Slip! Slop! Slap! and SunSmart, 1980-2000: Skin Cancer Control and 20 Years of Population-Based Campaigning

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The Anti-Cancer Council of Victoria has been running sun protection programs for more than 20 years: Slip! Slop! Slap! from 1980 to 1988 and SunSmart from 1988 to the present. The Victorian Health Promotion Foundation has provided funding for the SunSmart program for the past 13 years. These programs have played an important role in changing the whole society's approach to the sun and have resulted in marked reductions in sun exposure. This article describes the social, political, economic, and organizational context within which these programs developed. Then 10 areas are discussed that illustrate a critical aspect of the development and implementation of this successful systemwide health promotion program. These areas focus on key aspects of the context within which the program operates and on issues that derive from the experience of implementing program strategies. In summary, the success of the two programs is described as having been built on two key foundations: the vital integration of research and evaluation, on one hand, and a strong basis of consistency and continuity, on the other.

Australia has the highest incidence of skin cancer (SC) of any country in the world.[1] One out of every two Australians will be treated for SC during their lifetime, and melanoma is now the third most common potentially fatal cancer.[2] The latest available data suggest that in a total Australian population of 18 million, at least 5,500 people will develop a melanoma, and more than 270,000 will develop a nonmelanocytic SC[3,4] each year. In 1998, 970 people died from melanoma, and 333 died from nonmelanocytic SC in Australia (data supplied by the Centre for Epidemiology, Anti-Cancer Council of Victoria, 1999). Of all forms of cancer, SC results in the highest costs to the nation's health system—more than AUS$232 million per year for nonmelanoma and more than AUS$65 million for melanoma SC.[5,6]

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Australia also has some very successful state-based SC prevention programs; the southern state of Victoria has the longest running and best-resourced program in the country. During the 1960s and 1970s, the Anti-Cancer Council of Victoria (ACCV), a nongovernment, not-for-profit agency, ran several sun protection activities that arose from the increasing evidence of the risks of overexposure. In 1980, the ACCV launched the Slip! Slop! Slap! campaign to encourage individuals to reduce their exposure to ultraviolet radiation.[7] An animated seagull called Sid urged Victorians to slip on a shirt, slop on some sunscreen, and slap on a hat. This limited public education program was funded by then ACCV from its public donations income to the extent of around AUS$50,000 a year.

Very early on, the ACCV played an important role in coordinating national activities around SC. In 1985, National Skin Cancer Awareness Week, then the only nationally coordinated cancer program in Australia, was initiated by the ACCV in conjunction with other states' cancer councils and the Australian College of Dermatologists. The National Week program has continued, and the ACCV remains instrumental in developing unified national targets, messages, and resources.

In 1988, the ACCV received around AUS$1 million from the newly established Victorian Health Promotion Foundation (VicHealth), and a new broad-based, multifaceted SC control program was launched as the SunSmart program. This program aims to reduce SC incidence, morbidity, and mortality rates by changing personal attitudes and behaviors, bringing about environmental and organizational change, and controlling existing disease.[8]

The SunSmart program is still operating. VicHealth funding dropped after the first 4 years to around AUS$0.5 million annually, while the ACCV has maintained an annual commitment of around AUS$0.25 million in funds and in kind.

CAMPAIGN ACHIEVEMENTS

The changes in the attitudes, beliefs, knowledge, and behavior of Victorians have been documented extensively in relation to sun exposure, community capacity building, and institutional and structural change. A brief snapshot is given here of some of these achievements, but readers are directed to the large body of published reports for a full picture.[9-25]

Since 1988, there have been significant changes in the attitudes that Victorians hold toward suntans. The proportion of Victorians liking to get a suntan decreased markedly from 61% in 1988 to 35% in 1998, and there has been a continuing shift away from beliefs that favor suntans. For example, the proportion agreeing that "friends think a suntan is a good idea" dropped from 69% in 1988 to 36% in 1998, and those agreeing that "it is easier to enjoy summer once you get a tan" fell from 62% to 29% during the period.[9,10]

There have been positive changes in behavior, with consistent increases in the proportion of people reporting seeking shade, using a hat and sunscreen, covering up, and choosing not to go out in the sun between 11 a.m. and 3 p.m. the previous weekend.[10-12]

Some important data on sunburn trends are becoming evident. Using statistical modeling to adjust for various key factors (ultraviolet radiation levels; mean temperature between 11 a.m. and 3 p.m. on the relevant day; survey month; and gender, age, and skin type of the individual), the data show a clear reduction of risk of sunburn from 1988.[10]

Structural or institutional change has also occurred in a wide range of organizational settings. An accreditation program has been operating in Victorian primary schools since 1993; 71% of all primary schools had been accredited as SunSmart schools by December

2000. For accreditation, schools must adopt a sun protection policy that includes compulsory hat wearing for children playing outside in the two summer terms, commitment to changing the times of outdoor activities, and the inclusion of sun protection in the curriculum.[13]

In Australia, local government authorities (LGAs) employ many outdoor workers and control a significant proportion of the outdoor recreational space. There have been gains with these authorities even though progress stalled in the mid-1990s during a process of municipal amalgamations that effectively resulted in 2 to 3 years of inaction.[17] By 1998, 52% of LGAs had a sun protection policy for outdoor staff (only 29% in 1990), 72% had a sun protection policy or set of procedures in their children's programs (22% in 1990), and 37% had shade over all their children's wading pools compared with only 20% in 1993.

Significant proportions of sport and leisure organizations, workplaces, trade unions, and community health centers[8,9,14-21] have adopted sun protection policies, regulations, and practices. Weather forecasting; the fashion industry; building design; occupational health and safety practices; sunscreen production and pricing; hat, swimwear, and shade manufacturing have all been influenced.

The increasing popularity and unregulated spread of solariums in the early 1990s led to a range of strategies to strengthen the regulatory framework of the industry, to improve operating practices, and to inform the public of the risks of solarium use. Media work and resource development have slowed the growth in solariums, and the SunSmart manager now chairs the national standard-setting body for the solarium industry.

SunSmart and other states' cancer councils have had an important impact on the availability, accessibility, and price of sun protection items. These councils played a key role in influencing industry standards for the quality and promotion of sunscreen and in lobbying governments to lift standards, to lower tax rates, and to remove restrictions on sales outside pharmacies. Whereas sunscreen was an expensive item that could only be purchased in pharmacies, 50% of the market is now reached through supermarkets at much lower prices.

SunSmart and the other cancer councils also took the lead in promoting the development of sun protection merchandise, such as protective clothing for swimming, golf, cycling, and gardening and new shade structures for home and beach use. Particularly successful has been the change since the early 1990s in the supply of, and demand for, neck-to-knee Lycra swimwear for children. These body suits are now common attire on Victoria's beaches[22] and can be bought cheaply in chain supermarkets.

The ACCV runs a very successful merchandising business with a high annual turnover of sun protection products. For example, in 1998, in a city of just more than 3 million people, the Melbourne-based merchandising section turned over AUS$1.7 million by selling 16,000 pairs of sunglasses, 52,000 units of sunscreen, 11,000 hats, and 6,200 units of clothing.[10]

Finally, and perhaps most important, clear evidence is now emerging that SC incidence rates are beginning to plateau after decades of increase. The rates of SC in younger cohorts are falling, and the earlier detection of SC is leading to better treatment and long-term outcomes.[23-25]

In the face of what is generally agreed to be a success story, this article attempts to identify the elements of the ACCV sun protection programs that may be of value to those planning, implementing, and assessing other systemwide health promotion programs. We examine the context within which the programs developed, both theoretically and strategically; identify some critical insights from our experience of more than 20 years; and relate these insights to current conceptual debates.

CONTEXT FOR THE DEVELOPMENT OF THE SUN PROTECTION PROGRAMS

The Nature of the Specific Health Issue

Skin cancer prevention as a health issue has a number of distinct advantages from a prevention perspective. Skin cancer is universal in the sense that it is no respecter of class or gender or, to a more limited extent, skin type, and it is sufficiently common for most people to know someone who has had SC. It is preventable, and there are some simple and effective steps that people can take; it is detectable largely without invasive procedures, and individuals as well as medical professionals can be alerted to the indications of SC; and it can be treated successfully if detected early.

In contrast to antismoking campaigns, there are no obvious moral or commercial opponents of protective messages. On the contrary, many commercial opportunities have sprung from the increasing demand for shade structures, hats, protective swim and sportswear, sunscreen, and sunglasses. Solarium operators are potential opponents of those advocating the value of natural skin and the dangers of ultraviolet radiation exposure; however, until recently, the sector has remained relatively small and disorganized in Australia. From the perspective of governments and political parties, SC prevention messages are generally not perceived as politically threatening and involve little or no erosion of tax revenue, nor are they likely to diminish voter support or financial contributions.

The Social, Political, and Economic Environment

The social, political, and economic environment during this period provided an important backdrop to the development of Slip! Slop! Slap! and SunSmart in terms of their development, funding and directions, and the receptivity of the community to campaign messages.

Victoria has a proud tradition of innovation in public health and of grappling with identified problems and evaluating the strategies rather than waiting for proven strategies. This tradition meshed with some significant developments in the 1980s.

Internationally, an emphasis on healthy communities and a preventive approach was becoming more common. In 1986, the first International Conference on Health Promotion was held in Ottawa, and the Ottawa Charter for Health Promotion was published; the development of the World Health Organization's Healthy Cities Program followed soon after. These developments were part of "the new public health" agenda[26] that emphasized broad definitions of health and advocated for the creation of healthy environments and strengthening of community action. In many respects, the ACCV was well placed to build on these foundations, and its programs have reflected these principles. However, probably because of the prominence of the mass media component, the ACCV has attracted some criticism for not being sufficiently community oriented.

The surge of interest nationally and internationally in the environment movement in the late 1980s, as well as the growing concern about the damage to the ozone layer and consequent higher risk from ultraviolet radiation, fuelled public interest in SC as a health problem. In 1987, evidence was released that the ozone hole over Antarctica had broken up and that ozone-depleted, stratospheric air was circulating over New Zealand, Southern

Australia, and South America.[27] This caused considerable community concern and helped to speed up public acceptance of prevention messages.

By the late 1980s, governments, funding bodies, and the community at large appeared to be ready to support a broad-based, multifaceted health promotion program such as SunSmart that aimed not simply to inform and empower individuals but also to tackle organizational, local, and physical environments and to take up a lobbying and advocacy role with governments, business, and labor organizations.

At this critical time, the ACCV was in a key position to maximize the positive elements of the environment and to expand on its earlier activity. It had an existing body of experience in running a SC program, a well-developed research capacity, prior credibility as a health promotion agency, an established network of relationships with key agencies, and an established infrastructure that could support and resource a new or expanded campaign. The Slip! Slop! Slap! campaign was well established and was only limited in adopting a more comprehensive approach by its lack of resources.

In 1987, the establishment of VicHealth by the state government went a long way toward overcoming this resource barrier. VicHealth funding has been critical to the success of the SunSmart program. Funding has been received each year since 1988 for both program and sponsorship work, with amounts ranging from around AUS$1 million in the first 4 years to AUS$.5 million in subsequent years.

Little financial input has come from other sources; only limited funds have been received from philanthropic trusts and corporations. However, monetary and in-kind support from the ACCV has been critical—particularly in relation to the capacity to tap the skills and experience of staff, board members, and organizational networks in the field of research, education, dermatology, and public relations.

Evolution of the Theoretical Backdrop to the Sun Protection Programs

The way in which Slip! Slop! Slap! and SunSmart have been conceptualized can be seen as moving through a number of stages or phases. The various stages were neither as discrete nor as articulated as this description may imply. Rather, there was an evolutionary process with considerable overlap between stages. A wide range of strategies was in place at any one time, and different emphases were placed on various aspects of the programs at different times.

Early on, sun protection work in Victoria could be described as using a "seat of the pants" approach, in which health messages were fired off whenever somebody had a good idea and resources could be found. With the development of Slip! Slop! Slap! as a discrete program in the early 1980s, efforts became more coordinated. Initially, these efforts were based on individual behavior change models and/or on the intuition of the advertising designers. The campaign used a combination of face-to-face promotion with a small media component designed to inform individuals, especially parents, of the risks of sun exposure and to persuade them to protect themselves and their children.

It was quickly recognized that creating a supportive environment would facilitate individual change. This led to, for example, the "Pick up a spade and plant some shade" campaign to encourage the community to act collectively to change the environment. In this activity, strong links were forged with elements of the conservation movement. Efforts were also made to encourage organizations such as child care centers, schools, and local

government to adopt sun protection policies and practices. A shift occurred fairly early on from simple information provision to a broader educative role.

In these early days, the ACCV essentially was dealing with a health issue that was not intuitively understood by members of the community. The evidence of risk emerged from epidemiological research, not the everyday experience of the community. Pressure for change did not arise out of a groundswell of community opinion and experience. In such a situation, we believed that the first task was to build a *community of concern*. Until there was concern, there would be no local or community efforts to help resolve the problem. In this respect, SC is similar to tobacco control but different from many other issues in which the concern already exists and can be galvanized quickly into action.

We recognized the need to take action that would fuel such a groundswell, but initially there was no real sense of how to do this systematically. Then, the injection of resources from VicHealth in 1988 provided the opportunity to transform the small-scale program that had proved successful in raising awareness about risk into a much broader campaign that could argue strongly for structural change to support individual behavior change.

By the late 1980s, a population-wide approach had been adopted, largely based on social-cognitive theories of attitude and behavior change[28,29] and models describing essential tasks in the change process.[8,30,31] Social-cognitive change theories describe people as active decision makers whose attitudes are based on knowledge and beliefs about the costs and benefits of their behavior. Beliefs about personal capacity to change and perceived costs and barriers to change also determine whether change will actually occur. When attitudes change, people will eventually change or attempt to change their behavior. Their attempts may be hindered by the intrinsic difficulty of the task (e.g., giving up smoking) or because the prevailing social context discourages change or encourages incompatible behavior. These difficulties can be overcome by altering the social or environmental context and/or training and supporting people in their attempts to change. However, there was considerable doubt among us as to how best to effect social change and some skepticism among outside "experts" about whether we could change something so deeply ingrained in the Australian culture as a desire for a tan.

The view was taken that attitude and behavior change also requires change in the social and cultural norms about the value of a suntan. Therefore, we needed what became known as a comprehensive health promotion strategy. A mass media campaign was important to tackle people's beliefs about the healthiness of a tan, inform them of the risks of sun exposure, and give them strategies for protecting themselves. We were presented with a strategic opportunity by the VicHealth buyout of tobacco sponsorship. We could take up the resulting sponsorship opportunities with sporting and leisure organizations and pursue education and advocacy strategies with the fashion and design industry to promote SunSmart role models.

These mass media–driven efforts to influence community attitudes began a process of broad cultural change that, in turn, exerted pressure on organizations and institutions to change. So, while a mass media approach was used to alter normative values about sun exposure, efforts were also made in many other areas. These efforts included educating key professional groups, encouraging organizations to adopt sun protection policies and practices, developing partnerships with and between key groups, and lobbying governments to remove cost barriers to sun protection.

Initially, our expression of these concepts and processes was inchoate. As the programs continued and we reflected on what we were doing, we began to articulate our

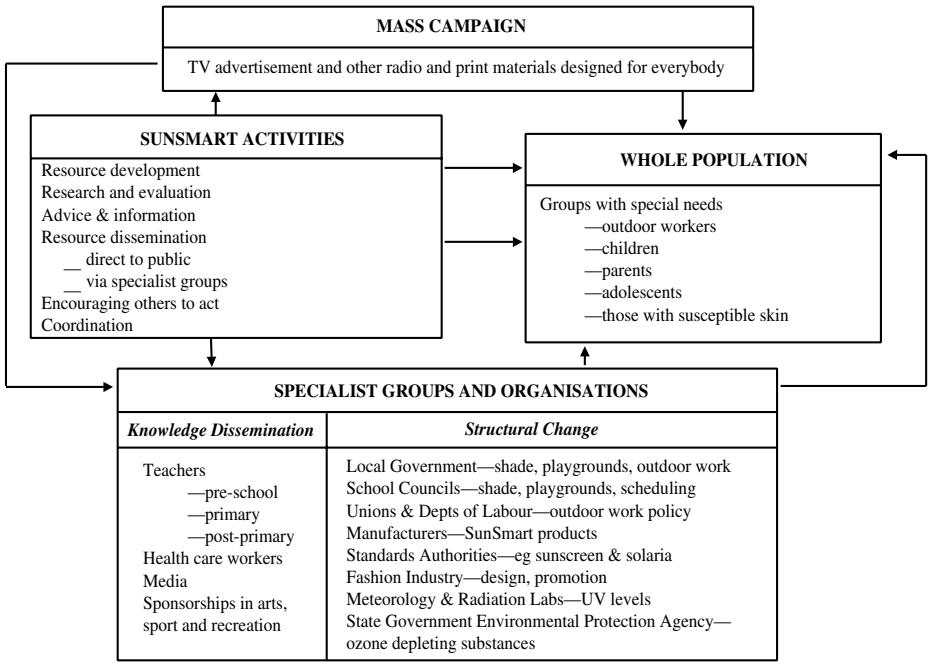

Figure 1. A schematic diagram of the interrelationships between the major strands of the SunSmart program and the community.[7]

thinking and the framework for our approach more clearly.[32] This also grew in response to challenges to our approach. In particular, in response to criticism about the use of mass media rather than the adoption of a primary focus on local community activity, we were forced to articulate the relationship between the program and the community (see Figure 1). We also had to articulate our model of how SC was to be reduced.[7] This model incorporates both individual and social change (see Figure 2) and provides the major insight that changing community norms is central to success.[32]

As clear evidence of changed values and attitudes began to emerge, the focus of the media message was altered to reflect the need for prompts to sun protection behavior rather than awareness raising about health risks. As social norms changed, we started to get requests from the community to help them develop local policies and practices. Demand on the program from community organizations such as child care centers, schools, and workplaces grew, providing evidence of community mobilization around the health issue. We were forced to increase the support that SunSmart provided to organizational and institutional change as a result of these demands from the community. Thus, for example, the provision of talks to individual schools or workplaces, to encourage sun protection activity, gave way to training for groups of teachers or occupational health and safety officers and the production of resource materials on how to develop SunSmart policy and practices.

Throughout the 1990s, as social norms continued to shift in favor of sun protection behavior and as community pressure increased on organizations to support individuals' desires to protect themselves and their children, the program focused more and more on

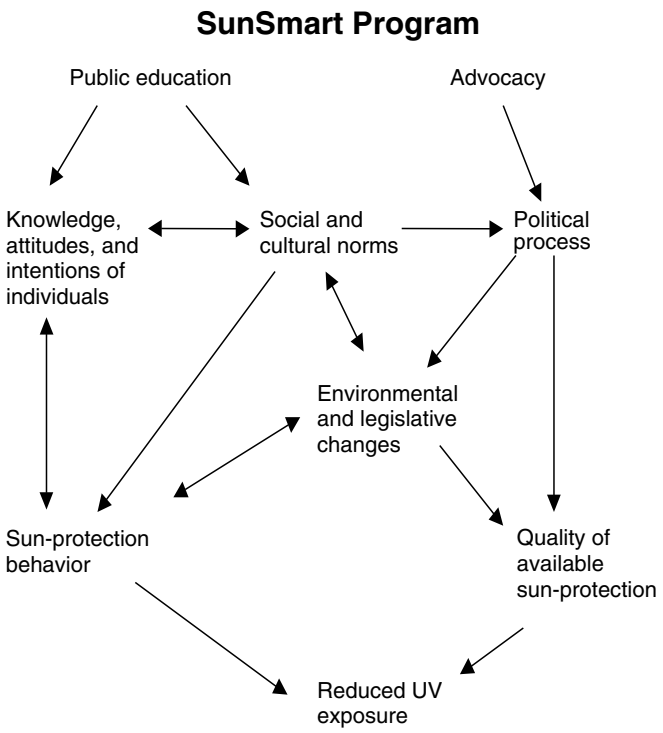

Figure 2. A schematic diagram of main routes of influence of the SunSmart program directed at reduced exposure to ultraviolet radiation.[32]

environmental, organizational, and structural change and on building the community's capacity to undertake health promotion around sun protection.

Toward the end of the decade, the existing trend in the mass media approach away from awareness raising toward behavior prompts continued, with a move toward the incorporation of hard-hitting, more negative messages designed to shock people into action. This was based on strong messages from the community that members needed graphic prompts to spur them on to do what they knew they should do.

State- and national-level structural change became a stronger component of the work of the program—for example, liaison with national standard-setting bodies and other states' cancer councils to develop and resource national priorities, as well as extension of the SunSmart schools program[33] to the national level. Today, in some settings (e.g., primary schools), SunSmart is beginning to move toward sustainable maintenance strategies, whereas in other settings (e.g., secondary schools), there is more basic work to be done. The job is not finished, but much has been accomplished.

CRITICAL ASPECTS OF THE SUN PROTECTION PROGRAMS

This section discusses several areas that, in retrospect, we see as having had a critical impact on the development and achievements of the programs. Some are positive, in that

they derive from the achievements of the programs; others are more negative, in the sense that they have been learned through aspects of the programs that have not been so successful. As part of the discussion, some reference is made to current health promotion literature in an attempt to place the critical areas in the context of current thinking and to provide an opportunity to validate some recent conceptual developments against our experience.[34-36]

Maximizing the Opportunities in the Broader Environment

A program does not develop or operate in a vacuum; its relationship to the social, political, and economic environment can play a key role in its development. In this regard, the SC program was well placed to maximize the various opportunities in the environment of the early 1980s (described earlier). From the ACCV's perspective at that time, SC may not have been the area of highest priority among all forms of cancer prevention, but it was an area where there was a clear need for action and where the council sensed a strategic opportunity with the establishment of VicHealth.

Being able to exploit this opportunity was to some extent serendipitous. However, the ACCV not only worked hard to maximize the favorable aspects of the environment but also took an active role in shaping the environment, for example, by actively advocating for the establishment of a foundation to fund health promotion activities from tobacco taxes.

Growing Out of a Strong Home Base

Slip! Slop! Slap! and SunSmart both gained enormously from the fact that they operated out of an established, effective, well-resourced organization that had compatible aims and values. As Shediac-Rizkallah and Bone[34] suggest, the key factors that influence long-term sustainability include institutional strength, compatibility, and integration with organizational vision and the existence of program championship or leadership.

All of these factors were present at the ACCV. This large nongovernment agency had significant research and education skills, and it provided the health promotion program with considerable organizational infrastructure and tremendous credibility in the community at large, funding organizations, and governments. ACCV's mission clearly encompassed sun protection programs. Mutual support and enhancement were a natural outcome. Some key individuals in research and management also had a strong impact as champions of the programs.

ACCV's credibility in the public's eyes has had a positive impact on the reception given to the sun promotion messages and, perhaps more important, to the advice, training, and resources. In addition, the status and desirability of SunSmart school and preschool accreditation are in part derived from the reputation of the host organization.

Having Access to Adequate and Consistent Resources

With a program aiming to reduce mortality and morbidity (as well as incidence) of a particular health problem, community-wide change must be sustained during a considerable period before significant change in epidemiological trends can be measured. A steady flow of funding has occurred since 1988, and since 1993, funds have been granted

on a 3-year basis, thus ensuring that the program had a sufficiently long time frame within which to plan, evaluate, and deliver services.

Congruency of Aims of Funding and Implementation Organizations

The relationship of VicHealth and SunSmart has been mutually beneficial. SunSmart has benefited from being funded by an organization that has similar health promotion values and aims. VicHealth has been a source of advice, review, and support and, in turn, has itself benefited from the relationship. The successes of SunSmart have helped VicHealth establish its reputation and attain its goals.

Ensuring Clarity of Vision and Planning

The SunSmart program has always engaged in systematic processes of strategic planning. This has involved the clear articulation of aims, objectives, and strategies and the adoption of regular program review and planning processes. The ultimate goal of cancer prevention has been kept clearly in mind, and the epidemiological evidence of the nature of the task has been kept under regular review.

Integrating Research and Evaluation Into Program Planning and Implementation

The SC programs have been built on a strong research and evaluation base. In 1987, the first household survey was conducted that generated vital baseline data, and it has been repeated regularly since then to monitor progress. Formative research is carried out systematically to inform the planning and design. Process research is used to modify and develop program operations. Impact and outcome research is also used to reevaluate program goals and strategies. Whenever possible, decisions about the form and content of the program are influenced by available empirical evidence. Research has also played a role in structuring dialogue with the community to ensure that the program is responsive to the community it serves.

ACCV is particularly well placed to integrate research and program work. Research planning, the exchange of results, and the sharing of expertise are simplified by the fact that the one organization hosts the health promotion program, as well as the behavioral and epidemiological research centers. The optimum model for the placement of evaluation, in terms of program implementation, has been debated.[32] We believe that our model of having the research and evaluation team working close to, but separate from, the program team is ideal. The separation allows for objectivity, but the closeness means that the researchers quickly become aware of issues, understand the program, and are able to feed back results as they become available.

Appreciating the Complexity of Systemic Change

A comprehensive, systemwide health promotion program such as SunSmart implies a multidimensional approach to system change. The processes that result in attitude and behavior change are not linear. They are complex, and it is not always easy to predict

where emphasis should be or the relative impact of separate elements. Policy change does not automatically result in organizational change followed by a change in community values and attitudes and in the behavior of individuals. Nor does a change in awareness of the dangers of skin exposure always translate into efforts to change behavior to keep out of the sun. Influences are mutually dependent. This realization has led to a breadth of vision and of action.

The SunSmart program has had the capacity to work on several fronts simultaneously but not do everything at once. No matter how well resourced, no program can do it all at once; however, our experience suggests that it is important to be doing at least a little in all areas to provide the seeds from which more concerted efforts might grow when the signs are right. This involves listening and responding to the changing way in which the community responds to the program. Thus, work to encourage swimsuit manufacturers to design SunSmart beachwear is more successful when a market exists. The impact of advice to parents to protect their children from sunburn is enhanced when a protective swimsuit is available. The production of model SunSmart policy and practice guidelines and the lobbying of child care and school staff are complemented by demands from parents for policies. The introduction of an outdoor workers' policy by local government may be speeded up by the demands of labor organizations.

With an appreciation of this complexity, the SunSmart program has worked with an inherent matrix in mind in which outcomes, strategies, and audiences intermesh. Thus, with our clear aims and objectives in mind, we have worked

- at many levels (individuals, households and families, organizations or institutions, the community at large),
- in many settings (education, the workplace, sport and recreation, the fashion industry, community health, local government, and key manufacturing areas), and
- with many target groups (children; young people; parents and teachers; older people, especially men older than age 50 years; outdoor workers; nurses and general practitioners).

Also, we have used many strategies over the years; they are too numerous to mention but are summarized here within the framework suggested by Crisp et al:[35]

- strategies to foster community norms and values, such as media and public relations work, sponsorship, and role modeling;
- strategies that involve working with organizations from the bottom up, including the design and delivery of education and training to individuals, the development of specific resources, the provision of small grants, or incentives to fuel sun protection behavior;
- strategies that involve working with organizations from the top down, including lobbying and advocacy at senior levels, accreditation programs, competitions, awards, and sponsorship plans;
- strategies to develop partnerships between individuals and organizations (e.g., linking shade manufacturers to local government and promoting joint approaches by local community health practitioners and teachers, between health centers and local outdoor businesses);
- strategies to enhance community organizing, which are inherent in the way we have employed all our strategies.

Tailoring the Media Message to the Environment

Media messages have always been carefully tailored to work best with the prevailing culture and community awareness. Thus, the early media messages were positive, encouraging, and designed to be happy, good-news messages. Sid Seagull was a jolly character who told you that it was possible to enjoy our wonderful climate and lifestyle, have fun, and protect yourself against skin cancer. He was also careful not to discourage healthy exercise while promoting awareness of the dangers of outdoor activity at certain times.

These early messages were then refined by research findings and by the day-to-day experience of the program staff. An important interaction took place between the growing sophistication of the public and the development of the media campaigns. For example, when evidence emerged that people had become aware of SC as an issue, the media message moved on from raising awareness to advising on protective behavior. Public demand for more detailed information led us to deliver more detailed messages; we moved from "use sunscreen" to "use maximum-strength sunscreen," with explanations of the meaning of SPF designations, and then to "use broad-spectrum sunscreen."

When young adults emerged as the group slowest to adopt SunSmart behavior despite raised awareness, media messages were designed and trialed specifically to influence them. Thus, there was a shift from the early positive, encouraging messages with general appeal to hard-hitting, more negative messages with shock value designed to influence the difficult-to-reach groups that were either unconvinced or had accepted the message but were not putting the self-protective behavior in place. One challenge we believe we have succeeded in is that in encouraging the population to avoid a tan, we have not created concern about darker natural skin color. This has been done by celebrating natural skin color.

Being Wary of the Double-Edged Sword

Some strategies have the potential to "backfire" or to "cut both ways." They appear to provide an incentive for action or support for change but may inhibit change. Two areas where the SunSmart program has learned this lesson are detailed below: the threat of legal liability acting as a brake rather than a spur to action and commercial sponsorship having the potential to detract from, rather than enhance, program messages.

Fear of future legal liability may act to encourage agencies or employers to adopt SunSmart policy so as not to be charged with failure of duty of care. However, the SunSmart experience has been that suggestions of this nature sometimes have the opposite effect. In some quarters, there is a belief that the adoption of a policy actually puts the agency or employer at risk of litigation should it then fail to ensure that the policy is implemented.

Receiving resources from the commercial sector has sometimes (but not always) proved a mixed blessing. On one hand, commercial sponsorship has provided us with access to resources, settings, and fresh approaches, and we have had some fruitful partnerships with the business sector. On the other hand, there have been times when commercial-sector funding has led to a loss of control or dilution of the program message, for example, by the association of SunSmart messages with an unhealthy product or poor role models. Another drawback has been the significant investment of resources, skills, and energy required to pursue or maintain commercial funding.

The Harder Nuts to Crack

Certain settings or target groups seem more difficult to reach with health promotion messages and may require particularly intensive efforts or specific strategies. There are a few of these, but we have chosen to discuss education and young people because they offer challenges that we are still trying to overcome.

Achieving Strong Policy Commitment From the State Education Department

Despite valuable support from individuals within the bureaucracy, the SunSmart program has never managed to achieve a strong policy commitment from the state Education Department. Notwithstanding considerable effort and the evidence of significant achievements in primary schools, the program has only achieved a marginal shift in departmental commitment to sun protection. In 1999, the Education Department's policy statement changed from "as part of their duty of care, schools *may wish to consider developing* a specific policy and set of procedures to minimise the danger of excessive ultraviolet radiation exposure for students and staff"[37] to "schools *are encouraged to develop* a specific policy"[38] (emphasis added).

The failure to get a prescriptive policy should be viewed in the context of the move by the state government during the past few years toward self-governing schools and a reluctance to impose prescriptive statements from a central agency. Realizing this context, should we have changed our efforts, done as we have, or committed more to the challenge? We have no clear answer.

Achieving Changed Behavior in Young Adults

Although significant changes in beliefs and attitudes about sun exposure have been achieved in young people, the evidence shows that teenagers are the group least likely to be protecting themselves.[14] Similar findings are evident in relation to teenagers and other health issues such as smoking.[39] Secondary schools also have proved more difficult to engage in policy and practice change. Various factors seem to be involved in this situation.

Teenagers' stage of personal development and their social and recreational activities seem to militate against the adoption of health-protective behaviors, perhaps in part because their youthful sense of immortality and invincibility makes such protection a low priority. Added to this, their desire to participate in outdoor social and recreational activities and to conform to fashion trends that may be antithetical to covering up make it harder for them to act on knowledge they have and to keep out of the sun.

Teenagers appear resistant to adult-driven health messages, and their teachers and parents are less able to ensure conformity to rules about hat wearing and indoor activities. In a climate of testing limits and exploration into dangerous territory, many parents and other adults tend to perceive sun protection as less important than health messages about depression, suicide, drug and alcohol use, safe sex, and eating disorders.

The SunSmart program has tried a wide range of strategies to engage young people in changing their behavior, including the recruitment of volunteer young people as ambassadors and role models to their peers at outdoor social and sporting events. While the

program has been successful in recruiting and training young people, the intervention was expensive in terms of staff time, difficult to evaluate, and of unknown effectiveness. We continue to seek new strategies.

DISCUSSION

In many ways, the success of the Slip! Slop! Slap! and SunSmart programs has been built on two key foundations: research and evaluation, on one hand, and consistency and continuity, on the other.

First, the programs have always been data driven. This concept incorporates understanding the health issue and understanding the community. Grounded in this understanding, we have an ongoing process of strategy development and implementation, interspersed with evaluation that has ensured that our strategies are the best we can find to meet the needs of the community as it changes. More broadly, research has made a contribution in our struggle to develop conceptual thinking around health promotion in general and this specific health issue in particular.

The second key foundation of these sun protection programs has been their consistency and continuity both in organizational and financial terms. For more than 20 years, the programs have been hosted by a stable and supportive organization with common goals, complementary capabilities, and a strong and consistent research capacity. Significantly, the programs have also had reliable and adequate funding. This is an aspect of the sustainability of health promotion programs that is not always adequately appreciated—without a certain degree of consistency and continuity, it is difficult to sustain efforts sufficiently to have a lasting impact.

CONCLUSION

Twenty years of sun protection programs in Victoria have brought many achievements. The programs have been effective and in place long enough that we can now see the beginning of positive change in incidence and mortality trends. This is a significant achievement in itself in a health area where there is considerable time lag between sun exposure and the development of skin cancer. However, new audiences for the sun protection message are constantly emerging—children are born, young people become parents, a new crop of youngsters goes through the schools every 13 years, and new immigrants come to live in Australia. Despite the successes of SunSmart, there remains a need for a SC control program. However, its emphasis, its scope, and its resources will undoubtedly continue to change considerably during the next 20 years to meet new and emerging needs.

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