

TELEPHONE ENQUIRIES ABOUT CANCER FROM THE PUBLIC IN VICTORIA

Judy Rassaby and David Hill*

Introduction

Determining which information the public should have in order to exercise precautions against cancer is a specialized activity demanding an understanding of the principles of cancer control. However, there is room for a more consumer-orientated approach to conveying that information.

For at least two reasons, it would be helpful to know what the "public" wants to know about cancer.

Firstly, the public's questions about cancer inform us of where knowledge is deficient and so help determine strategies for introducing new knowledge.

Secondly, even where the public wants information which is irrelevant to the main precautionary themes in cancer education, supplying these needs is an important part of maintaining rapport and confidence. On these are built the credibility of those who carry out health education programs.

"The public" asks questions about cancer in many contexts. Inexpert individuals ask questions of equally inexperienced peers; children ask parents and teachers; patients ask doctors and nurses; people telephone or write to cancer societies; they ask questions at special meetings; and so on. It would be impossible to monitor all these contexts. However, the method described below is designed to record the natural presentation of questions in the relatively controlled situation where a member of the public telephones a cancer society for advice about cancer and related matters.

Method

The subjects in this study were 177 members of the public telephoning the Anti-Cancer Council of Victoria during the first half of 1978. All staff of the Anti-Cancer Council who have responsibilities for answering telephone enquiries about cancer were issued with a standard *pro forma*. This provided a structure for recording information on the nature of calls, answers given and background information on the caller and his/her motivation for telephoning. Staff were asked to collect as much data as possible but not pursue answers to all questions should doing so interfere with effective counselling of the caller.

The study was originally planned as a national, co-operative undertaking in which a total of 1000 telephone calls would be monitored by participating cancer societies. Victoria's quota of calls was therefore approximately 270. The starting date in Victoria was 2 January 1978 and the last call taken in July 1978.

At the completion of the survey, a separate tally was made of all calls received by the Council for a further period of one month. This gave a check since there was evidence that efficiency

*Anti-Cancer Council of Victoria, 90 Jolimont Street, East Melbourne, Victoria.

in filling out forms for all calls had declined during the survey.

Results

Due to difficulties in collecting data the number of calls recorded (177) fell short of the quota (270). The results for the one-month tally showed that of the 433 calls* received 75 were general cancer enquiries. By extrapolation, the

cancer enquiries received during the 7 months of the survey was therefore probably close to 500. The number of calls recorded each month showed a steady decrease from January to July. This is most likely due to forgetfulness and waning enthusiasm for an onerous task among staff. The number of calls received according to the month and also the sex of the caller are recorded in Table 1.

TABLE 1
CALLS RECEIVED BY SEX AND MONTH RECEIVED

	Jan-July	Jan	Feb	Mar	Apr	May-July
Males	65	19	16	17	4	5
Females	112	39	28	22	9	10
Total	177	48	44	39	13	15

Approximately twice as many women as men rang the Council overall, and this pattern was usually maintained in the monthly figures. Figures from the 1 month tally also supported this finding. Table 2 shows the percentages of calls received from different age groups

in the survey sample, compared to the expected percentage of calls. These were calculated according to the proportion of people in the different age groups within the general adult population.¹

TABLE 2
AGE DISTRIBUTION OF CALLS

	20-29	30-39	40-49	50-59	60-69	70+	
Calls received	20	22	20	24	13	1	100%
Calls expected	26	22	17	16	11	8	100%

When compared to the general population, callers in the 50-59 age group are slightly over-represented and the 20-29 year age group slightly under-represented. Those over 70 are strikingly under-represented. Otherwise, the proportions of callers in the various age groups do not deviate greatly from the population expectancies.

Callers were asked what made them think of phoning the Council and from their responses six categories were

drawn up. These were examined with regard to the social ranking of the suburb in which the caller lived (see Table 3). Suburbs were categorized as either "high" ranking or "low" ranking, this classification being based loosely on a scale designed in 1967.² Most calls came from the metropolitan area. About 10% of calls were from country areas but in the absence of scale dealing with these areas they were not classified on social ranking.

*ie calls where caller did not ask for a staff member by name.

TABLE 3

HOW HEARD OF COUNCIL BY PLACE OF RESIDENCE*

Social Ranking of Suburbs	Advertising and Media n = 55	VCN (Donors) n = 23	Phone Directory n = 17	Peter MacCallum Hospital n = 17	Told by Professional n = 17	Told by Other n = 9
High	88%	89%	92%	53%	53%	57%
Low	12%	11%	8%	47%	47%	43%

*Some questionnaires contained no information on place of residence or how heard of Council.

The majority of callers had heard of the Council from advertising, Victorian Cancer News and the phone book and the larger proportion of these were from high ranking suburbs. Most of the other callers had heard of the Council from the Peter MacCallum Hospital or from professionals such as doctors, social workers and chemists and these

callers came almost equally from high and low ranking residential areas.

Calls were classified according to subject of their enquiry and this was cross-tabulated with the sex and residential rating of the caller. (See Tables 4 and 5.)

TABLE 4

SEX OF CALLER BY SUBJECT OF ENQUIRY

	Causes n = 28	Symptoms n = 44	Treatment n = 57	Smoking n = 29
Male	28%	43%	40%	28%
Female	72%	57%	60%	72%
	100%	100%	100%	100%

TABLE 5

SOCIAL RANKING OF CALLER'S RESIDENCE AND SUBJECT OF ENQUIRY

Social Ranking of Suburb	Causes n = 17	Symptoms n = 34	Treatment n = 37	Smoking n = 18
Upper high	65%	82%	86%	77%
Lower low	35%	18%	14%	18%
	100%	100%	100%	100%

Most of the calls received were readily classifiable into the categories "causes of cancer", "symptoms" and "treatment". However, the calls about smoking were extremely varied covering such areas as smoking and weight gain, to post-cessation depression and involuntary smoking. Since it was difficult

to fit these into the other categories a separate category was drawn up for smoking calls. There were as many calls about breast cancer as smoking but the former were easily placed in the other categories. A small number of calls did not fit into any category and were not included in the tables.

Many of the calls about causes of cancer were questions about possible carcinogenic action of various foods and household products. A wide range of products were questioned including microwave ovens, colour TV, tranquilizers, apricot kernels and Chinese food. Only a few products were mentioned more than once: asbestos, hair-dye, sun-tan lotion and sun lamps.

The majority of calls to the Council were about symptoms and treatment of cancer. A similar finding was reported in a study on the types of cancer enquiries made to nurses in social situations.³ The calls about symptoms were very varied. Callers mentioned pain, bleeding, general ill health and many reported lumps in various parts of the body, particularly the breast.

Calls about treatment concerned mastectomies, breast prostheses, terminal care and treatment expenses. A number of callers were seeking extra information, advice and hope for themselves or others already undergoing treatment.

Though not a statistically significant trend, males and people from high ranking suburbs were relatively more interested in symptoms and treatment than they were in the subjects.

Discussion

Whilst it is clear that not all incoming telephone enquiries to the Anti-Cancer Council were recorded, there is no reason to believe any systematic bias resulted from the declining efficiency in recording calls. It is likely that the calls studied give a fairly representative picture of the nature of calls and callers.

Three clear trends emerged from this study:

1. Women make telephone cancer enquiries twice as often as men. Exactly this ratio was found in a similar study in the USA.⁴ It is often said that women tend to undertake responsibility for the health of the family. Our findings may simply represent a manifestation of the feminine role or the greater opportunity women have to telephone

the Anti-Cancer Council during office hours. On the other hand there is evidence that women are more "worried" and "alarmed" by cancer than are men.⁵ The higher enquiry rate from women may therefore also reflect a greater need for knowledge arising from a greater concern about cancer.

The implications of this finding for further educational action are not clear-cut. It does not necessarily follow that men's relative lack of concern about cancer puts them at greater risk for the disease. For their relative lack of concern might be due to having already informed themselves adequately from other sources and having become reassured. After all, the public education program does not set out to engender worry or alarm.

However, common-sense together with certain other facts argue that those observations on men more probably signify an *unhealthy complacency* towards cancer. We know that men develop and die from cancer more than women⁶, that they delay longer in reporting symptoms and that they do not survive as long after treatment for cancer.⁷

On the balance of probabilities it therefore seems that future emphasis should be placed upon the male's personal responsibility for concern about and precautionary action against cancer.

2. People living in so-called low ranking suburbs were much less likely to call the Council when triggered by the publicity or the newsletter "Victorian Cancer News" (which is received by all donors) or from searching the telephone directory. However, people from low ranking suburbs were just as likely to telephone as a result of a suggestion from the Peter MacCallum Hospital, a doctor, or social worker. We do not know if the explanation is that people in low ranking suburbs are not being reached by publicity or simply that they are not responding to it so much as people from higher ranking areas, perhaps merely because of lack of interest. In either case, it would seem reasonable to

intensify publicity in low ranking areas and to offer specific encouragement to people to make telephone enquiries about cancer.

If this strategy failed to increase the relative call rate from lower ranking suburbs, we should consider alternate strategies to answer questions about cancer in such areas.

3. The young adult and the elderly person is least likely to call the Council for information about cancer. In the case of the young adult who is not yet at high risk of cancer, perhaps this does not matter. But it would matter if the elderly, who are at risk, were not having their questions properly answered. However, it is quite possible that the elderly have their questions dealt with directly by doctors with whom they are in much greater regular contact than are younger people.

A less reliable but potentially important trend concerns the subjects about which men telephone. It was found that compared to female callers, male callers tend to make more enquiries relating to "here and now" experiences. They mainly ask about symptoms that may be cancer, and treatment of cancer, whereas relatively more of the calls concerning remoter threats such as whether certain substances are carcinogenic, were made by women. These trends produce further evidence that women are more concerned or worried by cancer than men. They seem to be more sensitive to stories circulating that relate a variety of substances to cancer. Men, on the other hand, may be more prone to wait till they have actual physical signs to deal with before making an enquiry.

Another disturbing aspect of the results is the small number of calls about smoking received from men. There are more regular smokers among men than women³ so males represent a larger potential population to seek help about smoking. Yet few men are seeking such help by telephone from the Anti-Cancer Council. A separate check on the written requests for information on smoking shows that more women

make written enquiries about smoking than men but the ratio (3:2) is smaller than for telephone enquiries. In any case the proportion of males in the smoking population is much greater than the proportion enquiring about smoking. It is possible that men pay less attention to information and warnings about smoking than women do or perhaps they simply need less help in dealing with their smoking. It has been found that men find it easier to give up smoking than women.⁴

The telephone survey has yielded some important information for determining future strategies in public education.

A greater effort may need to be made to motivate males and residents of socially low-ranking suburbs to take more precautionary steps against cancer. Since educational efforts and publicity are equally likely to reach males and females it seems that there is a need to focus more attention specifically on males in order to change their seemingly complacent attitude towards cancer.

The lack of contact between the Council and residents of socially low-ranking suburbs may be due to a bias in the type of publicity and educational material or alternatively the material may simply not be reaching these residents.

References

1. Australian Bureau of Statistics. "Statistics of Victoria." *Demography* (1976).
2. F Lancaster Jones. "A Social Ranking of Melbourne Suburbs." *Australian and New Zealand Journal of Sociology*, vol 3 (2) Octo (1967), 93-110.
3. A Elkind Knopf. "'Can it really be cured?' What people ask nurses about cancer." *International Journal of Health Education*, vol 21 (1978), 16-25.
4. G S Wilkinson, E A Mirand, S Graham, G R Johnson and J Vane. "Can-dial: A Dial Cancer Education Service." *International Journal of Health Education*, vol 20 (3) (1977), 158-63.
5. G Gardner. "Public Attitude Relevant to Cancer Education," mimeo. Anti-Cancer Council of Victoria (1965).
6. Australian Bureau of Statistics. "Causes of Death." *Statistics of Victoria* (1976).

Central Cancer Registry, Melbourne.
"Personal Communication" (1978).

8. N J Gray and D J Hill. "Patterns of Tobacco Smoking in Australia II." *Medical Journal of Australia*, vol 2 (1977), 329.
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COSA NEWS

NEW CONSTITUTION

The postal ballot on the adoption of the new Constitution resulted in the new Constitution being adopted by a vote of 243 to 2. In accordance with existing Rules at least 219 votes in favour were required.

NOMINATION OF PRESIDENT

At the close of nominations the only candidate was Dr Robert P Melville. Accordingly Dr Melville will be declared elected at the Annual General Meeting. As a consequence, Professor Martin Tattersall will become the Senior Vice-President.

NOMINATIONS FOR JUNIOR VICE-PRESIDENT

Nominations are invited for the position of Junior Vice-President of the Society. Nominations are requested to bear the signatures of a proposer and a seconder, and the acceptance of the nominee, and one required by 31 January 1980.

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RESEARCH TRAINING FELLOWSHIPS 1980-81

INTERNATIONAL AGENCY FOR RESEARCH ON CANCER LYON, FRANCE

Applications for training fellowships in 1980-81 are invited from junior scientists wishing to be trained in any aspect of laboratory and clinical cancer research. The Agency is, however, especially interested in receiving applications for training in epidemiology, biostatistics and environmental carcinogenesis — both chemical and viral. Priority will therefore be given to candidates working in these fields.

Applicants should be engaged in research in medical or allied sciences and intend to pursue a career in cancer research.

Fellowships are awarded for one year and are tenable in a suitable institution abroad. Fellows will, in general, be selected from applicants with some post-doctoral research experience related to cancer in medicine or the natural sciences. They must have an adequate knowledge, both written and spoken, of the language of the country in which their fellowship is tenable.

Applications cannot normally be accepted from people already holding fellowships enabling them to study abroad.

Stipends will vary according to the cost of living in the country of study. The cost of travel for the applicant and, in certain circumstances, that of his wife and children, will be met.

Fellowship application forms and more detailed information are available from: The Chief of the Research Training and Liaison Unit, International Agency for Research on Cancer, 150 cours Albert-Thomas, 69372 Lyon Cedex 02, France.

Applications must reach the Agency not later than 31 January 1980.

The Travel Fellowships program has been temporarily suspended.

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cancer from the public in Victoria

Draft report prepared by

*Judy Rassaby and David Hill,
Anti-Cancer Council of Victoria*

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A Four Year Follow up of Smokenders Participants. Journal of
Clinical Psychology 32 (3): 661-9. July 1976.

Telephone Question Survey

All staff answering telephone questions should have these forms near their telephone. Questions merely concerned with availability of leaflets, films etc. are not to be recorded on this form.

1. Describe the question(s). Where question is masked, detail the lead up.

(Question for self, relative, friend? ...)

2. Your answer(s)

If you could not answer, to whom did you refer the caller?

3. Your spiel: To improve our question-answering service, we're doing a little anonymous survey of the people who ring us for information so ... (go straight on).
4. Would you mind telling me if you asked anyone else your question before ringing us?
Who? (we don't need names)
What did they, he/she tell you?
.....
Anyone else?
5. What made you think of asking us?
6. Where did you get telephone number?
7. Would you mind telling me your age? Years.
8. Would you mind telling me your occupation? (Husband's, if caller a housewife).
.....
9. Sex (only if not obvious!) M F
10. Do you know your post code or nearest post office?
11. Date of call
12. Time am/pm

Surveyor answers: Did caller seem triggered by a news or magazine item?
And if so, try to specify.



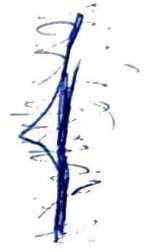
Enquiries between Aug - Sept.

Tram

Total no: = 433
Males = 186 (.43)
Females = 247 (.57)

Without F.F.S
M = 113
F = 189
r = 1:1.7

Freedom from Smoking = 131
Males = 73 (.56)
Females = 58 (.44)



calls about literature. (78)
& desk signs.

12 x
6
432 cancer enquiries = 32
Smoking = 40
72

Receipts
Donations
Teachers project / school projects
Volunteers
Films
employment
General enquiries
m 25
f 50

Cost Stop 21 37.
Smoking
cancer.

5243333

1139

MALES

0 - 19	20 - 29	30 - 39	40 - 49	50 - 59
695,418 39	313,706 29	255,462 23	214,260 20	195,248 18
60 - 69	70 +	1,770,214		
130,251 12	83,095 62,429 8	1,074,796		

Total male adults -

FEMALES

0 - 19	20 - 29	30 - 39	40 - 49	50 - 59
659,809	313,704 25	245,976 20	203,535 16	192,434 16
60 - 69	70 +	1,235,296		
145,903 12	133,744 11	total female adults -		
		2,310,092		
		total adults -		

ie count 0-19

TOTAL

0 - 19	20 - 29	30 - 39	40 - 49	50 - 59
1,355,027	627,410 27%	501,438 22	417,795 18	387,682 17
60 - 69	70 +	3,710,119		
276,154 158,928 12	216,839 9%	total persons -		

51
37
39
19
52

51
37
39
19
52

11
11

Pilot studies - guidelines Moser, C.A. & Kerton, G. Survey methods in social investigation, Heinemann, London 2nd ed. 1971 pp 48-51

52 + 92 = 144

Age group	M.	F.
0-19	11	1
20-29		
30-39		
40-49		
50-59		
60-69		
70-79		1

	0-19	20-29	30-39	40-49	50-59	60-69	70-79
M	2 1.5%	11 7.5%	12 8.3%	9 6.2%	8 5.5%	10 7%	0 0%
F	1 .7%	16 11%	19 13%	20 13.8%	26 18%	9 6.2%	1 .7%

27 39%	31 22%	29 20%	34 24%	19 13%	1 1%
-----------	-----------	-----------	-----------	-----------	---------

M	2%	7.5%	8%	6%	5.5%	7%	0%
F	1%	11%	13%	14%	15%	6%	1%

total

< 40 ~~52~~ 42.5

>= 40 ~~92~~ 57.5

17.5% M

25% F

18.5% M

39% F

2700 / 144 = 18.75

9600 / 48 = 200

150

18.5%

SOUTH AUSTRALIA

Table 1

	<u>Age distribution of calls</u>						
	20-29 yrs.	30-39 yrs.	40-49 yrs.	50-59 yrs.	60-69 yrs.	70+	
calls rec'd.	19	35	19	22	5	0	100%
calls expected	25	21	17	16	12	9	100%

Not stated = 26

Table 2

Social ranking of suburbs	<u>How heard of Council by place of residence</u>					Not stated n = 25
	Advertising & Media n=8	Phone n=21 directory	Referred by n=6 organization	Told by n=4 Other		
High	0%	14%	16%	0%	12%	
Low	50%	33%	33%	50%	28%	
Not stated	50%	52%	50%	50%	60%	

Table 3

	<u>Sex of caller by Subject of Enquiry</u>				
	Causes n=11	Symptoms n=10	Treatment n=26	Smoking n=4	Other n=13
Male	36%	10%	38%	50%	62%
Female	64%	90%	62%	50%	38%
	100%	100%	100%	100%	100%

Table 4

Social ranking of suburbs	<u>Social ranking of residence by subject of enquiry</u>				
	Causes n=13	Symptoms n=10	Treatment n=22	Smoking n=4	Other n=15
High	15%	0%	9%	0%	20%
Low	31%	30%	27%	75%	40%
Not stated	54%	70%	64%	25%	40%

~~How Summary~~
~~Summary~~

Summary

Total calls rec'd: ~~188~~ 177

women: ~~114~~ 112

men: ~~65~~ 65 (36%)

30
 52
 52
 27
 62
 89

JAN	19 (M)	58
	39 (F)	
FEB	16	44
	28	
MAR	17	39
	22	
APR	7	19
	12	
MAY	4	13
	9	
JUNE	1	1
	0	
JULY	0	1
	1	

Calls from M ≤ 40 30

M > 40 27

F ≤ 40 52

F > 40 62

Calls from U.C. areas

Calls from L.C. areas

50%

88

23 (20%)

calls about	11	uc	8	m
causes	29	6	28	20
				19
symptoms	45	28	44	25
		6		6
treatment	58	33	57	23
		9		34
smoking	31	13	29	8
		5		21
other	13	6	13	3
		-		10

contact made \pm A.C.C. by

1. Advertising (pamphlets, news items etc) 55 u.c. 38 u.c. 5

2. Doctors (u.c. news) 23 u.c. 17 u.c. 2

3. P.M.C. 17 u.c. 9 u.c. 4

4. Told by prof's 17 u.c. 9 u.c. 8

5. Phone book 17 u.c. 11 u.c. 1

6. Told by others 9 u.c. 4 u.c. 3

~~How Summary~~
~~Summary~~

88
 171
 233
 174
 48
 133
 193
 64

INSIGHT PHASE

Start tomorrow unless instructed otherwise* (Day 2) Date .../.../...

Smoking is embedded as a habit in your daily life. You learned to smoke; now you have to 'unlearn' smoking. To unlearn the smoking habit you first must raise your consciousness of it and bring it out in the open for close examination.

Here are the steps to follow:

1. Your first job is to build motivation. From your list of reasons for giving up smoking, select the most important reason; that is, the one that will turn you on and keep you going.

Write it down

2. Do the Smoker's Self Test - 'Why do you smoke?' If you have already taken the test, review your results and think deeply about your basic motivations for smoking. Invent less harmful ways of meeting these needs. Refer to "Quitting Tips for Smokers" if you need help.

3. Now you start WRAPPING - a very important step in the program.

- a) Develop a Cigarette Tally Sheet of your smoking behaviour (To begin with, use the Tally Sheet supplied, then make your own copies).

This paper will be used for recording information about each cigarette you smoke during the day, including Time, Occasion, Feeling and Value - on a scale of 1 (most important) to 5 (least important).

For consistency, you should aim to allocate about one fifth of your daily number of cigarettes to each of the five rating points.

- b) Fold the Tally Sheet lengthwise twice; wrap it around your cigarette packet and secure the package with two rubber bands.
- c) Carry the packet as normal and smoke as normal. Make no conscious effort to alter your smoking habits yet.
- d) Every time you take a cigarette, unwrap the Tally Sheet and fill in the details.

*

8-96.5448

Condemner
S4Eloer the

Smoker's Self Control Course

673514
Cammie
- wife's work

CAUSES

(29)

- Hot dip
- charcoal grilled steak
- apricot kernels
- sun tan lotions
- dressos
- poly vinyl containers
- colour TV's
- trif bromoform. (= acetone)
- nervous condition

- homogenized milk
- Chinese meal (caused blue lips & tingling mouth)
- TV screens → miscarriage

contagious

- sun lamps
- knocks, bumps etc
- microwave ovens
- Saccharin
- X rays
- Sketron (aerosol analgesic)
- food
- ~~hair brushing~~
- tranquillizers
- raw sugar
- barmit toast
- working in quarry
- sun baking

food	8
household products	10
U.C	11 # M 8
L.C	6 7 F 20

INSIGHT PHASE

Start tomorrow unless instructed otherwise* (Day 2) Date .../.../...

Smoking is embedded as a habit in your daily life. You learned to smoke; now you have to 'unlearn' smoking. To unlearn the smoking habit you first must raise your consciousness of it and bring it out in the open for close examination.

Here are the steps to follow:

1. Your first job is to build motivation. From your list of reasons for giving up smoking, select the most important reason; that is, the one that will turn you on and keep you going.

Write it down

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- c) Carry the packet as normal and smoke as normal. Make no conscious effort to alter your smoking habits yet.
- d) Every time you take a cigarette, unwrap the Tally Sheet and fill in the details.

*

SYMPTOMS

ulcer on tongue - mouth cancer 5

breast lump 9

stomach problems 1

moles - ~~pain~~ 4

pain in throat 5

skin cancer 2

lymphoma, enlarged glands 2

rectal bleeding

lumps on back

bowel cancer

abdominal pain 3

breathing trouble

lung cancer

run down, ~~weak~~ 2

lump in neck 3

lump in penis

back pain

lump in chest?

vaginal bleeding 1

lumps 17

U.C. 28

L.C. 6

M 19

F 25

4

1

Smoking

Stop smoking 6

give up smoking .. 3

*info. on smoking (vae, pill etc) 8

cig vs pipe

cigars

counseling

weight gain

breathing diff.

involuntary smoking

Apal

.....

.....

.....

Smoking as a cause

of disease

.....

.....

.....

.....

.....

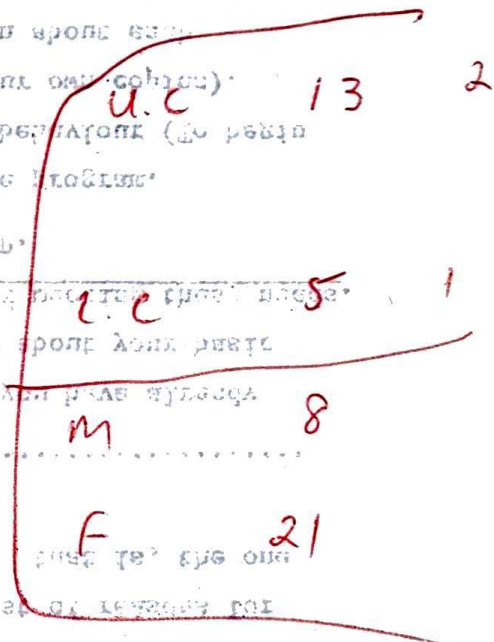
.....

.....

.....

.....

.....



TREATMENT

fap smear .

2

F.M.C. ~~.....~~ .

2

breast prostheses 7

Rathaway Clinic

expenses (travel) prostheses etc. (sheepskins) 11

~~.....~~

mastectomy 9

terminal care 2

tr for skin cancer

prochional ^{into action advice} ~~.....~~ etc. drug. dr. 14

counselling 3

volunteering 2

cancer test (liver) ^{com.} 2

media - holders 1

Ringberg Clinic - respectable ? 1

breast cancer approx 20.

NB equal calls for
smoking & breast
cancer

u.c. 33 4

l.c. 9 1

m 23

f 34

Info about cancer

(How dispose remains of body)

Terminal patient wanting to help others
drug fitting

~~Stat~~ (Psych. cases)
Counselling . .

sun tan + filter

CAUSES	29
SYMPTOMS	45
TREATMENT	58
SMOKING	31
OTHERS	13

U.C.	6
C.C	—
M	3
F	10

SOUTH AUSTRALIA

Table 1

Age distribution of calls

	20-29 yrs.	30-39 yrs.	40-49 yrs.	50-59 yrs.	60-69 yrs.	70+	
calls rec'd.	19	35	19	22	5	0	100%
calls expected	25	21	17	16	12	9	100%

Not stated = 26

Table 2

How heard of Council by place of residence

Social ranking of suburbs	Advertising & Media n=8	Phone directory n=21	Referred by organization n=6	Told by Other n=4	Not stated n = 25
High	0%	14%	16%	0%	12%
Low	50%	33%	33%	50%	28%
Not stated	50%	52%	50%	50%	60%

Table 3

Sex of caller by Subject of Enquiry

	Causes n=11	Symptoms n=10	Treatment n=26	Smoking n=4	Other n=13
Male	36%	10%	38%	50%	62%
Female	64%	90%	62%	50%	38%
	100%	100%	100%	100%	100%

Table 4

Social ranking of residence by subject of enquiry

Social ranking of suburbs	Causes n=13	Symptoms n=10	Treatment n=22	Smoking n=4	Other n=15
High	15%	0%	9%	0%	20%
Low	31%	30%	27%	75%	40%
Not stated	54%	70%	64%	25%	40%

SOUTH AUSTRALIA

(15)

Table 1

Calls received by Sex & month (received)

	Feb-Sept	Feb	Mar	Apr	May - July	Aug - Sept
Males	25	2	10	4	7	2
Females	39	6	9	2	21	1
Total	64	8	19	6	28	3

Table 2

Age distribution of calls

	20-29	30-39	40-49	50-59	60-69	70+	
calls received	19	13	7	8	2	0	100%
calls expected	25	21	17	16	12	9	100%
not stated = 26							

Table 3

How heard of council by place of residence

Social ranking of suburbs	Advertising media n=8	Phone directory n=21	Referred by organization n=6	Told by other n=4	Not stated n=25
High	0 (0%)	3 (14%)	1 (16%)	0 (0%)	3 (12%)
Low	4 (50%)	7 (33%)	2 (33%)	2 (50%)	7 (28%)
Not stated	4 (50%)	11 (52%)	3 (50%)	2 (50%)	15 (60%)

Table 3

Sex of caller by Subject of enquiry

	Causes n=11	Symptoms n=10	Treatment n=26	Smoking n=4	Other n=13	
male	4 (36%)	1 (10%)	10 (38%)	2 (50%)	8 (62%)	25
female	7 (64%)	9 (90%)	16 (62%)	2 (50%)	5 (38%)	39
	100%	100%	100%	100%	100%	64

Table #.

Social ranking of residence by subject of enquiry

Social ranking of suburb	Causes n = 13	Symptoms n = 10	Treatment n = 22	Smoking n = 4	Other n = 15
High	[33] 2 (15%)	[0] 0 (0%)	[25] 2 (9%)	[0] 0 (0)	[33] 3 (20%)
Low	[67] 4 (30%)	[100] 3 (30%)	[75] 6 (27%)	[100] 3 (75%)	[67] 6 (40%)
Not Stated	7 (54%)	7 (70%)	14 (64%)	1 (25%)	6 (40%)

May 9th, 1979.

Mr. Ray Osborn,
Secretary,
Anti Cancer Foundation,
Box 498,
G.P.O. ADELAIDE 5001.

Dear Mr. Osborn,

Thank you for the data on South Australian telephone enquiries about cancer.

The data has been tabulated in the same form as the Victorian data but has not as yet been incorporated into a report.

I have enclosed the South Australian tables and also a preliminary report of the survey of telephone enquiries about cancer in Victoria.

Sorry I've been so long in getting this material to you.

Yours sincerely,

JUDY RASSABY
EDUCATION OFFICER.

Encl.

S.A

Suburb of residence

N.S. = 35

A = 7

B = 22

— = 64

1555027

How heard of council by place of residence.

Sub.	Advertising media	Phone directory	Referred by organization	Lead by other	N.S.
High		3	I 1	0	3
Low	4	■ 7	2	2	7
N.S.	4	11	3	2	15

Place of residence x subject of enquiry

Sub.	Causes	Symptoms	Treatment	Smoking	Other
High	2	0	2	0	3
Low	4	3	1 6	3	1 6
N.S.	7	7	14 1	1	1 6

treatment of cancer patients - prog. at north - shore hosp.

Dr Eccles-Smith

Health costs

Cost Risks & benefits of surgery.

Simple mastectomy or radical
costs not so different

Survival rates - 1.

no treatment - vs surgery if possible diff
between simple & radical mastectomy.

Mastectomy

Proceedings of the Royal Society of Medicine
evening

Hedley

Atkin's (on) L.B. MSA 20 yrs ago.

not great diff on 5 yr survival if you
do irradiation but
increased local recurrence -

Radical Halsted 1890's.

Only really done if there's evidence of
spread.

Should look at stages.

Stage 1 - no diff

Stage 2 & 3 - expect a lot of difference
glands - as we part of

~~Atkin's (on) L.B. MSA 20 yrs ago.~~
Hedley

2 Jan. - 31st

12-3.30 -

8.30 - 11.00 -

	Jan	Feb	Mar	Apr	May-July ³	Aug-Sept.	
M		II 2	IIIIIIII 10	IIII 4	IIII III 8 7	II 2	25 25
F		IIII 6	IIII III 9	II 2	IIII IIIII 20 21	I 1	38 38
							64

Age distribution

	20-29	30-39	40-49	50-59	60-69	70+
M	II I 1	IIII 5	I I 1 1	III 3	I I 1 1	12
F	IIII I 6	IIII III 8	IIII I 6	IIII 3 5	I I 1 1	26

Age Not stated

M IIIII IIIII IIII 13
F IIIII IIIII IIII 13

M = 25
F = 39

Age distribution of calls

	20-29	30-39	40-49	50-59	60-69	70+
120 120	7 7	13 13	7 7	8 8	21 21	38
1	7	13	7	8	21	38

N.S. = 26

Classification of Adelaide's suburbs.
 Community Affairs Librarian - Sue Healy.
 Melbourne at the Census. - may be something
 similar for Adelaide.

Subject of enquiry.

	Causes	Symptoms	Treatments/Prev.	Smoking
M	III 4	I 1	III III 10	II 2
F	III II 7	III III 9	III III III I 16 lots of q's about gen. cancer test	II 2
M	<u>Other</u> III III 8	25	Transplantable cancers Insurance for cancer patients Child & leukaemia - silver paper	
F	III 5	39	Friends of A-C. Foundation Rotaract club Name of organis. in England	

How heard of Council

Advertising & media 7

Phone Directory 21

Told by professional -

Told by other 4

Referred by organization 7

ACF ? 3

N.S. 22

Total calls.

S. Australia

<u>0 - 19</u>	<u>20 - 29</u>	<u>30 - 39</u>	<u>40 - 49</u>
449,314	387,084 213,553 25%	173,561 21%	138,248 17%
<u>50 - 59</u>	<u>60 - 69</u>	<u>70+</u>	
136,812 16%	97,459 12%	78,505 9%	T = 1,282,853
Total	without [0 - 19]	=	837,538 833,538

~~By law 155~~

~~noisy animal by-law 21 by-law officer~~

FIGURE 3.11 : II SOCIO-ECONOMIC STATUS.

This dimension exhibits a marked sectoral arrangement of quintile groupings of suburbs. Areas of lowest socio-economic status, i.e. those indicated by the lightest shadings, tend to be located in the inner-city suburbs to the west and northwest of the CBD, the northwestern and northern sectors, the outer northern sector, and the industrial suburbs in the southern sector. These are centred around the Thebarton/Hindmarsh, Port Adelaide, Wingfield/Angle Park, Elizabeth, and Mitchell Park suburbs.

Suburbs of medium socio-economic status, i.e. those in the 3rd quintile, are located predominantly in parts of the northeastern sectors around Campbelltown/Paradise, and Rostrevor/Newton, the southern sector around Forestville and Plympton Park, and the northern sector around Enfield/Northfield.

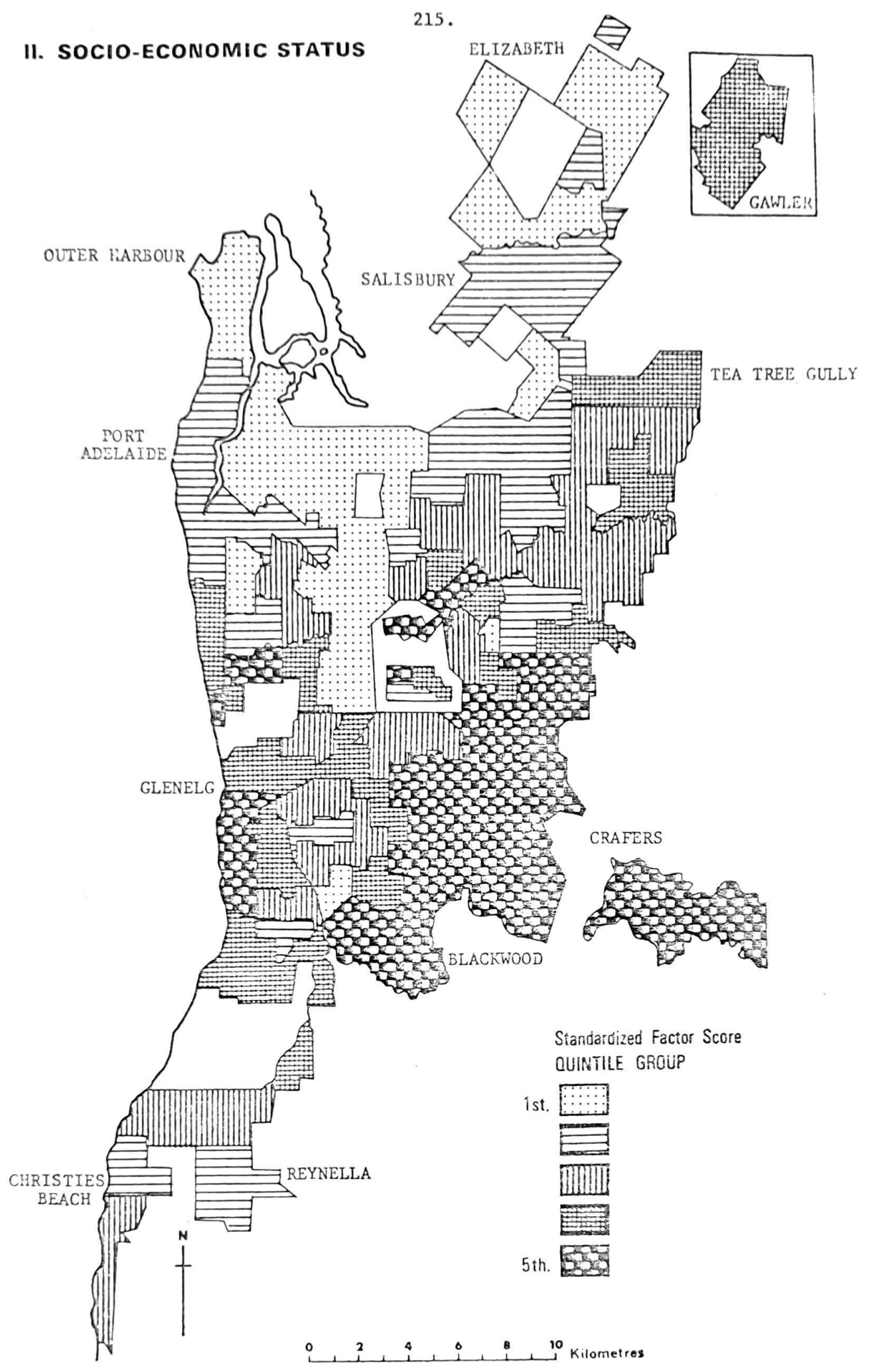
Areas in the 5th quintile group of highest socio-economic status suburbs are clearly located in the eastern sector around Beaumont/St. Georges, the southern sector around Unley Park/Highgate, the hills suburbs, the coastal sector from Hove to Brighton, the lower Torrens area at Fulham/Lockleys, and the inner-city areas of North Adelaide and Walkerville.

The outer northeastern and outer southern sectors of rapid growth have mixtures of areas in the 2nd, 3rd and 4th quintiles of increasing socio-economic status.

Rank Order	Suburb & Code	Rank Order	Suburb & Code	Rank Order	Suburb & Code
1	Thebarton (6)	45	North Largs (90)	89	Plympton/Camden Park (72)
2	Wingfield/Angle Park (32)	46	Prospect (10)	90	Grange (95)
3	Port Adelaide (93)	47	Fulham Gardens (81)	91	Underdale (76)
4	Hindmarsh (7)	48	Morphett Vale (127)	92	East Adelaide (4)
5	Mile End (5)	49	Valley View (109)	93	BlackForest (19)
6	Elizabeth Field (116)	50	Ascot Park (67)	94	Glandore (64)
7	Kilburn (25)	51	Dover Gardens/Sturt (62)	95	Cumberland Park (52)
8	Brompton (8)	52	Enfield (27)	96	Nailsworth/Collinswood (9)
9	Taperoo (89)	53	Parkside (21)	97	Glengowrie (59)
10	Ferryden Park (31)	54	Flinders Park (80)	98	Henley Beach South (96)
11	Pennington (88)	55	Klemzig (29)	99	Happy Valley (124)
12	Elizabeth Vale (114)	56	Norwood (15)	100	North Glenelg (98)
13	Seaton (84)	57	Campbelltown/Paradise (37)	101	Novar Gardens (70)
14	Salisbury North (104)	58	Northfield (28)	102	Seacliff Pk/Seacombe Hts (63)
15	Dudley Park (30)	59	Fitzroy (11)	103	Seacliff (103)
16	Mitchell Park (69)	60	Modbury (120)	104	Glenelg (99)
17	Elizabeth Downs (111)	61	Plympton Park (66)	105	Somerton Park/Hove (101)
18	Evandale (14)	62	Athelstone (38)	106	Glenunga (44)
19	Beverley (79)	63	Reynella (125)	107	Kensington Park/Leabrook (42)
20	Elizabeth East/North (112)	64	Noarlunga (128)	108	Brighton (102)
21	Alberton (94)	65	Marion/Clovelly Park (68)	109	Fulham/Lockleys (75)
22	Richmond (77)	66	Edwardstown (51)	110	Glenelg South (100)
23	Findon (82)	67	St. Peters/Stepney (13)	111	Stirling/Bridgewater (123)
24	Para Hills (108)	68	Unley/Hyde Park (22)	112	Lower Nth Adel/West Adelaide (2)
25	West Croydon (78)	69	Holden Hill (122)	113	Panorama (58)
26	South Adelaide (3)	70	South Plympton (65)	114	West Beach (97)
27	Elizabeth West (115)	71	Forestville (17)	115	Bellevue Hts/Eden Hills (49)
28	Hendon (85)	72	Rostrevor/Newton (39)	116	Hawthorndene/Glenalta (55)
29	Elizabeth South (113)	73	North Plympton (71)	117	Walkerville (12)
30	Salisbury Plains (107)	74	Goodwood/Wayville (18)	118	Unley Park/Highgate (23)
31	Hillcrest/Gilles Plains (33)	75	Warradale/Seacombe Gdns (61)	119	Kensington Gdns/Rossllyn Pk (45)
32	Para Gardens (105)	76	St. Agnes (119)	120	Myrtle Bank/Fullarton (20)
33	Semaphore Pk/Royal Park (83)	77	Woodville South (86)	121	Hawthorn (53)
34	Semaphore (92)	78	Kurralt Park/Keswick (73)	122	Kingswood (54)
35	Windsor Gardens (24)	79	Banksia Park/Fairview Park (118)	123	North Adelaide (1)
36	Salisbury (106)	80	West Richmond (74)	124	Rose Park/Tusmore (43)
37	Christies Beach (126)	81	Kensington (16)	125	Mitham/Torrens Park (57)
38	Ingle Farm (110)	82	Cawler (117)	126	Belair (56)
39	Hectorville (40)	83	Magill (41)	127	Burnside/Wattle Park (46)
40	Payneham (35)	84	Royston Park/Marden (34)	128	Beaumont/St. Georges (47)
41	Blair Athol/Cepps Cross (26)	85	Col. Light Gardens (48)		
42	Kilkenny (87)	86	Hope Valley (121)		
43	Largs (91)	87	Oaklands Park (60)		
44	Trinity Gdns/Payneham Sth (36)	88	St. Marys (50)		

215.

II. SOCIO-ECONOMIC STATUS



ACS PHONE SURVEY



file

THE UNIVERSITY OF NEWCASTLE
NEW SOUTH WALES, 2308

FACULTY OF MEDICINE
DIVISION OF DEVELOPMENTAL AND SOCIAL MEDICINE

TELEPHONE 68 0401
EXT. 433

SRL:BW

10th November, 1978.

Mr. David Hill,
Education Director,
Anti-Cancer Council of Victoria,
90 Jolimont Street,
EAST MELBOURNE. Vic. 3002.

RECEIVED
15 NOV 1978

To _____
From _____

Dear David,

Very many thanks for the draft copy of your paper entitled "Survey of Telephone Enquiries about Cancer from the Public in Victoria".

I found this a very interesting paper to read. You have been obviously blighted by the fall-off in recorded calls between January and July, which is a pity. Nevertheless you have done what you could with the data.

Have you considered the possibility of submitting this paper for publication in the Australian Family Physician? It contains some important information for general practitioners.

I congratulate you on getting this project to this stage and I trust you will see it through to its successful conclusion.

Many thanks for keeping me posted about its development.

My kind regards to you and Nigel.

Yours sincerely,

STEPHEN R. LEEDER.
Professor of Community Medicine.

November 1, 1978

Professor Steven Leeder,
Faculty of Medicine,
University of Newcastle,
Rankin Drive,
SHORTLAND. 2307. N.S.W.

Dear Steve,

We have prepared a draft report on the telephone survey results in Victoria and this is enclosed.

I am not sure of the extent to which you'd like to be involved in this report. However, any contributions to the interpretation of the data or suggestions for further analyses would be very welcome.

Incidentally, South Australia was the only other state that has so far contributed any data. We have 63 cases from S.A. which have not yet been analyzed.

Yours sincerely,

DAVID HILL
EDUCATION DIRECTOR

Also to: Professor A. Radford, Medical School, Flinders University. S.A.

August 14th - September 5th.

Record all calls where caller does not ask for staff by name.

Date	Enquiry about	Sex	Referred to	Initial
8.9.78	Freedom From Smoking	M	Isobel	R
"	Re receipt for donation	F	Joyce	R
"	Enquiry on lectures for clubs	F	Isobel	R;
"	Literature	M		J
"	Literature	F.		J
"	Cancer Inquiry	F.	Book message for Dr. Gray	J
"	J. J. S	F.		J.
"	Marketing enquiry	F.	Lady to ring Miss Stolzer next week	J
"	Literature	F.		J
"	Literature	F.		J

435.

Total = ~~435~~ 433

Males = 186 (.43) 2

Females = 247 (.57) 3.

Freedom from Sm. = 131 .56
 males = 73 (~~56~~)
 fem. = 58 (.44)

Literature & desk signs - 78.

FFS M=119 F=189. = 1.7/1

Cancer enquiries 30

Smoking 37

August 14th - September 8th

Recalls where caller does not ask for staff by name.

Date	Enquiry about	Sex	Referred to	Switch
7-9-78	Re Freedom from Shtg Sm	M	Isobel	M
"	"	M	"	M
"	Re desk Signis	F	Janie Hardi	M
"	Re Literature Teacher	F	"	M
"	Re Freedom from Shtg	F	Isobel	M
"	Re aids to Stop Shtg	M	"	M
"	Re Newswire donation	F	Elsie Booth	M
"	Re Freedom from Shtg	F	Isobel	M
"	Re Literature ^{Public} Austin Journal C/Misc	M	Janie Hardi	M
"	Re Freedom from Shtg ^{referred to} _{Public C/Misc}	F	"	M
"	"	F	Isobel	M
"	" Shtg problem	M	"	M
"	Re Frieda	F	Isobel	D
"	Stop Smoking Course	F	"	D
"	Re Freedom from Shtg	F	"	M
"	re advice about giving up Shtg.	F	Isobel	M
"	Re desk signis - will call in frame	M	"	M
"	Re teacher's project	M	"	M
"	Re desk Signis	F	Janie Hardi	M
"	Re Freedom from Shtg (Brisbane)	M	"	M
"	Re Newswire donation	M	Elsie Booth	M
"	Re Freedom from Shtg (Herald)	M	Isobel	M
"	Re desk Signis	M	Janie Hardi	M
"	Re Freedom from Shtg. Dim	F	Isobel	M
"	"	F	"	M
8-9-78	Enquiry re film booking	F	"	J
"	Literature	F	"	J
"	"	M	"	J
"	"	F	"	J
"	Frieda	M	Isobel	J
"	Volunteers section	M	Jennie	J
"	Enquiry about smoking	M	Isobel	J
"	Freedom from smoking enquiry	F	"	J
"	Literature	M	"	J
"	Freedom from smoking	F	Isobel	J
"	"	M	"	J

August 14th - September 8th
 Record all calls where caller does not ask for staff
 by name

Date	Enquiry about	Sex	Referred to	Initial
1478 Sept 6 th	Re Freedom from Smtg	M	Isobel	m
"	"	F	"	m
"	"	M	"	m
"	"	M	"	m
"	Ultra-Violet lamps	F	In Hill	m
"	Re Freedom from Smtg	F	Isobel	m
"	"	M	"	m
"	"	M	"	m
"	"	F	Isobel	m
"	"	M	"	m
"	"	F	"	m
"	"	M	"	m
"	confirm employment	M	"	m
"	confirm employment.	F	Renate	J.
"	Re methods of giving up smtg	M	Isobel	m
"	Liberaline for Lecturers Rooms	M	"	m
"	Re 'Pure + Simple' counselling course	F	In Hill	In.
"	Re Freedom from Smtg. Sun	F	"	m
"	"	M	Diane Hardi	m
"	"	F	"	m
"	"	F	"	m
"	"	M	Diane Hardi	m
"	"	F	"	m
"	"	M	"	m
"	"	F	"	J.
"	"	M	"	m
"	Re various stop smtg courses	F	"	m
"	Re Indonesian Cigarettes	M	In Hill	m
"	Re Freedom from Smoking	S F	"	J.
"	"	S M	Judy Rassaby	J.
7-9-78	Re Stop Smoking Course	F	"	D
"	Re Freedom from Smtg ^{British Council}	M	"	m
"	Re Jan Schles	M	Diane Hardi	m
"	Re Liberaline	M	"	m
"	Re Freedom from Smtg Sun	M	Isobel	m
"	"	F	"	"

August 14th - September 8th.

Record all calls where caller does not ask for staff by name.

Date	Enquiry about	Sex	Referred to	Initials
Sept 4/78	Re assembly programme	F	Isobel	M
"	Request for pamphlet on cancer literature	M	Tracie Handi	M
"	"	F		J
"	Re memorial donation	M		M
"	"	F		M
"	Re person putting in ^{up 2 night} night cycle	M	Isobel	M
5/9/78	Re Freedom from Stry (Sun)	M	"	M
"	Re memorial donation from friend	M		M
"	Re freedom from Stry (Sun)	F	Isobel	M
"	" (Sun)	M	"	M
"	" (Sun)	M	"	M
"	" (Sun)	F	"	M
"	" (Sun)	F	"	M
"	Life in your hands ^{Heads on (3 rows)} people	F		M
"	Re Article on Stry Spreader Sigid	M	Isobel	M
"	Re freedom from Stry Sun	M		M
"	" ^{Journal in R. K. H.} (Sun)	M		M
"	" (Sun)	M	Isobel	M
"	" Herald	F		M
8/9/78	Re Librarian Beest Banner	F	Tracie Handi	M
"	Re Freedom from Stry Sun	M		M
"	" from Riddells Creek (Sun)	F		M
"	" (Sun)	F		M
"	Re San Scribe	F		M
"	Re Freedom from Stry (Sun)	F	Isobel	M
"	" Sun	M	Judy Rassaby	J.
"	" Sun	F		M
"	Literature	F	Diane Naudi	R.
"	Re Freedom from Smoking (Sun)	M.	Isabel	R.
"	" " " "	M	"	R
"	" " " "	F	"	R.
"	" " " "	F	"	R
"	" " " "	F	"	R
"	Literature	M		R.
"	Re Freedom from Smoking (Sun)	M	Isobel	R.
"	" " " (Sun)	F	"	J.

August 14th - September 8th
 Record all calls where caller does not ask for
 Dept by name.

Date	Enquiry about	Sex	Referred to	Switch
30-8-78	Literature	F		J.
"	Inquiry re welfare	M		J.
"	Re symptoms of Stomach Cancer	M	Bob Blatch	M
"	Re freedom from drug (Herald)	M	Judy Kasuly	M
31-8-78	Re films	F	Joane Kandi	M
"	Re advice to give up drug	F	Isobel	M
"	Re sun screens	F	Joane Kandi	M
"	Desh Enqis Carri Kellowish	F	Joane Kandi	M
"	Memorial donation enquiry	F	Elsie	J.
"	Teacher Enquiry ^{will call in} re anti-drug lit	F		M
"	Re films	F	Joane Kandi	M
"	Re donation	M	Kena Russell	M
"	P.M. Re letters ^{for children} re literature	F	Joane Kandi	M
"	Re Memorial donation	F	Elsie Booth	M
"	Re literature bookazine	F	Joane Kandi	M
"	Re Hypnotherapy	M	Isobel Rowle	M
"	Change of Address	F		D
1/9/78	Re deleting name from hairy list	F		M
"	Desh Enqis (Doctor)	M	Joane Kandi	M
"	Re Memorial donation	F		M
"	Re Will Solicitor	M	Peg McDonald	M
"	Re deleting name from mailing list	F		M
"	Re Memorial donation	F		M
"	Students Project	F	" →	R
"	Re Strip Drug Enqis	F		M
"	Re films	F	Joane Kandi	M
"	Re Desh Enqis	M	" "	M
"	Re Memorial donation	F		M
4/9/78	Re strip drug courses	M	Isobel	M
"	Wanted to speak to someone in research	F	Bill Hill	M
"	Re Memorial donation	F	Elsie Booth	M
"	Re Freedom from Drug Herald	M	Isobel	M
"	Re Drug Courses	F	"	M
"	Re stomach cancer	F	Bill Hill	M
"	Re Memorial donation	F	Elsie Booth	M
"	Re Strip Drug Course	F	Isobel	M

August 14th - September 15th
 record all calls where caller does not ask for staff
 by name.

Date	Enquiry about:	Sex	Referred to	Switch
		F	Dr. Handi	M
28-8-78	Re desk signs	F	Judy Kasaly	M
"	Re sisters reading group by shk.	M	Dr. Handi	M
"	Health, Literacy Centre writing lit. posters	F	"	M
"	Patios	F	Judy Kasaly	M
"	Re freedom from Suby	F	Dr. Handi	M
"	Literature for assignment ^{Lance} teacher	F	"	M
"	Re memorial function	F	Dr. Handi	M
29-8-78	Desk signs	F	"	M
"	Desk signs	F	"	M
"	Enquiry re diploma course - ^{again} wellby	F	Dr. Handi	M
"	Re felias	F	"	M
"	Tan Table	M	"	M
"	Re freedom from Suby	F	Jenny Wright	M
"	Re removing name from heading list	M	Dr. Handi	M
"	Re anti-suby signs	F	Verna Kussell	M
"	Re donation	M	"	M
"	Re donation	M	Diare	J
"	Literature	F	"	J
"	Freedom from smoking	F	Dee Karlyk	M
"	Re problems	F	"	M
"	Re Lotion pump	M	Betty Bow	M
"	Re second appeal letter	M	Jenny Wright	M
"	Re freedom funding (Herald)	M	"	M
"	Re school project - S/Student	M	Dr. Handi	M
"	Re freedom from Suby (Herald)	M	Judy Kasaly	M
30-8-78	Literature	M	"	J
"	Literature re work ACC	F	"	M
"	Phone no. Peli Helson ^{Respect Fund.} Leukaemia	F	"	M
"	Re freedom from Suby (Herald)	F	"	M
"	Re ^{Suby} Suby course	F	Judy Kasaly	M
"	Literature	M	Diare	J
"	Change of address - donor	F	Verna	J
"	Directions of how to get here	F	"	J
"	Re memorial donation	M	"	M
"	Re guest speaker ^{HSW group} on Suby	M	Bill	M

14th August - 8th September
 Record all calls where caller does not ask for
 staff by name

Date	Inquiry about:	Sex	Referred to	Switch	Initial
3.8.78	Smoking literature	M		J	
"	Inquiry re will	M	took message for Mrs Holzner.	J.	-
24.8.78	Cancer enquiry	F	In Harris	M	-
"	Sunscreens	F	Drainhandi	M	-
"	Re asbestos	M	In Hill	M	-
"	Anti-aly literature	F	Drainhandi	M	-
"	Re hernial donation	F	E Booth	M	-
"	Re desk signs	F	Drainhandi	M	-
"	Re hernial donation	F		M	-
"	Re helpline at School	M	wipe my board for Isobel	M	-
"	Re stress & Cancer	F	In Hill	M	-
"	Giving up literature	F	Drainhandi	M	-
"	Re hernial donation	F	E Booth	M	-
"	Re Jan Table	M	D. Handi	M	-
"	Re diet for cancer patient	F	In Hill	M	-
"	Re tar filters	F	Drainhandi	M	-
"	Justices Re Children's Penitentiary	M	Mrs Holzner	M	-
"	Helpline	F	Drainhandi	M	-
"	Re help to stop shy. - Lying, feeding, finding	M		M	-
"	Cancer enquiry	F	In Hill	M	-
"	Re hypnotherapy to help give up shy	F	Isobel	M	-
25.8.78	Required literature for work - (smokers)	M		J	-
"	" " for sunscreen products	F		J.	-
"	Required info. on products to give up smoking	M	Isobel	J	-
"	Required literature - tent cards	M		J	-
"	Freedom from smoking	M	Isobel	J	-
"	Didn't receive freedom from smoking lit	M	took message for Isobel	J	-
"	Literature	M		J	-
"	Re receipt - ²⁰⁰ Taxation purposes	M	Verna	J	-
"	Freedom from smoking	M		J	-
"	Literature - smoking	F		J	-
28.8.78	Re receipt	F	Verna	M	-
"	Re receipt	M	"	M	-
"	Re desk signs to his rooms	F		M	-
"	Re help with bedrenal lenses	M	In Hill	M	-
"	Re Jan Table	M	Drainhandi	M	-

14th August - 8th September

Record all calls when caller does not ask for staff

Date	Enquiry about:	Sex	Referred to	Switched
21/8/78	Re freedom from Subj ^{for alt. life} Herald	M		M
22-8-78	Required cigarette Tar Measurement Kits	M	Diane	J.
"	Smoking Signs.	F	"	J.
"	Enquiry re Research Reports 1977.	F		J.
"	Re freedom from Subj 3AW	F		M
"	Re desk Signs	F	Jane	M
"	Re lectures for Ladies Evening Group	F	Ad. Conlee	M
"	Re Speaker for Rotary Club	M	In Harris	M
"	Re making will Solicitor Wanganatta	M	Mrs. Tozer	M.
"	Re giving up literature ^{for day} Hospital	F		M
"	Re films	F	Jane Cook	M
"	Seeking time re literature	F	"	M
"	Hospital re literature	F		J.
"	As Rooms for desk Signs	F		M
"	Re ACC's Day Campaign Student	F	Jane Handi	M
"	Re Puff-puffs	M		M
"	Re desk signs	F	Jane Handi	M
"	"	F	"	M
"	Anti Research Publics Rebook ACC	F	In Harris	M
"	Re law books	M	Jane Handi	M
"	Re school project	F	"	M
"	Re aqua filter	F	In Hill	M
"	Re memorial donation	F		M
23-8-78	Re donation to ACC	F	Venarussell	M
"	Re desk signs for office	F		M
"	Re research into Blood tests. Bodily cancer	F	D. Gray	M
"	Re memorial donation	F	Else Booth	M
"	Re literature for giving-up.	M	Jane Handi	J.
"	Desk Signs	M		M
"	Re - breast prothesis	F	Sue Rawlyk	J.
"	Re stop smoking Course	F		M
"	Re Hair dyes	F	In Harris	M
"	Breast Self Examination ^{next class} course	F	Jane Handi	M
"	Re print upon Breast cancer	F	D. Gray	M
"	Re Stop Smoking Course	M		M
"	Re making will Solicitor	M	Mrs Tozer	M

14th August - 8th September

Record all calls where caller does not ask for staff by name.

Date	Enquiry about:	Sex	Referred to	Initial
15/8/78	Re Freedom from Stry	F		M
"	Wanting to express displeasure re Cig Cntry	M	Isobel	M
"	Re Cancer Colon	M	K Guy	M
"	Re memorial donation	M		M
"	Nicotine + tar contents	M	Isobel	J
"	Giving up smoking	M	Isobel	J
"	Law act on smoking ban	F	Isobel	J
"	Re Freedom from Stry (3AW)	M		M
"	Re Stop Stry Course at ACC (Herald)	F		M
"	Re Freedom from Stry (Herald)	M		M
"	Literature on Causes of Cancer (Lecturing student)	M		M
"	Request of School Project Day Second Subj	F		M
"	Re Freedom from Stry (Herald)	F		M
"	Request for wall signs	F		M
21/8/78	Giving up literature	M		M
"	Re memorial donation	F		M
"	Re " " "	F	Elsie Booth	M
"	Re K Hastings + clinic Headm (3AW)	F	In Hill	M
"	Re memorial donation	F		M
"	Re Insurance Co offering insurance against cancer	F	In Hill	M
"	Anti Stry literature doing course with Health Admin	M	Keane	M
"	Request for literature	F	" "	M
"	Request by Orthodontist for Oral Care leaflet	F	" "	M
"	Request for law table	M		M
"	Re: Memorial	F	Elsie Booth	R
"	Request for literature	F		R
"	Re daughter seeing work Bread + has lup	F	K. Colclough	M
"	Re Freedom from Stry Herald	F		M
"	" " " " " "	M		M
"	Re article in Herald on giving up Stry	F	Isobel	M
"	Re medi-holders	M	Isobel	M
"	Re memorial donation (blue)	F		M
"	Re " " (blue)	F		M
"	Re memorial donation	F	Elsie Booth	M
"	" " " "	M		M
"	Re disk signs	F	Dracardi	M

14th Aug - 8th September
 Record all calls where caller does not ask for staff by name.

Date	Enquiry about	Sex	Referred to	Initials
17/8/78	Re freedom from Subg in Herald	F	Isobel	M
"	" " " " 3AW	M	"	M
"	" " " " " 3AW	M	"	M
"	" " " " " 3AW	F	Isobel	M
"	" " " " " Herald	M	"	M
"	" " " " " "	F	"	M
"	Wanting + ray of malignant ^{concern for film} cancer by cancer	M	"	M
"	Re freedom from Subg in Herald	M	"	M
"	" " " " " "	F	"	M
"	Re self giving any Cigs in street	F	"	M
"	Re freedom from Subg in ^{3AW} Herald	M	"	M
"	" " " " " Herald	F	"	M
"	" " " " " "	M	"	M
"	Request for desk Signs (Doctors)	F	Kaia hui	M
"	Re freedom from Subg Herald	F	Isobel	M
"	" " " " " Herald	M	"	M
"	" " " " " 3AW	M	"	M
"	" " " " " Herald	F	"	M
"	Smoking signs	M	Diane	J
"	Re freedom from smoking Herald	M	"	J
"	Something	M	"	M
"	Enquiry re low content cigarettes	M	"	M
"	Enquiry re hospice Assn.	F	Peg McDonald	M
"	Re freedom from Subg Course 3AW	F	"	M
"	Re Walk for life	M	Jean Rob.	J
"	Re stop Subg Course	F	Isobel office	M
"	Re stop Subg Course Herald	F	"	M
"	Re stop Subg Course Herald	F	Isobel off	M
"	Project material	M	Diane	J
"	Desk Signs	F	Diane	M
18/8/78	Re memorial donation	M	"	M
"	Freedom from Subg Course Herald	F	"	M
"	" " " " " 3AW	F	"	M
"	Re memorial donation	F	"	M
"	Re memorial donation ^{from} (School) _(Pooring)	F	"	M
"	Request for Jenny Pamphlets _{Community Services Centre}	M	"	M

14 August - 8th September

Record all calls where caller does not ask for staff by name.

Date	Enquiry about:	Sex	Referred to	On Site?
15/8/78	Desk Signs	F	Janette	M
"	Re films	M	Trace	M
"	Wanting help to give up smg.	F		M
"	" " " " " literature	F		J
"	What Anti-cancer Council does.	M		J
"	Directions to get here	M		J
16/8/78	Enquiry - address Cancer Soc ACT.	F		M
"	Re making well - solution	F	A. Holger	M
"	Solution - re well	F	"	M
"	Re memorial donation	M		M
"	Complaint re smg in patient at P.M.C.	F	Im Harris	M
"	Re films	F	Trace	M
"	Wanting help to give up smoking + literature	M		J
"	Literature available to Nursing Service	F		J
"	Checking healing at Glenroy Col Army	F	adrienne aster	M
"	Tar measurement kit	M		M
"	Tar Content tobacco	F	S. Hardi	M
"	Desk Signs	M	S. Hardi	M
"	Re films	M	"	M
"	Re stop smg kit L. his rooms	F	"	M
"	Re ^{article} add in age for ^{joining} stop smg groups	M		M
"	Re stop smg courses in Peninsula Area	F	Isobel	M
"	Re memorial donation	M		M
"	Upset re donation request.	F		J
"	Desk Signs Health Inspector's office	M		M
"	Request for Ann Keph to make well	F	Peg 2nd floor	M
"	where to Buy Breast Prosthesis	F	Sue Raeylek	M
"	Re article Herald re stop smg	F	Isobel	M
"	Desk Signs	F		M
"	Request for School Project 3/ students	M		M
17/8/78	Freedom from Smg Course Herald	F		M
"	Caller wanting help to give up smg	F		M
"	Re freedom from Smg Course Herald	F	Isobel	M
"	Re freedom from Smg 34V.	F	Isobel	M
"	" " " " 34W	M	Isobel	M
"	" " " " "	M	Jenny B.	M

TELEPHONE SURVEY - Start August 14th for 4 weeks.

Record all calls where caller does not ask for staff by name.

Date	Enquiry about	Sex	Referred to	On switch
14/8/78	Re giving up a bag. Wanted to talk to someone	F	L. Harris	m
"	Re medi-holders	F	"	m
"	Re cancer lines	F	L. Gray	m
"	Re stop smoking course	F	Isobel	m
"	Re receipt	F	huskissall	m
"	" student	m	"	m
"	Anti-smoking literature (Student)	M	Seairch	m
"	" " " Re Stop smoking course	M		m
"	Life in Your Hands leaflet	F		m
"	Re amonces allergy	F	L. Hill	m
"	Re Puff Puff.	M	Seairch	m
"	Re medi-holders	F	L. Harris	"
"	Re memorial donations	F	E. Booth	"
"	Desk signs.	F	D. Naudi	J.
"	Re memorial donations	M		m
"	Re cancer pancreas	m	L. Gray	m
"	School Project Student	m	Seairch	m
"	Re brown spots on skin	M	L. Harris	m
"	School Project Student	F	Seairch	m
"	Re memorial donation	M	E. Booth	m
"	Re doorknob of ACCV.	F	L. Harris	m
"	Re Lanington drive of ACCV.	F	L. Harris	m
Aug 15 th	Re stop smoking course	F	Isobel	m
"	Desk Signs	F	D. Naudi	m
"	Tin collection	M		J.
"	Re felins	F	D. Naudi	m
"	Desk Signs + A/Schooly list	M		m



THE UNIVERSITY OF NEWCASTLE
NEW SOUTH WALES, 2308
FACULTY OF MEDICINE

TELEPHONE 68 0401
EXT. 433

9th May, 1977

Mr David Hill
Education Director
Anti-Cancer Council of Victoria
90 Jolimont Street
EAST MELBOURNE Vic. 3002

PHONES / SCHEMES 12/5
RECEIVED

12 MAY 1977

To _____
From _____

Dear David,

Many thanks for your kind letter of 22nd April and for the various enclosures. I was pleased to know that you would be interested in collaborating with us in a programme to look at different health education strategies which may be tried to encourage children not to smoke and I agree that it would be superb if we could extend this to other areas of Australia. Thank you for the article by Bob Wake which, as you say, is quite refreshing in the context of smoking programmes for children many of which are superficial and/or confusing. I shall discuss this document with the people in the Health Commission who are interested and also with Professor Charles Engel who is also quite vitally interested in the whole health education area.

With respect to the proposed telephone survey of enquiries, I feel the protocol as it presently stands is really very good. It may be wise to spell out a little more clearly the exact purpose of the study within the context of telephone enquiries. I think it would be of some interest also to know whether the question being asked was in relation to the person who was enquiring or a relative or friend. I don't suppose there is any way of finding out the person's occupation. It would be interesting if we could. I also feel that the information about the triggering mechanism for the question is of considerable interest and you may like to consider ways in which that could be gone into in greater detail.

When you circulate the second draft of the protocol, I would like to discuss it with Charles Engel to get the benefit of his insights as well.

My very warm regards,

Yours sincerely,

Stephen R. Leeder

c.c. Kerry Bryant - Windale

Pin - 1
Pitank
21/6

Mr. David Hill,
Education Director,
Anti-Cancer Council of Victoria,
90 Jolimont Street,
EAST MELBOURNE. VIC. 3002

June 21, 1977.

PROJECT ON DOCTOR INVOLVEMENT IN PUBLIC EDUCATION ABOUT CANCER

Professor N. Lickiss,
Professor of Community Medicine,
University of Tasmania,
c/- Royal Hobart Hospital,
HOBART. TAS. 7000

Dear Norelle,

Proposed National Survey of Telephone Enquiries About Cancer

You may recall at the U.I.C.C. Workshop in March, a proposal arose that a telephone survey of "cancer questions" be done and should be made available to teachers of community health/practice/medicine.

I have now drafted (with the help of Anthony Radford and Stephen Leeder) a protocol for such a survey which I now submit for your consideration.

I hope it is self-explanatory, but let me know if not. If you are interested, your commitment would be as follows:-

- i) to meet with the executive officer of the Tasmanian Cancer Committee to discuss implementation. If necessary also to train staff in use of questionnaire.
- ii) to code from the proforma those parts for which the code can be decided in advance.
- iii) to provide a typescript precis of items 1 and 2 on the proforma (the question and answer) coding rules for these will have to be post hoc, and done centrally.
- iv) to contribute such critical comments as you wish on the basis of a draft report prepared centrally.
- v) if published, to consent to your name being acknowledged as a participant in the survey.

Please let me know your reaction to becoming involved. If you wish to do so, I will then pave the way with the Tasmanian Cancer Committee.

Warm regards,

Yours sincerely,

DAVID HILL
PROJECT CHAIRMAN

Mr. David Hill,
Education Director,
Anti-Cancer Council of Victoria,
90 Jolimont Street,
EAST MELBOURNE. VIC. 3002

June 2, 1977.
DH:MM

PROJECT ON DOCTOR INVOLVEMENT IN PUBLIC EDUCATION ABOUT CANCER

Professor Stephen Leeder,
Professor of Community Medicine,
University of Newcastle,
Rankin Drive,
SHORTLAND. NEWCASTLE. N.S.W. 2308

Dear Steve,

I'm just about to leave for Europe for 4 weeks but wanted to first contact you about:-

- a) the telephone survey: please find enclosed the second draft which you want to show to Charles Engel,
- b) the possibility that we collaborate in a trial of anti smoking teaching strategies. We had a teacher's seminar yesterday (program enclosed) and have the names of 13 teachers interested in hearing more about this research if it proceeds. As a further thought-prompter for you, I enclose a draft teaching unit of smoking and health which we are asking a select group of teachers to try out at present.

Yours sincerely,

DAVID HILL
PROJECT CHAIRMAN

Q. P. Jones

Mr. David Hill,
Education Director,
Anti-Cancer Council of Victoria,
90 Jolimont Street,
EAST MELBOURNE. VIC. 3002

June 21, 1977.

PROJECT ON DOCTOR INVOLVEMENT IN PUBLIC EDUCATION ABOUT CANCER

Professor Max Kamien,
Professor of General Practice,
University of Western Australia,
Mounts Bay Road,
CRAWLEY. W.A. 6009

Dear Max,

Proposed National Survey of Telephone Enquiries About Cancer

You may recall at the U.I.C.C. Workshop in March, a proposal arose that a telephone survey of "Cancer questions" be done and should be made available to teachers of community health/practice/medicine.

I have now drafted (with the help of Anthony Radford and Stephen Leeder) a protocol for such a survey which I now submit for your consideration.

I hope it is self-explanatory, but let me know if not. If you are interested, your commitment would be as follows:-

- i) to meet with the executive officer of the Cancer Council of Western Australia to discuss implementation. If necessary also to train staff in use of questionnaire.
- ii) to code from the proforma those parts for which the code can be decided in advance.
- iii) to provide a typescript precis of items 1 and 2 on the proforma (the question and answer) coding rules for these will have to be post hoc, and done centrally.
- iv) to contribute such critical comments as you wish on the basis of a draft report prepared centrally.
- v) if published, to consent to your name being acknowledged as a participant in the survey.

Please let me know your reaction to becoming involved. If you wish to do so, I will then pave the way with the Cancer Council of Western Australia.

Warm regards,

Yours sincerely,

DAVID HILL
PROJECT CHAIRMAN

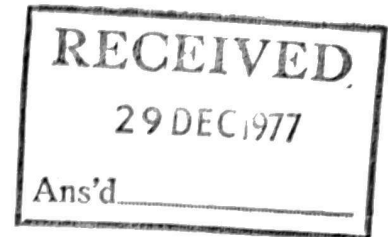
CANCER COUNCIL OF WESTERN AUSTRALIA

184 ST. GEORGE'S TERRACE.
PERTH
WESTERN AUSTRALIA 6000
TELEPHONE 321 6224 · 321 2365

Ref: 206

23rd December 1977

Mr. David Hill,
Education Director,
Anti-Cancer Council of Victoria,
90 Jolimont Street,
EAST MELBOURNE. VICTORIA. 3002.



Dear David,

Just a note to formally acknowledge your letter dated 25th November and the questionnaire forms to be used to obtain more data on the demand for cancer information.

I wish to confirm my advice to you by telephone today that we will be very happy to co-operate in this project. As I informed you, the collection and collation of the information is to be carried out under the supervision of Dr. Michael Byrne, a Medical Oncologist at the Sir Charles Gairdner Hospital here, and I am sure that his participation in this way will enhance the value of our contribution.

I have informed Dr. Byrne that you wish to have some preliminary data to discuss by April and I will follow this up at the appropriate time.

With every good wish.

Yours sincerely,

Russell Cox,
Executive Director

Hold till the pro forms come
then enclose

Giles 300 copies.

Rudder ~~200~~ 150.

Oshorne 150.

WA 100

25/11/77

25th November, 1977.

Mr. Russell Cox,
Cancer Council of Western Australia,
7th Floor,
184 St. George's Terrace,
PERTH. W.A. 6000

Dear Russell,

In view of the fact that we are planning a seminar in Brisbane on "the doctor in public education" I think it would be a good idea to start our survey of telephone enquiries about cancer. You will remember that this idea stemmed from Professors of Community Medicine saying that teaching medical students to become better cancer educators would be helped by more information on the consumer demand for cancer information. I would like to have some preliminary data to discuss by April,

This is what I propose -

1. Using the enclosed forms, start recording all incoming cancer information calls on your first day of business after Jan 1, 1978.
2. Make sure all staff who deal with such calls have a supply of the forms at their telephone and at home if after hours calls are taken.
3. Before Jan 1 use a few forms to have a little practice in doing the survey. Contact me if problems arise or clarification is needed.
4. After commencing, it is important that all calls be recorded until you run out of forms or until we call a halt. It will seriously bias the results if we unconsciously tend to include only 'interesting', or 'easy' or 'well-handled' calls.

Will you be in it? Please confirm one way or the other.

Yours sincerely,

DAVID HILL
EDUCATION DIRECTOR

25th November, 1977.

Mr. W. L. Rudder,
Anti-Cancer Council of the
Queensland Cancer Fund,
P.O. Box 201,
NORTH BRISBANE. QLD. 4001

Dear Bill,

In view of the fact that we are planning a seminar in Brisbane on "the doctor in public education" I think it would be a good idea to start our survey of telephone enquiries about cancer. You will remember that this idea stemmed from Professors of Community Medicine saying that teaching medical students to become better cancer educators would be helped by more information on the consumer demand for cancer information. I would like to have some preliminary data to discuss by April.

This is what I propose -

1. Using the enclosed forms, start recording all incoming cancer information calls on your first day of business after Jan 1, 1978.
2. Make sure all staff who deal with such calls have a supply of the forms at their telephone and at home if after hours calls are taken.
3. Before Jan 1 use a few forms to have a little practice in doing the survey. Contact me if problems arise or clarification is needed.
4. After commencing, it is important that all calls be recorded until you run out of forms or until we call a halt. It will seriously bias the results if we unconsciously tend to include only 'interesting', or 'easy' or 'well-handled' calls.

Will you be in it? Please confirm one way or the other. Since Professor Geoff Ryan, University of Queensland, is interested in this project, would you phone him to make contact and tell him about your plans to start?

Yours sincerely,

DAVID HILL
EDUCATION DIRECTOR

Telephone Question Survey

All staff answering telephone questions should have these forms near their telephone. Questions merely concerned with availability of leaflets, films etc. are not to be recorded on this form.

1. Describe the question(s). Where question is masked, detail the lead up.

(Question for self, relative, friend? ...)

2. Your answer(s)

If you could not answer, to whom did you refer the caller?

3. Your spiel: To improve our question-answering service, we're doing a little anonymous survey of the people who ring us for information so ... (go straight on).
4. Would you mind telling me if you asked anyone else your question before ringing us?
Who? (we don't need names)
What did they, he/she tell you?
.....
Anyone else?
5. What made you think of asking us?
6. Where did you get telephone number?
7. Would you mind telling me your age? Years.
8. Would you mind telling me your occupation? (Husband's, if caller a housewife).
.....
9. Sex (only if not obvious!) M F
10. Do you know your post code or nearest post office?
11. Date of call
12. Time am/pm

Surveyor answers: Did caller seem triggered by a news or magazine item?
And if so, try to specify.

2nd September, 1977.

Mr. David Hill,
Education Director,
Anti-Cancer Council of Victoria,
90 Jolimont Street,
EAST MELBOURNE. VIC. 3002

PROJECT ON DOCTOR INVOLVEMENT IN PUBLIC EDUCATION

Professor Max Kamien,
Professor of General Practice,
University of Western Australia,
Mounts Bay Road,
CRAWLEY. W.A. 6009

Dear Max,

Thank you for your letter of 6th July indicating an interest but present inability to take part in the telephone query survey in Western Australia.

This proposed survey has not yet got underway although it is due to begin before the end of the year. In view of this schedule can you tell me if you might be interested still? Actually, we could still collect data on calls coming into the Western Australian Cancer Council even if you could not be closely involved in the project. You might still find the survey results of interest and possible value in teaching.

Warm regards,

Yours sincerely,

DAVID HILL
PROJECT CHAIRMAN

2nd September, 1977.

Mr. W. L. Rudder,
Secretary,
Queensland Cancer Fund,
P.O. Box 201,
NORTH BRISBANE. QLD. 4000

Dear Bill,

Thank you for your letter confirming your interest in taking part in the survey of telephone enquiries.

You should hear more about this in due course. Your suggestion of recording questions from the public meetings is a good one and should extend the usefulness of a survey.

Yours sincerely,

DAVID HILL
EDUCATION DIRECTOR

2nd September, 1977.

Dr. Gordon Sarfaty,
Medical Director,
The New South Wales State
Cancer Council,
P.O. Box N266, Grosvenor St.
SYDNEY. N.S.W. 2000

Dear Gordon,

Thank you for your letter concerning the proposed national survey of telephone enquiries about cancer.

I understand the problems you would face in taking part at this stage due to the reorganization of staff. It therefore seems a good idea to defer your participation until next year.

If we get started before then, we could include such enquiries as come to Giles at the Australian Cancer Society.

In any case, I shall be in touch about this later.

Yours sincerely,

DAVID HILL
EDUCATION DIRECTOR



The University of Tasmania

DEPARTMENT OF COMMUNITY HEALTH

Professor J. Norelle Lickiss
Dr Alan M. Tucker
Mr Steven A. Lockwood

29 August 1977

RECEIVED

31 AUG 1977

To _____
From _____

Royal Hobart Hospital Clinical School,
43 Collins Street,
Hobart, Tasmania 7000
Telephone 34 2866

Mr. David Hill
Education Director
Anti-Cancer Council of Victoria
90 Jolimont Street
East Melbourne Vic 3002

Dear David,

Thank you for your letter of 23rd August. I am out of Hobart (in Canberra and New Guinea until 14th September.

I do not really think there is much point in Tasmania participating, especially since the Director of the Peter MacCallum Clinic is away. The whole matter could be raised again in October if you feel it would help.

Yours sincerely,

M. Walpole
for J. Norelle Lickiss
Professor of Community Health

RECEIVED

30 AUG 1977

THE NEW SOUTH WALES STATE CANCER COUNCIL
ANCHOR HOUSE, CNR. GEORGE & BRIDGE STS, SYDNEY, 2000.

To _____
From _____

Mr. David Hill,
Education Director,
Anti-Cancer Council of Victoria,
90 Jolimont Street,
EAST MELBOURNE. VIC. 3002.



TELEPHONES: OFFICE 241-1068
EDUCATION OFFICER 241-2760
P.O. BOX N266 GROSVENOR ST, N.S.W. 2000
TELEGRAPHIC ADDRESS: "CANCER SYDNEY"

REPLY TO THE SECRETARY QUOTING:

GS.LN

22nd August, 1977.

Dear David,

Thank you for your note on the proposed national survey of telephone enquiries about cancer.

I do have some reservations about this proposal as I expressed to you last Friday. In addition, there would be a major difficulty for us right now to obtain reasonable data in the form you have requested, as I am currently reorganizing our staffing arrangements and hope by early next year to be able to handle such requests.

Yours sincerely,

Gordon Sarfaty,
MEDICAL DIRECTOR.



Queensland Cancer Fund, under the distinguished Patronage of His Excellency, the Governor
of Queensland, Sir James Ramsay, C.B.E., D.F.C.

QUEENSLAND CANCER FUND

10th Floor, Combined Insurance House, 139 Leichhardt Street, Brisbane. Phone 31 1461
P.O. Box 201, North Brisbane, Q. 4000

25th August, 1977

RECEIVED

30 AUG 1977

To _____
From _____

Mr. David Hill
Education Director,
Anti-Cancer Council of Victoria
90 Jolimont Street,
EAST MELBOURNE. V. 3002

Dear David,

A note in haste to let you know that we will most certainly co-operate in the proposed information survey of telephone enquiries about cancer, and look forward to hearing from Prof. Ryan.

The questions we receive at our Women Only programmes may give a better indication of the problems concerning the community about cancer.

Kind regards,

W.L. Rudder
Secretary

VIC SURVEY
OF P~~RO~~NC.

23rd August, 1977.

Mr. David Hill,
Education Director,
Anti-Cancer Council of Victoria,
90 Jolimont Street,
EAST MELBOURNE. VIC. 3002

PROJECT ON DOCTOR INVOLVEMENT IN PUBLIC EDUCATION ABOUT CANCER

Professor J. Norelle Lickiss,
Professor of Community Health,
Royal Hobart Hospital Clinical School,
43 Collins Street,
HOBART. TAS. 7000

Dear Norelle,

Please don't blush for shame about the telephone survey.

1 The survey has not commenced and you would not need to be involved in the actual answering of the queries. We would simply be monitoring the questions which come from the public to the Tasmanian Cancer Committee or, if more appropriate, the Peter MacCallum Clinic. I really don't know who handles these queries in your State.

The plan was that the University departments would come in at the stage of reviewing proformas which had been collected by telephone answering staff. These would then be coded and forwarded for central analysis. When all the results are collated it was felt that the report might make interesting teaching material and permit students to be more "consumer oriented" in their delivery of cancer education to patients.

In view of this clarification, would you still be interested in having me approach the Tasmanian Cancer Committee to see if anything can be arranged in Tasmania.

Yours sincerely,

DAVID HILL
PROJECT CHAIRMAN

23rd August, 1977.

Mr. W. L. Rudder,
Secretary,
Anti-Cancer Council of the Queensland
Cancer Fund,
P.O. Box 201,
NORTH BRISBANE. QLD. 4000

Dear Bill,

Proposed national survey of telephone enquiries about cancer

As I reported at the last A.C.S. education committee meeting, a workshop for university teachers in community practice/health was held in March as a part of the U.I.C.C. project on Doctor Involvement in Public Education About Cancer.

The rationale for the workshop was found in the absence in medical training of sufficient relevant instruction to equip doctors to play an effective role in community education about cancer. All professors of community practice/health throughout Australia, including Professor J.G.P. Ryan from Queensland attended.

One outcome of the workshop was to engender interest in defining new undergraduate curricula to assist public education programs. I also think there was a universal desire to start or continue working closely with cancer societies.

In particular, the professors expressed a desire to know more about the nature of public demand for information about cancer. They suggested that we document the questions that come on the 'phone and that this be used as teaching material so that medical students might become more "consumer oriented" when they provide information about cancer.

Together with the professors, I have written the enclosed protocol for a national survey of telephone enquiries about cancer.

Would you like to take part?

If so, I suggest that you work initially with Professor Ryan on the local scene and then we pool our data for the national report.

I see several arguments in favour of the survey -

- i) the data themselves would be of intrinsic value,
- ii) national data (rather than local) usefully extends the data base,
- iii) collaboration with medical schools helps us to "infiltrate" a sensitivity to the needs of our public education program among a group of university teachers,
- iv) collaboration in this project might lead to other productive university/cancer society endeavours,
- v) participation in the survey is likely to be good for morale for the telephone-answering staff. (A poll of our own staff enthusiastically received the idea).

If you would like to take part in the survey, the proformas would be provided for you. The coding would be done by Professor Ryan's department and the card punching and data analysis carried out here.

Will you let me know your reaction to this proposal. If favourable, I will then ask Professor Ryan to contact you and get things underway. When I have everyone's answers in hand we can decide upon a starting date.

Regards,

Yours sincerely,

DAVID HILL
EDUCATION DIRECTOR



The University of Tasmania

DEPARTMENT OF COMMUNITY HEALTH

Professor J. Norelle Lickiss
Dr Alan M. Tucker
Mr Steven A. Lockwood

Royal Hobart Hospital Clinical School,
43 Collins Street,
Hobart, Tasmania 7000
Telephone 34 2866

17 August 1977

Mr. David Hill
Project Chairman
International Union Against Cancer
Anti-Cancer Council of Victoria
90 Jolimont Street
East Melbourne 3002

RECEIVED
22 AUG 1977
To _____
From _____

Dear David,

I blush for shame. There has been no chance really to participate in the Telephone Survey about which you inquired. I won't bore you with all the reasons but they include the fact that we don't really have a centralized place where many queries come. Also the Director of the Peter MacCallum Clinic is currently away.

I think you ought to proceed without our participation.

Yours sincerely,

J. Norelle Lickiss
Professor of Community Health

*I'll be away from Hobart 27.8 to early Oct
except for 14 Sept.*

22nd August, 1977.

Mr. Ray Osborn,
Secretary,
Anti-Cancer Foundation of the
University of Adelaide,
G.P.O. Box 498,
ADELAIDE. S.A. 5001

Dear Mr. Osborn,

Proposed national survey of telephone enquiries about cancer

As I reported at the last A.C.S. education committee meeting, a workshop for university teachers in community practice/health was held in March as a part of the U.I.C.C. project on Doctor Involvement in Public Education About Cancer.

The rationale for the workshop was found in the absence in medical training of sufficient relevant instruction to equip doctors to play an effective role in community education about cancer. All professors of community practice/health throughout Australia, including Professor A. Radford from South Australia attended.

One outcome of the workshop was to engender interest in defining new undergraduate curricula to assist public education programs. I also think there was a universal desire to start or continue working closely with cancer societies.

In particular, the professors expressed a desire to know more about the nature of public demand for information about cancer. They suggested that we document the questions that come on the 'phone and that this be used as teaching material so that medical students might become more "consumer oriented" when they provide information about cancer.

Together with the professors, I have written the enclosed protocol for a national survey of telephone enquiries about cancer.

Would you like to take part?

If so, I suggest that you work initially with Professor Radford on the local scene and then we pool our data for the national report.

I see several arguments in favour of the survey -

- i) the data themselves would be of intrinsic value,
- ii) national data (rather than local) usefully extends the data base,
- iii) collaboration with medical schools helps us to "infiltrate" a sensitivity to the needs of our public education program among a group of university teachers,
- iv) collaboration in this project might lead to other productive university/cancer society endeavours,
- v) participation in the survey is likely to be good for morale - for the telephone-answering staff. (A poll of our own staff enthusiastically received the idea).

If you would like to take part in the survey, the proformas would be provided for you. The coding would be done by Professor Radford's department and the card punching and data analysis carried out here.

Will you let me know your reaction to this proposal. If favourable, I will then ask Professor Radford to contact you and get things underway. When I have everyone's answers in hand we can decide upon a starting date.

Regards,

Yours sincerely,

DAVID HILL
EDUCATION DIRECTOR

19th August, 1977.

Dr. Gordon Sarfaty,
Medical Director,
The New South Wales State Cancer Council,
P.O. Box N266, Grosvenor St.
SYDNEY. N.S.W. 2000

Dear Gordon,

Proposed national survey of telephone enquiries about cancer

As I reported at the last A.C.S. education committee meeting, a workshop for university teachers in community practice/health was held in March as a part of the U.I.C.C. project on Doctor Involvement in Public Education About Cancer.

The rationale for the workshop was found in the absence in medical training of sufficient relevant instruction to equip doctors to play an effective role in community education about cancer. All professors of community practice/health throughout Australia, including Professors Bridges-Webb, Webster and Leader from N.S.W. attended.

One outcome of the workshop was to engender interest in defining new undergraduate curricula to assist public education programs. I also think there was a universal desire to start or continue working closely with cancer societies.

In particular, the professors expressed a desire to know more about the nature of public demand for information about cancer. They suggested that we document the questions that come on the 'phone and that this be used as teaching material so that medical students might become more "consumer-oriented" when they provide information about cancer.

Together with the professors, I have written the enclosed protocol for a national survey of telephone enquiries about cancer.

Would you like to take part?

If so, I suggest that your work initially with Professor Bridges-Webb on the local scene and then we pool our data for the national report.

I see several arguments in favour of the survey -

- i) the data themselves would be of intrinsic value,
- ii) national data (rather than local) usefully extends the data base,
- iii) collaboration with medical schools helps us to "infiltrate" a sensitivity to the needs of our public education program among a group of university teachers,
- iv) collaboration in this project might lead to other productive university/cancer society endeavours,
- v) participation in the survey is likely to be good for morale for the telephone-answering staff. (A poll of our own staff enthusiastically received the idea).

If you would like to take part in the survey, the proformas would be provided for you. The coding would be done by Professor Bridges-Webb's department and the card punching and data analysis carried out here.

Will you let me know your reaction to this proposal. If favourable, I will then ask Professor Bridges-Webb to contact you and get things underway. When I have everyone's answers in hand we can decide upon a starting date.

Regards,

Yours sincerely,

DAVID HILL
EDUCATION DIRECTOR



RECEIVED

11 JUL 1977

THE UNIVERSITY OF WESTERN AUSTRALIA
DEPARTMENT OF MEDICINE

To _____
From _____

Telephone 80 1122 Ext. 3426
Unit of General Practice.

Medical School Building,
Perth Medical Centre,
Nedlands. W.A. 6009.

6th July, 1977.

MK.WT.

Mr. David Hill,
Education Director,
Anti-Cancer Council of Victoria,
90 Jolimont Street,
EAST MELBOURNE. VICTORIA. 3002.

Dear David,

Re: Project on Doctor Involvement in Public Education about Cancer.

I would very much like to be part of the project. However, I am still a one man band with no other help and I am finding that my outside commitments have become too heavy to allow me to get on with doing my real job. If this was to occur some months later, I would definitely help but at present I regret that I cannot do so.

Yours sincerely,

MAX KAMIEN.

THE UNIVERSITY OF NEW SOUTH WALES

P.O. BOX 1 • KENSINGTON • NEW SOUTH WALES • AUSTRALIA • 2033
TELEX AA26054 • TELEGRAPH: UNITECH, SYDNEY • TELEPHONE 663 0351

EXTN. 2910



SCHOOL OF COMMUNITY MEDICINE

7th July, 1977.

RECEIVED

11 JUL 1977

To _____
From _____

Mr. David Hill,
Education Director,
Anti-Cancer Council of Victoria,
90 Jolimont Street,
EAST MELBOURNE. VIC. 3002.

Dear David,

re: Proposed National Survey of Telephone
Inquiries about Cancer

Thank you for your letter. I have discussed this with Charles Bridges-Webb and I think that it would be better for only one of us to be involved in Sydney. Charles has agreed to act as the agency for the study in this city.

Best wishes,

Yours sincerely,

Ian W. Webster
Professor of Community Medicine



The University of Sydney

TELEPHONE: 660 4555
ext. 270

N.S.W. 2006

692-3645

DEPARTMENT OF COMMUNITY MEDICINE

29th June, 1977

Mr. David Hill,
Education Director,
Anti-Cancer Council of Victoria,
90 Jolimont Street,
EAST MELBOURNE VIC 3002

RECEIVED
1977
JUL 1977

To _____
From _____

Dear David,

Proposed National Survey of Telephone Enquiries
About Cancer

Thank you for your letter of June 21st. I think I could accept the commitment to become involved along the lines which you suggest. I have discussed this with Ian Webster and as he is fairly busy we mutually decided that I would act in this city.

How long is it expected that it will take to obtain the details of 1,000 consecutive questions and how many do you anticipate being recorded in Sydney? Why are questions concerning the availability of films etc. not to be recorded? It seems to me that even at this level the information would be useful.

If a typescript precis of items 1 and 2 is to be made, then there would need to be very strict guidelines. I would think it preferable that the full details provided be recorded for the central coder, and it might be better to have the typing (if necessary) done centrally. Guidelines and training of staff in recording items 1 and 2 would need to be very carefully developed, including preferably quite a number of taped recorded examples to be used in all centres in order to improve the consistency of recording.

I would like to see the proposed method for coding items 4-12. What about coding the final section "Surveyor answer"?

Yours sincerely,

Charles Bridges-Webb,
Professor of Community Medicine.

*Meet in
2 20 PM
School = 1/24 + Trust Meet
7th July*



University of Queensland

FACULTY OF MEDICINE
 MEDICAL SCHOOL, HERSTON ROAD, HERSTON
 QUEENSLAND, 4006

RECEIVED

4 JUL 1977

To _____
 From _____

DEPARTMENT OF
 SOCIAL AND PREVENTIVE MEDICINE
 JGPR/IS

1st. July, 1977

Mr. David Hill,
 Education Director,
 Anti-Cancer Council of Victoria,
 90 Jolimont Street,
 EAST MELBOURNE, Vic. 3002.

Dear David,

In answer to your letter of June 21st, I would be very happy to make my contribution to this survey. I am not quite sure whether you intend to produce a code for those parts of the pro forma that can be decided in advance. It would appear to me to be more logical to have this part of the survey uniformly coded for all States participating. We shall be able to type up the precis of answers to Items 1 and 2. In the meantime please go ahead and pave the way with the Queensland Cancer Fund.

Kind regards,

Yours sincerely,

J.G.P. RYAN,
Professor of Community Practice

Mr. David Hill,
Education Director,
Anti-Cancer Council of Victoria,
90 Jolimont Street,
EAST MELBOURNE. VIC. 3002

June 21, 1977.

PROJECT ON DOCTOR INVOLVEMENT IN PUBLIC EDUCATION ABOUT CANCER

Professor J. G. P. Ryan,
Professor of Community Practice,
University of Queensland,
ST. LUCIA, BRISBANE. QLD 4067

Dear Geoff,

Proposed National Survey of Telephone Enquiries About Cancer

You may recall at the U.I.C.C. Workshop in March, a proposal arose that a telephone survey of "cancer questions" be done and should be made available to teachers of community health/practice/medicine/

I have now drafted (with the help of Anthony Radford and Stephen Leeder) a protocol for such a survey which I now submit for your consideration.

I hope it is self-explanatory, but let me know if not. If you are interested, your commitment would be as follows:-

- i) to meet with the executive officer of the Anti-Cancer Council of the Queensland Cancer Fund to discuss implementation. If necessary also to train staff in use of questionnaire.
- ii) to code from the proforma those parts for which the code can be decided in advance.
- iii) to provide a typescript precis of items 1 and 2 on the proforma (the question and answer) coding rules for these will have to be post hoc, and done centrally.
- iv) to contribute such critical comments as you wish on the basis of a draft report prepared centrally.
- v) if published, to consent to your name being acknowledged as a participant in the survey.

Please let me know your reaction to becoming involved. If you wish to do so, I will then pave the way with the Anti-Cancer Council of the Queensland Cancer Fund.

Warm regards,

Yours sincerely,

DAVID HILL
PROJECT CHAIRMAN

Mr. David Hill,
Education Director,
Anti-Cancer Council of Victoria,
90 Jolimont Street,
EAST MELBOURNE. VIC. 3002

June 21, 1977.

PROJECT ON DOCTOR INVOLVEMENT IN PUBLIC EDUCATION ABOUT CANCER

Professor Tim Murrell,
Professor of Community Medicine,
The University of Adelaide,
NORTH TERRACE. S.A. 5000

Dear Tim,

Proposed National Survey of Telephone Enquiries About Cancer

You may recall at the U.I.C.C. Workshop in March, a proposal arose that a telephone survey of "cancer questions" be done and should be made available to teachers of community health/practice/medicine.

I have now drafted (with the help of Anthony Radford and Stephen Leeder) a protocol for such a survey which I now submit for your consideration.

I hope it is self-explanatory, but let me know if not. If you are interested, your commitment would be as follows:-

- i) to meet with the executive officer of the Anti-Cancer Foundation of S.A. to discuss implementation. If necessary also to train staff in use of questionnaire.
- ii) to code from the proforma those parts for which the code can be decided in advance.
- iii) to provide a typescript precis of items 1 and 2 on the proforma (the question and answer) coding rules for these will have to be post hoc, and done centrally.
- iv) to contribute such critical comments as you wish on the basis of a draft report prepared centrally.
- v) if published, to consent to your name being acknowledged as a participant in the survey.

Please let me know your reaction to becoming involved. If you wish to do so, I will then pave the way with the Anti-Cancer Foundation of S.A.

Warm regards,

Yours sincerely,

DAVID HILL
PROJECT CHAIRMAN

Mr. David Hill,
Education Director,
Anti-Cancer Council of Victoria,
90 Jolimont Street,
EAST MELBOURNE. VIC. 3002

June 21, 1977.

PROJECT ON DOCTOR INVOLVEMENT IN PUBLIC EDUCATION ABOUT CANCER

Professor Charles Bridges-Webb,
Professor of Community Medicine,
University of Sydney,
Parramatta Road,
SYDNEY. N.S.W. 2006

Dear Charles,

Proposed National Survey of Telephone Enquiries About Cancer

You may recall at the U.I.C.C. Workshop in March, a proposal arose that a telephone survey of "cancer questions" be done and should be made available to teachers of community health/practice/medicine.

I have now drafted (with the help of Anthony Radford and Stephen Leeder) a protocol for such a survey which I now submit for your consideration.

I hope it is self-explanatory, but let me know if not. If you are interested, your commitment would be as follows:-

- i) to meet with the executive officer of the N.S.W. State Cancer Council to discuss implementation. If necessary also to train staff in use of questionnaire.
- ii) to code from the proforma those parts for which the code can be decided in advance.
- iii) to provide a typescript precis of items 1 and 2 on the proforma (the question and answer) coding rules for these will have to be post hoc, and done centrally.
- iv) to contribute such critical comments as you wish on the basis of a draft report prepared centrally.
- v) if published, to consent to your name being acknowledged as a participant in the survey.

Please let me know your reaction to becoming involved. If you wish to do so, I will then pave the way with the N.S.W. State Cancer Council.

Warm regards,

Yours sincerely,

DAVID HILL
PROJECT CHAIRMAN

Mr. David Hill,
Education Director,
Anti-Cancer Council of Victoria,
90 Jolimont Street,
EAST MELBOURNE. VIC. 3002

June 21, 1977.

PROJECT ON DOCTOR INVOLVEMENT IN PUBLIC EDUCATION ABOUT CANCER

Professor Ian Webster,
Professor of Community Medicine,
University of New South Wales,
Anzac Parade,
KENSINGTON. N.S.W. 2033

Dear Ian,

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Introduction

Determining
Delineating the information ^{which} the public ^{demanding an understanding of the} should have in order to exercise ^{principles of cancer control.} precautions against cancer will remain the province of experts since cancer control is a specialized activity. However, there is room for a more consumer-oriented approach to conveying that information.

For at least two reasons, it would be helpful to know what the "public" wants to know about cancer. Firstly, the public's questions about cancer inform us of where knowledge is deficient and so helps determine strategies for introducing new knowledge.

Secondly, even where the public wants information which is irrelevant to the main precautionary themes in cancer education, supplying these needs is an important part of maintaining rapport and confidence. On these are built the credibility of those who carry out health education programs.

"The public" asks questions about cancer in many contexts. Inexpert individuals ask questions of equally inexpert peers; children ask parents and teachers; patients ask doctors and nurses; people telephone or write to cancer societies; they ask questions at special meetings; and so on. *It would be impossible to* No research strategy could monitor all these contexts. However, the method described below is designed to record the natural presentation of questions in one controlled situation and to provide some insight into others. *the relatively controlled situation were a member of the public telephones a cancer society for advice about cancer or related matters.*

Method

Details of one thousand (1,000) consecutive questions about cancer, directed by telephone to cancer societies will be recorded on a special form (see Appendix). From a given starting date, every call will be recorded until the quota of calls is filled. All staff of participating cancer societies will be trained and provided with the pro formas so that no calls will be missed. After hours calls will be recorded.

On completion of the survey, the data will be categorized, coded, and analysed. A report will be written, authored by those who participate in the design, execution or interpretation of the study. In any case, it should be made clear in any reports that the study was a direct outcome of the UICC workshop for teachers of community practice in Australia.

SUGGESTED ALLOCATION OF TASKS

Design Consensus of interested professors of Community Practice/Health

Implementation State cancer societies approached by the local professor(s) of community practice/health. Also, a letter commending the project will be arranged from UICC.

Coding a) *Pre codable portion:* Done locally, preferably by the university
b) *Post hoc coding:* Anti-Cancer Council of Victoria (D. Hill).

Punching to cards Anti-Cancer Council of Victoria (Hill)

Analysis Anti-Cancer Council of Victoria (Hill)

Report drafted by Radford, Leeder, Hill.

Report authored according to contribution.

(David Hill, Anti-Cancer Council of Victoria, 23/5/77.)

APPENDIX

Telephone Question Survey Proforma

All staff answering telephone questions should have these forms near their telephone. Questions merely concerned with availability of leaflets, films etc. are not to be recorded *on this form*

1. Describe the question(s). Where question is masked, detail the lead up.

(Question for self, relative, friend? ...)

2. Your answer(s)

If you could not answer, to whom did you refer the caller?

3. Your spiel: To improve our question-answering service, we're doing a little anonymous survey of the people who ring us for information so ... (go straight on).

4. Would you mind telling me if you asked anyone else your question before ringing us?

Who? *←* (we don't need names)

2 lines } What did they, he/she tell you?

Anyone else?

5. What made you think of asking us?

6. Where did you get telephone number?

7. Would you mind telling me your age? *... years*

8. Would you mind telling me your occupation? *...* (husband's if called a housewife).

9. Sex (only ask if not obvious!) M F

10. Do you know your post code or nearest post office?

11. Date of call

12. Time am/pm

Surveyor answers: Did caller seem triggered by a news or magazine item?
And if so, try to specify.

Survey question

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