

## A Cover-Up Story: the Cancer Society Melanoma Prevention Programme

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### Introduction

In the mid-1980s the Cancer Society became concerned at the rising incidence of melanoma in New Zealand. A contemporary study showed that incidence rates for melanoma had doubled every ten years between 1948 and 1977 (Cooke, Skegg and Fraser, 1983).

During the 1980s the Cancer Society first ran the 'Slip, Slop, Slap' Campaign, which encouraged people to 'slip on a shirt, slop on some sunscreen and slap on a hat.' The campaign focused on changing New Zealanders' behaviour in the sun. In 1987 the Society decided to move away from this more light-hearted 'Slip, Slop, Slap' message and develop a campaign that highlighted the serious nature of overexposure to the sun. The new campaign also moved the focus from skin cancer generally to melanoma specifically.

The major objective of the campaign was prevention. Available evidence suggested that intermittent exposure to sunlight during childhood and adolescence was a key risk factor for melanoma. The aim was to achieve a substantial reduction in New Zealanders' exposure to ultraviolet radiation, with a special emphasis on children and adolescents. Early detection was a secondary focus of the campaign backed by evidence that melanoma can be successfully treated if detected early.

The campaign was launched in 1988 with auditions for 'Spot' a Dalmatian dog to star in the first phase of the campaign. The main slogans were 'Cover Up' and 'Sense in the Sun'. The key target groups were young children and their parents and teachers. Thereafter, the thirteen-year campaign focused on different target audiences with specifically tailored messages. As the campaign developed qualitative research was undertaken to identify the most effective way to deliver messages to each group. New messages kept the campaign fresh and able to keep pace with current evidence.

In 1990 and 1991 the campaign focused on adolescents, emphasising the serious nature of melanoma. Focus group research showed that teenagers did not respond to a light-hearted approach to melanoma, as they believed it to be a serious issue. Kit George, an eighteen-year-old college student scarred

from the removal of a melanoma from his leg six months earlier, promoted the campaign messages 'Be Sunsmart' and 'Cover Up.' In 1991 and 1992, Martin Crowe, then captain of the NZ cricket team, featured in a television commercial that argued that sun protection is just as important as protection against a fast travelling cricket ball. This phase of the campaign focused on families, but also targeted sports people.

The campaign included a high level of advocacy, encouraging governments to take the issue of melanoma seriously. In 1993 a report was published jointly by the Department of Health and the Cancer Society identifying the key strategies for the prevention and early detection of melanoma in New Zealand. Throughout the campaign there was a strong emphasis on primary school children. Many teaching resources were produced and there was an emphasis on assisting schools to develop sun protection policies. In 1996, the pig made its debut with the message 'Only Pigs Look Good Pink'. The pig featured in a TV commercial and many print resources. The key messages were to keep the whole family safe from the sun this summer, and to remember to 'slip, slop, slap and wrap.'

Most recently, 1999-2001, the campaign focused on the message 'no suntan is safe'. In this phase, a key aim was to dispel the myth that suntans are healthy and draw attention to the fact that overexposure to UVR from any source, including sunbeds, is dangerous.

The secondary message of the campaign was early detection - 'spot melanoma before it spots you.' In 1992-3, the focus was on early detection among older people, with Bob Charles featuring in a TV commercial. During this part of the campaign, resources produced included substantial training material for general practitioners: bulletins, booklets and a melanoma video. Resources were produced to educate people to check their skin regularly and see their doctor if any moles or freckles were changing in colour, shape or size.

Right from the outset the campaign managed to create 'a big bang for small bucks.' Much of this was due to the very successful use of unpaid media. The campaign was well researched and highly credible and media interest in it was high.

## Monitoring change, 1989-2000

### *Trends in sun protection knowledge, attitudes and behaviours*

In 1989, about half the adult population knew what melanoma was, but awareness increased to 83% in 1992, after media publicity, with two thirds believing that most, if not all, melanomas could be cured if treated early. Key sun protection attitudes and behaviours were monitored in early 1994 and 1997 and in the summer of 1999-2000. There was no reduction in any of the measures of risk, but increases in the proportions that (i) considered a tan provided protection against skin cancers and (ii) intended to sunbathe regularly (CM Research, 2000). There was no increase in hat wearing or reduction in reports of recent sunburn, despite increased use of sunscreen and shade, though a more encouraging decline from 51% to 42% in the proportion reporting a history of moderate to severe sunburn.

Among secondary students, awareness of melanoma declined, 1991-1997, but there was also a decline in positive attitudes to tanning (Richards et al., 2001). These attitude changes failed to translate into behaviour, with increased sunbathing and sunburn and less use of clothing and sunscreen. In 1997, however, those who re-applied sunscreen were less likely to report sunburn.

The protective attitudes reported for young children (Morris, et al. 1998) are supported by observational studies (McGee et al. 2002), although there is scope for improvement, particularly in the use of shade. Monitoring of primary and intermediate schools' sun protection policies suggests substantial improvement (Blue Lotus Research 1999), but requires on-site confirmation. Nevertheless, sunburn in children is now regarded as a serious type of neglect.

### *Public policy and health sector changes*

Product standards have been set for sunglasses and sunscreen. Legislation protects outdoor workers, but practices require monitoring. Government funding supports the monitoring of ozone and solar UV radiation. Cancer Society sponsorship allows free provision of the UV Index to the media for use in weather reports.

GP knowledge and use of melanoma management and referral procedures is good, and more than two thirds of adults have had a skin check in the past year, usually by a GP. Melanoma registration was required from 1994 and outcome targets set, though these require review. Non-Maori melanoma death rates seem to have stabilised and the increase in incidence has slowed (Bulliard & Cox, 2000). Given time delays between exposure to risk and melanoma development, only part of this gain may be attributable to recent interventions.

## Discussion

It is possible that early success in improving knowledge was associated with positive attitudinal and behavioural changes prior to the baseline triennial survey, and that further improvement was difficult. A review of the comparable *SunSmart* programme in Victoria, Australia, highlights a number of differences in New Zealand experience, in addition to the broader Victorian focus on skin cancer (Montague, 2001).

First, the demise of the Public Health Commission contributed to melanoma prevention having a low priority on the health agenda. Despite skin cancer accounting for around 250 deaths per year, about half the annual road toll, and a conservatively estimated cost of \$33M per year to the health system, relatively few resources support prevention, in particular, mass media campaigns. Before the 2000 survey, no sun safety messages had been screened on television for 3 years.

Second, apart from the limited resources of the Cancer Society, Health Sponsorship Council (HSC) and University of Otago, there has been virtually no research funding. That lack of support limits the ability of researchers to evaluate objectives and strategies and provide timely feedback for programme development.

Third, with the notable exception of Cancer Society health promotion staff working with schools and the HSC with sports organisations, efforts directed towards environmental change are few and recent. Fourth, there has been limited success in persuading health and education agencies, local authorities and recreational organisations to accept responsibility for creating environments that support sun protection.

## Conclusions

Overall, there remains a need to raise the profile of skin cancer prevention and to broaden efforts beyond focusing on individuals towards "making the healthier choice the easier choice" by creating environments that reinforce change. More support is required for rigorous research and evaluation to inform policy development. Cancer Society and the HSC agreement on a common programme, and continuing work on *SunSmart* schools and shade seminars are steps in the right direction. In Australia, it is estimated that a skin cancer prevention programme, based on the Victorian model, with annual expenditure of around \$3M, would achieve cost savings of \$40M per year (Cancer Strategy Working Group 2001). We need to promote awareness of this potential gain in New Zealand.

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