

# CANCER – IT'S EVERYONE'S BUSINESS

How businesses and cancer organisations can work together to combat cancer



bupa.com/cancer uicc.org



### **PREFACE**

Despite enormous progress in understanding its causes, cancer still affects one in three of us. And even if we don't suffer from it ourselves, the odds are that we'll know and love someone who will. And it isn't just cancer. There is a whole range of other preventable diseases that stop people living the full and active lives they would otherwise have.

Why is taking cancer and other diseases seriously an important priority for businesses? Because diseases like cancer deprive businesses of valuable employees, meaning productivity will be lower, sickness absence higher, and healthcare costs higher still. But there is good news too. Employers have a real role to play in the fight against diseases like cancer. People spend such a big proportion of their lives at work that workplace health programmes can make a huge difference, educating employees about the lifestyle changes that will reduce their risk of disease and improve their long term health.

The world's governments have set ambitious targets to reduce the human and economic cost of diseases like cancer, and it is accepted that we will only make a serious impact if we all work together - businesses, communities, governments, NGOs, and individuals.

Bupa has significant expertise in promoting health and treating disease, and is using that know-how in workplaces across the world. Bupa wants to learn from others and mobilise a generation of inspirational business leaders to help prevent cancer and other chronic diseases, detecting them early and supporting employees through their treatment. As part of that, Bupa is working alongside public and private sector employers, and pooling expertise with partners like UICC to maximise impact.

The Union for International Cancer Control (UICC) brings together a powerful international network of governments, NGOs, academics and healthcare experts, and invaluable experience of working with many different sectors of business. UICC believes that all these groups have a vital role to play in addressing cancer. Cancer organisations can leverage their experience and mobilise their extensive networks, academics can provide a rigorous evidence base and business can use the power of its direct relationships with millions of employees.

We hope the collaboration between our two organisations will help pioneer more partnerships like this, because what we can achieve together far exceeds anything we can do alone.

### Stuart Fletcher,

Chief Executive Officer, Bupa

#### Cary Adams,

Chief Executive Officer, UICC

### **EXECUTIVE SUMMARY**

Cancer is the world's biggest killer. In 2012, cancer caused over 8 million deaths and around half of those people were in the prime of their productive years. The cost, not just in healthcare but also in productivity, is immense - every year, the world's 14 million new cases of cancer have a total economic cost of USD 1.16 trillion.¹ Developing economies face particular challenges as the rates of cancer and other non-communicable diseases (NCDs) – mostly cardiovascular and chronic respiratory diseases, and diabetes - continue to increase. This doesn't just drain their resources, it deprives them of the workers they need to build their way out of poverty and achieve economic growth.

There is a tremendous opportunity, now, for private, public and civil society stakeholders to work together to achieve a 25% reduction in premature deaths from these diseases by the year 2025 – the '25x25' goal adopted by the World Health Assembly in 2012 that is a commitment from all governments. This report sets out the value of putting cancerrelated initiatives at the heart of employee wellness programmes, and shows how cancer NGOs and civil society organisations can work with businesses to improve the health of their own employees, and raise awareness of the importance of early detection, screening and prevention. We focus in particular on smoking and breast cancer, where there is a clear business case for supporting workplace programmes, but there are many other areas where action in the workplace can also make a real difference.

Our aim is to inspire the private and public sectors to work together, and form new partnerships focusing on workplace initiatives which are designed to achieve a real long-term change. Because by doing this, we have a real opportunity to drastically reduce the number of new cancer cases, and significantly increase the number of people who can survive it.

25x25, achieving a 25% reduction in premature mortality from NCDs by 2025

### **CONTENTS**



PROMOTING HEALTH IN THE WORKPLACE	6
Good health is good business	7
COMBATING CANCER	8
Cancer risks and how they're changing	9
HOW BUSINESS CAN HELP TACKLE CANCER	11
Building the business case	12
Delivering programmes based on what works	16
Engaging families and carers	20
Creating programmes tailored to employers' needs	22
Measuring and reporting	24
Incentives for action	24
RECOMMENDATIONS	25
REFERENCES	26

## PROMOTING HEALTH IN THE WORKPLACE

Cancer and other non-communicable diseases (NCDs) - mostly cardiovascular and chronic respiratory diseases, and diabetes - come at a huge cost, and that cost is not just for individuals but for societies and economies. According to one estimate, the world lost about 5% of its potential GDP to these diseases in 2010, and the impact is hardest in the world's poorest countries, where the cost may be as much as \$7 trillion between 2011 and 2025.<sup>2</sup>

The world's governments have come together to set a target of reducing these diseases by 25% by 2025 - '25 x 25'. This is an ambitious target and a tough one; what we need now is practical, effective action to make it happen. That means finding ways to reduce people's exposure to risk factors like smoking, obesity and the harmful use of alcohol, and ensuring the wider availability of early detection and screening programmes for cancers like breast, cervical and colorectal cancers where screening has been proven to save lives. Some headway has undoubtedly been made, but there is much more we can and should be doing – in his 2013 report, the UN Secretary General said that progress had been "insufficient and highly uneven" and too many opportunities had been missed, largely through a lack of effective co-operation.3 To make a lasting impact, we need to harness the energy and expertise of everyone with a part to play, from governments to NGOs and businesses.4

Civil society networks have a key role to play here, both in their own right and as focal points for other forms of engagement. They can help businesses access resources and tools for cancer prevention and early detection, and encourage organisations to implement effective employee health and wellbeing programmes. There is also huge potential to come together at a national and regional level to help press for co-ordinated policies promoting wellness at work.

For their part, business leaders can ensure that employee health and wellbeing is an integral element of their business strategy, and its contribution to productivity and performance properly recognised, both within their own companies, among their peers, and by industry bodies. Informed employees can also act as ambassadors for positive change, taking what they learn from their own workplace initiatives and campaigns and sharing it more widely.

### Good health is good business

Promoting good health in and through the workplace is not just good for people, but good for business. It helps ensure companies have a fit and productive workforce, which will allow them to compete more effectively, develop better products and services, and sustain their long-term success. It will also reduce sickness absence and healthcare costs to the business itself. In fact, investing in health promotion is probably one of the most important investments a company can make.

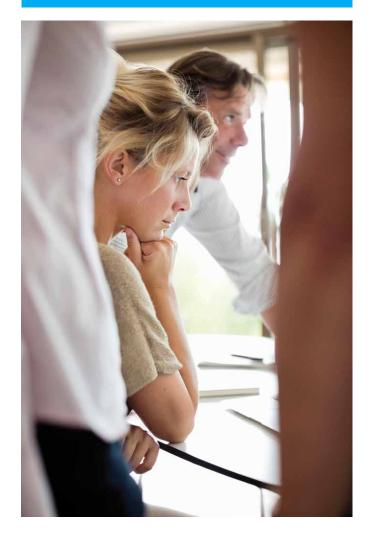
Health and safety has been a business priority for a long time, but the emphasis has often been on preventing disease and accidents, rather than promoting good health. That's the shift we're now seeing, with many major employers offering comprehensive wellness programmes and creating new tools to help their employees lead healthy lifestyles and reduce their health risks. <sup>5,6</sup> This, in turn, makes organisations more attractive to current and potential employees. For example, it's been shown that a well-designed wellness programme improves employee job satisfaction and can reduce staff turnover by 10 - 25%. It can even boost profitability and investor returns.<sup>7</sup>

Promoting health and wellness is now seen as an important element of Corporate Responsibility, and by building healthier communities, organisations can have a tremendous positive influence on the environment in which they operate.



"CEOs and CFOs need to be as demanding on employee health and wellbeing as they are on other fundamental drivers of business value."

Stuart Fletcher, Chief Executive Officer, Bupa



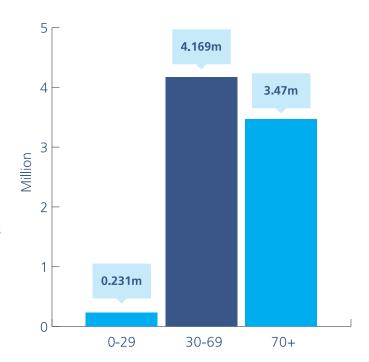
### **COMBATING CANCER**

Cancer is the world's biggest killer. 8.2 million died from cancer in 2012, and half of those people were aged between 30 and 69 years - in the peak of their productive years. 9.9 The number of new cancer cases is forecast to rise by 75% over the next two decades, and reach almost 25 million. If the human cost of cancer is devastating; the impact on the global labour force is just as overwhelming. In 2008, 168.1 million years of healthy life were lost to cancer across the world, and the disease is predicted to cost USD 8.3 trillion in lost output in the two decades from 2011 to 2030.2 Developing economies will bear a disproportionate share of these costs, which is all the more significant when you consider that these are the countries which will increasingly supply the skilled young workers the world needs. 10

Cancer doesn't just kill. It absorbs enormous sums in treatment and care and the symptoms of cancer or the side effects of treatment mean that many people affected by cancer need to take time away from work – sometimes permanently. Take all these factors together, and the price of the world's 14 million new cases of cancer is approximately USD 1.16 trillion every year.<sup>1</sup>

### Half of those who die of cancer are in the prime of their productive years

Premature deaths (ages 30 to 69 years) from cancer in 2011



### Cancer risks and how they're changing

The changing way we live means that more and more people around the world are exposed to risk factors like smoking, poor diet, and sedentary lifestyles, as well as environmental threats like air pollution.

Smoking is still the biggest risk factor for most people, and accounts for five million deaths every year, or 22% of all cancer deaths. 11 Alcohol use has also been linked to cancers of the mouth, pharynx, larynx, oesophagus, bowel, liver and breast, though there is some evidence to suggest that moderate drinking can help protect against heart disease. 12

Obesity is becoming a serious problem.<sup>13</sup> Of particular concern are the increasing rates of obesity in young people.<sup>14</sup> This is especially worrying given the link between obesity and cancers such as bowel, breast, uterine, ovarian, pancreatic, oesophagus, kidney, and gallbladder.<sup>15</sup> There is also strong evidence that physical activity protects against bowel, breast and other cancers. That's why a healthy diet and regular exercise are so important.



"China and India alone will add 184 million college graduates to the global labour market over the next two decades – putting in place measures to protect the health and mitigate the impact of cancer and other NCDs on the next generation of skilled workers is an imperative for societies and economies."

Cary Adams, Chief Executive Officer, UICC

### **FOCUS ON EMERGING MARKETS**

The risk factors that were once confined to developed countries are now having a negative impact on emerging economies as well. As people eat fewer grains, fruits and vegetables and opt instead for highly processed foods and drinks, the levels of obesity are rising. This is already having severe consequences in the Middle East, North Africa, Latin America and the Caribbean, and 65% of the world's population is now living in countries where being overweight kills more people than being underweight.<sup>16</sup>

Air pollution is also a significant environmental risk factor for cancer – it was linked to as many as 223,000 deaths from lung cancer in 2010.<sup>17</sup> People in sub-Saharan Africa are at particular risk, as this area is urbanising faster than any other region.<sup>18</sup>

Cancer-causing infections are another major problem for emerging nations. Around 16% of all cancers are the result of chronic infections. The number is as high as 23% in poorer countries.<sup>19</sup> One of the most common cancers, cervical cancer, is associated with infection with the human papillomavirus (HPV). Around 85% of cases of cervical cancer are in developing countries, and in Latin America and Asia, more women die from cervical cancer than in childbirth.<sup>20</sup>

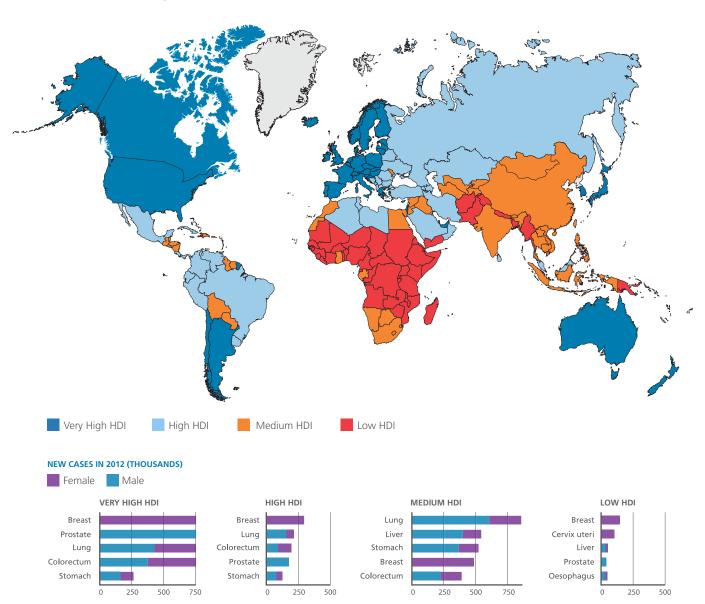
### **WORLD CANCER DAY**

### AN OPPORTUNITY TO ENGAGE BUSINESS WORLDWIDE

Every 4th February, World Cancer Day unites the world's population in the fight against cancer. It aims to prevent millions of deaths each year by raising awareness and providing education about the disease, and by pressing governments, business and individuals to take action.

UICC is working in partnership with the World Cancer Day Corporate Advisory Group to help UICC members and partners to reach out to influential business leaders, their employees and communities. The aim is to encourage cancer organisations to take a positive and proactive approach to the fight against cancer, and work with businesses to design approaches that will work best in their workplaces.

### FIVE MOST FREQUENT FORMS OF CANCER IN 2012 BY HUMAN DEVELOPMENT INDEX\*





## HOW BUSINESS CAN HELP TACKLE CANCER

The good news is that up to half of all cancer deaths can be avoided, either through prevention, early detection or treatment. That could affect up to 3.7 million people every year.<sup>1</sup>

#### So what can business do?

### 1. Reducing cancer risk factors

Cancer prevented is always better than cancer cured. Workplace programmes that support employees to quit smoking, have a healthy diet and exercise regularly, drink less alcohol, and protect against overexposure to the sun are some of the most effective ways for businesses to help their people stay healthy.

It's also vital to eliminate work-related risks, or reduce them as far as possible. According to the World Health Organization (WHO), around 10% of all lung cancers worldwide are the result of exposure to carcinogens at work – asbestos, for example, is a major cause of mesothelioma.<sup>21,22</sup>

### 2. Detecting cancer early

Early detection substantially increases the chances of successful treatment. Businesses can run communication campaigns to educate their staff about the warning signs of cancers such as breast, skin, oral, cervical, colorectal and testicular cancers, as well as encourage employees to take part in organised screening programmes for breast, cervical and colorectal cancers. Screening for colorectal and cervical cancer can actually prevent cancer by making it possible to remove pre-cancerous lesions.<sup>23</sup>

What support can cancer organisations and NGOs give to businesses in these efforts? In fact, civil society is uniquely positioned to help. Cancer networks already exist at all levels worldwide – there are over 800 organisations across 155 countries in the UICC network alone, including the world's major cancer societies, research institutes and patient groups. There is a tremendous opportunity for cancer organisations to take a proactive step forward and to better equip companies with the resources, tools and knowledge they need to establish and sustain effective workplace wellness programmes.

### So how can businesses and cancer organisations work together to achieve lasting impact on cancer?

We believe there are four important areas where business and cancer civil society organisations can join forces to leverage their core skills and expertise to deliver effective workplace programmes:

- Building the business case
- Delivering programmes based on what works
- Creating programmes tailored to each company's needs
- Measuring and reporting

In the rest of this report we will look at these four areas in more detail.

### **Building the business case**

We will look at two specific issues here: smoking and breast cancer, though it's important to stress that there are many other areas where wellness programmes can make a real difference.

### **Smoking**

Reducing smoking will significantly reduce a wide range of cancers, including lung, mouth, larynx, pharynx, oesophagus, pancreas, bladder, kidney, cervix and stomach, as well as acute myeloid leukaemia. 11 People who smoke also have a higher risk of impotence, and women are more likely to struggle to conceive, miscarry, have premature births, and babies with low birth weights.<sup>24</sup> The good news for smokers who want to quit is that it's never too late to reap the benefits – whatever age they stop they will increase their life expectancy and improve their quality of life.<sup>25</sup>

Huge progress has already been made on cutting smoking rates, especially with the introduction of legislation to ensure smoke-free workplaces in many countries. But a billion people still smoke or use tobacco in another form. And this addictive habit kills up to half the people who do it. The costs of this are astronomical – up to \$500 billion a year according to one estimate, and a good part of this cost is being borne by business.<sup>26</sup>

There is a clear and measurable business case for quit smoking programmes in the workplace, even where there is already a smokefree policy:27

- Avoiding lost productivity: Research by the UK Centre for Tobacco Control Studies found that smokers are 33% more likely to miss work than non-smokers, and are absent for an average of 2.7 extra days per year.<sup>28</sup>
- Reducing medical costs: In the US, it was estimated that if all workplaces were smoke-free, it would save over \$60 million in medical costs within the first year and an estimated \$280 million in the first seven years.<sup>29</sup> Another US study found that by investing \$0.18 to \$0.79 per member per month, an employer could achieve savings of \$1.70 to \$2.20 per member per month after five years.30

And of course there are immeasurable personal benefits for the employees and their families.

### **LESS SMOKING, BETTER BUSINESS**

Bupa has worked with UICC to produce the guide Less Smoking, Better Business to support employers. This helps them set up quit smoking initiatives as part of their wider employee health programmes. The guide offers advice on a number of effective approaches, from individual and group counselling, to guitlines, medication, education, SMS tools and smartphone apps. The guide also covers the best ways to measure the effectiveness of these different programmes.

www.iccp-portal.org/healthy-workplaces

Stopping smoking before middle age avoids more than 90% of the lung cancer risk related to tobacco. People who quit even earlier than that are likely to have a similar life expectancy to those who have never smoked at all.

2014 Global Status Report on Non-communicable diseases. World Health Organization

#### **Breast cancer**

Breast cancer accounts for one in four of all cancers in women - around 1.7 million women were diagnosed with breast cancer in 2012, and we are seeing a sharp rise in the number of new cases worldwide, with incidence rates up 20%, and deaths rising by 14%.8 As with smoking, the costs of breast cancer are enormous, both to women living with breast cancer and to society. In 2010, the estimated cost of new breast cancer cases was \$26.6 billion, of which almost 50% was medical costs and another 28% lost income.2

But again, there is good news: early detection has proved to be extremely effective in reducing the number of deaths from breast cancer, and women can reduce their own risks by making healthy lifestyle choices. With women making up 40% of the workforce, screening and awareness programmes are a sensible investment for any employer.

- Avoiding lost productivity: Breast cancer affects women during their productive working lives it's the leading cancer killer for women aged 20 to 59, and though cases are rarer in women under 40, young women with a breast cancer diagnosis are more likely to die from their disease. Breast cancer can also impact many aspects of their lives and they may find it very hard to return to work.<sup>31</sup> These impacts have wide-ranging consequences In the US alone, deaths from breast cancer in women aged under 50 cost around \$5.49 billion in lost productivity in 2008.<sup>32</sup>
- Reducing medical costs: Treating advanced breast cancer is three times more expensive than dealing with it in its early stages, as well as being far more gruelling for the patient and her family, and far less likely to be successful.<sup>33</sup> In a US study of breast cancer diagnoses, it was estimated that an employer could save \$2,035 per year indirect nonmedical costs of care if breast cancer was diagnosed through early screenings rather than in the later stages of the disease.<sup>34</sup> Another US study found that it would only cost \$1.10 per member per month for the typical employer to offer screening to all eligible employees, and that this would yield savings of up to \$0.55 per member per month.<sup>35</sup>

Screening and early intervention are therefore in everyone's interests, and will not only save employers money, but ensure they keep valuable members of staff within the workforce.

### TACKLING BREAST CANCER IN THE WORKPLACE

Bupa has worked with UICC to produce the guide *Tackling breast cancer in the workplace - a win for everyone*. This helps employers set up breast cancer initiatives that cover prevention, early detection and support for women who have had a breast cancer diagnosis. The toolkit shows business how to use their established communication channels to educate women on the benefits of screening, and make mobile phone apps and technologies part of this. The guide also offers information about the best practice policies that will help female employees reduce their risk of breast cancer.

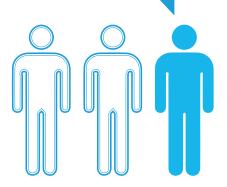
www.iccp-portal.org/healthy-workplaces

### **CANCER: IT'S EVERYONE'S BUSINESS**

**2012 CANCER CAUSED** 

Around half of those who die from cancer are aged 30 to 69 in the peak of their productive years

1 in 3 cancer cases is preventable



### THE COST OF CANCER

The annual economic



### **GOOD HEALTH MAKES GOOD BUSINESS SENSE**

Wellness programmes are associated with a

**INCREASE IN EMPLOYEE SATISFACTION** and a reduction in staff turnover



Operating margin can be 4% higher in organisations with high employee engagement and 2% lower in those with low employee engagement

### WHY WORKPLACE HEALTH IS A BUSINESS ISSUE

### WHAT CAN EMPLOYERS DO?

Employers should:







**REDUCE** cancer risk factors

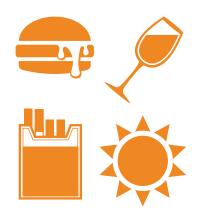
**PROMOTE**early detection
and screening

**SUPPORT**people living with cancer

### **CANCER RISK FACTORS**

### Common cancer risk factors include

tobacco, alcohol, lack of exercise, obesity, unhealthy diet, sun exposure, occupational carcinogens

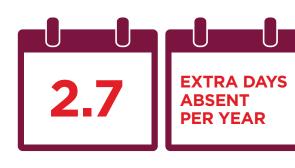




QUIT SMOKING PROGRAMMES: WHAT'S IN IT FOR EMPLOYERS?

33%

Smokers are 33% more likely to miss work than non-smokers and are absent for longer



### **BREAST CANCER**

Breast cancer is the leading cancer killer among working age women aged 20 to 59 years

Employers can:

**REDUCE** breast cancer risk factors

### **PROMOTE**

awareness of signs and symptoms

### **ENCOURAGE**

take up of screening

### **SUPPORT**

employees living with breast cancer



A US study found that employers could save

\$2,035

PER YEAR PER PATIENT

if breast cancer is diagnosed through early screenings rather than in an advanced stage of the disease

### **Delivering programmes** based on what works

Drawing on the wealth of existing experience about the use of different approaches by cancer organisations and businesses can be invaluable to employers looking to establish programmes in their own workplaces. For example, it has been shown that 'nudging' rather than 'pushing' is a more effective way to encourage people to make healthy choices. This is especially true in the case of smoking – even if smoking bans are in place at work, smokers still have to want to quit, and constructive peer pressure and a supportive work environment can provide the 'nudge' some smokers need to make the change. Likewise, many people will respond positively to resources and technologies that support them to develop good new habits, and break bad old ones. Mobile phone apps are a great example.

In the rest of this section we look again at smoking, at awareness and screening programmes, and at the support employers can give to people affected by cancer.

#### **Smoking**

Quit smoking programmes have been proved to dramatically increase the likelihood that smokers will successfully give up the habit. In the UK, 15% of those who went on such a programme were still non-smokers at the end of 12 months, compared to 3 or 4% who tried to quit on their own.<sup>36</sup> But national programmes are only available in 21 countries across the world, which covers only 19% of the world's population.<sup>37</sup> That's one reason why workplace initiatives can be so valuable.

Workplace programmes including counselling and medications have been shown to be extremely effective in helping people to quit smoking.<sup>38</sup> Part of this is down to shaping knowledge around the benefits of quitting, how to quit as well as how to manage cravings.39



"We have recently been involved in supporting the provision of cessation support through partnerships with workplace health providers, individual workplaces and local government organisations. This appears to sit well within an approach of holistic health and wellbeing, where organisations are making a commitment to, and taking action to improve the overall health of all their workforce. That is, they are not just focusing on one of the risk factors to preventative illness like tobacco use. This fosters a cultural shift in the whole organisation and anecdotally creates an environment where employees can be supported in modifying behaviours. "

Luke Atkin, Quit Victoria, Australia

Smokers who use stop smoking services when quitting are four times more likely to succeed than those who guit alone

We have already seen how new technology can help people quit - some SMS-based programmes have been shown to more than double the chances that smokers will quit successfully within six months. 40,41 Mobile apps are also gaining momentum - there are over 250 apps for the iPhone and 148 for Android phones. Many of these apps work by helping people set personal goals and stick to them, partly by drawing on the social support of virtual networks and access to telephone counselling. 42,43

The most effective workplace initiatives are those that provide a mix of different approaches to suit different people and lifestyles, and which encourage employees to take responsibility for their own programme.



### **MOST SMOKERS WANT TO QUIT**

Percent of current smokers who have ever tried to quit 2010

But only 19% of the world's population has access to tobacco dependence treatment services



#### **Awareness**

Awareness is the first step to early detection and improving cancer outcomes. Lack of information and awareness about cancer is a critical obstacle to effective cancer control and care, especially for the detection of cancers at earlier stages.

Supporting employees to spot early signs and symptoms for breast cancer and seeking care, is especially vital in countries where there is no organised screening programme. Heightening breast awareness is also vital for younger women, as mammographic screening is not recommended for women under 40 years of age, even when it is available. Women can be educated to be aware of changes in their breasts and detect the early signs themselves, which can ensure a cancer is diagnosed at an early stage, when it is still a small palpable mass or thickening – this is known as 'clinical downstaging'.

#### Screening

Employers are in a unique position to inform their people about the benefits of screening, especially for cancers like breast, cervical, colorectal and oral, where it has been proved that screening for certain age groups both saves lives and reduces costs. For example, screening can reduce deaths from cervical cancer by 80% or more, and even one single screening between the ages of 30 and 40 can reduce a woman's risk of cervical cancer by 25% to 36%.<sup>44</sup> A review of the UK screening programme has also found that women who take part in breast screening reduce their risk of dying from breast cancer by 20%.<sup>45</sup>

This is why the WHO Global Action Plan on NCDs, a guide for all governments to address NCDs including cancer, recommends that cancer screening should be an integral part of national programmes. 46 In particular, it recommends that all women between the ages 30 and 49 should be screened for cervical cancer at least once, that women between the ages of 50 and 70 should be offered mammography screening, that there should be screening for colorectal cancer after the age of 50, and oral cancer for those at high risk, such as smokers.

However, it is important to bear in mind that screening should be undertaken in an appropriate way, and with a recognition that it can also pose some risks. Any screening programme should be designed with the input of medical professionals, so that these issues can be addressed and all the wider benefits realised.

### THE BASICS OF CANCER SCREENING

Cancer screening is designed to find the presence of cancerous tissue or cells, before symptoms appear. Finding it that early almost always makes it easier to treat or even cure, because by the time actual symptoms appear, the cancer may have grown and spread.

Cancer screening tests vary from laboratory tests, to physical examinations, to imaging. Population-based screening programmes are those offered to all individuals in a specific target group, backed up by a framework of monitoring and evaluation. These programmes are usually only available where the benefits are significant enough to justify the costs. For example, bowel cancer is one of the easiest and least expensive cancers to treat if detected early - in Australia, it costs AUD 66,000 to treat advanced bowel cancer, but only AUD 2,000 to detect and remove precancerous polyps. 47

### Support

Thanks to the advances that have been made in diagnosis and treatment, more people than ever before are surviving cancer - across the world, around 32.6 million people are still alive five years after their diagnosis. This means that cancer survivors are making up an increasing proportion of the workforce and businesses need to find ways to support them, and help them remain as healthy and productive as possible. Most people who have survived cancer want to return to work, but they often find the physical and mental challenges too demanding, and this is the main reason why so many choose another career or leave the workforce altogether. 48 Almost half of the women who give up work or change jobs after breast cancer say they weren't physically able to return to the same role, while one in three say they did not feel strong enough emotionally.<sup>49</sup> Employers have a big role to play here, and a supportive work environment can make all the difference.

At the same time, in many countries cancer patients still face discrimination in the workplace, and they often conceal their diagnosis for fear of losing their job. Those returning to work can also come up against prejudices and misconceptions about their performance, or assumptions about the time off that will be required for treatment or rehabilitation. Their colleagues may also feel uncomfortable working with them.<sup>50</sup> Employees caring for someone with cancer face many of the same issues in relation to possible absences from work.<sup>51</sup>

Businesses can make the whole process much easier. Cancer survivors will be encouraged to return to work if they know the environment will be supportive and their employer is willing to help them adapt to the challenges of their illness. Even small adjustments in tasks, hours, or responsibilities can be a great help, and open communication is always important. It's also enormously helpful if a patient's colleagues are understanding and supportive. Some workplaces have specific programmes to help employees affected by cancer or other illnesses, and offer access to networks of people in a similar situation.

Businesses can also help tackle stigma and discrimination, both by enforcing any relevant regulations, and ensuring their HR policies deal sensitively with these issues, and employees coping with cancer are not disadvantaged.<sup>52</sup>



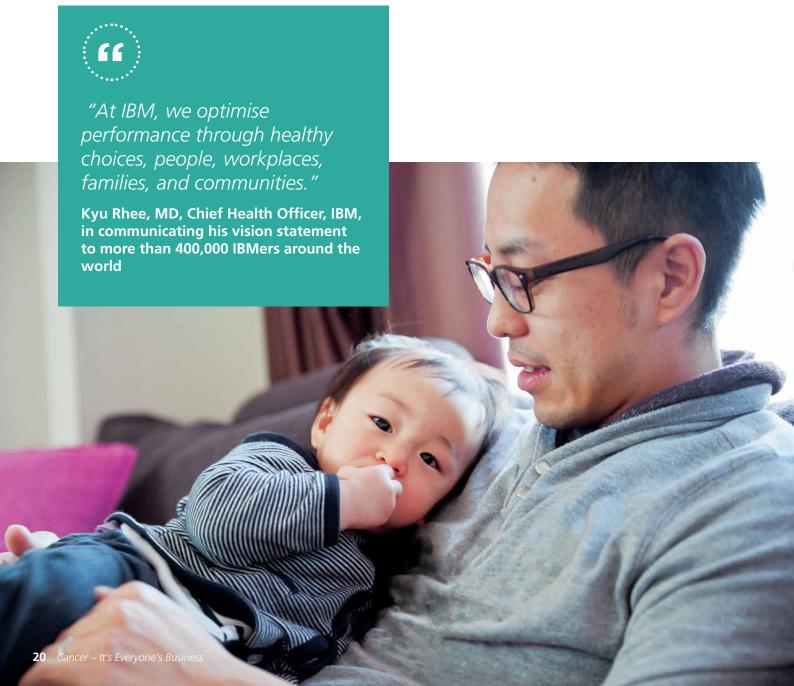
### **Engaging families and carers**

The emotional, social and physical effects of cancer have an enormous impact not just on patients but on their carers and families. For many people, caring for a partner, child or other family member with cancer can mean they neglect their own health, and struggle to meet their responsibilities at work. Being a caregiver can result in lengthy time off, and the income lost can be exacerbated by the high cost of cancer medicines.

Research shows that there is real value in reaching out to an employee's whole family,<sup>53</sup> to help reduce the risk of cancer for all its members and encourage early detection. In practice, this means using all the communication tools available in the business, as well as media and community forums, to educate parents, partners and other family members.

For example, although vaccinations don't normally form part of an employee health and wellbeing programme, these programmes can still provide information about the importance of safe, effective vaccinations against cancer-causing infections including HPV and hepatitis B virus (HBV) – the cause of liver cancer – both of which are best provided in childhood. Likewise, information about the early signs and symptoms of cancer can have major benefits for the whole family, increasing the chances of successful treatment.

Friends, family members and peers can also play a big part in helping people change their behaviour, especially when it comes to breaking a habit like smoking.<sup>54</sup> People who feel supported are far more likely to quit smoking for good.



# Harnessing new technology to drive behaviour change

There is already a huge range of 'mHealth' applications coming onto the market to help with quitting smoking, improving diet, increasing physical activity and raising cancer awareness. These apps can be hugely valuable, not only because they harness the power of digital technology, but because they can provide an experience which is both personalised and social. In other words they help people take control of their own health and behaviour.

However, at present the rate of innovation is outstripping our ability to assess what works best. Some tools have been shown to work – like text-based stop smoking aids – but other promising ideas are as yet unproven, which is hindering their further development. There is a pressing need to collect more evidence about the effectiveness of these tools, assess which are cost-efficient, scalable and sustainable, and which can most easily be adapted to different cultures and languages.

With 96% of the world owning a mobile phone and 40% online, mHealth has enormous potential, and especially in developing countries, where mobile phone penetration is as much as 90%.

By the end of 2014, there will be almost 7 billion mobilecellular subscriptions worldwide and the number of mobilebroadband subscriptions will reach 2.3 billion, almost 5 times as many as 2008.<sup>55</sup>

### **Creating programmes tailored** to employers' needs

Cancer organisations can offer businesses a wealth of experience about awareness, screening and risk reduction programmes, but it's vital to tailor each initiative to the needs of that particular organisation. Different sectors, cultures and mixes of people will need different programmes or a different emphasis. Likewise businesses in different countries can and should take an approach that reflects the specific risks and issues in that society. For example, in the Americas, around 80% of cervical cancer deaths occur in Latin America and the Caribbean. This is largely down to a lack of detection at an early stage. Employers with large numbers of female workers in these countries should therefore put a high priority on cervical cancer awareness, and encourage their staff to take part in population-based screening programmes.

However, there are still significant gaps in our understanding of what makes workplace programmes effective. It is clear that a mix of approaches works best in most cases, but more work needs to be done to establish the best way to tailor initiatives to particular businesses. We need more testing to see what works best and why, and the effect of factors like gender, age and education, as well as the type and size of the business. We also need to understand the needs of mobile workforces, and how to adapt to a business environment that is changing more quickly than ever before. And last but not least, how we can harness the enormous power of digital and mobile technology. Only then will we be able to establish a set of 'best-buys' that can be customised to specific workplaces.

More rigorous monitoring and evaluation, and sharing of the results with peers and partners can fill many of these gaps in knowledge. Creating virtual knowledge hubs is one way that cancer organisations can help share information, practical tools and technologies across a wide range of stakeholders. Theses hubs can also be used to test new ideas, monitor results, and develop new approaches tailored to specific needs.



"Cervical cancer is a preventable disease that claims the lives of far too many women in developing countries, simply because they lack access to screening and preventative treatment. Partnering with businesses to conduct screenand-treat campaigns for their workers, their families and community members has proven to be a highly effective, low-cost approach to reaching women at risk. This partnership approach benefits businesses and their communities by ensuring women remain cancer free."

**Kayla Moore, Senior Program Officer** describing activities at Grounds for Health with coffee partners in Nicaragua

### **Know your workplace**

# Have a positive impact on your employees and your business

### SUPPORT EMPLOYEES TO ADOPT BEHAVIOURS TO IMPROVE THEIR HEALTH



Get sweat

30 mins of physical activity a day (60 mins for children) reduces risk for several major cancers.



Know your limits

Alcohol increases cancer risk. No more than two drinks for men and one for women per day.



Quit!

The world's single, biggest cause of cancer. Quitting smoking at any age is beneficial.



Downsize

Being overweight is linked with several cancers such as oesophagus, colorectal, breast and ovarian.



Love your skin

Sizzling in the sun - or on a sunbed - increases your risk of developing skin cancer, especially if you're under 30.



Get vaccinated

Infections like HBV and HPV cause up to 20% of cancer deaths in developing countries (9% in developed).



Early detection

Know the signs & symptoms of common cancers and take part in organised breast, cervix and bowel screening



#### Breastfeeding

Among mothers the risk of breast cancer was shown to decrease by 4% for every 12 months of breastfeeding

Sources: World Health Organization, World Cancer Research Fund International

So that together MORE THAN one in three cancers can be prevented



For every 100 people who get cancer at least 33 cases could be prevented through simple lifestyle changes

### Measuring and reporting

It's a truism of business that 'what gets measured gets managed', and the World Economic Forum has highlighted the importance of effective measurement in the management of workplace wellness. These programmes will always be more successful and sustainable if they can be shown to deliver real results, not just in terms of employee health, but commercial benefits such as cost savings, revenue generation, and market competitiveness.

For the same reasons, public reporting is an important way to build wider awareness of the value of employee health and wellbeing programmes. We are already seeing increasing pressure from investors and other stakeholders, who want to see an improvement in standards in this area. Investors, in particular understand the link between health and business performance. However, the current state of practice around the world is patchy, and there are social and other barriers that can prevent businesses making much progress.

The UK is relatively advanced in this respect, but even so, a recent report on FTSE100 companies found that while 64 companies reported on health and wellbeing campaigns (up from 47 in 2013), there was little detail beyond descriptions of their various activities. 5 Detailed metrics were almost entirely absent, apart from basic statistics on workforce participation, demographics or engagement, and these were not common. And although a growing number of organisations (44 in 2014, compared with a third in 2013) explicitly stated that they recognised a link between engagement, wellbeing and business performance, only three provided metrics to support this. The situation is broadly similar elsewhere: specific reporting on cancer-related activities is anecdotal and confined to a very small number of mostly large global corporations. NGOs and civil organisations have not thus far provided much detail on the outcomes of workplace programmes either.

Building and encouraging business to report on metrics of employee health has to be a priority. In a recent survey conducted by the Economist Intelligence Unit of 255 US-based senior HR executives, with direct knowledge of their organisation's employee wellness programme, most agreed that better data collection and interpretation would yield more effective programme design and management, as well as greater progress towards business objectives.<sup>56</sup>



"Public reporting plays a crucial role in broadening definitions of employee wellbeing and influencing business attitudes and practice."

Patrick Watt, Corporate Director, Bupa UK

Creating guidelines for workplaces around the world, using best practice workplace wellness programmes, based on quantifiable measures of success (both financial and health-related), and inserting these into existing quality assurance and regulatory frameworks, has the potential to drive uptake.

### Incentives for action

For policy makers, as the societal and economic benefits of workplace cancer interventions become more apparent, so does the importance of incentivising business to act and report on these. For instance, through simple recognition or reward initiatives such as national or regional awards or 'healthiest place to work' certification programmes.

Overall, governments could be encouraged to shift their thinking around the role of business and the workplace in population health. There are already examples globally where governments have helped to create and boost the provision of health services via the workplace. In Poland it is mandatory for all but the smallest employers to provide basic occupational health checks and preventative health programmes. In the US there are clear financial incentives for employers who invest in population health, and penalties for those who don't. Generating wider recognition of the unique opportunities presented by workplaces to raise awareness of cancer, deliver cancer prevention programmes and promote early detection, is an important factor in encouraging business to get on board and unleash its full potential in stopping and reversing the toll of cancer.

### **RECOMMENDATIONS**

The challenge is now to connect the many isolated efforts of cancer civil society organisations and businesses worldwide and to establish a broad commitment for collective action through the workplace. Here, we provide a set of recommendations for immediate action:

### For cancer civil society organisations

Build a strong business case to support workplace initiatives designed to prevent cancer and detect it in the early stages

Cancer organisations can:

- Analyse the effectiveness of different tools, resources and technologies, and collect rigorous evidence
- Help test these tools, resources and technologies in different settings, to establish a set of 'best-buys' that can be tailored to a specific workplace

Engage with businesses to help improve the participation in workplace initiatives

Cancer organisations can:

- Help employers understand the value of integrating cancer initiatives into employee health and wellbeing initiatives
- Assist businesses to create programmes that meet their specific objectives and needs, and fit with their culture and way of working

### For employers

Build a strong business case to support workplace initiatives designed to prevent cancer and detect it in the early stages

Invest in workplace initiatives that focus on cancer prevention and early detection

Employers can:

- Ensure their wellness programmes include initiatives to reduce their employees' exposure to cancer risks, encourage early detection, and support people living with cancer
- Engage with their employees in a way that empowers them to make healthy choices
- Recognise the interdependence of work and home life, and use corporate communication channels to reach out to the whole family

Measure the impact of workplace cancer prevention and detection programmes, and report on their progress

Employers can:

- Invest in better data collection to measure the impact of workplace initiatives, both in terms of employee health and business objectives
- Report on these initiatives using metrics based on demographics, engagement, diversity and health improvement, as part of their regular public reporting

### For policy makers

Provide incentives for business to implement workplace initiatives for cancer prevention and early detection

Policy makers can:

 Encourage businesses to set up workplace wellness programmes, and report on their progress, to help build wider awareness of their value

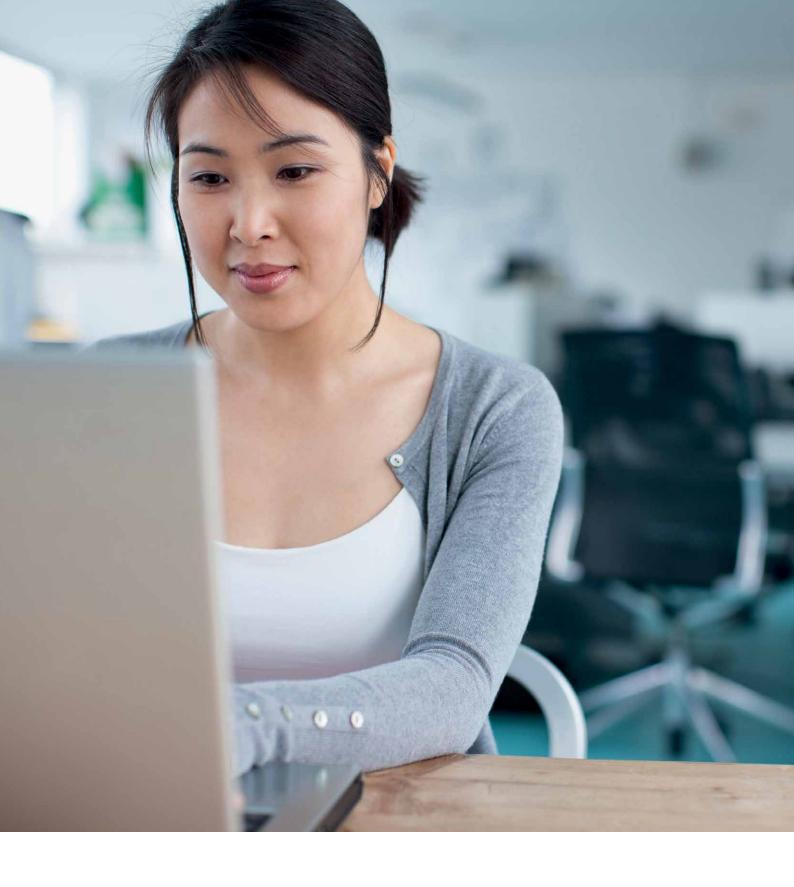
### **REFERENCES:**

- Knaul FM, Gralow JR, Atun R, Bhadelia A. (Eds.) for the Global Task Force on Expanded Access to Cancer Care and Control in Developing Countries. (2012). Closing the cancer divide: An equity imperative. Cambridge, MA: Harvard Global Equity Initiative. Distributed by Harvard University Press.
- Bloom DE, Cafiero ET, Jané-Llopis E, et al. (2011). The Global Economic Burden of Non-communicable Diseases. Geneva: World Economic Forum.
- United Nations General Assembly. (2013). Note by the Secretary-General transmitting the report of the Director-General of the World Health Organization on the prevention and control of noncommunicable diseases. A/68/650. New York.
- BSR (2012). Working toward transformational health partnerships in low- and middle-income countries. Available at: http://www.bsr.org/en/our-insights/report-view/ working-toward-transformational-health-partnerships. Countries
- 5. Towers Watson. (2014). FTSE 100 public reporting - Employee engagement and wellbeing. London: Towers Watson.
- PricewaterhouseCoopers. (2008). Building the Case for Wellness. 6. London: PricewaterhouseCoopers LLP.
- 7. Fabius R, Thayer RD, Konicki DL, et al. (2013). The link between workforce health and safety and the health of the bottom line: tracking market performance of companies that nurture a "Culture of Health". JOEM 55:993-1000.
- Ferlay J, Soerjomataram I, Ervik M, et al. (2013). GLOBOCAN 2012 v1.0, Cancer Incidence and Mortality Worldwide: IARC CancerBase No. 11 [Internet]. Lyon: International Agency for Research on Cancer. Available from: http://globocan.iarc.fr, accessed on 21 October 2014.
- World Cancer Report 2014. IARC. Available at: http://apps.who.int/ bookorders/anglais/detart1.jsp?codlan=1&codcol=76&codcch=31; WHO Global Health Observatory. Available at: http://www.who.int/ gho/map\_gallery/en/
- 10. McKinsey Global Institute. (2012). The world at work: Jobs, pay, and skills for 3.5 billion people. Available from: http://www. mckinsey.com/insights/employment\_and\_growth/the\_world\_at\_
- 11. WHO. (2012). Global Report: Mortality attributable to tobacco 2012. Geneva: World Health Organization.
- WHO. (2011). Global status report on alcohol and health. Geneva: World Health Organization.
- World Cancer Research Fund / American Institute for Cancer Research. Continuous Update Project Report. Available at: http:// www.dietandcancerreport.org/cup/index.php.
- 14. Black RE, Victora CG, Walker SP, et al. (2013). Maternal and child undernutrition and overweight in low income and middle-income countries. Lancet, 382, 427-51.
- World Cancer Research Fund / American Institute for Cancer Research. Continuous Update Project Report. Food, Nutrition, Physical Activity, and the Prevention of Ovarian Cancer 2014. Available at: http://www.dietandcancerreport.org/cup/cup\_ resources.php.

- 16. WHO. (2011). Global Status Report on noncommunicable diseases 2010. Geneva: World Health Organization
- 17. IARC. (2013). IARC Scientific Publication No. 161: Air Pollution and Cancer. (A. C. Kurt Straif, Ed.)
- Marquez, PV. (2013). The Challenge of Non-Communicable Diseases and Road Traffic Injuries in Sub-Saharan Africa. An Overview. Washington DC: The World Bank.
- 19. de Martel C, Ferlay J, Franceschi S. (2012). Global burden of cancers attributable to infections in 2008; a review and synthetic analysis. Lancet, 13, 607-615.
- WHO. (2009). WHO position paper on human papillomavirus vaccines. Weekly Epidemiological Record, 84, 117-32.
- WHO. (2011). An overview of the evidence on environmental and occupational determinants of cancer. Geneva: World Health Organization.
- 22. WHO. Asbestos. http://www.who.int/ipcs/assessment/public\_health/ asbestos/en/.
- 23. American Cancer Society. (2014). Cancer Facts & Figures 2014. Atlanta: American Cancer Society.
- 24. WHO. Tobacco Free Initiative: Fact Sheet about health benefits of smoking cessation. Available at: http://www.who.int/tobacco/ quitting/benefits/en/.
- 25. Jha P, Peto R. (2014). Global Effects of Smoking, of Quitting, and of Taxing Tobacco. N Engl J Med. 370:60-8.
- Shafey O, Eriksen M, Ross H, Mackay J. The Tobacco Atlas 3rd Ed. Atlanta, GA: American Cancer Society; Bookhouse.
- 27. Halpern MT, Dirani R, Schmier JK. (2007). Impacts of a smoking cessation benefit among employed populations. J Occup Environ Med. 49:11-21
- 28. Wend SF, Ali S, Leonardi-Bee J. (2013) Smoking and absence from work: systematic review and meta-analysis of occupational studies. Addiction. 108:307-19.
- 29. Ong MK, Glantz SA (2004). Cardiovascular health and economic effects of smoke-free workplaces. Am J Med. 117:32-8.
- 30. Executive Summary: Making the Business Case for Smoking Cessation. America's Health Insurance Plans. 2005. Available at: http://www.businesscaseroi.org/roi/apps/execsum.aspx. Accessed: May 1, 2014.
- 31. National Breast Cancer Foundation. (2014). Not just an older woman's disease: breast cancer in your 20s and 30s. Sydney: National Breast Cancer Foundation.
- 32. Ekwueme DU, Guy Jr GP, Rim SH, et al. (2014). Health and economic impact of breast cancer mortality in young women, 1970-2008. Am J Prev Med. 46:71-9.
- 33. Zelle SG, Baltussen R. Personal communication. Global calculations based on: BMJ 2012;344:e614 doi: 10.1136/bmj.e614 (Published 2 March 2012).
- Yabroff KR, Davis WW, Lamont EB, et al. (2007). Patient time costs associated with cancer care. J Natl Cancer Inst. 99:14-23.

- 35. Pyenson B, Zenner PA. (2005). Cancer Screening: Payer Cost/Benefit Thru Employee Benefits Programs. Commissioned by C-Change and the American Cancer Society. New York: Milliman Inc.
- 36. West R. (2012). Stop smoking services: increased chances of quitting. NCSCT Briefing #8. London: National Centre for Smoking Cessation and Training.
- 37. Mackay JL, Eriksen M, Ross H. The Tobacco Atlas 4th Ed. Atlanta, GA: American Cancer Society; Bookhouse.
- 38. Data from more than 12,000 people in 57 studies have shown that workplace-delivered interventions aimed at individual smokers, including counselling and medications are effective in helping people to quit smoking (Cahill K, Lancaster T. Workplace interventions for smoking cessation. Cochrane Database of Systematic Reviews 2014, Issue 2. Art. No.: CD003440. DOI: 10.1002/14651858.CD003440.pub4).
- National Institute for Health and Care Excellence (2014). Behaviour change: Individual approaches. NICE guidelines [PH49]. Available at: http://www.nice.org.uk/Guidance/PH49/Evidence. Accessed: June 20, 2014.
- 40. Free C, Knight R, Robertson S, et al. (2011). Smoking cessation support delivered via mobile phone text messaging (txt2stop): a single-blind, randomised trial. Lancet, 378:49-55.
- Free C, Phillips G, Galli L, et al. (2013). The Effectiveness of Mobile-Health Technology-Based Health Behaviour Change or Disease Management Interventions for Health Care Consumers: A Systematic Review. PLoS Med, 10(1): e1001362. doi:10.1371/journal.pmed.1001362.
- 42. Choi J, Noh G-Y, Park D-J. (2014). Smoking cessation apps for smartphones: content analysis with the self-determination theory. J Med Internet Res. 16:e44. doi:10.2196/jmir.3061.
- 43. West R, Michie S. Suitability of smartphones for delivering behaviour change techniques. University College London, September 2013. Available at: http://www.rjwest.co.uk/slides.php.
- Goldie SJ, Gaffikin L, Goldhaber-Fiebert JD, et al. (2005). Costeffectiveness of cervical-cancer screening in five developing countries. N Engl J Med 353:2158-68.
- 45. Marmot MG, Altman DG, Cameron DA, et al. (2013). The benefits and harms of breast cancer screening: an independent review. Br J Cancer. 108:2205–40.
- 46. WHO. (2013). Global action plan for the prevention and control of noncommunicable diseases 2013-2020. Geneva: World Health Organization.
- Cancer Council Australia, pre-budget submission, 2012-13. Available at: http://www.cancer.org.au/content/pdf/ CancerControlPolicy/Submissions/Cancer\_Council\_Australia\_pre-budget\_submission\_2012-13\_bowel\_cancer%20screening.pdf.
- Macmillan Cancer Support. Managing Cancer in the Workplace. http://www.macmillan.org.uk/Cancerinformation/ Livingwithandaftercancer/Workandcancer/Supportformanagers/ Employersguide/Managingoverview.aspx. Accessed: September 12, 2013.
- 49. Macmillan Cancer Support/YouGov online survey of 2,142 UK adults living with cancer. Fieldwork took place 26 November 14 December 2012. Figures presented here are based on the 132

- respondents who were employed at the time of their diagnosis, and who gave up work or changed jobs as a result of their diagnosis.
- 50. Cho J, Smith K, Choi E-K, et al. (2013). Public attitudes toward cancer and cancer patients: a national survey in Korea. Psycho-Oncology, 22:605-13.
- Girgis A, Lambert S, Johnson C, et al. (2013). Physical, Psychosocial, Relationship, and Economic Burden of Caring for People With Cancer: A Review. J Oncol Practice, 9, 197-202.
- 52. McCabe Centre for Law & Cancer, Cancer Council Victoria. (2013). Making the law work better for people affected by cancer. Melbourne: McCabe Centre for Law & Cancer.
- 53. Sorensen G, Landsbergis P, Hammer L, et al. (2011). Preventing Chronic Disease in the Workplace: A Workshop Report and Recommendations. Am J Public Health. 101:S196–S207.
- 54. Quitnow. Community support. Available at: http://www.quitnow.ca/helping-others-quit/healthcare-providers/what-works/community-support.php. Accessed: July 6, 2014.
- 55. ITU. (2014). The World in 2014: ICT facts and figures. Geneva: ITU.
- Economist Intelligence Unit: Measuring wellness: From data to insights September 17 2014. http://www.economistinsights.com/ analysis/measuring-wellness, accessed on October 10 2014



Union for International Cancer Control Union Internationale Contre le Cancer

62 route de Frontenex • 1207 Geneva • Switzerland Tel +41 (0)22 809 1811 Fax +41 (0)22 809 1810 email info@uicc.org • www.uicc.org

#### Bupa

15 - 19 Bloomsbury Way, London, WC1A 2BA www.bupa.com • @bupa



