

The Cancer Council ACT
Annual Report

2001–2002



Information

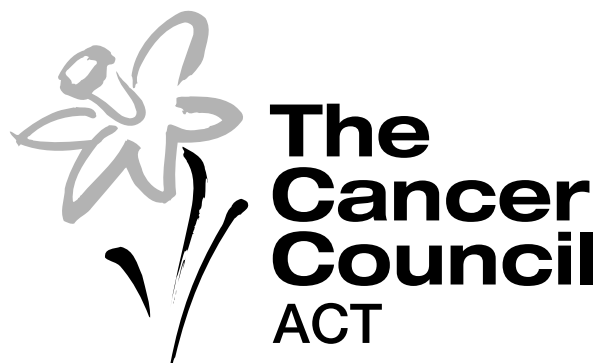
Education

Support

Research

**The Cancer Council ACT
Annual Report**

2001–2002



Acknowledgment

The Cancer Council ACT would like to thank Hilary Wardhaugh for her generosity in providing the photographs of staff and board members for this report.

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About This Annual Report

This annual report provides details of The Cancer Council Act Inc activities, initiatives and achievements for the financial year ended 30 June 2002.

Approximately 500 copies of this comprehensive review are printed and provided to key stakeholders within Australia and overseas, including other state and territory cancer organisations, government, council members, and other interested parties.

The report is the major publication produced by The Council each year. It is used to provide readers with information about The Council’s performance during the year and indicate direction for the coming year.

The Cancer Council ACT aims to make this report an accurate, informative and easy to read document. Your feedback and suggestions for improvement are welcome. If you have any comments, please contact The Cancer Council ACT.

The Cancer Council ACT



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Working in the Australian Capital Territory to reduce the incidence and impact of Cancer

The Australian Capital Territory

Memberships

The Cancer Council ACT, together with other member organisations in each state and territory, is a member of The Cancer Council Australia.

Through this membership The Cancer Council ACT is a member of the Asian and Pacific Federation of Organisations for Cancer Research and Control; the International Non-Governmental Coalition Against Cancer; and the International Union For Health Promotion and Education.

The Cancer Council ACT is also a member of the International Union against Cancer (UICC). The UICC is an international non-governmental association of more than 290 organisations in 90 countries. Its objectives are to advance scientific and medical knowledge in research, diagnosis, treatment and prevention of cancer, and to promote all other aspects of the campaign against cancer throughout the world.

Vision

To promote a healthier community by reduction of the incidence and impact of cancer in the Canberra area through information, education, support and research.

Values

The Cancer Council ACT values:

- ▶ the principles of the Ottawa Charter (see page 37)
- ▶ provision of quality programs and services
- ▶ working within an evidence-based paradigm
- ▶ working within a 'community/ environmental/ecological' approach rather than an 'individual' or 'biomedical' approach.
- ▶ ensuring accessibility of services
- ▶ maintaining professional standards

Goals

Prevention and early detection

Macro Goal 1 For people in the ACT to experience a reduction in the incidence of preventable cancers and an increase in the early detection of cancers.

Micro Goals

- 1.A) For people in the ACT to be aware of the need to use cancer prevention strategies and be motivated to take responsibility for changing their behaviour.
- 2.B) For people in the ACT to be supported to practise healthy behaviours by appropriate legislation and public policy.
- 3.C) For related service providers to understand, encourage and support healthy behaviours.
- 4.D) For employers, families and communities to understand and support cancer preventing behaviours.
- 5.E) For health practitioners and allied health providers to use evidence based practices in supporting individuals to achieve healthy behaviours.

Cancer information and supportive care

Macro Goal 2 For people in the ACT affected by a cancer diagnosis to have the negative impact of cancer minimised.

Micro Goals

- 2.A) For cancer patients and their families to have sufficient information and skill to reduce anxiety and have a satisfactory level of control during their cancer experience.
- 2.B) For cancer patients to have the negative impact of cancer minimised by legislation and public policy.

- 2.C) For cancer patients to have access to adequate medical services which are coordinated and networked in an appropriate manner.
- 2.D) For cancer patients and their families to be aware of and able to access relevant community services and supports.
- 2.E) For health professionals and other service providers to use an evidenced based approach in serving cancer patients.

Enabling goals

- Goal 3** For the organisation to raise sufficient funds to fulfil its plans.
- Goal 4** For the members/stakeholders to be satisfied that the Board of Directors of The Cancer Council ACT is governing well.
- Goal 5** For the Board to be satisfied that the organisation is being managed so that it fulfils the current strategic plan.



Key Achievements

2001–2002



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Reducing the incidence of cancer

One third to one half of all cancer can be prevented through lifestyle change and early detection. The Cancer Council's achievements in this area in 2001–2002 included:

- ▶ **The Adult Smoking Cessation Service reached 2221 adults in the ACT community. This compares to 2088 in 2000–2001 and 2033 in 1999–2000.**
- ▶ An evaluation of the service this year showed that of 74 course participants contacted **6 months after completing a quit course, 32 or 43% were still quit. This is an excellent result compared to the national average quit rate of 30%.**
- ▶ **TCCACT provided three courses for the ACT Aboriginal Health Service, Winnunga Nimmityjah, staff and clients achieving an overall quit rate of 30%.**

At the Summerhats Car Festival in January 2001 and 2002 data was recorded regarding the types of hats worn at specified times during the day for 10 minute periods using a 'snap shot' survey. Hat wearing increased over the three-day event. On the Sunday of the event, **31% of those surveyed were wearing a broad-brimmed hat (12% in 2001) and only 20% were not wearing a hat (40% in 2001). 49% wore baseball caps.**

One in ten (n=46) original participants in an outdoor worker SunSmart education course were randomly selected to complete a 3-month follow-up survey to determine behaviour change. The survey indicated that as a result of the skin cancer session and as self-reported by participants:

- ▶ 51% of respondents now wear hats more often. 88% wear a hat every day.
- ▶ 68% wear sunscreen more often. 76% wear sunscreen most days.
- ▶ 49% wear sunglasses more often. 100% of respondents now wear sunglasses daily.

- ▶ 39% now wear collared shirts (they did not before the session), 36% now wear long-sleeved shirts, and 34% now wear long pants.
- ▶ Early detection behaviour increased, 23% of respondents visited a doctor/skin specialist for diagnosis, 30% of these required treatment.

Reducing the impact of cancer

There were 1203 contacts made to the Cancer Information Service. Based on 1998 data, we could predict that about 914 people would have been diagnosed with cancer in the ACT in the last year. Evidence suggests that for each person receiving a diagnosis there will be an average of 2 persons affected to the extent they will seek information. From this information, it is estimated that the Cancer Information Service reached 44% of those people affected by a diagnosis of cancer this year. This figure compares well with national data which was made available about two years ago. We have not been able to find any more current data.

The Cancer Council ACT's support services were accessed by 1073 people. It is estimated that over 500,000 people in Australia were living with cancer (patients and carers) last year (*The Cancer Council Australia, 2001*). Based on this estimate, approximately 7900 people in the ACT were living with cancer. Thus, approximately 14% of people living with cancer in the ACT accessed the Cancer Support Service this year. There is also no national data available to compare this number to, however The Cancer Council Victoria estimates their Cancer Support Services reached about 16% of those affected.

Enabling goals: fundraising and administration

Revenue raised through special events alone has grown from a total of \$301,902 in 1998–1999 to \$603,249 in 2001–2002, this is a **99.48% increase in 3 years.**

The Shop achieved a net profit of \$45,597.69. This is an increase of \$32,197.69 on the previous financial year.

President's Report

In 2001–2002 The Cancer Council ACT continued to work toward its primary goals of reducing the incidence and impact of cancer in the ACT community. Cancer continues to be a leading cause of morbidity and mortality in Australia, responsible for almost 34,000 deaths each year. According to 1999 data, the ACT had the lowest rates of cancer deaths in the country, a standardised mortality rate of 160 deaths per 100,000. Overall the lifetime risk of developing cancer for people in the ACT is 1 in 3 for men and 1 in 4 for women.

According to John Sefferin of the UICC "Today, cancer is potentially the most preventable and most curable of the major life-threatening diseases facing humankind." This year The Council's efforts to reduce the incidence of cancer in the ACT focused on people identified by The Cancer Council Australia as experiencing specific inequalities in health status. The major preventable risk factors addressed by our cancer prevention and early detection service were tobacco use, sun exposure, nutrition and physical activity, which have been shown to be important determinants of several cancers.

The impact of cancer on families in the ACT is much more difficult to quantify. However, data shows the services The Council provides for those affected by cancer are accessed by a significant proportion of those affected (both newly diagnosed patients, cancer survivors, and their carers). The number of client contacts to both the prevention and early detection and the information and supportive care services have continued to increase over the past three years, suggesting these services are meeting an important need in the community.

The Board reviewed and further developed the Strategic Plan ensuring that it is a "living document". The new Board members should receive a copy at their first meeting.

As last year's report stated, the Board has been interested in building a new home in a central location. However, we are determined to proceed



Kevin White, President

cautiously and not commit to a large project without being very sure that we could achieve our end and not compromise The Council or our service delivery.

There is certainly reason to be optimistic about our chances of doing this increasing, as since the year 1999–2000, The Council has increased its combined funds for special events and donations by nearly 50%.

I would like to thank my fellow Board members for their support and their work on governance issues during the year. In particular, I would like to thank my predecessor as President, Ms Lyla Rogan, and also Mr Chris Soutter, Treasurer. Mr Soutter will leave the Board at the AGM in September.

I would also like to thank the staff and Ms Joan Bartlett for their contribution to The Council's outcomes over the past twelve months.

Finally, I would like to offer my thanks to those who have supported us in other ways, for example our funding bodies and our sponsors. I want to specially thank the volunteers without whom we could not run some of our services and almost certainly not raise the significant funds that we do.

Kevin White



Treasurer's Report



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The Cancer Council ACT produced a net profit of approximately \$147,000 for the 2002 financial year. This has resulted in an increase in member funds from \$797,000 in 2001 to \$944,000 at 30 June 2002.

Our revenue generated for 2002 was approximately \$1.5 million of which \$600,000 was contributed from special events. This highlights the continuing growth of revenue from special events, now representing approximately 40% of gross revenues compared with 25% of revenues in the 2000 financial year.

The sales at The Cancer Council Shop at Westfield Belconnen remained steady for 2002 at approximately \$350,000. With concentrated efforts to improve shop gross profit margin, we achieved an increase from 36% in 2001 to 54% in 2002. This improvement resulted in a net profit from the shop of approximately \$50,000, further enhancing The Cancer Council ACT's ability to fund its overall objectives.

The Executive Officer and team at The Cancer Council ACT have achieved a sound financial outcome for 2002 and are commended for their efforts. The financial strength of The Cancer Council ACT enables continued commitment to our overall objectives and goals of reducing the incidence and impact of cancer.

Chris Soutter



Chris Soutter, Treasurer



Executive Officer's Report

The year 2001–2002 has been a pleasing one with progress made in all areas of our work.

The Cancer Council ACT has two main goals in the ACT the first is to reduce the incidence of cancer and the second is to reduce the impact of cancer.

Below I have listed some of the successful work we have done in these areas.

Reducing the incidence of cancer through prevention and early detection

One of the challenges we face is in measuring the outcomes of our work. It is almost impossible to measure the long-term outcomes and attribute to us our role in achieving them. We need to focus on short-term outcomes. Last year we cited as one of our future directions:

To develop strategies and instruments to allow us to measure the change made in behaviour, attitudes and values of education and health promotion sponsorship participants in relation to the four preventable risk factors.

One of the activities we undertook to do this was to educate outdoor workers. With one of these groups we undertook an evaluation of our efforts to implement behaviour change. The results, (details are to be found in the Prevention and Early Detection Program report) shows that The Council had been successful.

The Council continues to demonstrate success, comparable to or exceeding the national level of success in its adult quit smoking program.

The directions for the Prevention and Early Detection program in 2002–2003 will involve increasing our concentration on the areas of nutrition and physical activity as risk factors for cancer. Another area which we will work to develop, is that of adult quit smoking. With more resourcing we know we could increase our success in this area.



Joan Bartlett, Executive Officer

Reducing the impact of cancer through information and other supportive care services

In our other major area, Cancer Information and Supportive Care Services, we have maintained the services already in place at a high standard but also expanded on these.

The Cancer Council ACT opened a second site for its Wig Service in our Kaleen office in early 2002 to cater for clients from the newly opened Calvary oncology unit. This site also services others from the northside and those who find the longer opening hours convenient.

We have also begun what will be quite a thorough investigation of the supportive care needs of people in the ACT affected by cancer. The initiation of this project was made possible by an "Increasing Community Capacity" Grant from the Department of Health and Community Service for which The Cancer Council ACT is very grateful.

The results of this research activity will come in during the next year and I look forward to reporting on these, and the response The Council makes, in next year's annual report.





Fundraising and Business Development

Our fundraising efforts this year have yielded truly outstanding results. The combined income from donations and special events, without bequests, this year was \$689,188. This is a 48.5% increase from 1999–2000.

I would like to pay tribute to the generosity of Miss Edith (Peg) Worrall who left The Council a large and much appreciated bequest of \$78,304. We have ensured that these funds have been retained as equity so that if we are lucky enough to be able to build in the future these funds would be available.

Like many other community organisations this year we had considerable anxiety about the future of our events given the nation-wide crisis in obtaining/affording full public liability insurance cover. After a nail-biting lead-up to Relay For Life, and a great deal of assistance from some wonderful people, we were pleased to receive comprehensive coverage just in time.

Major Consultations

Every year The Cancer Council takes part in a number of surveys and consultations. This year, among others, Cancer Council ACT staff participated in:

- The *Living With Cancer Conference*. This was the third of these conferences held annually and its purpose was to ask the community, represented nationally, to provide advice on policy directions in relation to cancer support issues. There will be practical follow up from this conference.
- The ACT Summit took place in February and involved participants from across the community. The next step following the Summit and incorporating its results will be the development of an ACT Health Action Plan.
- A major consultation aimed at improving cancer care in Australia the results of which are not yet available for citation but which I will report on next year.
- Workshops aimed at increasing the numbers of people who take part in Clinical Trials.

Thank-you

No year can end properly without the opportunity being taken to thank all those who helped us achieve our results.

Thanks are due to our major funding bodies, The ACT Department of Health and Community Care and Healthpact. We are especially grateful to the Snow Foundation for continuing their annual funding of the Wig Service.

I would like to thank our sponsors who enable us to run such successful events by providing goods, services and funding.

Of course I would also like to thank the wonderful volunteers without whom our work could not be done.

My personal and sincere thanks goes to my loyal and supportive staff. There has been much progressive work done this year and I look forward to more of the same over the next years.

Thank you to the Board members who, as volunteers, take on a great deal of responsibility to govern this organisation so effectively.

Finally, to all the community members who use our services and support us through our special events, thank you so much — we couldn't do it without you.

Joan Bartlett

The Cancer Prevention and Early Detection Program

The Cancer Prevention and Early Detection Service aims to reduce the incidence of cancer in the ACT through educating people to adopt lifestyle changes, which will decrease their cancer risk.

Current research suggests that up to one half of cancer cases can be prevented if risk-taking behaviors, such as smoking, are changed early or never begun. In 2001–2002 The Cancer Council ACT aimed to raise awareness of the four key cancer prevention messages outlined in the *National Cancer Prevention Policy 2001–2003*: protecting oneself from the sun, reducing or quitting smoking, eating a healthy diet, and being physically active.

- ▶ Prevention education was offered this year through three main services:
- ▶ The Adult Smoking Cessation Service
- ▶ The Community Cancer Prevention Service
- ▶ The Youth Anti Tobacco Service



**Lindy Butcher-Hawkins, Manager,
Education Services**

The Adult Smoking Cessation Service

The Adult Smoking Cessation Service aims to educate and support adults who wish to quit smoking, and to prevent other adults from taking up smoking.

The ACT Department of Health and Community Care provides a proportion of the funding for this service which achieves its aims through two main methods courses and a telephone information and support service, the Quitline.

Courses are delivered both to homogenous groups eg workers in specific workplaces and to heterogeneous groups from a chosen site such as the TCCA office or a local high school to participants drawn from the whole community. Courses are also provided on a one to one basis at the Kaleen office.

In order to develop workplace interest in having a full course delivered to their staff The Cancer Council ACT provides short awareness sessions about our service and we call these sessions "Seminars". These seminars alone can prompt changes in smoking behaviours.



Patricia Jones, Adult Quit Coordinator





The number of adults in the ACT community reached by this service has increased steadily over the past three years. **In the 2001–2002 year the Adult Smoking Cessation Service reached 2221 adults in the ACT community. This is an excellent result compared to 2088 in 2000–2001 and 2033 in 1999–2000.**

An evaluation of the service this year showed that of a sample of 74 course participants contacted **6 months after completing a quit course, 32 or 43% were still quit. This is an excellent result compared to the national average quit rate of 30%.**

Specific Inequalities Addressed

This year there has been a strong focus on groups identified by The Cancer Council Australia as experiencing “specific inequalities” in health status compared to the average Australian. The groups included low-income earners, people with a mental illness, young people and Aboriginal and Torres Strait Islander peoples.

The Cancer Council ACT (TCCACT) was invited by the Winnunga Nimmityjah Aboriginal Health Service to provide education and support around smoking cessation. Winnunga received funding from Healthpact to provide courses and nicotine replacement free of charge to clients. TCCACT provided three courses for Winnunga staff and clients achieving an overall quit rate of 30%. The partnership will continue in the 2002–2003 financial year.

Sustainable Community Based Approach

In a new initiative, the service has been targeting health professionals and student leaders with education sessions, to provide them with the information and skills to support people who wish to quit smoking.

It is expected that this approach will result in a more effective use of staff resources, reach more clients, and result in a more sustainable community based approach to smoking cessation education. To date, these sessions have been provided to a number of drug and alcohol workers, teachers, maternal and child health nurses, student leaders at the ANU and cadet leaders at ADFA.

Number of Client Contacts for:

	2001–2002		2000–2001	
	Courses	Contacts	Courses	Contacts
Workplace	9	204	8	146
Community	13	316	9	337
Tertiary	1	30	0	
Individual	16	32	7	23
Seminars	16	170		137
Quitline calls		1469		1255
Total		2221		1898

The Community Cancer Prevention and Early Detection Service

The Cancer Prevention and Early Detection Service promotes the adoption of cancer prevention behaviors and participation in early detection programs. The program focuses on the four key cancer risk factors outlined in the *National Cancer Prevention Policy 2000–2003*: tobacco, ultraviolet radiation, nutrition and physical activity. Cancer prevention information, awareness and education is provided through:

- ▶ Partnerships in Healthpact Health Promotion Sponsorships
- ▶ “SunSmart” Community Education Program, including the National “SunSmart” Schools Program



Roz Lemon, Cancer Prevention Officer

Partnerships in Healthpact Sponsorships

The Cancer Council ACT accepted a number of "Partnerships" in Healthpact "Sponsorships" this year. Healthpact is the government funded health promotion body in the ACT. Healthpact provides financial support, "sponsorship", to selected community organisations each year. The Cancer Council ACT accepts the role of "Partner" in some sponsorships. Healthpact provides about 50% of the funding to support The Cancer Council ACT give its expertise in the area of cancer prevention and to support the sponsored organisation to undertake health promotion activities.

All sponsorships undertaken by The Council aim to increase the awareness of the four preventable risk factors with primary emphasis to date on tobacco use and ultraviolet radiation exposure. The long-term goal of the health promotion sponsorships is behavioural change in relation to the risk factors, but also to shape attitudes and beliefs, so that the community itself becomes educators in relation to cancer prevention. Another objective is to provide an impetus for structural change within the organisation and events through the development, implementation and promotion of relevant policies.

In 2001–2002 Healthpact provided The Cancer Council ACT with funding to promote the "SunSmart" and "Smokefree" messages in partnership with the eleven community organisations which are listed later.

A major component of these sponsorship partnerships was promotion of the SunSmart and SmokeFree message through the sporting organisations' programs in ACT Primary Schools. During clinics held at the schools the "Sporting Development Officers", who are athletes and staff from the organisation specially trained by Cancer Council ACT staff, educate the students about the dangers of smoking and exposure to the sun. The Development Officers also act as role models for the "SunSmart" and "SmokeFree" messages.

Sponsorship also provides an opportunity for the four key cancer prevention messages to be promoted through education, public announcements, signage, reusable giveaways and key participants modelling healthy behaviours.

In the 2001–2002 financial year, the following organisations/groups/events received Healthpact funding to bring about awareness and education in cancer preventing behaviours.

- ▶ Tennis ACT
- ▶ Triathlon ACT
- ▶ ACT Orienteering
- ▶ Street Machine Services (Summernats)
- ▶ Sailability
- ▶ Health & PE Week
- ▶ Canberra Capitals (Basketball Canberra)
- ▶ Soccer Canberra
- ▶ Royal National Capital Agricultural Society (The Royal Canberra Show)
- ▶ Rapid Moves Performance Group
- ▶ Canberra Youth Music

The Summernats and the Royal Canberra Show involved audiences of well over 110,000 and 140,000 respectively. In conjunction with The National Heart Foundation (ACT Division) The Cancer Council ACT was honoured to accept the 2002 award for the "Best Community/Non-Profit Organisation Display.

The National Capital Balloon Club received funding from Healthpact to use the SunSmart/SmokeFree Hot Air Balloon in conjunction with our Healthpact funded activities.

Awareness raising is an important component of The Cancer Council's health promotion efforts in our aim of creating behavioural change.

At the Triathlon ACT in January 2002 the majority of participants surveyed had a clear understanding of the "SunSmart" message and 96% thought it a very important message. The majority of participants had noticed the "SunSmart" message being promoted through the SunSmart tent, provision of free sunscreen, announcements, officials role modelling SunSmart behaviour and signage. The race was held outside the peak UV time of day and the registration and finish points were held under the shade.

Of course, any change in behaviour in the areas of sun protection and smoking is difficult to evaluate as significant change will not be seen for some years. The current research method applied is to survey people's self-reported behaviour or to take 'snap shot' records of behaviour at sponsored events. For example, at the Triathlon race respondents reported that: 98% use sunscreen; 75% wear a SunSmart hat; 64% wear protective





clothing; and 34% avoid peak UV time. These self-report sun protection behaviours can be compared in future years.

At the Summernats Car Festival in January 2001 and 2002 data was recorded regarding the types of hats worn at particular times during the day for 10 minute periods using a 'snap shot' survey. Comparing the results over the two years has provided positive results. For example, hat wearing increased over the three-day event. On the Sunday of the event, 31% of those survey were wearing a broad-brimmed hat (12% were at the same time in 2001) and only 20% were not wearing a hat (40% in 2001). The remaining 49% wore baseball caps. As a result of this evaluation, future education strategies will focus on reminding attendees that baseball caps provide only limited protection.

SunSmart Community Education Service

Over 3,500 people in the ACT and surrounding regions attended a skin cancer education session provided by the SunSmart Community Education Service.

Setting	Number of attendees
WORKPLACE	
a) Outdoor workers	623
b) Indoor workers	114
SCHOOL	
a) Primary	1,981
b) High School/College	339
OTHER	
a) Mothers Groups	34
b) General	416
TOTAL	3,507

Outdoor Worker Program

The Cancer Council ACT has been targeting outdoor workers in the delivery of education about skin cancer prevention, in order to increase their daily sun protection and early detection behaviours. A total of 623 outdoor workers, across 26 work sites attended an education session in the last year. A large proportion of the Program involved employees of Urban Services (a Department within the ACT Government) as Urban Services contracted The Cancer Council to undertake a comprehensive skin cancer education campaign which was evaluated.



Roz Lemon speaking to forestry workers through Urban Services, Skin Cancer Prevention Campaign, December 2001.

During late 2001, 29 sessions, of 45 minutes each, were provided to 456 outdoor workers within Urban Services. The majority of attendees were male, blue-collar workers, and their outdoor occupations included parking inspectors, rangers, gardeners, and forestry workers. Sessions provided a forum for workplace managers, OH&S representatives and Cancer Council staff to reinforce the importance of existing sun protection policies, while providing the opportunity to discuss new strategies to minimise ultraviolet exposure.

The skin cancer awareness sessions provided attendees an opportunity to view external and internal body parts, borrowed from the morgue that had been affected by skin cancer. 20% of attendees indicated they had already had at least one skin cancer removed and most were willing to share their experience with the group.

One in ten (n=46) original participants were randomly selected to complete a 3-month follow-up survey to determine behaviour change. The survey indicated that as a result of the skin cancer session:

- ▶ 51% of respondents now wear hats more often. 88% wear a hat every day.
- ▶ 68% wear sunscreen more often. 76% wear sunscreen most days.
- ▶ 49% wear sunglasses more often. 100% of respondents now wear sunglasses daily.
- ▶ 39% now wear collared shirts (they did not before the session), 36% now wear long-sleeved shirts, and 34% now wear long pants.
- ▶ Early detection behaviour increased. 23% of respondents visited a doctor/skin specialist for diagnosis, 30% of these required treatment.

The findings of the project were recently presented at the National Health Promotion Conference in

June 2002. The project has been nominated for "Best OHS Training Program" in the ACT Occupational Health and Safety Council Awards 2002.

National SunSmart Schools Program

The Cancer Prevention and Early Detection Service has been working with ACT primary schools to enable them to become accredited as a SunSmart School under the National SunSmart Schools Program. An accredited SunSmart School has a comprehensive sun protection policy meeting minimum standards relating to behaviour, curriculum and the environment. Components of the policy include the wearing of sun protective hats outside during Term One and Four, rescheduling outdoor activities to avoid the peak UV time of 11am–3pm, incorporating SunSmart information into the curriculum and providing adequate shaded space. Currently, 25 ACT Schools are accredited SunSmart Schools.

The Youth Anti-Tobacco Education Service

The Youth Anti-Tobacco Education Service aims to reduce the morbidity and mortality associated with smoking, by preventing or reducing the uptake of smoking in adolescents in the ACT. The target age group for this service is year 7 students as this age has been shown to have the most substantial smoking uptake relative to other years.

In the 2001–2002 financial year the service focused on provision of the "Smarter Than Smoking" program in Calwell High and its feeder primary schools, the school "cluster".



Catherine Moyle, Youth Anti-Tobacco Officer

The project was initially designed to be undertaken over a three year period, however in 2001 the ACT Government allocated significant funding for a Youth Smoking Prevention Strategy, a four year project aimed at preventing smoking uptake in youth. Thus, because the "Smarter than Smoking" strategies would be undertaken on a much larger scale, The Council made the decision to end the "Smarter than Smoking" program at the end of the 2001–2002 financial year.

In the 2001–2002 financial year the following outcomes were achieved in the Calwell High School cluster:

- ▶ Peer leaders and "health crew" representatives were trained in providing anti tobacco techniques. These students then participated in transition programs with students from the four feeder primary schools.
- ▶ Through a consultative process between The Cancer Council staff and health promotion/welfare staff at Calwell High, the school was successful in receiving a second consecutive year of funding for health promotion activities from **Healthpact**.
- ▶ The cluster of five schools successfully planned, implemented and evaluated a drug summit focusing on three health issues: tobacco use among minors, drugs and alcohol and "Party Safely".
- ▶ An audit and re-orientation of the health curriculum was undertaken resulting in a greater emphasis being placed on tobacco and other legal drugs. "Smarter than Smoking" resources were distributed to complement existing curriculum.
- ▶ School celebrations and an educational program for National Youth Tobacco Free Day were organised (10th April, 2002).
- ▶ Smoking cessation awareness raising and education was delivered to students who wished to quit smoking.

In addition to community development activities undertaken at Calwell High School, a range of other anti tobacco activities were undertaken including:

- ▶ The Cancer Council ACT was represented at the National Youth Tobacco Free Day with the Youth Anti Tobacco Officer participating in the planning, organising and evaluation of the day.





- ▶ The Cancer Prevention and Early Detection Service was heavily involved in the pilot of MacKillop Catholic College's smoking prevention curriculum.
- ▶ The Youth Anti Tobacco Officer has been involved in the development and/or presentation at drug summits and health fairs in fifteen different schools in the ACT.
- ▶ Smoking cessation programs were offered in two other schools, Canberra High and Mackillop Catholic College.

Future Directions for the Cancer Prevention and Early Detection Program

- ▶ To undertake a three year project beginning in July 2002–2003 focusing on preventing smoking uptake in the female adolescent population. The project aims to address the increasing uptake of smoking in females through a targeted stress management and social resistance skills training program
- ▶ To improve on strategies and instruments used to measure changes in knowledge, attitudes and values of participants in TCCACT's health promotion activities.
- ▶ To expand the program to have a greater emphasis on education and awareness about nutrition and physical activity.



Cancer Information and Supportive Care Program

The Cancer Information and Supportive Care Program aims to lessen the impact of cancer in the ACT community by providing information and support to people with cancer, their carers and families.

The two main services offered within the program include:

- ▶ The Cancer Information Service
- ▶ The Supportive Care Service

The Cancer Information Service

The Cancer Information Service at The Cancer Council ACT is committed to reducing the incidence and impact of cancer in the ACT community by providing the best evidence based information to those affected by cancer, doctors and health professionals and the general public.

The Service does not provide medical advice, but gives information on the effects of different types of cancer and methods of treatment as well as information on the most recent advances in cancer care.

The Service provides information through telephone contacts made via the Cancer Information Line, through written publications, a library service, e-mail service and through a walk in consultation service.

In the 2001–2002 financial year, there were 1203 contacts made to the Cancer Information Service (see data below). Based on 1998 data, 914 people were diagnosed with cancer in the ACT in the last year. Evidence suggests that for each person receiving a diagnosis there will be an average of 2 persons affected to the extent they will seek information. From this information, it is estimated that the Cancer Information Service reached 44% of those people affected by a diagnosis of cancer this year. This figure compares well with data which was previously available nationally.



Nicole Druhan McGinn, Manager, Cancer Information and Supportive Care Services

2001–2002 Information Service Data

Method of Contact	Clients	Percentage
Telephone	1131	94%
Walk In	41	3%
E-mail and fax	31	3%
Total	1203	100%

Other statistics from the Cancer Information Service include:

- ▶ The majority of clients come from central and northern Canberra;
- ▶ 72% of clients were female and 28% were male
- ▶ 34% of clients were diagnosed cancer patients, 18% were a friend or relative of a cancer patient; 33% were from the general public; and 7% were health professionals.
- ▶ Of the clients who contacted the service, the majority sought information on breast cancer followed by, prostate cancer, skin cancer, colorectal cancer and lung cancer.





Jennifer Kavka, Cancer Information Consultant

The Cancer Information Line

The Cancer Information Line at The Cancer Council ACT is part of The Cancer Council Australia's national information service. By calling 13 11 20, callers are connected to experienced cancer information consultants who provide information on cancer and cancer related issues. To better assist the needs of callers, the Cancer Information Line staff use a computerised database which contains lists of services available for referral in the Canberra community. The only cost associated with the service is the cost of a local call to insure people calling from a distance are not financially disadvantaged.

In the 2001–2002 financial year, there were 1131 calls made to the Cancer Information Line. This compares to 924 calls the previous year. The increase in reported calls was most likely due to the launch of the localised prostate cancer guidelines, which resulted in intensive national promotion of the Cancer Information Line number.

Publications

The Cancer Council ACT produces information booklets and pamphlets on various cancer topics as well as providing publications from other cancer councils and Australian cancer organisations. The Cancer Council ACT's written materials were also distributed through oncology wards at the major Canberra treatment facilities and community health organisations.

The Cancer Information Service published 3 newsletters in the 2001–2002 financial year. *The Cancer Chronicle*, is a quarterly publication of the

Cancer Information Service which contains news articles on relevant topics relating to cancer as well as updates on Cancer Council events and programs. The newsletter was distributed to over 800 members and organisations in the ACT.

This past year, the Cancer Information Service compiled a Cancer Services Directory for the ACT. This publication will provide cancer patients, their carers and friends, as well as health professionals, a comprehensive listing of local oncology and community services available in the ACT. The Service hopes to have the directory available in September 2002.

Library Service

The Cancer Council's library received 74 visits in the 2001–2002 year. The library has over 1500 publications on cancer and related topics ranging from peer reviewed journal articles, to education resources, to meditation tapes.

The library continues to provide unlimited Internet access including access to the Cochrane Library — an Internet site which reports on meta-analyses of clinical trials. Cancer Council staff are available to assist clients who need help "surfing the web" and lists of authoritative cancer information web sites are available.

Email and Website Services

Those who prefer e-mail to seek information may contact the Service via The Cancer Council ACT's e-mail address. 20 people requested information by way of e-mail this past year.

In the past year The Cancer Council ACT launched a new website www.actcancer.org. The new site provides more comprehensive information than the previous site and allows for online access to more of The Cancer Council's resources including the Annual Report and The Cancer Chronicle Newsletter. Since April 2002 there have been 3538 "hits" to The Cancer Council ACT Website. This data includes clients from around the world who are accessing this service. There is no ACT specific data on contacts to the website, but it is expected that local clients are the majority of the 3538 "hits" since a large proportion of the Canberra population is connected to the Internet, and many clients who contact the service via telephone state they found contact details on the Website.

Walk in Consultation Service

The Cancer Information Service offers a walk in consultation service. People seeking information on cancer can visit our office in Kaleen and speak one-on-one to our Cancer Information Consultants. This past year 41 people accessed this service.

Cancer Supportive Care Service

The Cancer Council ACT's Supportive Care Service is committed to providing practical and emotional support for cancer patients, people living with cancer, their families and carers. Support is offered to clients through support groups, a one to one volunteer support program, a wig service and support-related workshops and education programs.

In 2001–2002, 1073 persons accessed The Cancer Council ACT's support services (see data below). It is estimated that over 500,000 people in Australia were living with cancer (patients and carers) last year (The Cancer Council Australia, 2001). Based on this estimate, approximately 7900 people in the ACT were living with cancer. Thus, approximately 14% of people living with cancer in the ACT accessed the Cancer Supportive Care Service this year. There is no national data available to compare this number to, however The Cancer Council Victoria estimates their Cancer Support Services reached about 16% of those affected.

2001–2002 Supportive Care Service Data

Client Contacts	Percentage
Support Group Contacts	465
Volunteer Support	16
Wig Service Clients	547
Other	45
Total	1073

Support Groups

Cancer support groups offer an opportunity for persons to meet and talk with others who have been through similar experiences. In the 2001–2002 financial year, The Cancer Council ACT offered four support groups and received a total of 465 contacts.

Breast Cancer Support Group

The Cancer Council ACT's Breast Cancer Support Group provides women who have experienced



Katrina Butler, Policy and Project Coordinator

breast cancer a forum in which to share with others in similar circumstances. The group meets twice a month and is facilitated by a professional psychologist. One of the sessions held each month is dedicated as an information session and guest speakers are invited to speak on subjects relating to breast cancer. This past year, information sessions were held on various topics including clinical trials, art therapy, meditation and yoga.

Thursday Support Group

The Thursday Support Group is a group open to patients with all types of cancer and meets once a month on a Thursday. The group is run by a professional facilitator and carers, family and friends are also welcome to attend.

Kidscan

Kidscan is a support group that provides a safe environment for children with cancer aged 0–5 to play and an opportunity for parents to come together and share experiences. The group is run by a professional facilitator, and meets once a week.

Living with Cancer Program

The Living With Cancer Program is a eight week education and support program for people with cancer, their families and friends. Guest speakers provide advice on coping with reactions to cancer, managing diet, exercise, helpful community resources and communication.

This past year one eight-week Living With Cancer Program was delivered. Client satisfaction surveys showed this group was well received, and two groups are planned for the 2002–2003 financial year.





One to One Support Service provided by volunteers

The Cancer Council ACT has volunteers available through the One to One Volunteer Cancer Support Service to speak with people seeking support because of a cancer diagnosis. Volunteers in this service are specially trained and selected and have had a personal experience with cancer themselves. Support may be given through a visit or via telephone.

In 2001–2002 16 clients accessed this service, representing about 2% of clients who were newly diagnosed with cancer in the ACT this year. Although this represents a decrease from previous years, this result would be expected given that the ACT has a high proportion of educated individuals who traditionally do not require support outside of family and tend to seek support through information oriented sources, such as that available via the Internet. Referrals to the service came through hospital social workers, community organisations as well as self-referral. The most common requests came from clients seeking individual support from volunteers skilled at supporting those with breast cancer.

The Wig Service

The Cancer Council’s Wig Service provides wigs at a low cost to clients who have lost their hair through cancer treatment. A paid employee staffs the service and trained volunteers provide wig fittings and advice on headwear, and hair loss for clients who access the service.



Lynne Webb, Wig Service Manager at The Canberra Hospital

In 2001–2002 the Wig service assisted over 500 clients ranging in age from 17–89 years. This year 176 wigs were hired which is consistent with the number of hires in 2000–2001. The Cancer Council Wig Service continues to be able to provide attractive high quality wigs for hire through the generous supports of the Snow Foundation and the Walk for Wigs (see Fundraising and Business Development section for details).

In March 2002 The Council opened a second Wig Service at the Kaleen office location to service clients receiving chemotherapy at the Calvary Hospital clinic. In the first 3 months the Kaleen service assisted over 20 clients, and client satisfaction surveys demonstrated that 100% of clients were pleased with the convenience of the additional Wig Service location.

During the 2001–2002 year, the Wig Service continued to assist in the delivery of 6 courses of Look Good Feel Better — an international program dedicated to restoring self esteem to women undergoing cancer treatment, through professional instruction on make-up techniques, and wig / head wear choices.

The Cancer Council is unable to fully assess the success of the Wig Service in reaching clients who experience hair loss through chemotherapy, as statistics are not recorded on how many people lose their hair due to chemotherapy. However review of client statistics for the past three years shows a steady increase in the number of clients accessing the service (see data below) suggesting The Council is meeting an important need in the cancer community.

Year	Number of Client Contacts
1999–2000	300
2000–2001	441
2001–2002	547

Supportive Care Service Events

Surviving Survival Workshop

This past February, The Cancer Council ACT’s Support Services Program hosted its second workshop for cancer survivors and health care professionals. The workshop entitled, *Surviving Survival*, was facilitated by a multidisciplinary



Lynne Webb, Wig Service Manager, with Wig Service volunteers at The Canberra Woden Rotary Club presentation of the Bruce Drake Community Service Award, in recognition of 20 years of service to the Canberra community.

group from the University of Sydney's Centre for Values, Ethics and the Law in Medicine. Headed by Emeritus Professor Miles Little who has been involved in the ground breaking research into the psychological aspects of cancer survivorship, the group used a combination of storytelling, psychodrama and formal presentation to offer those who attended ways to begin talking about survival. Twenty-three cancer survivors, carers and health care professionals attended this workshop.

Self-Help Group Workshop

In November 2001 The Cancer Council's Support Service Program ran a workshop for individuals and groups interested in forming Cancer Self-Help groups. The workshop was attended by 8 individuals. An evaluation of the one day workshop showed that the majority of participants felt the program provided them with the necessary tools to start their own cancer self-help group and to date, we know of one participant who has started their own resource group.

Research into the "Unmet Supportive Care Needs of Cancer Patients and Their Carers in the ACT"

The Cancer Council ACT is currently undertaking quantitative and qualitative research into the unmet supportive care needs of cancer patients and their

carers. Over 300 cancer patients and their carers will be surveyed, and results will be used to inform existing services and to identify, and address gaps in the services.

Future Directions in the Cancer Information and Support Area

- ▶ To maintain or exceed the current proportion of clients affected by cancer served by the Information and Support Service.
- ▶ To publish and distribute the "Cancer Services Directory".
- ▶ To evaluate existing services, and plan new services based on evidence drawn from the research into "Unmet Supportive Care Needs of Cancer Patients and their Carers in the ACT".
- ▶ To ensure that all patients who lose their hair during cancer treatment are aware of and able to access The Cancer Council Wig Service.



Research Program



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Research, including biomedical, epidemiological, and psycho-social are the methods by which we advance our understanding of the scope of cancer, and begin to understand how we can control it. The Cancer Council is committed to promoting and supporting research into all aspects of cancer control.

The Council achieves research aims through two primary means; provision of funds to support researchers in the ACT investigating cancer and related issues, and by participating in and providing data for research being undertaken by other organisations.

The Cancer Council ACT provides funds for independent research projects through a research grants scheme. Each year The Council invites applications from ACT researchers. The applications are recommended to the Board by the Medical and Scientific Advisory Committee. The most significant applications are then entered into the national peer review scheme. In 2001–2002 no suitable applicants were found in the applications received, thus the funds will be deferred and a two year sum will be offered in 2002–2003.

In 2001–2002 The Cancer Council received funding from the ACT Department of Health and Community Care to undertake research into the unmet supportive care needs of cancer patients and their carers. Over 300 cancer patients and their carers will participate in this study which will gather both quantitative and qualitative data on the unmet supportive care needs. Results of this study will be used to inform existing services and to identify, and address gaps in services. In addition results will also contribute ACT specific data to available national data. The study will end in the 2002–2003 financial year.



Fundraising and Business Development Program



Nicole Stone, Manager, Fundraising and Business Development

The past financial year proved to be a very profitable one for fundraising income. A total of \$603,249 was raised through special events and this is an increase of \$180,135 from the previous financial year.

As an organisation that receives very little Government funding, The Council relies heavily on the financial support of the local community to help fund cancer research initiatives and the cancer prevention, education and support programs The Council provides. The money used to support these activities is raised through specific fundraising events, and is also generated from bequests and donations.

The Council's fundraising events have steadily grown both in numbers participating and income over the past three years. The financial figures indicate that money raised through event fundraising has grown from a total of \$301,902 in 1998–1999 to \$603,249 in 2001–2002, this is a 99.48% increase. This financial growth can be attributed to successful media campaigns developed for each event and well organised and thought out campaign plans and implementation of a major event: Relay For Life.

Daffodil Day

Daffodil Day has continued to be The Cancer Council ACT's most successful fundraising event both financially and in numbers of volunteers involved. This year Daffodil Day raised \$198,537, \$57,296 more than was raised during the 2000–2001 campaign.

The Tuggeranong Hyperdome was a major sponsor for the event this year. The Hyperdome generously donated space for the official ACT launch of the event, sponsored the cost of Daffodil Day signage for the launch, and provided large wooden daffodils that hung from the ceiling of the shopping mall. To coincide with the launch of Daffodil Day, the Hyperdome worked in conjunction with Subway to create Australia's largest sub sandwich. The 100-foot sub was cut into serving sizes and sold for a gold coin donation with the money raised being donated to the Daffodil Day campaign.

The theme of the launch was "paint your impression of Daffodil Day" and the painters only had 10 minutes to create their masterpieces.



Daffodil Day 2001





Erin Black , Fundraising Assistant

Local ACT sponsors including Anne Kowalski from Kowalski Consulting and Casey Smith from Australian Air Express, participated in the painting. Daniel Gibson from Prime Television officially launched the event and encouraged the local community to think about who they would buy a daffodil for, the national theme of the event. The launch was covered by WIN Television and The Canberra Times and generated additional interest in the campaign.

For the first time since the campaign began, Daffodil Day merchandise stalls could be found in 26 shopping centres throughout the Canberra area. The co-ordination of volunteers to staff these stalls was a mammoth effort and over 340 local Canberrans answered the call to volunteer at their local shopping centre. Income raised through shopping centre stalls was \$55,242.55 and this is an increase of \$15,313.63 from the 2000–2001 event.

This year over 340 government workplaces, local businesses and hospitals participated in the event. All Daffodil Day merchandise was delivered free of charge to the participants by local sponsor Australian Air Express. This sponsorship is an integral part of Daffodil Day ensuring that the money raised from the event can be directed towards cancer research and education and support programs and not spent on courier costs.

Relay For Life

The third ACT Relay For Life was held at the AIS Athletics track over the weekend of 5th and 6th April. This event has continued to virtually double

both in income and team participation each year since it was first slotted into the fundraising calendar in March 2000. This year 60 teams participated in the event and \$178,089 was raised.

Kowalski Consulting generously sponsored the event again this year by providing a large cash donation. This money was used to purchase posters and brochures as well as update the television community service announcement (CSA). The CSA was aired for a four-week period in October 2001 and a three-week period in February 2002. This commercial generated considerable interest in the event with people contacting The Cancer Council as soon as they had seen the advertisement on the television.

The Australian Sports Commission is the other major sponsor of the event. They have kindly donated the use of the AIS Athletics track as well as all electricity and staffing costs for the past three years.

The top three fundraising teams raised \$33,000, \$23,000 and \$17,000 respectively and these figures contributed to an overall event total of \$178,089. This is an increase of \$97,435 on the 2000–2001 event and exceeds The Cancer Council target for 2002 by nearly \$60,000.

Relay For Life should become The Council's highest earning fundraising event next financial year and this is one goal that the fundraising team will try very hard to meet. Across the world where this event is run the goal is often to raise one dollar per head of population of the participating state.



Erin Black, Joan Bartlett and Tim Hardy at Relay for Life, April 2002



Australia's Biggest Morning Tea

Australia's Biggest Morning Tea

Now in its ninth year, Australia's Biggest Morning Tea (ABMT) is a very popular fundraising event that has grown this financial year. This simple fundraising event saw 660 people register to host a morning tea and has generated \$109,512 in fundraising income this year. This figure will continue to grow as additional funds raised from the event are banked in the new financial year.

This year Bushells was the national sponsor of ABMT. This sponsorship contributes to the cost of promotional material including posters, registration forms and donation boxes. Bushells also provided thousands of free teabags, which are distributed, to every morning tea host.

Australian Air Express has become an invaluable sponsor of ABMT and delivered each host kit free of charge. This sponsorship ensured that postage costs were saved and that all money raised from the event is directed towards cancer research and education and prevention programs.

Breakfast radio announcer Mark Parton took the stage with Noel Jarrett, father of Rhys Jarrett, a nine year old, who captured all hearts and who, sadly, had lost his fight with cancer only shortly before. Together with Professor Ian Hendry from the John Curtin School of Medical Research they joined forces to officially launch ABMT. The launch took place on the centre stage of Westfield Shopping Town Belconnen and morning tea was donated by Gloria Jean's Coffee, Michelle's Patisserie and the Donut King.

Terry Fox Fun Run

"I'm not a dreamer, and I'm not saying this will initiate any kind of definitive answer or cure to cancer, but I believe in miracles. I have to."

"I just wish people would realise that anything's possible if they try; dreams are made if people try."

Terry Fox

The Terry Fox Fun Run has been marked on the athletics calendar as "the" fun run to participate in each year. The Canadian High Commission, which organises the event each year, secured Bombardier Transportation as the major sponsor for this year's event. The weather could not have been better and the memory and spirit of Terry Fox was certainly alive with close to 2,000 people participating in the event. The Canadian High Commission donated \$26,480 to The Cancer Council ACT and this figure is \$4,118 more than was donated last financial year. Terry Fox was a remarkable young man whose dream to run across Canada to raise money for, and create awareness of cancer has continued to live on long after he sadly passed away from cancer prior to completing his journey.

Bequest Program

This financial year saw the development of a bequest program including a bequest booklet which outlines the work of The Council and explains the importance of leaving a will. This booklet also contains the suggested wording to use when leaving a bequest to The Cancer Council ACT.

Nine local legal firms have agreed to participate in this program as honorary solicitors.

The Council received one bequest this financial year from Edith (Peg) Worrall. The bequest was for \$78,304 and this money will be used to fund a potential new building for The Council.





Edith Worrall was an only child born on 24th February 1921. She was educated at Telopea Park School and Canberra Church of England Girls Grammar. After leaving school she joined the public service and studied and passed the clerical exam. During her career she worked for the Bureau of Census and Statistics, the Superannuation Board and the Department of Territories. During World II she moved to Sydney and worked in the Navy Scientific Branch.

She enjoyed listening and playing music and produced many wonderful creations from her sewing, embroidery, painting, china painting, pottery, woodwork, metal work and upholstery. She was also a very keen gardener.

She developed diabetes in her teens and took a keen interest in studying the disease to find the best way to cope with it. This was recognised when she was presented with the Kellion medals for surviving 50 years and then 60 years with the disease.

In later life she lost the sight in one eye. She never complained about her disabilities and the way she coped should be an inspiration to all.

In association with the bequest program a unique club has been developed to honour those people who have left a bequest to The Council. Members of the club, known as the Heritage Circle, will be invited to attend special functions such as an annual dinner and will also be invited to attend fundraising launches and other activities



Dianne Moir. Donor Liaison Officer

The Council is involved in. An honour board will be established for those people who do not wish to remain anonymous for leaving a bequest.

Donor Development

A new donor development program has been implemented which has been focusing on updating the records on the donor database and re-establishing relationships with past donors.

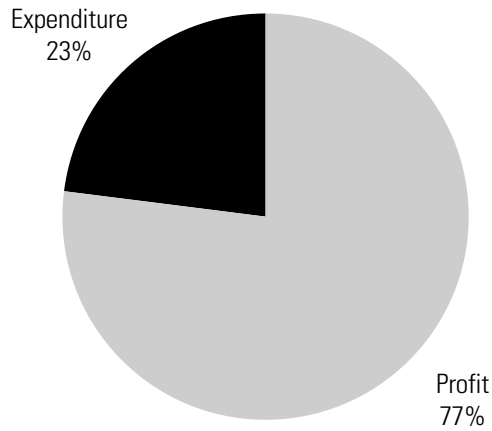
Fundraising statistics throughout Australia suggest that it does take a number of years before an appeals campaign is a success, but by taking these steps and establishing this new form of fundraising, The Council will be generating additional income. It has been proven that individuals who donate on a regular basis are more likely to leave a bequest to the organisation and it is for these reasons that this program will become a crucial part of a new fundraising direction.

Other 2001–2002 Fundraising Events

- ▶ Doug Russell Memorial Golf Day
- ▶ Walk For Wigs — Crispin Hull
- ▶ Open Gardens — Horticultural Society of Canberra
- ▶ British High Commission Spring Ball
- ▶ Combined Charities Christmas Card Shop
- ▶ Can Clips — Head Shaving

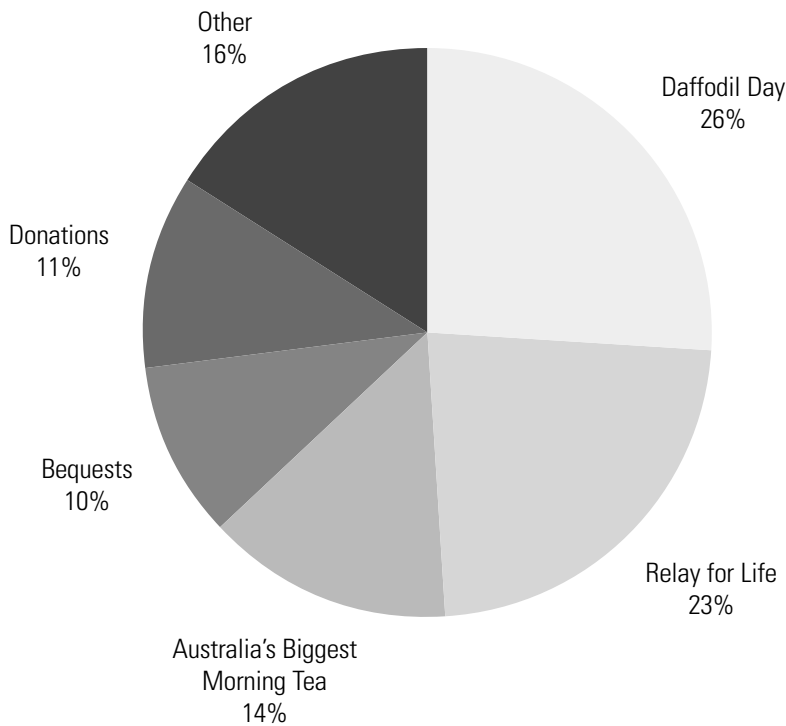
The 2001–2002 fundraising financial year has been our most successful to date. A total of \$603,249 was raised and this is a considerable increase of \$180,135 from the fundraising income raised throughout the 2000–2001 financial year.

Fundraising Income and Expenditure 2001–2002



Expenditure includes administrative costs, wages and total costs of individual events.

Fundraising Income 2001–2002



1998 *Giving Trends in Australia*: O'Keefe and Partners suggests that for an organisation of The Cancer Council's size, that is, events fundraising revenue between \$1/2 million to \$2 million, a reasonable benchmark for costs of events fundraising is between 30–70%. The Cancer Council ACT's result, costs at 23% of revenue is certainly excellent using this comparison. We will work towards reducing this figure as appropriate in the future.





2001-2002 Event Sponsors

Daffodil Day 2001

Coles
Kmart
Bi-Lo
Mobil
Quix
Amcal
HIC
Rockmans
Ansett Australia
First National Real Estate
1626
Katies
The Canberra Times
Kowalski Consulting
MiX 106.3
Cross Roads
Zamels
Spotlight
Westpac
Medibank Private
NRMA
Tuggeranong Hyperdome
Millers
Paragon Printers
WIN Television
Australian Air Express

Doug Russell Memorial Golf Day 2001

Hoyts Cinemas
Royal Canberra Golf Club
Hotel Kurrajong
Saville Parke Suites
Backbenches Café & Bar
Tennis ACT
Hyatt Hotel Canberra
Canberra Capitals
Yarralumla Nursery
Sportsmans Warehouse
National Gallery of Australia
Canberra Symphony Orchestra
1053 2CA
Posh Pots
Cuppacumbalong Restaurant
Canberra Raiders
Kamberra
National Capital Balloon Club
Tu Tu Tango
Telstra
The Cancer Council ACT Shop

Deakin Health Spa
Rosemount Estate
Table Top
Bunnings Warehouse
OZ Design Furniture
Pots on the Square
National Museum of Australia
Rydges Capital Hill
The Deep Dish
Canberra RSL Club
Royal National Capital Agricultural Society
Country Road
Insignia Embroidery Design
Café Cosmo
AMF Bowling Woden
ACT Rugby Union
Hill & Co Mobil Distributors
Collins Booksellers
Chifley's Restaurant
Paragon Printers

Relay For Life 2002

Kowalski Consulting
Peter Alexander
Ten Capital
Auschar Polycy PTY LTD
Berri
Audio Solutions
Creative Chic
1053 2CA
Canberra Milk
Fresh Food Markets
Pepsi
Schweppes
Buttercup
Mike's Meats
Delightful Baskets
National Dinosaur Museum
Canberra International Bowl Tuggeranong
The Gecko Gang
Canberra Indoor Rock Climbing
Corin Forest Recreation Facility
Hoyts
Greater Union Cinemas
The Canberra Centre
Electric Shadows Bookshop
Australian Reptile Centre
Hog's Breath Café
King O'Malley's Irish Pub
National Aquarium and Wildlife Park
Red Belly Black Café
Screen Sound Australia

Southern Cross Pitch and Putt
 The Tryst
 Questacon
 Gospel Choir
 Next of Kin
 Neville White
 Mainly Mozart
 Special K
 Tribal Rhythms
 Lyneham School Band
 Radford College Band
 Air Force Band
 Sing Australia Choir
 Radio Rentals
 Capitol Chilled Foods
 Rustlers Spit Roasts
 La Barista
 The Coffee Cup Man
 Australian Sports Commission

Australia's Biggest Morning Tea 2002

Bushells
 Australian Air Express
 Westfield Shopping Town Belconnen
 Gloria Jean's Coffee
 The Donut King
 Michelle's Patisserie

Terry Fox Fun Run 2002

The Canadian High Commission
 Bombardier Transportation
 The Canberra Times
 Panther Publishing & Printing
 Allied Pickfords
 Microsoft
 Canberra Cabs
 Wilson Removals Canberra
 De Neefe Signs
 Fyshwick Fresh Food Markets
 Deakin Health Spa
 Pancake Parlour
 Canberra City News
 Impressive Screenprinting
 FM104.7
 Step Into Life
 Westpac
 Urban Contractors
 Camp
 Schweppes
 Qantas
 Sing Australia Blokes Choir

Future Directions

- ▶ Maintain or exceed the funds raised this financial year with an emphasis on developing a successful bequest program and increasing donations.
- ▶ Continue to monitor and evaluate the success of events.
- ▶ Continue to seek and develop new fundraising opportunities.
- ▶ Establish Relay For Life as the largest fundraising event undertaken by The Council.

The Cancer Council ACT Shop

The purpose of The Cancer Council ACT Shop is to provide sun protection products to the community. These products have been approved by The Cancer Council Australia and meet current SunSmart standards.

In 2001–2002 the shop reported a net profit of \$45,597.69. This is an increase of \$32,197.69 on the previous financial year. This profit can be attributed to controlled expenditure throughout the financial year. The shop has the dual aim of providing quality sun protection products to the community and turning a profit.

The shop stocks a large selection of products including 50+ protection micromesh poloshirts, driving sleeves, driving gloves, 30+ sunscreen, makeup that contains a 15+ sunscreen and chlorine resistant swimwear. The shop also has a large range of no smoking stickers and signs for sale.



Andrea Hoare, Shop Manager





This year, The Cancer Council Shop has introduced a new range of trendy and up to date sun protection products that appeal greatly to the teenage market.

The Shop has developed relationships with other organisations such as golf clubs, swimming pools and numerous schools and childcare groups who purchase bulk supplies of sunscreen.

The Cancer Council Shop has received many requests via e-mail from overseas customers wishing to purchase products including the swimwear range. Our statistics indicate that 20% of swimwear that was sold throughout the financial year was sent overseas.

The shop participates in some of the Healthpact sponsored events including the SummerNats and the Canberra Show and fundraising events such as Relay For Life and the Terry Fox Fun Run. A merchandise stall, emphasising the Slip Slop Slap message, is set up at each event and an assortment of merchandise is sold. These merchandise stalls are well received by the local community and it is another way of promoting the shop and the products we sell.

The family orientated Canberra Show is a three-day event held in February. Throughout the three days of the show the merchandising stall sells an assortment of hats and sunglasses for the whole family, as well as sunscreen and cosmetics. The show is also a useful publicity tool for providing further information regarding the location of the shop and the merchandise sold through the shop.

The Cancer Council Shop is currently planning a strategy to promote the shop and our products to the schools throughout the ACT emphasising being SunSmart.

Future Directions

- ▶ Throughout the next financial year the Shop will focus on promoting mail order.
- ▶ Open another Shop if/when The Cancer Council builds its own premises.
- ▶ To exceed in sales and gross profit this financial year.
- ▶ To have promotions coinciding with events during the year generating awareness about the Shop and the events.



Caroline Jones, Finance and Personnel Officer



Michelle Hill, Receptionist/Secretary

Staff and Volunteers

2001–2002 Staff

Executive Officer

Joan Bartlett

Prevention and Early Detection Services

Manager, Education Services

Lindy Butcher-Hawkins

Cancer Prevention Officer

Roz Lemon

Adult Quit Coordinator

Patricia Jones

Youth Anti-Tobacco Officer

Catherine Moyle

Information and Supportive Care Services

Manager Cancer Information and Supportive Care Services

Nicole Druhan McGinn (leave till 21/2/02)

A/g Manager Cancer Information and Support Services

Jennifer Kavka (to 20/2/02)

Cancer Information Consultant

Jennifer Kavka (21/1/02 to 14/6/02)

A/g Support Services Coordinator

Katrina Butler (Bayliss) (to 20/2/02)

Wig Service Manager (The Canberra Hospital)

Lynne Webb

Cancer Support Group Leader

Alison Meritini

Breast Cancer Support Group Facilitator

Sacha Gibson* (to 12/01)

Yvonne Fischer* (from 12/01)

Kidscan Coordinator

Vikki Fox*

Fundraising and Business Development

Manager, Fundraising and Business Development

Nicole Stone

Shop Manager

Andrea Hoare

Fundraising Assistant

Elizabeth Williams (to 23/11/01)

Erin Black (from 5/3/02)

Donor Liaison Officer

Dianne Moir*

Shop Assistants

Renee Ellis*

Renee Kirkham*

Shannon Jones*

Fiona Pryke*

Marie Robins*

Alissa Bocking*

Charlotte Davis*

Kylie Breeze*

Finance, Personnel and Administration

Accounts and Personnel Officer

Caroline Jones

Office Administrator

Katrina Butler (Bayliss) (to April 2002)

Policy and Projects Coordinator (temp pos)

Katrina Butler (Bayliss) (from 21/2/02)

Office Trainee

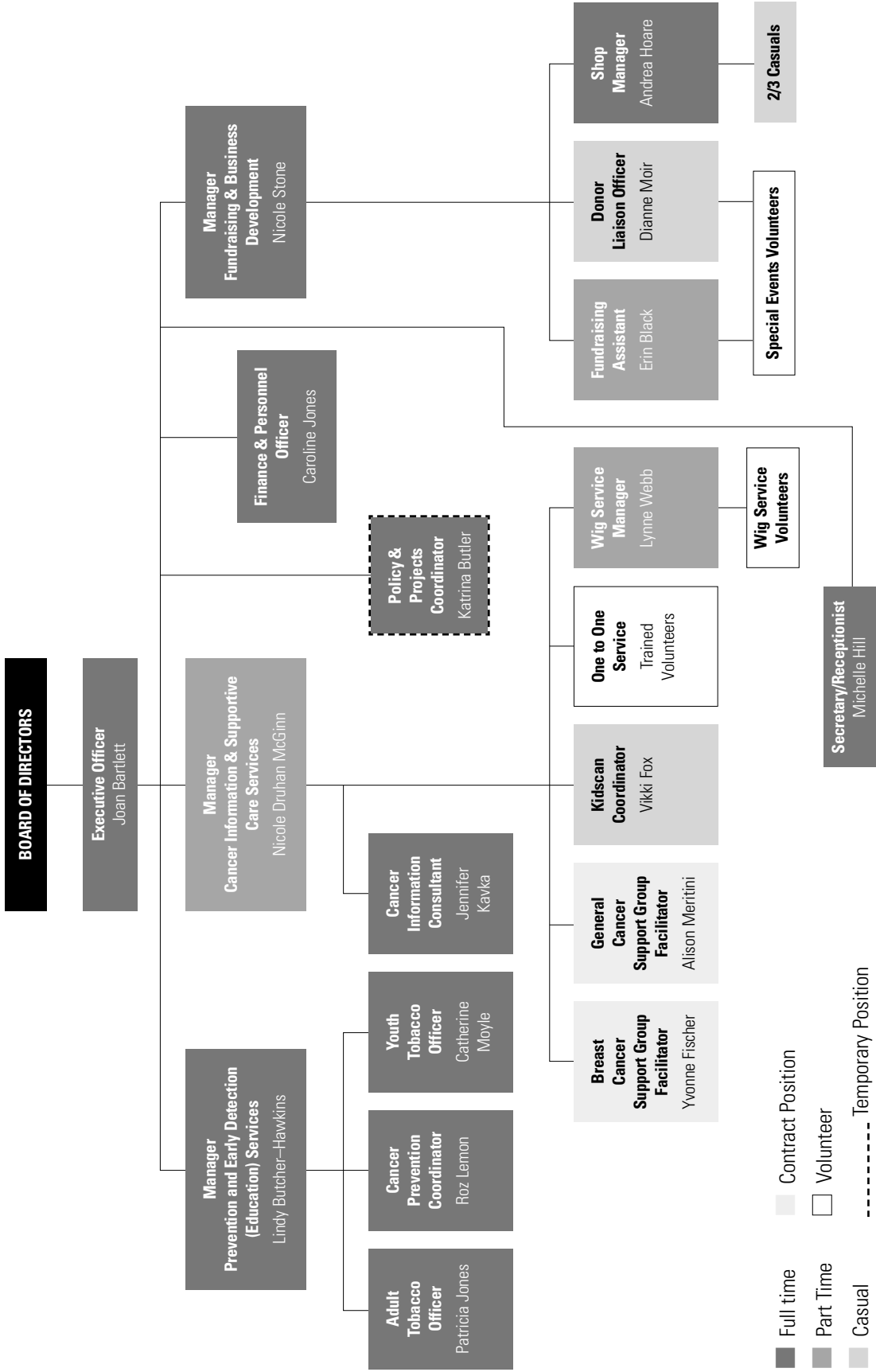
Michelle Hill (to 11/4/02)

Secretary Receptionist

Michelle Hill (from 12/4/02)

* Contract or Casual staff





Volunteers 2001–2002

Wig Service

Beth Clements
Joan Crook
Nola Daley
Alisa Dickinson
Diana Dobson
Diana Elias
Joyce Howe
Enid Ingpen
Eileen Jones
Joanne Jones
Maija Keparas
Perrie Morris
Miriam Mukojid
Maz Petterson
Linely Slinn
Mary Sutherland
Morag Tulley

One to One Trained Volunteer Service

Neuza Bertolau
Anna Wellings-Booth
Diane Carter
Ron Christie
David Craig
Margaret Dando
Emilia Della-Torre
Tess Falconer
Suna Fehringer
Sarah Ferguson
Robert Kefford
Valerie Lee
Ellen Mathews
June McDonald
Judy McGlynn
Graham Nicholls
Sigrid Ooi
Ian Penhall
Margaret Pentony
Margaret Pitt
George Redfern
Philip Robertson
Marie Robins
Joan Shepherd
Jan Skorich
Angelica Ulrichsen
Cas VanAggele

Fundraising and Administration Volunteers

Daffodil Day 2001

Robyn Bedford
Pam Stagg
Rhett Holmes
Adam Burke
Elizabeth Campbell
Judith Gardner
Sonja Henry
Hazel Hoskinson
Sally Jones
Pat Mooney
Marli Popple
Karina Stefanik
Philippa Swayn
Jodie Wagner
David Whittem
Brendan Smyth
Cathy Boreham
Tom Byron
Daphne Field
Gay Lane
Rachelle MacDonald
S Macky
Ellen Matthews
Joyce McGuire
Maria Moleirinho
Stephen Sherlock
Grace Sugden
Megan Ward
Nick Bowen
Lynne Combe
Clint Deverson
Rosemary Huff-Johnston
Jane Johnson
Celia McKew
Jill Walker
Keith Bailey
Lois Groves
Peta Skinner
Elise Stanley
Kathy Stanley
Therese Bulley
Allison Cox
Joy Dymke Govaars
Lesley Kimber

Heather Powrie
Peter Brown
Dianne Dominy
Peter Hibberson
Bev Leeky
Trevor Willson
Rosemary Baehnisch
Stella Battenburg
Sarah Ferguson
Elaine Graham
Patricia Gray
Giff Jones
Debbie Morrison
Linda Morrison
Gosia Pilat
Brenda Singh
Helen-May Timiney
Soucila Tompsett
Bill Quinn
Helen Fyfe
Daria Gil
Grace Holroyd
Ron Morris
Hazel Morris
Glen Olander
Kal Peljo
Natalie Rosser
Joan Shepard
Anne Borger
Mary Kelly
Anita Allan
Rachel Bahl
Mary Elliott
Fay Faux
Margaret Goyne
Reg Holmes
John Jeffery
Annie Ngo
Jennifer Owusu
Susan Pfanner
Dick Roe
Robyn Roe
Helen Baseden
Fran Bellairs
Tracey Blackmore
Noanie Cameron-Wood
Win Collins
Lucy Cripps
Eddie Cross
Larissa Donnolly





Barbara Finn
Max Fitton
Ilona Fraser
Tim Hardy
Helen Kelly
Margaret Kirby
Margaret McDermid
Sheila Mumberson
Helen & Catherine Pitt
Vic Rebikoff
Mary Reynolds
Arthur Riley
Carmel Screen
Bronwyn Sharpe
Pam Snowdon
Helen Stransky
Andrew Wilson
Gwen Bendun
T Bock
Win Brassil
Fiona Crain
Tina Deasey
Daniella Kordic
Jane Lockhart
Leslie Lovie
Helen Mobbs
Diana Prider
Megan Richards
A Rose
Renee Schilg
Amelia Sitauti
Franca Solari
Eda Thompson
Kathy Smith
Michael Adams
Annette Drage
Kate Fraser
Lyn Gray
Elaine Howell
Pam McAllister
Bob Neal
Sue Wood
Jennifer Hinch
Susan Bailey
Sheila Duke
Vee Kelly
Anne Spencer
Mindy Sutherland
Jim Harvey
Molly Rand
Julie Renton
Jane Cartledge
Sue Davis

Amy Dykgraaf
Kate English
Rhonda Jamieson
Ann Pabsp
Annette Uttley
Margaret Vidler
Alan Williams
Tracey Adamson
Jackie Burnett
Joan Cordeaux
Kate Fenwick
Dianne Gann
John Garner
Christine Gault
Sarah Gault
Diana Horman
Linda James
Eve Jarratt
Eileen Jones
Eleanor Kennealy
D Kumarage
Jackie Lipsham
Alexandra Martyniak
Donna Ross
Annette Wallis
Marie Windroff
Racquel Lyons
Val Pritchard
Ron Russell
Brenda Stephens
Jane Schwingmer
Michael John Deasey
Ken Eynon
Elizabeth Smith
Hue Truong
James Rainey
Rose Yucel
Debra Gradie
Catherine Rudder
Glenda Crick
Gordon Masters
Maira Clune
Marinela Duque
Kirsten Rodgers

Relay For Life 2002

Diana Ainui
Robert Cohen
Pam Stage
Debra Gradie
Fiona Crain
Rosemary Drabsch
Caitlin Purnell

Phil Lynd
Mary Gleco
Rebecca Neeson
Kris Stenborg
Ellen Mathews
Angela Mason
Mary Bonney
Michelle Taggart
Mary Reynolds
Susan Scott
Patricia Gray
Katherine Hudry
June McDonald
Bev McHugh
Yvonne Miller
Heather Phillips
Lauren Pritchard
E Thorne
Donna Harley
Elizabeth Turton
Moya Kelly
Lucy Cripps
Anastasia Man
Ann Dobby
Greta Adams
Joy Byron
Kate Fraser
Judy Gardner
Rhonda Jamieson
Lesley Lovie
Pam McAlliston
Joyce McGuire
Hazel Morris
Jennifer Owusu
Kirsten Rodgers
Annette Wallace

Members of Board of Directors who served The Cancer Council ACT during 2001–2002

Name	Attendance at regular board meetings
Dr Kevin White <i>President</i>	5 out of 6
Dr Annie Ghisalberti <i>Vice President</i>	5 out of 6
Mr Chris Soutter <i>Treasurer</i>	6 out of 9
A/Professor Robin Stuart-Harris <i>Secretary</i>	7 out of 9
Mr Ron Christie	6 out of 9
Ms Madeline Clark	4 out of 6
Mr Michael Deasey	5 out of 6
Ms Margaret Morton	5 out of 9
Ms Lyla Rogan	8 out of 9
Ms Christine Brill	4 out of 6
Mr Peter Murray	1 out of 3
Mr Shane Austin	2 out of 3
Ms Heather Wain	3 out of 3
Ms Anna Wellings-Booth	2 out of 3

Photos unavailable for:

- A/Professor Robin Stuart-Harris, Secretary
- Ms Lyla Rogan
- Mr Shane Austin
- Mr Peter Murray
- Ms Heather Wain
- Ms Anna Wellings-Booth
- Ms Christine Brill
- Ms Madeline Clark



Dr Annie Ghisalberti, Vice President



Mr Ron Christie, Board Member



Mr Michael Deasey, Board Member



Ms Margaret Morton, Board Member





Committee Membership as at 30 June 2002

Finance Committee

Mr Chris Soutter
Ms Joan Bartlett
Ms Caroline Jones

Building Committee

Mr Michael Deasey (Convenor)
Ms Joan Bartlett
Ms Christine Brill
Mr Ron Christie
Ms Chris Soutter
A/Professor Robin Stuart-Harris

Policy and Planning Committee

Ms Christine Brill
Ms Joan Bartlett
Ms Madeline Clark
Dr Annie Ghisalberti
Ms Margaret Morton
Dr Kevin White

Medical and Scientific Advisory Committee

Dr Desmond Yip (Convenor)
Ms Joan Bartlett
Ms Nicole Druhan McGinn
Dr Helen Cameron
Mr Ron Christie
Dr George Jacob
Ms Victoria Jones
Mr Russell McGowan
Dr Margherita Nicoletti
Ms Melva Walter
Dr Kevin White

Honorary Life Members

Mrs R. Grantham
Dr Ronald Mendelsohn
Ms Elizabeth Skilbeck
Mrs Heather Wain
Professor Malcolm Whyte



Ottawa Charter

1st International Conference on Health Promotion (Ottawa, Canada, November 1986)

The first International Conference on Health Promotion, meeting in Ottawa this 21st day of November 1986, hereby presents this CHARTER for action to achieve Health for All by the year 2000 and beyond. This conference was primarily a response to growing expectations for a new public health movement around the world. Discussions focused on the needs in industrialized countries, but took into account similar concerns in all other regions. It built on the progress made through the Declaration on Primary Health Care at Alma-Ata, the World Health Organization's Targets for Health for All document, and the recent debate at the World Health Assembly on intersectoral action for health.



Health promotion

Health promotion is the process of enabling people to increase control over, and to improve, their health. To reach a state of complete physical, mental and social well-being, an individual or group must be able to identify and to realize aspirations, to satisfy needs, and to change or cope with the environment. Health is, therefore, seen as a resource for everyday life, not the objective of living. Health is a positive concept emphasizing social and personal resources, as well as physical capacities. Therefore, health promotion is not just the responsibility of the health sector, but goes beyond healthy life-styles to well-being.

Prerequisites for health

The fundamental conditions and resources for health are:

- ▶ peace,
- ▶ shelter,
- ▶ education,
- ▶ food,
- ▶ income,
- ▶ a stable eco-system,
- ▶ sustainable resources,
- ▶ social justice, and
- ▶ equity.

Improvement in health requires a secure foundation in these basic prerequisites.

Advocate

Good health is a major resource for social, economic and personal development and an important dimension of quality of life. Political, economic, social, cultural, environmental, behavioural and biological factors can all favour health or be harmful to it. Health promotion action aims at making these conditions favourable through advocacy for health.

Enable

Health promotion focuses on achieving equity in health. Health promotion action aims at reducing differences in current health status and ensuring equal opportunities and resources to enable all people to achieve their fullest health potential. This includes a secure foundation in a supportive environment, access to information, life skills and opportunities for making healthy choices. People cannot achieve their fullest health potential unless they are able to take control of those things which determine their health. This must apply equally to women and men.

Mediate

The prerequisites and prospects for health cannot be ensured by the health sector alone. More importantly, health promotion demands coordinated action by all concerned: by governments, by health and other social and economic sectors, by nongovernmental and voluntary organization, by local authorities, by industry and by the media.



People in all walks of life are involved as individuals, families and communities. Professional and social groups and health personnel have a major responsibility to mediate between differing interests in society for the pursuit of health

Health promotion strategies and programmes should be adapted to the local needs and possibilities of individual countries and regions to take into account differing social, cultural and economic systems.

Health Promotion Action Means:

Build healthy public policy

Health promotion goes beyond health care. It puts health on the agenda of policy makers in all sectors and at all levels, directing them to be aware of the health consequences of their decisions and to accept their responsibilities for health.

Health promotion policy combines diverse but complementary approaches including legislation, fiscal measures, taxation and organizational change. It is coordinated action that leads to health, income and social policies that foster greater equity. Joint action contributes to ensuring safer and healthier goods and services, healthier public services, and cleaner, more enjoyable environments.

Health promotion policy requires the identification of obstacles to the adoption of healthy public policies in non-health sectors, and ways of removing them. The aim must be to make the healthier choice the easier choice for policy makers as well.

Create supportive environments

Our societies are complex and interrelated. Health cannot be separated from other goals. The inextricable links between people and their environment constitutes the basis for a socio-ecological approach to health. The overall guiding principle for the world, nations, regions and communities alike, is the need to encourage reciprocal maintenance — to take care of each other, our communities and our natural environment. The conservation of natural resources throughout the world should be emphasized as a global responsibility.

Changing patterns of life, work and leisure have a significant impact on health. Work and leisure should be a source of health for people. The way society organizes work should help create a healthy society. Health promotion generates living and working conditions that are safe, stimulating, satisfying and enjoyable.

Systematic assessment of the health impact of a rapidly changing environment — particularly in areas of technology, work, energy production and urbanization — is essential and must be followed by action to ensure positive benefit to the health of the public. The protection of the natural and built environments and the conservation of natural resources must be addressed in any health promotion strategy.

Strengthen community action

Health promotion works through concrete and effective community action in setting priorities, making decisions, planning strategies and implementing them to achieve better health. At the heart of this process is the empowerment of communities — their ownership and control of their own endeavours and destinies.

Community development draws on existing human and material resources in the community to enhance self-help and social support, and to develop flexible systems for strengthening public participation in and direction of health matters. This requires full and continuous access to information, learning opportunities for health, as well as funding support.

Develop personal skills

Health promotion supports personal and social development through providing information, education for health, and enhancing life skills. By so doing, it increases the options available to people to exercise more control over their own health and over their environments, and to make choices conducive to health.

Enabling people to learn, throughout life, to prepare themselves for all of its stages and to cope with chronic illness and injuries is essential. This has to be facilitated in school, home, work and community settings. Action is required through educational, professional, commercial and voluntary bodies, and within the institutions themselves.

Reorient health services

The responsibility for health promotion in health services is shared among individuals, community groups, health professionals, health service institutions and governments. They must work together towards a health care system which contributes to the pursuit of health.

The role of the health sector must move increasingly in a health promotion direction, beyond its responsibility for providing clinical and curative services. Health services need to embrace an expanded mandate which is sensitive and respects cultural needs. This mandate should support the needs of individuals and communities for a healthier life, and open channels between the health sector and broader social, political, economic and physical environmental components.

Reorienting health services also requires stronger attention to health research as well as changes in professional education and training. This must lead to a change of attitude and organization of health services which refocuses on the total needs of the individual as a whole person.

Moving into the future

Health is created and lived by people within the settings of their everyday life; where they learn, work, play and love. Health is created by caring for oneself and others, by being able to take decisions and have control over one's life circumstances, and by ensuring that the society one lives in creates conditions that allow the attainment of health by all its members.

Caring, holism and ecology are essential issues in developing strategies for health promotion. Therefore, those involved should take as a guiding principle that, in each phase of planning, implementation and evaluation of health promotion activities, women and men should become equal partners.

Commitment to health promotion

The participants in this Conference pledge:

- ▶ to move into the arena of healthy public policy, and to advocate a clear political commitment to health and equity in all sectors;
- ▶ to counteract the pressures towards harmful products, resource depletion, unhealthy living conditions and environments, and bad nutrition;

and to focus attention on public health issues such as pollution, occupational hazards, housing and settlements;

- ▶ to respond to the health gap within and between societies, and to tackle the inequities in health produced by the rules and practices of these societies;
- ▶ to acknowledge people as the main health resource; to support and enable them to keep themselves, their families and friends healthy through financial and other means, and to accept the community as the essential voice in matters of its health, living conditions and well-being;
- ▶ to reorient health services and their resources towards the promotion of health; and to share power with other sectors, other disciplines and, most importantly, with people themselves;
- ▶ to recognize health and its maintenance as a major social investment and challenge; and to address the overall ecological issue of our ways of living.
- ▶ The Conference urges all concerned to join them in their commitment to a strong public health alliance.

Call for international action

The Conference calls on the World Health Organization and other international organizations to advocate the promotion of health in all appropriate forums and to support countries in setting up strategies and programmes for health promotion.

The Conference is firmly convinced that if people in all walks of life, nongovernmental and voluntary organizations, governments, the World Health Organization and all other bodies concerned join forces in introducing strategies for health promotion, in line with the moral and social values that form the basis of this CHARTER, Health For All by the year 2000 will become a reality.





The Jakarta Declaration on Health Promotion into the 21st Century

Background

The 4th International conference on Health Promotion — New Players for a New Era: Leading Health Promotion into the 21st Century — comes at a critical moment in the development of international strategies for health. It is almost 20 years after the World Health Organization member states made an ambitious commitment to a global strategy of Health for All, and to the principles of primary health care through the Alma-Ata Declaration. It is ten years after the 1st International Conference on Health Promotion was held in Ottawa, Canada. That conference resulted in publication of the Ottawa Charter for Health Promotion which has been a source of guidance and inspiration for health promotion since that time. Subsequent international conferences and meetings have further clarified the relevance and meaning of key strategies in health promotion including healthy public policy (In Adelaide, 1988), and supportive environments for health (in Sundsvall, 1991).

The 4th International Conference on Health promotion in Jakarta is the first to be held in a developing country, and the first to involve the private sector in supporting health promotion. It provides an opportunity to reflect on what has been learned about effective health promotion, to re-examine determinants of health, and to identify the directions and strategies which are required to address the challenges of promoting health in the 21st Century.

Health promotion is a valuable investment

Health is a basic human right and essential for social and economic development. Increasingly, health promotion is being recognised as an essential element of health development. It is a process of enabling people to increase control over and to improve their health. Health promotion, through investments and actions, has an impact on the determinants of health to create the greatest health gain for people, to contribute significantly to the reduction of inequities in health, to ensure human rights, and to build social capital. The ultimate goal is to increase health expectancy, and to narrow the gap in health expectancy between countries and groups.

The Jakarta Declaration on health promotion offers a vision and focus for health promotion into the next century. It reflects the firm commitment of participants at the 4th International Conference on Health Promotion to draw upon the widest range of resources to tackle health determinants in the 21st century.

Determinants of health: new challenges

Pre-requisites for health are peace, shelter, education, social security, social relations, food, income, empowerment of women, a stable ecosystem, sustainable resource use, social justice, respect for human rights and equity. Above all, poverty is the greatest threat to health.

Demographic trends such as urbanisation, an increase in the number of older people and the prevalence of chronic diseases pose new problems in all countries. Other social, behavioural and biological changes such as increased sedentary behaviour, resistance to antibiotics and other commonly available drugs, increased drug abuse and civil and domestic violence, threaten the health and well-being of hundreds of millions of people.

New and re-emerging infectious diseases, and greater recognition of mental health problems require an urgent response. It is vital that health promotion evolve to meet changes in the determinants of health. Transnational factors also have a significant impact on health. These include the integration of the global economy, financial markets and trade, access to media and communication technology, as well as environmental degradation due to the irresponsible use of resources.

These changes shape values, lifestyles throughout the lifespan, and living conditions across the world. Some have great potential for health, such as the development of communications technology, others such as international trade in tobacco, have a major negative impact.

Health promotion makes a difference

Research and case studies from around the world provide convincing evidence that health promotion works. Health promotion strategies can develop and change lifestyles, and the social, economic and environmental conditions which determine health. Health promotion is a practical approach to achieving greater equity in health.

The five Ottawa Charter strategies are essential for success:

- ▶ build healthy public policy
- ▶ create supportive environments
- ▶ strengthen community action
- ▶ develop personal skills
- ▶ re-orient health services.

There is now clear evidence that:

- ▶ comprehensive approaches to health development are the most effective. Those which use combinations of the five strategies are more effective than single track approaches. Settings offer practical opportunities for the implementation of comprehensive strategies. These include mega-cities, islands, cities, municipalities, and local communities, their markets, schools, workplace, and health care facilities
- ▶ participation is essential to sustain efforts. People have to be at the centre of health promotion action and decision-making processes for it to be effective
- ▶ health learning fosters participation. Access to education and information is essential to achieving effective participation and the empowerment of people and communities

These strategies are core elements of health promotion and are relevant for all countries.

New responses are needed

To address emerging threats to health, new forms of action are needed. The challenge for the coming years will be to unlock the potential for health promotion inherent in many sectors of society, among local communities and within families.

There is a clear need to break through traditional boundaries within government sectors, between government and non-government organisations, and between the public and private sector. Co-operation is essential. Specifically, this requires the creation of new partnerships for health on equal ground between the different sectors at all levels of governance in societies.

Priorities for Health Promotion in the 21st Century

1. *Decision makers must be firmly committed to social responsibility. Both the public and private sectors should promote health by pursuing policies and practices that:*

- ▶ avoid harming the health of other individuals
- ▶ protect the environment and ensure sustainable use of resources
- ▶ restrict production and trade in inherently harmful goods and substances such as tobacco and armaments, as well as unhealthy marketing practices
- ▶ safeguard both the citizen in the marketplace and the individual in the workplace
- ▶ include equity-focussed health impact assessments as an integral part of policy development

2. *Increase investments for health development*

In many countries, current investment in health is inadequate and often ineffective. Increasing investment for health development requires a truly multi-sectoral approach, including for example additional resources to education and housing as well as for the health sector. Greater investment for health, and re-orientation of existing investments — both within and between countries — has the potential to significantly advance human development, health and quality of life.

Investments for health should reflect the needs of certain groups such as women, children, older people, indigenous, poor and marginalised populations.

3. *Consolidate and expand partnerships for health*

Health promotion requires partnerships for health and social development between the different sectors at all levels of governance and society. Existing partnerships need to be strengthened and the potential for new partnerships must be explored. Partnerships offer mutual benefit for health through the sharing of expertise, skills, and resources. Each partnership must be transparent and accountable and be based on agreed ethical principles, mutual understanding and respect. WHO guidelines should be adhered to.





4. *Increase community capacity and empower the individual*

Health promotion is carried out by and with people, not on or to people. It improves both the ability of individuals to take action, and the capacity of groups, organisations or communities to influence the determinants of health.

Improving the capacity of communities for health promotion requires practical education, leadership training, and access to resources. Empowering individuals demands more consistent, reliable access to the decision making process and the skills and knowledge essential to effect change.

Both traditional communication and the new information media support this process. Social, cultural and spiritual resources need to be harnessed in innovative ways.

5. *Secure an infrastructure for health promotion*

To secure an infrastructure for health promotion, new mechanisms of funding it locally, nationally and globally must be found. Incentives should be developed to influence the actions of governments, nongovernmental organizations, educational institutions and the private sector to make sure that resource mobilization for health promotion is maximised.

“Settings for health” represent the organisational base of the infrastructure required for health promotion. New health challenges mean that new and diverse networks need to be created to achieve intersectoral collaboration. Such networks should provide mutual assistance within and between countries and facilitate exchange of information on which strategies are effective in which settings.

Training in and practice of local leadership skills should be encouraged to support health promotion activities. Documentation of experiences in health promotion through research and project reporting should be enhanced to improve planning, implementation and evaluation. All countries should develop the appropriate political, legal, educational, social and economic environments required to support health promotion.

Call for Action

Participants are committed to sharing the key messages of the Declaration with their governments, institutions and communities, to put into practice the actions proposed, and report back to the 5th International Conference on Health Promotion. In order to speed progress towards global health promotion, participants endorse the formation of a global health promotion alliance. The goal of this alliance is to advance the action priorities for health promotion expressed in this declaration.

Priorities for the alliance include:

- ▶ raising awareness about the changing determinants of health supporting the development of collaboration and networks for health development
- ▶ mobilisation of resources for health promotion
- ▶ accumulating knowledge on best practice
- ▶ enabling shared learning
- ▶ promoting solidarity in action
- ▶ fostering transparency and public accountability in health promotion

National governments are called to take initiative in fostering and sponsoring networks for health promotion both within and between their countries.

Participants in Jakarta 97 called on WHO to take the lead in building a global health promotion alliance and enabling its member states to implement the results of the Jakarta Conference. A key part of this role is for WHO to engage governments, nongovernmental organisations, development banks, UN agencies, interregional bodies, bilateral agencies, the labour movement and co-operatives, as well as the private sector in advancing the action priorities for health promotion.

The Cancer Council ACT

Financial Report

for the Year Ended 30 June 2002

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**THE CANCER COUNCIL ACT
COMMITTEE'S REPORT**

Your committee members submit the financial report of The Cancer Council ACT for the financial year ended 30 June 2002

Committee Members

The names of committee members throughout the financial year and at the date of this report are

Kevin White (Appointed)

Christine Brail

Lyla Rogan (Resigned)

Ron Christie

Peter Murray (Resigned)

Chris Soutter

Anna Wellings-Booth (Resigned)

Rohin Stuart-Harris

Margaret Morton

Heather Wain (Resigned)

Shane Austin (Resigned)

Maedine Clark

Anne Fehsoltner

Michael Deasey

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Principal Activities

The principal activities of the association during the financial year were to provide cancer education and support in the Canberra region. No significant change in the nature of these activities occurred during the year.

Significant Changes

No significant change in the nature of these activities occurred during the year.

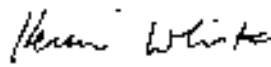
Operating Result

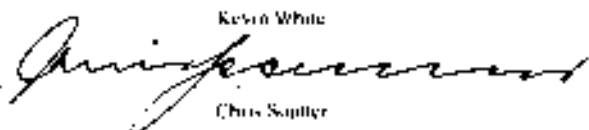
The profit from ordinary activities amounted to \$147,377.

After Balance Date Events

No matters or circumstances have arisen since the end of the financial year which significantly affected or may significantly affect the operations or the association, the results of those operations, or the state of affairs of the association in future financial years.

Signed in accordance with a resolution of the Members of the Committee:


.....
Kevin White


.....
Chris Soutter

Dated: 9th Sept 2002

THE CANCER COUNCIL ACT
STATEMENT OF FINANCIAL PERFORMANCE
FOR THE YEAR ENDED 30 JUNE 2002

	Notes	2002 \$	2001 \$
Revenue from ordinary activities	2	1,470,821	1,252,014
Employee expenses		(614,113)	(511,178)
Depreciation expense	3	(24,768)	(25,229)
Other expenses from ordinary activities		<u>(104,563)</u>	<u>(177,862)</u>
Profit from ordinary activities		<u>147,377</u>	(2,255)

The accompanying notes form part of these financial statements.

THE CANCER COUNCIL ACT
STATEMENT OF FINANCIAL POSITION
AS AT 30 JUNE 2002

	Notes	2002 \$	2001 \$
CURRENT ASSETS			
Cash assets	4	450,380	589,223
Receivables	5	18,487	11,650
Inventories		64,196	50,268
Prepayments & Other	6	<u>3,606</u>	3,891
TOTAL CURRENT ASSETS		<u>536,669</u>	755,032
NON-CURRENT ASSETS			
Other financial assets	7	36,350	35,122
Property, plant and equipment	8	<u>46,553</u>	53,850
TOTAL NON-CURRENT ASSETS		<u>82,903</u>	88,972
TOTAL ASSETS		<u>619,572</u>	844,004
CURRENT LIABILITIES			
Trade creditors & Payables	9	23,079	19,283
Provisions	10	43,003	20,581
Accruals	11	<u>17,123</u>	16,117
TOTAL CURRENT LIABILITIES		<u>83,205</u>	55,981
TOTAL LIABILITIES		<u>83,205</u>	55,981
NET ASSETS		<u>536,367</u>	788,023
EQUITY			
Accumulated surplus	11	<u>536,367</u>	788,023
TOTAL EQUITY	12	<u>536,367</u>	788,023

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THE CANCER COUNCIL ACT FINANCIAL REPORT FOR THE YEAR ENDED 30 JUNE 2002

The accompanying notes form part of these financial statements.

THE CANCER COUNCIL ACT
STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED 30 JUNE 2002

	Notes	2002 \$	2001 \$
CASH FLOW FROM OPERATING ACTIVITIES			
Receipts from members, donations and special events		881,579	59,749
Operating grant receipts		266,124	251,479
Receipts from sale of publications		350,789	361,855
Payments to suppliers and employees		(1,334,806)	(1,181,259)
Payments to ATP		46,163	-
Interest received		31,332	31,564
Net cash provided by operating activities	16(1)	<u>189,856</u>	<u>25,388</u>
CASH FLOW FROM INVESTING ACTIVITIES			
Payment for property, plant and equipment		(17,471)	(16,490)
Net realisable gain on shares		<u>41,228</u>	<u>41,758</u>
Net cash used in investing activities		<u>(18,692)</u>	<u>(7,732)</u>
Net increase in cash held		170,157	27,113
Cash at beginning of financial year		<u>688,224</u>	<u>541,111</u>
Cash at end of financial year	16(1)	<u>858,381</u>	<u>568,224</u>

The accompanying notes form part of these financial statements.

THE CANCER COUNCIL ACT
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2002

None	2002 \$	2001 \$
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NOTE 1: STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES

The financial report is a general purpose financial report that has been prepared in accordance with Australian Accounting Standards, Urgent Issues Group Consensus Views and other authoritative pronouncements of the Australian Accounting Standards Board and the requirements of the Associations Incorporation Act of the Australian Capital Territory.

The financial report is for the entity The Cancer Council ACT is an individual entity. The Cancer Council ACT is an association incorporated in the Australian Capital Territory under the Associations Incorporations Act 1991.

The financial report has been prepared on an accruals basis and is based on historical costs. It does not take into account changing money values or, except where stated, current valuations of non-current assets. Cost is based on the fair values of the consideration given in exchange for assets.

The following is a summary of the material accounting policies adopted by the association in the preparation of the financial report. The accounting policies have been consistently applied, unless otherwise stated.

(a) Income Tax

No provision for income tax has been raised as the association is exempt from income tax under Division 50 of the Income Tax Assessment Act 1997.

(b) Inventories

Inventories are measured at the lower of cost and net realisable value. Costs are assigned on a first-in first-out basis and include direct materials, direct labour and an appropriate proportion of variable and fixed overhead expenses.

(c) Property, Plant and Equipment

Each class of property, plant and equipment is carried at cost or fair value less, where applicable, any accumulated depreciation.

Plant and Equipment

Plant and equipment are measured on the cost basis.

The carrying amount of plant and equipment is reviewed annually by the association to ensure it is not in excess of the recoverable amount of those assets. The recoverable amount is assessed on the basis of the expected net cash flows which will be received from the asset's employment and subsequent disposal. The expected net cash flows have not been discounted to their present values in determining recoverable amounts.

Depreciation

The depreciable amount of all fixed assets are depreciated over the useful lives of the assets to the association commencing from the time the asset was held ready for use. Leasehold improvements are amortised over the shorter of either the unexpired period of the lease or the estimated useful lives of the improvements.

The depreciation rates used for each class of depreciable assets are:

Class of fixed asset	Depreciation rates	Depreciation basis
Plant and equipment	7.5 - 27%	Straight Line
Motor Vehicles	23.5%	Straight Line
Office Equipment	1 - 25%	Diminishing Value
Furniture, Fixtures and Fittings	7.5 - 27%	Straight Line
Computer Equipment	33.5%	Diminishing Value

THE CANCER COUNCIL ACT

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2002

Note	2002 \$	2001 \$
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NOTE 1: STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

(f) Investments

Non-current investments are measured on the cost basis. The carrying amount of investments is reviewed annually by directors to ensure it is not in excess of the recoverable amount of these investments. The recoverable amount is assessed from the quoted market value for shares in listed companies or the underlying net assets for other non-listed corporations. The expected net cash flows from investments have not been discounted to their present value in determining the recoverable amounts.

(g) Employee Entitlements

Provision is made for the association's liability for employee entitlements arising from services rendered by employees to balance date. Employee entitlements expected to be settled within one year together with entitlements arising from wages and salaries, annual leave and sick leave which will be settled after one year, have been measured at their nominal amount. Other employee entitlements payable later than one year have been measured at the present value of the estimated future cash outflows to be made for these entitlements.

Contributions are made by the association to an employee superannuation fund and are charged as expenses when incurred.

(h) Cash

For the purposes of the Statement of Cash flows, cash includes cash in hand, at banks and on deposit.

(i) Revenue

Revenue from sale of goods is recognised upon the delivery of goods to customers.

Revenue from the rendering of a service is recognised upon the delivery of the service to the customers.

Interest revenue is recognised on a proportional basis taking into account the interest rates applicable to the financial assets.

Other revenue is recognised when the right to receive the revenue has been established.

(j) Goods and Services Tax (GST)

Revenues, expenses and assets are recognised net of the amount of GST, except where the amount of GST incurred is not recoverable from the Australian Taxation Office. In these circumstances the GST is recognised as part of the cost of acquisition of the asset or as part of an item of expense. Receivables and payables in the Statement of Financial Position are shown, inclusive of GST.

NOTE 2: REVENUE

Operating activities

Sales income	350,789	367,855
Donations	85,939	89,860
Special Events	603,249	427,614
Bequests received	78,304	55,571
Membership fees	1,758	2,845
Interest Income	31,332	31,915
Insurance recoveries	-	1,029
Rental income	-	1,500
Royalty income	5,083	5,964
Grants received	266,124	261,476
Other income	48,243	2,539
	<u>1,470,821</u>	<u>1,357,014</u>
(a) Interest from other sources	<u>31,332</u>	<u>31,915</u>

THE CANCER COUNCIL ACT
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2002

	Note	2002 \$	2001 \$
NOTE 3- PROFIT FROM ORDINARY ACTIVITIES			
Profit/losses from ordinary activities has been determined after (a) expenses			
Depreciation of non-current assets			
- Property, plant and equipment		24,768	25,229
- Good and doubtful debt-		821	-
Reimbursement of the auditor's fee			
- audit services		1,900	4,145
Merchandise			
Salaries and wages		227,969	250,429
		554,431	483,126
(b) Revenue and Net Gains			
Donations			
		85,939	59,360
(c) Significant Revenues and Expenses			
Special events		603,249	422,914
Sales		350,789	361,855
Operating profits		266,124	261,476
NOTE 4: CASH ASSETS			
Cash on hand		650	1,691
Cheque in bank		594,183	440,107
Deposits at call		<u>263,547</u>	<u>247,466</u>
		<u>858,380</u>	<u>689,223</u>
NOTE 5: RECEIVABLES			
CURRENT			
Trade debtors		15,331	1,126
GST Receivable		<u>3,156</u>	<u>6,521</u>
		<u>18,487</u>	<u>7,647</u>
NOTE 6: OTHER ASSETS			
CURRENT			
Prepayments		2,439	4,695
Security deposits		<u>1,167</u>	<u>1,317</u>
		<u>3,606</u>	<u>6,012</u>

THE CANCER COUNCIL ACT

**NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2002**

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	Note	2002 \$	2001 \$
NOTE 7: OTHER FINANCIAL ASSETS			
NON-CURRENT			
Shares in other corporations at cost	7(a)	<u>10,740</u>	9,512
Other debentures at cost		<u>25,610</u>	<u>25,610</u>
		<u>36,350</u>	35,122
(a) Market value of financial assets in listed corporations debentures		<u>25,610</u>	25,610

NOTE 8: PROPERTY, PLANT AND EQUIPMENT

BUILDINGS IMPROVEMENTS

At cost 2,780 2,780

PLANT AND EQUIPMENT

(a) Plant and equipment

At cost 153,143 135,672

Less accumulated depreciation (115,477) (92,881)

37,666 42,791

(b) Motor vehicles

At cost 19,122 19,122

Less accumulated depreciation (13,024) (11,250)

6,098 7,872

Total plant and equipment 43,764 50,663

Total property, plant and equipment 46,553 53,854

(b) Movements in Carrying Amounts

Movement in the carrying amounts for each class of property, plant and equipment between the beginning and the end of the current financial year

	Buildings improvements \$	Plant & equipment \$	Motor Vehicles \$	Total \$
2002				
Balance at the beginning of the year	2,780	41,192	7,869	51,841
Additions	-	17,471	-	17,471
Depreciation expense	-	<u>(22,957)</u>	<u>(1,271)</u>	<u>(24,228)</u>
Carrying amount at end of year	<u>2,780</u>	<u>35,666</u>	<u>6,598</u>	<u>44,944</u>

NOTE 9: PAYABLES

CURRENT

Unsecured liabilities

Trade creditors (415) (265)

Other payables and unexpended grants 23,394 10,255

23,000 10,000

THE CANCER COUNCIL ACT
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2002

	Note	2002 \$	2001 \$
NOTE 10: PROVISIONS			
CURRENT			
Employer entitlements	10	<u>43,003</u>	26,581
(a) Aggregate employer entitlements liability		<u>43,003</u>	26,581

NOTE 11: OTHER LIABILITIES

CURRENT			
Accrued expenses		<u>17,123</u>	16,117

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NOTE 12: EQUITY

Total equity at the beginning of the financial year		796,990	799,245
Total changes in equity recognised in the statement of financial performance		<u>147,377</u>	12,251
Total equity at the reporting date		<u>944,367</u>	811,496

NOTE 13: RETAINED PROFITS

Retained profits at the beginning of the financial year	15	796,990	799,245
Net profit/loss attributable to members of the entity		<u>147,377</u>	12,251
Retained profits at the end of the financial year		<u>944,367</u>	811,496

NOTE 14: LEASING COMMITMENTS

(a) Operating lease commitments

Non-cancellable operating leases contracted for but not capitalised in the financial statements:

Favourable			
not later than one year		32,195	30,527
after one year or a period longer than five years		<u>5,888</u>	<u>17,363</u>
		<u>38,083</u>	47,890

General description of leasing arrangements:

The lease is for the rental of the premises:

1. The lease for Belconnen Store expires on 24 September 2003
2. The lease for Kalbar property expires on 31 July 2002

NOTE 15: SEGMENT REPORTING

The Council provides Cancer Education and Support within the Australian Capital Territory.

THE CANCER COUNCIL ACT

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2002

	Note	2002 \$	2001 \$
NOTE 16- CASH FLOW INFORMATION			
Reconciliation of cash:			
Cash at the end of the financial year as shown in the statement of Cash			
Flows is reconciled to the related items in the statement of financial position as follows:			
Cash on hand		650	650
Cash at bank		594,183	401,107
At call deposits with financial institutions		<u>263,547</u>	247,400
		<u>864,380</u>	655,157
Reconciliation of cash flow from operations with profit from ordinary activities after income tax:			
Surplus (Deficit) from ordinary activities after income tax		147,377	(2,244)
Net cash flows to profit from ordinary activities			
Depreciation		24,768	15,229
Changes in assets and liabilities			
Decrease in receivables		(14,204)	3,965
Decrease in other assets		2,153	(12,080)
Increase (decrease) in inventories		(7,929)	30,151
Increase (decrease) in payables		20,268	5,104
Accruals/finances		-	(7,300)
Increase in provisions		<u>16,422</u>	19,716
Cash flows from operations		<u>158,856</u>	45,301

THE CANCER COUNCIL ACT

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2002

Note 2002 2001
\$ \$

NOTE 17: FINANCIAL INSTRUMENTS

(a) Interest Rate Risk

The association's exposure to interest rate risk, which is the risk that a financial instrument's value will fluctuate as a result of changes in market interest rates and the effective weighted average interest rates on classes of financial assets and financial liabilities, is as follows:

	Weighted Average Effective Interest Rate		Floating Interest Rate		Fixed Interest Rate Maturing			
					Within 1 Year		1 to 5 Years	
	2002 %	2001 %	2002 \$	2001 \$	2002 \$	2001 \$	2002 \$	2001 \$
Financial Assets								
Cash	2.5	5	610,114	455,420	247,616	232,144	-	-
Investments	5.3	5	10,740	9,512	-	-	25,610	25,610
Total financial assets			620,854	464,932	247,616	232,144	25,610	25,610
Financial liabilities								
Bank loans and overdrafts	-	-	275	225	-	-	-	-
Trade and sundry creditors	-	-	-	-	-	-	-	-
Total financial liabilities			275	225	-	-	-	-

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	Fixed Interest Rate Maturing Over 5 Years		Non-Interest Bearing		Total	
	2002 \$	2001 \$	2002 \$	2001 \$	2002 \$	2001 \$
	Cash	-	-	650	630	650,300
Investments	-	-	-	-	56,350	35,222
Total financial assets	-	-	650	630	706,650	723,447
Financial liabilities						
Trade and sundry creditors	-	-	22,804	10,102	23,029	10,283
Total financial liabilities	-	-	22,804	10,102	23,029	10,283

(b) Credit Risk

The maximum exposure to credit risk, excluding the value of any collateral or other security, at balance date to recognised financial assets is the carrying amount of those assets, net of any provisions for doubtful debts, as disclosed in the statement of financial position and notes to the financial report.

The association does not have any material credit risk exposure to any single debtor or group of debtors under financial instruments as defined by the association.

NOTE 18: RETAINED PROFITS AT THE BEGINNING OF THE FINANCIAL YEAR

Retained profits at the beginning of the financial year	796,991	769,530
Adjusted retained profits at the beginning of the financial year	796,991	769,530

NOTE 19: ASSOCIATION DETAILS

The principal place of business of the association is:

The Cancer Council ACT
159 Maribyrnong Avenue
KALBARRA ACT 2617

THE CANCER COUNCIL ACT

STATEMENT BY MEMBERS OF THE COMMITTEE

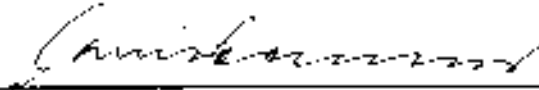
In the opinion of the committee the financial report as set out on pages 2 to 11

1. Presents fairly the financial position of The Cancer Council ACT as at 30 June 2002 and its performance for the financial year ended on that date in accordance with the Australian Accounting Standards and other mandatory professional reporting requirements and other authoritative pronouncements of the Australian Accounting Standards Board.
2. At the date of this statement, there are reasonable grounds to believe that The Cancer Council ACT will be able to pay its debts as and when they fall due.

This statement is made in accordance with a resolution of the committee and is signed for and on behalf of the Committee by



Kevin White



Iris Souner

Dated

THE CANCER COUNCIL ACT
INCOME AND EXPENDITURE STATEMENT
FOR THE YEAR ENDED 30 JUNE 2002

	2002 \$	2001 \$
INCOME		
Sales income	350,789	501,855
Donations	85,939	70,598
Special events	603,249	422,834
Requests received	78,384	81,521
Membership fees	1,758	2,845
Interest income	31,332	11,905
Insurance recoveries	-	1,629
Rental income	-	1,500
Royalty income	5,883	5,964
Grants received	266,124	261,476
Other income	<u>48,242</u>	<u>15,339</u>
Total operating income	<u>1,470,821</u>	<u>1,252,114</u>
LESS EXPENSES		
Advertising	24,526	11,000
Annual leave	7,204	11,115
Audit fees	3,900	4,145
Bank charges	7,064	7,682
Bad debts	821	-
Board & other amenities	3,833	4,795
Cancer Council of Australia membership	32,944	36,484
Cleaning supplies and services	10,044	8,117
Computer software	1,004	6,755
Conferences fees	29,071	15,244
Correction of prior year error	5,918	-
Depreciation	24,768	24,329
Electronics	8,430	8,290
Fundraising purchases	43,369	23,817
Freight & postage	13,436	12,205
Grants - research	1,137	-
Grants - research	7,076	47,692
Insurance	20,360	12,785
Legal costs	5,765	-
Local travelling expenses	15,785	15,881
Long service leave	9,218	-
Major machines	7,840	6,949
Memberships and subscriptions	4,603	4,805
Merchandise	227,969	156,425
Motor vehicle expenses	7,757	5,419
Printing & stationery	44,177	46,150
Professional Development	23,843	33,780
Projects	9,868	1,838
Rent and Rates	54,823	47,141
Repairs & maintenance	6,281	6,762
Resources and Promotional Materials	<u>42,835</u>	<u>55,561</u>

These financial statements should be read in conjunction with the attached Disclosure

THE CANCER COUNCIL ACT
INCOME AND EXPENDITURE STATEMENT
FOR THE YEAR ENDED 30 JUNE 2002

	2002 \$	2001 \$
Salaries & wages	554,431	483,328
Sundry expenses	1,143	1,707
Superannuation	42,124	37,133
Telephone	<u>20,872</u>	22,040
 Total Expenses	 <u>1,325,444</u>	 1,254,202
 OPERATING PROFIT / (LOSS)	 <u>147,377</u>	 (3,255)

These financial statements should be read in conjunction with the attached Disclosure

ABN 67 663 759 013

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13 London Circuit, Canberra

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**THE CANCER COUNCIL ACT
INDEPENDENT AUDIT REPORT
TO THE MEMBERS OF
THE CANCER COUNCIL ACT**

Scope

We have audited the financial report of The Cancer Council ACT for the financial year ended 30 June 2002 being the Statement of Financial Performance, Statement of Financial Position, Statement of Cash Flows, notes to the Financial Statements and the Statement by Members of the Committee. The committee is responsible for the financial report. We have conducted an independent audit of this financial report in order to express an opinion on it to the members.

Our audit has been conducted in accordance with Australian Auditing Standards to provide reasonable assurance whether the financial report is free of material misstatement. Our procedures included examination, on a test basis, of evidence supporting the amounts and other disclosures in the financial report, and the evaluation of accounting policies and significant accounting estimates. These procedures have been undertaken to form an opinion whether, in all material respects, the financial report is presented fairly in accordance with Accounting Standards, the Association Incorporation Act of the Australian Capital Territory, and other mandatory professional reporting requirements in Australia so as to present a view which is consistent with our understanding of the association's financial position and performance as represented by the results of its operations and its cash flows.

The audit opinion expressed in this report has been formed on the above basis.

Qualification

As is common for organisations of this type, it is not practical to maintain an effective system of internal control over the receipt of revenue and the payment of expenses until the initial entry into the accounting records. Accordingly, our audit in relation to income and expenses was limited to the amounts recorded as being banked.

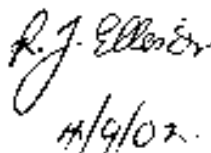
Qualified Audit Opinion

In our opinion, except for the effects on the financial statements of the matter referred to in the qualification paragraph, the financial report of The Cancer Council ACT presents fairly in accordance with applicable Accounting Standards in Australia, the Association Incorporation Act of the Australian Capital Territory and other mandatory professional reporting requirements, the financial position of The Cancer Council ACT as at 30 June 2002 and the results of its operations and its cash flows for the financial year then ended.

Bentleys MRI
Chartered Accountants
GPO Box 554
Canberra ACT 2601



Robert Ellison
Partner
Dated:





ABN 67 663 759 013

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THE CANCER COUNCIL ACT

DISCLAIMER
TO THE MEMBERS OF
THE CANCER COUNCIL ACT

The additional financial data presented on pages 57-58 is in accordance with the books and records of the association which have been subjected to the auditing procedures applied in our statutory audit of the association for the financial year ended 30 June 2002. It will be appreciated that our statutory audit did not cover all details of the additional financial data. Accordingly, we do not express an opinion on such financial data and we give no warranty of accuracy or reliability in respect of the data provided. Neither the firm nor any member or employee of the firm undertakes responsibility in any way whatsoever to any person (other than The Cancer Council ACT) in respect of such data, including any errors or omissions therein however caused.

Bentleys MRI
Chartered Accountants
GPO Box 554
Canberra ACT 2601

Robert Elliott
Partner
Dated:



**The
Cancer
Council
ACT**

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