CASE STUDY 2

A marketing strategy to increase awareness of oral and bowel cancer

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1. Introduction

The ‘West of Scotland Cancer Awareness Project’ (WoSCAP) was a three-year social marketing programme designed to increase awareness of oral and bowel cancer, and encourage individuals with signs and symptoms to present earlier to the National Health Services (NHS). This case summarizes some of its key components.

2. Problem definition

Five Scottish health boards (Argyll and Clyde, Ayrshire and Arran, Forth Valley, Greater Glasgow, and Lanarkshire) acknowledged the need for a cancer early detection campaign.

Oral and bowel cancer were selected as the campaign focus, guided by a review of the following criteria:

- It is a common problem. Approximately 530 new mouth cancer cases and over 3500 new bowel cancer cases are diagnosed in Scotland each year (NHS Argyll and Clyde, 2005).
- Early detection is effective: If detected early, mouth cancer can be treated successfully and survival rates can improve by over 30%. Likewise, if bowel cancer is detected early there is an 80% chance of cure (NHS Argyll and Clyde, 2005).
Marketing strategy for awareness of oral and bowel cancer

- Public awareness and knowledge about the signs and symptoms of mouth and bowel cancer are generally poor (NHS Argyll and Clyde, 2005).
- Value for money. It was hypothesized that a successful oral and bowel cancer campaign could save lives of people ‘at risk’ of getting these diseases.
- Feasibility of service provision. The campaign was supported by the West of Scotland Cancer Advisory Network (WoSCAN), and links with the Managed Clinical Networks (MCNs) for head and neck and colorectal cancer. A small management team was also established.

3. Competitive analysis

Two competitive barriers existed. First, there was resistance from some health professionals who feared the impact the campaign would have on already swamped health services. To address this resistance, relationships were built with various professionals and they were reassured of the campaign quality. For instance, the role of research was emphasized in developing a thorough and considered approach.

Second was the reluctance from the target group to present to the NHS about potential signs and symptoms of mouth and bowel cancer for several reasons: embarrassment (particularly among those with bowel cancer signs and symptoms); fear to confront cancer issues; limited awareness and understanding of the signs and symptoms of mouth and bowel cancer; limited awareness of the importance of early detection. To address this form of competition, the focus for WoSCAP was to inform the target group of ‘new’ health information in a relevant, non-threatening and non-patronizing way by focusing on early detection and where to present to the NHS.

Other forms of competition, including competing health and cancer messages, were not a major concern.

4. Stakeholder analysis

Three stakeholder groups are shown in Table CS2.1. The marketing plan analysed each stakeholder need, the benefits from increasing awareness of oral and bowel cancer, and their potential role in the WoSCAP campaign.
5. Aims and objectives

Aims and objectives were developed for WoSCAP elements during the early project stages.

Two specific marketing objectives existed:

(a) Spontaneous awareness of the campaign materials, and of the signs and symptoms of oral and bowel cancer.
(b) Early and appropriate presentation of oral and bowel cancer within the West of Scotland.

Additional objectives were set for research and evaluation and the impact of WoSCAP on services.

6. Formulation of strategy

A marketing offering was devised to meet the WoSCAP objectives (Table CS2.2).

Campaign resources are shown in Figures CS2.1 and CS2.2.
7. Research and evaluation

The development of the marketing plan was guided by three research stages:

- Independent research, to assess public awareness and knowledge of the signs and symptoms of the different cancers, and extensive consultation with health professionals.
- A literature review, to identify best practice for communicating with the public about cancer and case studies of previous oral and bowel cancer prevention campaigns.
- Consumer research, comprising eight focus groups with seven respondents per group ($N = 57$) to explore the public’s knowledge, perceptions and attitudes towards the relevant cancers; plus six further focus groups to pre-test creative treatments.

### Table CS2.2  Marketing offerings to meet each WoSCAP objective

<table>
<thead>
<tr>
<th>Objective</th>
<th>Marketing offering</th>
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<tbody>
<tr>
<td>Understand and effectively reach both the ‘at-risk’ population as well as primary and secondary professionals involved</td>
<td><strong>Targeting and segmentation:</strong> men and women aged 45+ living in deprived areas as well as smokers and heavy drinkers were the primary mouth cancer target group; men and women aged 50+ living in deprived areas were the primary bowel cancer target group; GPs, dentists, pharmacists, primary and secondary care staff and cancer networks were the secondary target group.</td>
</tr>
<tr>
<td>Communicate affiliated campaign organizations</td>
<td><strong>Branding:</strong> WoSCAP brand represented the five health boards involved; presentation of the NHS Health Scotland logo and Big Lottery Fund in all campaign materials.</td>
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<tr>
<td>Offer tangible objects and services to ‘at-risk’ individuals</td>
<td><strong>Product:</strong> educational packs and other materials.</td>
</tr>
<tr>
<td>Distribute materials in channels and settings suitable to those ‘at risk’</td>
<td><strong>Place:</strong> distribution of WoSCAP communications and educational materials through various channels, including GP surgeries and pharmacies.</td>
</tr>
<tr>
<td>Communicate signs and symptoms of oral and bowel cancer to a hard-to-reach audience</td>
<td><strong>Promotion:</strong> Advertising (TV, radio, press, photographic exhibition); community events (public launches); PR (over 80 articles in local, regional and national press, and covered by the CCB, Scottish Television and all national radio stations).</td>
</tr>
<tr>
<td>Train professional in contact with ‘at-risk’ individuals (GPs, dentists, pharmacists)</td>
<td><strong>People:</strong> 25 Symposia on Oral Cancer; 17 Symposia on Bowel Cancer; collaborative partnership work with stakeholders.</td>
</tr>
<tr>
<td>Gain involvement and support of health professionals</td>
<td><strong>Exchange:</strong> raise cancer profile nationally; robust business plan; project development participation by professionals; clarification of stakeholder roles and responsibilities; research to guide decision making; £100 000 marketing budget given to colorectal cancer services to cope with anticipated demand.</td>
</tr>
</tbody>
</table>
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Don’t let mouth cancer take away life’s little pleasures.

Figure CS2.1
Oral cancer poster.
Source: West of Scotland Cancer Awareness Project (WoSCAP), photo: Paul Hampton, Twobobrocket. Reproduced with permission.

The evaluation comprised the following:

- Tracking surveys, undertaken by the Institute for Social Marketing, on awareness and knowledge of the cancers.
- Survey research, undertaken by University of Glasgow, to assess the campaign’s impact on primary care.
- A review of Local Implementation Teams (LITs).
- Evaluation of training events.
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Figure CS2.2
Bowel cancer posters.
Source: West of Scotland Cancer Awareness Project (WoSCAP), photo: Paul Hampton, Twobobrocket. Reproduced with permission.
8. Outcomes

The overall evaluation results indicate that the project successfully achieved its objectives. Some key results are presented below:

- **Oral cancer tracking survey results.** Campaign awareness was variable, with the TV advert achieving extremely impressive awareness levels in the intervention area and the radio advertising failing to achieve the media presence anticipated. Strong evidence was provided for the campaign having a clear and positive impact on awareness of the signs and symptoms of mouth cancer. There is also evidence for the campaign increasing both salience and propensity to act upon key symptoms of the disease, with intention to visit the most popular source, a GMP, increasing markedly following the campaign (Eadie et al., 2005b).

- **Bowel cancer tracking survey results.** The bowel cancer TV advert achieved high awareness levels in the intervention area, with other support advertising attaining consistent awareness levels with what might be expected. The TV advert was found to be realistic and impactful, and there was a sympathetic response to the advert’s central character. Evidence for the campaign affecting target audience attitudes towards early detection of bowel cancer and perceptions of the disease’s prevalence and survivability showed no change. However, prevailing attitudes towards acting on one of the main symptoms, a change in bowel frequency, were largely positive (Eadie et al., 2005a).

- **Impact on primary care (GPs).** Interviews with GPs found they expressed generally positive campaign views. This, together with their experiences of other campaigns, led them to believe that public campaigns are capable of producing awareness of cancers (NHS Argyll and Clyde, 2004a).

- **Impact on secondary care (screening).** As a result of the oral cancer campaign, there was a significant increase in patients attending clinics: one-third of malignant conditions and almost half of pre-malignant conditions were detected in people who came forward as a direct result of the campaign. For the bowel campaign, survey research demonstrated that 62% reported that the WoSCAP advertising had encouraged them to see their GP sooner (NHS Argyll and Clyde, 2005).

- **Review of LITs.** The project was considered to have successfully established operational LITs in the five relevant health board areas and that majority fulfilled their objectives. Strengths of the LIT ‘model’ include increasing local ownership and involvement in the campaign, and establishing good communication between primary and secondary care, and coordinating high-quality training events (NHS Argyll and Clyde, 2004c).

- **Training events.** The training events were considered successful, with very high reported attendance. Participants described the events as relevant, worthwhile and interesting (NHS Argyll and Clyde, 2004b, d).
The authors would like to acknowledge the research and evaluation work by Susan Anderson, then Research Coordinator and Anne Marie MacKintosh, Senior Researcher of the Institute for Social Marketing, on this project.

References


West of Scotland Cancer Awareness Project (WoSCAP) photography by Paul Hampton, Twobobrocket, 9/11 Harvie Street, Glasgow, GS11BW.

Lessons learned

1. It is important to develop specific and measurable aims and objectives in the early stages of planning a social marketing campaign. For WoSCAP, specific and measurable objectives existed, allowing the campaign team to monitor each objective in an effort to measure success during and after programme implementation.

2. The four Ps of ‘product’, ‘price’, ‘place’ and ‘promotion’ need not be the only Ps that a social marketing strategy addresses. The WoSCAP
case study is a prime example of how other Ps, such as ‘people’, can be a vital component of the marketing mix. Indeed, training of professionals in contact with ‘at-risk’ individuals for oral and bowel cancer was a fundamental component of building local capacity for this social marketing strategy.

3. Social marketing can play a fundamental role in the prevention and early detection of disease, as demonstrated in the WoSCAP case. By honing in on the competitive barriers faced by both the health professionals and public, the WoSCAP campaign was able to increase awareness of the signs and symptoms of oral and bowel cancer and help at-risk individuals take action by presenting earlier to the National Health Service (NHS).

Case study questions

1. Q: What was the significance of research in designing and implementing the WoSCAP campaign strategy and what marketing offering was this a part of?
   A: Research played a fundamental role in gaining the support of key stakeholders and guiding the overall campaign approach. The use of research to guide decision making for the WoSCAP campaign addressed exchange, in this case to gain involvement and support of health professionals.

2. Q: Describe how the WoSCAP campaign used the social marketing principle of targeting and segmentation, and what impact this may have had on stakeholder concerns about health screening services.
   A: Targeting and segmentation allowed the campaign to appeal to narrowly defined primary and secondary target audiences. This strategy helped to offset concerns that the campaign would result in unnecessarily swamped health services.

3. Q: Using WoSCAP as an example, describe the beneficial role that media as a stakeholder can play for the fourth P – ‘promotion’ – in a social marketing campaign.
   A: The media was beneficial for WoSCAP because the overall campaign message was showcased in a variety of wide-reaching media sources, such as newspapers, magazines, radio stations and TV channels. This helped to portray the message to a hard-to-reach target audience using a multimedia public relations strategy.