Social Marketing insight to increase awareness of prostate cancer in Merseyside and Cheshire

Problems with your wee? Go see your GP. Prostate cancer: spot the signs
www.canceraware.co.uk

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Contents

1. Introduction Page 1
2. Executive summary Page 2
3. Background and objectives Page 3
4. Our approach Page 3
5. Understanding the context Page 4
   a. Prostate Cancer research to date
   b. Incidence and mortality for prostate cancer
6. Understanding the audience Page 7
   a. Risk factors for prevention and detection
7. Understanding behaviours Page 9
   a. Research among stakeholders
     b. Research among at risk groups
        - Objectives
        - Sample and methodology
        - Attitudes to health
        - Understanding the prostate
        - Prostate cancer knowledge
        - Awareness of causes and symptoms
        - Experience of GP’s and the PSA test
        - Communication style and channels
8. Imagining solutions Page 20
9. Implementing activity Page 25
10. Measuring impact Page 27
11. Summary Page 27
12. Appendix – stimulus material, discussion guide Page 28
1. Introduction

Merseyside and Cheshire Cancer Network (MCCN) is committed to working with stakeholders to raise awareness of prostate cancer among key risk groups.

To support this MCCN appointed Corporate Culture to deliver social marketing insight and communication materials in support of local awareness raising activity to coincide with Prostate Awareness month in March 2010.

The project commenced in January 2010 and was completed in March 2010.

This report provides a summary of key findings available to date.

We would be delighted to discuss any aspect of this document with you. If you require any further information, please do not hesitate to contact:

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2. Executive summary

Prostate cancer is the most common male cancer in terms of incidence but behind lung cancer in mortality. Symptom free for some patients and with no NHS screening programme, existing research has identified there are some issues with detection.

This evidence base includes findings from each stage of the project and draws on:

1. Analysis of prostate cancer research to date alongside incidence and mortality for prostate cancer across the region

2. Engagement with stakeholders to understand current practices and any developments in testing/screening both nationally and across Merseyside and Cheshire

3. Qualitative research among “at risk” groups for explore benefits and barriers towards prevention and early detection, identify preferred communications messages and opportunities to engage

4. Provision of video ‘testimonial style’ material to be used on the iVan and online as a further support to the strategy and an additional opportunity to engage

In summary the following findings shaped our recommendations in support of Prostate Cancer Awareness Month, March 2010.

- **Detection & Prevention**: To build awareness with the population of Merseyside and Cheshire who are most at risk of prostate cancer and the symptoms to be aware of, but also to understand that some men may be symptom free so with this in mind for men to take a preventative approach to their health if they are in these risk groups.

- **Provision of simple, consistent symptom information**: To work with ambassadors in the community alongside healthcare professionals to provide both information and advice which is consistent and with the latest cancer research on prevention and testing options.

- **Peer to peer grass roots story telling**: Using real people to share prostate cancer stories and spread the word among their peers would be a powerful way to personalise the issue. Supporting the ambassador network, both the Prostate Cancer Support Group and the African Caribbean Centre, to facilitate grass-roots activity will raise awareness, help to bust cancer myths and inspire others to come forward early.

- **Outreach to improve accessibility & address patient barriers**: To overcome unwillingness to bother the GP and ensure wide access to services, there is great value in the role of the iVan health bus within the community. Taking the message out to the people through visits to workplaces, shopping areas and community venues to enable people to have an informal chat with an expert will remove key barriers to early detection and provide “permission” for those with niggling symptoms to act.
3. Background and objectives

Prostate cancer is the most common cancer in men with regard to incidence; however current evidence shows low awareness among men who are less aware of the symptoms associated with this type of cancer.

This project aimed to raise awareness of the symptoms of prostate cancer in defined areas within Merseyside and Cheshire among key target groups identified as most at risk.

The core objectives of the project are:

- deliver insight into the behaviour, motivations and potential barriers of these men to presenting earlier with symptoms
- to understand the most effective way to engage with them and deliver the facts
- to develop materials including video footage, literature and posters to disseminate key messages to ‘at risk’ audiences and increase early presentation at the GP
- to support local stakeholders to deliver awareness activity during Prostate Cancer Awareness month in March

4. Our approach

Our approach drew on total process planning model and was aligned to the principles and benchmarks advocated by the National Social Marketing Centre to ensure that our thinking is rooted in a deep understanding of the target audience and absolute clarity over the behaviour we are trying to change.
Our process has included 5 key stages as follows:

- **Understanding the context**
  - Analysis of cancer research data and local incidence and mortality

- **Understanding the audience**
  - Defining the population groups most at risk to identify risk factors and understand lifestyles and attitudes

- **Understanding behaviours**
  - Research among at risk groups to establish key motivators, understand benefits and barriers to early presentation and identify key messages most likely to encourage action

- **Imagining solutions**
  - Development of stimulus materials to test consumer reactions to potential message areas and channels.
  - Defining key messages and creating core materials to increase awareness of symptoms and encourage early presentation at GP

- **Implementing activity in support of key stakeholders**
  - Developing communications materials and supporting local teams to implement activity during Prostate Cancer awareness month

### 5. Understanding the context

**Contextual audit of existing data and other information**

A key first stage was to conduct a review of available evidence to understand context and identify population groups most at risk

*Sources included: Cancer Research UK, MCCN, Merseyside & Cheshire Cancer Registry 2006 and National Cancer Information Service, LPHIT, 2009, Prostate Cancer Charity*

Prostate cancer is the most common cancer in men in the UK (not counting non melanoma skin cancer). More than 35,500 men are diagnosed each year, which represents 24 out of every 100 cancers diagnosed in men.

Age is the most significant risk factor with nearly 6 out of 10 cases (57%) in men over 70. It is quite rare in men under 50.

Men may also be more at risk if they

- Have a family history of prostate or breast cancer
• Are black (of African ancestry) – prostate cancer is more common in black and mixed race men than white or Asian men

African Caribbean men in the UK have a higher risk of developing prostate cancer than white men, approximately three times greater risk. The reason for this heightened awareness in African Caribbean men is not known and although there are many possible theories by healthcare professional to date, research has been unable to draw any definite conclusions.

Awareness is an important issue for this group with current research showing lower awareness of symptoms than white men in the UK. (Source: Rabjabu K et al) In a recent UK study only 37% of African Caribbean men had heard of prostate cancer compared to 64% of white men (Source: Ethnibus research for The Prostate Cancer Charity, February 2008)

Data specific to Liverpool (Source: National Cancer Information Service, LPHIT, 2009), shows a consistent increase in incidence since 1987. Incidence rates for Liverpool specifically exceed averages for England towards 2003-2005, 105 in every 100,000 men. Rates have grown consistently with a rise from 2000 for both England and Liverpool; rates for Liverpool have doubled since 1994. This effect is influenced by many factors, some negative such as an increase in poor health and also an indication of more men coming forward for testing with increased awareness.

**Figure 1: Age Standardised Incidence Rates per 100,000 population across Liverpool (1985-87 to 2004-06) Source: National Cancer Information Service, LPHIT, 2009**

![European Directly Standardised Rates for Prostate Cancer Incidence by 3-Year Rolling Average 1985-1987 to 2003-05 : Males](image)
Mortality rates are less consistent for Liverpool with a recent decline to 25 per 100,000. The overall picture for England sees a decline in mortality, the lowest levels since 1988.

Mortality rates give an indication that survival rates are improving, this is borne out by the fact that although prostate cancer is the most common cancer in men it is doesn’t represent the largest mortality.

Overall the analysis of data for prostate cancer shows both the scale of the problem, alongside a clear survival rate message compared with other cancers.
6. Understanding the audience

Existing insight has established that there are key risk factors for prostate cancer, these are:

- Male cancer
- Hereditary (prostate cancer or breast cancer in the family)
- Age (over 60's)
- African Caribbean descent

Lifestyle factors such as smoking, drinking alcohol, diet and exercise are also identified as presenting risk for all cancers and this is no different for prostate cancer, however research into these factors specifically for prostate cancer is still in development according to Cancer Research UK.

Against this backdrop, MCCN identified key targets for activity as follows:

- C2DE men aged 60+ in Wallasey (Wirral)
- ABC1 men aged 60+ in Frodsham/Helsby (Cheshire)
- African Caribbean men, Liverpool

Using TGI (Target Group Index) which is the largest consumer lifestyle survey we can further understand motivations and attitudes to health for men over 50 but also deeper held views which may influence their specific attitudes to cancer. Below is a pen portrait of men over 50 showing demographic profiles, leisure and media favourites plus beliefs about health and life in general.
For example the motivation to visit their GP and talk about sensitive issues needs to be understood, these men are more likely to agree with the following statements than all men: “I don’t like showing my own feelings” and “there is little I can do with my life”. Insight into channel/media preference also aids any communication planning ensuring that we position any campaigns in the most relevant places.

Attitudes to health shows some cynicism and yet there are signs of being aware that ‘diet’ is linked to health for this age group, such as ‘eating more healthily’.

The African Caribbean community in Liverpool we interviewed were first generation immigrants from the West Indies and West Africa. They are organised in local associations by island, nation etc and they hold monthly meetings and welcome guest speakers which is a contact point for ongoing strategies. However, this group may not be typical of younger (45-60) black/mixed race males across Liverpool who are less likely to be in organisations linked to the “old country”. They may not be in specific ethnic organisations etc and thus would need to be reached by other means.

There is little national consumer research into this group specifically, however overall feedback on prostate cancer was consistent with the white males. However there is some indication from other sources (see context review) that awareness of prostate cancer symptoms is lower among the African Caribbean group and this should be understood in any intervention or campaign.
7. Understanding behaviours

Having understood the audience by risk factors, we then undertook primary qualitative research among key groups to identify motivations, benefits and barriers underlying behaviour and understand how they may be positively influenced towards early detection in future.

This was conducted in phases as follows:

a. Stakeholders

We first interviewed key stakeholders including the Prostate Cancer Support Group across Cheshire and the Wirral and the African Caribbean Centre team to understand their experiences, perceptions of issues that affect the risk groups and in particular to identify any barriers or opportunities they face in their day to day communication with residents about the awareness of this particular cancer.

Prostate Cancer Support Group

This group represent the grass roots teams who are highly visible in communities and work extensively with GP’s, hospitals and other health care professionals. They were able to share their experiences and add vital patient feedback (as all team members are prostate cancer survivors). This included their journey from diagnosis to treatment and now as campaigners.

Key themes:

- **Awareness:** There is a need to engage with a wide population across Merseyside and Cheshire and therefore there is a need for a collaborative approach across support groups, healthcare professionals, third sector and the media to build awareness.

- **GP’s:** There was an overall view that GP’s have different approaches when it comes to prostate cancer and there is no consistency as far as the type of information which is given to patients. Time is a huge factor and some patients have experience of not being offered any test options. (Although it is important that we point out here that the current PSA test is only an indication of a change in a patient’s PSA and not an indication of prostate cancer and therefore not recommended by NICE at this stage)

- **Facts:** Ensuring that the facts are clear and consistent across the area and that men are armed with everything they need in order to make an informed decision. The issue of symptom recognition was significant as it was noted that often symptoms are invisible increasing the difficulty of encouraging men to act when there may be no obvious symptoms. In addition as symptoms such as difficulty urinating, become more pronounced this may be at an advanced level of prostate cancer making treatment more challenging.
Support: The group receive support from several areas including the NHS and prostate cancer charities and this needs to be ongoing and strengthened by research into future screening and tests for prostate cancer which is felt to be lacking at the moment.

African Caribbean Centre

The team at the centre saw their role as key to engaging men attending the centre but felt their role was one of information sharing rather than offering any specific advice. Having presented the team with materials, it was felt that with more specific training that they could take on a more active role to the point of referring individuals to the GP.

Some issues did arise:

- Contact: Although there were ‘regulars’ attending the centre the ability to reach the wider African Caribbean community was more difficult and would rely heavily on ‘peer to peer’ sharing of information.

- Understanding: There was some feedback that the facts on the increased risks for African Caribbean men were mixed depending on which website they used and often American African Caribbean research was quoted.

- Enabling: The centre is a place for sharing and the team felt that it offered a great opportunity for MCCN to connect with a key group.

b. Understanding behaviours – risk groups

Having engaged stakeholders, we developed a wide range of stimulus materials for testing among risk groups. Mood boards were developed to establish levels of knowledge and understanding of prostate cancer and explore potential directions for communications. These are included within the text in this section but also in the Appendix (see page 28).

Research Objectives

The primary research among risk groups sought to understand:

- awareness and understanding of prostate cancer
- degree of concern and perceptions of personal risk
- awareness of prostate cancer symptoms - what to look out for
- recall and understanding of any specific guidance
- current behaviour with regards to detection (do they look out for anything unusual)
- preferred channels for passing on health messages? Do they look after themselves?
- attitudes to early presentation (benefits and barriers)
- levels of awareness of campaigns around prostate cancer and where these were seen
- optimum messages, media and intervention channels
Sample and methodology

Workshop style focus groups lasting one and a half hours were selected so that the men could talk about their perceptions and for us to identify shared experiences without probing too deeply into sensitive issues. These sessions were held in comfortable and relaxed environments as follows:

All those taking part were male, aged between 60 and 75 years of age with no history of prostate cancer (either personally or in their family).

- **Group 1**: ABC1 white males from the Frodsham/Helsby area, Golden Lion pub in Frodsham
- **Group 2**: C2DE white males from Wallasey, recruiters home in Birkenhead
- **Group 3**: African Caribbean males at the centre in Liverpool

Key findings

Key findings from across the audience groups have been summarised according to:

* Attitudes to health
* Understanding of the prostate
* Prostate cancer knowledge
* Awareness of causes and symptoms
* Experience of GP’s and attitudes to the PSA test
* Reactions to campaign materials and communications channels

Attitudes to health

As with much of our contact with men this age, we found that the men believed that women were more interested in health than they were (and so were good sources of knowledge). Those therefore with partners felt that they had a confidant to share their health worries. However there was some resentment of the perceived focus on women’s health by the NHS/charities especially in relation to cancer, for example there was a general sense that while there were well woman clinics, there were fewer or no well man clinics. Attitudes didn’t vary by risk group, although literacy issues need to be acknowledged with the group in Wallasey which can present barriers to accessing information.

Understanding of the prostate

There was mixed levels of knowledge amongst the men interviewed, almost all knew it was male only (though not everyone). Most also thought it was “down there somewhere” but often unsure exactly where, the exceptions were for those who had been tested in the past or knew/had known sufferers. The specific function is also unknown (versus for example bowels, bladder, testes) and is often referred to as “prostate”.
Reactions to stimulus: most men found this information too scientific and therefore they were unlikely to notice this type of messaging or take action. It was seen as being useful for GP’s to explain how the prostate works and therefore appropriate content for a leaflet. “Doesn’t impact on me immediately. Not as a poster, maybe as a leaflet”. Most men felt they would not be interested in this sort of information and some facts encouraged a sense of complacency, “we’ll all get it, but not till we are even older”. “If we are told everyone’s (prostate) gets enlarged, why worry?”

Prostate cancer knowledge

Awareness of prostate cancer was universal in these groups and there seemed to be a high level of consciousness of this type of cancer. This knowledge seemed to be linked with getting older, being male, and therefore having higher chances of “your body wearing out”. The men felt that prostate cancer was of specific relevance to them and perhaps inevitably at their age, in many cases they had known friends, acquaintances or family members who had suffered/died. We also found several people who had gone to the doctors in the past due to suspicions that they might perhaps have the disease, linked to over-frequent, painful or nocturnal urination. “I went to the doctor because I was getting up every two hours in the night”.

Awareness of the seriousness of prostate cancer

All cancers were seen as serious and all were seen as potentially fatal. There was a widespread belief that early detection and action could lead to better survival rates. Prostate cancer was seen as a very serious cancer in that it could kill, however it was also known that it was often slow acting and that people could live with it for years, perhaps without knowing.
Awareness of causes and symptoms

Awareness of causes tended to be very vague and unfocussed other than it was known by almost everyone that it only affected males and that it was much more likely among older men.

There was some awareness (among the white groups) that it was higher among those of African ancestry however beyond that, the respondents were essentially guessing based on “the usual suspects”.

They imagined that genetics might be involved and also thought that lifestyle factors (diet, exercise) might increase risk but overall, there was little real conviction about this.

“It could be your diet. I am not sure. The only reason I say that is that everything seems to be your diet”.

There was higher awareness of signs and symptoms than of risks, although again we found, uncertainty and some confusion.

The key symptomatic area was urination; essentially all of the men knew that if something unusual was happening to their urine then it might be linked to prostate problems. They also knew that changes in urination could be the result of other factors such as getting older or drinking beer and it was widely believed that this generally made urinating sometimes or permanently problematic. In other words, it was seen as coming with the territory and not necessarily seen as a sign of prostate cancer.

Although the symptomatic area was known by the men, understanding was ambiguous. Many men suggested alternative explanations for changes in urination patterns and as a result, were often less vigilant and concerned than may be desired.

The types of urination issues that the men thought might be linked to prostate cancer included:

- dribbling
- high frequency
- increased frequency
- nocturnal
- painful

When prompted with a list of symptoms, the men were unaware of two symptoms: having to rush to the toilet and blood in the urine/semen.

We also found some confusion with testicular cancer, as a minority said they might look out for lumps etc in the testicles – which whilst no bad thing in itself, does point to confusion. Specifically, there was some awareness that the prostate itself might change shape and that it might be possible to examine it oneself to look for changes-this seemed to get somewhat confused in the some men’s minds with checking for testicular changes.
Reactions to stimulus: The hard hitting message grabs attention and interest, and facts such as ‘the most common cancer in men in UK’ and ‘10,000 deaths, one per hour’ were impactful. The focus on symptom awareness was well received and most were seeing this for the first time. The imagery (especially the bloody toilet bowl) had impact due to its shock value. They said “The fact that it is most common becomes high in your mind.”, “Kills a man every hour? If I felt I had one of these symptoms and I read that I would be more inclined to do something about it.”

There were some questions about the statistics shown, for example the men were trying to work out the survival rates, which would be a powerful motivator to act.

Attitudes to detection

The sense from the men interviewed was that it would take some time before they genuinely noticed that they might have an issue. This is because the symptoms were both a little vague and could also be simply accepted as part of getting older. If/once they did notice something, (for example increased frequency of nocturnal urination) they said that they would wait to be sure there was enough of a pattern before acting, that is, to feel sure it was probably not a short time problem related to drinking too much beer for example. Having noticed a potential problem and given time to notice a pattern (perhaps a week to a month) most would then arrange to see their GP. Some also said that they would look on the internet or discuss the situation with wives or friends, but this was in addition to rather than instead of seeing their GP.
Reactions to stimulus: Including famous people is well received by African Caribbean men and some of the men in Wallasey in particular and there was much interest in De Niro and Mandela. There is general agreement with the benefit of early action (but this is a generic point). On the negative side the emphasis on an internal examination is likely to put men off going to GP at all. “If you didn’t want to go to the doctors before you read this, you definitely wouldn’t now.” It was expected that this type of information would be available at their doctors, potentially once they had already noticed symptoms and been motivated to act.

Attitudes to prevention

There is a general understanding that lifestyle factors affect health and smoking, drinking and exercise are becoming more recognised as being potential causes of cancer. Smoking is the most known, although most men can counter this with a story of someone they know who has lung cancer who never smoked. Drinking and exercise are less well understood and here the men talked of excess in the extreme, such as alcoholics and those who are obese. Diet is an area of confusion and facts are shown but not proven so mostly ignored. It is felt that there is so much coverage in the media about different foods (often contradictory) that a diet message therefore becomes diluted. There is interest in the cookbook, more out of curiosity, but few claim they would use it. In the main, the men saw this as being useful if recuperating from an operation rather than a prevention message.
Reactions to stimulus: This information had low impact, and was viewed as too generic in the main. The risk factors are of some interest, but age is known and genetics assumed. “But people know this message. It comes out all the time.” The link with African ancestry is news to many including the African Caribbean men. Lifestyle factors highlighted are thought to be too vague to be of specific relevance to this topic, although some did mention an interest in diabetes

Peer to peer storytelling

Engaging real people to share their cancer stories is a very powerful tool to enable them to pass on their knowledge and experience to others and create word of mouth. There was significant evidence of friends and partners influencing those around them positively, for example chats in the pub. Receiving information from someone who had experienced prostate cancer or even the symptoms was powerful and had credence as the men felt more at ease talking to someone like them than bothering their GP.
**Reactions to stimulus:** This approach was very popular with the men in Wallasey and the African Caribbean’s in particular. There was interest in the stories and the idea of peer groups had appeal. This was easy to understand and had a warm tone, the men related this to the sense that nowadays men are beginning to talk to each other more than they used to about issues like this. *“It’s straightforward and a real life situation. You could perhaps start with this but then go onto the symptoms”*

**Experience of GP’s and attitudes to the PSA test**

We engaged with several respondents who had observed changes in their urination patterns in the past and had actually visited their GP. Whilst this is a qualitative study and it is dangerous to generalise on the basis of a few respondents’ stories, some possibly troubling elements emerged. We had a number of reports of GP’s who advised patients to ignore symptoms: *“Don’t worry. It’s what happens when you get older” or “It costs money to send you for tests”*. Therefore there was also a belief that seemed to emanate from GP’s that: *“As long as you can pee okay, you are okay. It’s when you can’t pee, you have a problem.”*

The use of internal examinations by doctors was well known and some respondents waved their index fingers about in imitation of the presumed action involved. All men found the idea of an examination vaguely disturbing, however, most of the men said that they would accept this as part of the diagnosis. A minority of men felt that the idea of an internal was too distressing and felt that it would put them off seeing the GP.

There was low awareness of the PSA test and amongst those who did know, it was described as a blood test. There was also some belief that it was not that accurate.
Reactions to campaign materials and communication channels

As part of the research we wanted to understand the reaction to existing communication materials to assess what style, tone, content and channels would be most effective for local activity.

Firstly we looked at existing campaigns, including a mixture of both NHS and third sector campaigns.

Reactions: Humour has been used in several cancer campaigns, e.g. Cancer Chancer Bowel (example shown here is the toilet paper activity) and the radio advertisement for prostate cancer with Ricky Gervais as the spokesperson) and in general men can be quite open to these. However for prostate cancer, any mention of the ‘finger’ test is not seen as humorous and simply draws attention to the main barrier these men already have to visiting their doctor with symptoms. The Prostate Foundation bus campaign focusing on the symptom of rushing to the toilet is liked and the link with the symptom and running for the bus is viewed as simple but eye catching.

Preferred communication styles were simple and factual and the CRUK “most common male cancer” communication was most well liked.

Recall of the Bob Monkhouse television campaign was good among white British men but the approach was seen as too morbid among the African Caribbean group.
We also presented some ideas for potential channels for communication and assessed spontaneous reactions to facilitate a debate amongst the men for their ideas on how best to reach men like them.

**Reactions:** There was a great deal of interest in the iVan and a number of men talked about how much easier it would be to request information here than to make an appointment to see their doctor. Locations such as football matches, social clubs and workplaces were suggested as suitable venues as well as local community spaces and events such as market days.
8. Imagining solutions

Having engaged stakeholders and at risk groups, we used core insights to identify key messages and channels to increase awareness of symptoms and encourage early presentation at the GP.

Our insight showed:

- need to clearly communicate symptoms to overcome confusion...especially struggling to, urinating too much/often or seeing blood in the urine
- need to communicate straight facts about severity and prevalence as most common male cancer
- need to reinforce risk factors to raise awareness of cancer amongst those who may not be experiencing symptoms (age, family history of cancer, African Caribbean descent)
- need for a strong call to action to provide permission to see GP to ask for more information and get checked out
- need for simple graphic imagery to appeal to men of all cultures and with varying literacy levels
- need to take messages out to the men using grass roots outreach and collaboration with local ambassadors
- need for retainable information that has an intrinsic value and would be retained by the men to keep symptoms top of mind
- need for video clips to personalise stories and help peers share stories

Video material

Corporate Culture facilitated additional filmed 1 – 1 interviews in order to provide MCCN with video material. This enabled us to provide film clips showing first person testimonials for use on the iVan and online.

Five one to one depth interviews were conducted in home among a mixture of men, including two who had not been diagnosed with prostate cancer and two who were survivors. The content for these interviews was developed following the main focus group sessions drawing on the core themes which emerged, designed to elicit personal experiences and engage viewers in the real life ‘story telling’ of these men.
Two edited video clips were developed from survivor stories. Materials were made available as a DVD for the iVan team to play in the background as residents browsed the leaflets or to be viewed alongside an advisor during a one to one session.

Corporate Culture also worked with MCCN to integrate the video material into a bespoke website developed specifically to support the activity.

Figure 1: Website screen shot from [www.canceraware.co.uk](http://www.canceraware.co.uk)

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**Creative and channel strategy**

Insight from residents across all three groups gave clear direction for the creative strategy, this was as follows:

- simple and distinctive look and feel
- male focused
- clear symptom information
- call to action
- testimonial style support

**PROSTATE CANCER. SPOT THE SIGNS** was created.

The channel strategy was developed to provide the following:

- information sharing (handouts)
- awareness building (posters and ad-van support)
engagement and longevity (video content & giveaways)

The following materials were developed:

A4 Posters (3 styles)

A5 Leaflet (folded, pocket size)
Corporate Culture

Air freshener Giveaway

Ad-van (Two sides)
The design look and feel was incorporated into the bespoke website developed by MCCN, www.canceraware.co.uk.

### THE FACTS
- Prostate cancer is the most common cancer among men, killing 10,000 of us a year.
- The good news is the earlier it’s found, the easier it is to treat.
- Your GP can carry out tests to see what’s causing your prostate problems.
- These may include a blood test that measures your level of prostate-specific antigen, which can signal prostate cancer.
- So, if you spot any of the signs visit your doctor straight away.

### THE SIGNS
- If you spot any of these, visit your doctor straight away:
  - Peeing more often than usual (especially at night)
  - Struggling to pee
  - Blood in your pee
- If you don’t spot these signs, but are worried about prostate cancer, visit your doctor anyway.

### THE RISKS
- You’re more at risk of prostate cancer if you:
  - Are aged 50 or over
  - Are African Caribbean
  - Have a family history of prostate cancer
- If any of these apply to you, and you spot the signs, visit your doctor immediately.
9. Implementing activity

The focus for MCCN is collaboration with stakeholders, using established grass roots outreach channels and supporting local ambassadors with packs of materials to raise awareness during prostate awareness month.

Channels included:

- **MCCN iVan**: There was a clear opportunity for outreach support and the iVan was scheduled across five days across March 2010, located across Wirral and Cheshire offering advice and support to male residents. Posters generated awareness, leaflets and giveaways were handed out and the 'testimonial' videos could be viewed on the van itself.

  Dates:
  - 11th March - Frodsham
  - 15th March - Bidston
  - 25th March - Wallasey
  - 29th March - Helsby
  - 31st March - Frodsham

- **Ambassador packs**: Insight showed the importance of word of mouth and the need for local ambassadors from within the community to spread the message. Corporate Culture worked alongside stakeholders to deliver materials into the community targeting men identified in the areas above. Posters, leaflets and air freshener giveaways were supplied to the Prostate Support Group and African Caribbean centres (African Caribbean Centre, Steve Biko Housing Association and Kuumba Imani Millennium Centre). All ambassadors were briefed fully on the MCCN strategy.

- **Media support**: A large format ad-van was located alongside the iVan and visible across the wider areas of Frodsham and Wallasey in support of the ambassador programme.

- **Online**: All materials sign-posted patients to additional information online, including symptom facts and useful support contact points. The video material showing testimonials of two men who have recently survived prostate cancer was incorporated into the MCCN bespoke website [www.canceraware.co.uk](http://www.canceraware.co.uk).
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www.canceraware.co.uk

THE FACTS
- Prostate cancer is the most common cancer among men, killing 10,000 of us a year.
- The good news is, if it’s found, the outlook is still good.
- Your GP can carry out tests to see what’s causing your prostate problems.
- These may include a blood test that measures your level of prostate specific antigen, which can signal prostate cancer.
- So, if you spot any of the signs, visit your doctor straight away.

THE SIGNS
- If you spot any of these, visit your doctor straight away:
  - Feels more often than usual (especially at night)
  - Struggling to pee
  - Blood in your pee
- If you don’t spot these signs, but are worried about prostate cancer, visit your doctor anyway.

THE RISKS
- You’re more at risk of prostate cancer if you:
  - Are aged 50 or over
  - Are African Caribbean
  - Have a family history of prostate cancer
- If any of these apply to you, and you spot the signs, visit your doctor immediately.

Video stories

Eddie’s story
Eddie was diagnosed with Prostate Cancer following some difficulty with the flow of his urine. He was successfully treated in less than two years.

Watch Eddie’s story

Calvin’s story
Calvin had no obvious symptoms for Prostate Cancer but was diagnosed after a routine medical check-up. He now campaigns with a prostate cancer support group across Cheshire.

Watch Calvin’s story

More information
For more information on prostate cancer, please visit the following sites:
- Information on prostate cancer (Men’s Health and Cheshire Cancer Network website)
- Information on prostate cancer (Men’s Health Cancer Support)
- List of prostate cancer support groups (Men’s Health and Cheshire Cancer Network website)

For information on all other types of Cancer, please visit the Men’s Health and Cheshire Cancer Network.
10. Measuring Impact

The overall impact of the MCCN strategy is too soon to establish, however it is recommended to include the following measurements:

- **GP presentations**
  - no data yet

- **iVAN interactions and number of cases suspected/diagnosed**
  - the iVAN team has identified 8 cancer 9 pre cancers in a six month period 80% attended the GP [190]
  - 1 in 2 level 4 clients seen have had other pathology or cancer

- **Website hits**
  - no data yet

- **Advocacy and relationships**
  - we built relationships with the local Prostate Support Group and collaborated to increase reach across key areas in Merseyside and Cheshire
  - good links into the African Caribbean community were identified via the centres

- **Materials distributed**: 250 posters, 2,000 leaflets and 200 giveaways

There was limited budget available and therefore there was no additional evaluation research such as pre and post awareness and attitude tracking included across the project.

10. Summary

The short programme of social marketing insight and the provision of materials delivered across Prostate Cancer Awareness month gave support to the commitment of MCCN to work with stakeholders to raise awareness of prostate cancer among key risk groups.

Insight gathered during this project showed that much work has been done in the area to raise awareness and ongoing collaboration with healthcare professionals is necessary to establish consistent advice and information on the risk factors for prostate cancer, symptoms, prevention and any developments in screening or test options for all men living in Merseyside and Cheshire.

Materials were developed specifically to have longevity and appropriate for all male population groups and are therefore also available to use outside of the original campaign period.
Appendix 1 – Stimulus material

Board 1: Getting the facts

Getting the facts: Your prostate

What is the prostate?
Men have a small gland about the size of a walnut called the prostate gland. The prostate surrounds the first part of the tube (urethra) which carries urine from the bladder to the penis. The same tube also carries out fluid (semen).

What the prostate does
The prostate gland produces a thick clear fluid which is an important part of the semen. The growth and function of the prostate depends on the male sex hormone testosterone, which is produced in the testes.

Fact: By the age of 80, nearly all men have an enlarged prostate.

Board 2: Prostate cancer symptoms

Prostate cancer symptoms

If you spot blood in your urine, have an unusual lump or pain, or even just notice a change in your toilet habits – it could be an early sign of prostate cancer. If you spot any of these signs, it’s a fact that you should see a GP urgently.

Fact: 33,000 men are diagnosed each year.

What causes prostate symptoms?
The symptoms are usually caused because the prostate:
- Pines on the urethra
- Blocks the flow of urine

Fact: Over 10,000 men die each year.

Prostate cancer symptoms
The most common symptoms of prostate cancer and an enlarged prostate that is not cancerous are the same.

They are:
- Having to rush to the toilet to pass urine
- Difficulty in passing urine
- Passing urine more often than usual, especially at night
- Pain on passing urine
- Blood in the urine or semen

Fact: Blood in your urine is a symptom of a problem with your prostate.
Board 3: Detection

Detection: Taking action early.

What your doctor can offer you:

1. PSA (prostate specific antigen) blood test. There is a blood test your doctor can offer you which can detect a protein produced by cancerous prostate cells. A high level of this protein or PSA can be a sign of cancer.

2. Internal examination. Your doctor can easily diagnose an enlarged prostate with a simple rectal examination.

Tests available from your GP:
The PSA (Prostate size assessment)

Some famous people have recovered from prostate cancer:
- Robert DeNiro
- Robin Williams

Take control:

Fighting cancer early means living, and although you may have symptoms, it may not necessarily be cancer — get checked and be reassured most men with symptoms have no disease.

There is currently no NHS screening for prostate cancer.

Board 4: Prevention

Prevention: Understanding who is most at risk.

Knowing who is most at risk for developing prostate cancer is important, so make sure you have all the facts.

More at risk:

- Age: men get older, their prostates increase in size naturally, cancer is more prevalent in men over 50.
- Hereditary: men who have a history of cancer in their family, both males or females.
- Genetics: men of African-Caribbean descent are more susceptible to that type of cancer than others.

It is estimated that 55-65% of all prostate cancer cases are hereditary.

Healthier lifestyles:

Unhealthy lifestyles can make you more vulnerable to developing cancer, for example, excessive alcohol consumption is a direct high in dairy products.

Some studies have shown that having diabetes and particularly taking aspirin or other non-steroidal anti-inflammatory drugs (NSAIDs) may reduce the risk of prostate cancer.

Fact Research shows African American men are 1.5 times more likely to be diagnosed with prostate cancer.

You may increase your risk of prostate cancer if you eat a diet high in dairy products.

There is some evidence that some men who take vitamins may lower the risk of prostate cancer.
Board 5: How to raise awareness

Board 6: Where to reach you
Discussion Guide:

Prostate Cancer Symptom Awareness in Men 50+

Discussion Guide - for focus group workshops

Key Topics

A topic guide has been developed to explore the following:

- Levels of awareness and understanding of prostate cancer
- Degree of concern and perceptions of personal risk
- Levels of awareness of prostate cancer symptoms - what to look out for
- Recall and understanding of any specific guidance
- Current behaviour with regards to detection (do they look out for anything unusual)
- Attitudes to early presentation (benefits and barriers)
- Levels of awareness of any campaigns around prostate cancer and where seen
- Optimum messages, media and intervention channels to raise awareness of signs and encourage early presentation in a way that is clear, simple and memorable

Stimulus material includes a number of “mood boards” developed to explore knowledge and behaviour and identify potential propositions/key message territories to increase symptom awareness, checking and early presentation.
In Detail - during the group discussions:

1. **Explanations:** explain the nature of research, anonymity under MRS rules, and the need to record the interview. Ask the respondents to please give open and honest answers.

2. **About the respondents:** Here we aim to develop a picture of them as individuals as a general warm up to the discussion;
   Get respondents to “pair up” and find a bit about each other and then introduce neighbour to the group.

   Where they are from?
   What they do for a living (if working)?
   What have they done in the past?
   What do they like doing in their spare time - interests, hobbies, pastimes?

3. **Awareness and perceptions of prostate cancer:** Unprompted responses prior to showing boards

   Have you ever heard of prostate cancer?
   Do you know anyone who has had it?
   Who is at risk from prostate cancer?
   What does it result in? (to explore spontaneous awareness of seriousness/consequences)
   How serious is it?
   Can it be treated?
   Do you think many people die from it?
   Who/what sort of people? (e.g. age, lifestyle)
   How concerned would you say you are about it?
   Do you think you and your friends need to worry about prostate cancer? If not, why not?

4. **Knowledge and perceptions of risk:**

   What do you think causes prostate cancer?
   Do you feel that you are at risk yourself?
   Why do you /don’t you feel that you are at risk?

   Prompt with possible causes/risk factors and explore reactions:

   *Age is the most significant risk factor. Nearly 6 out of 10 cases (57%) are in men over 70. It is quite rare in men under 50.*

   *You may also be more at risk if you:*
   - Have a family history of prostate or breast cancer
   - Are black (of African ancestry) – prostate cancer is more common in black and mixed race men than white or Asian men

   *Your diet may affect your risk. There is a lot of research going on and the evidence is not strong but you may increase your prostate cancer risk if you eat a diet high in dairy products.*

   Explore any awareness/understanding of these potential causes.
5. Awareness of prostate cancer symptoms and attitudes to early presentation

What do you think could be the signs or symptoms of prostate cancer? (Unprompted)
How might you look out for it?
Have you heard of any specific things you need to look out for?
Prompt if necessary:

- **Having to rush to the toilet to pass urine**
- **Difficulty in passing urine**
- **Passing urine more often than usual, especially at night**
- **Pain on passing urine**
- **Blood in the urine or semen**

6. Actions taken if worried

What would you do if you noticed something unusual or different that worried you?
How long would you wait before you checked with someone?
Where might you look or who would you ask for information? (Look on the internet? Ask the pharmacist? Go straight to the GP? Ask a trusted friend or family member? Would you call NHS Direct?)
Would you tell someone else before going to the GP? Would this mean it would take longer to get to the GP?
Are you aware of any tests that you can ask your GP to do to check if you have prostate cancer? (Probe PS/screening test awareness)

**Benefits:** Do you think there are any benefits of checking and finding something early? (probe e.g. better chances of survival, easier to treat, can deal with it etc)

**Barriers:** What if anything stops you from getting checked earlier? (probe fear, denial, Embarrassment, Fatalist, Lack of knowledge, don't know what to look for, don't have the time, think it's a trivial thing and don't want to bother the GP etc)

We’re interested in exploring this in detail, particularly regarding if their fear is based around cancer being a death sentence or fear of treatments. (probe e.g. peace of mind, better survival chances etc)

7. Communications:

Have you noticed any advertising/health education campaigns about prostate cancer at all?
Explore any awareness of early detection campaigns
Do you feel it is aimed at/ talking to you? (Probe if the response is ‘not them’)

**Note:** Show ‘Current Campaign’ boards

Explore

- Any recall
- Interest
• Spontaneous likes and dislikes
• Perceived relevance
• How motivating are the messages? Are they powerful enough?
• Are they obviously targeted at them? If not why not?

8. Potential messages and approaches: Stimulus Boards

We want the men in our groups to help us develop the approach - both to understand what would help them to remember the symptoms of prostate cancer and what would motivate them to seek advice quickly if they found anything worrying. We particularly want to gain insight into the most effective way to communicate with them and understand where and when these messages would be most appropriate and motivating.

Explore reactions to a range of potential messages and images presented as mood boards.

For each, explore:

- spontaneous likes and dislikes
- understanding of main message
- perceived relevance to them
- overall appeal
- likelihood of action
- which routes, if any, would make you most likely to remember symptoms
- which facts, if any, would make you most likely to seek advice quickly
- do facts have more impact if they relate specifically to Merseyside/Cheshire?
- is a harder/softer tone of voice more powerful
- what types of communication would be most useful to help you remember the signs (e.g. toilet roll, diary in the loo, reminder card etc)
- attitudes to outreach and community based services

9. Ideas Brainstorm:

General discussion - Thinking about what we have discussed so far in this session
If we are encouraging men of your age to look out for prostate cancer and seek advice quickly, which messages and images do you think would make you most likely to act? (probe – simple symptom information, hard hitting facts, positive early detection messages etc?)

If you were designing a campaign, what would be the one simple message you would pass on to friends?
What else could be done to encourage men to look out for warning signs of prostate cancer?
Are there any other ideas that you have which will help us get the message over to men like you?
What could encourage men to tell their friends and for them to spread word?
What would be the best local places to get the message through to people like you? (As necessary prompt with local media, doctors' surgeries, social clubs, golf clubs etc)

Can you think of anything else that could be done to make it easier for people like you to understand the signs?

10. Close: Thank the respondents and hand out any information, i.e. CRUK leaflets if this is appropriate