Targeting men aged 50+ to increase early detection of melanoma
Local Campaign Planning Guide
In 2009, the Merseyside and Cheshire Cancer Network collaborated with Cancer Research UK to pilot a social marketing intervention. Its aim was to increase awareness around the symptoms of malignant melanoma among men aged 50+, and to encourage early detection.

The pilot performed strongly and, as a result, we are keen to support local healthcare organisations to achieve the same success when addressing health inequalities.

This planning guide is designed to take you through the evidence behind the campaign and provide practical tools to implement the intervention.
Skin cancer is spreading in the UK, with around 10,000 cases of malignant melanoma recorded annually since 2007. Against this backdrop, a comprehensive review of the evidence base was conducted – revealing an inequality in terms of early detection in the male population, particularly older men.

In 2009 CRUK and MCCN appointed Corporate Culture to deliver a pilot campaign that would address this problem. The campaign had five core objectives:

1. **Increase** the understanding of the Department of Health, CRUK, MCCN and other stakeholders around the most effective messages on melanoma.

2. **Raise awareness** of the warning signs of melanoma and the importance of early detection.

3. **Encourage** the target group to check skin for changes to the size, shape or colour of moles or patches of skin and to visit their GP immediately if any warning signs were spotted.

4. **Monitor** campaign performance and evaluate the impact of activity by measuring changes in symptom awareness among the target group.

5. **Develop** an awareness campaign framework that could be used as a model for similar local campaigns. This Guide has been developed as part of this final objective.

10,000 cases of malignant melanoma recorded annually in the UK since 2007.
The evidence

Nationally, there are around 10,000 cases of malignant melanoma each year, of which around 4,800 occur in men. Although the cancer is more prevalent in women, deaths from the disease are highest among men; 1,064 in 2006, compared to 788 amongst women.\(^1\)

By the time malignant melanoma is diagnosed, around 24% of male cases are terminal as opposed to 15% of female cases (2005 incidence compared to 2006 mortality). This is because women tend to check themselves more frequently and present at GPs earlier than males. The typical locations of malignant melanoma in men also contribute, with men more likely to develop the disease on the back. For this reason, even men who check themselves often miss the warning signs.

Melanoma incidence also increases with age; almost three quarters (72%) of male cases occur in those aged over 50.

The local picture
Merseyside has some of the worst mortality rates for cancer in the UK and a high incidence rate for skin cancer. Across Merseyside and Cheshire, there are around 300 cases of malignant melanoma each year and 55 deaths.

Compared to national data, hotspot areas for male skin cancer mortality include Southport and Formby, and Central Liverpool. These two areas are demographically very different and were selected as pilot locations. This enabled us to assess the impact of the intervention on more affluent males in Southport and Formby, and on the more deprived inner city population in Liverpool.

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\(^1\) Source: Cancer Research UK.

4,800 cases of malignant melanoma occur in men each year.

72% of melanoma cases in men occur among the over 50s.
Understanding the audience

It is widely known that the core risk factor for melanoma is exposure to UV rays from the sun or through the use of a sunbed. Fair skin types – those who burn easily – are most at risk. There is also evidence to show that suffering sunburn as a child significantly increases the risk of melanoma in later life.

Among men over 50, core risk groups include:
- Outdoor labourers and those who have spent time working in hot climates abroad, such as former merchant seamen.
- People who spend large amounts of leisure time outdoors, for example golfers.
- Those who do not use any protection in the sun.
- Sunbed users.
- ‘Sun lovers’ who holiday abroad often.

Target Group Index (TGI) data provides deeper insight into their attitudes, lifestyles and behaviour.

Profiling these groups highlights some key features:
- Many are now retired and generally slowing down.
- They are very traditional, settled, set in their ways.
- Can have stereotypical macho attitudes to skin care as “just for women”.
- Mix of leisure activities and interests including golf, football, horse racing, watching a lot of TV and reading newspapers.
- Sunbed users attach more importance than others to looking youthful; they are status conscious and concerned about outward appearance.
Understanding behaviour and attitudes

Primary research undertaken during the development of the pilot campaign\(^2\) corroborates other cancer evidence. It reveals a number of key insights relating to awareness, attitudes and checking.

Awareness and attitudes
- The terms ‘skin cancer’ and ‘melanoma’ are both familiar.
- Most men are not concerned about the issue – the majority do not realise the serious potential for mortality.
- Most do use some degree of sun protection when on holiday abroad, but do not tend to use any protection at home in the UK and had not protected themselves whilst working abroad in the past.
- Moles are known to be the key warning sign of skin cancer, with some perception that changes to shape or colour, ‘height’ or itchiness may be indicators.
- There was no recall and limited understanding of the ABCD(E) rules for checking the risk factor of moles.

Checking and early presentation
The sessions revealed there was little specific checking undertaken on a regular basis by the men themselves or with/by partners. More disturbingly, several men were found to be ‘living with’ potentially dangerous skin marks without having had them checked. There was evidence of some degree of denial here as these men claimed to simply cover up the moles with plasters while continuing to sunbathe. There was no awareness of current or past campaigns around skin cancer.

Reasons for not visiting the GP reflect barriers commonly seen, primarily:
- **Fatalism** – not wanting to know, or to have treatment.
- **‘Do not disturb’ syndrome** – the doctor is ‘too important’ to be visited for such a ‘minor,’ possibly non-existent, problem.
- **‘Cry wolf’ syndrome** – fear that if they go on ‘false pretences’ they may not be taken seriously in future.
- **Referral** – GPs don’t diagnose or treat, they just send you deeper into the system.
- **‘Oblique’ behaviour** – tackling the problem ‘sideways’ by presenting problems and asking the GP to check moles at the end of visits to the surgery about other matters.

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\(^2\) Research included two co-creation workshops with at-risk men in Liverpool and Southport. This was followed by an on-street, quantitative survey of 200 men pre-campaign and 200 men post-campaign, to test reactions to interventions, establish baseline measures and monitor impact.
Identifying messages

The audience’s thoughts and reactions to the subject of skin cancer, tested using stimulus material, highlight clear preferences for messages and intervention:

- While ‘skin cancer’ and ‘melanoma’ were both familiar, skin cancer was preferred as the generic term.
- Men were not aware of the potential for skin cancer to kill.
- Most men felt they needed to be shocked or scared out of their complacency, using this fact.
- The ABCD(E) rule is seen as a good idea in principle. However it is not understandable to those with lower literacy who struggled with clinical terminology, such as ‘asymmetry’.
- The direct route of realistic imagery, especially given low levels of literacy, was felt to be the most effective.

The imagery and style of CRUK’s existing materials (shown below), which uses a large melanoma on a subject’s back, was seen as the most effective basis for any campaigns. As this preference was so strong, this route has been developed further.
In response to local insight, creative materials have been developed to include a strong call to action, greater focus on symptom information, and to reinforce the need for regular checking and urgency in presenting at the GP.

Core creative materials

Resources include a range of materials to drive awareness and encourage men to recognise symptoms, with practical retainable giveaways for grass-roots activity to ensure that men are able to check symptoms in the home.

These include:

- **Outdoor advertising formats** – six-sheet posters and ad vans.
- **Information postcards** to provide men with a prompt to take to their GP.
- **A4 posters** for display in relevant venues for the duration of the campaign.
- **Vinyl stickers** for placing in men’s changing rooms and toilets.
- **Beer mats/coasters** for use in sporting club houses/café areas and working men’s clubs.
- **Magnifying glasses** to act as a promotional prompt/reminder to take a closer look at skin and check for changes.
- **Branded T-shirts and bags** for promotional purposes or press calls.
Communication and channels

To drive awareness of symptoms and encourage early presentation requires a mix of channels, including media. You may choose to combine awareness-raising with one-to-one activity – applying the campaign materials to a series of contact points in the community. The campaign components are as follows:

Awareness raising
- **Six-sheet posters** perform well to raise awareness of the facts and campaign.
- **Branded ad vans** are used to take messages out into local communities and can be used effectively to target key locations, e.g. supermarket car parks and large garden centres, at the busiest times.
- **PR is an effective way of gaining press and radio coverage** with personal stories and case studies that are of interest to the media, in support of hard-hitting local facts.

**Grass-roots engagement**
Promotional teams – or ‘hit squads’ – can be used to take the campaign out to local venues, distribute collateral and talk to the audience face-to-face.

**Further information**
All awareness and engagement collateral signposts the target audience to an internet landing page – [www.sunsmart.org.uk/index.htm](http://www.sunsmart.org.uk/index.htm) (via www.skincancerkills.org) which contains more detailed information around skin cancer, including:

- Skin cancer facts.
- Tips on detection.
- Tips for visiting the GP.
- Advice on using adequate protection.
The pilot campaign ran for two weeks in June 2009 and proved to be highly effective. A quantitative street survey was conducted with 200 members of the target audience before and after the intervention took place. This revealed:

- **Awareness of malignant melanoma increased** from 82% to 97%.
- **Levels of concern about skin cancer increased** from 46% to 57%.
- **There was an increase in symptom awareness**, with 71% thinking an itchy mole could be a sign of skin cancer and 79% who believe a sore that does not heal could be a sign of skin cancer.
- **75% checked their skin** for signs of skin cancer, up from 60% pre campaign.
- **88% understood that skin cancer kills** compared with 68% pre campaign.
- Participants agreeing with a statement that it is important to **check for changes** to moles and skin increased to 75% for those who claimed to be campaign aware, compared to 60% on the same statement pre campaign. 71% of those who claimed to be campaign aware agreed with a statement regarding levels of concern and action, i.e. visiting their GP.
- **63% of men who are campaign aware (and unprompted by materials) disagreed with the statement ‘If I notice any changes or something unusual, I would wait a few weeks/months before seeing my GP’**. Only 39% disagreed with this statement pre campaign.

You can find full results in the complete pilot review report. To download the report, visit [www.mccn.nhs.uk](http://www.mccn.nhs.uk)
We will be delivering two days’ worth of campaign activity in each PCT area. Each day, a branded ad van will circulate in the relevant area, stopping for short periods in key locations, such as supermarket car parks and lay-bys. This will be supported with eight hours of grass-roots hit squad activity. A promotional team of two people will visit key locations throughout the area to display materials, distribute information/giveaways and promote the campaign to men aged 50+.

For details on when we will be in your area, see the schedule below. If you’d like details on exact locations, please contact rachel.gray@corporateculture.co.uk

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<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Location</th>
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<tbody>
<tr>
<td>Saturday July 24</td>
<td>14:00 until 22:00</td>
<td>Warrington</td>
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<td>Sunday July 25</td>
<td>11:00 until 19:00</td>
<td>Wirral</td>
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<td>Thursday July 29</td>
<td>11:00 until 19:00</td>
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<td>Sunday August 1</td>
<td>11:00 until 19:00</td>
<td>West Cheshire</td>
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<td>Thursday August 5</td>
<td>11:00 until 19:00</td>
<td>Knowsley</td>
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<td>Friday August 6</td>
<td>14:00 until 22:00</td>
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<td>Saturday August 7</td>
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<td>Sunday August 8</td>
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<td>Thursday August 12</td>
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<td>Sunday August 15</td>
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<td>Liverpool</td>
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Applying the campaign in your area

The melanoma campaign for men aged 50+ has been designed in such a way that it is easy for you to plan and deliver in your own area.

The following sections give guidance on the types of activity you might consider and how to approach implementation.

Getting started
There are a couple of things you’ll need to decide before you get started on planning activity.

Firstly – where are you going to deliver the campaign? Delivering activity across your entire PCT area could be costly, and budgets won’t always allow for this. If this is the case, we’d suggest that you target the most and least deprived neighbourhoods of your area first. This way, you’ll be covering those men that spend a lot of time out in the garden (or beer garden) and at the bowling club for example, as well as those men who might be taking lots of sunny holidays or spending time on the golf course. These men have been identified as those most at risk of developing melanoma.

Secondly – when are you going to deliver the campaign? This campaign works well when it is delivered in the summer, when the subject matter is most pertinent and will remain front of mind for the audience for at least a couple of months. This is also a great time to catch men out and about at golf clubs, on the bowling green, in beer gardens and at family events.

It’s always a good idea to have a look at what big events – such as tea dances, sports fixtures and so on – are to be held in your area over the summer. This will help you to schedule your activity so you reach a wide audience.
Developing your plan

We would always recommend a mix of high impact media, grass-roots engagement and PR. Our pilot project has demonstrated that these three strands enable the campaign to have the most effective impact.

Options for you to consider are included here. You might look at all, or just some of these, depending on your budget.

High impact media

Six-sheets
Six-sheet placements (adshels and bus stops) are a good option for cost-effective, high-impact advertising. A media agency will be able to advise you on which sites will be most appropriate for your target audience. Just let them know:

• What your budget is.
• Who you are targeting (use the audience profiles provided).
• The areas you wish to focus on (wards or postcode areas).

Six-sheet artwork is already available for this campaign and has been provided on your CD. If you need any adjustments or resizing, Corporate Culture can help you – please contact rachel.gray@corporateculture.co.uk

Ad vans
If you’re targeting particularly deprived areas, you may find that there aren’t many sites for fixed advertising, such as six-sheets. Either as support or as an alternative, ad vans are a cost-effective way to deliver high-impact messaging in targeted areas over a short, intense period.

There is a range of transport media companies that will be able to give you a quote per day of activity. Print should be included in your quote. Again, artwork is already available and has been provided on your CD. Corporate Culture can amend and resize if necessary.

You will need to provide a specific brief for your supplier, including:

• Days and hours for activity.
• Brief background on campaign and audience.
• Target postcodes and timings for each day (for free drive).
• Suggested venues and timings for each day (for park up).
An example ad van brief is included on your CD for reference.

You must obtain permission from the venues where you plan to park your ad van. It’s a good idea to include the name of the person who has given you permission in the brief, in case the driver is approached. You may also want the ad van driver to provide anecdotal evidence of the response to the visuals, and the most/least successful venues for reaching the target audience. It is best to provide the driver with a mechanism to do this regularly, e.g. a daily report to fill in, or regular calls with a project lead.

**Grass-roots engagement**

**Hit squads**

‘Hit squads’ are small promotion teams who are used to distribute materials, and engage with the target audience on a one-to-one basis in key locations within their community.

Some things you need to think about when you’re planning hit squad activity are:

**Team:** we do recommend that you use promotion teams where budget will allow. Make sure they are experienced in delivering this kind of activity and confident enough to approach and engage the target audience in conversation quickly. Younger women work really well with this campaign because they tend to be seen as non-threatening by the men. They should be local to the area so they know their way around and can add value on location. Teams of two work best although, if budget allows, you can have multiple teams to cover multiple areas. You may also choose to send out a professional with the teams, to answer any questions the men might have and check moles on the spot.

**Schedule:** you’ll need to produce a schedule for the hit squad for each day of their activity. You should give them a list of venues to visit, along with addresses and timings. Ideally, the list of venues should follow a logical geographic route so that they’re not going backwards and forwards too much.

Great venues for this target audience include bowling clubs, golf clubs, pubs and social clubs, local sports team venues, garden centres, DIY stores and barber’s shops. Again, it’s worth looking into any big matches, bowling fixtures, events or dinners that might be happening around the time of the campaign. It’s a good idea to have the hit squads and ad van at the same venues if possible.

Although the teams don’t tend to experience problems accessing the venues, it’s worth giving a courtesy call beforehand to let them know you will be coming. They should also carry letters addressed to managers, on official letter-headed paper, explaining the campaign background and objectives, and providing a point of contact within your organisation for any comments.

It’s good to offer your hit squads a degree of flexibility so they can use their initiative when it comes to venues – taking in any you might have missed, and maximising their time at those that offer the best access to the target audience.
**Briefing:** you should always hold a face-to-face briefing session with your hit squad team before they go out. This will ensure they understand the context of the campaign, know what you are expecting from them, and you are able to answer any questions they might have. You can also hand over all the materials and uniforms at this time.

In addition, prepare a full written brief for them to review as and when they need. This should include:

- Campaign background and purpose.
- Audience details.
- Their role.
- Key messaging, facts and figures.
- Detail and instruction on uniforms.
- Specific role and suggested placement for materials (including quantity per day).

An example brief is included on your CD for reference.

**Feedback:** it’s a good idea to provide your hit squad with a feedback form to complete against each day of activity. This might include space for venue names and suitability, numbers of interactions, materials distributed and anecdotal feedback. This can be really helpful for evaluation, and to maximise the impact of the campaign as it progresses.

**Merchandise:** a range of branded materials has been created for the hit squads to distribute. These include mirror vinyls, posters, beer mats, postcards and magnifying cards. Ideally, they should be proactively assisting the venues in displaying the materials, rather than just leaving them behind. Uniforms have also been created and should be worn – on the outside of any clothing (e.g. jumpers). Ensure you check the sizes your promotion team will need! Artwork for all of this is included on your CD. For any revisions or resizing, please contact Corporate Culture.

**The iVan**
As you may know, MCCN has a dedicated cancer iVan. This is a health awareness, information and support vehicle that attends scheduled events and public spaces to raise awareness of cancer risks, signs and symptoms. The van has internal space for members of the community to watch information DVDs, read resources and access cancer-related internet content. It is also staffed with experienced cancer health professionals who can give lifestyle advice, support and assessment.

The iVan visits a wide range of locations across the Merseyside and Cheshire Region. It can be a good idea to tie-in your grassroots activity with the iVan, where possible, to maximise impact. Sandra Rowlands, the iVan manager at MCCN, will be able to provide you with a schedule, so you can identify any opportunities for piggy-backing. Her contact details are included on page 18.
Developing your plan continued

Public relations
PR adds real value to the campaign, generating low-cost coverage on a relatively wide scale.

If you can, identify a local champion for your campaign. They can be the face of any PR activity, provide comment for press releases and also be interviewed by local press and radio. This could be through existing contacts and networks, or you may come across someone during your planning and engagement. During the pilot planning phase, whilst discussing the possibility of visiting the league games of a local veterans bowling league (50+ members only), campaign staff came across local club secretary, Peter Dunne. Peter had recently had moles removed from his face, and felt that the campaign was very close to home. Due to his personal experience, he was extremely supportive and not only provided access to all the league games, but also agreed to be photographed for press releases and acted as a campaign ambassador on radio interviews. Peter also posted information about the campaign on the league website and encouraged members to approach the hit squads.

It’s also handy to have an expert for comment on facts, stats, signs and symptoms. They can often be interviewed together. If you do plan to use a healthcare professional, it is sensible to brief them on the campaign messages and purpose. Although they may be experts in the field, a brief will help ensure consistency of messaging and give them something to refer to should a difficult question arise.

Here are some of the things you might like to consider in your PR activity:

Launch release: a simple press release can be great for launching your campaign to the media, including some facts and stats, comments from your local champion and expert, as well as an overview of what you’re planning. It’s important to localise, and have one big fact or story to hang your press release around. An example press release is included on your CD.

Photography: it’s good to get some photographs of your hit squad in action, engaging with local men. This can increase the value and interest of your press information and make it more attractive for publication.

Case studies: stories from men who have been affected by skin cancer are also powerful. Try to build up a bank as you go along. They must be real people who your target audience will be able to relate to – you can ask your hit squads to help you identify potential candidates. These stories help to create interest and support your campaign messaging.

Interviews: offer interviews with your campaign champion and expert. These can be particularly attractive for local radio news teams as human interest stories. Ensure you brief both thoroughly and try to obtain questions beforehand, if at all possible.
Expanding the campaign

MCCN and Cancer Research UK are happy for you to consider expanding the campaign to include other materials or channels, as you see fit for your local area. However, you must follow the existing brand structure, look and feel and must always direct people to www.skincancerkills.org.

Any new artwork or content must be submitted for approval by both MCCN and Cancer Research UK.

Similarly, if you would like to make any changes to the current materials – for whatever reason – these must also be approved by MCCN and Cancer Research UK.

There are a wealth of additional formats and channels that you could explore. If you would like to consider something bespoke for your area, please contact Corporate Culture for an informal discussion.

You will find the relevant contacts on page 18.
Important contacts

Merseyside and Cheshire Cancer Network
Paul Mackenzie – Health Inequalities Manager
paul.mackenzie@mccn.nhs.uk
0151 201 4150
Sandra Rowlands – iVan Manager
sandra.rowlands@mccn.nhs.uk
0151 201 4150

Cancer Research UK
Caroline Cerny – Health Campaigns Manager
caroline.cerny@cancer.org.uk
020 7061 8396

Corporate Culture
Rachel Gray – Senior Project Manager
rachel.gray@corporateculture.co.uk
0845 607 0000
Belinda Miller – Research Director
belinda.miller@corporateculture.co.uk
0845 607 0000
This CD contains the campaign artwork.