life, healthy lifestyle changes, and the benefits of friendships gained through peer support initiatives.

The Australian Cancer Survivorship Centre based at Peter MacCallum Cancer Centre has identified essential components of quality cancer survivorship care, namely:

- **Prevention** of recurrent and new cancers, and to other late effects
- **Surveillance** for cancer spread, recurrence or second cancers; assessment to medical and psychosocial late effects
- **Intervention** for consequences of cancer and its treatment (such as lymphoedema, sexual dysfunction, pain, fatigue, distress experienced by survivors and their caregivers, concerns related for example to employment, insurance and disability)
- **Coordination** between specialists and primary care providers

Advocating for quality cancer survivorship care and developing initiatives to meet the unmet information and support needs of survivors are opportunities for Cancer Council SA.

### Outcomes

- Scope opportunities to address survivorship (2012)
- Develop collaborative initiatives to address survivorship priorities (2013)



Who will you  
Relay for?

**Survivor**

Celebrate  
Remember  
Fight Back!

# Organisational capacity



## GOAL 4: Build a strong foundation which enables delivery of strategic directions

To deliver outcomes in cancer research, prevention and support, Cancer Council SA relies heavily on the goodwill and assistance of donors, supporters and volunteers, the skill and expertise of its staff, its strong relationships with partners and stakeholders and on the responsible use of its revenue. We will continue to focus our efforts on increasing fundraising revenue as well as ensuring our use of resources, systems and people are sustainable, efficient and effective.

### Strategy 4.1

#### Build and maintain the organisation's profile and position

Cancer Council SA enjoys the enviable reputation as one of South Australia's most trusted and respected charities. Our challenge now is to strengthen the community's knowledge of what we do to assist people with cancer with information and support. Building knowledge of how we can help means more people know where to get the support they need when impacted by cancer. We need to maintain the high level of trust we have within the community and respond to changing community expectations around transparency. We will use the annual Price Waterhouse Coopers (PwC) transparency awards as our benchmark of industry transparency.

#### Outcomes

- A national brand strategy developed and implemented and ensuring implementation of a state marketing strategy
- Unprompted brand awareness as 'main cancer charity in SA' increased  
Baseline: 33% in 2010 (measured through the annual Health Monitor Survey); Target: 40% (2015)
- Emotional brand attribute 'active in my community' developed  
Baseline: 36% in 2010; Target: 70% (2015)
- Consumer knowledge of Cancer Council SA increased:
  - › funds cancer research  
Baseline: 24.8% in 2010; Target: 30% (2015)

- › runs cancer prevention/education  
Baseline: 15.4% in 2010; Target: 30% (2015)
- › Cancer Council Helpline 13 11 20  
Baseline: 44.6% in 2010; Target: 52% (2015)
- › accommodation service  
Baseline: 5.7% in 2010 (measured through the annual Health Monitor Survey); Target: 10% (2014)
- Sub-brand association to Cancer Council SA for all sub-brands increased to no less than 25% (2015)
- Unsyndicated and unpaid media items (measured through media monitoring) increased by 6% pa
- Redeveloped [www.cancersa.org.au](http://www.cancersa.org.au) ensuring the online and web platforms support the brand and business needs
  - › unique visits  
Baseline: 87,976 per month in October 2011; Target: 100% increase
  - › total visits  
Baseline 128,754 in October 2011; Target: 330% increase
  - › repeat visits  
Baseline: 1.3 in October 2011; Target: 2.5  
(Measured by evaluation of website use/rankings)
- Address the expectations of consumers in relation to charity transparency
  - › Enter each year and improve annual performance in PwC transparency awards

Cancer Council SA Ambassadors



#### Strategy 4.2

##### Strengthen stakeholder and community engagement

Cancer Council SA recognises the importance of uniting with stakeholders to beat cancer. By working together with the community of South Australia, all levels of government, parliamentarians and health bureaucrats, health professionals, cancer researchers and research agencies, non-government organisations with joint interests, educational institutions, other Cancer Councils and the business sector we can combine our resources to make a real difference. We will seek to form stronger partnerships with people who share our passion. Our website will become a more interactive hub for engaging the community and stakeholders, and allow us to foster more two-way communication to share knowledge and experiences.

#### Outcomes

- Stakeholder and community engagement strategy developed and implemented
- Website redeveloped to better engage the community including utilisation of social media and other tools and incorporating and utilising Web 2.0 elements into the [www.cancersa.org.au](http://www.cancersa.org.au) website
- Social media:
  - › followers  
Baseline: 2,632 on Facebook in October 2011; Target: 100% pa increase
  - › Klout score  
Baseline: 36 in October 2011; Target: 70 (2015)
- Ambassador Project expanded  
Baseline: 113 in October 2011; Target: 400 Ambassadors with an average of two activities pa each
- Retail site days in the community  
Baseline: 734 days pa in 2010/2011; Target: 10% pa increase



### Strategy 4.3

#### Ensure revenue streams are able to support cancer research, prevention and support strategies

Cancer Council SA relies heavily on community donations and support to fund our programs. To ensure access to our programs and services and to meet growing demand into the future we must grow our revenue. The range of fundraising activities we offer is critical as it gives supporters options and ensures a more reliable source of funding into the future by not relying on any one campaign. We need to ensure maximum return for donors and so for every dollar we invest in fundraising programs we aim to return three dollars to fund our research, prevention and support programs.

#### Outcomes

- Maintain breadth of existing fundraising activities and invest in growth activities to achieve annual net revenue growth of 10%
- Fundraising activities focus on cost effectiveness and fundraising return on investment  
Target: annual return on fundraising investment is a minimum of 1:3 (excluding retail)
- Fundraising areas with high potential grown (corporates, Tour Down Under)  
Target: grow corporate partnership revenue by \$150,000 pa
- Growth in regular giving as a highly effective and reliable revenue stream maintained
- Introduce new revenue streams with growth potential  
Target: develop one new fundraising campaign/activity that will return \$500,000 gross by the end of 2015

#### **Strategy 4.4**

##### **Manage finances, people and systems to enable the delivery of the strategic directions**

Through the efficient use of its resources, Cancer Council SA will attract, retain and develop the right people through its organisational development plan, establish sustainable financial management practices, and develop and integrate its IT systems. Combined with a robust risk management framework, the effective delivery of these functions will provide a foundation that enables Cancer Council SA to achieve its strategic goals.

##### **Outcomes**

- Sustainable balanced budget achieved (2015)
- Organisational development plan focusing on the recruitment, development and management of staff
  - › absenteeism  
Target: <2% of annualised ordinary hours
  - › OHSW (number of incidents, number of lost time injuries, number of lost time days and cost of workers compensation)
  - › leave liability  
Target: all staff to maintain <30 days annual leave
  - › attrition  
Target: 9–12%

- A project management framework and methodology that prioritises business projects in terms of commercial value, ROI and alignment with corporate vision and objectives established and implemented
- Prioritised business applications to key enterprise systems with subsequent productivity gains and improved reporting capability are fully integrated (2015)
- Environment policy developed and implemented (2015)

#### **Strategy 4.5**

##### **Review of property assets**

Cancer Council SA owns and operates three lodges which provide supportive accommodation to people from the country having cancer treatment in the Adelaide metropolitan area. It also owns the property which houses staff, and has warehousing and retail facilities.

##### **Outcome**

- Review of property assets and best use proposal (finalised 2012)
- Preferred options with costs (identified 2012)

For support and information on cancer and cancer-related issues, call Cancer Council Helpline. This is a free and confidential service available Monday to Friday 8:30 am – 8:00 pm

202 Greenhill Road  
Eastwood SA 5063  
PO Box 929, Unley BC SA 5061

t 08 8291 4111  
f 08 8291 4122  
cc@cancersa.org.au

[www.cancersa.org.au](http://www.cancersa.org.au)

