

Global Bridges Japan Full Proposal English Translation

Request ID: 35688087 (LOI#46)

Organization: Japan Lung Cancer Alliance

Project Title: “Don’t smoke near me! Don’t be like me!”– Giving lung cancer patients the role of healthcare provider in tobacco dependence treatment.

C. Main Content of Proposal

1. Overall Goals and Objectives

[Sending the demographic that traditional smoking cessation treatment measures does not reach to smoking cessation treatment]

Although there are multiple target groups that do not respond to normal measures, however groups with highly smoke-dependent people who are high-risk of second hand smoking will be the target group that will be prioritized for smoking cessation treatment intervention as from a public health aspect, they can affect both their own health and those around them. What it means, is that groups that have lung cancer patients with clearly second-hand smoking derived health concerns, ischemic heart disease, pregnant women or young children around them yet cannot quit smoking are the group that has been targeted for smoking cessation intervention.

For those of us lung cancer patients, the worst feeling is when we return to work after treatments yet see that nothing has moved our smoking colleagues, including traditional measures, to change their behavior. We spend our days worrying about relapses of our cancer, and their smoking is directly threatening our lives. Even if they are not aware or consciously doing so, their smoking itself sends a silent message saying “I do not respect your life.” While total smoke-free environments in office buildings are progressing, our members tell us that there are many smaller offices or service industries that have yet to embark on any second-hand smoking measures. It is hard to ignore the social class difference within the relapse prevention. However, we are not here to divide ourselves from smokers who are near to us. As our friends and colleagues, we sincerely hope that they do not get lung cancer like us, and our hope and passion that they will stay healthy surpasses that of medical professionals.

Within social marketing that places importance on behavioral modification, attacking the population that cannot take desirable actions (cannot quit smoking) only strengthens the division between us. We think that measures that approach the matter from their standpoint, including misunderstandings, is the best way to bring upon behavioral modification. That is because there are always options when it comes to actions, and by popularizing “correct information,” if there is an even bigger preventative factor, it is an indication that there is no hope for behavioral change. Prior to preventative factors, superficially correct information or scientific behavior, acquisition of rational judgment will come to no use. As mentioned before, we, cancer patients, are not stakeholders in colliding with them. Although we are ill ourselves, we are their ally, hoping that they who must feel like they are being attacked will listen to us, while we also hope to be for them.

Until now, we have collaborated with 11 lung cancer alliances in Japan to advocate how we, lung cancer patients, can protect our own lives, and how not to increase the number of cancer patients through controlling activities and second-hand smoking prevention activities. This project, aiming to send the population that traditional smoking cessation treatment measures does not reach into treatment, is an undertaking that matches our mission entirely, and we firmly believe it is an issue we need to undertake ourselves.

2. Evaluation of Current Need within the Target Area

a. The necessity of the project

The current measure where multiple health and wellness professionals join together taking change-state models and health-belief models and leading them to smoking

Global Bridges Japan Full Proposal English Translation

Request ID: 35688087 (LOI#46)

Organization: Japan Lung Cancer Alliance

Project Title: “Don’t smoke near me! Don’t be like me!”– Giving lung cancer patients the role of healthcare provider in tobacco dependence treatment.

cessation clinic checkups is a wonderful undertaking.

However, with the current status where less than 1% of the smoking population visiting smoking cessation clinics, in order to protect the health of those terrorized by the remaining 99% who do smoke, it is important to use social marketing to determine targets where especially strong results can be expected. The thought that those who are threatened by health damage advocating to protect their own lives is thought to be an urgent undertaking from the standpoint of public health.

Also, especially now, with the Tokyo Olympics upon us bringing attention to second-hand smoking prevention, attention should be placed on smokers who are so dependent that they continue smoking even in the presence of lung cancer patients and treatment recommended. If this chance is lost, Japan, a developing country in terms of smoking cessation measures, faces the fear of lagging even further behind.

b. Baseline Data Summary

According to research conducted by our organization on all cancer patients (n=215 people, 2017), because no previous research was found on second-hand smoking conditions of domestic lung cancer patients, 31% of those were found to continue working even after contracting lung cancer in workspaces flooded with second-hand smoke. These results are to be presented at the 2017 World Conference on Lung Cancer in Yokohama.

3. Target Audience

a. [Participant Recruitment Plan] A

We will directly appeal to the roughly 1,100 lung cancer patients who are members of the 11 associations comprising the Japan Lung Cancer Alliance.

Also, with the approved NPO Cancer Net Japan (CNJ) at the helm, we will appeal to lung cancer patients through disseminating information on the cancer information website “Oncolo,” mobile media communications limited liability companies (hereinafter noted as MMC limited liability company) that organized cancer charity events, and also from the cancer patient organization “Sumit” that has top bloggers who receive 200 thousand hits on their posts per week. We will also notify the participants of our open public lectures “Pearl Ribbon Caravan” that will be held in 5 cities to gain agreeing cancer patients.

b. [Flow of Target Participation] Expand the Target by Using the Frame of Innovation Prorogation Theory

We will recruit 20 ambassadors from our alliances in order to train revolutionary hires and teach them what will become the base of check-up recommendations, as well as participate in the creation of the tool. Their activities will be reported to the cancer patient alliances in hopes of raising interest and awareness about their work.

Then, ambassadors will become mentors to support the activities of the alliance members. Activities of the mentors and members will be shared on social media to spread information to lung cancer patients who are not members of our alliance.

Our cancer patient network can directly deliver information to cancer patients, so it is unnecessary to spend costs on masses such as newspapers, television, web advertisements and so on. However, in order to support the activities of our follower population of the cancer patient alliance members who are more skeptical and large in number, backup regarding public is also important. Interview enticement will be done by

Global Bridges Japan Full Proposal English Translation

Request ID: 35688087 (LOI#46)

Organization: Japan Lung Cancer Alliance

Project Title: “Don’t smoke near me! Don’t be like me!”– Giving lung cancer patients the role of healthcare provider in tobacco dependence treatment.

press releases regarding our activities, creating public opinion on “Understanding and empathy on parties concerned by the vulnerable second-hand smoke recipients.” Through this route, we will also gain supporters such as medical health staff and health insurance associations.

Specifically, it will be done in the following steps.

- ① Cooperate with the lung cancer associations to create a 20-member ambassador organization.
- ② Create the education content with the ambassadors. From this stage, we will report on activities to the members to heighten their interest.
- ③ Recruit for “Ideas in order to save fellow cancer patients who suffer from second-hand smoke from those around them” with ambassadors at the cancer patient associations. Leave an impression that the ambassadors are the activity leaders.
- ④ Create activity tools with the ambassadors and researchers.
- ⑤ Ambassadors to receive supporter training and introduce accreditation acquisition.
- ⑥ Ambassadors to go ahead and use the activity tool to suggest getting a check up. Publish information on how difficult it is to intervene with those around you and also show the struggle that comes with it to peak the interest and empathy of members.
- ⑦ Extract good examples, tips, and critical retention points from the ambassadors’ activities and publish them to the website. Arrange information sharing so that members will be able to function with more ease.
- ⑧ Commence activities of members. Activities of the members will be reported using the hashtag (#) and ambassadors will support them as mentors.
- ⑨ Information is to be disseminated to places such as “Cancer Net Japan,” “Summit,” “Oncolo,” and “MMC” so that lung cancer patients who are not members of our association can be reached.
- ⑩ With the aim of changing the social framework, these activities will be released in press releases to gain media attention in hopes of gaining supporters.
- ⑪ Medical and health staff that work in occupational health and school health realms will also receive activity reports at their respective academic associations, and thus relationships between specialized occupations will be established.

c. [Target Count]

■ Main Target

The number of people who will grow into new members during the 2 years of activity + the approximately 1,100 people who are currently members of our patients’ association.

■ Sub-Target

Lung cancer patients who hear about this endeavor through “Summit” and “Oncolo” that do not already belong to the patients’ association.

■ Other

Medical and health professionals who approve

d. [People who benefit from the project]

• Cancer patients who suffer from second-hand smoke • Smokers themselves who were uncomfortable due to their inability to not smoke around lung cancer patients

Global Bridges Japan Full Proposal English Translation

Request ID: 35688087 (LOI#46)

Organization: Japan Lung Cancer Alliance

Project Title: “Don’t smoke near me! Don’t be like me!”– Giving lung cancer patients the role of healthcare provider in tobacco dependence treatment.

- Colleagues or others who are at high-risk for their health due to second-hand smoke (Ischemic heart disease patients, respiratory disease patients, pregnant women and fetuses)
- Industries and healthcare staff who are looking for new entryways into smoking cessation measure in their workspace
- Human Resources and General Affairs Department that would like to promote the return of cancer patients to their jobs
- Management that wants to appeal that it is an environment that is still worker-friendly after getting cancer
- School health staff that are looking for a new entry into smoking cessation education
- Doctors and nurses who are in charge of cancer patients
- Health professionals who conduct smoking cessation instruction
- Health insurance associations
- All people who desire a smoke-free environment

1. Project Design and Methodology

a. [Basic Strategy] Behavioral change plan aligned with the emotions of those who continue smoking even with lung cancer patients near by

When being in the shoes of smokers, they are in the position of being attacked for years on end by being told the negative effects of smoking, receiving rolling eyes from people when smoking, and increasing tobacco prices. As such, there are some smokers who think of themselves as the victims, becoming very emotional when being approached on the topic of smoking, often not wanting to listen to what we have to say. Also, in terms of large groups, even if the health risks are clear, when applying it to single people, everything is just a matter of probability. Thus, it is difficult to select behavior to prevent “uncertain health risks that might happen to oneself” no matter how much the risks are understood, or how much doctors point out the health risks, people take it as an attack on their values and interests. This is also something rather natural when considering the patient-centric medicine where the values of patients are weighted, and thus patients thinking that they should be the ones to decide on the merits and demerits that befall themselves.

That is why for this project, spokespeople are lung cancer patients themselves so that they can give direct advice on how to “use the power of treatments in order to protect one-anothers’ health” and disclosing personal fears regarding second-hand smoke after showing that “Both you and I are allies in our health being threatened by tobacco” and thus not divided. Then, we will provide support as friends and family so they can receive treatment through its completion. Lung cancer patients also include former smokers, those who contracted lung cancer even without thinking of the damage derived by smoking. There are many who experienced the adverse health effects first hand after falling ill to lung cancer. It is not hard to imagine how effective and convincing such personal accounts could be if they are well delivered to a wider audience.

Also, in order to support communication between parties concerned who tend to fall into opposing situations, all activities will be published, media sought via press releases, questions posed to society on how hard it is to get those close to us to quit smoking, resulting in creating an environment that is approachable to smokers. We will

Global Bridges Japan Full Proposal English Translation

Request ID: 35688087 (LOI#46)

Organization: Japan Lung Cancer Alliance

Project Title: “Don’t smoke near me! Don’t be like me!”– Giving lung cancer patients the role of healthcare provider in tobacco dependence treatment.

also be sure to create a world-view that is “true and unique, energetic, happy, and exciting” in order to convey an environment where no one is against another and where starting such an endeavor becomes something you want to share with your family and friends.

[Analysis] A Japan-first of Japanese cancer patients advising checkups

In Japan, where smoking cessation measures lag greatly behind the global standard, there is the misconception that second-hand smoke prevention can be achieved by sectioning smoking areas. There are also lung cancer patients who believe that individual smoking is the only factor that can affect lung cancer. There are even arguments that the increasing attention on smoking cessation measures creates stigma for lung cancer patients.

Nevertheless, in a day where lung cancer patients smoking can extend life, and the effects of second-hand smoke on lung cancer are clear, we, as parties concerned, are here to post this question to the world and stand up to find a solution in order to protect our rights to life. Such a project is one that is rarely seen both domestically and abroad.

Globally, cancer patient unions are taking initiative in distributions of their research budgets. We hope to be the frontrunner of intervention cases that are aligned with the needs of the parties concerned, which are being left behind in Japan, to develop a smoking cessation measure that is purely born in Japan.

[Why was this not available before?]

Lung cancer patients have some of the worst prognoses among types of cancer, and few had enough life left to start a patients’ alliance and get involved. Secondly, there was no clear evidence between lung cancer and second-hand smoke. Thirdly, in a country where there are mounting challenges regarding working although sick with cancer, it is difficult to touch upon the issues of second-hand smoke in the workplace.

b. [How the Project Formulation Came About] Idea from previous advocacy work of patients

In a country such as ours with few cases of social marketing or patient advocacy work, we would like to explain how a project such as ours came about by reviewing our activity history.

First, Kazuo Hasegawa, who is our representative, had no history of smoking. By the time his lung cancer was discovered, he was at Stage IV. When telling people about his conditions, he would receive comments such as “So then, you were a heavy smoker?” and begun to feel that this was a kind of a stigma. Thinking that he wanted to clear the stigma that just because it is lung cancer, one would be judged as a smoker, although there are types of cancer that have no correlation between smoking oneself.

However, there was a sort of revelation when seeing the fact-sheet on second-hand smoking with the increasing smoking cessation activities with the coming Tokyo Olympics. Although he himself was not a smoker himself, by being a television produce, most of his hours on the job were in second-hand smoke conditions.

That is why our organization has decided to participate in the second-hand smoke prevention activities as a party concerned. Of course total smoking cessation in society is what we hope for. We have spread media by being interviewed on the YouTube video

Global Bridges Japan Full Proposal English Translation

Request ID: 35688087 (LOI#46)

Organization: Japan Lung Cancer Alliance

Project Title: “Don’t smoke near me! Don’t be like me!”– Giving lung cancer patients the role of healthcare provider in tobacco dependence treatment.

we created as an informative video, and we have also conducted research on the reality of second-hand smoke of lung cancer patients within our association. From the research results, we confirmed that there are people who smoke even around lung cancer patients, and lung cancer patients who live in fear of their condition worsening due to second-hand smoke.

It is our family and colleagues, those whom we spend most of our time with, who we want the most to quit smoking. However, the issue of working although suffering with cancer has yet to be resolved. It is hard for us to deny our smoking colleagues head on when we are already forced into a weaker position in our workplace as cancer patients. Similarly, it is also hard to deny our relatives to smoke since our relationship is already changing due to us becoming sick. All of such situations were preventing us from protecting our own lives from recurrences of cancer.

At such a time, we happened upon social marketing. By being on the side of the target and empathizing, the divisional structure was avoided and we learned ways to lead people to behavior change without preventative factors. By communicating by sharing our fear of cigarette smoke in order to gain support for our health status while also wanting to support the health of the other, we can band together as partners fighting for treatment and supporting one another.

Also, by seeing how the media takes up our cheerful, bold previous activity, it is clear that bold means are more apt to spread. Thus, although we began as an activity to see the faces of all of those concerned, in order to expand our work throughout society, we are here presenting a measure that will make people want to share.

[Originality of the Idea]

There are no examples in our country where smoking cessation programs from the side of patients have been provided, especially from the stance of lung cancer patients who have a strong link to smoking.

[Publishing of the Tool]

The tools and ideas produced by this project will be free for anyone to use.

5. Evaluation Design

【 Intervention Method】

With the premise that preventative factors or triggers of behavioral change are not uniform, groups will be created by dividing people into targets and values, using the method of social marketing where interventions will be done on those groups that were selected as a priority. Information will be provided by communication that begins with the discovery that behavioral change is not inhibited by the cessation of communication caused by harsh convincing, but rather from the discovery that lung cancer patients are living in fear of second-hand smoke.

In order to foster the interest in the behavior taken by cancer patients who are friends or those close by, all of the leaders of the national cancer patient associations will become the ambassadors for this project. The actual scenes of second-hand smoke prevention activities that would not have succeeded in the political world, where supporting the colleague two cubicles down from you, an almost grass-roots effort, filed with trepidation will be spread via the website and SNS in real time. While also seeking

Global Bridges Japan Full Proposal English Translation

Request ID: 35688087 (LOI#46)

Organization: Japan Lung Cancer Alliance

Project Title: “Don’t smoke near me! Don’t be like me!”– Giving lung cancer patients the role of healthcare provider in tobacco dependence treatment.

television interviews, we will gain the empathy of patient association members and the grater society to create a movement where lung cancer patients take it as their mission to promote screenings to smokers around them. By increasing the number from the 20 leaders of the patients’ association, then the 1,100 members who make the overarching alliance, and the further 130 thousand lung cancer patients in society through social contribution activities, single and odd activities will be connected and will change the standard of activities in one breath.

We aim for more screenings by smokers through confirming the website access count, tool download count as an indicator of how the project is taking root.

[Means to Determine if the Target Conducted the Activity]

■ Mid-term Index

- Website access count
- Education video access count
- Accreditation acquisition count
- Tool download count
- SNS share count
- Estimate of reach per media published
- Converted cost of published media

■ Evaluation index of intervention results

① Activity execution investigation

Investigation Method: After the activities are completed, communication will be had through the email addresses where the accreditation certificates were sent, **and have web surveys filled out, then statistically analyzing the results.**

Purpose: To aggregate the number of activities. Analyze the items that relate to the existence of activity or the lack thereof.

Target Audience: People who have been accredited and downloaded the tool

Explanatory Variable: Age, gender, stage, test score at the time of supporter education, attribute of partner

Result Variable: How many people approached, how many who begun treatment

② Smoking cessation treatment patient survey

Survey Method: Surveys before and after using Web surveys

Objectives: to know the rate of treatment commencements, understanding the mortality risk of second hand smoke on of lung cancer patients,

Understanding the change in screening reasons

After all is finished, confirm the awareness , likeability and also empathy of the project.

Target Audience: Those who started smoking cessation treatment within 2 months of intervention

(Prevalence 0.2% [smoking rate 20% x Smoking cessation treatment rate 1%])

⊗ Lung cancer patient survey

Survey Method: Surveys before and after using Web surveys

Objectives: Further clarify the change in the awareness of lung cancer patients who are not members, recognition rate of the project, as well as the rate of

Global Bridges Japan Full Proposal English Translation

Request ID: 35688087 (LOI#46)

Organization: Japan Lung Cancer Alliance

Project Title: “Don’ t smoke near me! Don’ t be like me!”– Giving lung cancer patients the role of healthcare provider in tobacco dependence treatment.

participation.

Target: Lung cancer patients that are the target of this project (prevalence 0.1%) as well as breast cancer patients (prevalence 0.07%).

Target groups are selected from other cancer type patients who interact with cancer information who also are receiving treatment, with the purpose of confirming the influence of the information that was distributed by chance during the same time period.

The reason for selecting breast cancer where female ratios, symptom appearance age and prognoses are different is because there is a possibility that second-hand smoking potentially has an effect, and that future possibilities of collaborative partnerships exist.

Presented items: Other materials created by separate smoking cessation treatments will be mixed in order to **confirm that this project was actually seen.**

[Expected rate of change at time of project completion]

As there are no preexisting examples of treatment recommendations from cancer patients, it is hard to assume how much of an effect 1,100 alliance members can make, even though we will strive to double the 250 thousand count of people receiving smoking cessation treatment, during the 2 months time of the activity, we will aim for 1/6th of that number (4000 people).

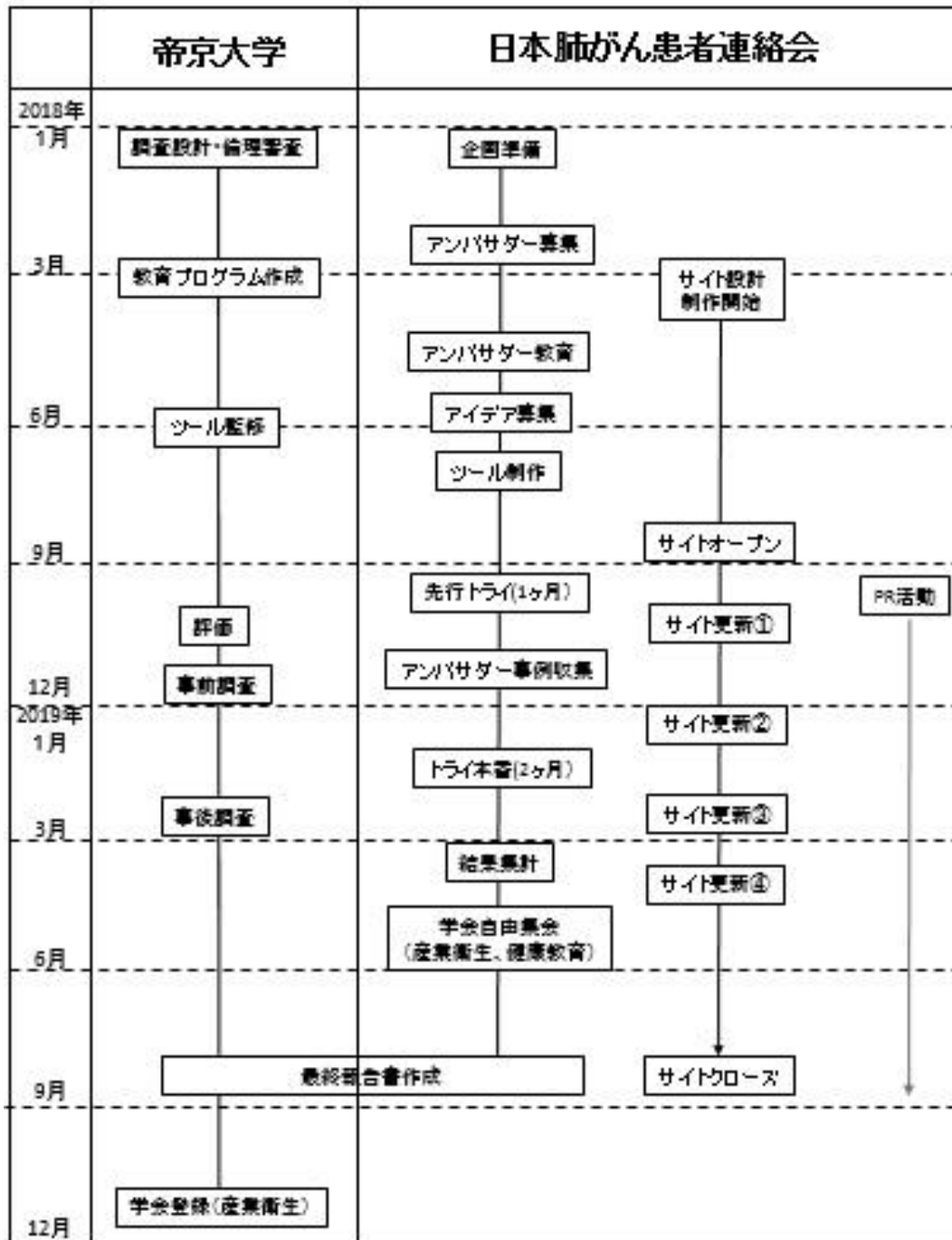
6. Detailed Task Plans and Completion Schedule for Deliverables

Global Bridges Japan Full Proposal English Translation

Request ID: 35688087 (LOI#46)

Organization: Japan Lung Cancer Alliance

Project Title: “Don’t smoke near me! Don’t be like me!” – Giving lung cancer patients the role of healthcare provider in tobacco dependence treatment.



Global Bridges Japan Full Proposal English Translation

Request ID: 35688087 (LOI#46)

Organization: Japan Lung Cancer Alliance

Project Title: “Don’t smoke near me! Don’t be like me!”– Giving lung cancer patients the role of healthcare provider in tobacco dependence treatment.

制作物名	仕様	完成日
肺がん患者用教育サイト	WEB教材	2018年3月
資格試験サイト	WEB対応の試験と認定書	2018年3月
受診推奨ツール	データ(ダウンロード使用)	2018年8月
活動PR動画(アンバサダー篇)	データ	2019年1月
活動PR動画(会員篇)	データ	2019年3月
最終報告書	データ	2019年9月
最終報告動画	データ	2019年10月