Why did we do this?

1. Trial a social marketing approach
2. Learn more about types of materials and messages that can be effective in early detection of Bowel Cancer
3. Develop greater understanding of how to evaluate impact
4. Provide well evaluated results for wider dissemination
5. Work closely with Derby PCT
Background and Objectives

CRUK partnered with Derby City PCT to run a social marketing pilot in a number of deprived wards in Derby City, focusing on early detection of bowel cancer – the third most common cancer in the UK.

Objectives:
• to increase bowel cancer symptom awareness in Derby amongst 50+ age group, and promote the importance of early detection
• to encourage early presentation of symptoms to a GP
• to actively engage with local residents (men aged 50+) and healthcare professionals (in particular GPs)
• to inform the understanding of CRUK, Derby City PCT and other bowel cancer stakeholders
• to develop a campaign framework that could be used as a future model

Our approach

9 key steps designed to:
• ensure action is rooted in insight
• enable co-creation with stakeholders and target audience
• make the most of existing insight and achieve maximum value from the budget available
• deliver targeted local activity that resonates with the target audience
• provide solid foundations for replication
Our approach

9 key steps

1. Context
2. Audience
3. Motivation
4. Propositions
5. Co-creation
6. Conceptualisation
7. Testing
8. Implementation
9. Evaluation

Key wards

LEGEND

Ward Boundary

darker shading: higher number of cases

CANCER RESEARCH UK

Derby City
Identifying the audience

- Used hospital admissions data in order to identify those most ‘at risk’
- Individual occasions recorded across 2007/2009
- Focused on wards identified by Derby PCT
  - Sinfin, Alvaston, Boulton, Derwent, Mackworth, Darley and Chaddesden

Considered:
1. admission volumes by ward
2. admission volumes by MOSAIC type – across Derby
3. admission volumes by MOSAIC type – in the key wards
4. top MOSAIC types across both the key wards and the total Derby population
5. recommended target groups for this project
6. focusing on those types with an older profile

Final pen portrait – 50+ men

- Watching sport on TV is a favourite pastime “I like spending most of my leisure time at home”
- “I don’t like to show my own feelings”
- “I think health foods are only bought by fanatics”
- “there’s little I can do to change my life”

- Highly traditional – “real men don’t cry”
- 49% are overweight but are generally trying to be healthy
**Gaining insight**

1. **Learning from others**
   - Merseyside and Cheshire Cancer Network – awareness and early detection of bowel cancer (50+ males)
   - Sandwell PCT – uptake of bowel cancer screening (60+ males)
   - Improvement Foundation / DH – promoting earlier presentation of cancer symptoms (bowel, breast, lung)
   - DH Prostate Cancer Advisory Group – prostate awareness qualitative research
   - Doncaster PCT – Early Lung Cancer Intervention
   - Prevent Cancer Foundation – Dialogue for Action in Colorectal Cancer Screening
   - Men’s Health Forum – Bowel Cancer Screening

2. **Identifying key motivators/barriers to behaviour**
   - Peace of mind, survival rates etc.

3. **Testing visual themes with focus groups of target audience**
   - Male, 50+, C2DE

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**Key motivators**

- **survival rates, positive facts**
  - It’s ok to go and see the doctor – this is important
  - The earlier you go, the less of a big deal it is

- **peace of mind**
  - It’s ok to talk about it – everyone is in the same boat

*NHS Derby City*
Themes

Creative development

* Conclusions from focus groups:
  * key message should address seriousness of disease e.g. 1 in 16 men develop bowel cancer
  * supporting messages should encourage presentation to GP by providing clarity around symptoms, and positive survival stats
  * tone should be direct, fact-based, and possibly humorous (groups reacted positively to ‘tongue in cheek’ feel of Cancer Chancer)
  * execution should use memorable imagery that resonates with audience (groups identified with image of Bobby Moore as a ‘real’ person)

* 4 concepts were tested as part of pre-wave quant research (3 new concepts, plus Cancer Chancer)
  * Bobby Moore concept proved strongest
Concepts for testing

- Communicates bowel cancer as a serious disease
- Likelihood of self-check
- Communicates “important to check for blood in your stools”
- Communicates “important to see doctor if change in toilet habits” well

Testing
Implementation – three core elements

- High impact awareness raising
  - High impact outdoor media, PR launch and media relations
- Grass roots engagement to create a conviction of the need to act
  - Face to face engagement in key locations across the target wards
- Distribution of retainable information to facilitate behaviour change
  - Tapping into existing networks and groups

Campaign ran for one month in February 2010 in 7 key wards identified at outset

GP engagement

- Initial contact via GP Cancer Lead
- Follow up call to Practice Manager
  1. GP briefing
  2. Support campaign in surgery
  3. Data provision
PR

- Local case study in Derby Evening Telegraph
- 2 x Radio interviews – Dr Jodie Moffat, and Dr Andrew Goddard (Consultant GI) on BBC Radio Derby
- Derby City FC – hit squads and advan present on match day, and news story on www.dcfc.co.uk

Challenges:

- Locally relevant stats
- Support

Media

Strategy:

- Generate awareness, support grass roots activity
- Geographic targeting – ward level
- Men over 50 lower socioeconomic groups

Options:

- 6 sheets in targeted locations, e.g. Bookies, pubs
- Advans
- Bus routes
- Healthcare settings – GP surgeries

Challenges:

- Not all wards had 6 sheet sites
- Combining behavioural and geographical targeting
- Staying within the 7 wards – press
media selection:

• 6 sheets – 30 sites within wards
• Advans – 2 x 4 weeks, Fri and Sat, coincide with comedy nights
• Press – 1 Wrap, full page ad, strips

coverage:

outdoor: 60% @ 12 OTS against our 50 plus men in derby
(excluding advan as this format is not possible to calculate)

www.spotcancerearly.com/bowel
Grass roots engagement

- two elements to grass roots engagement
  - hit squad activity to distribute materials and engage target public in key locations
  - a series of events to generate peer-to-peer conversation and ensure quality interaction
- event options considered included:
  - comedy events
  - barber-shop road show
  - race night
- although some debate around alignment with Bobby Moore theme, comedy events were selected as best fit for campaign philosophy and audience

Hit squad activity

- distribution of materials and face to face engagement of target public across the 7 wards, in:
  - pubs
  - social clubs
  - DIY stores
  - barbers
  - local shops
  - Derby County FC
- beer mats and posters to raise awareness
- z-cards for people to take away, retain and share
### Hit squad activity

**good**
- locations worked really well – lots of target audience
- Derby County FC was a great venue
- venue staff were all very supportive
- shops take z-cards at the cash desk
- whoopee cushions were great
- creative was high impact – people approached of their own accord and it led to good quality conversation
- z-cards were great for those less willing to engage
- pubs and bars achieved great interaction
- hit squad were able to easily engage men

**challenges and opportunities**
- confusion about testing (50 to 60?)
- feedback on creative not being ‘tactful’ enough
- conversations were sometimes challenging
- many women wanted to talk to us also and asked why the campaign was only aimed at men

**recommendation:** support hit squad activity with the presence of a health care professional and/or an authoritative voice from CRUK

**recommendation:** ensure you have info/stats for women and also use them to distribute information to husbands, fathers etc

### Comedy events

- 7 stand-up comedy performances by Northern comedian Greg Cook in:
  - Chaddesden Lace Club (30)
  - Rolls Royce Social Club (200)
  - Royal British Legion Darley Abbey (35)
  - Royal British Legion Allenton & District (70)
  - Chaddesden Park Social Club (120)
  - Alvaston & Crewton Men’s Social Club (100)

- support of hit squads to recruit audience, set-up room and engage men in conversation
- branded pull-up banners
- branded whoopee cushion giveaways
- pre-event promotion posters, empty-belly for clubs to complete
Comedy events

good
- comedy went down a storm – people were shouting for more
- using a regional comedian was vital
- ready-made crowds
- content was pitched perfectly
- generally crowd sizes were good and lots of target audience
- locations did vary but comedian was great at tailoring his act
- venues were very supportive and bent over backwards to help us
- crowd competition was introduced and increased engagement / participation

challenges and opportunities
- Sinfin Moor Social Club was closed and Rolls Royce Social club had low turnout, and had to be rescheduled
- other activities are often being run
- many wanted to fundraise
- decisions are made by ‘committee’
- pull-ups conflicted with tone of comedy

recommendation: schedule around 6 months in advance and increase publicity
recommendation: if resource allows, reccy venues and engage face to face so you understand size, crowd type etc.
recommendation: piggy back where possible
recommendation: place pull-up banners away from stage

Community engagement

campaign resources and briefing document sent to:
- neighbourhood forums in all 7 wards (part of Derby Community Safety Partnership)
- GP surgeries
- pharmacies
- libraries – drop in event held at Derby City Library with local health promotion nurse
- sports clubs e.g. Derbyshire County Cricket Ground
- Derby over 50s forum
- Derby LINk – local involvement network
Evaluation

• **Audience research**
  - 300 pre and post face to face surveys (600 in total)
  - Surveys based on Bowel CAM – adjusted to capture awareness of campaign, as well as symptom knowledge, and intent to visit GP

• **GP Consultations**
  - 3 months prior, during, and 3 months post
  - Comparing to same period 2009
    - Rectal bleeding (painful and painless)
    - Change of bowel habit
    - Abdominal mass

• **Referrals**
  - 3 months prior, during, and 3 months post
  - Same period 2009

• **Screening Uptake**

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### Results – Audience Research

<table>
<thead>
<tr>
<th>Impact</th>
<th>Pre wave</th>
<th>Post wave</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recall of bowel cancer communications</td>
<td>26%</td>
<td>42%</td>
</tr>
<tr>
<td>Recall of campaign branding</td>
<td>16%</td>
<td>27%</td>
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</table>

<table>
<thead>
<tr>
<th>Communication</th>
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</thead>
<tbody>
<tr>
<td>Warning signs – blood/bleeding</td>
<td>47%</td>
<td>65%</td>
</tr>
<tr>
<td>Warning signs – blood in stools</td>
<td>17%</td>
<td>33%</td>
</tr>
<tr>
<td>Bleeding from back passage</td>
<td>9%</td>
<td>21%</td>
</tr>
<tr>
<td>Change in bowel movements</td>
<td>5%</td>
<td>13%</td>
</tr>
<tr>
<td>Main message – symptom awareness</td>
<td>6%</td>
<td>26%</td>
</tr>
</tbody>
</table>

| Personal concern                            | 18%      | 25%       |
| Age association                              | 14%      | 25%       |
| Importance of early diagnosis                | 75%      | 82%       |
| Confidence noticing symptoms                 | 32%      | 46%       |
GP consultation data

5 surgeries, from 5 different wards, provided data on bowel cancer symptom consultations (out of 8 initially contacted):

- during campaign – 4 consultations
- same period in 2009 – 5 consultations
- 3 months prior to campaign – 21 consultations
- 3 months after campaign – 14 consultations* *only based on 4 surgeries

Small quantities – difficult to review shifts in gender, age etc

- possible from a wider pool of data e.g. 6 months pre and post campaign period, as opposed to 3**

Referral data (2 WWR)

- breakdown of age and gender of referrals for GP practises in 7 wards during campaign period (and in 2009):

<table>
<thead>
<tr>
<th></th>
<th>2009</th>
<th>2010</th>
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</thead>
<tbody>
<tr>
<td>Female age</td>
<td>66.2 (44-88)</td>
<td>68.0 (54-83)</td>
</tr>
<tr>
<td>Male age</td>
<td>78.1 (55-90)</td>
<td>56.6 (40-64)</td>
</tr>
<tr>
<td>Male/female</td>
<td>6:8</td>
<td>8:7</td>
</tr>
</tbody>
</table>

- apparent shift in gender and male age (age shift is a mean as opposed to median so we can’t rule out the possibility that a small number of additional young referrals have biased the results)
- appears as though campaign has had an impact. But, no lasting shifts

Accessing screening data currently
Summary

• overall good results given weight of media
• campaign elevated perceptions of seriousness and raised concern about the disease
• increased awareness of core symptoms translated into greater confidence and likelihood to visit GP
• secondary care data illustrates an increase in appropriate referrals in target wards during campaign, but no lasting impact
• activity could have impacted on GPs (more likely to refer appropriately) and on patients (more confident to seek referral) but no impact on consultations

Questions?