



## 2011-12 Budget – Recurrent Initiative Proposal

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**Agency:** Cancer Council ACT

**Initiative Title** Cancer Council ACT SunSmart Program

### **Does the business case align with the Government's priorities?**

Cancer control is a National Health Priority Area. The ACT government's priority areas include physical activity, which corresponds to an increased need for sun protection when active outdoors. Currently, the statistics are very concerning:

- Australia has the highest incidence and mortality rate of skin cancer in the world;<sup>8,9,6</sup>
- skin cancers account for more than 80% of the cancers diagnosed in the country;<sup>10</sup>
- each year skin cancer is responsible for the deaths of over 1,850 Australians - more than the national road toll;<sup>11</sup>
- Australians are four times more likely to develop a common skin cancer than any other form of cancer, with two out of every three individuals diagnosed with skin cancer before they reach the age of 70<sup>10</sup>;
- cancer is the third underlying cause of mortality for residents of the ACT, with 31% of deaths attributable to cancer;
- skin melanoma is the third most common cancer diagnosis overall;
- skin cancer costs the Australian health system more to treat than any other form of cancer<sup>13</sup>, approximately \$300 million annually;<sup>14</sup> and
- skin cancer can be prevented and we know how to do this. The task ahead is to get behavioural change which is what Cancer Council ACT aims to do.

### **Existing Program:**

This proposal is for the continuation of the existing CCACT SunSmart program. An evaluation of this program was undertaken by researchers at the University of Canberra in 2010, described below.

**Year to cease funding:** The program is currently funded until 30 June 2012. This proposal is for ongoing funding so that the program may continue.

## Financial Impacts Summary

	2012-13	2013-14	2014-15
Impact	\$m	\$m	\$m
<b>Requested Funding</b>			
Recurrent Government Funded Expenditure (excl. depreciation)	84,000	87,600	91,100
Recurrent CCACT funded Expenditure	62,000	64,500	67,060
Capital Injection			
<b>Other Budget Impacts</b>			
Recurrent Expenditure (depreciation)	3,000	3,120	3,250
Revenue	7,000	7,300	7,600

## Staffing Impacts Summary

Impact	2011-12	2012-13	2013-14	2014-15
Total Additional FTEs				

## Description of Budget Proposal

### **CCACT is the leading expert in ultraviolet radiation education and awareness in the ACT**

CCACT is the only community organisation in the ACT with the mission of providing information, education, and research in the area of UVR protection. CCACT SunSmart services target Early Childhood Centres, Primary Schools, Secondary Schools, sporting and recreational organisations, indoor and outdoor workplaces, and the general community, providing information, access to resources, and support for policy development and implementation. In the ACT, 63% of all Early Childhood Centres and 65% of primary schools have SunSmart status. CCACT also has the sole ACT right of usage ("ownership") of the two most well-known brands associated with skin protection in Australia (i.e., SunSmart and Slip, Slop, Slap) which are powerful factors in any UVR protection project. Organisations and individuals seek CCACT out, and are keen to be part of our activities.

CCACT currently has many strong relationships with organisations and individuals that have been developed throughout 30 years of experience in the area of informing and educating ACT citizens to protect themselves from skin cancer. CCACT is the only ACT member of the pre-eminent, non-government cancer control body in Australia, Cancer Council Australia (CCA), and as one of the members of the Cancer Council federation we are the beneficiaries of the very best research, techniques and resources in the area of skin cancer awareness. It is probable that these are the best in the world, given the strong Australian leadership in this area. No other body in the ACT is entitled to admission to this federation.

Wright and Cochrane<sup>50</sup> conducted an evaluation of the coverage CCACT's SunSmart activities during 2007-2010. Included in their analysis is the evidence base for sun protection programs as well as the current skin cancer incidence rates.

Wright and Cochrane note that over time ACT residents' desire to tan has been decreasing - a trend also found at the national level.<sup>49</sup> Another encouraging finding was the increased demand for SunSmart services amongst all target groups. The amount of traffic to the CCACT SunSmart website has increased and both participating and non-participating Early Childhood Centres and primary schools reportedly highly value this resource. The number of requests for outdoor workplace information sessions more than doubled during the three-year period examined.

CCACT has engaged with media and the community, successfully working with Canberra Milk and Canberra Raiders to increase awareness of SunSmart throughout the territory. CCACT was able to engage with 90% of survey respondents, resulting in alterations in sun protection policy and practice. More than two-thirds of respondents agreed that the SunSmart service provided by CCACT meets their needs. The findings of Wright and Cochrane's evaluation are evidence of the extensive involvement and expertise of CCACT in the area of skin cancer awareness and its effectiveness.

From their evaluation, Wright and Cochrane identified some key recommendations for the future of the CCACT SunSmart service, including:

- at a minimum, CCACT continues to deliver the SunSmart Programs to its current target groups;
- at a minimum, a full-time equivalent SunSmart Services Coordinator position be maintained within CCACT;
- expansion of a comprehensive SunSmart Program in the ACT be considered for the vulnerable population segments of secondary school students, outdoor workers and older persons; and
- partnership leverage opportunities between ACT Health and CCACT be explored to maximize the value of the current funding relationship. (p.6)

To continue and progress the gains CCACT has made in UVR awareness and education and behavioural change, it is necessary that CCACT is the recipient of external, ongoing funding. Therefore, CCACT presents this recurrent budget initiative proposal to ACT Health, requesting \$84,000 in the first year (2012-13) plus 4% increase each year to continue to provide SunSmart services to the ACT and surrounding community.

CCACT is the only public champion for sun protection and vitamin D deficiency education and awareness in the ACT. With expert knowledge, resources and experience, CCACT is equipped to tackle the problem of skin cancer. If CCACT does not receive ongoing funding for the SunSmart program and a full-time SunSmart Services Coordinator, the investment in the program thus far would be largely lost and there would be the risk of a decline in the

population's knowledge and awareness of SunSmart behaviour and a corresponding increase in skin cancer incidence rates.

While UVR prevention education is a "core activity" for CCACT, the program's continuation has never been secured by a commitment to recurrent funding from the government. At regular intervals, most often annually, CCACT has to reapply to the government for program funding. Not knowing whether or not CCACT will receive the funding to continue the program each year creates problems for managing apparently ongoing relationships in the community and staff retention.

## **Justification for the Proposal**

The severity of the problem of skin cancer in Australia cannot be overstated. A combination of lifestyle factors, predominant skin type and extreme UVR levels has led Australia to have the highest incidence and mortality rate of skin cancer in the world.<sup>8,9,6</sup> Skin cancers account for more than 80% of the cancers diagnosed in the country,<sup>10</sup> and each year skin cancer is responsible for the deaths of over 1,850 Australians - more than the national road toll.<sup>11</sup> Australians are four times more likely to develop a common skin cancer than any other form of cancer, with two out of every three individuals diagnosed with skin cancer before they reach the age of 70<sup>10</sup>.

According to the 2010 ACT Chief Health Officer's report,<sup>12</sup> cancer is the third underlying cause of mortality for residents of the ACT, with 31% of deaths attributable to cancer. More specifically, skin melanoma is the third most common cancer diagnosis overall. The report also highlights ACT's ageing population, stating "cancer will continue to be a leading cause of morbidity and mortality and a major contributor to the total burden of disease in the ACT" (p.12).

Skin cancer carries not only devastating social costs but significant economic costs. Skin cancer costs the Australian health system more to treat than any other form of cancer<sup>13</sup>, with diagnosis and treatment expenditure estimated at approximately \$300 million annually.<sup>14</sup> These costs would have more than likely increased dramatically since last reported approximately 10 years ago. Cancer Council Australia (CCA)<sup>13</sup> points out the significant production losses suffered as a direct result of skin cancer morbidity and mortality. The cost of skin cancer will only escalate due to the increased strain on the health system from Australia's ageing population, as cancer rates generally increase with age.<sup>65</sup> Skin cancer is also one of the few almost totally preventable cancers. The task ahead is to get behavioural change which is what CCACT aims to do.

"No other common cancer is so directly attributable to a single primary, avoidable cause, UV radiation, yet Australia remains the world's skin cancer capital." *Cancer Council Australia*<sup>15</sup> (p.10)

## **A need for intervention**

Skin cancer rates have been increasing since 1970<sup>16</sup>, an indication that the need for strategies to reduce behavioural risk factors and change the population's attitudes towards sun exposure is as high as ever. Australians' sun protection behaviours have improved over time but it is concerning that this has plateaued over the past few years<sup>17</sup>. Many Australians are not following recommendations for UVR protection<sup>6</sup>.

“Given the association between sun protection campaigns and community attitudes and behaviours, a long-term government investment in mass media campaigns is essential to reducing skin cancer incidence and mortality. To reinforce the decreasing trend of adolescents seeking a tan in particular, innovative social marketing and new technology should be utilized.”<sup>17</sup>

## **Do we know what works to deal with the problem?**

The evidence of UVR's devastating effect on health points to a critical need for UVR awareness and education in Australia. It is important that Australians know the risks of both high UVR exposure (chronic skin and eye diseases) and low UVR exposure (vitamin D deficiency, which is associated with rickets and osteoporosis).<sup>33</sup> Australia is renowned for having the most widespread, comprehensive, and effective skin cancer prevention programs in the world.<sup>34</sup>

Across Australia, state and territory Cancer Councils have been operating SunSmart programs for over 20 years. Cancer Councils apply effective and appropriate strategies that are the result of needs analyses and formative research.<sup>15</sup> The effectiveness of public health programs in bringing about behavioural change related to sun protection has been well established. The ability of the individual state and territory Cancer Councils to utilise multiple avenues of approach (e.g., mass media and school policy development) is an advantage they hold over smaller-scale strategies, making them more cost-effective and resulting in longer-lasting behavioural change.<sup>35</sup> SunSmart is a social marketing campaign in that its aim is to improve the health and wellbeing of the community at large by motivating long-term, positive behavioural changes.<sup>36</sup>

Individual Cancer Councils have had difficulty sustaining investments in mass media advertising so their efforts are usually directed to community engagement and 'below the line' social marketing activity, for example, working with schools, early childhood settings, workplaces, local governments, and sport and recreation settings.<sup>13</sup> This has proved to be an effective approach.

The SunSmart program was first implemented in Victoria in 1988 with funding from the Cancer Council Victoria and the Victorian Health Promotion Foundation. The successful program has since expanded across the country, operated by Cancer Councils in all states and territories. SunSmart Victoria provides an excellent summary of the program:

“SunSmart is a multi-faceted program recognised for providing leadership and innovation in ultraviolet radiation (UV) protection. Today the sun protection message has expanded to Slip! Slop! Slap! Seek! Slide! SunSmart seeks to influence individual sun protection behaviours, those with responsibilities for protecting others and broader environmental change. SunSmart also aims to promote and improve the awareness of a balanced approach to UV exposure and the link with vitamin D.”<sup>37</sup>

In other words, SunSmart has successfully addressed all facets of the problem of skin cancer, including environmental and behavioural factors.

CCA has identified and explained why there is such a critical need for strategies to increase UVR exposure education and awareness in the Australian public. In its report, *Skin cancer prevention: A blue chip investment in health*,<sup>13</sup> CCA argues that there is a need to commit to ongoing skin cancer prevention efforts. These efforts must be continually developed to address emerging evidence and new media messages (e.g., concerns about vitamin D deficiency). CCA works in conjunction with state and territory Cancer Councils to implement skin cancer control programs. However, coordinating efforts remains a difficulty due to the inconsistency in funding available in individual states and territories.

### **Evidence of effectiveness**

Examining the trends in morbidity and mortality related to UVR exposure is one way to determine the effectiveness of the SunSmart program. First, there is positive evidence that SunSmart is having an effect on melanoma incidence.

Thursfield and Giles<sup>39</sup> examined melanoma incidence rates in Australia from 1982 to 2004, and saw a gradual increase. However, they found that older age groups (>50 years) were experiencing a slower increase in melanoma cases and that melanoma incidence rates were declining amongst younger age groups (<40 years). CCA notes: "These falling rates in younger age groups (who grew up with the SunSmart message) in a context of increased incidence overall, are consistent with a positive effect of the SunSmart program."<sup>13</sup>(p.15) The number of deaths attributable to melanoma also decreased in younger age groups.<sup>40,41</sup> Second, there is evidence that SunSmart is having a positive effect on non-melanoma skin cancers: Non-melanoma skin cancer incidence rates have not increased among individuals exposed to the SunSmart program early in life.<sup>10</sup> Finally, the SunSmart program encourages earlier detection of skin cancer which leads to better treatment and increased survival rates.<sup>42</sup>

Researchers have utilised the data collected thus far to estimate the effect the SunSmart program has had and the success it will have if there is an ongoing commitment from governments. Shih and colleagues<sup>9</sup> estimate that in Victoria alone SunSmart has averted 28,000 disability adjusted life years (DALYs) (i.e., years of life lost due to premature mortality and time lived in states of less than full health)<sup>43</sup> since it was first introduced in 1988. Generalising from previous findings, an ongoing commitment to a maintainable SunSmart program has the potential to reduce the incidence rates of melanoma skin cancer by 20,000 and non-melanoma skin cancer by a staggering 49,000 over the next 20 years<sup>44,45</sup> as well as avoid losing 122,000 DALYs. The most compelling figure is the 1900 deaths that can be avoided if SunSmart continues.<sup>45</sup> If the SunSmart campaign does not continue at full strength then we are putting those lives at an unnecessary risk.

There is evidence that SunSmart influenced the behavioural changes behind the encouraging trends identified above. Dobbinson and colleagues<sup>25</sup> analysed data collected from nine cross-sectional surveys conducted in Melbourne between 1987, a year prior to the introduction of SunSmart, and 2002 to identify trends in behavioural risk factors for skin cancer. They found that use of sun protection (i.e., hats and sunscreen) significantly increased and the average amount of unprotected skin decreased after the introduction of SunSmart. Even more convincing is that individuals who had higher exposure to SunSmart television advertising prior to an interview had a lower preference for a tan, were more likely to use sun protection and had a lower proportion of unprotected skin. The researchers also found an encouraging negative correlation between sunburn incidence and SunSmart program promotion such that

a significant reduction of sunburn incidence occurred across the majority of survey years compared to the pre-SunSmart baseline. In other words, the number of sunburns that residents of Melbourne were reporting decreased at the same time as SunSmart was introduced, so there is evidence that SunSmart leads to behavioural changes in individuals who protect themselves from UVR damage. A second study conducted by Dixon and colleagues<sup>46</sup> found similar results: ongoing exposure to strategies applied by the SunSmart program is positively correlated with the use of sun protection. Finally, the results of the 2008 ACT Secondary School Alcohol and Drug Survey (ASSAD) show promising trends in the decreasing desire for a tan<sup>47</sup> amongst ACT adolescents.

The findings of these two studies are encouraging, not only because they support the effectiveness of SunSmart, but also because they show that the general population's behaviour and attitudes can be positively influenced and changed to reduce behavioural risk factors for skin cancer.

### **Policy alignment**

The aims and outcomes of SunSmart fit into national priority areas and would help fulfil national objectives. The Australia 2020 Summit final report,<sup>60</sup> the National Chronic Disease Strategy,<sup>61</sup> and the National Service Improvement framework<sup>62</sup> for cancer will be discussed here.

The Australia 2020 Summit report recommends that funding be redirected to prevention strategies to reduce the strain on the health system. It is noted that individuals need to be equipped with the knowledge, opportunity, and ability to adopt positive health behaviours. The ageing population is also addressed in the report: Summit attendees felt that a shift in focus to preventative health would be beneficial for ensuring a healthier older population. SunSmart is a preventative strategy that would address these ideas and concerns.

The National Health Priority Action Council (NHPAC) also recommends plans for action relevant to skin cancer in the National Chronic Disease Strategy and National Service Improvement Framework for cancer. Included in the priority areas for the National Chronic Disease strategy is cancer and one of the key principles of the strategy is to prioritise health promotion and illness prevention. NHPAC advises identifying evidence-based effective interventions that can be implemented on an ongoing basis to reduce risk factors and increase protective factors for chronic diseases (e.g., SunSmart). The National Chronic Disease Strategy includes the following objectives: (1) prevent and/or delay the onset of chronic disease, (2) reduce avoidable hospital admissions and health care procedures, and (3) implement best practice in the prevention, detection and management of chronic disease. The SunSmart program helps prevent and/or delay the onset of skin cancer and therefore can reduce unnecessary strain on the health system. The evidence-based and cost-effective SunSmart program is certainly an excellent prevention strategy.<sup>11</sup>

The National Service Improvement Framework for cancer identifies melanoma and non-melanoma as two of eight priority cancers. This document specifically mentions the establishment of public health strategies and government actions in state and territory plans to increase rates of skin protection from UVR. The National Service Improvement Framework for cancer describes the responsibilities of state and territory governments for chronic disease prevention, and describes how the Cancer Councils "play a role in research, education, programs for prevention and detection, and management." (p.5) The document advocates that governments have a coordinated plan to reduce the most important cancer risks through application of legislation, financial incentives and disincentives and policy.

For skin cancer prevention, the document recommends:

- policies for shade provision in public places;
- safe and affordable skin protection;
- policies in schools, child care centres, and workplaces to support skin protection;
- regular media information programs promoting the value of cancer risk reduction; behaviours; and
- community-based programs.

CCACT, with adequate funding, has the ability to fulfil each of these objectives through its SunSmart program. However, if funding is decreased or ceases there will be no other organisation in the ACT equipped to take CCACT's place in the fight against skin cancer.

### **Cost-benefit analysis**

One of the most cost-effective public health investments available to government is a SunSmart social marketing campaign,<sup>15,45</sup> arguably one of the five most cost-effective impacts on population health.<sup>48</sup> This is attributable to the reduction in melanoma and non-melanoma skin cancer rates that result from wide-spread and comprehensive implementation of the SunSmart program.

SunSmart significantly decreases health system costs and also results in considerable productivity gains from lowered rates of morbidity and mortality. Shih and colleagues<sup>45,48</sup> conducted an economic evaluation of the SunSmart program and concluded that the program results in a 232% net return on investment, or \$2.32 net savings for every dollar spent. The researchers further estimate that in Victoria alone approximately \$90 million in productivity gains has been saved since the introduction of SunSmart. The researchers support an ongoing funding commitment from the government that would be both cost-effective and in line with the health reform agenda.

In sum, we can conclude that SunSmart is having a positive effect on the social and economic cost of skin cancer and it is crucial that the program be continued and developed to maintain its positive effects. CCA notes how the evidence of SunSmart's success "underlines the value of long-term commitment and adequate resources for population-based skin cancer prevention programs<sup>13</sup> ..." (p.13)

### **Risk of not implementing the submission**

The SunSmart program has been operating in the ACT through CCACT with the assistance of serial, non-on-going government funding arrangements for approximately 30 years, and with CCACT fundraising income paying for the unfunded administrative costs of the program. The ongoing funding requested from the ACT Government will also only partly cover the cost of operating SunSmart and CCACT will continue to contribute to the unfunded costs. There are no opportunities to reduce services without impacting on the community as the demand for the service has increased each year.

If skin cancer prevention does not remain a top priority in ACT, the result will be devastating. Without a SunSmart program we run the risk of skin cancer morbidity and mortality rates increasing even further. It is important that SunSmart messages reach new populations, including new parents, school students, and immigrants so that it can continue to provide benefits to the health and wellbeing of our population as well as reduce the strain on our health system. It is also important to develop and continue the program so that the public

understands both the risks (skin cancer) and benefits (Vitamin D) of sun exposure, and to ensure that the issue of vitamin D deficiency does not become a reason for those at high risk of skin cancer to increase their UVR exposure. The Chief Minister and Health Minister has stated that it is unacceptable that the ACT would be the only jurisdiction without a SunSmart program (2011).

“If investment in skin cancer prevention is not maintained, the evidence is clear that there will be a regression in sun protective behaviour and millions of dollars of public health investment will be lost”.<sup>64</sup> *Cancer Council Australia* (p.17)

## Ongoing Outcomes, Outputs and Performance Measures

OUTCOME	OUTPUTS	PERFORMANCE MEASURE
<p>1. <b>Education and awareness in the ACT general community of (a) the importance of sun protective behaviours, and (b) the value of sun exposure as an important source of vitamin D.</b></p>	<p>a. CC ACT web site continues to provide current information for the community on: sun protective behaviours, sun exposure for vitamin D, risk groups for low vitamin D</p>	<p>Increased visits to the website compared to the previous year.</p> <p>Increased distribution of resources sourced on-line.</p> <p>Evidence of review, and update where appropriate.</p>
	<p>b. Raise awareness through use of local media, relevant newsletters, local publications, and presence at community events.</p>	<p>10 media opportunities etc. with reach into the broader community per year</p> <p>10 media opportunities etc. targeting at risk groups per year</p>
	<p>c. Information disseminated to health professionals about sun protective behaviours and value of sun exposure for vitamin D with focus on at risk groups.</p>	<p>ACT GPs, public health centres, hospitals, community centres provided with relevant information including posters, for public display. To coincide with National Skin Cancer Action Week.</p>
	<p>d. Report on reach of education and awareness in the general community.</p>	<p>Each strategy reported on in terms of reach into the community.</p>
	<p>2. <b>Early childhood (EC) and primary school (PS) settings</b></p>	<p>a. Number of PS and EC settings with SunSmart status is maintained or increased.</p>
<p>b. Peak PS and EC bodies are informed of the value in gaining SunSmart status; process involved; seeking their proactive encouragement of EC and PS to participate. Includes DET, Independent Schools, Catholic schools, major child care providers.</p>		<p>Email or letter with information package sent to peak bodies at the beginning of the school year.</p> <p>Evidence of peak body encouraging PS, EC settings to achieve SunSmart status.</p>

	c. Information provided for PS, EC settings.	Email campaigns featuring SunSmart information bi-annually to all PS, EC settings. The first to provide information on changed practices as above.
		SunSmart section of the website is updated in line with current information and resources targeted to EC and PS settings.
		Increase in number of unique visits to the SunSmart EC Program; the National Schools Program; schools and services database; childhood services resource section, and primary school's resource section on the website from previous year.
		The Organisation maintains participation on national working group to ensure national consistency and national standards.
	d. Report on reach into EC and PS settings.	Each strategy is reported on in terms of reach into the community - number of children across each setting.
3. <b>Secondary Schools (SS) and Senior Secondary Colleges (SSC)</b>	a. Sun protection strategies identified as viable through the 2011-12 consultation project are made available to ACT secondary schools / senior secondary colleges.	Implementation of sun protection strategies (policy already in place) in participating secondary schools / senior secondary colleges.
	b. Information provided for SS and SSC settings.	Email campaign featuring sun protection information bi-annually to all SS and SSC settings.
		SunSmart section of the website is updated in line with current information and resources

		targeted to SS and SSC settings.
		Increase in unique visits to the SS / SSC sun protection resources section of the CC website from previous year.
	c. Report on reach into SS / SSC settings.	Each strategy reported on in terms of reach into the community - number of SS / SSC students.
4. <b>Workplace, sporting and community organisations</b>	a. Provision of up to date web based information for workplaces, sporting organisations and other community organisations to increase awareness about occupational UVR exposure, balanced with the importance of sun exposure for Vitamin D.	Report on online visits to web based information, and online requests for information detailing number of workplaces, sporting organisations and other community organisations.
5. <b>Outdoor Workers</b> (proposed changes)	b. Increase/ reinforce awareness amongst the primary and secondary target publics (i.e., entry levels male construction workers employed in Canberra and Educators who teach entry level construction workers in the ACT).	Report on new strategies as recommended in recent and local research into these targets.

## Inter-Agency Impacts and Links

The ACT SunSmart Program has numerous inter agency and organisation links that assist the SunSmart Service Coordinator toward implementing different segments and strategies of the program amongst the variety of settings that have been listed above. These include but are not limited to:

<p>General Awareness- Sun Protection and Vitamin D</p>	<ol style="list-style-type: none"> <li>1. Canberra Community Events and Organisations (e.g., Royal Show, National Science Week, National Multicultural Festival, KidSafe, etc.)</li> <li>2. Local media (Radio, print and TV)</li> <li>3. Canberra Milk (Cartons)</li> <li>4. Capital Pathology (GP resources delivery)</li> <li>5. Bureau of Meteorology UV Alert Working Group</li> <li>6. Australian Radiation Protection Agency and Nuclear safety Agency (ARPANSA)</li> <li>7. State and Territory Cancer Councils and Working Groups</li> <li>8. The Australian College of Dermatologists</li> <li>9. Australia and New Zealand Bone and Mineral Society</li> <li>10. Osteoporosis Australia</li> </ol>
<p>Primary School and Early Childhood</p>	<ol style="list-style-type: none"> <li>1. Canberra Schools with SunSmart status</li> <li>2. Canberra Childhood Service with SunSmart status</li> <li>3. ACT Health</li> <li>4. ETD</li> <li>5. Health Organisations (i.e., Diabetes ACT and Heart Foundation)</li> <li>6. Communities Organisations and Private Companies</li> </ol>
<p>Secondary Schools and Colleges</p>	<ol style="list-style-type: none"> <li>1. ACT school health nurse</li> <li>2. Support from 8 secondary schools</li> <li>3. ETD</li> </ol>
<p>Workplace and Community Organisations</p>	<ol style="list-style-type: none"> <li>1. Numerous local workplaces and Gov Depts</li> <li>2. ACTEWAgI</li> <li>3. OzHelp</li> <li>4. Worksafe ACT</li> <li>5. Community Organisations (i.e., Tennis ACT)</li> </ol>

	and Canberra Raiders)
Outdoor Workers (proposed changes to strategies)	<ol style="list-style-type: none"> <li>1. Masters Builders Association</li> <li>2. CITEA</li> <li>3. CIT</li> </ol>

### **Costings**

The costings for SunSmart have been based on audited Income & Expenditure reports for previous years. A copy of the audited 2009/10 Income & Expenditure Report and the unaudited Income and Expenditure Report for 2010/11 is attached, and also a budget for 2011/12. An increase of 4% has been added to the costing for each financial year following.

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## ATTACHMENT 2

### FINANCIAL REPORT TEMPLATE

Project Name: Variation of Provision of Chronic Disease Prevention Services C09061

Funded Organisation: The Cancer Council ACT

Financial summary of budgeted and actual expenditure of Australian Capital Territory  
funding represented by ACT Health:

Financial Report – Agreement Period 12 months
<b>Australian Capital Territory Funding (represented by ACT Health)</b> <b>Total Funding being Acquitted (GST Excl) = \$97,516</b>

Items	Budget (GST Excl)	Expenditure to date (GST excl)	Comments
Advertising/Promotion	\$6,000	\$1,318	Savings made to offset some of Evaluation costs
Evaluation	\$10,000	\$20,000	Cost changed to \$20k by ACT Health
Client Resources	\$2,000	\$944	Savings made to offset some of Evaluation costs
Hire Venues	CCACT to pay		
Local Travel Expenses	CCACT to pay		
Major interstate meetings	CCACT to pay		
Postage	CCACT to pay		
Printing	CCACT to pay		
Professional Development	CCACT to pay		
Rent	CCACT to pay		
Stationery	CCACT to pay		
Telephone/fax	CCACT to pay		
Utilities	CCACT to pay		
Salaries & Oncosts	\$79,516	\$79,910	
Management & Shared Administration costs	CCACT to pay		
	97,516	102,172	Extra expenditure funded by CCACT fundraising revenue

<b>Total Project Budget (GST exc):</b>	97,516
<b>Total Project Expenditure (GST Excl):</b>	102,172
<b>Balance of Funds</b>	Nil remaining
<b>Balance of Funds % Variance</b>	5%



**ACT  
Health**

### 2009/10 ACQUITTAL

This section provides legal support for the acquittal as coming from the whole organisation. Please note that if you are auspiced by another organisation, you will need to obtain signatures from that agency.

Declaration by CEO (or equivalent) of funded organisation or of auspicing agency

I Joanne Grant (name) of The Cancer Council ACT (organisation) hereby certify that the grant of \$ 79,000 (excluding GST) has been expended for the project titled SunSmart for the purpose(s) for which it was approved.

I have completed the financial summary sheet (overleaf) detailing the expenditure of the grant funds.

I have attached a copy of the organisation's audited financial statements. The financial statements have been audited by a registered certified public accountant.

**OR (if audited financial statements are not available at the time of acquittal)**

I will forward a copy of the organisation's audited financial statements by 15/10/10.

I am aware that:

1. Action may be taken to recover any grant payment made where the grant received is not used entirely for the purpose(s) for which it was approved.
2. Any unspent funds from the grant payment at 30th June 2010 must be returned to ACT Health Promotion Grants unless alternate arrangements have been made with ACT Health Promotion Grants.

*Joanne Grant*  
Signature

JOANNE GRANT  
Printed Name

The Cancer Council ACT  
Organisation

Manager of Corporate Services  
(caretaker CEO)  
Position in organisation

7/9/10  
Date

\_\_\_\_\_  
Signature from Auspicing Agency  
(if applicable)

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Auspicing Agency (if applicable)

\_\_\_\_\_  
Position in Auspicing Agency (if applicable)

\_\_\_\_\_  
Date

Please mail your completed acquittal form, financial summary sheet and financial statements to us by COB **Tuesday 30<sup>th</sup> September 2010** or by COB **31 July 2010** for interim reporting under multi-year funding. **Note:** Fax or email copies will not be accepted.

Postal address: ACT Health Promotion Grants  
GPO Box 825  
Canberra City ACT 2601

## FINANCIAL SUMMARY SHEET

Funding Round (2009/10)

Project Name: \_\_\_SUNSMART\_\_\_\_\_

Funded Organisation: \_\_\_The Cancer Council ACT\_\_\_\_\_

Financial summary of **budgeted** and **actual** expenditure of ACT Health Promotion Grant\*:

2009/10			
ACT Health Promotion Grants Income <i>(as stated in original letter of offer)</i>		\$	
ACT Health Promotion Grants <u>Budgeted</u> Expenditure		ACT Health Promotion Grants <u>Actual</u> Expenditure as at completion of project	
	Items (eg salaries/wages, superannuation, admin costs, project materials/resources, marketing, etc)		Items (eg salaries/wages, superannuation, admin costs, project materials/resources, marketing, etc)
\$62,402	Salaries & Wages	\$58,634	Salaries 0.82 FTE, (0.18 paid by CCACT)
\$5,616	Superannuation	\$5,047	0.8 FTE Superannuation
\$5,408	Promotional Materials & Client Resources	\$4,089	Promotional Materials & Client Resources
\$2,163	Professional Development	\$2,555	Professional Development
\$2,166	Admin Costs	\$7,622	Audit \$550, travel to presentations \$525, stationery & photocopying \$2,219, telephone \$1,661, postage \$2,667
\$1,245	Workers' Compensation	\$1,053	0.8 FTE Workers' Compensation
\$		\$	
Total Budgeted Expenditure \$79,000		Total Actual Expenditure \$79,000	

Total of unspent ACT Health Promotion Grants funds: nil

NB: All Management, Administration staff and Occupancy costs contributed by CCACT.

**\* Note: from this financial summary, we want to be able to identify how only the ACT Health Promotion Grants funding was spent, ie if your project had other sources of funding, please do not include these figures.**

**THE CANCER COUNCIL ACT  
FUNDING REQUIRED FOR GRANT SUBMISSION - SUNSMART**

**Financial Year Ending  
30 June 2013  
\$ (GST-excl)**

**ACT Health Funding**

<i>Staffing Costs &amp; Oncosts (4 days a week Coordinator)</i>	68,748
<b>Add</b>	
Materials (Sunsmart training manuals, posters, etc)	3,000
Advertising/Promotion	3,000
Hire venues	2,000
Postage, stationery & telephone	7,000
Local travel kms	500
	<hr/>
<b>TOTAL FUNDING REQUESTED (GST-excl)</b>	<b>84,248</b>
	<hr/> <hr/>

**To be funded by CCACT Fundraising**

Audit (12% of total for CCACT)	1,600
Cancer Council interstate Sunsmart meetings	500
Insurance (incl Public Liability) (12% of total)	3,600
Professional Development	1,000
Rent & Outgoings (12% of CCACT total)	14,000
Utilities (12% of CCACT total)	2,000
Wages & oncosts (1 day a week Coordinator)	16,526
<i>Total Sunsmart Administration Overheads</i>	39,226
Management Salaries & Oncosts & other admin expenses (12% of total)	40,000
Materials, Client Resources, etc	
	<hr/>
<b>Total</b>	<b>79,226</b>
	<hr/> <hr/>
<b>TOTAL COST OF SUNSMART PROGRAM</b>	<b>163,474</b>
	<hr/> <hr/>

**NOT included (in kind):**

Pro-rata value of overhead costs for the CCACT administration and fundraising functions which in turn provide administrative support and fundraising funding to the Sunsmart program