



## Digital and Social Media: impacts and potentials for cervical screening awareness

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## Preface

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The research was commissioned by the North West Cervical Screening Quality Assurance Reference Centre (NWCSQARC) seeking to increase the rate of young women attending cervical screening and to develop and extend the evidence base regarding the use of digital and social media in health promotion. In addition, funds were secured from Heywood Middleton and Rochdale PCT to increase the activity of the main campaign and develop a more focused study to understand the use of digital and social media with women from ethnic minorities.

The authors had previous experience of developing and evaluating a successful digital campaign in partnership with the Lesbian and Gay Foundation to promote cervical screening to LGB women (Light and Ormandy 2011). However, the key things that motivated us to engage with the project was first, as Academics, we saw here an opportunity to engage with a local community organisation to affect change to people's lives directly and, potentially, through policy. Second, following on from our work with the LGF we saw again an opportunity to generate a more robust evidence base on the use of digital and social media to but at the same time generate a deeper understanding of how health promotion campaigns may influence behaviour change. More specifically we were interested in tapping into Internet 'Meme' culture, to see whether and how this would impact on the influence and spread of a campaign. Therefore the project resonated with previous work and brought together the research interests of information needs and information provision in health (Ormandy) and the application and use of digital media in health (Light).

It is important to note that from the outset the research was not without its problems. The introduction of Public Health England a few weeks after the campaign went live, resulting in changes to cancer networks, screening leads, indeed the movement of key contacts within the community potentially influenced the spread and push out of the campaign within the regional community. Despite these changes the campaign evaluates well, but the potential impact could have been increased had the campaign been introduced at a different time.

Professor Ben Light and Professor Paula Ormandy

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(Quantitative survey and campaign analysis)

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# Executive Summary

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## Background

Since screening began in the UK in the mid 1960s, and since 1988, when the NHS Cervical Screening programme was introduced, clear evidence points to the need for certain women to attend for screening at particular points in their lives. Yet, it remains the case that some women are not aware of the need to attend, feel unable to attend or choose not to attend, with the uptake of cervical screening by eligible women below 80% (The NHS Information Centre 2013). In particular women aged 25-29 group appear to be less likely to attend for screening.

Women need access to information about cancer screening so as to make an informed choice (Raffle 2001). Multiple strategies and interventions to increase screening uptake are more likely to be successful than a single intervention, particularly for women from ethnic minority groups (Lu et al. 2012). Information is needed to establish what can be done to increase uptake of cervical screening.

The UK has seen a rise in the engagement with digital media in health contexts and particularly in the area of health promotion and educational campaigns (Zeibland et al. 2004). It is from this notion that the use of digital and social media was explored within this study, to examine the role of digital media in providing information to women to make an informed choice regarding cervical screening and to engage women in educating each other with a shared social responsibility.

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## Research aims and objectives

Deploying a digital media based campaign, this project aims to increase the awareness, knowledge and confidence of 25-29 year old women with respect to cervical cancer, and the necessity for cervical screening, in order to improve cervical screening uptake. Three key objectives:

- Identify the current evidence base of strategies engaged to improve women's awareness, knowledge, and confidence with respect to cervical cancer and cervical screening uptake.
- Develop understandings of why women do and do not respond to screening invitations – specifically as related to 25-29 year olds.
- Develop, launch and continually evaluate a digital campaign regarding cervical cancer and cervical screening that will take account of the diversity women aged 25-29.



## Overview of Methodology

The research was based on multiple methods in recognition of the value of insights possible through qualitative and quantitative data collection and analysis.

- Design, develop, deploy and evaluate a digital media campaign to increase women's awareness, knowledge and confidence with respect to cervical cancer to improve cervical screening uptake. Specifically, the project attempted to use Internet meme culture to engage with the target audience. The campaign ran from February to October 2013 utilising multiple social media channels (Facebook, Twitter, YouTube, Pinterest) in conjunction with a dedicated campaign website. The media campaign was based upon an action research methodology, evaluated using a survey and appropriate web analytics.
- Focus groups explored in more depth the experiences and perceptions of ethnic minority women, in particular young South Asian women, their opinions of the campaign and more importantly to gain an understanding of their use of digital and social media.
- Examined the current available evidence base regarding strategies used to improve women's awareness, knowledge and experiences with respect to cervical cancer and cervical screening. Case studies of these were used to theorise some aspects of best practice in cervical screening education and campaigning. This data was collected via interviews with key staff involved in the projects and the analysis of campaign materials as appropriate.

Ethical approval for the research was obtained prior to the commencement of the study from the University of Salford Research Governance Committee and the National Research Ethics Committee (NREC).

It is important to note that from the outset the research was not without its problems. The introduction of Public Health England a few weeks after the campaign went live, resulting in changes to cancer networks, screening leads, indeed the movement of key contacts within the community potentially influenced the spread and push out of the campaign within the region. Despite these changes the campaign evaluates well, but the potential impact could have been increased had the campaign been introduced at a different time.


## Why 'Cats' Campaign?

Informed by engagement with women aged 25-29, the main theme of the campaign was related to cats, a staple of Internet meme culture material originating from the phenomenon of 'lolcats.' Lolcats developed into a haven for people sharing 'funny', 'cute', 'silly' pictures of their cats with text captions in 'lolspeak'. 'Since the first image of a small grey cat grinning in an odd way asking for a cheeseburger, the website became phenomenally popular and remarkably resilient' (Leigh 2009, p.134). The campaign included the use of meme-styled imagery; cat-related videos; and 'the Mogatron' (a desktop application allowing the public to produce their own campaign promoting cat meme images). Based on audience research with the target group, and previous screening campaign experience (Light and Ormandy 2011), the campaign sought to bring humour to an activity that was not looked forward to by women, and it allowed messages to be shared and spread generating an easier way into a conversation about something quite personal and often not discussed.

## Key findings

### Campaign evaluation

- The campaign generated, from a zero base, a 2200 person strong Facebook presence, 12,489 views of the campaign website, 424 followers on Twitter, 7 YouTube videos which acquired 10,321 views, 27 mash ups and 39 'mog shots'. Downloadable media such as posters and postcards were also created and two live promotional events were staged in Liverpool and Manchester.
- The majority of the audience engaged with the campaign using desktop systems rather than mobile/tablet devices.
- The campaign was effective in reaching its target audience, demonstrated by the web traffic data - 68% of visitors were from the North West and Facebook data – where 93% of page fans were women (as compared to 46% for Facebook overall) and where 57% were from the North West, with almost all being based in the UK.
- The Age demographic targeted via Facebook went beyond the target age range of 25-29, but this is to be expected given the open nature of the Internet and Facebook as a public spaces.
- Facebook as the main hub proved to be successful in driving traffic to other platforms, and generating audience engagement (leading to audience awareness). Using
- Facebook as the main hub may lead to issues of exclusion of those that do not want, or do not know how to use Facebook to engage with the campaign.
- The large number of 'direct' web traffic on the dedicated site, could be a sign that many users did not use Facebook to mediate their experience with the campaign material. However campaign materials with the URL of the campaign website were shared in Facebook beyond the Facebook page.
- An approach using friendly or 'silly' tone of voice, regularly responding to its audience and promoting users to contribute their own imagery (the approaches taken in phase 2) showed much improved success in Facebook and the Twitter sphere.
- Images were the most popular form of content and most useful in driving campaign objectives, which is encouraging for a campaign aimed at engaging through Internet meme culture
- Overall, 90% of women in the target group felt the campaign was effective and 80% outside the target group felt it was effective.
- Facebook and Online advertisements worked well as an initial source of discovery of the campaign, however online searches for health information also proved popular (indicating the campaign was appropriately indexed by search engines such as Google).
- Fewer respondents reported seeing YouTube, Twitter and Mogatron oriented materials.
- Campaign materials were rated in a similar fashion by both target and non-target groups with 75% of respondents rating the main features of the campaign - Facebook and the Website - as either good or excellent. Materials that did not seemingly perform as well were again, YouTube, Twitter and the Mogatron.
- The messages of the campaign were deemed to be effective by women – these were cited as being clear and concise. The overall tone of the campaign was said to be appropriate with many commenting on the value of humour and the 'trick' of using cats as a way of drawing people in.



*The Cat that got the Screen*

*The next Doctor?*

[www.thecatthatgotthescreen.org](http://www.thecatthatgotthescreen.org)



*Shop 'til you Drop!*

*The Cat that got the Screen*

*First prize... £150  
in highstreet shopping vouchers*

*Tell us what you think of the campaign to win!*

[thecatthat.org/cervicalsurvey](http://thecatthat.org/cervicalsurvey)



**SCREEN WARS**

*The Cat that got the Screen*

*Meow the Screen be with You*

*Cervical screening is your best defence against cervical cancer*

[www.thecatthatgotthescreen.org](http://www.thecatthatgotthescreen.org)

## Behaviour Change

- Of those women in the target group who had not previously been screened, 35.8% felt that their knowledge of cervical screening had been improved and 28.3% felt that their confidence had been improved as a result of engaging with the campaign.
- 80.1% of eligible respondents had been for a screen during their life, only 64.6% of women in the target age group reported being previously screened within 3 years in line with national policy.
- No women in the target group (25-29) reported attending for a screen as a result of the campaign. However, 28 women out of 53 (52.8%) who reported not previously attending for a screen indicated that they had booked an appointment or would book one in the near future.
- With respect to women above the age of 25, those eligible for screening in line with national policy, 37 women of 78 (47.4%) who had reported not previously attending for a screen indicated that they had either booked an appointment or would book one in the near future.
- Data for both the target group (25-29) and those eligible for screening overall (25-64) imply a positive effect of the campaign upon behaviour change but it is too early to determine if the bookings and intentions to book will translate into increased coverage.

## Learning from Young South Asian Women

- The user group who commented and agreed on the initial cat campaign concept included some Asian women. However, women in the focus groups were less convinced by the enrolment of cats, and more specifically pet culture.
- South Asian women reported a range of reasons for not responding to invitations for cervical screening. These included: not being sexually active or not yet married; lack clear information and awareness about the importance of screening and what it involves, and difficulties surrounding the nature of the content of the invitation letter and its receipt in their households.
- Whilst digital methods were seen as an appropriate approach to engage South Asian women, there was a belief that physical outreach work was necessary to reach this group of women.

## Learning from Best Practice

- Discovering best practice regionally and nationally was difficult to a lack of centralised and coordinated approaches to campaign management.
- Of the practice that could be found, there is a good deal of value in to be distilled from this.
- It appears that the sharing of best practice is not routinely engaged regionally and nationally.
- Key messages from the best practice we accessed were:
  - o The use of real women and their real stories to spread the message can be helpful, but they are not always necessary.
  - o The use of culturally appropriate imagery, language and materials is essential where a very specific group with specific needs is required. However, the parameters of what constitutes such a group, has to be laid out. As this campaign shows, there is diversity amongst groups whom are often thought to require specific interventions.
  - o Advertising campaigns, and particularly digital only campaigns, are not enough and community based outreach approaches need to be considered. This is particularly the case again with those groups identified as having specific needs.
  - o Embedded evaluation within campaigns is necessary to measure effectiveness of the health promotion and intervention for 'who' 'when' and 'how'.

## Recommendations

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- Campaigns that are informal in tone and that engage popular/Internet culture, memes and humour can engage women and future campaigns may want to investigate the opportunities for this further.
- Whilst there is diversity in audience tastes, there are possibilities for reaching broader audiences with the same idea. We suggest that a balance needs to be struck between the generic and the specific and more work is undertaken in this area.
- Investment is needed in a centralised, national, large scale multi-year campaign. Key to this campaign would be the integration of solid continuous evaluation mechanisms.
- A network across public health organisations with respect to campaign development, to share knowledge and evidence to move forward and tackle poor attendance to cervical screening could prove useful.
- There is potential to draw on national health agency and social media generated 'big data' in very fruitful ways if institutional cooperation and resources can be mobilised appropriately.
- It is recommended that the infrastructures and policy surrounding the commissioning, delivery and archiving of campaigns are reviewed.
- There is a need to develop a national archive of resources, developed and tested successful campaigns that can be transferred and replicated across different areas without 're-inventing the wheel.'
- Methods and tools which capture and evidence links between interventions and behaviour change need to be developed.
- The impact of long-term sustained campaigns compared to short-lived initiatives needs to be evaluated.
- The invitation letter is viewed negatively by many health professionals and women of screenable age. It is suggested that further work is undertaken to review the content of the invitation letter to incorporate the preferences of women. Moreover, it may also be helpful to consider further the mechanisms by which invitations are issued.

## References

- Leigh C (2009). Lurkers and Lolcats: An Easy Way From Out To In. *Journal of Digital Research & Publishing*. 2: 131-141.
- Lu M, Moritz S, Lorenzetti D, Sykes L, Straus S, Quan H (2012). A systematic review of interventions to increase breast and cervical cancer screening uptake among Asian women. *BMC Public Health* 2012, 12:413 <http://www.biomedcentral.com/1471-2458/12/413>
- Raffle AE (2001). Information about screening ± is it to achieve high uptake or to ensure informed choice? *Health Expectations*, 4, 92-98
- The NHS Information Centre - Screening and Immunisations Team (2013). *Cervical Screening Programme - England, 2012-13*. Health and Social Care Information Centre (20 November 2013 data) Accessed 20 November 2013 via: <https://catalogue.ic.nhs.uk/publications/screening/cervical/cerv-scre-prog-eng-2012-13/cerv-scre-prog-eng-2012-13-rep.pdf>
- Ziebland S, Chapple A, Dumelow C, Evans J, Prinjha S, Rozmovits L (2004). How the internet affects patients' experience of cancer: a qualitative Study. *BMJ* 328 1-6

# Introduction

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## Context and Rationale

### Cervical Screening

The NHS Cervical Screening programme is responsible for the prevention of thousands of deaths every year (Peto et al. 2004), however despite these great achievements it is important to note that recently the incidence of cervical cancer has been shown to be increasing (Foley et al. 2011). Since screening began in the UK in the mid 1960s, and since 1988, when the NHS Cervical Screening programme was introduced, clear evidence points to the need for certain women to attend for screening at particular points in their lives. Yet, it remains the case that some women are not aware of the need to attend, feel unable to attend or choose not to attend, with the uptake of cervical screening by eligible women below 80% (NHS Information Centre 2013). Some of the most common reasons for non-attendance is that people fear the test because it can be embarrassing, painful, uncomfortable and intrusive; the gender and sometimes insensitivity of the health professional; for cultural or religious reasons, being unaware the test is required, lack of realistic and accurate information; a belief that routine testing is unnecessary, or the right to decide not to be tested (Elkind 1988; Bush 1999; Broughton and Thomson 2000; Matin 2004; Byrd et al. 2007; Fish 2009, Light and Ormandy 2011).

Within the more general populous of women, there are also particular groups who appear to be less likely to attend for screening, for example Black and Ethnic Minority women (Populus 2008; Lu et al. 2012) and lesbian, gay and bisexual women (Fish 2009; Light and Ormandy 2011). A further group has been identified as those women aged 25-29 (Jo's Cervical Cancer Trust 2011, The NHS Information Centre, 2011). However, even within this group it is important to acknowledge factors beyond their age – other social and structural factors can impact upon levels of awareness, knowledge, confidence and ultimately the uptake of a screening invitation. Information is needed to establish what can be done to increase uptake of cervical screening, particularly for the 20% of women who are missing out (Everett et al. 2011).

The Department of Health, Improving Outcomes Cancer Strategy (DH 2011) calls for the adoption of a 'Big Society' approach to harness the talents and expertise of all groups in society to enable messages and support on cancer to reach and engage with people in a way that Public Health England or the NHS alone would not be able to do. Different strategies are required, to target different groups in different ways to provide access to simple, accurate and timely information that could influence better outcomes through informed choice; empowering individuals and communities, encouraging social responsibility to increase participation in screening programmes (DH 2011).

Fundamental to engaging and empowering people to take responsibility for their own health, is health literacy. If people can't obtain and process basic information *'they will not be able to look after themselves well or make good decisions on health'* (Coulter and Ellins 2007). In the UK, the NHS Cervical Screening Programme and Jo's Cancer Trust websites provide information that certainly begins to break down the barriers, with resources that aim to answer common concerns, the procedure and what the results mean, offered in languages spoken by larger minority groups (Everett et al. 2011). Evidence suggests young women prefer cervical screening information that is simple and easy to understand, avoiding complex medical terms that highlights screening saves lives, and reassurance that the test is quick and not painful (Sadler et al. 2012). With respect to cancer screening women need access to information so as to make an informed choice, but there is no simple approach by which providing detailed and balanced information leads to improved informed choice (Raffle 2001; Jepson et al. 2005). Therefore to increase cervical screening uptake a combination of multiple strategies is more likely to be successful than single interventions, particularly for women from ethnic minority groups (Lu et al. 2012). It is from this notion that the use of digital and social media was explored within this study, to examine the role of this media in providing information to enable women to make an informed choice and to engage women in educating each other with a shared social responsibility.

Although, Meissner and colleagues (2004) nearly 10 years ago suggested that it should be possible to increase the uptake of screening by applying what has already been learned in a more strategic and integrated manner, particularly as no new barriers are being identified. Whilst evidence has been synthesised of the effectiveness of different interventions (Everett et al. 2011) the application of these in practice is limited, with geographical variations across and inappropriate and robust evaluation.

## Health, Media and Evaluation

The role of 'traditional' media such as print, radio and TV as deployed in health educational contexts is well documented and research in this area covers a range of topics. Key themes here include: economic issues – particularly regarding the costs of mass media, and perceived return on investment (Wellings and Macdowall 2000; Elder et al. 2004; Kelly et al. 2005); other influences – the effects of activity beyond any given intervention – for example, links between smoking and tobacco taxation, alcohol consumption and commercial advertising (Siegel and Biener 2000; Friend and Levy 2002); promotion tactics – to use extreme images or not (Raftopoulou 2007); and questions regarding the role of news reporting – the extent to which the media is active in dealing with health issues beyond any superficial engagement with, say, notions of ill health and celebrity (Hilton and Hunt 2010).

Additional work has emerged since the 1990s which focuses more on digital media in the light of developments relating to home computing, mobile media and, of course the Internet. In terms of themes here we see areas such as: cost reduction - the ability of the digital to mitigate the increasing cost burdens of delivering healthcare and pressures on resources (Brock and Smith 2007; Kaldo et al. 2008; Muñoz 2010; Riper et al. 2011) and shifts to exploit the resources of patients themselves via digital media (Hejlesen et al. 2001; Zeibland et al. 2004); qualitative improvement – arguments that digital media maybe more clinically effective than traditional modes of intervention (Brendryen and Kraft 2008; Kahol 2011); improved accessibility - greater convenience of digital media potentially 24 hrs a day, and pacing of treatment to suit individuals' needs and lifestyles (Strecher 2007; Gomez 2008; Rice et al. 2012; Rini et al. 2012); increased interactivity – digital media are considered to offer much more scope for public engagement than the mass media (Turner-McGrievy et al. 2009; Ito and Brown 2010) and anonymity - especially for those seeking advice about more sensitive health topics (Rice 2006; Valenzuela et al. 2007; Turner-McGrievy et al. 2009; Ito and Brown 2010).

Some researchers point to potential challenges for digital media. Some report problems of willingness and ability of healthcare providers to invest in implementing digital media health services (Viswanath and Kreuter 2007; Ito and Brown 2010). Further, in one study the perceived credibility of the Internet varied because expertise and trustworthiness were sometimes difficult to determine (Gray et. al 2005). However, dealing with such problems is complex. It has been suggested that whilst formal institutions may have credibility due to brand name recognition, they do not typically do a very good job of creating credible and engaging sites, particularly for young people (Eysenback 2008). Somewhat tied to this issue are considerations of media literacy - it has been suggested that the quality of the online experience is often limited by health/online literacy skills (Gray et. al. 2005; Gray and Klein 2006; Coulter and Ellins 2007).

Underlying this history and contemporary practice, according to surveys such as those undertaken by the Oxford Internet Institute and OFCOM in the UK, it is estimated to be the case that around 80% of the population have access to the Internet. Whilst this means that, a significant minority of the UK population still does not have, or does not desire access to the Internet, the general trend is toward greater uptake and this is particularly the case with younger people. Alongside this trend, it is clear that the range of engagements that people are having with the Internet are expanding, particularly given the rise of so called Web 2.0 and social media. As a consequence, the UK has seen a rise in the engagement with digital media in health contexts and particularly in the area of health promotion and educational campaigns (Zeibland et al. 2004). However, our experience of working in this area since 2009 suggests that there are difficulties in undertaking evaluations of such projects, for a range of reasons.



To date, campaigns that have engaged the Internet in this area have largely applied techniques developed for those oriented towards the physical world, and assumed a fairly didactic approach to health education. Moreover, the evaluation of the impact of media has proved elusive. A similar picture has also been put forward in other developed countries (Evers et al. 2013). Taking such a context into account, this project seeks to engage with discourses of the participatory potentials of Web 2.0 and social media in order to deliver a campaign in conjunction with the target audience, and those who might have influence upon that audience. It interrogates the potentials of digital media to provide a range of mechanisms for collecting data about the performance of the campaign in order to influence future policy and practice in the area.

## Overview of the Research

This project undertakes research into the issues facing 25-29 year old women with respect to their awareness and knowledge of cervical cancer and cervical screening, and issues such as those concerned with confidence and the overall experience that might mitigate against the take up of a cervical screening invitation. Using this research, the project develops a small scale digital campaign to address such issues, creating an evidence base for further campaigns and accompanying interventions for use in future projects.

We introduced a campaign that relied on contemporary social media based approaches. Moreover, the campaign enrolled a number of activities involving service users and health professionals and relied on the sharing of the information generated by these activities. The key rationales for our approach are:

### ***Improved Communication***

Traditional campaign materials are weighted more towards one way communication – the audience reads/views/listens to an advertisement for example. Such approaches remain a valuable way of getting across information and, are increasingly developing to integrate with more interactive approaches to audience engagement (for example interactive television and the use of URLs in advertising). Social media campaign materials more readily allow for two way communication between the producer and receiver of information.

### ***Improved Participation***

Social media campaigns should take seriously the role of the audience as active participants in the campaign. The campaign becomes a dialogue and this should facilitate levels of feelings of ownership that can impact upon overall levels of engagement. In this mode the audience is enrolled as part of the campaign team, for example, by sharing campaign materials and encouraging their consumption.

### ***Real-Time Evaluation***

Traditional media campaign evaluation is, generally, engaged after the event via follow up questionnaires and focus groups. Whilst this is valuable, it can mean that it is only after the event that the results of the campaign are known and by this time it is too late to take action to improve outcomes. The dynamic approach and the ‘real time’ nature of social media campaigns more readily allows for ongoing evaluation and adjustment whilst a campaign is in operation. Crucially, these can be tied to more traditional forms of media to so that a wider pool of opinion can be sourced to engage a more thorough ongoing evaluation process that can lead to campaign adjustments as necessary.

### ***Value for Money***

Engaged correctly, social media campaigns can be much better value for money. This is because web based advertising can be cheaper than print, television and radio, and campaign management costs are reduced as a good deal of dissemination work is effectively outsourced to the audience. Many social media platforms also either incorporate ready-made real time evaluation mechanisms or ready-made software is available to assist with this work (often for free). Compared to traditional modes of engagement, social media also has the potential to reach a very wide audience with less resource deployment.

## Limitations – Social Media is Not a Magic Bullet

Social media based campaigns can be efficient and effective. However, it is important to acknowledge the limitations of such an approach given what we know of the UK population (Dutton and Helsper 2009; Dutton and Blank 2011).

- Not all have or desire access to the Internet.
- Where people access the Internet, they may do so using different devices (such as mobile/laptop) and in different contexts (home/work/café).
- Where people do have access to the Internet, this can be restricted by combinations of social factors such as socio-economic position, gender, ethnicity, disability, sexuality and age.
- Many people, of course, still engage with television, radio and print based media.
- Outreach work is still also incredibly valuable – sometimes face to face or a personal phone call will pay dividends, over say, a status update.

Social media advocates can often become so enamoured with the technology that they over generalise regarding the potential of the digital and the audience and their desires, and capabilities, to engage. Indeed although a survey by Populus (2008) suggested that, based on a sample of 1546 women - 67% of women between the ages of 25-34 obtained information on women's health issues from the Internet, slightly higher than the average for those aged 18 and above (58%), it is important to note that this survey was actually undertaken online which could have impacted upon participation by those with minimal access to the Internet. Thus, careful work was undertaken to develop understandings of women aged 25-29 and their feelings about media as related to cervical cancer and cervical screening. Our past work demonstrates that it is possible to use social media effectively however it is crucial that this is done in an intelligent fashion (Light and Ormandy 2011).

## Aims and Objectives

Deploying a digital media based campaign, this project aims to increase the awareness, knowledge and confidence of 25-29 year old women with respect to cervical cancer, and the necessity for cervical screening, in order to improve cervical screening uptake. Three key objectives:

- Identify the current evidence base of strategies engaged to improve women's awareness, knowledge, and confidence with respect to cervical cancer and cervical screening uptake.
- Develop understandings of why women do and do not respond to screening invitations – specifically as related to 25-29 year olds.
- Develop, launch and continually evaluate a digital campaign regarding cervical cancer and cervical screening that will take account of the diversity women aged 25-29.

## Overview of Methodology

The research was based on multiple methods in recognition of the value of insights possible through qualitative and quantitative data collection and analysis. Focus groups were held initially with women within the 25-29 age groups to unpack their awareness, knowledge and confidence with respect to cervical cancer and use of digital and social media, alongside capturing ideas for the campaign that University students developed into campaign concepts.

- The main strand of our methodology was a digital media campaign aimed at increasing women's awareness, and improving their knowledge and confidence with respect to cervical cancer and cervical screening with the ultimate aim of improving cervical screening uptake. The media campaign was based upon an action research methodology. Action research combines the generation of theory with changing the social system through the researcher acting on or in the social system. In this study, action research was enacted in field study and consultancy mode (Stowell et al. 1997). The campaign, the methodology and evaluation is described further in **Sections 2 and 3**.
- Focus groups were used to explore in more depth the experiences and perceptions of ethnic minority women, in particular young South Asian women, their opinions of the campaign and more importantly to gain an understanding of their use of digital and social media. This is described in detail in **Section 4**.
- As part of the research we scoped and mapped the current available evidence base regarding strategies used to improve women's awareness, knowledge and experiences with respect to cervical cancer and cervical screening. Case studies of these were used to theorise some aspects of best practice in cervical screening education and campaigning. This data was collected via interviews with key staff involved in the projects and the analysis of campaign materials as appropriate. The methodology and best practice campaign initiatives are described in **Section 5**.

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## Planning and Governance

The project incorporated a Steering group made up of members from the NWCSQARC, a Public Health lead, service user, screening leads and screen takers and the research team. The group met quarterly and was responsible for monitoring, guiding and advising the overall strategic direction of the project. The project management team, which met monthly, was made up of the research team and a member from the NWCSQARC, developed, delivered and managed the day to day running of the project.

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## Ethical Approval

Ethical approval for the research was obtained prior to the commencement of the study from the University of Salford Research Governance Committee and the National Research Ethics Committee (NREC).

# Digital and Social Media Campaign *thecatthatgot thescreen*

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## The Campaign

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The goal of the campaign was to raise awareness and engagement of cervical screening among women aged 25-29 in the North West of England. The approach adopted was to use digital media and digital culture to achieve the campaign goals. Specifically, the project attempted to use Internet meme culture to engage with the target audience. The campaign ran from February 2013 utilising multiple social media channels (Facebook, Twitter, YouTube, Pinterest) in conjunction with a dedicated campaign website.

The main theme of the campaign was related to cats, a staple of Internet meme culture material. The campaign included the use of meme-styled imagery; cat-related videos; an evaluation survey; 'the Mogatron' (an desktop application allowing the public to produce their own campaign promoting cat meme images); a paid marketing campaign including targeted banner advertisements, social media presence promotion and postcards to first-time cervical-screening users; and active audience-engagement/encouragement through social media platforms to produce and share images and comments related to the campaign message.

Initial campaign ideas were sourced by working with a team of University of Salford Graphics Design students and their tutors. These initial campaign ideas were developed in conjunction with women in the target age group for the campaign. This process resulted in the development of 7 campaign ideas. These 7 campaign ideas were then circulated to 40 women in the target age group and they were asked to vote for their preference. 50% of women who voted chose the campaign idea involving cats (originally entitled 'Happy Healthy Pussy'). In addition a focus group with 6 women in the target age group was undertaken to examine their media consumption practices and how they felt about this in relation to health issues. The key message for the campaign from this focus group was that humour was seen as an important ingredient as was a personal approach. Focus groups mentioned at several points that impersonal, formal approaches did not engage them. However, they did point out that humour should be a route into serious messages and should not overshadow them. That said, they wanted to be drawn in to a serious message without realising where they were heading. They liked the idea of being surprised clicking on a banner advertisement or seeing a video that they thought was one thing,

which then turned out to be another. This feedback and contemporary thinking relating to the potentials of Internet meme culture fed into the shaping of the overall campaign as explained in the next section.

The initial name of the campaign however was changed to ‘Don’t be a Scaredy Cat’ following institutional feedback. The campaign underwent some further changes mid-way through. Taking on board audience feedback (outside of the target age group), the campaign name was changed from ‘Don’t be a Scardey Cat’ to ‘The Cat that got the Screen’. This change was made as one woman felt the strapline was too forceful in suggesting one might be scared to go for a screen test. Despite the person giving feedback being outside the target age group, the team felt it was important to incorporate change where possible and given the campaign was at the very early stages, a revision was made. The rebranding resulted in new accounts on some social media platforms. In August the campaign saw a change of approach towards audience engagement, which demonstrably improved levels of interaction with the audience and further raised awareness. The specifics of this change in approach, and the results, will be discussed in the relevant sections below.

Data for the analysis spanned the length of the campaign to date; approximately 9 months (February – October 2013). The analysis will look at each of the platforms in turn: the campaign website, Facebook, YouTube and Twitter, incorporating data from paid promotional activity where applicable. The platforms will be evaluated in terms of audience demographics, audience engagement with the platform’s content and the type of activities performed. This will be used to draw overall conclusions about the campaign activity and its effectiveness in raising awareness of the campaign message to the target audience. An explanation of terms used in this section is provided in Table 1.

**Table 1:**  
**Explanation of**  
**Terms Used**

Term	Explanation
Click	A single instance of a user following a hyperlink to another page or to initiate an action.
Consumers	The number of people who clicked on any of your content in Facebook. Clicks that create stories are included in “Other Clicks.” Stories that are created without clicking on Page content (e.g., liking the Page from Timeline) are not included. (Unique Users)
Consumption	The number of times a piece of media content that you published on your Facebook Page/Post, including a video, photo, or audio clip, is clicked and viewed.
Direct Traffic	Visits to your site where the user types your URL into their browser’s address bar or when a visitor uses a bookmark to get to your Website, not using search engines or clicking links.
Engagement Conversion Ratio	The percentage of unique users within the reach of a post/page that then went on to engage with the page/post
Engagement	The number of people who engaged with your page on Facebook. Engagement includes any click or story created. (Unique Users)
FF	#FF stands for “Follow Friday.” Twitter users often suggest who others should follow on Fridays by tweeting with the hashtag #FF.
Likes	The number of unique individuals who click the Like button to “Like” your Facebook Page/Post.
New and Returning Visits	If a user has been to your site on that browser before – and if so, will track them as a Returning Visit. If no information is available in the cookies, the visitor is tracked as a New Visit. If the cookie that tracks this has expired or been deleted then the visit will be classed as New. Furthermore, a user using a different browser or computer for another visit will initially be tracked as a New Visit, as cookies are held within individual browsers rather than across the whole computer or tied to the user magically.
Organic reach	The number of unique individuals who saw a specific post from your Facebook Page on their own News Feeds, tickers, or directly on your Page.
Page View	The number of times visitors arrive on individual pages of your Website. If a user reloads a page, that action will be counted as an additional page view. If a visitor navigates to a different page and then returns to the original page, a second Page View is recorded.
Pages per visit	This is how many pages a visitor makes in one visit. This data is used in the Depth of Visit report that shows you how deep most visits to your site are, taking deepness as the more pages you visit the deeper your visit is.
Paid reach	The number of unique individuals who saw a specific post from your Facebook Page through a paid source, such as a Facebook Ad or Sponsored Story.



Reach	The number of unique individuals who have actually seen any content related to your Facebook Page/posts. This could include content published, as well as Facebook Ads and Sponsored Stories. (measured in unique users)
Traffic	The total number of visits to your Website.
Traffic Sources	Where your traffic is coming from.
Unique Visitor	The number of individual (non-duplicate) visitors to a site over the course of a specific time period. This data is determined by cookies that are stored in visitor browsers.
Unlikes	The number of unique individuals who have unliked your Facebook Page during the specific date range that you select.
URL	URL stands for <i>Uniform Resource Locator</i> . A URL is a formatted text string used by Web browsers, email clients and other software to identify a network resource on the Internet.
Visitor Flow	The path traffic (visitors) takes upon arriving at your site/page.
Visits	The amount of times your Website is accessed.

## Why Cats? Engaging Internet Meme Culture

This section provides details of some of the underpinning research and thought regarding memes and meme culture that informed the selected campaign approach.

## Where do memes come from?

The academic use of the term ‘internet meme’ is commonly identified and discussed as having evolved from the biologist Richard Dawkin’s, coining of the concept of the ‘meme’ and the associated emergence of the study of memetics (Knobel & Lankshear, 2005; 2006; Burgess, 2008; Danung, 2008; Brunello, 2012; Chen, 2012; Ramoz-Leslie, 2012; Shifman, 2012; 2013). The use of the concept of the ‘meme’ can therefore be seen to be situated within Dawkin’s theory of cultural development and change, based on evolutionary theory which suggests that cultural evolution can be explained in the same way as biological evolution (Dawkins, 1976; Knobel & Lankshear, 2006; Burgess, 2008; Heylighen & Chielens, 2008). Thus, the use of this conceptual term represents an analogy with a gene, that is to say that the idea of the meme is rooted in the notion that “cultural traits” may be understood as “transmitted from person to person, similarly to genes or viruses” (Heylighen & Chielens, 2008, p.2).

## What are memes?

Memes can be understood as “...small cultural units of transmission, analogous to genes, which are spread by copying or imitation” (Shifman, 2012). A meme has been further defined as “a cultural replicator” that is to say “an element of culture... that can be held in the memory and transmitted or copied to the memory of another person” (Heylighen & Chielens, 2008, p.3). Memes can be seen to work “on a social bond” and circulate through “the communication channels of everyday life” likened to an “epidemic” (Leigh, 2009, p.133). Memes have therefore been defined as “contagious patterns of cultural information that are passed from mind to mind and that directly shape and generate key actions and mindsets of a social group” (Knobel & Lankshear, 2005, p.1). Examples of memes have been listed as including; traditions, beliefs, catch-phrases, melodies/tunes, fashions and architectural styles (Knobel & Lankshear, 2005; Shifman, 2012) and can consequently be viewed as “ideas, symbols or practices formed in diverse incarnations” (Shifman, 2012, p.2).



## Why Use Memes?

The era of social media has been described as presenting a “natural platform for the spread of thoughts and ideas, sometimes called memes” which has led scholarly interest in “spread and propagation” of such memes through online social networks (Tsur & Rappoport, 2012, sic). Moreover, research focused on the internet meme phenomenon points to humour and its creation as rooted within to the concept and origins of the internet meme. Romaz-Leslie (2012, p.4), for example, refers to web boards or online communities such as 4chan.com and ytmnd.com as places where groups “create humour” and further defines such sites as “the birthplace of memes that become popularly accepted throughout the Web.” Thus the researcher defines ‘meme’ in relation to humour suggesting that: “One of the most innovative creations on Internet users has been the construction of humour that is replicated upon one original model or joke known as a meme” (Romaz-Leslie, 2013, p. 31). Being memorable is also linked to the ‘fittest’ memes or the memes which survive (Buchel, 2012) and Romaz-Leslie (2013, p.4) further suggests that: “Some of the most interesting phenomena are those that evoke humorous sentiments and are memorable because they are analogous to a good joke.” Given that the study of humour can be seen as “a unique key for understanding social and cultural processes” (Shifman, 2007, p. 187) internet memes undoubtedly present a goldmine for researchers with an interest in this area. What does seem clear within the literature is that there is much more to internet memes than ‘making people laugh’ or ‘having a laugh.’ Thus, it was felt a digital campaign, that enrolled humour, could benefit from engaging meme culture.

## Why Cats?

The story of internet memes is very much rooted, in the phenomenon of ‘lolcats’. ‘Lolcats’ emerged from a weekly message board event called ‘Caturday,’ where users began sharing cute pictures of their cute cats (Levison, 2012). ‘lolcats’ unites the common abbreviation used in the world of electronic communications, ‘Laugh out Loud’ and cats, and became a phenomenon through the 4Chan community, later launched as a website I Can Has Cheezburger (IHC). The site developed into a haven for people sharing ‘funny’, ‘cute’, ‘silly’ pictures of their cats with text captions in ‘lolspeak’ (Leigh, 2009, Wortham, 2010; Levison, 2012). As Leigh (2009, p.134) explains: “Since the first image of a small grey cat grinning in an odd way asking for a cheeseburger, IHC has become phenomenally popular and remarkably resilient.” Chan (2013, p.7) further describes ‘lolcats’ as becoming “the mainstay of internet and popular culture” identifying that “millions of people...have since enjoyed user-created lolcats, which have also inspired many other image macros.” Lolcats, beyond humour, has been framed as an enabler of participatory culture (Leigh, 2009) and has been attributed to bringing internet memes of different kinds into the mainstream (Rintel, 2011).

The chosen campaign tapped into this idea of cats being popular items of fun on the Internet and, originally positioned, the campaign title was felt to work well with this. It was said to bring humour to an activity that was not looked forward to by women, it would allow for messages to be shared and spreadable and it generated a way into a conversation about something quite personal in an easy way.

## Website

**Audience visits to the site totalled 5,170, of which 3970 were unique visitors.**

Total number of page views is 12,489, and the average number of page views per visit was 2.42. This graph shows daily traffic volumes throughout the campaign (February-October). The portion in light blue represents the number of total visits from unique visitors (i.e., non-repeating visitors) each day, indicating low levels of (same-day) return visits.

**Figure 1:**  
**Website Traffic**

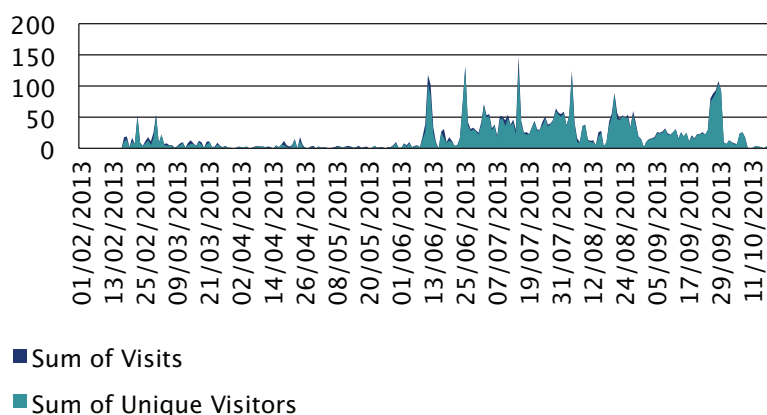
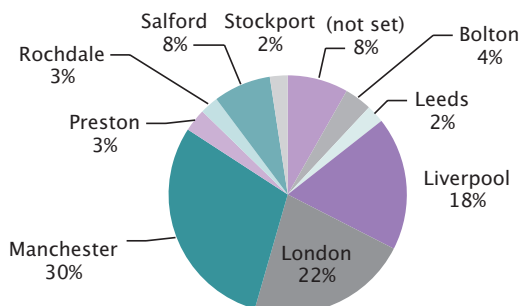


Figure 1 also shows that, beyond an initial surge of activity, the majority of activity occurred from June-October, with several activity spikes during this period. Although content was published on the site during the campaign, the timing is inconsistent with activity and so does not explain the spikes in site traffic. Therefore external factors are likely to be responsible, including links with other exploited social media (namely, Facebook, Twitter and YouTube), paid advertising and a change of audience engagement strategy. Each of these will be discussed in subsequent sections.

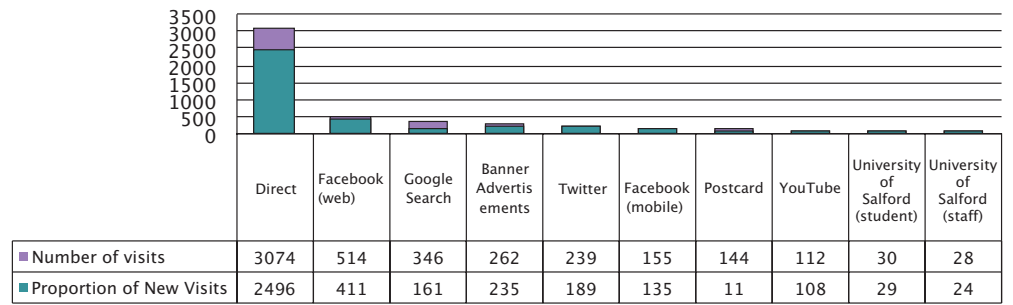
## Source of Traffic

**Figure 2:**  
**Website Visitor Location**



While the geographic locations of 8% of site visitors were unknown, the remaining visitors were in the UK (Figure 2). London and Leeds are the only cities outside the geographic scope of the project at 22% and 2%, respectively. The remaining **68% of site visitors were in North West England.**

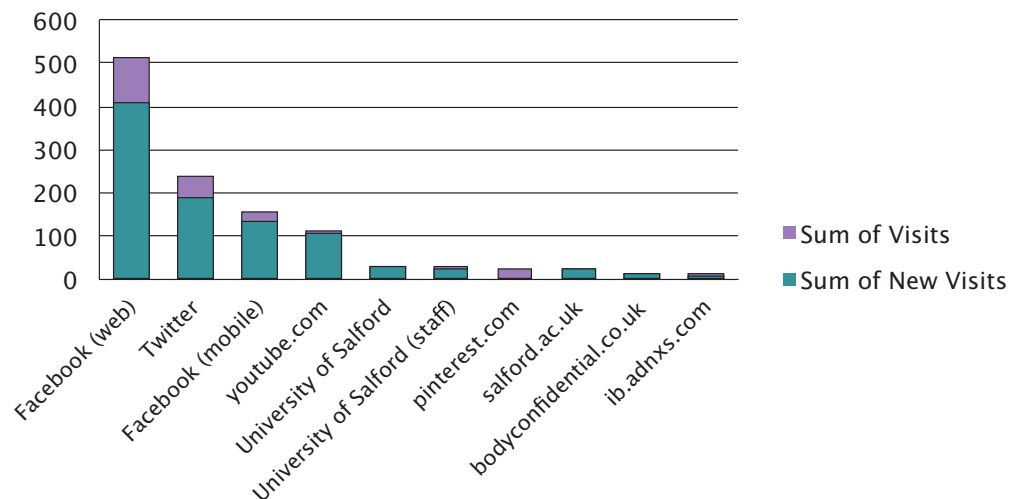
**Figure 3:**  
Source of Traffic to Website



The majority of traffic source is listed as 'direct' which includes directly typing URLs or visiting the site as a bookmarked page (Figure 3). The URL was found on promotion material but was unclickable (and so its origin untraceable). These instances include the end of campaign videos on YouTube; on campaign-produced images posted on Facebook and Twitter, on a small number of business cards issued to a distributed by an outreach worker; and on downloadable posters and postcards that could be printed and displayed in locations such as clinics or health centres. Direct traffic also includes clicks from advertisements placed on Facebook beyond the campaign page. As these instances do related to some of the other categories, this may in fact mask the true effectiveness of other channels and media in driving traffic to the website and increasing awareness.

Of the other categories, Facebook is the largest traffic contributor, particularly in the non-mobile format, followed by Google, then Twitter. In terms of referred traffic (total 1,302 referred visits), Facebook is also leads (with Facebook mobile in 3rd position), followed by Twitter, and then YouTube.

**Figure 4:**  
Source of Traceable Traffic to Website



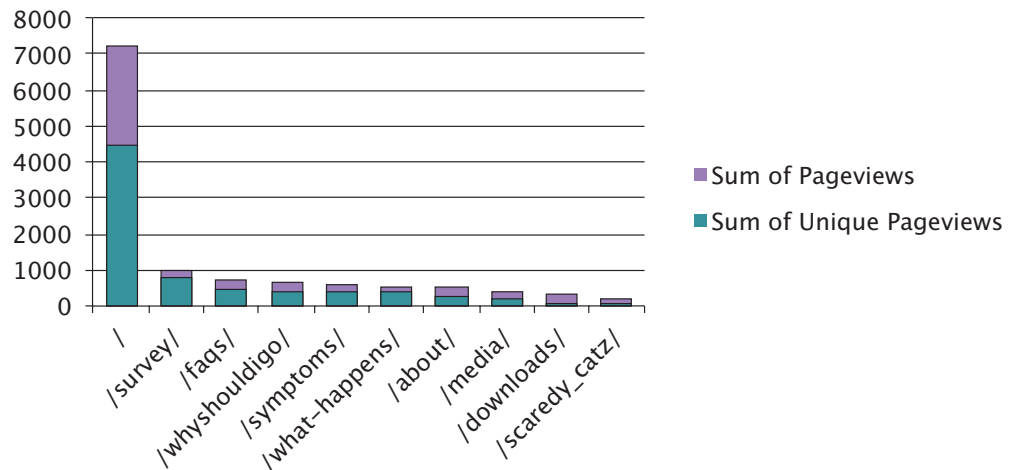
The above information (Figure 4) indicates that, of the traceable website traffic origins, Facebook (web) has been the most successful social media platform utilized by the project. It is worth mention that Pinterest was used primarily as for storage of images produced in the 'Mogatron' application on the website and was not actively promoted as a medium of audience engagement. This is reflected in the low levels of traffic being directed from Pinterest to the website.

Twitter and YouTube are the only other substantial sources of traffic to the site. The remaining sites are related to marketing banner ads (bodyconfidential.co.uk and ib.adnxs) discussed below. As The University of Salford is linked to this project, it is not surprising that some traffic was directed from their sites, although the numbers are very small and arguably does not have a significant effect on the overall make up of website visits.

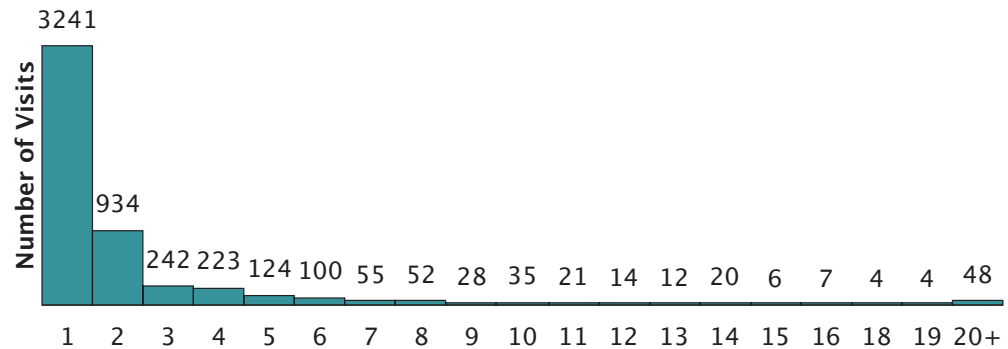
## Visitor Flow

Figure 5 shows the total number of page views per page, of which the site's homepage accounted for approximately 57%. The homepage was the landing page (the first page viewed) of 83% of all site traffic. Of the visits landing on the homepage, 79.1% left the site without looking at other pages ('drop off'). The homepage has links to other sites, such as YouTube, meaning this could include clicks to off-site to related media. However, daily numbers of unique visitors as a ratio to daily visits (see Figure 1) show that if this is the case, the majority of users do not return once viewing related media on other sites. Despite the high rate of drop off on the first page, it is important to note that the main campaign message is placed centrally on the homepage and therefore likely to have been seen by many of the single page visitors.

**Figure 5:**  
Pageviews of Website



**Figure 6:**  
Website Pages Viewed  
Per Visit



**Figure 7:**  
Website Interactions  
and Drop Off

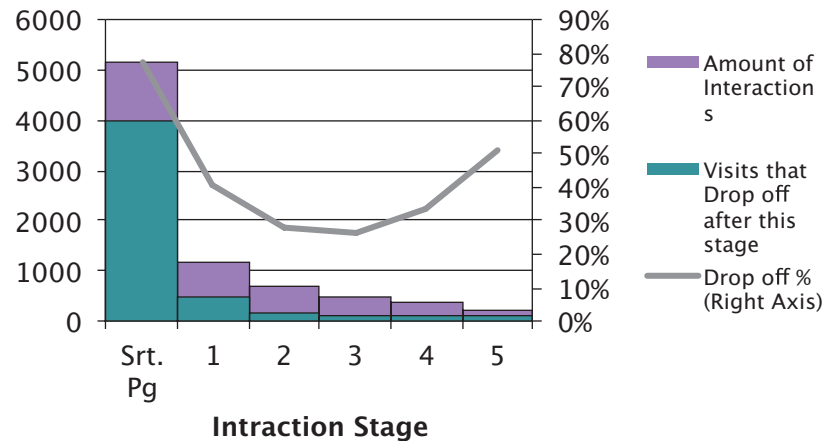
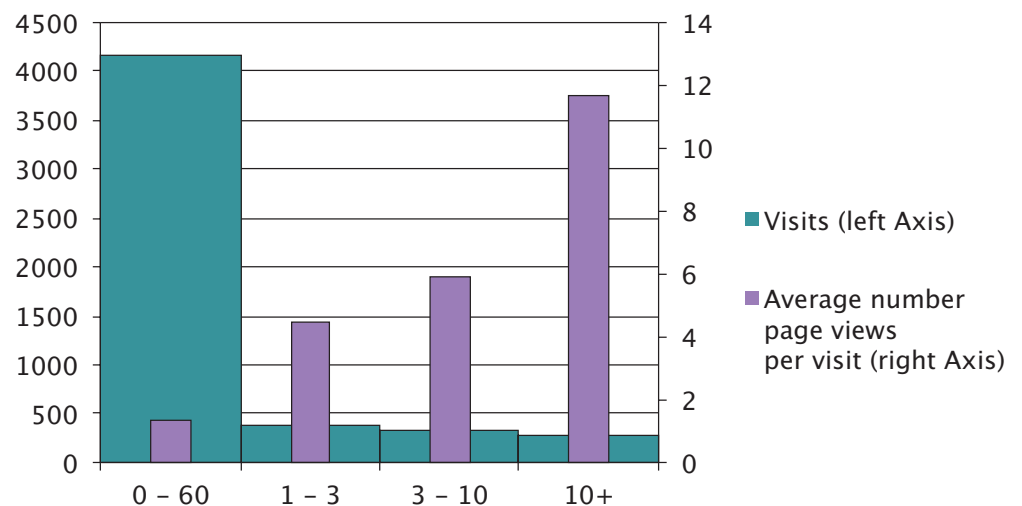


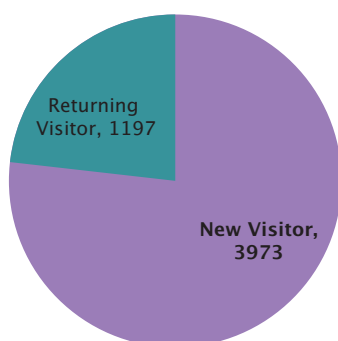
Figure 6 and Figure 7 also show that the majority of visits involved viewing one page before dropping off. Linking this to the workflow graph the front page of the site was the landing page for the majority of visits, which many then drop off. This implies that there was a very low retention level of users on the main site, and other site content remained un-viewed by the majority of users. Typical durations of visits support this too.

**Figure 8:**  
Website Visit  
Durations/Average  
Number of Pageviews



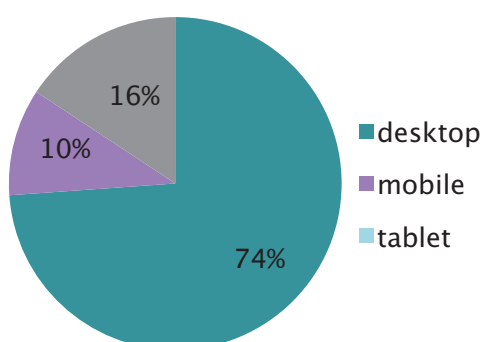
As the home page main images are links off the site to content on other social media such as YouTube, this could partially explain the high drop off and low retention. However, when looking at the ratio of unique visitors to total visits per day (see Figure 1), the majority of users did not return, implying that even those that clicked away to related media in general did not then return to the website the same day. The overall number of return visitors is higher than when calculated daily (including visitors returning another day), at close to a quarter (Figure 9). This could possibly imply more audience retention in the long-term.

**Figure 9:**  
**Website Returning/  
New Visitors**



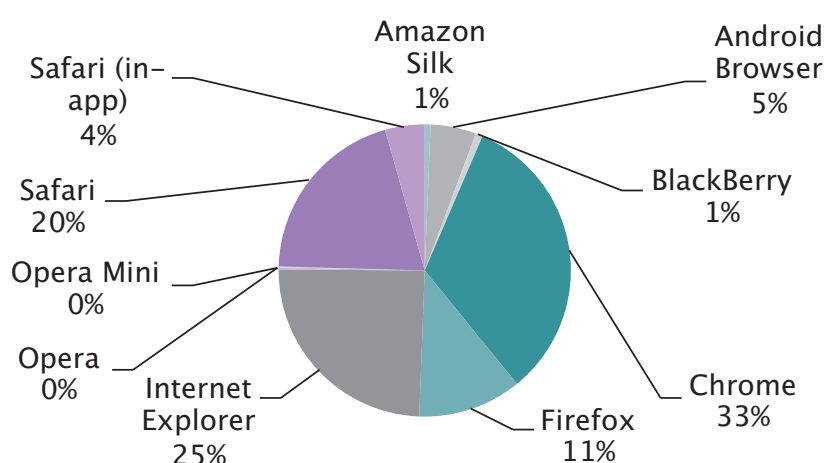
## Devices used

**Figure 10:**  
**Devices Used to Access  
the Website**



Devices show that the majority of visits to the website were through desktops (including laptops) (Figure 10). This marries up with other data, such as the larger proportion of Facebook traffic from its non-mobile version (Figure 3 and Figure 4). The below data groups visitors by browser used, giving an indication of manufacturer, but as many browsers are available cross-platform these cannot all be accurately associated with one type of device or another. Figure 11 does show a dominance of the 4 main browsers, Firefox, Chrome, Internet Explorer and Safari.

**Figure 11:**  
**Browsers Used to  
Access the Website**



## Marketing Agency

The Brief given to the agency was to target Women aged 25-29 in the North West of England with the goal of building awareness of cervical screening and to drive response to the evaluation survey on the campaign website. The three channels were used in the campaign were banner advertisements on sites frequented by the target group, Facebook and YouTube.

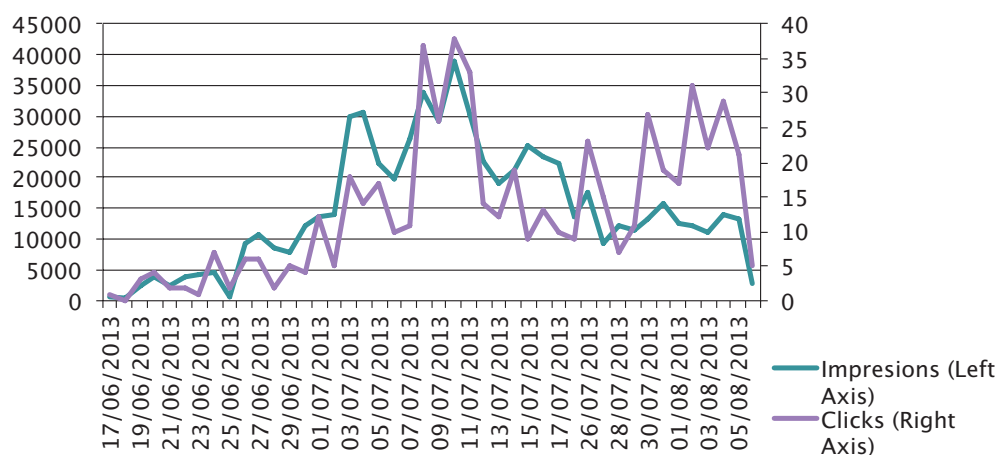
## Banner Advertisements

The solution was to use display advertisement networks to reach the target groups in the North West. Location and Postcodes were used to target the desired communities overlaid with age and behavioural demographic targeting data. Online banner ads were targeted at certain postcodes in North West England. The Postcode groups were:

- PR+FY (Preston and Blackpool postcode areas)
- L+WN+WA (Liverpool, Wigan and Warrington postcode areas)
- M+OL (Manchester and Oldham postcode areas)
- BL+BB (Bolton and Blackburn postcode areas)
- LA+CA (Lancaster and Carlisle postcode areas)
- SK+CW+CH (Stockport, Crewe and Chester postcode areas)

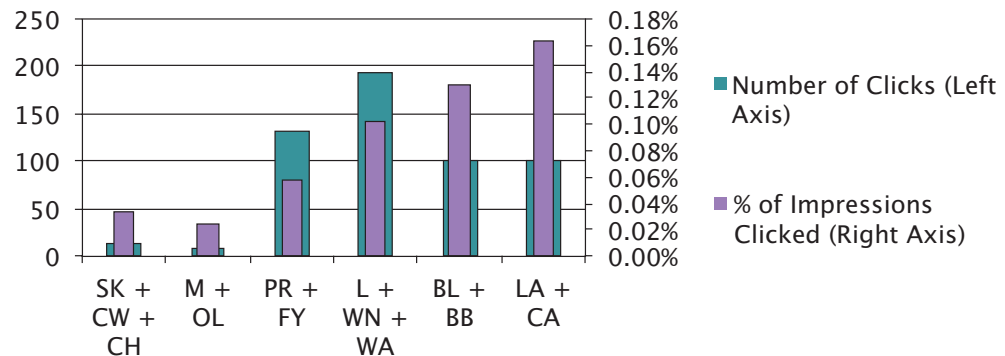
Overall, **banner advertisements generated 655,036 impressions, 579 of those were clicked (costing £1,447.59). The overall conversion rate is 0.09%**. The figure here is larger than the number of clicks from banner advertisements recorded on the website itself (using Google Analytics). This difference is included in the large number of 'direct' clicks (see Figure 3).

**Figure 12:**  
**Banner Advertisements:**  
**Impressions and Clicks**



Retargeting was used to support the incoming traffic to the home page and drive the audience back to the survey form after they had visited and engaged with the main campaign. By July Clicks had started to rise well as the system learnt to target to right audience and found more traffic through retargeting, but it was then slowed down as budget was moved to other media to help build awareness and increase survey sign ups. Most response came from L+WN+WA postcode in terms of numbers, while BL+BB and PR + FY had the best click-conversion rate (see Figure 13).

**Figure 13:**  
Number of Clicks and  
Impression-Click  
Conversion (%) by  
Postcode Area



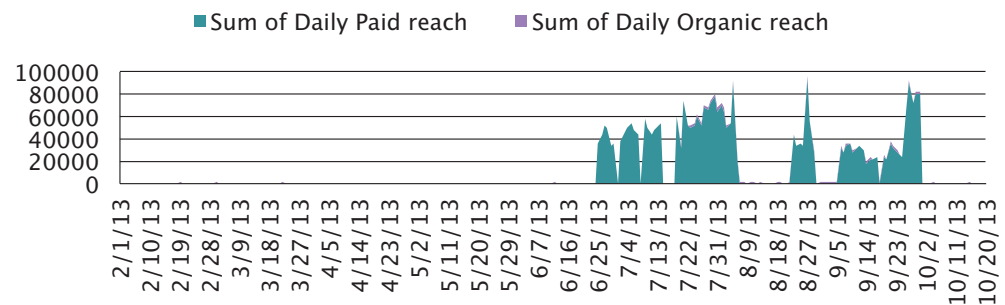
## Facebook

Despite the presence of a dedicated website for the campaign, Facebook was the de-facto hub of the campaign, demonstrated in the amount of traffic and the amount of material posted on the page compared to all other platforms, including the campaign website. The campaign's presence on Facebook included a dedicated page, and posts of campaign-made images and videos and audience content along with paid advertisements campaigns.

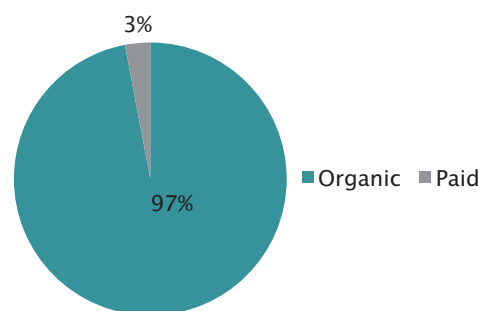
## Page Analysis

Potential audience can be measured by 'reach' (The number of unique individuals who have actually seen any content related to a page/post). Below is the total reach of the Facebook page, distinguishing organic reach from paid reach.

**Figure 14:**  
Total Page Reach



**Figure 15:**  
Ratio of Paid/Organic  
Reach

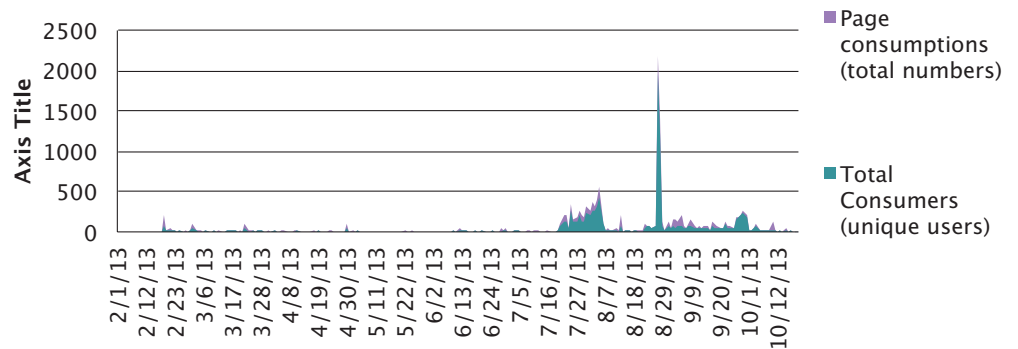


The total reach is calculated by amassing daily reach totals. These figures clearly show two striking facts. Firstly, paid reach account for 97% of potential audience for the Facebook page and is undoubtedly the main driver of activity to the page. Secondly, Figure 14 also shows a noticeable increase in activity from June and October (reach levels are almost negligible prior to that). This matches the timeframe of the Facebook marketing campaign (see below). Organic reach on these spikes is also at increased levels, implying this is due to an increase in activity (likely posts) and not just an increase on advertising expenditure.

Daily consumption (clicks on any of the page content) levels shown in Figure 16 show a similar date range for activity spikes, linking to reach. The exact activity differs, however, which suggests that (paid) reach is not the only factor contributing to consumption of page content.

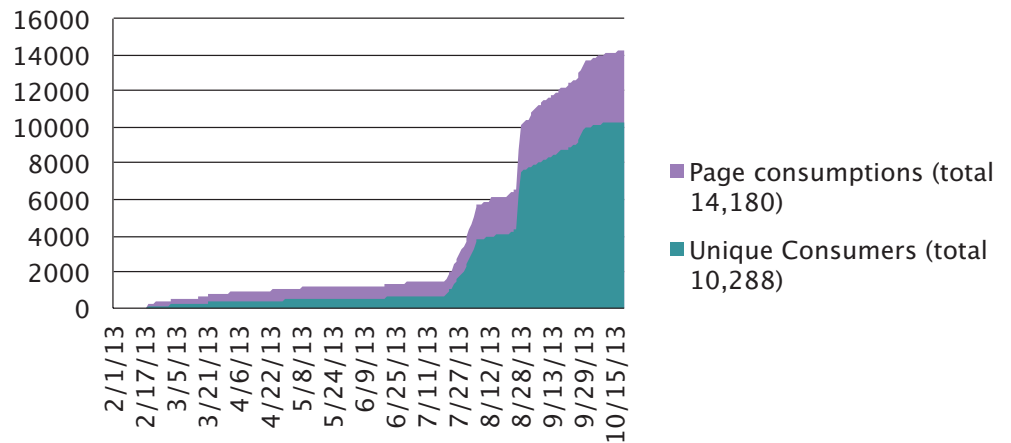


**Figure 16:**  
**Daily Page Consumption**



Represented another way, this is the total number of consumptions and unique consumers of page material.

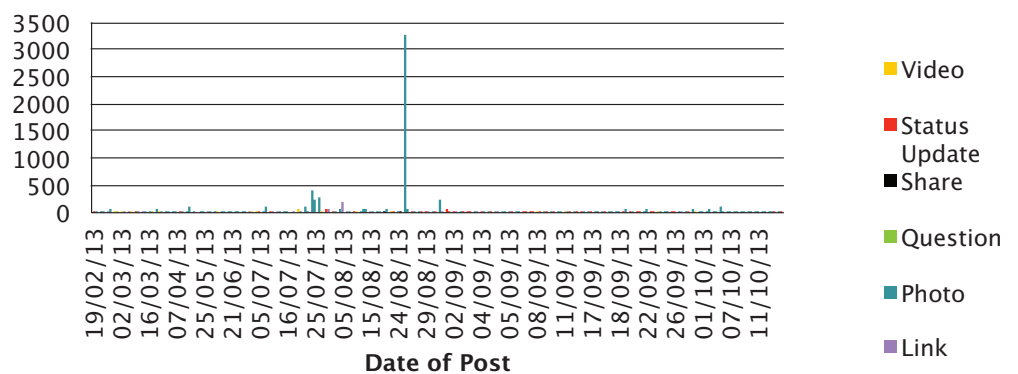
**Figure 17:**  
**Total Daily Consumption/Consumers**



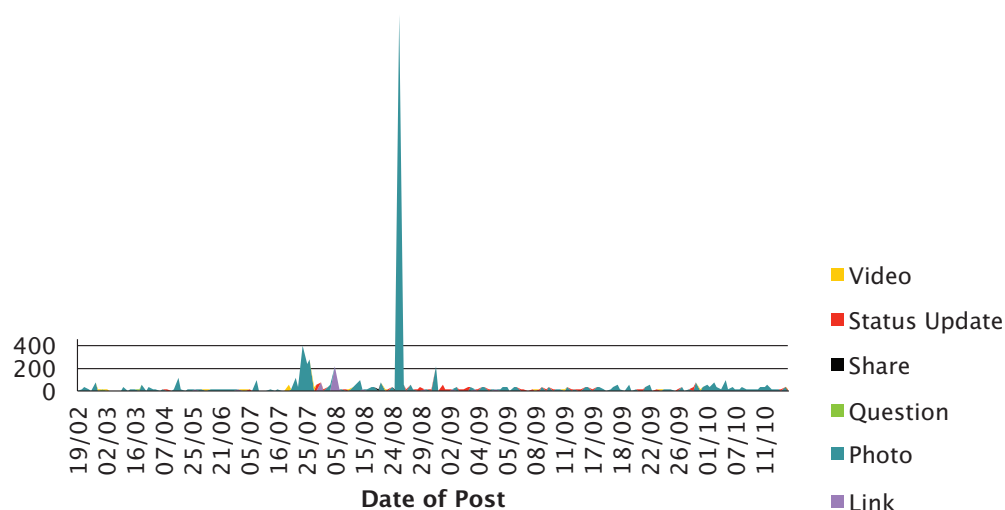
The total number of unique consumers could be an indication of an actual Facebook Page audience of 10,288. In these figures too, there are spikes in activity. To make steps to offer an explanation will require some analysis into the posts made on the page.

## Post-Level analysis

**Figure 18:**  
**Post Engagment by Type and Date**

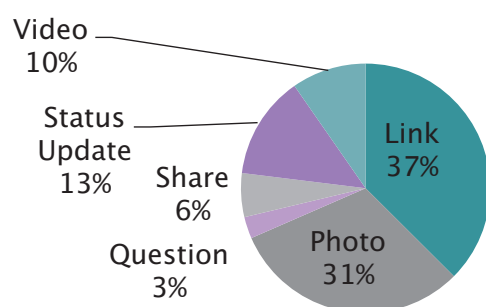


**Figure 19:**  
Post Engagement by  
Type and Date (low  
range)



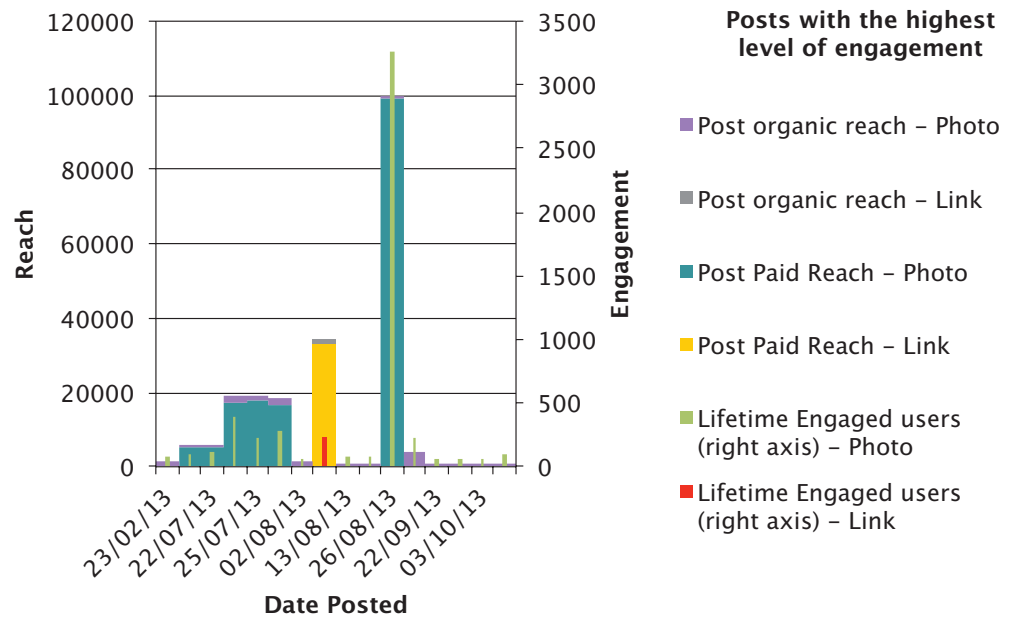
Looking at the activity of page postings, it is clear some posts had a much larger reach than others. One spike, so large (see Figure 18 and also the same spike on Figure 17) that it renders the remaining data very difficult to view. Figure 19 focuses on the typical range of figures for campaign posts. Overall, it is clear that photo posts result in the largest amount of engagement (including the large spike in data), but links offered slightly more per-post engagement on average (Figure 20). This is not surprising as people need to click a link to view the content.

**Figure 20:**  
Contribution to total  
reach by post type



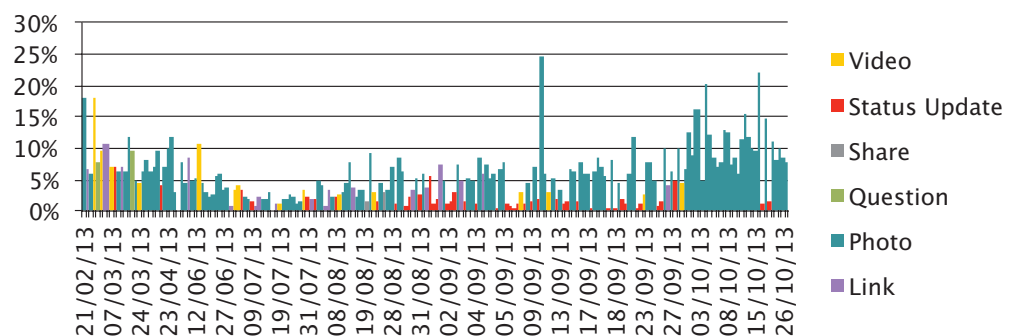
These are the 16 most successful posts analysed in terms of levels of engagement. All but one post (a link) are photos.

**Figure 21:**  
Posts with the highest level of engagement



This figure indicates that paid reach is a major factor in volumes of engagement. However the type of post also plays a factor, with photo posts clearly getting a reach to engagement conversion than the link. The posts with the highest levels of engagement also see to have high levels of (paid) reach. However, we can look deeper by removing the bias towards posts with high paid reach by looking at how effective each post was as motivating engagement from its potential audience. This engagement conversion ratio is calculated using the formula:  $\text{Post Engagement} / \text{Total Reach} \times 100$ .

**Figure 22:**  
Reach – Engagement Conversion Ratio (%)



The spike in conversion rates does not coincide with the spike in reach. This implies that higher levels of (paid) reach do not necessarily result in a higher percentage of user engagement and other factors are present. Further, it appears that photos performed consistently well comparatively, whereas status updates overall had limited impact.

**Figure 23:**  
Average Rate of Reach-Engagement Conversion (%) by Post Type

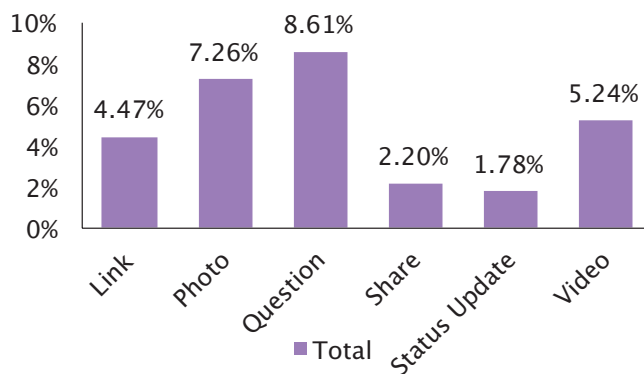
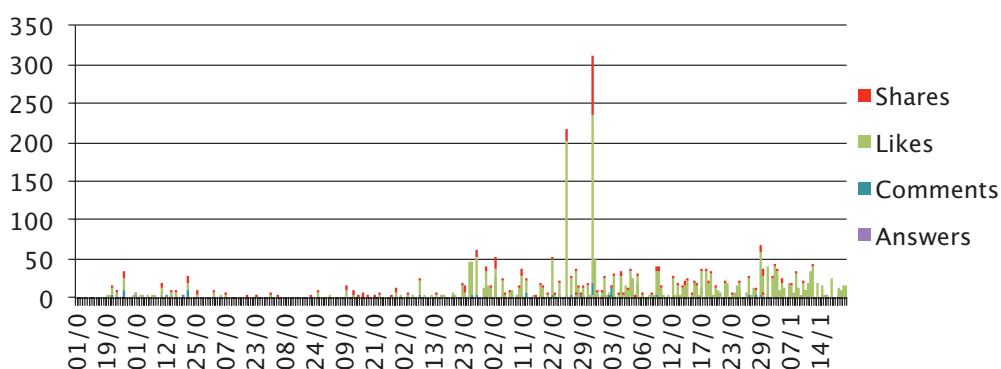


Figure 23 indicates the least effective post types for user engagement during the campaign were status updates and shares. Questions and photos performed best, followed by videos and links. While the difference is only a few percent, when the reach is measured in the tens of thousands (such as posts with high paid-reach values) this could result in a significant increase in actual audience.

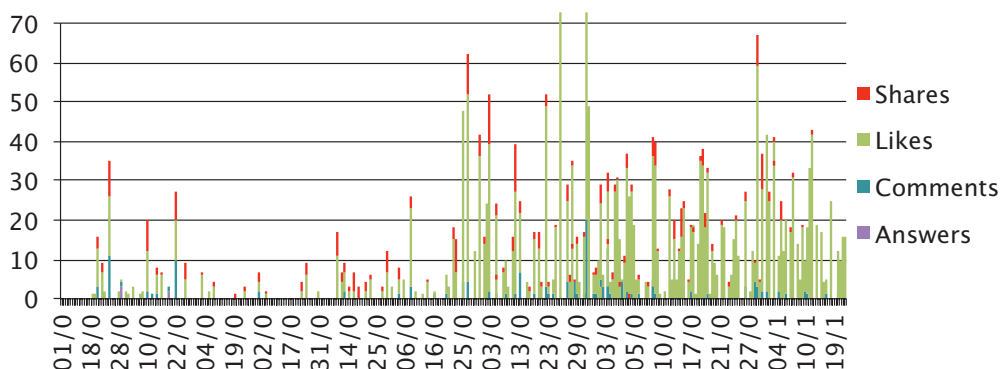
## Type of Engagements

**Figure 24:**  
Type/Amount of Post Engagement



Here are the numbers and types of engagement per posting, below another figure to show the more clearly.

**Figure 25:**  
Type/Amount of Post Engagement (low range)



**Figure 26:**  
**Forms of Engagment**

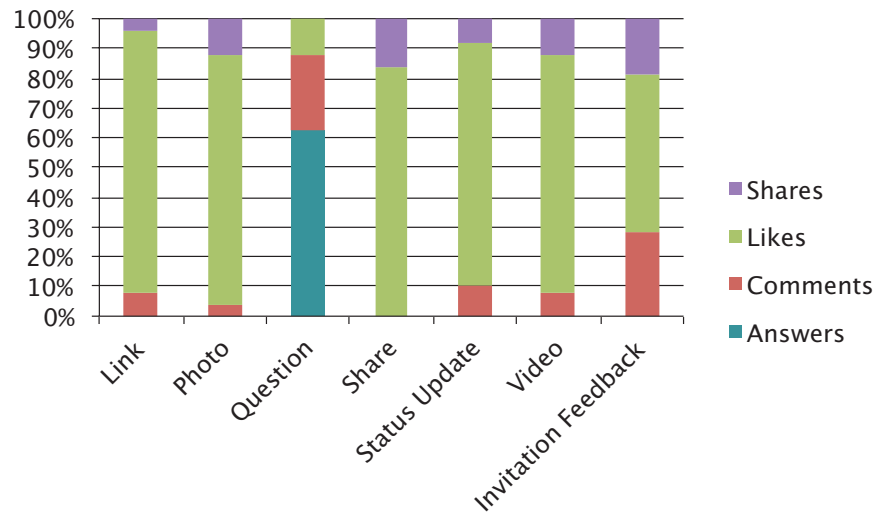


Figure 26 shows that the majority of engagement with posts was done through likes (excluding Questions, which unsurprisingly have more answers). Sharing and commenting are relatively low in comparison. Photo posts also represent the vast majority of total post likes. The figure includes the 'Invitation Feedback' as a type of post. These refer to image posts on Facebook illustrating the typical letter sent out to patients inviting them for a cervical screening. As these images were posted specifically asking for feedback on the letter content and were used in a very different manner to other image postings, it was deemed appropriate to separate them from the other image posts during in depth analysis. Details of this feedback regarding the standard invitation letter can be found in Table 2.

Table 2.

### First screening invitation letter on-line feedback

The first screening letter invitation (appendix 1) was posted on the website for a period of a few weeks. Users were invited to express their views regarding the wording of the invitation and whether it could be improved to attract more young women to attend for cervical screening. Seven women chose to add comments, these have been themed to draw together similar suggestions and differences of opinion. Seven comments suggested different changes to the wording, making it less formal, using less words or bullet points to get the primary messages across, and pointing to reading the leaflet earlier. One woman felt the letter had a neutral tone and the language used was not persuasive enough, suggesting a strong voice so the women who read it are left with no doubt that they should attend for a screen.

- ‘It’s very formal I’m not sure most women my age would actually read the whole thing, maybe a snappier briefer description of the section below the invite.’*
- ‘I think that it’s very wordy, I would change the initial paragraph to bullet points and include reading the leaflet at the top. The unusual symptoms in the middle, I like the change of address box...’*
- ‘The main thing is to make people think they **should go** it’s written to neutrally for my mind but I don’t know what guidelines you have on the use of persuasive language.’*

The letter has a phrase that points out that **‘If you require follow up your result letter will advise regarding attendance at the Colposcopy clinic’** which raised concerns with two women who recommended for those who may not know what this means the sentence should be removed.

- ‘...but Colposcopy Clinic (if I didn’t know what that was) would be worrying!’*
- ‘The standard letter invitation uses medical terms in describing the procedure ‘colposcopy clinic’, maybe it would be appropriate to maybe not include this as I think it may confuse people who have no previous medical knowledge.’*

Further improvement suggestions included adding a short or closing paragraph reassuring young women that screening is providing preventative care to instill hope and be positive.

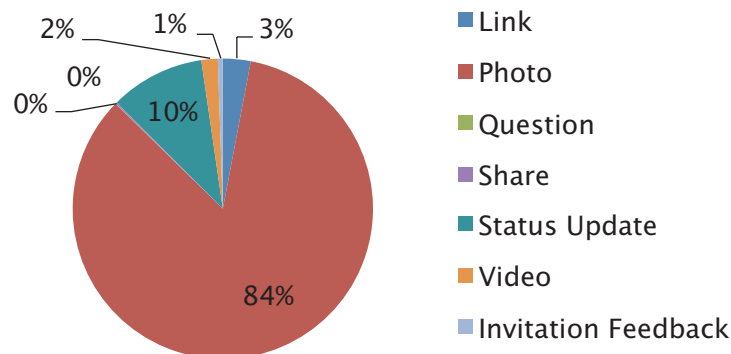
- ‘I would make the closing a little warmer by adding a more hopeful-sounding sentence on screening as preventive care.’*
- ‘The only thing I would add is a short note on how rare (presumably & hopefully) abnormalities happen, this would make it read more positively and help to reassure women.’*

Three women commented that they felt it was ok as it was a serious letter reflecting a serious matter.

- ‘With regards to the letter it is very serious but it’s a serious matter so I can’t see there is any way around this.’*
- ‘The letter is fine... I think it covers everything that needs covering.’*
- ‘The rest of the invite seems fine, it is just your standard NHS invite, which may reinforce the serious nature of having the test...’*

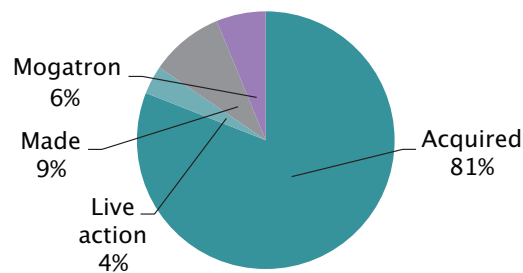
## Photo Posts

**Figure 27:**  
Percentage of Total Likes by Post Type



The implication here for future campaigns is that promoting photos and question posts may yield the best overall results. Analysing further, photo posts can be distinguished into campaign-made photos, 'acquired' photos (such as shared from online sources or contributed by audience), images produced by the 'Mogatron' application on the campaign website, and 'live action' images taken from the public performances and videos productions related to the campaign. Of the different types, acquired images produced the largest share of likes, at 81%.

**Figure 28:**  
Percentage of total likes per Photo post type



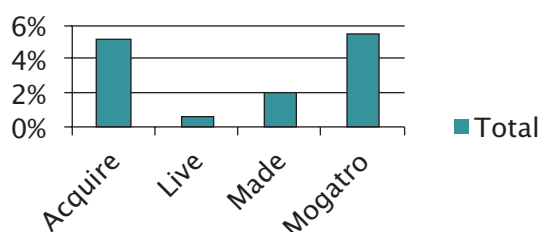
Further, when comparing the number of likes for post against the post's total reach, on acquired images and the Mogatron images performed best overall at just over 5% conversion rates each. The success of Mogatron images may suggest that user created content (such as acquired images) yield better engagement, however this is far from conclusive.

**Figure 29:**  
The Mogatron



Further, when comparing the number of likes for post against the post's total reach, on acquired images and the Mogatron images performed best overall at just over 5% conversion rates each. The success of Mogatron images may suggest that user created content (such as acquired images) yield better engagement, however this is far from conclusive.

**Figure 30:**  
Average Reach-Likes  
Conversion



Overall, these figures show that the images made especially for the campaign achieved significantly lower results in audience engagement than acquired images overall. This was also noticed during the campaign and prompted a change of approach in August. Some made images were purposely re-posted to compare activity against acquired images, and again yielded a lower number of likes. To get a clear view the administrator asked for votes on The Screen Wars or The Cat in the Sun (Figure 31). These two photos were representatives of the two modalities. Again, more votes went towards 'The cat in the sun'.

**Figure 31:**  
Images Posted for  
Comparison

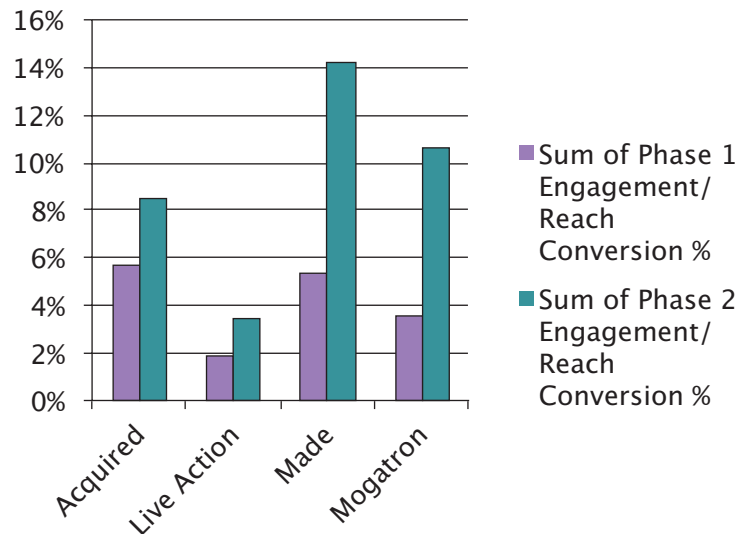


As acquired images are typically posted at no cost, one could conclude that significant expenditure on campaign imagery might not have been cost-effective on this occasion. However, in terms of average number of shares per post, campaign-made imagery did perform comparatively well compared to acquired images (Figure 39), supporting the view that made images did have some affect, particularly in that the campaign name and message was contained, and thus provided a link through to the campaign website.

What can be interpreted is that the made images are likely to have a higher potential for engagement than the data seems to present. This is supported by the comparatively high share/reach conversion rate and also that after the change of staff and campaign approach, the acquired images showed a marked improvement in response. No new made images were created or posted after than change over, therefore although the comparison indicates acquired images may be preferred, it is likely that made images would also have shown improved in levels of engagement had new images be posted. When breaking down the photo post engagement/reach conversion rate (Figure 23) by both photo type and by the two campaign approaches (February to August and August to October), there is a clear increase in the effectiveness for all photo types, including made images.



**Figure 32:**  
Engagement/Reach  
Conversion by  
Campaign Stage



The engagement levels also differed among the made images on Facebook. The best performing made image was the 'Dr Who' mash up (Figure 33; 32 likes, 16 shares), 12th best performing photo post in terms of number of likes. At 24th is the survey advertisement (Figure 34; 24 likes, 3 shares) and at 27th the 'Star Wars' mash-up (Figure 35; 23 likes, 2 shares).

The posting of the Dr Who image around the time the show was in the news due to the announcement of cast change is likely to be a factor. Likewise, the Star Wars post was also released around the time the franchise was in the news and could be the reason for improved engagement. This suggests images with ties to (very) recent popular culture and news potentially perform better than others. However, included among the less successful images are an Easter greeting (Figure 36; 0 likes, 0 shares), a tennis reference on the Wimbledon ladies final (Figure 37; 1 likes, 0 shares), and a reference to music festival around the time of Glastonbury (Figure 38; 1 like, 0 shares). One shared feature is that they refer to a regular (usually) annual event, rather than singular and unpredictable events (like the more successful images) and this could be a factor. Unfortunately, available data lacks sufficient information to make a more conclusive argument, other than to say the success of a meme is far more nuanced and other more elusive factors are likely also at play.

Figure 33:  
Dr Who

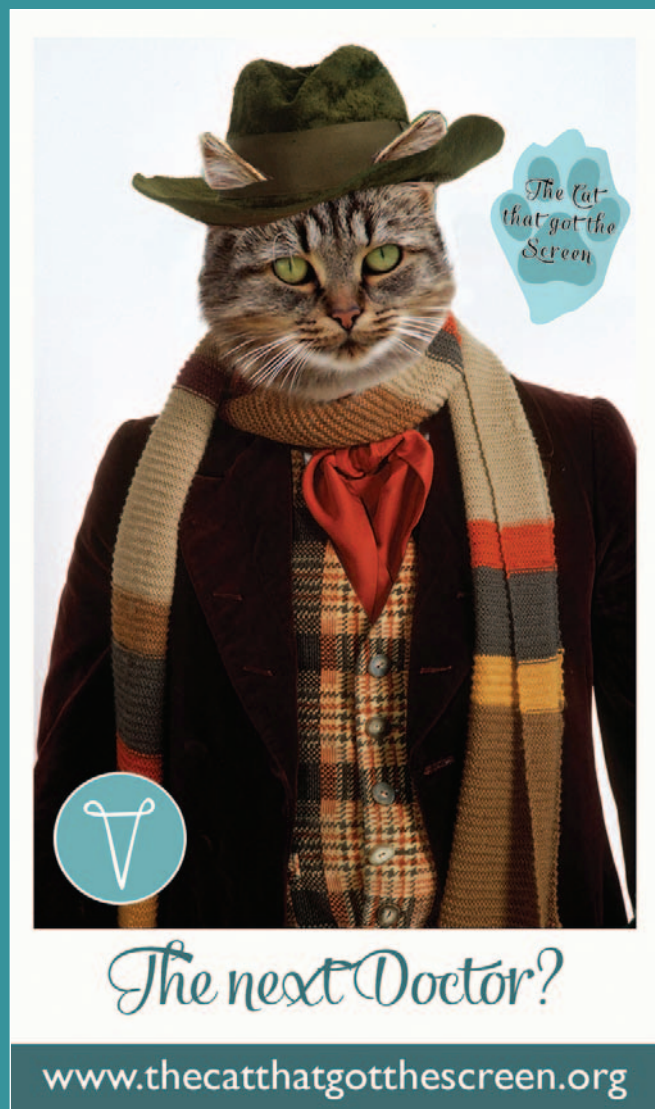


Figure 34:  
Survey Advertisement



Figure 35:  
Screen Wars



Figure 36:  
Easter Greeting



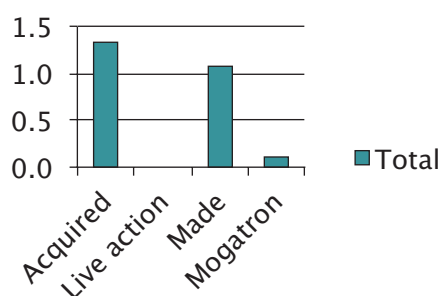
Figure 37:  
Wimbledon



Figure 38:  
Glastonbury



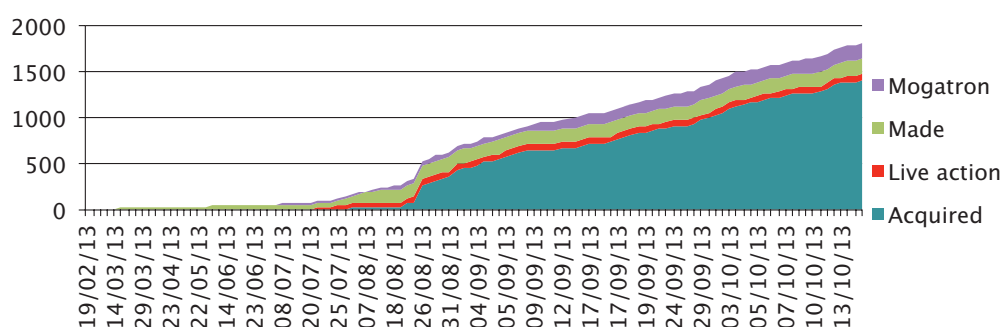
**Figure 39:**  
Average Level of  
'Shares' Per Post Type



Looking for clues to understand success of some acquired images and not others proves even more difficult. Most posted images have very similar content (cats in various poses) with no discernible difference in image theme apparent.

The top 10 performing mages were posted during peak campaign activity (August – October) and so benefited from more exposure, but only in the case of the one post was paid reach involved. This is in line with other data and campaign activity measures, therefore somewhat expected.

**Figure 40:**  
Total Likes Over Time  
By Photo Type



Comments on images do not offer any clues. Analysing comments show the majority either comment on the image itself (typically the 'cuteness' of the image) or replying to another user's comment on a topic related to the image but not to the campaign (for example one image of a cat wearing pyjamas lead to a comment thread about decorating a house while wearing pyjamas). Unfortunately a satisfactory answer cannot be given or even implied from the data as to why certain acquired images performed better than others. Arguably, this suggests that it is not the image content itself, but the change of approach of the campaign.

The project officer who took over the campaign from August decided to change the voice of the campaign from a 'professional and distant' approach to a much more friendly ('silly') tone, to build on relationships with the audience. Phrases used from this point, such as 'Good night kitties - Sweet dreams', 'Good morning kitties', 'Ladies' were used to address directly to the campaign followers rather than using a general non-personal approach.

A second change was to use rewards as a good way to engage users through two competitions. The first competition was to establish a campaign cat winner. Using the competition helped to move from a phase where the followers posted very little to a much more active audience, who started to express opinions and write their views on the wall. Also, the number of shares and likes increased, i.e., the competition winner had 66 shares and 73 likes, the winner announcement post 24 likes, 4 comments, 1 share. The second competition was 'the cat with the best message' to encourage cervical screening. Overall the response was better compared to the initial campaign.



## Facebook Advertisement Campaign

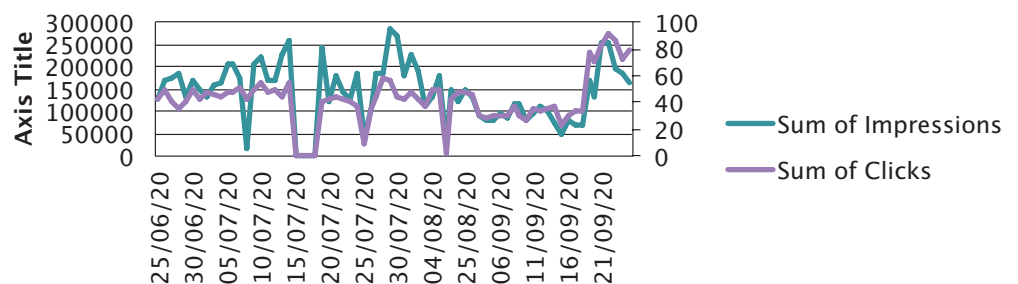
Facebook was introduced as a media 10 days into the campaign when it became apparent that the target groups and response from banner advertisements alone was insufficient. Facebook adverts (Right hand side ads) were used. It was discussed at the time that postcode targeting was not possible through Facebook but the benefit of reaching a larger audience outweighed the need to target by demographic groupings. Responses from these adverts went to the campaign site and those who responded were retargeted with a link to the campaign evaluative survey.

As the campaign progressed it was suggested that promoting the Facebook Page and building an audience would enhance the campaign goals by first capturing likes on the Facebook page. This would have two distinct benefits.

1. The captured audience on the Facebook page would have more opportunity to experience the overall campaign promotion (through the posted videos etc.) and therefore were more likely to be able to answer the survey questions. In addition they could be “reminded” via page posts to complete the survey.
2. The captured audience would allow us to utilise viral advertising by promoting through their friends of friends network.

Response from Facebook was used to seed the campaign website to help drive surveys through retargeting via the display network. Clicks rose at the end of the campaign as the end date was moved forward to the 30th of September. The dips represent when the campaign creative was changed over or budget was focused on Page Post promotion activity. There were 8 different images used and the campaign was optimised to the best performing advert.

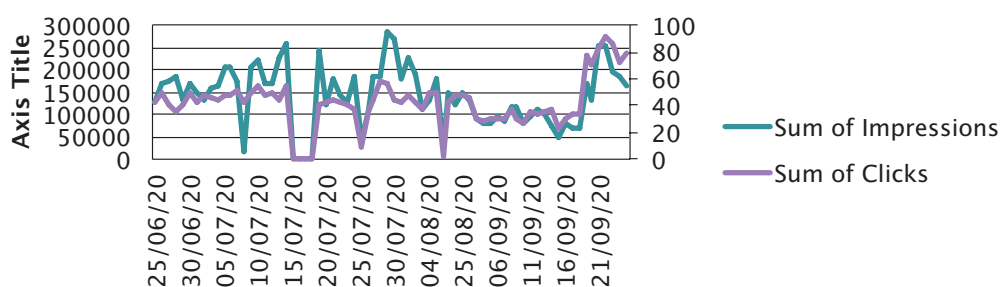
**Figure 41:**  
Clicks By  
Advertisement and  
Copy



The Facebook Page promotion started on the 21st of July. Up until then the page only had around 130 likes. To boost this traffic different page posts were used to push the messages out to a wider audience and build likes from women in the North West or their Friends of Friends. Examples of page posts used to build Facebook page audience included:

1. From the age of 25 you will be invited for a cervical screen every 3 years
2. Don't put it off, your screen test only takes around 5 minutes
3. You don't have to go on your own, bring a friend if it makes you more comfortable.
4. Did you know you can request a female to screen you?
5. Screening is one of the best defences against cervical cancer; the biggest risk factor for cervical cancer is not attending a screen test.

**Figure 42:**  
Facebook  
Advertisement  
Impressions and Clicks

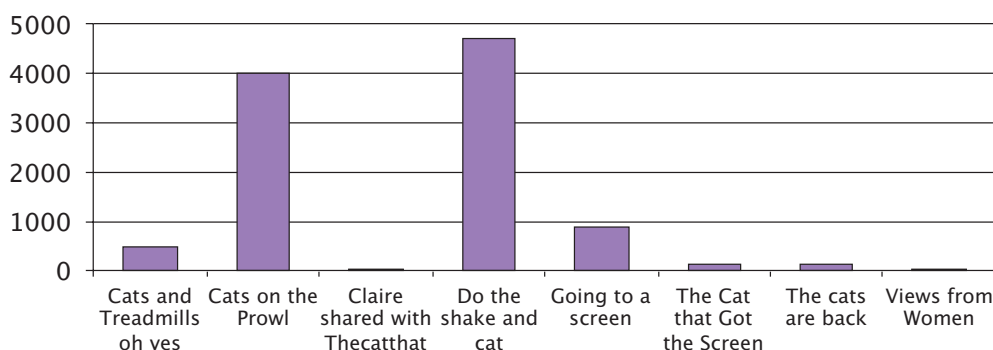


The number of page likes from the promoted material totalled 2,019, or 85.9% of overall page likes, an increase of over 2000%. Once this promotion finished new likes dropped back down. The majority of new likes came from adverts but a significant number came from suggestions and other sources as a result of the promotion. While specific data is not available, it is clear that this has generated a large amount of audience reach over Facebook (not only those who like a page, but all of their Facebook friends). Without this extra push it is likely that the campaign would only have achieved a fraction of its Facebook success.

## YouTube

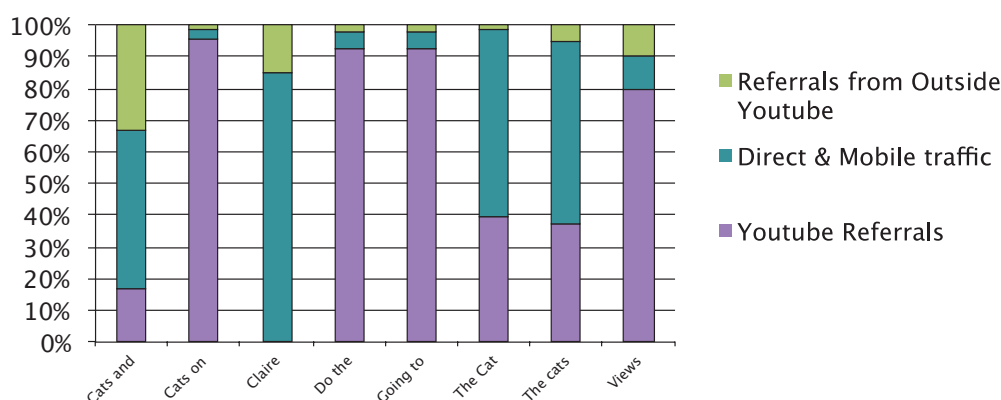
There were 7 videos in total on the YouTube accounts for the campaign. Videos included 'live action' cat videos produced specifically for the campaign. Video response varied, with the highest up to around 4000 views. Likes on videos are much lower than posts on Facebook for two reasons: it is possible that viewers prefer to like/share the video on Facebook, the instances of which are already accounted for in Facebook engagement data (see above), and YouTube differs from Facebook in that user can watch videos without having or using an account, resulting in many views without the opportunity to like or share.

**Figure 43:**  
Number of Views for  
YouTube Videos

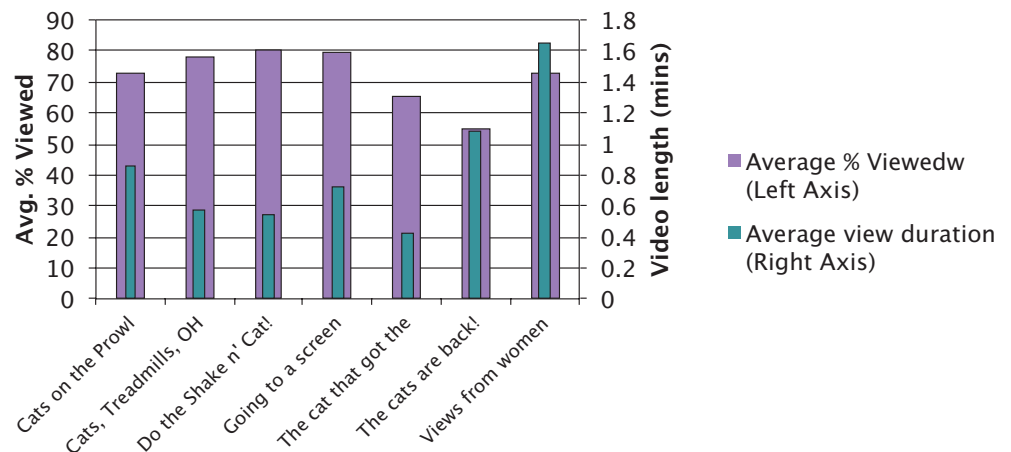


For both highly viewed videos traffic is dominated by YouTube referrals including search, advertising and suggested videos. The breakdown of this section, along with the reasons behind its success on these videos and not with other videos needs further investigation.

**Figure 44:**  
YouTube Video Traffic  
Sources

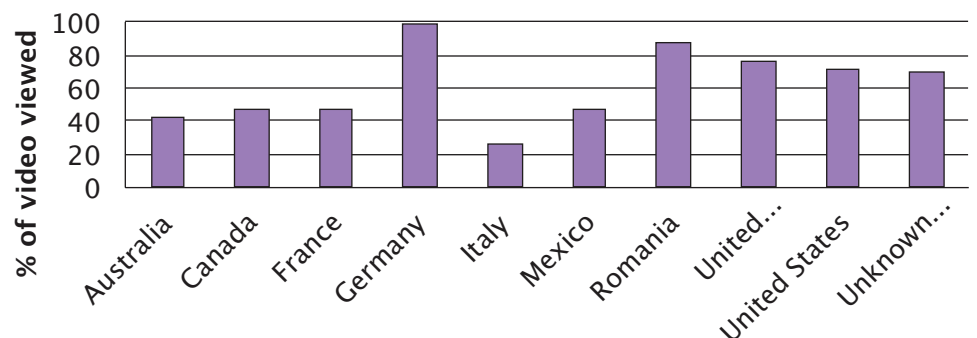


**Figure 45:**  
**YouTube Viewer**  
**Retention**



The figure above shows the average percentage of video watched per view compared to the length of the video. Retention rates fluctuate between 55-80%, and do not show any clear correlation between length of the video and audience engagement. Looking at retention rates by location (the top 10 represented locations in the data) we see more dramatic fluctuations, but the cause of this is not clear.

**Figure 46:**  
**Average Percentage of**  
**Videos Viewed, by**  
**Location**



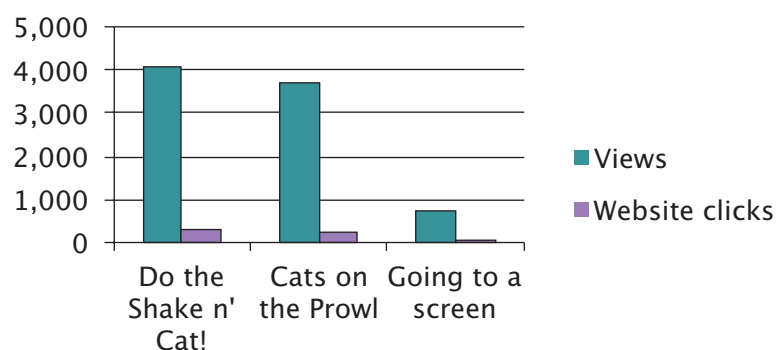
What is useful here to note is that average retention for UK audiences (both the campaign target audience and representative of 98.7% of total video views) had a retention rate of 75.78% overall. Moreover, YouTube analytics data also suggests that 97.4% of total UK audience were female. More specific geographic breakdown is not possible to see how many of these were from the North West. However, as these figures are only based on viewers logged in to a YouTube account, the data may not be an exact reflection of the total audience. However, it can be used as an indicative value and in that sense it shows the campaign audience is likely to be predominantly female.

## YouTube Promotional Campaign

YouTube was introduced in July and the videos were pushed to Women in the Northwest. Although it is not possible to target people by their socio-demographic groupings on YouTube the volume of opportunity meant that within the targeted audience would reach some target audience.

“Do the Shake n’ Cat!”, a combination of the cat theme with the ‘Harlem Shake’ video meme which became popular online during 2012, was the most popular with the highest engagement and highest retention rates on average.

**Figure 47:**  
**In-Stream**  
**Advertisements on**  
**YouTube**



## Summary of Advertisement Campaign

The blended approach of Facebook, YouTube and display ads for the campaign was useful in engaging potential audiences in various ways. Building a social audience via Facebook was an extremely useful way of capturing data/people, which in turn could be used as a platform to increase viral awareness throughout different social networks. Campaign tracking by the agency employed helped make agile recommendations on the success of each media and change the focus while the campaign was still live therefore improving overall success.

The campaign was more successful when the focus was on building awareness. The initial goal to focus on driving survey sign ups may not have been an ideal focus for success. Once the focus was changed to give people an experience of the wider marketing messages (watching videos, reading page posts etc.) there was a much higher engagement and likelihood of the individual being willing to fill out the evaluation survey in a meaningful way.

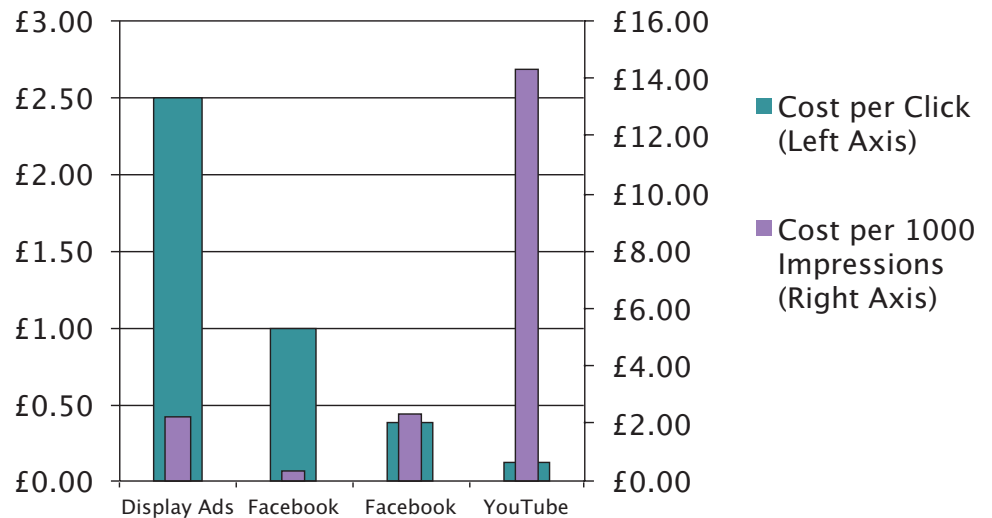
There are some limitations on what could be measured that affect how performance is measured:

1. Although they targeted certain postcode groups for the banner advertisements, whether these represent the target audience isn't clear because the audience could not be measured based on gender/age range.
2. Data specific to the marketing campaign could not measure reach (number of people who actually saw ads), which may be a closer measure of audience for assessing campaign 'awareness'.

Limitations aside, available data (impressions and clicks) can be used to give an indication on the (cost) effectiveness of each approach in comparison to each other (Figure 48). The answer is not clear, and depends greatly on whether 'awareness' is evaluated on the number of impressions or the number of clicks. As impressions will likely cover a number of users that are not part of the target demograph (particularly on Facebook and YouTube), clicks may give a better clue. Therefore, display ads are the least cost-effective means of audience engagement (and also generated the least number of clicks) whereas YouTube is the cheapest, with Facebook Page Promo a close second. Further, as Facebook became the main activity hub for the campaign, one could also argue that money was best spent here as it directly produced other results such as paid reach, page/post engagement and subsequent web traffic to the website and other social media sites used.



**Figure 48:**  
Cost effectiveness of  
Paid Campaign  
Advertising



## Twitter

Twitter was used in the overall campaign. The Twitter campaign can almost be divided into two phases, separated by the change in approach from August:

1. Phase one: February-August. The main objective was to be acknowledged by a popular star relevant to the target group - under the presumption that endorsement would trigger many followers:
  - a. Tweeting occurred at set points during the week only
  - b. The voice of the campaign was similar to the FB page (more general)
  - c. Not much emphasis was placed on cats (the main content theme)
  - d. Using this method resulted in around 75 followers
2. Phase two: August onwards. A more aggressive approach to increasing follower numbers in the remaining amount of time was taken.
  - a. This involved the use of the popular FF (Follow Friday) event common on Twitter where recommendations to follow people often result in recommendations in return.
  - b. Tweet twice daily (morning and late evening) to target different people
  - c. Re-tweeting of followers and non-followers messages
  - d. The voice of the account was changed to a more familiar tone
  - e. Use of images to increase popularity

The second phase actively followed leading figures and organisations in the North West (i.e., GMP Manchester, GMP Sale, NHS, local newspapers) and their followers, with an aim to follow activity in the target geographic area. While effort was made to follow women on twitter, men's accounts would also be followed if they had a large volume of followers. To avoid being classified as a spammer and 'spread the message', those who followed back would also then be tweeted, increasing engagement with the audience.

The project officer combined the use of other social media such as Facebook to tweet photos and direct users to Facebook or the website. Using these strategies the account built up 422 followers, an increase of approximately 550% from phase 1. After 1 week the account had over 100 FF, and it was clear that these affects were cumulative, generating more engagement and a wider audience over time.

**Figure 49:**  
Top Hashtags Used on  
Twitter by @thecatthat

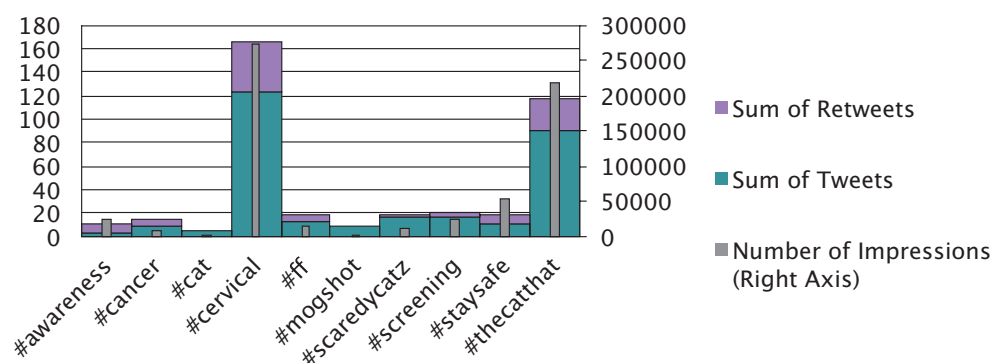


Figure 49 shows that #thecatthat hashtag performed relatively well among other campaign-related hashtags. Interestingly, #cervical performed best, and had a much higher usage than words it would commonly be phrased with for the campaign such as #cancer and #screening.

**Figure 50:**  
Top Campaign Links on  
Twitter

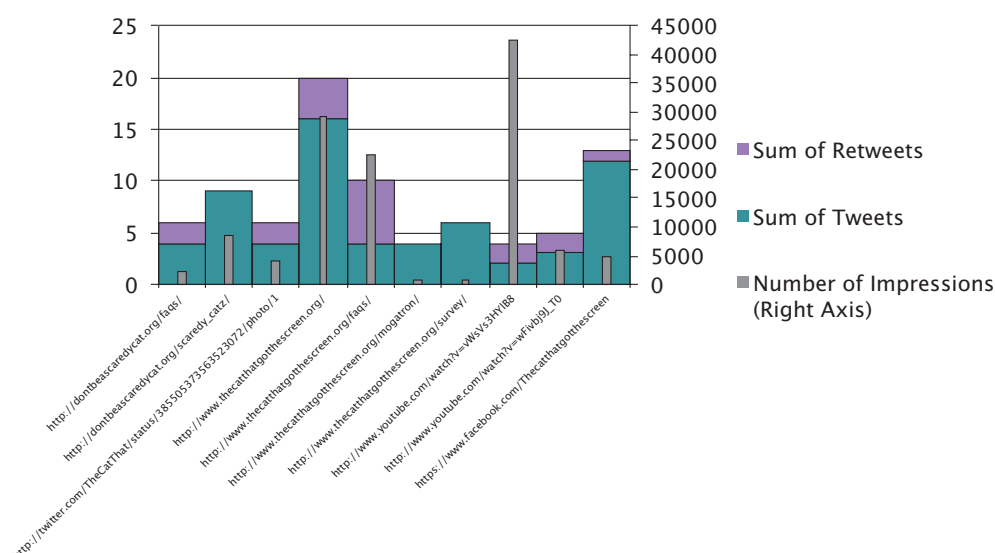
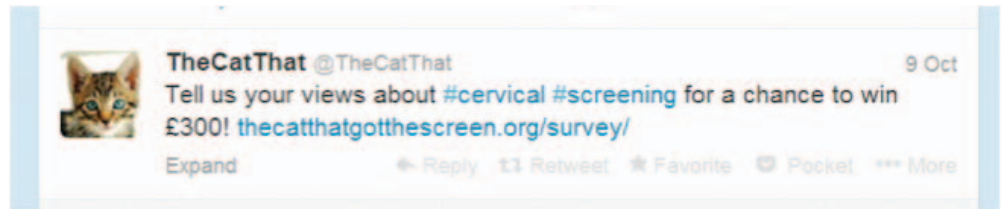


Figure 50 provides a comparison of the more popular twitter links for the campaign. The campaign website homepage leads in number of tweets/retweets, tying in with the majority of traffic onto the campaign website coming in at the main page. Some aspects are surprising.

The link to the survey (Figure 51) received 0 retweets. This is interesting as there was a competition to win vouchers attached to the survey, and this received no retweets, even though the tweet did mention the competition and prize.

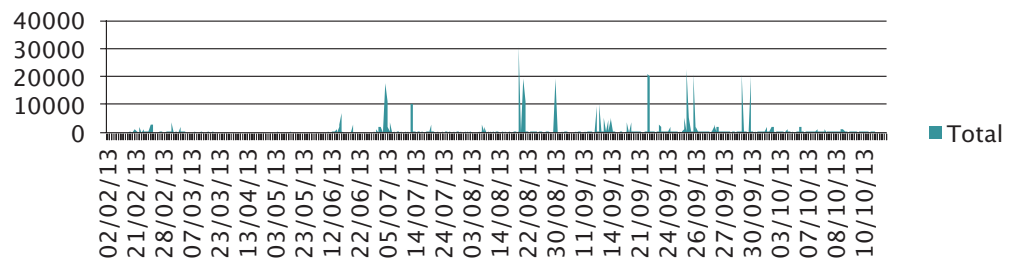
**Figure 51:**  
**Link to Survey Placed**  
**on Twitter**



Compared to the previous figure regarding hashtags, there is much less of a correlation between numbers of tweets/retweets and the number of impressions. The link to one of the YouTube Videos stands out as having a drastically higher number of impressions with only a few tweets/retweets.

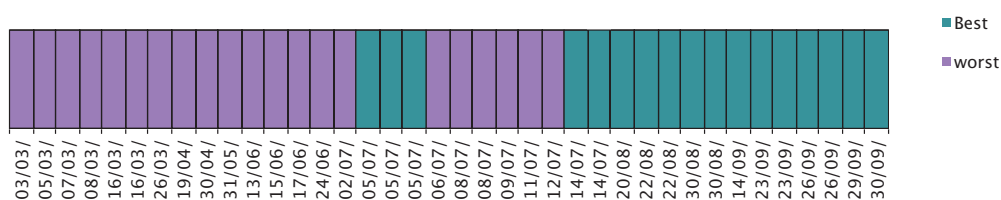
The link leads to the 'Harlem Shake' video produced for the campaign. The link was tweeted twice by the account, and retweeted several times. Two retweets were by 2 different accounts belonging to The University of Salford (1 of which has over 21,000 followers), and is likely the cause of increased exposure.

**Figure 52:**  
**Campaign Tweet Total**  
**Impressions**



Here we have the total impressions per tweet over the course of the campaign. There are spikes in activity. This lack of consistency (or even consistent growth of impressions as the campaign progressed) implies that other factors might come into play to influence the success of individual tweets. Figure 53 chronologically orders the Tweets with the highest impression (>10,000; 18 tweets covering all the spikes above) and the lowest (<100; 21 tweets),

**Figure 53:**  
**Best/Worst Performing**  
**Tweets Over Time**



Listed in date order, we see a transition from poorer performance to better performance in July and August. This timeframe roughly matches the change in campaign approach. The high impression tweets in July were retweets or direct messages to @TheChristie or reference the 65th birthday of the NHS (#NHS65), therefore their success could be attributed (at least in part) to the large following of the charity/service and not necessarily the campaign. One other tweet from July promotes the survey and competition was authored by the University of Salford account, not the campaign account. Disregarding these tweets momentarily,

Comparing the best and worst performers, a number of trends emerge. No tweets under the ScardeyCatz account are among the top performers. Looking at all ScardeyCatz posts, its most popular tweets (at 519 and 503 impressions) were early in the campaign (February and March). ScardeyCatz authored for 6 of the 21 poorest performing tweets. TheCatThat account accounted for 13 of the 21 poorest performing tweets, dated between 30 April and 12th July. The same account accounted for 6 of the 18 best performing tweets (including the top 3) dated between 5th July and 29th September. This supports the view that account management was not proving effective at boosting twitter presence until around the change of approach.

Of the top performing tweets, 12 of the 18 tweets were authored by other accounts, namely:

@SalfordUni  
@lgfoundation  
@TheChristie  
@\_lovemanchester

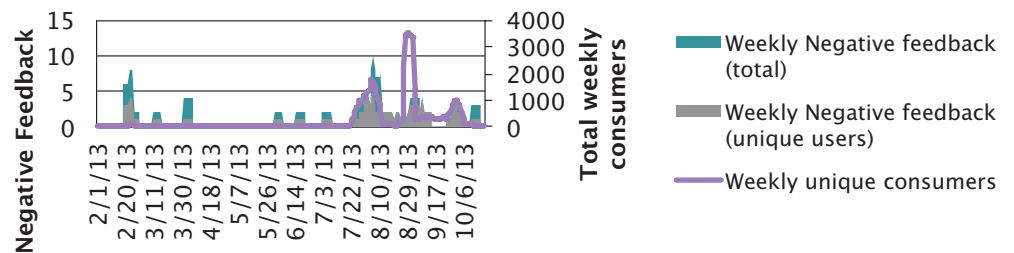
8 of these were retweets of original @TheCatThat tweets. The implication here is that prompting retweets from accounts with related interests and/or well established large followings was the most effective way to gain exposure on Twitter. This is likely not a surprise. The top 3 tweets, all authored by @TheCatThat referenced other popular twitter accounts, and also requested retweets by others. In contrast, the poorer performing tweets did not include contact (including retweets) with popular account.

On average 20% of twitter accounts are organisational (as opposed to an individual). Of the top 20 tweeters that referenced the campaign, 40% of those were organizational. These top 20 tweeters resulted in an increased reach of campaign data of 12,991. Overall, twitter data suggests engagement with established and related twitter accounts was the most successful way at boosting exposure for this campaign and may be a useful strategic focus for future social media campaigns.

## Sentiment

YouTube videos likes (see Figure 43) shows low levels of likes (14 total) and shares (4 total), no dislikes and no comments on the videos, which give little information towards investigating campaign sentiment. Likewise, data from website usage does not give indications of the overall campaign sentiment. Therefore, the majority of useful data must come from Facebook, and as the main hub of activity Facebook is likely a good reflection on overall campaign sentiment.

**Figure 54:**  
Weekly totals of  
Facebook Page  
'Negative Feedback'



This figure shows the level of 'negative feedback' on Facebook compared to weekly numbers of page consumers. The figure is remarkably low, no higher than 12 over a week, whereas the consumption is measured in thousands weekly. One problem with this, however, is that Facebook determines negative feedback by searching for keywords within a comment. This generates a number of false entries within negative feedback, meaning the actual amount of negative feedback is likely to be lower than shown in Figure 54. Level of page like attrition (people who clicked 'like', then at a later date clicked 'unlike') of 10.52% also reflects this low level of negative feedback. There is no distinct pattern in the rate of people unliking the page and thus it is difficult to judge what the cause may be.

Overall, sentiment appears to be high. Some negative feedback given early in the campaign were taken on board and prompted changes in the name and in the approach to audience engagement. That said, further feedback on the campaign is provided in the next section via the evaluative survey that was undertaken.

# Evaluative Survey

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## Evaluative Survey

This section presents the findings from the online evaluation survey promoted as part of the campaign. The survey and information sheet were hosted on the campaign website and comprised of both multiple choice questions and free text questions where respondents could expand on the answers given (appendix 1 & 2). Respondents to the survey were recruited online across a range of platforms such as Facebook, Twitter, YouTube and via banner advertisements placed on websites of interest to the target group.

The sample produced is not intended to be generalizable to the 25-29 year old population in the North West of England as it was not possible to generate responses that perfectly matched the demographics of this group given the size and scope of the campaign. It is important to note that the primary function of the survey was to obtain feedback regarding the various features of the campaign and, second, to note any potential shifts in behaviour, knowledge or confidence regarding attendance for cervical screening as a result of the campaign. The survey was made available once a full selection of campaign materials had been made available online, June 2013, and was removed from the campaign website at the 7 October 2013. 626 responses in total were received and 67% of these were generated from August when the campaign approach was changed as discussed later in this section. In total, 453 surveys were deemed complete and usable, 173 were incomplete and thus not included. Quantitative data from the survey was imported into SPSS and was analysed, as presented here, using descriptive statistics. Qualitative data was coded thematically based upon the area of questioning and integrated into this section to add further context to campaign evaluations.

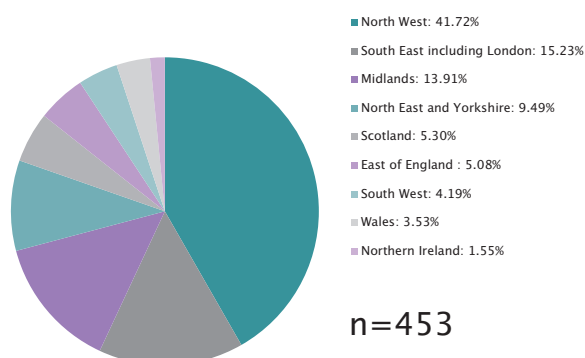
This analysis will firstly look at demographic data, including sexuality, disability and ethnicity, before moving on to audience history of cervical screening in order to define its audience and separate target group from non-target group data. Then, the analysis explores audience engagement with the campaign itself, how the audience discovered the campaign, which media was seen and their impressions of the different media types. Then, behavioural changes as a result of the campaign will be looked at to evaluate the overall effectiveness of the campaign in raising awareness and usage of cervical screenings.

## Survey Demographics

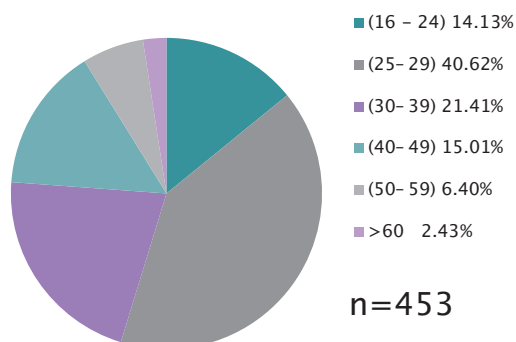
Figure 1 and Figure 2 show a large proportion of the respondents fall into the target audience location (North West) or age range (25-29). The survey contained 184 (40.6%) respondents that were women ages 25-29 in the North West, referred to as the Target Group, and 269 (59.4%) in the Non-Target Group.

Data from the Target Group were analysed together to assess the effectiveness of the campaign material specifically towards the target group. The Non-Target Group data were also analysed in order to be used as a basis of comparison against the Target Group. Non-Target Group data was also important to get a broader interpretation of the impact of the campaign upon an unintended audience. This was particularly important given the campaign was being delivered via the Internet and it was known from the beginning of the project that only hitting the target group via such a media would be impossible.

**Figure 1:**  
**Location of Respondents**

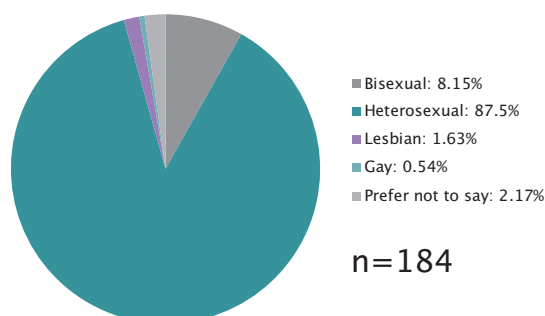


**Figure 2:**  
**Age of Respondents**



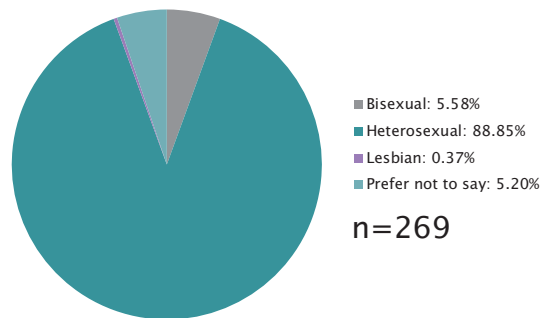
White (British) heterosexual women make up the majority in both the Target Group and the Non-Target Group. Likewise, disability figures are very similar, with a slightly higher percentage in the Non-Target Group (see Figure 3, Figure 4, Figure 5 and Figure 6).

**Figure 3:**  
**Sexual Orientation – Target Group**

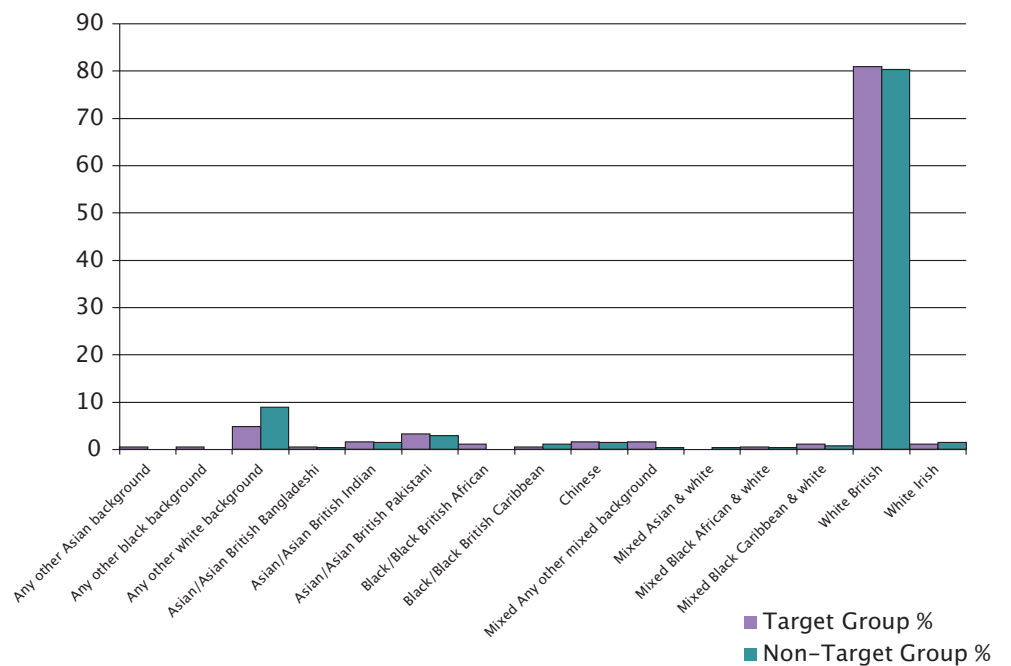




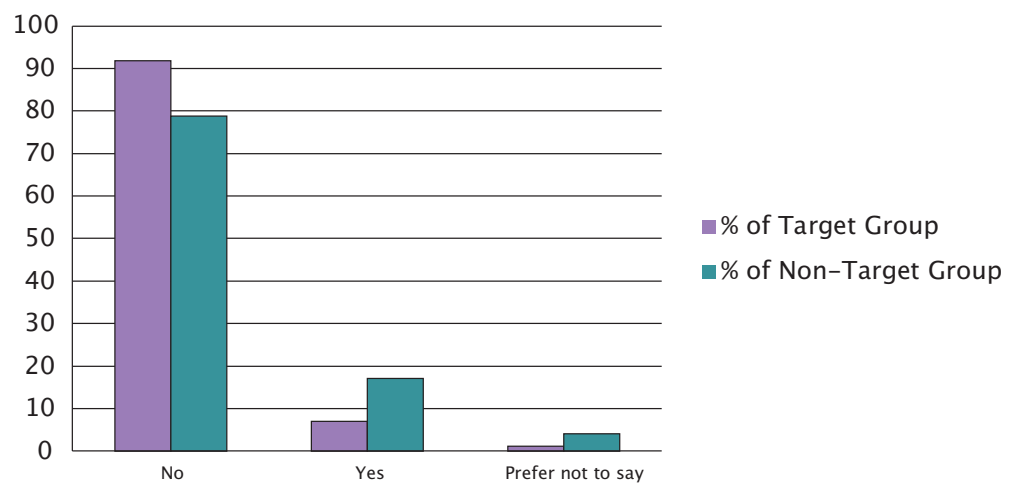
**Figure 4:**  
**Sexual Orientation –**  
**Non-Target Group**



**Figure 5:**  
**Ethnicity of**  
**Respondents**



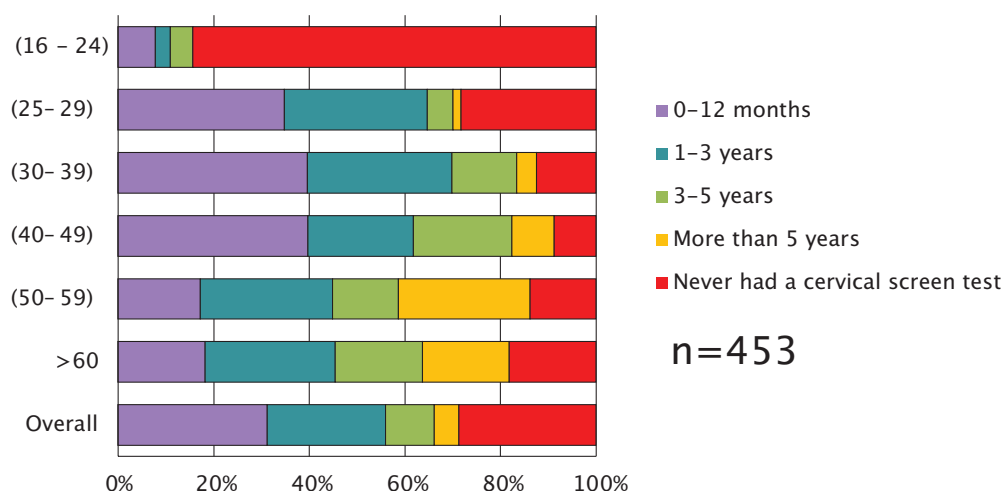
**Figure 6:**  
**Disability Status of**  
**Respondents**



## Cervical Screening Histories of Respondents

Figure 7 provides data on the overall screening history of the respondents by age range. Irrespective of age, 71.0% of respondents overall had been for a screen during their life, and if those in the 16-24 age group are removed, taking into account national policy, the figure rises to 80.1%. However, only 64.6% of women in the target age group had been screened within 3 years in line with national policy.

**Figure 7:**  
Time since last cervical screen by age range



In terms of explaining non-attendance, overall 57 comments were received that explained or offered an insight into why women do not attend for cervical screening tests. If we explore these according to age there were 17 comments from young women aged 25-29 years and 30 comments from women over 29 years of age. These two groups have been analysed separately.

## Examining Non-Attendance 25-29 years

From the 25-29 year olds, 17 comments offered reasons as to why they did not attend for a cervical screen, reflecting common barriers exposed by women of any age with respect to attending such a personal and intrusive screening test.

Four young women felt that they *'don't feel the need to go'* for cervical screening or that it was *'not applicable'* to them. Two explained their reasons as *'not sexually active yet'* or *'have never had sex'* which influenced their decision not to go as they considered the risk was not *'large enough to go have a smear test'*. One comment indicated that one person at such a young age felt that they *'can't find a doctor I trust'*, another was simply unaware of what the *'process involved.'*

Ten comments directly described how young women felt about cervical screening. For those who had experienced a cervical screening test they used words like it being *'awkward'*, *'uncomfortable'* *'painful'* indeed *'it hurts me'* as reasons why they were put off attending. For those who had been prevented from going for a test there was consensus and anxiety that *'it will hurt and that it will be embarrassing'* and many reflected feelings of being too *'embarrassed'*, *'scared'*, and *'shy.'*

After having an intrauterine device fitted one young women indicated that *'it was very painful, so now put off for good - spectrum wrong size'* raising the importance of taking care to use the right equipment with women at the outset. Another woman indicated that being *'frightened of the results'* prevented her from responding to test invitations.

## Examining Non-Attendance Aged Over 29 Years

Out of the 30 comments from women aged over 29 years, 19 indicated that their reason for not attending a cervical screen was that the test was no longer applicable, because they no longer had a cervix, had had a hysterectomy, or undergone experienced treatment for cervical cancer.

Feelings of being ‘embarrassed’ or ‘sick even thinking about it’, the test being ‘uncomfortable and intrusive’ or one women who ‘spend weeks dreading it’ continue to influence whether women as they get older attend a screening invitation or not. Indeed, one woman found it so painful she ‘cannot relax for nurse/doctor to carry out the test.’

Some women didn’t know what stops them going, others just ‘don’t want to go’, and ‘don’t think of the future very much’ but reluctantly would go ‘when I have to’. One lady felt cervical screening was ‘unnecessary, only if you have signs and symptoms or are sexually active’. Another who shared a similar view and was not sexually active had been advised not to have one by a health professional.

*‘Still have not lost my virginity and my GP told me this means I wouldn’t need a test right now. I did offer but was told it was painful, would for me be especially painful and as a result it was unnecessary and though it was up to me the chances of Cancer were slim to none in my situation. Given all the information I had I decided against going for a test’.*

It is not surprising some women are put off attending cervical screening when they receive advice off professionals indicating before the test has even gone ahead that it will be painful. Four additional women indicated that the poor experience of the test itself, and the manner of the health professional was so bad that they felt unable to go again.

*‘Attitude of nurse in GP surgery in relation to my privacy when conducting my last test’*

*‘Previous experience of treatments badly given’*

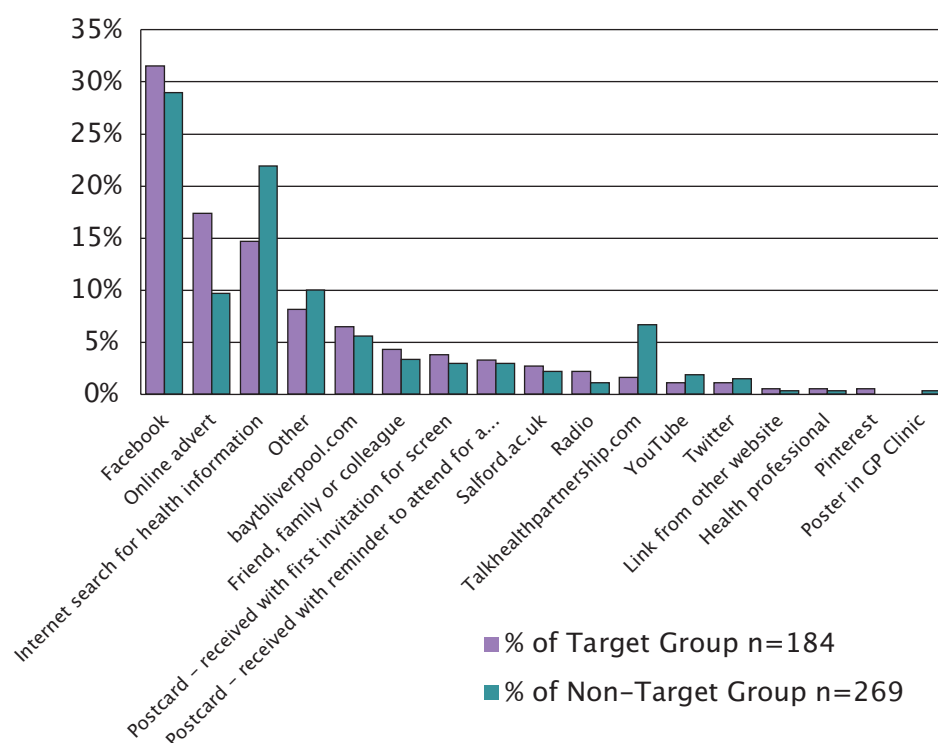
*‘Went after 19 years without being screened and had horrible experience about four years ago by GP’s nurse and big metal contraption, don’t want to go again!’*

One lady compared it to her experience in the USA where she would visit the same gynaecologist for the test, ‘not some random person in the GP’s office’, suggesting continuity and trust, due to the intrusiveness of the test made a difference to her attending.

## Campaign Awareness

The survey asked how respondents had first discovered the campaign (Table 1 and Figure 6). Both Target and Non-Target Group indicated Facebook as the main source of campaign discovery, followed by online adverts and Internet searches for health information by the target Group. For the Non-Target Group, these two are reversed. Internet searches represent a markedly higher proportion of the Target Group means of discovery, which could be attributable to the wider use of Internet search by younger people generally. Of the main media platforms utilised by the campaign, YouTube (1.08% and 1.86%) and Twitter (1.01% and 1.49%) perform relatively weakly (Pinterest was used by in a very minor way during the campaign, therefore it’s low ranking here is expected).

**Figure 8:**  
**Modes of Campaign**  
**Discovery**



Looking further, respondents were asked which forms of campaign material they had seen overall. Here online adverts were the most prominent form of campaign material for the Target Group, viewed by around 70% of respondents. The Website and Facebook are also widely viewed material. The position of the online advertisements above Facebook (the de facto hub of the campaign) is perhaps initially surprising, as Facebook overall had a much wider reach. However, this could be attributed to the targeted nature of the online advertisements, which aimed specifically at postcode groups within the target region. In addition, it has to be remembered that online advertisements were placed on Facebook and YouTube. Posters, while not a popular way for the campaign to be discovered by the audience, show that they were seen by a significant proportion of respondents, and we believe this is due to them being hosted on the campaign website. Overall though, sightings of campaign materials show no discernable differences between Target and Non-Target groups.

## The Role of Postcards

Postcards were distributed (6379) with first invitation letters (see appendix 1) for a four week period in the month of July to women just before their 25th Birthday (24 and 6 months) from two screening agencies (Merseyside and Lancashire). The purpose of this was twofold:

1. To measure whether receiving a postcard with the invitation letter would increase the number of women attending for screening, compared to rates of screening when no postcard was issued
2. To measure whether a postcard would increase traffic through the campaign website, as the web address on the postcards was unique and would register people responding to the postcard

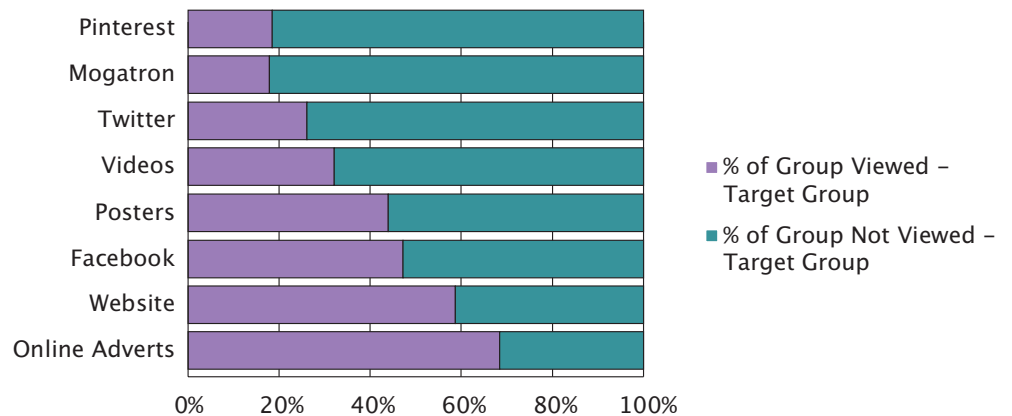
A simple correlation between screening rates during two four week time periods, before postcards sent compared with the four weeks when the postcards were distributed indicates no difference indeed less impact on response rates to the first screening invitation by young women (see Table 1 an example of the Merseyside region screening uptake rates).

**Table 1:**  
**Merseyside screening uptake rates with and without a postcard prompt**

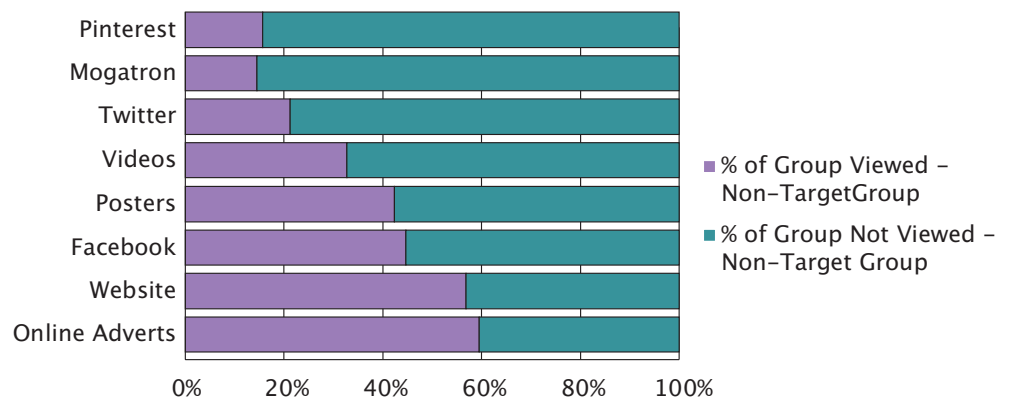
	Without postcards			With postcards		
	Total sent	Tested within 3 month	%	Total sent	Tested within 3 months	%
Liverpool	985	86	8.7%	922	77	8.3%
Sefton	341	29	8.5%	288	24	8.3%
Wirral	328	50	15.2%	307	46	14.9%
St Helen's & Knowsley	379	49	12.9%	362	40	11%
<b>Total</b>	<b>2033</b>	<b>214</b>	<b>10.5%</b>	<b>1879</b>	<b>187</b>	<b>9.95%</b>

Only 3.3% of women discovered the campaign as a result of receiving the postcard. This suggests that for this group of women this postcard did not influence behaviour towards attending for a cervical screening test.

**Figure 9:**  
**Sighting of Campaign Materials: Target Group**



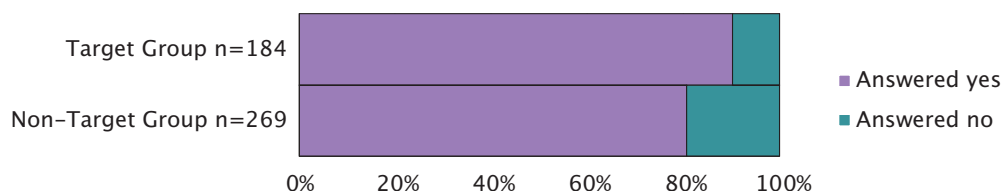
**Figure 10:**  
**Sighting of Campaign Materials: Non-Target Group**



## Campaign Effectiveness

A simple yes or no question was asked in the survey on whether the campaign was effective. The results were overwhelmingly in the positive, both in the Target Group and the on-Target Group. Shown in Figure 11, 90% of the Target Group believed the campaign to be effective. While a positive result, more detailed analysis is required in order to discern what within the campaign was effective and which aspects were more effective than others.

**Figure 11:**  
Overall Campaign Evaluation



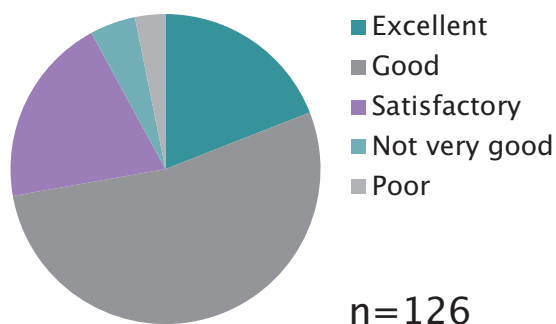
## Rating Campaign Material Type

The survey asked respondents to rate each of the campaign materials they had seen on a 5-point scale (Excellent, Good, Satisfactory, Not Very Good, and Poor). Figures are listed on Table 2, and each row is represented visually from Figure 12: Rating online adverts: Target Group Figure 13 to Figure 28: Rating radio promotions: Target Group Figure 29. Overall, the responses to individual material was positive, with 87.70% of responses rating campaign material as Satisfactory or above, and 22.19% rated as Excellent compared to 4.28% of ratings Poor.

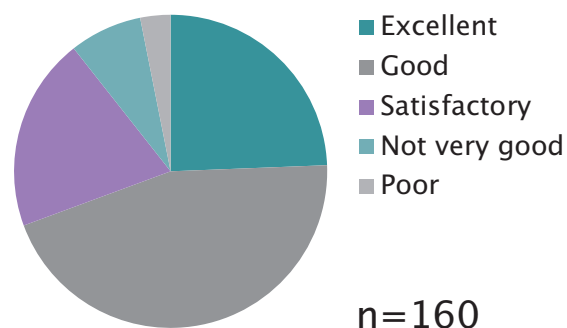
**Table 2:**  
Campaign Material Feedback

Campaign material	Excellent	Good	Satisfactory	Not Very Good	Poor
<b>Facebook</b>	<b>56</b>	<b>84</b>	<b>40</b>	<b>18</b>	<b>9</b>
Non-Target Group	29	51	22	14	4
Target Group	27	33	18	4	5
<b>Mogatron</b>	<b>7</b>	<b>26</b>	<b>23</b>	<b>8</b>	<b>8</b>
Non-Target Group	4	16	12	4	3
Target Group	3	10	11	4	5
<b>Online Adverts</b>	<b>63</b>	<b>139</b>	<b>57</b>	<b>18</b>	<b>9</b>
Non-Target Group	39	72	32	12	5
Target Group	24	67	25	6	4
<b>Pinterest</b>	<b>10</b>	<b>24</b>	<b>26</b>	<b>9</b>	<b>7</b>
Non-Target Group	7	14	13	5	3
Target Group	3	10	13	4	4
<b>Posters</b>	<b>40</b>	<b>96</b>	<b>40</b>	<b>12</b>	<b>6</b>
Non-Target Group	26	57	25	3	2
Target Group	14	39	15	9	4
<b>Twitter</b>	<b>21</b>	<b>33</b>	<b>33</b>	<b>12</b>	<b>6</b>
Non-Target Group	10	19	18	8	2
Target Group	11	14	15	4	4
<b>Videos</b>	<b>25</b>	<b>61</b>	<b>36</b>	<b>16</b>	<b>9</b>
Non-Target Group	17	38	18	11	4
Target Group	8	23	18	5	5
<b>Website</b>	<b>76</b>	<b>118</b>	<b>50</b>	<b>13</b>	<b>4</b>
Non-Target Group	44	68	32	7	2
Target Group	32	50	18	6	2
<b>Grand Total</b>	<b>298</b>	<b>581</b>	<b>305</b>	<b>106</b>	<b>58</b>

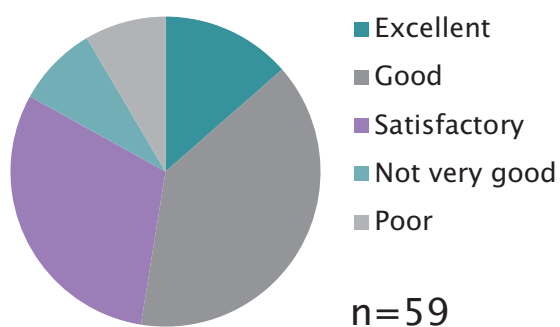
**Figure 12:**  
**Rating online adverts: Target Group**



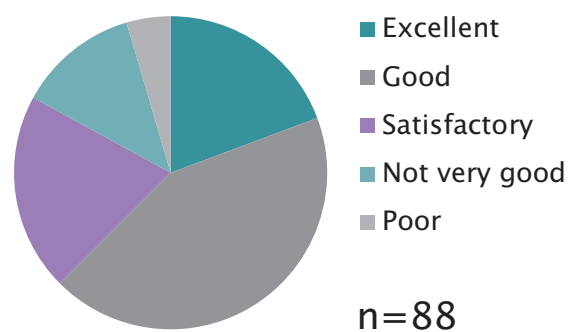
**Figure 13:**  
**Rating online adverts: Non-Target Group**



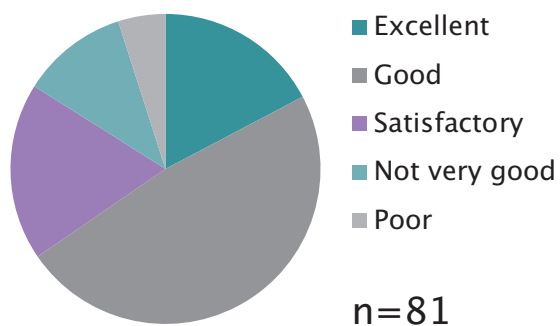
**Figure 14:**  
**Rating videos: Target Group**



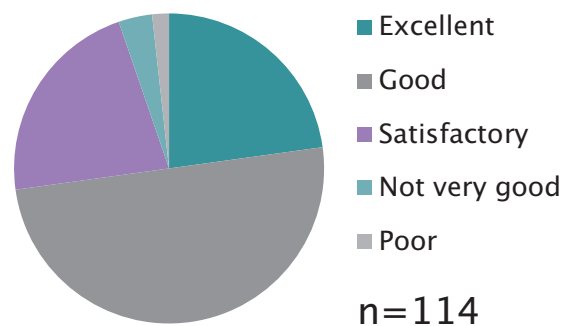
**Figure 15:**  
**Rating videos: Non-Target Group**



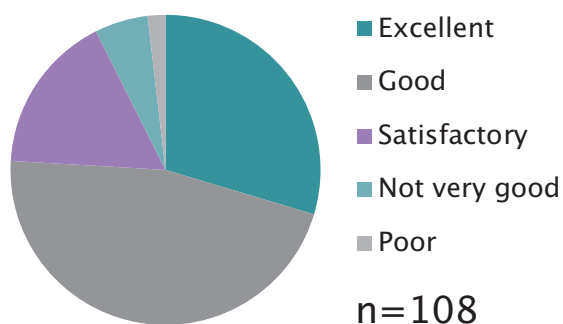
**Figure 16:**  
**Rating posters: Target Group**



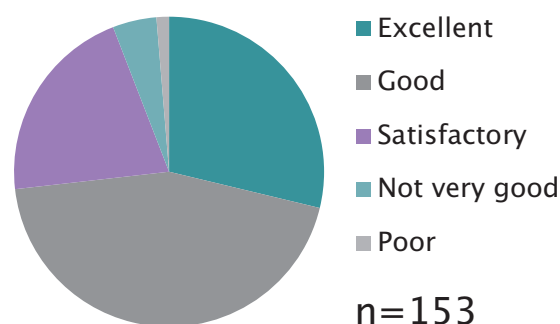
**Figure 17:**  
**Rating posters: Non-Target Group**



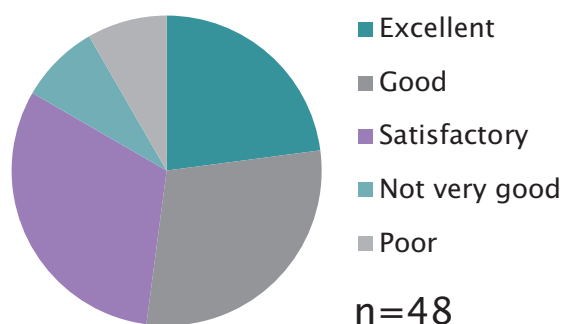
**Figure 18:**  
**Rating the website: Target Group**



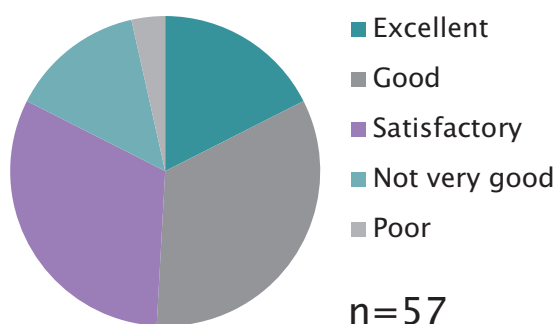
**Figure 19:**  
**Rating website: Non-Target Group**



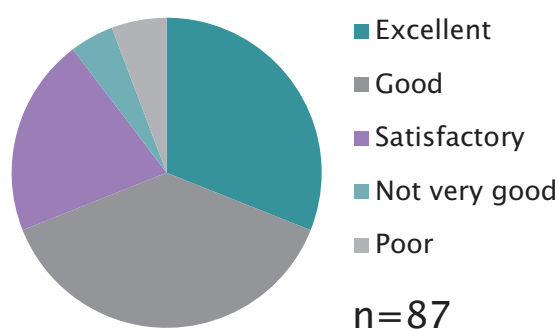
**Figure 20:**  
**Rating Twitter: Target Group**



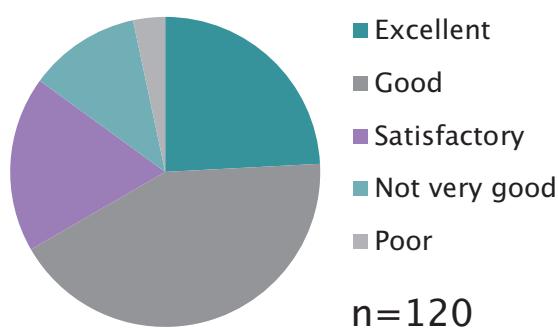
**Figure 21:**  
**Rating Twitter: Non-Target Group**



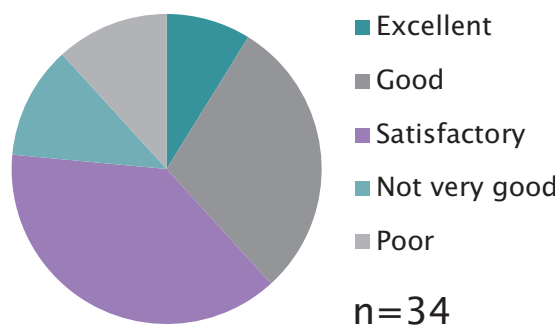
**Figure 22:**  
**Rating Facebook: Target Group**



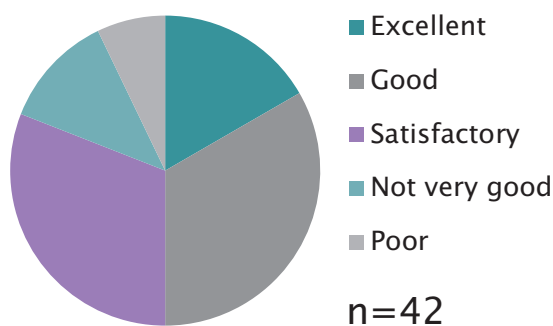
**Figure 23:**  
**Rating Facebook: Non-Target Group**



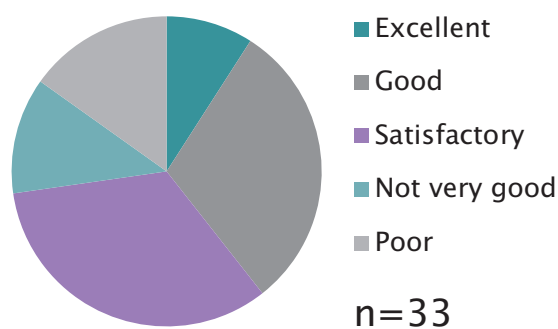
**Figure 24:**  
**Rating Pinterest: Target Group**



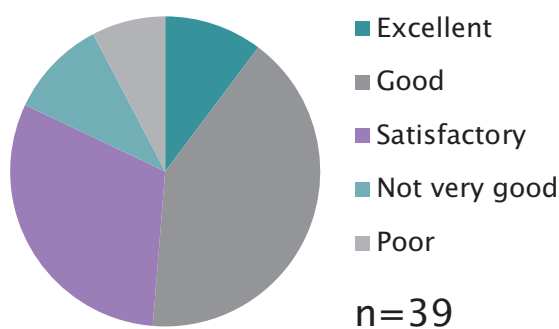
**Figure 25:**  
**Rating Pinterest: Non-Target Group**



**Figure 26:**  
**Rating Mogatron: Target Group**



**Figure 27:**  
**Rating Mogatron: Non-Target Group**

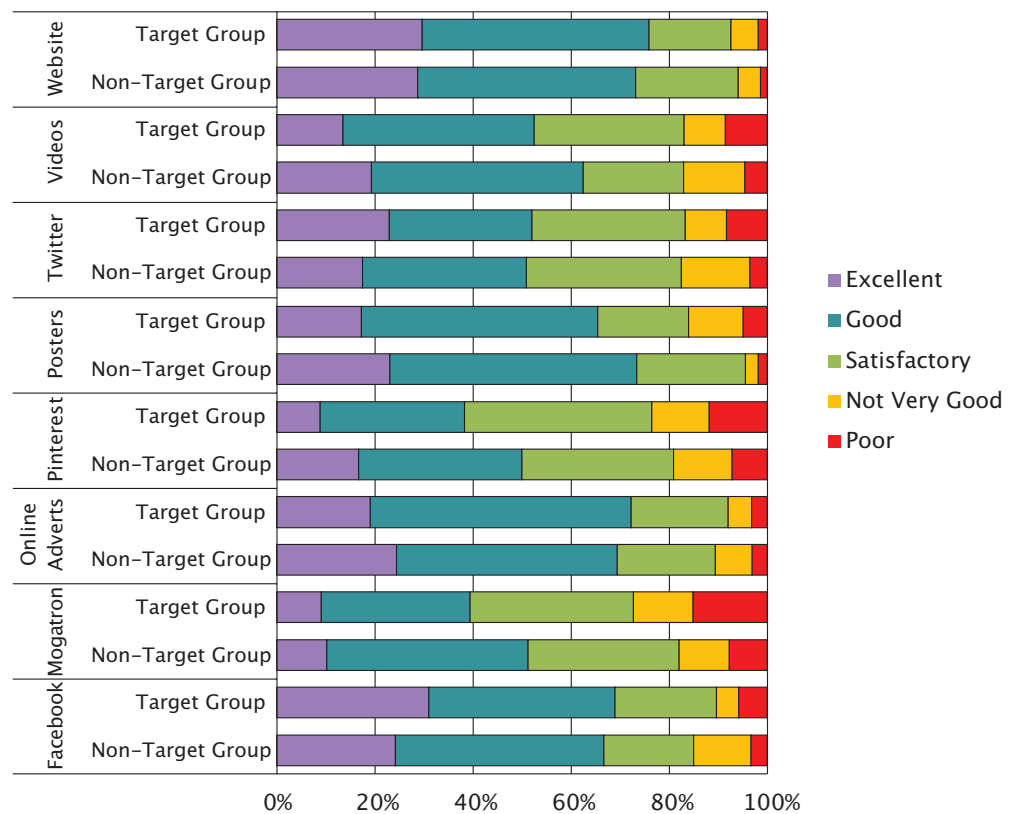




To compare each type of material Figure 30 displays each rating in an easily comparable format. Some observations:

- Ratings did not differ very much between the groups for the same material
- The poorest performing material was Pinterest (which is understandable as an unexploited platform) and the Mogatron.
- Twitter and Videos (i.e. YouTube) received a higher percentage of poor ratings than other material such as radio and posters.
- Facebook and the Website had the best overall rating from the Target Group, which is reassuring as Facebook was the de facto hub and the website carried the main message of the campaign. Online adverts also performed very well in the ratings, which suggest that these were successful in driving interest and awareness in the campaign.

**Figure 28:**  
**Comparative Analysis  
of Media Types**



## Qualitative Responses to the Campaign

The evaluative survey generated 262 comments regarding the nature of the campaign from women in the Target Group. Of these, 212 were direct comments associated with appraising the quality of the campaign, 195 of which (92%) were positive, 17 negative (8%). Additional Comments included suggestions on how the campaign could be improved (19), that the campaign had not been seen (21), or that the question was not applicable (10).

The majority of women between 25-29 years old, who completed the questionnaire considered the campaign to be effective for a number of reasons: the *'clear and concise message'* it portrayed, it was *'important'*, *'accessible and friendly'* the *'right balance of information'* that increased awareness, knowledge and influenced a behaviour change by raising the importance of the need for cervical screening. Three comments indicated that the fact that the campaign targeted *'all women at risk'* or *'the most at risk groups'* which suggested there was a perception it was working in different ways for different people. General comments included:

*'Increase awareness and encourage women to go for a screening for future health'*

*'It draws attention to the need for regular cervical screening and that can only be a good thing'*

*'It has really highlighted the need to get checked even if you're busy'*

*'It highlights the need to go for a test due to the prevalence of cervical cancer'*

*'Raising awareness is very important...if we don't know about the risks we won't know how to protect ourselves against them'*

*'The campaign hopefully encourages women to go get tested'*

*'Just overall generally good'*

The key underpinning messages of the campaign which formed a simple reminder that a cervical screen was important, took a few minutes, yes it was uncomfortable but it could save your life, were considered the best part of the campaign. 101 of the 195 positive comments focused on complimenting the message of the campaign and the simple yet effective information it delivered. There was repetition in the key words young women used to best describe the campaign message (see Table 2), indicating consensus that the campaign was *'simple'*, *'clear'*, *'concise'*, *'direct to the point'*, *'easy to understand'* and *'very informative'*.

**Table 3:**  
**Key words used to describe the campaign**

Important  
 Makes people aware  
 Makes you understand the importance  
 Simple and clear  
 It's simple and clear  
 It's a good reminder  
 Clear and concise,  
 Clear delivery of the message  
 Tries to make it a normal, everyday occurrence (which it is!)  
 Clarity and honesty  
 Creates the awareness in a subtle manner  
 Is good  
 Very clear and to the point  
 Nothing was pushy about it and I was quite comfortable with it  
 Gets the point across  
 I like the way the message is portrayed  
 People know what they can expect  
 Very knowledgeable  
 Importance of being screened  
 It's very informative  
 Direct to the point with lots of information  
 Plenty of information which has been easy to obtain  
 Raised awareness, well written  
 Easy to understand writing so the message is clear  
 Information is easy to find  
 Really informative which is a shame too because it is not well known  
 Information seemed relevant and reassuring  
 Very interesting and informative  
 Good to get information of this nature to the public  
 Easily accessible information  
 Very enticing and it helps the awareness of cervical screening for the public  
 Straight to the point  
 Getting across the importance

Indeed phrases that summed up the perceptions of the young women included that the campaign was:

*'Not too in your face, the message was strong but not preaching'*  
*'That it is prompting women to have an important life saving health check'*  
*'It isn't too clinical, it highlights the importance of screening without being too intimidating.'*  
*'The message is getting across and encouraging the awareness of having regular tests'*

Two women indicated whatever the campaign the experience of cervical screening for them was *'distressing'* and *'horrible'* and these feelings should be acknowledged, but recognising that sometimes the more you know makes it worse for some people.

*'I still find the thought of a screening very distressing so perhaps that feeling in some people could be acknowledged and addressed somehow'*  
*'The more aware you are the more paranoid that when you get a pain it's going to be something horrible'*

A couple of suggestions from women indicated that information on the option to request a small size speculum and information of HPV could be introduced on the site.

*'You could have a few more myth busting ones. Many women I know are worried about speculums, fearing they will be large and cause pain. It would be good to reassure women more about what speculums are and how they work. Knowing that there are several sizes available and that lube is used might also help women'*

*'Would have liked to see a bit more information on HPV'*

Negative comments were predominantly concerned with the cat theme but for the 15 comments disliking the theme and the design, there were 31 opposing comments advocating that *'the cats'* were the best thing they liked about the design.

8% of comments from just 15 women thought the campaign was *'childish'* a *'bit cliché'*, *'presented too bluntly'*, *'just silly'*, the campaign could be *'more polished'* and the cat *'has no relation to the subject.'* Indeed one woman indicated she was a *'bit freaked out by the cats to be honest'* and was *'not certain of the relevance although they grab your attention!'* Further comments included:

*'I know it's stupid but I don't like cats'*  
*'I really don't understand the cat-theme. I don't think it's funny and don't get it!'*  
*'It's a cat...it doesn't seem to show the seriousness of the situation'*  
*'The theme of cats seems a bit bizarre, as much as I like cats!'*  
*'Not everyone likes cats - may seem silly but you could exclude people'*  
*'There's a risk that all the healthy messages might get lost between the cats'*  
*'Doesn't talk about health on the posters. Seems to make light of the situation. What relevance are cats?'*  
*'Some of the language could be sense as provoking worry when not needed'*

In comparison 92% (212) of all comments received were positive, of these 31 comments directly praised the cat themed campaign, with women describing the design as campaign *'good'*, *'catchy'*, *'brilliant'*, and quite the opposite *'not scary'*. They liked the *'the colours used'* the *'logo! :)'* felt it was *'modern and relevant'*, *'liked how it is set out'*, indicating that it *'definitely gets attention'* and is *'aimed towards younger women'*. One woman indicated that cats appeal *'thus why I am on the website!'*

*'Grabs my attention'*

*'It was eye catching...who doesn't like an odd cat!'*

*'It really brought out my curiosity'*

*'The theme is very attention grabbing, to the point and made me realise how important it is'*

*'The trickery! It's not clinical or scaremongering it makes it a little more informative in a light hearted but serious way'*

*'The whole cat theme is very clever'*

*'I like the cat theme as it gets a lot of female's attention. Anything cute and I will pay attention to it!'*

*'The cat theme is quite unique'*

*'I liked all of it, the work put in really shows'*

*'It's really fresh and a great angle to come from'*

Eleven women highlighted that they liked the campaign because it was *'fun and informative'*, *'funny and engaging'* it's *'fun and makes the theme less scary'* and is *'keeping things light-hearted'*. The cat design attracted attention because of the use of humour, out of curiosity or simply because it was eye-catching. Some felt it gave out a better message than the usual health campaigns from the NHS, raising awareness without being patronising. An overwhelming majority of women who responded to the survey found the cat theme acceptable, less clinical and less scary, making them feel at ease.

*'Use of humour to deal with a serious issue - it was curiosity which made me click on the link'*

*'Funny, eye-catching, less 'clinical''*

*'The campaign is non-scary. The relaxed style to the campaign material reduces the fear factor around smear tests, while providing accurate and helpful information'*

*'...making the idea of a screening less scary!'*

When providing health information there is a sensitive and careful balance between, delivering information that will increase awareness and influence positive behaviour change, and scaring people with frightening facts, confusing people with medical terminology, or telling people what to do. Overall the majority of women felt this campaign achieved the right balance.

*'Simple but effective enough for people to consider further, without being too graphic or patronising'*

*'I thought it treated the issue with the sensitivity it needs without losing the gravity of the issue'*

*'That it is made fun, it's not your usual droll NHS health screening message'*

*'It's such a light-hearted campaign and I think it puts women at ease by not shoving facts and medical terms at them'*

*'Play on words makes it less harsh for someone who may be a bit reluctant to consider a smear'*

*'Delivers good information and makes me feel a little more relaxed'*

*'Doesn't overload the reader with too much information, yet provides enough detail'*

There were comments that indicated the campaign information influenced, persuaded, convinced and certainly changed the thinking of some women, of how important screening was.

*'It didn't look scary or too clinical but I got the message about remembering to go for my smear'*

*'Made me realise how important it was to be screened'*

*'Just having the reminder - a gentle nudge to book it up'*

*'Persuades people to go'*

*'It is encouraging for those who may be nervous or possibly not bothered about going for a test.'*

*'I liked all of it...made me realise how important it was to be screened'*

*'The message makes you to go for a cervical screening straight away which is the most important'*

For some the information was considered important to those who may be shy or others encouraging them to be brave and not to worry, not to be embarrassed.

*'It helped shy people understand that everyone goes and so isn't anything to be shy about'*

*'Encourages you to feel braver about going and not to worry about it so much (but you still do – a lot!)'*

*'The direct way it deals with people's worries and identifies how nervous smear testing might make a woman'*

*'It's one of those things women put to the back of their minds, they know they should go but embarrassment time etc gets in the way. Campaigns like this do make women think'*

There were specific comments indicating particular preferences and likes for different aspects of the campaign, such as the website, the online adverts, the Mogatron, the postcards and the videos. Although one person commented that the videos were perhaps aimed at a younger audience.

*'The simple straight forward website that informs you in the important stuff'*

*'The advert was interesting – the questions made me want to find out more'*

*'The adverts are very clear'*

*'I particularly like the Mogatron/social media part of the campaign. It's light-hearted and fun'*

*'I think the Mogatron is such a great idea and I'm surprised it's not gone viral!'*

*'I liked the little postcard with the cat on. I thought it was concise and straight to point but it wasn't boring. The design was very eye catching with all the information that is needed'*

*'I liked the videos' and 'good videos'*

*'The videos (of people dressed up in cat costumes) seem to be aimed at a younger audience, than the target audience of a smear test'*

Central to the digital campaign was the social networking element and people engaging with the campaign realised that they could influence other people, or their friends, health by sharing the information in this way. It was perceived that the cat campaign gave women something light-hearted to open up a discussion with their friends, or it didn't create unwanted questions from children, or easily offend people.

*'Campaign is very good and especially informative and after the campaign our knowledge is definitely increased and we can even inform other people about this'*

*'Great message - Allows me to talk to friends about it'*

*'I think it is an amazing idea to make people more aware and spreading the word so more people are not afraid to go'*

*'I like how a cat was used, so as not to be crude but still get the point across, so young children will not ask awkward questions and the easily offended will have no qualms with the advertising'*

Comments indicated that *'online is good'* the campaign is *'mentioned everywhere'*, liked it because it *'even exists'* and that this particular campaign *'filled a gap in the market.'*

Whilst some women had clearly accessed the campaign materials and engaged with the website it cannot be ignored that some had not seen the campaign, with one woman indicating she didn't like the fact that she hadn't seen it at all.

*'I didn't know about it, until I tried doing some basic research before my first test'*

*'Haven't actually noticed the campaign at all'*

*'Didn't like... That I hadn't seen it before!'*

Women suggested the campaign should be bigger, with increasing the use of social media to push the message out and more visible links to other websites.

*'Awareness needs to be raised in a big way - this for me is not enough'*

*'It wasn't as wide spread as it should be'*

*'It would be great if the campaign could be rolled out in a larger geographical area (I have only seen it online & not far from Salford)'*

*'It's not widespread enough! I think more needs to be done to make people aware of the campaign through social media and promotions'*

*'I think more social networking advertising would be appropriate eg. like and share to increase awareness'*

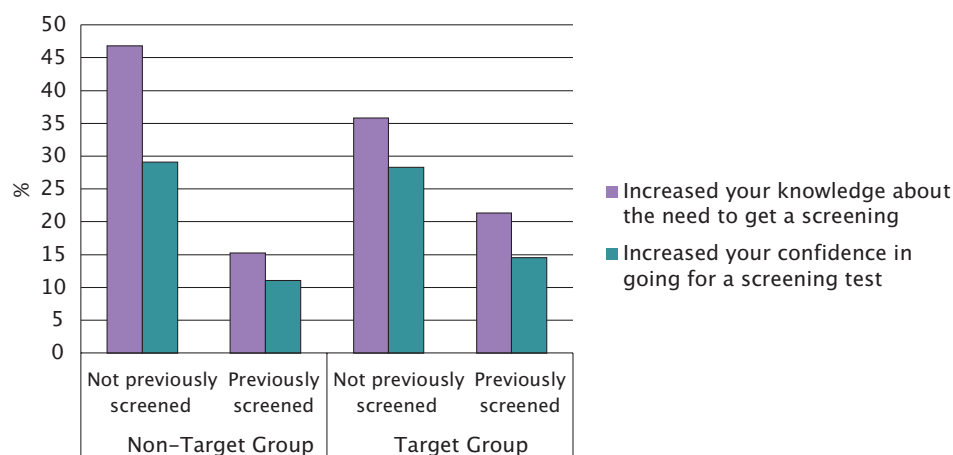
*'You could have more links to other websites on the front page, E.g to Jo's trust'*

There were a few suggestions that *'cervical screening should be aimed at a younger audience... early knowledge is the best prevention'* or targeted at *'ethnic minorities as this is also a group that either doesn't get enough info or are afraid of what is involved'* (see section 4).

## The Effect of the Campaign Upon Knowledge and Confidence Regarding Screening

Looking at the effects on the campaign on the audience, as shown in Figure 31, we can see that the campaign has raised both knowledge and confidence about cervical screening among some of the audience. Moreover, those who have not previously been screened show a greater reported increase here too. Although the Target Group show better results in other areas, interestingly, it is the Non-Target Group who have not been screened previously who show the largest improvement in knowledge on cervical screening (importantly for the purposes of this part of the analysis – it is important to note that the Non-Target group includes those aged 16-24).

**Figure 29:**  
Increased Knowledge or Confidence



## The Effect of the Campaign Upon Cervical Screening Attendance

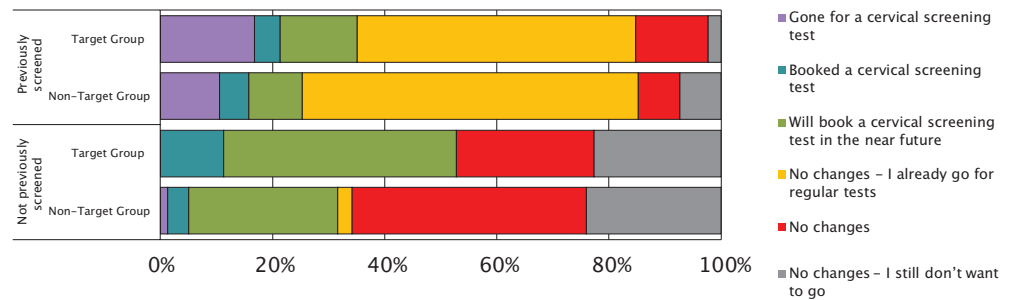
The survey asked respondents what affect the campaign had on them in terms of going for cervical screenings. They were asked if they had been prompted to go for a screening, if a screening was booked, if they intended to book an appointment soon, if they had not been prompted by the campaign (because the campaign had no effect, or they do not want to go for a screen) or if it had no effect because they already go for regular screenings. The responses are shown in Table 4 and Figure 32.

**Table 4:**  
Changes in Behaviour Towards Cervical Screening

Group	Gone for a cervical screening test	Booked a cervical screening test	Will book a cervical screening test in the near future	No changes – I already go for regular tests	No changes	No changes – I still don't want to go
Not previously screened	1	9	43	2	46	31
Non-Target Group	1	3	21	2	33	19
Target Group	0	6	22	0	13	12
Previously screened	42	16	36	179	31	17
Non-Target Group	20	10	18	114	14	14
Target Group	22	6	18	65	17	3
Grand Total	43	25	79	181	77	48



**Figure 30:**  
Changes in behaviour  
towards cervical  
screening



In both groups, there is a noticeable difference between those who have been screened previously and those who have not. The majority of those previously screened identify themselves as already going regularly. This figure is minimal in the previously unscreened respondents.

- 54% of previously unscreened women in the target group report to being prompted by the campaign to go for a cervical screening. For previously screened women the figure is 41.8%. Both figures are higher than the non-target group.
- A much higher number of women who have not been screened report that they do not want to go (22%), when compared to those that have already been screened (2%). This figure is similar for the non-target group.

Notably, only 64.6% of women in the target age group had been screened within the past 3 years (as is in line with national policy). Whilst no women in the target group had actually attended for a screen, 28 women out of 53 (52.8%) who had reported not previously attending for a screen indicated that they had either booked an appointment or would book one in the near future. If these women follow through on what they report this could increase the percentage of women in the target age group's attendance to 79.8% within the last three years and 85.3% within the last five years.

For this study as a whole, if we look at all women above the age of 25, those eligible for screening in line with national policy, we see that 37 women out of 78 (47.4%) who had reported not previously attending for a screen indicated that they had either booked an appointment or would book one in the near future. If this group follow through on what they report (acknowledging one woman reported already attending in this group) this could increase the percentage of women attending to 83.7% within the last five years. This figure was 74.2% based on the cervical screening history data provided by the women in our survey aged 25 and above.

Both these sets of figures compare favourably with NHS data for the female population in general as shown in Figure 31.

**Figure 31:**  
NHS Cervical Screening  
Programme: test status  
of women and coverage  
by age, 31st March 2013

- 62.0% of women age 25-29 have been tested within the past 3.5 years
- 65.2% of women age 25-29 have been tested within the past 5 years
- 71.5% of women age 25-49 have been tested within the past 3.5 years
- 78.7% of women age 25-49 have been tested within the past 5 years
- 68.3% of all eligible women (25-64) tested within the past 3 years
- 78.3% of all eligible women (25-64) tested within the past 3 years

Source: Health and Social Care Information Centre.

# South Asian women's views



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## Introduction

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Additional funding for the study supported a focused qualitative investigation of the experiences, views and opinions of South Asian women aged between 25-29 years. This section of the report provides a summary of the qualitative research work carried between July and September 2013, across four focus groups involving 39 young women. The funding was secured five months into the 12 month study and three months after the digital campaign was launched. It was therefore decided at a Steering Group meeting in May 2013 that perceptions of ethnic minority women will be sought to answer the following key research objectives:

- Developing understanding of why ethnic minority women do and do not respond to cervical screening invitations.
- Exploring how digital campaigns are received by young women from ethnic minority communities and testing the best ways to provide health promotion information using digital and social media channels.
- Evaluating the ‘thecatthatgotthescreen’ campaign with regard to relevance, appropriateness and information needs of young women from ethnic minority communities.

It is important to note that the findings of this small in-depth qualitative report are the opinions of 39 South Asian women. Whilst they provide a richer understanding of the reasons behind not attending for cervical screening for some Asian women they may or may not reflect the consensus view of the wider BME population. In the previous section we reported the feedback from the evaluation survey of the digital campaign. From this data 49 comments were received from BME participants of the campaign of which only three comments indicated discontent with the campaign ‘cat’ theme, suggesting the strong feelings within the focus groups in this section, reflect an alternative view that needs to be considered. Across the different survey respondents 49 comments were received from women from a BME group. 38 of the 49 comments directly praised the design of the campaign, that it was ‘*informative*’, ‘*very good*’, ‘*straight to the point*’.

## Research Methods and Recruitment

The findings presented are primarily based on four focus groups held in the North West of England. The focus groups were held at the bases for community organisations and within community centres including the base for; a Hindu Cultural organisation in Liverpool (Radna Krishna Temple), the Preston Muslim Forum, (Hamara Centre), the Bangladesh Association & Community Project in Rochdale and a sure children's centre in Rochdale (Deeplish Sure Start Children's Centre).

Without the significant assistance of four key community-based workers including community champions and workers with roles in the arenas of social inclusion and community engagement, conducting the research would have been proved far more challenging. These community workers either introduced the researcher to potential participants and/or located participants, then organised a group meeting at a suitable time and location. They also assisted with translation where necessary and to varying degrees took part in the discussions which took place. In one case an initial visit was made to the community-based location to introduce the project and identify women who may be interested in the focus group before returning to conduct the research.

The focus groups were facilitated by the project researcher, lasted between 60 and 90 minutes and were all digitally recorded, transcribed verbatim and analysed using thematic analysis. A Senior Project Manager (from North West Cervical Screening Quality Assurance Reference Centre) also attended and assisted with the facilitation of the initial focus group. The focus groups were designed to be attended by no more than 12 participants and ranged in attendance comprising of one attended by seven participants, two with nine participants and one with 12 participants. Each participant was paid £40 to reimburse them for their time to attend the group.

Initial stumbling blocks to organising focus groups including summer holidays and the start of Ramadan led to the early exploration of other methods through which to explore the views of young women. As a consequence two telephone interviews were organised after contacting the Greater Manchester BME Network and conducted with women within the target age group. The two women were studying at the University of Manchester, but lived in Birmingham and were home for the summer holidays, hence the decision to conduct a telephone interview. The interviews lasted between a 30-45 minutes. In addition one of the focus group participants agreed after the group discussion to help develop one of the campaign materials involving a brief informal interview and thus her insights have also been integrated within this document (see page 94). This small aspect of the research was reliant on hand written notes and but characterised by the same approach to analysis.

In total 39 of the target group participants took part in this aspect of the project research, all participants being provided with an information sheet and consent form prior to conducting the research (see appendix 4 and 5). Assistance with overcoming any language barriers to informed consent was also provided with the help of the community workers. Requests made to public/community health officials for help with the identification of suitable groups in the community to target and contact, incorporated specific reference to the desire to speak to South Asian women. All participants were South Asian women with the exception of one woman who was South American with a South Asian husband. The focus groups included women whose ethnicity/ethnic origin was defined as Indian, Pakistani and Bangladeshi with one of the phone interview participants defining her ethnicity specifically as British Pakistani. The focus groups thus also included English, Bengali, Gujarati and Punjabi speaking participants. The following report, perhaps unsurprising, is dominated by the voices of British born South Asian women.

## Guiding Research Questions

A number of research questions were posed, used to guide discussion but not to dictate the flow of conversation or stifle topics women wanted to raise.

- What are participant experiences of cervical screening and are there particular ethnic barriers to attendance?
- What influences whether participants go for cervical screening?
- What are participant views on the campaign and its associated campaign materials?
- If participants received a postcard with the invitation letter advertising the campaign would they have a look at it on the internet?
- What other digital and social media outlets could be used to push out the campaign to meet the needs of ethnic minority or South Asian young women?
- Is there a better way to provide information about cervical screening to young South Asian women?

As the focus groups progressed emergent views on and ideas around the digital media campaign development were also explored in subsequent group discussions.

## Key Findings

Four key themes, which mirrored the objectives for this part of the study, emerged from the data, with a number of sub-themes associated with each theme.

- Influences on cervical screening attendance
- Perceptions and evaluation of the digital campaign
- South Asian women's use of digital and social media
- Better ways to reach young South Asian women

## Influences on cervical screening attendance

### *Embarrassing, uncomfortable and painful*

There is evidence that non-response to cervical screening invitations is, associated with fear and perceptions of the test, (invasive, uncomfortable, painful and embarrassing) in common with the general population. This is clear in the participant responses to being asked about their reasons for non attendance following their cervical screening invitations:

*'I find it a bit scary to be honest...It's quite personal isn't it'*

*'Too scared, just the thoughts of it...I imagine it to be painful, uncomfortable.'*

*'My Mum says that it's too painful, if my mum says it then I'm not going.'*

*'I've never been to one to be honest. I heard that women should do it. I know a friend that went to one in her 30s and she had a lump. It's something that I'm scared of, I know I should go, it's the fear. Also it's quite a sensitive and embarrassing issue and intimate also, makes you feel awkward, I'm not really confident enough, that's the other side of it.'*

## Married or sexually active

There was an overwhelming perception amongst women that cervical screening is only relevant to women who are sexually active or married. Thus non-married South Asian women prior to marriage tend to ignore cervical screening invitations, indeed the test is considered inappropriate for virgins.

*'I have...not done it, thinking that if you're sexually active, then you need to go.'*

*'I will go later when I have to go probably when I am married'*

*'I don't feel that it's ethically right to do that to a virgin, to go through that sort of procedure.'*

Participants talked generally about perceptions among non-sexually active unmarried young women within the Asian community of cervical screening as something which is irrelevant to them, relating this to a cultural influencing factor on uptake.

*'I think a lot of women in Asian cultures, if you're not married you don't need to go for it...so I think that's a taboo attached with our culture, if you're not married or you're not sexually active you don't need to go for the smear test, so ignore it. I think that's a big one in our culture'*

*'A smear test is for somebody who's...married or sexually active, it's not for somebody who's not married. It's like when I told her about it she went... "Well I'm not married do I need to go?" I went it's nothing to do with being married...but that's the first question somebody's gonna say...do I need to go, cause I'm not married, I don't need to go to get to done?'*

*'I was actually talking to my friends about this and all four of them said they thought they didn't need to have one unless they were sexually active.'* (Telephone interview)

*'...with South Asian women some may not be confident to go and some of the women may not be sexually active and particularly if they are not sexually active they may be more nervous. Some religions, like Muslims don't have sex before marriage. If married that's different and may be more likely to go.'*

Attendance, among this particular ethnic group, appears to be related to being married and having children.

## Lack of clear information

Women who took part in this research identified that the invitation letter and leaflet does not convey to them that the test for them is important and suggested a shortfall in information with regard to the rationale for the test and the procedure. Women responded to GP, nurse or family member encouragement and in one case a participant described how she *'got the letter so many times'* that she received a form from the GP with the letter *'saying if you fill this in you don't go we will stop sending you letters'* and so she thought *'right, get it over and done with.'* Very few participants said that they were influenced by the invitation letter, but more described as something which is, *'a waste of a stamp', 'ignored', 'thrown away', 'put in the bin'* and which you *'don't even bother reading'*. There was an information shortfall with regards to invitation letters and leaflets and participants identified that they need to know more about the reasons why they need to go for and importance of the test.

*'...it didn't give a reason as to why I should go for it...I don't think a lot of people know why and they just think 'well it doesn't matter, there's no need for it' (participant talking about the letter).'*

*'...there's not enough as to why do have it done, 'well I haven't been doing anything or I haven't-so maybe it's not for me'*

*'...it's just a standard letter like you would get from your dentist that you're due for a routine check up and that's what the letter is, there's not much information about it, like why you need to go and what the importance of it is...'*

*'I think it's more about lack of information that's how we all think 'ok what is this? We don't know so we don't want to go for some test that we don't know about'*

*'I've not been, yeah I don't think there is enough information about it and the only thing, likes been said it sounds scary...'*

*'...there's a lot of misinformation about it and I just thought it's not important and it's invasive so I don't want to. I wanna you know put it off until I feel it's absolutely necessary' (participant who attended for a test following a personal health issue).*

More information before and about the procedure in terms of 'knowing what to expect', was identified as a potential area which could influence and encourage women to attend for cervical screening.

*'...if only there was a bit more information as to how the procedure would be done and how long it would take etcetera and the side effects...'*

*'...how it's done is the main thing; we need to know how it's done'*

*'I think mainly I wondered about the procedure...I did think it was going to be horrible and horrific because I didn't know what to expect but then I did wonder why I had felt like, been so concerned about the test, after I had had it done.'*

*'...afterwards I thought...oh it's done and dusted with but first, you're just really scared thinking, you don't know what you're expecting'*

During the focus groups some participants asked directly about how the test is conducted with specific reference to the equipment used. Some women also identified that they had not received a leaflet with their letter.

## Need for greater awareness

The need for greater awareness within the Asian community of the reasons for and importance of the test was also raised as an issue in need of attention.

*'I think the main issue is a lot of people don't know out there that it is important, they don't know'*

*'I think in the Asian community, it needs to be more, sort of awareness of it more in the Asian community...they don't actually know what that actual main reason is behind it so if they knew what the main reason is behind it I think a lot of women will tend to go for it.'*

*'I think it's the seriousness, we don't understand the seriousness of it...we're not taking the seriousness of it...we need to be aware...we're not aware that's what it is, we're not aware of the seriousness.'*

*'We just take it lightly, we are taking it lightly.'*

*'I think that's the main thing, we just don't know what the importance of it... we're not realising the importance of it'*

*'We're dismissing it that's the key, we are dismissing it.'*



## Perceptions and evaluation of the digital campaign

Introducing South Asian women to the various campaign materials and seeking views on them formed a key element of the research work including the, postcards, posters, videos, Pinterest images and the Mogatron. Participants were also asked specifically for their views on the use of the imagery of ‘cats,’ characteristic of the campaign, but such views also tended to emerge as a key element of discussion surrounding all of the campaign materials.

### Use of and imagery of ‘cats’

The imagery of the ‘cats’ emerged as something largely viewed as unlikely to attract and therefore reach the Asian community.

*‘...in our community cats aren’t that important. I don’t think anybody is into cats.’*

*‘...within the Asian community as a whole I don’t think...pets as such aren’t really a big thing, not as it is in white culture, you know, you have your pets and your cats and your dogs and what have you but within the Asian community or ethnic minority I should say it isn’t that important to us.’*

*‘...it might work for them but within the Asian community, I don’t think, the cats, I don’t think it will work’*

*‘The Asian community...I don’t think it will attract them. The Asian community are not really animal lovers-don’t tend to have pets.’*

*‘Cats and Asian-Pakistani women, no I don’t think it would attract them generally’*

*‘They’re not into Animals, the Asian community, very rare you’ll find out someone’s got a cat.’*

*‘You mentioned cats being the most looked up thing on the Internet but then is that, did you look at it whether it’s from the Asian background? How many of the Asian backgrounds own cats, and look up-I mean it’s very rare, generally, you’ll find.’*

*‘...the publicity material that you’re using right now, I don’t think it will appeal to like people in my community.’*

The focus on cats was discussed as something which is reflective of ‘a totally different culture and lifestyle and values as well’ with regard to what English people value, ‘that’s the British for you’ compared to Asian cultures. It was acknowledged that ‘don’t think you’d ever like please everyone with one sort of image.’ Thus, while research participants understood the rationale behind the use of cats, views emerged that this would not be an effective strategy when targeting South Asian women or ethnic minority groups more generically.

A small number of women commented that they liked the use of ‘cats’ and this was associated with gender, age, culture and identification with the role of the imagery of cats within the campaign. Such views emerged through the two telephone interviews, of younger women at University, offering a potentially different view, as a more British Asian. Indeed the use of cats was identified by one of the above participants as marking the campaign out as ‘unique.’

*‘I was thinking ‘why cats’ and then I think I understood it is just to lighten it up but I did find it a bit weird first of all. Then I understood that the use of cats was to lighten the whole idea and say ‘just get it done’ ‘be safe, do it.’ (Telephone interview)*



*'You do think though cats are really cute and that may be gender thing, women tend to like cats and they may be appealing. From my perspective as a British Asian, I found it hilarious, but the Asian community yes, I don't think it will attract them...I think cats are adorable and may appeal to women within the age range.'* (Telephone interview)

The use of any animals as the focus of a cervical screening campaign was predominately viewed negatively with particular regard to young Asian women. Although the imagery of cats was not seen as offensive culturally or religiously by any of the women, actually some women highlighted that some Asian people do own pets and cats. More interesting was the fact that dogs emerged, in particular, as something which is prohibited and feared within Muslim cultures and cows as sacred within Hindu cultures.

After great debate the overall perception was that the use of the imagery of cats was not inappropriate but more largely irrelevant or inaccessible within the context of this specific ethnic group. It was muted that the use of the cats could act as a barrier to the receipt of the key messages of the campaign with particular regard to difficulty in making the link between cats and cervical screening.

*'... it doesn't send a strong message, what message is it sending, just about a cat...it's confusing. The focus point is the cat and everything, the website, everything, is just the cat.'*

*'Even the actual website is the cat that, it's got nothing to do with cervical screening.'*

*'I just don't think it relates to the actual topic.'*

The use of cats was additionally identified as complicating accessibility of the campaign and its materials to South Asian women and there was a perception of a relationship between education and accessibility of the campaign, with a sense people of having to work to understand the campaign, (this will be explored further in discussion of the postcard element of the campaign). One telephone interviewee, for example, who was a university student commented with regard to the campaign generically that, 'I understood it' and further that the campaign and its fundamental messages will be accessible 'as long as you're educated.' Additional comments included:

*'I found it weird but I tried to understand it, what you were trying to do with it...I didn't quite understand the cat images, I kind of understood it but didn't understand it'* (Telephone interview).

*'You'd have to be quite intelligent to know what's behind this...the cat that got the screen...not everybody will get that.'*

*It was notable that those women who did not speak English as their first language found the campaign impossible to understand without further explanation.  
'I didn't understand anything'*

*'I've been to this website and I couldn't understand anything so I just switch of my mobile and just put it to one side.'*

The Social Inclusion Worker who had assisted with organising and running the group, offered her perception that the use of 'cats' was complicating existing language barriers, in the use of the term cervical screening rather than smear test (a source of noted confusion for the research participants).

*'It could be a language thing as well you know because they were talking about cervical screening and people only know about smear tests and maybe people are not aware that smear tests is cervical screening... If somebody is not very good at English they are not going to understand the concept of cats at all, that's totally going to be strange, what's going on there?'*

A similar point was also made by a focus group participant in Rochdale:

*'She (referring to the lady sitting next to her for whom English was not her first language) didn't know what a cervical screening test is but she knew what a smear is, so it's confusing when you're looking at a cat and then the message.'*

Commonly throughout the research process the key question participants asked was 'why cats?' or made such comments as 'don't understand the cats.' In particular, the imagery of cats and the associated tone of the campaign were inappropriate to the serious and important nature of cervical screening.

*'...it doesn't relate to how important the topic is.'*

*'It's not offensive, it's just it doesn't show seriousness, it doesn't show that, it's just a kind gentle cat, but this is something serious'*

*'But it can look a bit too laid back'*

*'...it doesn't look that serious do you know what I mean...Like when I look at this, it doesn't appear serious to me but it can actually get very serious, cervical cancer' (focus group participant talking about the image of the cat on the postcard)*

The point was also made that the use of cats would work to exclude those who didn't own cats or weren't interested in cats and those who don't like or have a fear of cats.

*'What about all the millions of people that don't like cats and don't hit on the cats on the internet?'*

*'It will scare people that are scared of cats (laughter)...people have a phobia of cats so they will be like 'no I don't need to go on that site' if it's got anything to do with cats.'*

The potential subtle link between cervical screening and the alternative term for cat was also raised in the final focus group with one participant remarking that: *'...very indirectly someone has said to me that you can also call the cat the pussy as well.'* Such connotations were spoken about as potentially 'sexist' and 'vulgar,' indeed the cat imagery was inappropriate because *'some people are going to make that connection.'*

The focus on and 'imagery' of cats formed the core of the discussion around the individual campaign materials reflecting many of the key points made in this section together with the use of cats as complicating language barriers among South Asian women to the receipt of the campaign and its core messages. Indeed *'people dressed as cats'* as opposed to the use of *'real cats'* or pictures of cats seemed to be appreciated to an extent, as a bringing a more *'eye-catching'* and humorous dimension to the campaign, which could potentially work to capture the interest of women, dependent on the social context and the explicitness of the textual links to cervical screening.

## Campaign materials and cats

The discussions around the **postcard** tended to gravitate around the picture of the cat. The link between the cat and cervical screening was viewed as particularly hazy in this context and most young women expressed the view that the postcard would not attract them, (or the Asian community generally) to visit the campaign website for further information. The image of a cat formed an automatic association with pets, vets and animal charities which would result in the postcard being discarded, particularly among Asian women, a view reinforced across focus groups.

*'If you look at like sort of at a glance, you'd think it's something to do with a vet.'*

*'I wouldn't think of that as about cervical screening...I'd just think it's something about cats...Would you class this as a cervical screening card, for me it's something about cats? I'd just say, 'I haven't got a cat, leave it.'*

*'...if that came through my post, I would think it's something to do with pets and just kind of throw it in the bin and think nothing of it.'*

*'The impression it gives me looking at the cat, it reminds me of the RSPCA.'*

*'It's not going to be like 'oh right, there's a cute little cat on there, let's see what it's about, we're not going to be, we're not bold over that easily, over by a cat, basically, no'*

*'...you have to be kind of intelligent to understand it, just looking at that apart from that little symbol there...' (Referring to the logo on the postcard)*

### Extract Rochdale Focus Group (discussions of the postcard)

*'...it's professional and everything, I'm not saying that but what I mean is for the Asian community they won't see that as...' (Participant 1)*

*'Important' (Participant 2)*

*'If they don't speak the language, they are just going to put that in the bin. Even I speak the language and if I seen that walking past' (laughter) (Participant 3)*

*'There's got to be a link to cervical screening' (Participant 4)*

*'There's no link...I wouldn't pick it up. If I seen that at a doctors surgery I'd think RSPCA. You need something that links to it straight away I wouldn't think of that as about cervical screening. I'd just think it's something about cats.' (Participant 3)*



**The Cat that got the Screen**

- Cervical Screening is your best defence against cervical cancer
- Most sample takers are female
- The test only takes around 5 minutes

Talk to your GP or local clinic for more advice or visit our website:  
[www.thecatthatgotthescreen.org](http://www.thecatthatgotthescreen.org)

One of the telephone interviewee's responded, when asked if the postcard material along with the letter would prompt a visit to the website conversely, *'Yeah, definitely, anything colourful, leaflets, all colourful with speech bubbles, things like that and refers you were to go for information I would definitely go on a website.'*

Participant made similar comments with regards the other postcards, **posters**, business cards and **Pinterest images** produced through the campaign.



The 'Kitty wants you to go for your smear test' poster was again spoken about in terms of being associated with perceptions that *'they're collecting for a cat charity or something.'* A further participant said it 'looks good' but that 'I wouldn't associate it with women' and the comment was additionally made that it is *'...good in the sense that it's like pointing at you and saying 'GO'.'* But the key stumbling block relating to all these materials was the cat imagery (discussed in the prior sections of this report) and in particular, perceptions of the poor relationship between the 'cat imagery' and cervical screening.

Focus group participants were also introduced to or provided links to the **Mogatron** (<http://www.thecatthatgotthescreen.org/mogatron/>) dimension of the campaign materials and in cases where there difficulty getting online this had to be explained verbally. The Mogatron was largely dismissed by the women that took part in the research on the basis not only of the cat imagery but also in relation to lack of appropriateness to the target age group and time factors.

### *Extract Liverpool Focus Group (after demonstration of the Mogatron)*

*'I mean you know like for mature people, 25 and onwards, would they actually want to sit there and dress up cats, you know it's like more childish, if you know what I mean. Like I could see my younger cousins doing that, one of them is 10; do you know what I mean? I don't think older people will actually want to sit there and dress up cats, that's my honest opinion, I mean I wouldn't.'* (Participant 8)

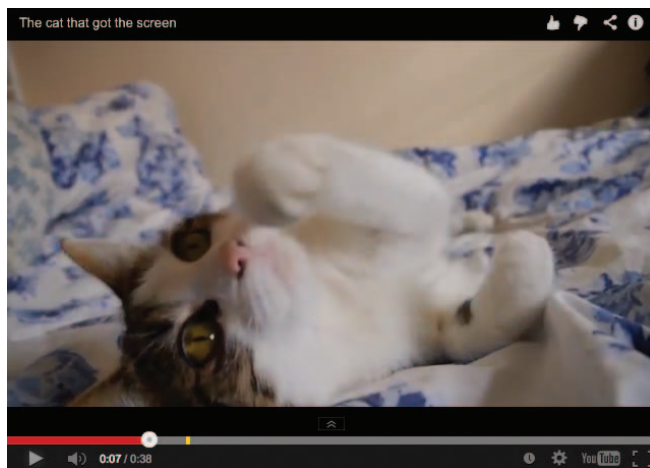
*'It's true like even the people in this age, they even don't have time to sit and dress up and everything else, they may go on Facebook, they may go skypeing, they check the mail and anything else, they go for the news but I don't think so they are going for this one.'* (Participant 9)

One young woman commented, as part of this discussion, that *'I don't have time, I'm a housewife.'* As part of another focus group, explanation of the ways in which the application was being using to promote cervical screening, prompted responses such as: *'Yeah but would many people actually go out and do that?' and*

*'I think it's quite pointless.'*

*'I know their aim is to bring in some fun but the whole subject is serious and you can't put laughter into it'*

*One of the telephone interviewee's indicated was more positive about the mogatron identifying that: 'I thought the Mogatron, dressing up the cats was quite hilarious and getting those messages, I liked that, I got quite involved with that.'*



During the focus groups participants were played the emergent **videos** and asked for their views on them. **The initial video** (one of the early campaign videos which sported the phrase don't be a scaredy cat) prompted a, by now familiar discourse, of a poor relationship between the visually-based material and its intended message. However, the core message of the video 'don't be a scaredy cat' was identified as highly relevant and appropriate to the campaign, which potentially it was highlighted, should have had a more pivotal role:

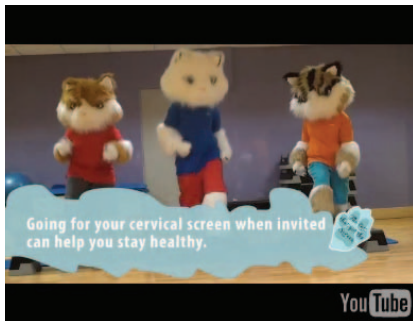
*'Don't be a scaredy cat, that's a good quote... 'don't be a scaredy cat' is a really good quote and it's not mentioned on there at all.'*

*'That message is not on the leaflet though, why is that message not on the postcard? They've missed the key message...because like we all said, we're all scared.'*



While one participant identified the cat in the video as conveying "gentleness" other participants were again dismissive of the relevance of the cat. One participant comment on the video, for example was, "good information but the cat, I think that's extra to be honest." The video was also described as "boring" and having poor capacity to hold attention, "It's not got your attention has it". The 'soft' nature of the video was further criticised as women considered the issue of cervical screening as *'something that needs to hit you and wake you up'* but *'...without understanding or reading English, you won't have a clue, and you'll just think it's something about cat.'*





The discussion of *Cats dancing on treadmills* video, featuring people dressed up as cats received a more positive response, described as ‘*more eye catching*’ and generally seemed to feature as something which the women found to be more engaging. There were positive comments on the song choice, ‘*staying alive*’ with one participant vocalising to the group: ‘*we do want to stay alive-go for your screen test.*’ The link between the visual material and the core message again however in most cases required explanation and was again identified as excluding those who ‘*don’t understand English that much.*’ To enhance the link between the visuals and the messages it was also suggested that ‘*the information needs to stay throughout*’ the video.

*‘If you miss the first section where it says ‘have you had your screen...’ you blink and when you come back, its cat’s dancing, you’ve missed it all.’*

The other videos sparked similar discussions around the relevance of the imagery of cats and the link between the visual material and the message, but some participants were amused some of the videos.

The videos created a discussion regarding the appropriateness of the **use of humour** within the campaign. One participant expressed that humour inherent within the video and thus the cat imagery may prompt her to visit the campaign website to access further relevant information, as she explained to the group:

*‘The video is supposed to be humorous, so you watch this video. Now if I watch the video and think ‘oh that’s funny’ and then it says ‘the cat that..’ so you think ‘ok what’s that website about’, when I go on it, it will be like cervical screening...so, for me to watch that, I think ‘it’s funny, let’s go watch a bit more humour then I go on the website, cervical cancer...’*

*‘If I’m sat on YouTube, if I’m sat on Facebook and then I go down and someone’s has posted a link and it says someone’s dancing ‘erm doing a Harlem shake or dancing on treadmill, I’d be like ‘hi why’s that funny?’ then there’s a website...you’re going to go on the website and then it’s cervical screening...’*

However, as this particular woman expressed her view a number of the other women in the focus group began to question and indeed get quite passionate about questioning the application of humour to the ‘serious’ nature of subject of cervical screening.

*‘I think the humorous factor needs to go...I think humour’s not going to be the key to people.’*

*‘No, you can’t have humour, it’s a serious thing.’*

*‘You need to be consistent, like if it’s going to be funny, it’s going to be funny you can’t just switch off from being funny and then serious.’*

Participants went on to compare the campaign to breast cancer and anti smoking campaigns, in essence expressing a view of the need for health promotion campaigns to be serious in tone, a further emergent theme of the research. Indeed, the woman in favour of humour agreed that the campaign is dealing with a serious topic however, the application of humour as a vehicle to accessing knowledge was viewed as appropriate to the social context of the internet:

*'It is serious...if that was in a doctor's surgery, no, definitely wrong, but with it being on the internet it works...In a doctors surgery, it won't work...in a Sure Start where you've got all women and you're talking trying to be serious saying this is really important lets watch a video of cats dancing,' no that don't work..'*

One of the telephone interview respondents, in contrast described the humour, fun and friendly feel of the campaign as something which serves to break down the fear surrounding the serious issue.

*'The website did make it is sound friendly and it does encourage you to go. It gives you the information you need to know and helps to eliminate the fear...The main thing that jumped out at me was the website and the Facebook site and the YouTube videos, they were good, they get you into it, they added a comedy element, like the Harlem shake one. I liked the Facebook page. I found the fun factor very good because it's such a serious issue for people; it helps reduce fear and makes you go for it.'*

**Cats on the Prowl** was largely received a positive response from research participants because of the presence of 'people' in the video and its 'outreach' feel. Campaign cats 'on the streets' was viewed as a more effective way to attract and reach people. One participant commented that 'the cats work here.' The extract below from one of the focus groups also serves to highlight the way in which the 'cats on the streets' was identified and discussed as potentially effective (but not necessarily in attracting people to the website).

## Extract Focus Group

*'I think doing it in public like that it would interest me'*  
(Participant 1)

*'Then you could talk about it.'* (Participant 2)

*'..say if you're on the streets of, say you're in Manchester and you see cats dancing, will you not, how many of you will stop and say 'what's that about?'* (Participant 3)

*'Yeah, I would on the streets, 'yeah.'* (Participant 4)

*'You would stop right and then and if a person come up, 'er a woman come to you and said 'look da da da, this is what we're talking about' here take a leaflet have a quick conversation with you would you not stop and-* (Participant 3)

*'Yeah that would, if they were sat- 'yeah if they were in cat suits and dancing about with something on their t-shirts saying you know 'cervical screening' or something maybe I'd go up to them or kids will maybe go up to them, watch them, talk to them and they might just give me a leaflet, 'yeah I'll be attracted to that but not on the website.'*  
(Participant 4)



## The campaign core messages

It is worthy of note that while much of the discourse tended to perhaps, inevitably revolve around the use of 'cats' the core messages of the campaign were viewed positively and nobody disputed their value. The messages on the back of the postcard were linked by one participant, (despite her critique of the image of the cat) to a potential role of the card in encouragement in this context.

*'I think it would encourage you...to look and bit more and it would encourage you to, probably think about going in for a screen. I don't like the cat.'*

A discussion of the postcard during one of the focus groups also identified that participants valued the bullet point text based messages, such messages being viewed as relevant.

*'The message is good,'*

*'The message is fine; I think that part is fine.'*

With regards to the mogatron, one research participant specifically said that: *'the messages were good though, they were informative'*, although one woman felt that she'd *'like to see the messages straight away I wouldn't like to wait and have to dress up the cat before I see the facts.'* One woman related the receipt of the core messages to the linking across various social media domains explaining *'I understood the message of them...because it links into Facebook and Twitter, the messages are clear.'*

With regards to this particular ethnic group specific identified additional information requirements relate to; the nature of the procedure, the rationale for the tests and specifically the need for and appropriateness of the test when a young women is not or ever been sexually active. One woman, asked during a focus group: *'...is that right, I mean do we need to go if we are sexually active or not...?'* and this emerged as a key hazy area among the sample population. One woman expressed her initial concerns around cervical screening and the risk of miscarriage, thus identified as a further potential area in need of greater clarification. A couple of participants also put forward the idea of developing visual materials to promote knowledge around the procedure including, a video with cartoon images and visual images which show *'it can be done quickly in privacy'* and messages of *'why do it'* and why *'I need to get it done.'*

Start as you mean to go on, take up the invitation for your first cervical screen test.

### Did you know?

- The test only takes around 5 minutes
- You don't have to go on your own
- You can ask for a female screen taker
- The biggest risk factor for cervical cancer is **not attending** a screen test

Find out more: [thecatthatgotthescreen.org](http://thecatthatgotthescreen.org)





## South Asian women's use of digital and social media

### *The internet and the website*

The internet appears to be an appropriate social context within which to channel the campaign as there was evidence of some Asian women utilising the internet to research information (and health information specifically), mainly via 'Google' as illustrated through examples of responses to a question of the personal use of digital and social media.

'I'm not on Facebook or any social network, don't have time for it to be honest but I'm on researching things like stuff like this, if I came across it because I've got not information, I'll check, Google it, get as much information, any sort of illnesses or anything. If I'm feeling under the weather, instead of my doctors wasting my time for them to say take paracetamol, I'll just research on the Internet and you know, just diagnose myself.'

*'I do like to use, like when I have got an illness...I'd rather Google it first than go to the doctors. I'd probably get more information there than the doctor would give me...'*

*'...when I face problem, then I Google and read and sometimes if I think if it's quite serious, I will go to the GP.'*

*'If you are not sure of something you can go on the internet and search it, I lot of people do, if I'm not, for example, if I'm not sure of how to use something or how to do something I can go on the Internet and there's always answers there and there's always information there about it, so I use it for that purpose...I've just recently got Alopecia and I panicked, so I had to go on the Internet and found out, what it was, what caused it, even before I went to my doctor I managed to check it up on the Internet.'* (This particular research participant spoke about googling cervical screening before going for her test).

One participant also spoke about using a dedicated app on her phone to "diagnose" herself. A further participant described her use of the internet as follows: "check the news, see what's going on...any information, especially for children, any symptoms, anything like that, just Google it." However, during the focus group in Preston views were expressed that the campaigns emphasis on the Internet would work to exclude Asian women, as illustrated through the following extract from the relevant discussion.

*'You see a lot of your information is based on the Internet but the majority of the people don't tend to, I mean I don't go on the Internet constantly if I do it's mainly for shopping or making a payment or something, I wouldn't think 'Oh, I need to search this or I need to search that' so I think a lot of your information is based more on the Internet but for people who don't go on the Internet, I think they're losing them...'* (Participant 1)

*'I think a lot of the Asian community don't really'* (Participant 2)

*'That's it, wouldn't be going on the Internet, no'* (Participant 1)

The research work did seem to point towards (but not necessarily in all cases) a relationship between non-use of the Internet and social media and participants facing English language barriers.

## Social media: Facebook, Twitter, YouTube and Pinterest

The research revealed social media to be a relevant and appropriate channel for the campaign as social media featured as a popular realm of online participation among some of research participants, many accessing sites via mobile phones. Facebook and YouTube featured as popular destinations, with the majority of participants being non-users of Twitter and Pinterest (and expressions of associated knowledge gaps with regard to use). While there were some Twitter users among the research participants, Twitter was viewed as mainly relevant for people who ‘follow celebrities’ and there was a sense that people perceived this particular domain of social media as quite difficult to understand and use and as something that is being used by younger people. In addition some participants were not aware of the existence of Pinterest. Facebook, YouTube and Twitter were, however, largely viewed as particularly effective routes through which to channel the campaign.

As part of discussion regarding the relevance of the Facebook dimension of the campaign, Facebook was identified as the most popular social networking site among young women, evident in such comments as *‘everybody uses Facebook’*, *‘the majority of people use Facebook’* and *‘Facebook is the one.’* Thus, Facebook was viewed as highly relevant and appropriate social media channel with regard to the target age range and for the campaign, and was described as *‘good for like people to know about this organisation or campaign’* because of its popularity. The participant pool also included a couple of confessed *‘Facebook addicts’* and a couple of people who described themselves as using social media and Facebook *‘quite a lot.’* Facebook was also discussed as an effective way to *‘spread the word.’*

Multiple comments reinforced that Facebook was a very good medium with which to engage with people and raise awareness, but being mindful that it may not reach everyone. However, it was interesting to note, during the focus group in Liverpool, which comprised of a number of young women for whom English was not their first language, (some participants requiring translation) that the group identified that they were all Facebook users.

*‘Facebook is brilliant, lots of people use Facebook, but not everybody uses Facebook...I personally don’t use it a lot but a lot of people do, particularly Facebook. I’m not a Facebook lover but lots of people are. You can really raise awareness through Facebook because it’s so big and that is how you can make connections.’ (Telephone interview)*

*‘Facebook is popular now with every culture. Facebook is the big one and a lot of people are on Twitter now as well.’*

YouTube was described in one of the focus groups as *‘one of the most popular ones’* in term of social media use among young women and also featured as a destination for information seeking, illustrated through the following extract from one of the focus groups.

*‘I use a lot of social media, another quite good one is YouTube (a few people say ‘yeah), if you don’t know what anything is or you don’t know a procedure, anything, YouTube’s got the answer from A-Z and it tells you all sorts of basics, people sit there and tell you and describe things and demonstrations and everything, so YouTube’s definitely a good one.’*

*‘Yeah you’ve got everything from recipes to childbirth (laughter). So it’s something dead basic all the way to childbirth because I know I went on it just before I was going to give birth, seeing what was going to go through.’*

Social media and YouTube, in particular was also described by one of the research participants as *‘the best way to promote this.’* Twitter was also identified by a couple of the research participants as an important potential route through which to promote the campaign and health information more generally.

### Other suggested digital and social media outlets

One the whole the research suggested that the social media channels being targeted by the campaign were appropriate and relevant to the target population. Some participants referred to their use of 'WhatsApp', msn and Instagram. Instagram was specifically mentioned as a potential channel through which to access a celebrity to promote the campaign. Targeted advertisements on TV including Asian TV channels were also recommended as important routes of promotion, with young Asian women identified as enjoying watching dramas on these channels.

It was identified that there are numerous Asian channels but Star Plus emerged as the '*most talked about*' channel (<http://www.starplus.in/>), Uma channel, ZeeTV, (<http://www.zeetv.com/>), PTV and ARY were also mentioned as was DM Digital, based in Manchester (<http://www.dmdigitaltv.co.uk/>). Asian bridal magazines were additionally identified as a good route for attempting to capture the attention of young Asian women, (<http://www.asiana.tv/>; <http://asianwomanmag.com/>).

## Better ways to reach young South Asian women

### Serious, shocking and real

During the research participants were asked about how they might run the campaign differently in order to reach young women of the same ethnic origin and the resultant picture which emerged could be divided into the interrelated thematic areas of: **tone, imagery, language, 'real women real stories' and outreach and community media**. With regard to **tone**, while the humour and fun of the 'catthatgotthescreen' was identified with by a small number of the participants a number of references were made to the need for a cervical screening campaign to be '**serious**' in nature, viewed currently, for example, as '*nicey-nice*'. In particular, a number of participants referred to the need for a '**shock factor**' or '*wake-up call*' in this context, referring for example, to the Jade Goody effect as a key case in point, prompting women to attend for their cervical screening test. Developing a more '*serious shock factor*' approach was identified with being more '*dramatic*' prompting '*someone to wake up saying 'yeah, I need to get this done.'*' In particular, suggestions emphasized that young South Asian women need to understand the 'reality' of the consequences of non-attendance.

*'I think there should be like a talk or a video or something saying how serious it can be because if its life threatening then people will be more likely to go...I think if you had something like harsh facts about, like scientific facts of the effects of not going. I think it would actually would make people do research about it.'*

This particular participant, for example, suggested the need for '*shocking facts at the side*' of the postcard '*because at the moment I see it as being, too friendly, too laid back, too gentle. I don't feel like it's serious enough.*' Additional comments reinforced and elaborated on this view.

*'...you need to show seriousness, it's a serious thing that, you need to grab attention and say 'look if you don't get it done, you know, there's consequences.'*

*'We need to see the reality of it...what can happen with it, we need to know, again, if we don't go for it, what the results are going to be, not that 'oh, you need to go for it' we need to know what happens if we don't go for it...I think we want reality...We need to know the truth, we need to see-we need to know- we want to see consequences, we need to know what's going to happen to us if we don't get it done.'*

*'Like they've done with the throat cancer and cigarettes, they're quite dramatic... with their pictures and when you go to the surgeries... even if it means you have to be graphic... it is a major problem especially in the Asian community as well because obviously they're not aware as much and a lot of Asian girls or women are going down that route of cervical cancer but they're only getting to know about it late... if it's more in your face then I think a lot of women will tend to go for that screening test'*

*'...maybe just have more of a focus on the serious side and why we need to go and get it done'*

## Imagery and logos

There were clear calls for 'graphic images' and 'facts' and 'statistics', related to cervical cancer and non attendance.

*'You need it more explained in the graphical images. I mean like, first time I see one with a picture, I said 'yeah that will happen to me if I don't do that smear test so I have to do it.'*

*'That would get to people as well like some graphic images or scientific facts.'*

With regards to **imagery** one clear message to emerge from the findings was that **'women' or images of women and logos** are viewed as key to cervical screening campaigns and messages reaching South Asian women and indeed women of all background. In relation to the 'catthatgotthescreen' it was suggested that women be incorporated with the cats and that the logo (which was viewed positively in terms of an automatic understanding of the relationship to cervical screening) be more prominent and emphasised. Generic comments were made, when viewing the campaign materials and exploring how participants might approach the campaign differently, such as: 'I think we should stick a human in there...maybe stick a few young women in there' 'maybe if you had a group of women or something.' Images of women were also identified explicitly as imagery that would 'grab attention' over cat imagery by a couple of non- English speaking women who took part in this research.

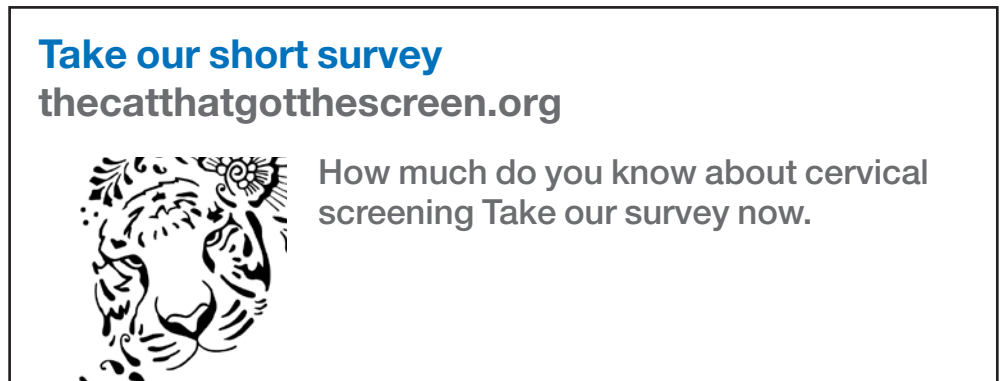
The logo, for example, was spoken about in terms of needing *'something that hits you, a focus that everyone can recognise...no matter what background they're from.'* Keeping it simple, straight to the point and uncomplicated was identified as important.

Within one of the first focus groups and within a telephone interview it was suggested that the Bengal Tiger or another cultural image may serve to reach South Asian women and strengthen the tone of the campaign.

*'I mean you're focused, on focusing around cats, I think that, you could maybe use like the Bengal Tiger even because it's more related to the Asian community as well, would probably attract like, if you are still focusing around cats or use something more like cultural, you know like the picture that you showed with the henna' (Facilitator showed an example of a leaflet as some point with an image of a henna painted hand on).*

*'From a cultural perspective, maybe a tiger yes, or something in that style to try a give it a stronger image, like 'be strong and go for the test.'* (Telephone Interview)

In response to this early comment an image of a Bengal tiger was introduced in the online adverts. Three Bengal Tiger adverts (with different messages) ran for 2 weeks on Facebook, with the advert pushing 'Take our short survey' achieving 381 clicks compared to adverts carrying the 'How much do you know' message or cervical screening advert, 32 and 34 clicks respectively.



Later research, revealed a strong voice with regards to non use of animal images and the need for 'people' (and women specifically to feature in the campaign) and the simplicity of the use of logos. When one group was asked about the imagery of the Bengal Tiger, for example, the response was 'no, no animals' and recommendations suggested to 'keep it simple with a logo, that's unique but sort of unified to everyone.'

The simplicity of the imagery was also related to overcoming language barriers, 'you need something where even a person that can't speak English' can 'just kind of get what the image is, like smoking with a cross on, you know it's talking about.' Colour was also identified as important to the delivery of a strong message through a logo, and the need for colours to be 'eye catching', 'dramatic', 'bright', 'bold' and 'feminine' in this context was highlighted (examples being provided as red, purple, yellow and pink).

The simple imagery characteristic of a Shisha awareness campaign was presented to the researcher (<https://www.facebook.com/ShishaAwarenessLeeds>) during one of the focus groups to serve to illustrate some of these key points. The use of pink characteristic of Breast cancer awareness and the nature of the campaign was also discussed within a couple of focus group, essentially in terms of holding up the campaign as an example of a campaign which is working effectively and is sustained.

## Language

Being sensitive to the issue of the accessibility of the **language** of campaigns was also identified as an issue which needs to be addressed and the need to translate and explain cervical screening in different languages identified with particular regard to poorly educated people (key example of different languages of relevance to the South Asian population being identified as Gujarati, Urdu, Bengali, Pakistani and Punjabi). The issue of language was identified by one participant as particularly important in targeting non-English speaking people and more so by using their own language.

*'...poorer people who have come to this country, not from this country, and have not been educated about it (cervical screening), and can't speak English.'*

*'...don't know if you noticed but on TV, they started doing bowel cancer and have you seen the advertisement? They've done it in Urdu, so that's been quite good... I find it really effective, again if they did something in Urdu or Punjabi but I find the advertisement really effective, the way they've shown it, for the bowel cancer...so again maybe advertising it through another language on your advertisements.'*



## Women views

# Cervical Screening: An interview with a British South Asian woman in her mid twenties



You've had your invitation for cervical screening can you tell me the reasons why you haven't gone?

"I find it a bit scary to be honest. It's quite personal isn't it? The main reason why I didn't go is because I don't feel that it's ethically right to do that to a virgin, to go through that sort of procedure. That's my opinion anyway and I feel like a lot of people would probably think the same. I have been told a lot of nurses also feel that it is not ethically right and that's why I haven't gone."

It is true that most sample takers would not take a sample from a virgin. The NHS Cervical Screening Programme (NHSCSP) website does state that virgins have a low but not 'No' risk.

There is no regional or national pressure for women who are virgins to attend for screening. The decision as to whether to go for the test is therefore ultimately with the individual.

"Personally I will go for the test later, when I have to go, probably when I am married a lot of Asian women do go after marriage."

Do you think it's important for young women to go for cervical screening?

"I think it's important, not for me at the moment, but it depends on the person. If someone has multiple partners I feel like they should get regular cervical screening because I feel like they're more at risk."

Do you think there are particular ethnic or cultural barriers to young women going for cervical screening?

"I don't think it's about ethnicity. I think mainly its ignorance people don't know about it, they're not aware about it, that's one of the main barriers. For example somebody who has been, I don't know, in India for most of their lives and come to this country from a background of poverty and have not been educated about it and can't speak English."

What do you think might encourage you or other young women from a South Asian background or different ethnic backgrounds generally to go for cervical screening?

"To go through that experience it's kind of like you need a bit of motivation you need a little push..."

Advice from people that have had a cervical screen to reassure you, that it's not that bad

A talk or a video or something saying how serious it can be...maybe at the local community centre because if it's life threatening then people will be more likely to go

Target those who have not been educated with information on cervical screening, and provide information in different languages (Indian, Pakistani and Bengali, Samali or Arabic) for those who can't speak English"

Thanks for sharing your perspective

## Real women Real stories

Real women-Real stories emerged as a key desired feature of a cervical screening campaign among the women spoken to, which can be related back to view of ‘women’ as more appropriately placed centre stage of such campaigns. In essence participants spoke about the value of women accessing information and encouragement around cervical screening through the experiences of other women (both positive and negative experiences).

*‘You don’t really see ‘stories’ of real women like who have had one and maybe gone through something or talk about why they needed one, what the results were. I like to know how it relates to reality and what the reality means for me if I don’t go.’*

Another participant made a similar point, suggesting the potential value of ‘testimonials’ and ‘women sharing their experiences’ of cervical screening.’ The potential value of a space for women to ‘chat, discuss their fears’ was also highlighted and it was further elaborated that ‘social media and Facebook would be good for that...having a forum specifically for this might be a good idea.’ The idea of women sharing experiences around the theme ‘We weren’t scared or something, you don’t have to be scared’ was also identified by one of the participants. Stories from real women to promote more of a ‘shock factor’ were also identified as potentially valuable.

*‘If there’s any people, that have actually, I know it sounds a bit awful to say it but people that have actually had regrets of not doing it and then giving their vocal-you know trying to tell them to, you know, go for it and you know like get their opinion on why and what the procedure was etc’*

The idea of video dairies, and cartoon videos incorporating role play, through which women might convey and share their experiences, however, was also evident of perceptions of a potentially softer or more humorous route to information provision in this area.

### Extract from focus group (ideas for making it real)

*‘Imagine having a black screen, in the back, you’ve got a few celebrities, people that are really popular about, white t shirt, you’ve got your logo on for ‘cervical cancer’ or normal everyday women, young women and sharing their experience, women that have not had cervical screening done and what’s happened, women that have had it and said it was fine, comfortable, nothing to worry about-just a few snippets’ (Participant 1)*

*‘Yeah- but you also want somebody maybe whose mum’s had it or sister had it and the negative outcome as well, what happened, my sister didn’t have hers done, when she found out she was at this stage, so I recommend please set it done.’ (Participant 2)*  
*‘Like an appeal really out to the women.’ (Participant 2)*

In addition, the potential importance of relevant ‘faces’ of the campaign with which young women from different ethnic backgrounds may identify emerged as a thematic area of discourse. Jade Goody, was also referenced to here in this regard, with the suggestion being made that ‘her face’ on the campaign ‘would have been quite good... because again, we can relate to her, everyone can.’ Indeed, the value of bringing an Asian face to the campaign to attract other women within this ethnic group would bring in views and experiences they may more effectively be able to relate. Bringing in a famous face to the campaign via Twitter, for example, was also identified as a key route to promotion and reach. The potential relevance of ‘Amir Khan’s wife’ (identified as active on Facebook and Instagram with a large number of followers) to the young Asian women, was suggested. The importance of having a variety of faces to such a campaign was also illuminated to ensure that, in essence, all young women could have access to stories and experiences to which they could relate to.

*‘... you know if you’ve got three maybe four different women stood there in a picture from different ethnic backgrounds and you think ‘ok this is, they’re relating to all women here’ this is not just about those who are sexually active, these are not just for married women, these are for everyone. Then you stop and you pick up and you read and listen.’*

In response to this comment within the campaign one of the young women agreed to have an interview written out (as she did not want to be recorded) and put her real life story online [see attached interview not sure if we can feature it in the chapter or as appendices]. She had not attended a test because she was not sexually active, but felt strongly that it was not *‘ethically right to do that to a virgin, to go through that sort of procedure, that’s my opinion anyway and I feel like a lot of people would probably, maybe think the same.’* The interview with the South Asian young woman (page 94) was placed on the website in the last four weeks of the campaign and obtained 50 unique views. The traffic on the website page predominantly coming straight from Google, so potentially from women searching direct for information on the experiences of South Asian women.

## Outreach and print media form

The campaign materials and the digital and social media focus was identified specifically within one focus group as *‘not enough for promotion of the campaign within the Asian community.’* Talking to young Asian women revealed that reaching South Asian communities through campaigns such as *‘thecatthatgotthescreen’* may be particularly challenging task and the need to explore avenues of reach beyond the digital and social media realm was strongly targeted.

Beyond targeting existing community print media channels such as newspapers (for example, Asian image) and newsletters the significant perception of the need for *‘outreach’* work was identified. One of the key messages from the voices of the research participants was on the need for and potential value of *‘going out’ ‘on the streets’* into communities and the public places and spaces where women gather as a method of promoting access to information around cervical screening. Key venues to target with print media in the form of posters and newsletters providing cervical screening health information were identified:

- Community centres (e.g. Pakistani community centres)
- Muslim Mosques (although *‘male dominated’* so difficult to access women)
- GP Surgeries (although difficult need to reach Asian women other than through their GP’s surgery)
- Local chemists
- Local green grocers, vegetable shops and supermarkets (linked to targeting young Asian housewives via notice boards)
- Indian Restaurants, (*‘venues like that where people will pick them up’*)
- Female public toilets (this was viewed as particularly appropriate for the display of any *‘graphic image’*).

Targeting community events and festivals and setting up a stall armed with leaflets was also recommended as was the idea of reaching young mum’s through coffee morning gatherings, for example. Targeting the yearly Mela, for example in Manchester and Preston, was identified as particularly appropriate because of their role in bringing people from a wide variety of ethnic backgrounds together. The idea of delivering outreach sessions and workshops, similar to the focus group approach (it was suggested, which also functioned as an opportunity to share experiences and access knowledge around cervical screening) was recommended.



For example, one young woman who had not been for her test, responded when asked about whether she would seek further information about what is involved replied: *'Now that I'm at this focus group I probably will.'* At the close of other focus groups the researcher asked had the young women got something out of attending. Responses included 'I'm going to go for my screen' (from someone who had never had one) and *'Now I keep thinking I'm gonna ring up and book it, I want to get it done'* (from a lady who had ignored her invitation but had been for a test before).

In addition the idea of setting up mobile screening centres in towns was presented by a couple of the research participants as was the idea of setting up stall in town centres to deliver information, influenced in part it seemed by their enthusiasm for the 'cats on the Prowl' video and approach in Liverpool. Such an *'on the street'* outreach approach was also associated by one participant with overcoming 'privacy', cultural issues surrounding the letter of invitation for cervical screening.

*'I think going out on the streets with leaflets, it's better than reading a letter at home because when Asian women receive a letter at home, there's no privacy, their parents will open it and associate it with being sexually active, which is not appropriate within the Asian community. There is not privacy with the letter so a leaflet is better because it's nothing specific on their name...'*

# Best practice – lessons from other initiatives and campaigns

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# Introduction

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This section of the report focuses on the review and synthesis of best practice with respect to initiatives and campaigns introduced to promote and increase the uptake of cervical screening. It provides a summary of qualitative research conducted between May and October 2013 with staff or service managers involved with initiatives designed to improve women's awareness, knowledge and experiences with respect to cervical cancer and cervical screening. The key objectives of the research were:

- To identify and map past and present activities/strategies used to improve women's awareness, knowledge and experiences with respect to cervical cancer and cervical screening.
- To share lessons learnt across different campaigns and generate best practice case studies/recommendations

At the outset it was anticipated that digital and social media based initiatives would be the focus of this review but the low number of campaigns, with just this focus, restricted the usefulness of such research. Therefore the inclusion criterion was widened to include different kinds of initiatives using digital and social media, drama, and print based material. Multiple emails and telephone calls were exchanged to follow up leads both within the North West and wider on a National level, gathered from experienced screening agencies and screening health professionals, although intelligence regarding what had gone before was limited.

Whilst it was anticipated that best practice information would be collated at the outset of the study, to inform the campaign, the difficulties of tracking down key people involved in such campaigns took time. This was further confounded by the introduction of Public Health England in April 2013, the changes to the Cancer Networks, screening leads and health professionals with the historical knowledge of screening initiatives. Over 21 initiatives were listed as campaigns people had seen or heard of and contact details of key staff or service managers were tracked down for eleven initiatives, all of which agreed to take part in an interview and share their campaign experiences. Therefore this review provides a descriptive summary and synthesis of the key workings of these campaigns, seeking to identify best practice, lessons to be learnt, even what to avoid.

The principle purpose of this report was to present deep insights into the evaluation methods and associated indicators of impact and effectiveness of case study initiatives focused on improving women's awareness, knowledge and experiences with respect to cervical cancer and cervical screening initiatives. The findings from a prior University of Salford project developed in partnership with and delivered by The Lesbian & Gay Foundation (LGF) designed to enhance awareness of uptake of cervical screening among lesbian, gay and bi-sexual women (LGB) is also drawn upon within this review. This summary serves to highlight varying campaign ideas being implemented by the initiatives explored, and presents findings within several thematic areas which emerged through the process of analysis.

## Research Methods

The overall methodology for this strand of the research could be defined as drawing on the case study methodology. The research findings presented are based on; nine brief telephone interviews, one face to face interview (which was audio recorded) and one communication over email. An information sheet (appendix 6) about the study was provided to each health professional and verbal consent to take part obtained prior to each interview. Interviewees (staff or service managers) were provided with a proforma (appendix 7) prior to the interview, which formed the interview questions, and in a number of cases was completed and used as a prompt sheet by the participant during the interview. In one case the participant opted to fill in the form completely without a telephone conversation but did respond to queries via e-mail. This format worked quite well given the factual nature of a number of the research questions. In many cases research participants also provided supporting project documents from which the researcher could glean further factual information.

As good practice the completed case study proforma, based on the telephone ‘interviews’ and supporting documents was, where possible, returned to respondents via e-mail to confirm the accuracy of the information. While the form of the telephone interviews varied according to the participant the interviews principally focused on; the participant reflections and insights with regards to evaluation methods, their views on the impact and effectiveness of the initiatives with which they were involved and their insights with regard to ‘*what worked*’ and ‘*didn’t work*.’ Given the variety of interview forms, however, telephone conversations varied from 10-40 minutes in length, dependent, for example on decisions around the way in which more factual information would be provided. The findings presented also draw on evaluation reports kindly provided by research participants, referenced in report but a couple were identified as ‘*not for wider circulation*’.

The project researcher was provided with a list of UK regional and national scale initiatives and contacts to proceed with the organisation of interviews. Perhaps the biggest challenge to this research has been the inability to make contact with relevant staff/service managers to proceed with the task and this, it is suggested, may be related to the ‘time limited’ nature of such initiatives and potentially organisational changes within the NHS, such as the relevant person may have moved on from their post. However, once contact was established, in most cases, staff/service managers were very willing to assist with the research and were often quite passionate about their work, with some respondents relishing the opportunity to talk about their initiative. A summary list of initiatives; service location, sponsors, timescales of the initiatives together with the names, role and contact details of the associated research participant are captured in appendix 8.

The written data provided through the completion of the research proformas and transcripts from the telephone interviews and audio recording were analysed thematically. Thus, the presentation of findings with regard to evaluation methods and results are placed within several ‘thought provoking’ domains, with regards to best practice. The sources of information which inform the content of these thematic domains include written information provided on the project proformas, e-mail correspondence, telephone interview transcripts and relevant project documents.

## Key Findings

Four core themes emerged as the information from the different initiatives was synthesised.

- **Real Women-Real Stories**
- **Minority Ethnic Communities: Campaign Materials, Cultural Relevance, Imagery and Reach**
- **Advertising Campaigns are Not Enough**
- **Online Spaces: tracking and locating value**

## Real Women- Real Stories

This section explores the evaluative evidence and professional reflections which potentially points and also questions the value of a link between ‘real women’ and ‘real stories’ and the impact, effectiveness and the value with regard to cervical screening focused interventions. The link presents in different ways and the meaning of the category will become clearer as it is explored on a case by case basis in this section.

**The Wirral Direct Mail Campaign** developed by NHS Wirral together with a social marketing company targeted 25-34 year old women ‘*never screened*.’ The campaign was shaped by insight work with the target group including; the organisation of pre-school sessions to talk to young mums, focus groups and working with a designer on the design and format of the letter. Based on this work, two letters were designed and produced aimed at different age brackets, and were sent directly to GP practices to women identified from practice lists as never screened.

While the campaign has not been formally evaluated following the mail campaign it was found that 10% of women in the 25-29 year old age group had attended for their screen within 4 weeks of receiving the letter. However, in the 30-34 year old age bracket the figure was only 2.6%. Indicating thus, it was suggested by Claire Elliot as a ‘*clear response*’ among the younger age group to the letter. The insight work also suggests that the more positive response within the younger age bracket may be related to the findings that younger women responded better to a ‘*testimonial approach*’ that is to say that, they responded positively to ideas around photos of and testimonials from women as part of the campaign focus. It is also worthy of note here that older age groups, the research work found, would be more likely to respond to information in the public domain (posters, beer mats and bus stops) and local media than to a direct mail out.

For information visit:

[www.cancerscreening.nhs.uk](http://www.cancerscreening.nhs.uk)  
[www.wirral.nhs.uk](http://www.wirral.nhs.uk)  
[www.jostrust.org.uk](http://www.jostrust.org.uk)

Or call Jo’s Cervical Cancer Trust  
 Freephone: 0808 802 8000

“I’d never been for my smear test and always made excuses but then I found out that it’s a 5-minute test that spots changes before they turn into cervical cancer. Now that I’ve been, I realise there’s nothing to it, the nurse made me feel at ease and comfortable.”

**Becky – Age 27**

**‘The Cervical Monologues’**, is a theatre production rather than a campaign but also points to the role and value of real women and real stories, but in a quite a different way, in raising awareness around the issues surrounding cervical screening and cancer. ‘*The Cervical Monologues*’ was produced by a theatre company active in the area of health promotion. The theatre company had previously developed numerous health promotion plays including a play around breast awareness based on research conducted by ‘*going out and talking to people*’ and in 2002 they were given some funding by the Women’s Nationwide Cancer Control Campaign to develop a cervical health orientated play. A theatrical piece subsequently evolved, again through going out and talking to range of health professionals and women, including women with experiences of cervical cancer, having a smear test and those who had not attended following their invitation. Based on ‘*The Vagina Monologues*’ format and drawing on the gathered experiences the theatrical piece took the form of three women sitting on stools reading from a book, based on the stories of real women and health professionals, and began rolling out in 2005. In community settings, the piece was accompanied by a facilitated discussion with health professionals present to allow audiences to explore the issues in more detail. For several years the company got regular bookings, for community health events and conferences including the first Irish Cervical Screening Programme National Conference in 2007.

Jess Pearson (General Manager) identified that much of the appeal was the unique *'entertainment'* angle which it brought to the arena as well as *'its ability to touch on a broad range of issues within a short space of time.'* Jess described the original tour's evaluation process as largely, a *'light touch qualitative'* approach, evaluating changes in attitudes among the audience *'after the show'* through asking simple questions such as whether it would encourage people to go for their smear test. She defined the evaluation approach as *'aiming to assess attitudinal change and what people had learnt rather than a robust examination of the impact on screening uptake.'* She felt that this partly related to the fact that evaluation and evidence-based outcomes were not a requirement at the time, but also that *'the tour was not delivered intensively in a single health authority area and therefore was hard to make links between attendance at performances and changes in uptake.'*

During the interview Jess did point to several areas of value associated with this novel approach to cervical health promotion, including:

- *The targeting of health professionals and associated raising awareness of women's fears, 'reminding them that there is a woman at the end of the speculum'*
- *Bringing an 'entertainment factor' to health promotion and awareness which engaged people because they 'didn't feel they were not being lectured at', it 'didn't feel preachy'*
- *Bringing an element of 'fun' but not trivialising the subject area (some of the theatrical pieces can be viewed on YouTube and the collection of monologues were described by Jess as including some that are 'hilarious' and others 'incredibly moving')*
- *Normalising and demystifying an experience which 'can feel somewhat ridiculous and undignified'*
- *Bringing a range of culturally diverse 'voices' to the subject area.*

While one of the company's original breast awareness tours did include monitoring uptake, Jess was very aware of the limitations of the evaluation of the original Cervical Monologues tour in relation to this. She identified that *'the structure of the tour's delivery meant it was not possible to collect relevant data to perform quantitative analysis of the impact on cervical screening uptake.'* She also talked about the difficulties of finding ways to track changes in behaviour with regards to cervical screening and identified that it is *'quite hard to measure this although we and our partners did find the qualitative findings useful and many did inform developments to service provision.'* However, Jess speculated, had the theatre company been able to *'prove and evaluate'* more quantitatively in this area:

*'The Cervical Monologues production, may have continued to be regularly booked for longer than it has despite the massive impact of public sector cuts and the NHS restructure on health promotion spending and commissioning' (Jess)*

In 2009 the theatre company conducted some interesting work with NHS Dudley on a project aimed at exchanging best practice amongst GP surgeries in order to improve cervical screening rates. On the basis of interviews with health professionals, and a range of women between the ages of 25-64 years old (including BME communities, women with learning disabilities and mental health service users) cervical monologues theatre pieces were devised, based on the experiences of the women who took part in the research. The approach was very much centered on raising awareness of cervical screening by *'sharing the stories and recommendations of real people'* through *'The Cervical Monologues'* approach in community venues. This project was evaluated through a range of qualitative methods and was described as *'an overwhelming success'* with particular regard to the identification of barriers and recommendations for good practice for improving uptake rates (Women & Theatre, 2010).

**‘What’s pants, but could save your life?’**, was a three year region wide campaign aimed at achieving a sustained increase in cervical screening amongst 25 to 29 year old women in the West Midlands and also presents an interesting take on the importance of *‘real women-real stories’* in this arena. The initiative can be described as a social marketing approach, defined as *‘the systematic application of marketing, alongside other concepts and techniques, to achieve specific behavioural goals, for a social/public good’* (Shah et al., 2009). One of the key insights gained from the interview with Susie Andrews, (Quality Assurance Development Manager) was her emphasis on the power of *‘real life stories’* to affect behavioural change. The initiative employed an array of methods including: radio, bus and ambient advertising (posters in the back of buses and bus shelters and in trains) for one month; direct mail of a leaflet included with the screening invitation card (advert on one side, set of messages on the reverse); the distribution of small *‘pants-shaped’* cards created for promotional stands and inclusion with purchases in retail outlets such as lingerie stores and the creation of a website offering women more detailed information about cervical screening. In addition, posters were provided for NHS Primary Care Trusts (PCTs) to be utilised in locations such as surgeries, clinics, chemists, supermarkets and hair salons. The campaign materials were also pretested and evaluated during the project’s lifespan through focus groups.

*‘The strength of the ‘what’s pants’ campaign was in the coverage—raising people’s awareness with poster in GP surgeries on the side of buses, so people saw it once and then they would see it again somewhere else’ (Susie)*

The initiative was driven; by the decline in cervical screening uptake amongst women aged 25-39 years old. One aspect of the evaluation of the initiative, therefore, was the monitoring of cytology laboratory workload and PCT coverage data analysis and there was quite strong evidence, at an early stage, that the campaign was making a difference in relation to behavioural change. Indeed the average laboratory workload for the region increased by 10.4% in the first quarter of the campaign, with some laboratories reporting a doubling of their workload in the initial month. Quarterly coverage data showed a halt in the decline in coverage of eligible women aged 25-39 years (Internal Study Report, West Midlands Quality Assurance Reference Centre, 2009).

In addition, one woman who had early stage cancer and subsequent treatment reported going for the test after seeing the poster on the bus. However, Susie pointed out the difficulty to capturing this kind of information reporting that: *‘that kind of anecdotal evidence is difficult to quantify.’* Furthermore, this initial early increase was not sustained (Internal Study Report, West Midlands Quality Assurance Reference Centre, 2009).

*‘It was by no means an ineffectual campaign and there did see an immediate effect from posters on the side of buses and suddenly more people were going because of the campaign but also the immediate effect seemed to drop off after a few months’ (Susie)*

However, one piece of qualitative research concluded (while acknowledging the limitations of small-scale qualitative research) that:

*‘Overall, the campaign has not prompted any of the research participants to take immediate action, however it has provoked thoughts of attending their next cervical screening appointment for a few, particularly those with the highest levels of exposure to it (for example when presented as leaflets/posters in their workplace)’ (Andrews & Turner, 2009)*

Most interestingly perhaps, the evaluation of the initiative was problematised by the news of Jade Goody’s diagnosis and subsequent death in 2010, which led to a situation in which *‘people were coming in for their test anyway’* (Susie). The power of this *‘real life story’* was strongly emphasized by the research participant together with the power of the mainstream media in its coverage of the story.



*'The carrying of Jade Goody's story via the media was ten times more effective than our campaign and compared to what we did, we could see how powerful and profound a real life story can be above an ad campaign' (Susie)*

At the same time the effect of this real life story also proved to be 'short lived' as the participant reported that *'three months after she died all the figures went back to normal.'* So she said *'it worked for a while and then it was sort of out of sight out of mind' (Susie Andrews).*

A further interesting example to mention here is the **'You Wouldn't Miss'** campaign, commissioned by NHS Tower Hamlets (<http://www.resonantmedia.co.uk/portfolio-cervicalscreening-new.php>), the fundamental ideas and imagery of which, have been adopted and adapted within the more recent Manchester Cervical Screening Awareness Campaign. The primary campaign idea was described, Paul Nethercott (Senior Public health development advisor) as *'a call to action'* calling women, in essence, to see cervical screening as important as other appointments and events that they *'wouldn't miss' such as job interviews, hair appointments or collecting children from school.* Central to this campaign idea is the imagery of *'real women'*, that is to say, photographs of ethnically diverse women representative of the population in both areas, as the *'faces'* of the campaign.

The evaluation of the Tower Hamlets campaign suggested that:

*'...along with complementary interventions such as targeted primer letters to women, peer led research & face to face awareness interventions, the awareness campaign led to a marked increase in attendance for cervical screening by women aged 25-64 in Tower Hamlets' (Paul)*

However, it has been identified that it has been alleged and acknowledged that'

*'... while the campaign was seen as being successful, the data around marked improvement of uptake of cervical screening appointments due to the campaign as noted in the evaluation report can be seen as being slightly misleading' (Paul)*

Perhaps again this shows the difficulties in proving a link between such campaign and behavioural change.

Despite this question mark over the evaluative information which emerged from this campaign Paul identified that the *'methodology and campaign production techniques were seen to be sound'* and *'the campaign was also seen to be effective'* and so the Manchester campaign was launched in January 2013. Thus, this campaign has not gone through an evaluation stage, though Paul did point to the time, resource and methodology choice challenges of effective evaluation.

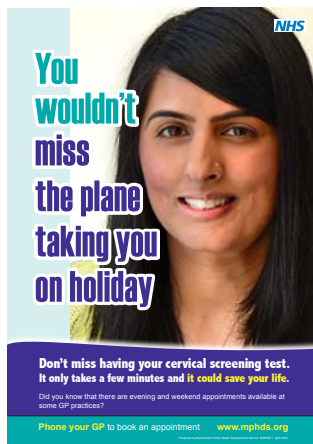
Paul highlighted that the campaign was inspired by the **'Are you Ready for Your Screen Test'** campaign, discussed further later in this document, explaining that:

*'In 2010, the Lesbian and Gay Foundation (LGF) worked in partnership with the University of Salford to devise and promote an awareness campaign for lesbian and bi-sexual women on the importance of cervical screening for this population group. This well received and innovative initiative highlighted the fact that further ongoing awareness campaigns are needed for all women in Manchester to promote and increase uptake of cervical screening appointments' (Paul)*



From its infancy, Paul also explained that it was seen as imperative that any such campaign would need to be *'applicable to women from different communities and ethnic backgrounds.'* The campaign is thus based around *'real women'* (employed within the health economy) of diverse ethnic backgrounds who were asked for testimonials around the smear test. These *'real women-real stories'*, (in essence) were then developed into case studies to highlight *'why it is important for women of all ethnicities to go for the test.'* In addition, the approach being taken was described as one of *'saturation of the imagery of key messages'* through the distribution of posters and postcards, to which the images of the four women are central (as displayed below).

## Images of the 'faces' of the Manchester campaign



The importance of such an approach was illustrated through the example of South Asian women and the known issues around *'feeling empowered to have that kind of investigative test.'* Thus as an example, Paul talked about how Alpa's story, the South Asian face of the campaign, is shared and discussed through engagement activities. The posters and postcards have also recently been translated into four different languages relevant to the area covered by the campaign. It also seems important to mention here too the way in which Paul talked about how the postcards can work within this arena, identifying that people *'do pick up the postcards'* prompted by the *'You Wouldn't Miss'* strap line, which he suggests, makes people think, *'oh what am I missing?'* Through his experiences of outreach work, Paul also provided the example and illustrated the value of what he defines as *'pester power'*, beginning with picking up the postcard he identified:

*'...they'll read it and then go 'oh no' I'm not going there its painful or it's not nice and before I could open my mouth a friend will say 'oh no I went and you need to have that done' and their hearing it from a friend and what the friends says is worth a million times more than what I could ever say or my colleagues could ever say. When you've got that sort of 'pester power' from a friend then they'll take the information and go away and you can see the cogs turning- that's what we find quite a lot.'* (Paul Nethercott)

This case example, with its emphasis on portraying women from different backgrounds links significantly with the next thematic area identified within this research, the links between culturally relevant campaign material and imagery and the reach of and value for minority ethnic communities.

The Real Women-Real Stories theme explored some of the tentative research findings with regard to the potential/perceived value of focusing on the imagery real women and the sharing of *'real stories'* and testimonials from *'real women'* when seeking to improve women's awareness, knowledge and experiences of cervical screening and cancer. The challenges of evaluation of such initiatives, with particular regard to behavioural change, have also begun to be highlighted.

This theme explores the campaign materials and cultural relevance of images used within the minority ethnic communities.

The **Life is Precious** initiative was a campaign/cancer community health improvement project commissioned by Dudley Public Health working in partnership with an array of stakeholders which ran for one year from 2010-2011 (but has a *'building a legacy'* element which remains ongoing). The aim of the initiative was to engage with targeted minority ethnic communities to raise awareness of cancer prevention. The objectives of the initiative also included; increasing awareness of cancer signs and symptoms and of the importance of the three national screening programmes for cervical, breast and bowel cancer, involving minority ethnic communities in the development of images to inform the content and design of cancer awareness resources and recruiting Community Health Champions to spread the cancer awareness messages in their communities beyond the duration of the project. Peta Curno (Healthy Communities Volunteer Co-ordinator) was the key informant.

The project targeted men and women between the ages of 25-74 years old from minority ethnic communities and focused on the three languages utilised by such communities in the borough; Urdu, Punjabi and Arabic. The campaign in fact builds on prior identification of the barriers to minority ethnic communities accessing cancer screening services (lack of understanding of why it is necessary, language and communication barriers and lack of appropriate information) and the associated recommendations for action emerging through previous engagement projects, including the cervical monologues work in Dudley.

*'This project builds on these previous recommendations to ensure that culturally appropriate and accessible information is available and to help ensure that the dissemination of key messages is sustained over time' (Peta)*

The project is particularly interesting in its creative arts approach to engaging local people from minority ethnic communities, not only in relevant dialogues, but also in the production of campaign materials and messages to promote awareness of screening services through community-based workshops. This led to the production of z-cards and fridge magnets with messages and imagery developed by the community participants, which were then distributed widely in relevant local locations and through outreach events (Curno et al., 2011). One key outcome of this activity has been that:

*'Culturally appropriate resources are now available in community languages (Arabic, Punjabi & Urdu) to raise awareness of breast, bowel and cervical cancer. These resources continue to be widely disseminated by the community health champions and others' (Peta)*

In addition, a number of evaluation methods have been utilised, of a qualitative and quantitative nature, for the purposes of exploring the impact on participants and for capturing 'learning and good practice' (Peta). With regard to awareness, the initiative utilised a Cancer Awareness Measure (CAM) survey, which took the form of a one to one interview conducted by an independent researcher in the participant's language of choice.

## Minority Ethnic Communities: Campaign Materials, Cultural Relevance, Imagery and Reach

This finding was reported by Peta to be supported by the qualitative domain of the evaluation which took the form of capturing the experiences and reflections of all involved in the creative arts workshops (participants, interpreters, artists and staff) later evaluated by a PhD student, as part of their broader research project. Peta highlighted two quotes which indicated raising awareness:

*'I've been talking about it to my children and my friends and their children' (workshop participant)*

*'Participants' attitudes towards cancer and screening were felt to change during the project and confidence and understanding increased' (reflected by the artist)*

The evaluation, Peta identified, also linked the creative process and the associated 'empowering and engaging approach' with reaching the targeted community groups and with enabling participants to 'open up/take part in group discussions, share personal issues, support each other and produce messages relevant for their communities.'

*'Many participants commented that this was the first time they had discussed health related issues as part of a group and how talking and sharing experiences and worries can be of great benefit' (Peta)*

Thus, the creative process led not only to the production of culturally relevant 'unique and eye catching' cancer resource materials but also to reported successes in the arena of 'confidence' of relevance to cervical screening uptake.

This is an interesting finding given the empowerment needs of minority ethnic communities with respect to cervical screening, pointed to in the previous section. The evaluation also incorporated the use of the Short Warwick Edinburgh Mental Wellbeing Survey with the community prior to and post intervention which pointed to an increase in confidence, skills and well-being. The increased confidence was linked, for example, with raising awareness within the wider community as people felt empowered through the process to share the message and associated materials.

*'Participants' ownership of the artwork/images used for the resources created a sense of connection; and learning to talk about their artwork and share their stories at the sessions helped them to develop the communication skills necessary to share the messages and resources from the project with others.'* (Peta)

The evaluation of this initiative has also identified *'ingredients for success'* to guide future projects.

Thus, the **'Life is Precious'** campaign can be said to display particular value within the arena of awareness and attitudinal change through a community-based creative arts approach to the production and dissemination of culturally relevant messages and materials. The initiative can also be said to demonstrate the value of an approach which develops culturally appropriate messages and materials, reaching way beyond enhanced accessibility. It is perhaps notable however, that the initiative does not seem to have explored evaluation of behavioural change directly. When discussing evaluation generically, Peta further identified that *'evaluation can be difficult'* with particular regard to *'relating interventions back to cervical screening data and numbers'*. The challenges with regard to evaluation are also captured in her expressions that, *'it was a huge project and it is really difficult to summarise and put, just how powerful it was, into words.'* In particular, she was very keen to emphasise that the project *'could never have happened' without all the community groups that got involved.'*

Returning now to the case of **'What's pants but could save your life?'** the evaluation of the initiative and the insights gained from speaking with Susie Andrews reveals the way in which campaign imagery, and language may act as a barrier to reaching minority ethnic communities.



In the case of this initiative the campaign messages and imagery were pretested and retested during the course of the campaign, through the method of focus groups. A patient survey was also conducted in a form of a short questionnaire, in the third year of the campaign and sent to 7500 women aged between 25-39 years old who were registered to be invited for cervical screening. A total of 1973 'usable responses' were then received. The patient survey identified that *'young women liked the campaign advert, found it colourful, eye catching and thought provoking and the majority who had seen it said they were now more likely to attend for screening.'* Susie identified that this type of evaluation 'produced summaries of comments' and reflecting on the initiative and its evaluation further identified that: *'we got lots of positive anecdotal evidence, things like 'I liked the campaign', 'I liked the posters'.* At the same time, there was evidence, identified through focus group work designed to evaluate the campaign materials that *'quite a few people didn't understand it-didn't get it-didn't follow it'.* However, Susie also felt that *'it was difficult to give credence to findings of focus groups when you went back to the transcripts because it was related to the ways the questions were asked.'*

Perhaps most interestingly and of direct relevance to the reach of different ethnic communities was the insights with regard to the evaluation of the language and imagery of 'pants' conducted during the campaign. Some of the feedback received, for example, Susie also identified was that people felt that the use of 'pants' defeminised the campaign. Along with this *'there was also a feeling,' that ethnic communities wouldn't like the use of 'pants' and there was a concern that they may not understand the strap line.'*

*'We also found some people didn't understand the campaign, and there was some mention of the culturally sensitive aspect of the campaign-views that the use of 'pants' won't reach ethnic and Asian communities particularly- 'you've got it wrong' types of comments' (Susie)*

However, early research suggested that *'young Asian girls wouldn't be deterred by the imagery or language.'* The study report (since published as Andrews & Turner 2009), produced later based on four focus groups designed to inform a future planned campaign, however, suggested that the imagery of the campaign *'alienates the Asian participants'* and further that:

*'They regard the images of pairs of pants as 'rude', thus they claim that they would not engage with the campaign by reading any posters or leaflets in connection with it' (Susie)*

*'The females from minority ethnic communities would add a further improvement to enable the campaign materials to be read by them, by dropping the images of 'pants' and replacing them with images of young women from various ethnicities.'*

The link between campaign language and imagery and a potential failure to reach young Asian women is identified as a particular area of concern, given that research conducted in 2010, identified the following with regard to young Asian women (despite the 'Jade Goody Effect'):

*'...a huge barrier exists for unmarried women. This is because cervical screening is viewed as something 'OK to do once you're married' and 'easier once you've had a child' but for unmarried women it is a threat to their virginity. Asian women see themselves as being in a low risk – if not 'safe' – category giving the reasons that they are not promiscuous and cervical cancer is not hereditary amongst Asians' (The Dream Mill & Central Office for Information (COI) 2010)*

On the whole, however, Susie concluded that she thought it was ‘good image’ but that on reflection, ‘I would maybe just say ‘cervical screening can save your life’ and be more direct.’ In fact following the final evaluation there were some changes made to the materials to enhance the accessibility of the campaign and its messages. She also effectively pointed to the challenges of targeting women across all ethnicities, inherent in the statement that: ‘you are never going to hit every demographic 100%.’ Additionally she felt that ‘the information was quite good and probably did educate a certain group-numbers of people.’ Qualitative research has also identified, for example, that young women liked, for example, the ‘upbeat,’ ‘fun,’ ‘friendly,’ ‘young’ tone/feel of the campaign inherent in the use of the ‘pants’ terminology and imagery (Andrews & Turner 2009).

Drawing initially on the insights of Susie Andrews and the ‘**What’s pants, but could save your life?**’ campaign the next section explores a further thematic area to emerge through this dimension of the research, that is, the idea that advertisement based campaigns alone will work with regards to cervical screening uptake. In particular, draw on a community-based outreach initiative prompted by the low uptake rates for cervical screening in the area.

## Advertising Campaigns are Not Enough

The ‘**What’s pants, but could save your life?**’ initiative had included an exploration of the process (clinic and non clinical including the content and nature of the invitation letter) and had modified and increased service provision and an early evaluation concluded that: ‘Attendance can be increased by publicising the screening programme using colourful and humorous advertising and by improving cervical screening administrative activity but it is not clear is whether this increase can be sustained without continual targeted promotional work’ (West Midlands QA Reference Centre).

Susie also highlighted that it ‘would have been good’ to run the campaign ‘every few years’ to continue educate the next age group coming through.’ Also she specifically identified that ‘now it’s come to an end, we’ve learnt that an ad campaign alone might not change behaviour and it’s about recognising the limitations of ad campaigns.’ In particular, she related her view that small scale targeted interventions may be far more effective in reaching non-attenders, identifying for example that:

*‘After 2 years of evaluation through focus groups we did get feedback that really the poster alone was not enough. It’s good to have an advertising campaign but I couldn’t say that the posters or the imagery was particularly good or particularly bad but the best approaches are targeted interventions that contact women directly via personalised letters, for example’ (Susie)*

**Cervical Screening Outreach in Walsall** provides a specific example of an initiative which has identified success with regard to changing attitudes and perceptions and increasing cervical screening uptake among ‘hard to reach’ women (Naheed Razzaq, Walsall Health Care NHS Trust). The specific aim of the initiative is to work with screening non attendees and perform smear tests when appropriate to meet the individual woman’s need. The service has been implemented across a variety of settings including primary care, hospitals, and community centres. The target groups across these settings are as follows with the aim:

- Women with a Physical or Learning Disability
- Women with Young Children / Newborn Babies
- Women from the Black Minority Ethnic (BME) Group
- Women who are Scared, Embarrassed or Worried about being screened
- Women who are in Full Time Employment



Some of the key aspects of the outreach approach included:

- **Outreach Clinics** – Areas were identified where cervical screening uptake was low and Outreach Clinics were then set up in various locations throughout the borough of Walsall to help increase cervical screening rates. There are now several outreach clinics set up for women to access this service if they do not wish to utilise mainstream services.
- **Posters and leaflets** – Leaflets and posters we designed and printed for the Outreach Service that were distributed to all GP Practices within the borough of Walsall as well as other organisations.
- **Outreach Service Information Packs** – Information packs were sent out to GP Practices and other Health/None Health Organisations where information was enclosed about the Outreach Service alongside referral forms for anyone wishing to refer women to the service.
- **Ovarian Cancer Information Packs** – Information packs were sent out to GP Practices and other Health/None Health Organisations where information was enclosed about the ovarian cancer.
- **Ovarian Cancer Awareness Month** – Health Promotion events took place in various locations throughout this month to promote the importance of recognising signs and symptoms of Ovarian Cancer to help raise awareness.
- **Outreach Service DVD** – Patients who had utilised the Outreach Service were involved with making a DVD where they were asked questions about what they thought of the service and how it had helped and encouraged them to opt back into the screening programme. The Learning Disability Service also participated in this DVD as she felt the service had been very useful for her client group.
- **Learning Disability Association Team Presentation** – Presentation at this event to aim to make Health Professionals aware of a service that could be utilised by their service users.
- **Cervical Screening Awareness Information Packs** – Information packs were sent out to GP Practices and other Health/None Health Organisations about the Cervical Screening and the Outreach Service.
- **Cervical Screening Awareness Week** – Health Promotion Awareness events took place in various locations during this week to promote the importance of recognising signs and symptoms of Cervical Cancer and the importance of screening.
- **Cancer Awareness Week** – Annual Event in Walsall focusing on cancer awareness, prevention and screening.
- **Ramadan Radio Show** – Live chat show took place where information was broadcasted on Cervical, Breast and Bowel Screening. Black Minority and Ethnic Groups from the community were targeted during this show to help raise awareness as screening uptake is generally quite poor amongst this particular group. A few people rang back with questions they wanted to ask during the show.
- **Lantern House Outreach Clinics** – A new Outreach Screening Clinic set up at Lantern House for women who are victims of substance misuse. These women may not attend mainstream services therefore a service has been set up in an area where they are more likely to attend.
- **Gypsy and Travellers Outreach Work** – This group were recognised as a ‘Hard to Reach’ Group therefore outreach drop in sessions were set up for women to attend and talk about screening, highlighting any concerns that are preventing them from opting out of the screening programme. Women are given appointments for screening at their chosen outreach clinic venues, with an option on being screened at the local Gypsy and Travellers Health Centre.

Evaluation of the initiative was undertaken using a survey but this data could not be shared. But as Winners of the Jo's Cancer Trust award in 2012 it was reported that as a result of the activity there was a halt in the decline in screening uptake in the area which is now seeing a steady rise. Originally planned to run for one year, the service was also extended for an additional 18 months due to its success (<http://www.jostrust.org.uk/get-involved/campaign/cervical-screening-awards/winners-2012>).

Naheed, highly recommended the community-based outreach approach and emphasized the importance of the role played by the Outreach Nurse, (who was funded for a year with further funding secured). Such work, she further identified effectively involves going *'everywhere women might be'*, *'it was a big success and it was just what people wanted'* and effectively emphasised the *'enhanced experiences'* focus of the initiative.

*'It's about making experiences as positive as possible for the future so that they come back 3 years later' (Naheed)*

The central importance of this aspect of cervical screening was also highlighted during interview with Paul Nethercott, who talked about the issue of tests being conducted 'without consideration for the woman or the nervousness' going on to say that 'that's going to put them off for life' and 'if they've had that bad experience, they're not going to go back.' If women don't have a positive experience, Paul in essence suggested, the efforts of social marketing / advertisement campaigns, such as the one in Manchester, are effectively negated.

This aspect of the research identified an array of findings, strategies and recommendations that move way beyond the notion of advertisement campaigns and relate to the service/ process dimension of cervical screening including:

- arenas of training (sample takers and receptionists)
- effectiveness of the letter of invitation
- issues regarding *'access to screening'*

This can be defined as *'what women want and the services they need'* (Wendy Storey, Screening and Immunisations Coordinator). Indeed Wendy and colleagues responded to 'what women want' and focus group feedback that *'some women didn't respond/relate to the letter, stating it was 'bland'.* As part of the larger initiative of **'Using Social Marketing Coverage and Uptake of Cervical Screening in Sefton'** they designed two postcards to be incorporated within cervical screening invitation process, alongside the letter. The first postcard (sent to the woman inside an envelope) focused on those about to invited for screening for the first time, the second was a prompt for those women who had not responded to an invitation. While there was an identified increase in attendance, Wendy acknowledged that the increase could be *'reflective of that particular target group' and highlighted evaluation as a challenging area that is crucial to project outcomes.* She also identified that the insight work characteristic of this initiative *'produced a lot of information about access'* and also pointed to issues specifically around the procedure and issues of *'privacy, dignity and respect.'*



Furthermore, **The Cervical Screening Insight Report** and associated work in Preston explores why defined groups of women from within the Preston area, were not accessing cervical cancer screening services, with a focus primarily of women between the ages of 25-30 years old who haven't been screened (including women from Minority Ethnic populations, BME, Gypsy and Traveller communities (GRT) and the homeless community. One of the key recommendations to emerge from the work, for example, with regards to tackling barriers to and increasing uptake of cervical screening, beyond a *'robust promotional campaign be targeted in the areas of low uptake'* is the suggestion of the need for *'a one to one approach to better educate individuals on procedure, prior to the appointment'* (Kerry Crooks, Public Health Specialist).

In addition, the **'Are You Ready for Your Screen Test' Campaign** targeted as LGB women in the North West, delivered by The Lesbian and Gay Foundation (LGF) in partnership with the University of Salford (Light & Ormandy 2011), is also relevant to this section. Driven by knowledge that LGB women, when compared to the general population of women, are less likely to access health care the pilot project took the form of awareness raising campaign incorporating research around experiences, behaviours and the effectiveness of the campaign itself. The campaign combined an array of initiatives (project launch events, focus groups, poster and postcard campaigns, promotional goodies, development of information resources, advertisement in print and online, creation of health website content, production of video content and interactive games, engagement with social media and radio advertising and interviews) together with undertaking community outreach work and demonstrated clear value with regard to target specific campaigns. The evaluation of the initiative indicates, for example, that targeted LGB specific campaigns *'can be effective in increasing the knowledge and confidence of women to attend for cervical screening'* and further that they *'can be effective in positively influencing cervical screening behaviour.'* The recommendations to emerge from this work, beyond the need for similar targeted campaigns and information, points for example, to the need for LGB specific training for health professionals and cervical screening services. A further point of interest, relevant to this research dimension, is the identification of the need to view evaluation as an *'ongoing process'* rather than *'a-priori and/or after campaign event'* (source Light & Ormandy, 2011).



It also seems important to mention, as a final point within this section, the perceived and fostered role of Community Health Champions in ensuring long term continuity and reach of cancer and cancer screening awareness raising central to the **Life is Precious** initiative discussed within the previous section. This initiative also highlights the potential value of creative arts based approaches in developing knowledge and confidence on this arena.

## Online Spaces: tracking and locating value

The final theme emerged highlighting the challenges around incorporating an online dimension to cervical screening focused campaigns with particular regard to tracking value in this area and whether or how such initiatives have been evaluated. Issues and challenges within this broad arena, identified through the research process are also briefly discussed on a case by case basis.

A website, for example, was created for the **‘What’s pants, but could save our life?’** initiative which offered women more detailed information about cervical screening. Individual PCTs also provided details on the website of local health clinics in their area which offer cervical screening which were additional to the services provides by general practices (Susie Andrews). When asked about whether this aspect of the initiative was evaluated however, Susie identified that *‘sadly the website wasn’t monitored so we don’t have any information about how useful it was.’*

The **‘You Wouldn’t Miss’**, Manchester Cervical Screening Awareness Raising Campaign also incorporated a two week radio campaign element which took the form of a 30 second commercial which was broadcast 70 times a week. Through this process the address of the public health development service website was also delivered, *‘we thought we’ll just put it out at the end of the advert and see what happens.’* Recording hits to the website was thus identified as a way of establishing whether the campaign was reaching people. There was said to be an *‘encouraging’* and *‘statistically significant’* rise in hits to the pages to the website *‘with all the information on around the campaign’* (a total of 111 hits over the two week period). Evidencing whether the desired target audience was being reached, was effectively called into question:

*‘Because it’s a Greater Manchester radio channel that covers Greater Manchester and Cheshire there was no way we can pull that back and how many people exactly in Manchester- women in Manchester heard it but the fact that people heard it and went and looked at it encouraged me’ (Paul)*

The initiative also faced some challenges around incorporating a desired separate internet page and web address for the campaign (the idea was dismissed by the host trust) which arguably may have been more accessible to people evident in the statement that *‘it wasn’t the easiest address to find.’*

Similarly the **'I Love Me – Cervical Screening'** campaign is an initiative which ran for *'a few weeks approximately 4 years ago'* described as a *'radio Campaign and online campaign'* (Edna Boampong, Policy and Communication Lead) developed within the Greater Manchester Public Health Network. The initiative was targeted at young women and identified by Edna as *'driven by the diagnosis of Jade Goody.'* The aims/objectives of the campaign were listed as:

- Promoting the benefits of cervical screening
- Encouraging people to go for cervical screening
- Trying to get people to go to the website to answer some survey questions to identify the barriers to women turning up for cervical screening

The short campaign which was described as: *'Not a dedicated campaign but launched along with other campaigns via the Networks' outward facingks' along with aign was o the screenig brand'* involved working with a local female presenter who took questions via the radio station's Facebook page and website and text. The questions were then forwarded to experts identified by the Public Health Network. There was an evaluation report produced but Edna identified that the report had been *'handed over to the screening lead whom is no longer contactable due to organisational changes.'* At a later stage, Edna did forward results of a survey, conducted by the radio station, which focused on the reasons for women's non attendance following their cervical screening invitation, which therefore provides no insights with regard to any impact of the short campaign on awareness/behaviour.

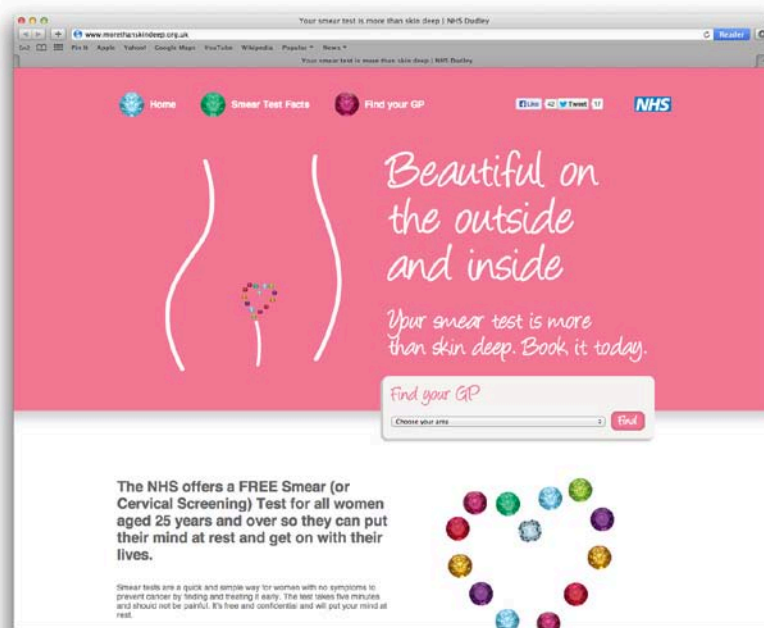
Building on the insights gained from the **'What's pants, but could save your life?'** initiative, Dudley Public Health Department, working in partnership with an array of other stakeholders, launched the **'Beautiful On the Outside and Inside'** social marketing campaign in 2011. The aim of which is to *'increase uptake of cervical screening, and regular participation in cervical screening every 3 years thereafter'* targeted at 25-29 year old women in Dudley (key informant Jody Pritchard, Programme Manager, Community Health Improvement Team). The campaign had an array of objectives identified below:

- To identify positive and motivational messages to encourage women to attend screening.
- To identify the most effective channels of communication to reach the target audience.
- To increase awareness of the importance of attending for cervical screening.
- To increase understanding of the screening process.
- To increase positive attitudes and perceptions towards screening.
- To increase motivation to attend screening when invited.

Specifically the initiative was summarised as follows:

*'Using a social marketing approach to identify messages and communication channels which would engage, raise awareness and motivate the target audience to attend for cervical screening when invited' (Jody)*

Young women between the ages of 25-29 years old are the primary target audience for this initiative with women between the ages of 23-25 also being included in the campaign development process *‘in order to gain insight into the motivations and behaviours of pre-screeners’* (Jody). The target audience additionally places an emphasis on those *‘reticent to attend’* and includes mothers, non-mothers, working/non working women and BME communities (again mothers, non mothers, working and non working). There appears to have been considerable research work, around the development and testing of a creative concept for the campaign, involving a research company, through a focus group approach. The focus groups also informed the media channels to be utilised. This aspect of the research identified specifically that *‘most’* of the young women *‘engage in social networking sites including Facebook therefore this is a sound means of engagement’* (Jody). Thus, the campaign which *‘initially went live in March 2012 until June 2012’* (and is now planned run on an annual basis), incorporates Facebook advertising along with an array of other methods of promoting, listed by Jody as including *‘compact mirrors, postcards sent to all women receiving first invitation to attend, bus and radio advertising, road shows – trailers in town centres, local press activity, information distributed to primary care and a GP display competition.’* The initiative additionally also incorporates a micro site, displayed below along with the Facebook page for the initiative.



Awareness of the campaign as a whole was evaluated through a pre and post Cervical Cancer Awareness Measure survey comprised of street interviews with the target audience. The post-campaign survey was highlighted, by Jody, as demonstrating:

- A statistically significant increase in prompted awareness of cervical cancer symptoms
- A statistically significant increase in awareness of risk factors
- A statistically significant increase in the percentage of women who said they were aware of cervical cancer screening
- An increase in the number of women who said they intended to take up future invitation for cervical cancer screening.

Evaluative information with regard to behavioural change has, however, yet to be accessed:

*‘We are awaiting screening data for this period to ascertain whether or not there was an increase in the uptake of cervical screening amongst this audience during and following the campaign period’* (Jody).

It is interesting to note that within the evaluation report (not available for wider circulation) the Facebook site was shown to have the least impact with regard to raising awareness in comparison to bus advertising and posters in GP surgeries, for example. In addition when asked about the use of social media within the project, in terms of what may be seen to be working or not, Jody's e-mail response, places an interesting angle on the challenges in this area:

*'Women in the focus groups had told us they would like to receive messages and information via facebook. However following the campaign we concluded that this was probably not the best media for personal issues, as women did not appear to want adverts for cervical screening appearing on their wall...' (Jody)*

The campaign materials have been developed into a 'toolkit for primary care' identified as including 't-shirts and badges for receptionists to wear, banners, bunting etc' and there are plans to further develop the website (Jody). Such plans include 'more information, video clips, stories from women who have attended to dispel some of the myths and encourage each other.' Earlier development of this angle of the campaign was identified as thwarted by a lack of capacity to 'deliver this at the time,' again pointing to an aspect of the challenges of integrating such forms of media. It is also of interest to note, given earlier sections in this report, that the post campaign evaluation document makes a link between campaign awareness and ethnicity, finding that women from non-white backgrounds are less likely to be receptive to the campaign than research participants from a white background.

**'It Only Takes a Minute, Girl'** was established 'to find out what women 25-34 years in Blackpool will respond to in terms of cervical screening initiatives.' The initiative, involved research conducted by Liverpool JMU Centre for Public Health for NHS Blackpool (Lyons et al., 2009), was summarised as below by Lynn Donkin (Blackpool NHS):

*'The project included a substantial literature review, followed by research into attitudes and perceptions of 25-34 year olds in Blackpool, exploring what is important to them, and finally recommendations for social marketing and service improvements' (Lynn).*

Due to the low level population of ethnic minorities the initiative focused on white British women. The initiative interestingly sought to move beyond an emphasis on 'barriers' due to the large amount of research already conducted in this area and instead to 'focus on what women prioritise.' It was found that 'most women in the target age groups, and living in the more deprived parts of Blackpool are typically young mothers with one or more children' and many not in employment.

One of the key findings to emerge, of particular relevance to this section, is the finding that social networking sites, and Facebook in particular, are an important means of communication for young women aged 25-34 in Blackpool (Lyons et al., 2009).

*'Friends and Facebook matter – It was particularly interesting to note how meeting up at home or going out for a drink and talking to friends on the telephone is being supplemented or even surpassed by the use of Facebook. Social networking through Facebook allows women to be sociable even when they are at home with their children and is an activity that provided a lifeline for several participants' (Lynn).*

*'Their social lives are mainly within Facebook. They don't tend to go out drinking – they told us they viewed the town centre bars as for tourists and also as very expensive.' (Lynn)*



Subsequently a Facebook page was set up to pilot the use of Facebook for social marketing and cervical screening. The page was set up and managed by the Health Development Facilitator working with the Public Health Specialist. It was identified that it took about a day to set up the page which was then monitored on a daily basis. The pages were promoted through Facebook advertisements targeted at women aged 25-64 and living in Blackpool and such adverts were run intermittently throughout the duration of the pilot initiative. The 'Facebook advertising' approach was '*vital to promote the page*' and '*not particularly expensive*' (NHS Blackpool Report, 2011). A series of posts (drawn up and checked and approved by several different people within the Department) were published to the page covering:

- *Information about availability of screening.*
- *Facts about the importance of screening.*
- *Myth-busting facts (based on misconceptions revealed during the Insight work).*

Concerns associated with such an approach, were identified, as Lynn explained : '*Social networking such as Facebook was not widely used with the local NHS at the time*' and that there were '*a lot of concerns over moderating content etc*' and further identified that: '*These concerns needed to be addressed. There was no policy in place at all either.*' In addition, while posts went up every day, Lynn related that the level of interactivity was limited. There was a desire to '*try to be interactive in other ways*' and they wanted to '*the page to feel local*' and '*be special for Blackpool women*' and associated ideas included '*vox pops with local women*' (Lynn). Issues and choices around levels of interactivity are also further explained in a draft document focused on reflections on this pilot initiative:

*'We chose to limit the interactivity of the page by only allowing the owner (ourselves) to post comments to the Wall. Social networking sites owe their popularity to a high level of interactivity, however this is difficult to reconcile with the need to ensure the accuracy of content of the site and moderate/appropriately respond to posts. In this case the need to debunk myths and ensure that messages were consistent and accurate was felt to be key to the pilot. A greater level of interactivity could be offered, providing the site could be monitored very regularly by someone with the appropriate level of expertise' (NHS Blackpool Report, 2011).*

Lynn identified that these kinds of initiatives were challenging to evaluate. However, training has been conducted with sample takers as part of the initiative and Lynn commented that '*training evaluates well*' and there is also an identified association between increased coverage and an incentive scheme. With regards to social media evaluation, this was simply described as '*likes and reach*' (Lynn). The Facebook pilot project reflections document provided by Lynn also offers further detailed insights:

*'A total of 152 people 'liked' the site and posts were viewed by up to 1091 people. Responses to posts was positive. Profiling of those linked to the site can give an indication of whether the target demographic group is being reached, but is limited to age, sex, location (although this may not necessarily be where people are living), and language.'*(Lynn)

The page was thus monitored both in relation to the number of 'likes' and the number '*impressions*', that is the number of times the page was viewed. With regard to impressions it was further identified that: '*Posts of 'real' questions plus answers, or posts that are framed in terms of a cause/campaign appear to generate more impressions than general statements*' (NHS Blackpool Report, 2011).

Further reflections on the pilot project, gleaned from the internal report (NHS Blackpool Report, 2011) of relevance to future campaigns and best practice, with regard to this thematic area, include the following:

- The use of social networking sites is widespread. As technologies develop and more people have access to sites through mobile phones, these sites are becoming an established means of communication. Although the age profile of site users tends to be skewed towards the younger age groups, this is not to the exclusion of older people. With very little outlay required in terms of set up costs, it is cheap and relatively easy to create a presence on social networking sites. Facebook and other social networking sites offer a real opportunity to establish a dialogue with target groups.
- *Managing the site*-Requires ongoing commitment to manage/moderate the page, though this does not need to be large time commitment, it does need to be regular. The moderator needs to be knowledgeable on the topic area to ensure consistency and accuracy of posted material. In future we would suggest that pages could be set up as time limited causes or campaigns.
- Future initiatives could explore the use of 'Apps', Twitter, and other social networking sites.

The evaluation of **'Are you Ready for Your Screen Test?'** initiative incorporated a post campaign survey, a focus group and analysis of web traffic including through the use of Google analytics (Light & Ormandy, 2011). Online realms and Facebook, in particular, were found to be important with respect to campaign discovery (as was print media and events) and the monitoring of web traffic revealed some interesting insights including the experiences of 'peaks' associated with campaign videos. However, while clearly popular, and identified by women as 'fun' 'shareable' 'informative' and 'useful' reflecting on this aspect of the initiative, Professor Ben Light felt that they *'probably needed to be pushed further via paid for advertising boosts so that they generated more of an audience.'* The importance of the role of the LGF and direct links provided through the LGF were also found to play a significant role in generating traffic to the campaign website. Online advertising with Lesbilicious, (a web-based magazine of relevance to the target group) for example, *'worked very well and generated a lot of traffic to the campaign website'* (Ben). LGF Twitter followers were also reported to assist in the promotion of the campaign. Engaging with *'appropriate online spaces'* was listed among the recommendations with regard to the development of targeted campaigns, on the basis that these can be *'economical and effective.'* However, it is identified that *'they should not be the only media drawn upon.'* (Light & Ormandy, 2011).

As a final point in this section, it was interesting to note some reasons as to why social media was not chosen as a media of communication as part of such initiatives, which included knowledge, resources and relevance to the target audience. Wendy Storey, representative of the initiative in Sefton, for example, explained that *'we looked at using social media as an information sharing tool but it's about having the resources and knowledge to do that.'* In addition she spoke about the need for different types of campaigns and not taking a *'blanket approach because 'people respond differently to different approaches in different areas.'* She also referred to, for example, the way in which social media *'wouldn't touch'* some people but also identified that it may be particularly relevant to young people *'it's a big thing for young people.'*

Peta Curno, of **'Life is Precious'**, in essence, made a similar point by explaining that they didn't consider employing social media because, *'many of those we targeted didn't tend to use social media and word of mouth had been identified as the best method of passing on information within their communities.'*



She also explained how the *'community champions really positioned their role as the key messenger within this initiative 'because it was all about 'word of mouth,' talking and developing trusting relationships within their community'* so that people have *'someone they know and trust to talk to them about going for screening.'* Indeed there were insights as to culture specific use of media:

*'Some of the community did have mobile phones however and community health champions did some work around this to get the messages out tapping into the 'Friday message' aspect of the culture of some of the people... Part of their culture was to send out messages on a Friday to family and friends and this was used to help get the key messages out of 'life is precious' (Peta)*

This kind of work was explored with younger participants and the community health champions, who also did some work around encouraging people to access cancer information via websites.

# Conclusions and Recommendations

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In this final section of the report we present the overall conclusions of the research in relation to digitally generated evaluative data (generated by and via the digital media employed); women's evaluation of the campaign (sourced from the evaluative survey), the view of women of south Asian ethnic origin (sourced from the focus groups) and the best practice lessons obtained from prior cervical screening campaigns (sourced from the case study work).

## Evaluating the Campaign – Data Obtained via Digital Media

- In summary, the campaign generated, from a zero base, a 2200 person strong Facebook presence, 12,489 views of the campaign website, 424 followers on Twitter, 7 YouTube videos which acquired 10,321 views, 27 mash ups and 39 'mog shots'. Downloadable media such as posters and postcards were also created and two live promotional events were staged in Liverpool and Manchester.
- The majority of the audience engaged with the campaign using desktop systems rather than mobile/tablet devices. Combined with the higher than expected use of Internet Explorer, this could be an indication that the audience included a proportion of users with lower computer literacy and socio-economic status, not just technologically-literate individuals with high-end market electronic devices (for instance Apple products).
- The campaign was effective in reaching its target audience, demonstrated by the web traffic data - 68% of visitors were from the North West and Facebook data – where 93% of page fans were women (as compared to 46% for Facebook overall) and where 57% were from the North West, with almost all being based in the UK. The Age demographic hit via Facebook did go outside the target age range of 25-29, but this is to be expected given the nature of the Internet and Facebook as a public spaces. Here 34% of fans were aged 25-34 (compared to Facebook's overall percentage of population at 11.8%), 24% of fans were aged 35-44 (compared to Facebook's overall percentage of population at 6.2%), 14% of fans were aged 45-64 (compared to Facebook's overall percentage of population at 5.5%). Thus, whilst only a third of the campaigns fans were in the target age range, 64.2% were women of screenable age. This is positive as only 23.5% of the overall Facebook population are women of screenable age and thus the campaign page generally attracted women of an appropriate profile.
- Facebook as the main hub proved to be successful in driving traffic to other platforms, and generating audience engagement (leading to audience awareness). It is important to note that it is not solely the platform that is responsible for the success – two main contributors to success were paid promotions and the approach of the project officer. Facebook advertisement was the most beneficial for the campaign in terms of awareness, and was the second cheapest mode of paid promotion used in the campaign.
- Using Facebook as the main hub may lead to issues of exclusion of those that do not want, or do not know how to use Facebook to engage with the campaign. The large number of 'direct' web traffic on the dedicated site, along with the low retention rate or repeats visitors, could be a sign that many users did not use Facebook to mediate their experience with the campaign material.
- An approach using friendly or 'silly' tone of voice, regularly responding to its audience and promoting users to contribute their own imagery (the approaches taken in phase 2) showed much improved success in both Facebook and in Twitter spheres in a great number of ways. The analysis of Facebook data indicated that images were the most popular form of content and most useful in driving campaign objectives, which is encouraging for a campaign aimed at engaging through Internet meme culture.

## Evaluating the Campaign – Conclusions from Evaluative Survey

- Overall, 90% of women in the target group felt the campaign was effective and 80% outside the target group felt it was effective.
- Facebook and Online advertisements worked well as an initial source of discovery of the campaign, however online searches for health information also proved popular (indicating the campaign was appropriately indexed by search engines such as Google).
- All campaign materials were seen by survey respondents with online advertisements, the campaign website and the campaign Facebook presence being the three most popular out of 8 types of materials. Fewer respondents reported seeing YouTube, Twitter and Mogatron oriented materials. However, we hypothesize that this has much to do with the nature of the campaign approach taken in the first stage of the project.
- Campaign materials were rated in a similar fashion by both target and non-target groups with 75% of respondents rating the main features of the campaign - Facebook and the Website - as either good or excellent. Materials that did not seemingly perform as well were again, YouTube, Twitter and the Mogatron. However, again we hypothesize this has some relationship to campaign approach.
- The messages of the campaign were deemed to be effective by women – these were cited as being clear and concise. The overall tone of the campaign was said to be appropriate with many commenting on the value of humour and the ‘trick’ of using cats as a way of drawing people in. However, some women did not understand why cats were used and saw no relationship to these and the overall campaign. There are two rationales to put forward for this. First, the change in the campaign strapline from ‘Happy Health Pussy’ obscured the obvious link made to cats and second, some women preferred to have something obviously linked to cervical screening as the campaign message. That is, not everyone wanted to be engaged via misdirection.
- Data from the evaluative survey suggests that the campaign had an affect on raising the knowledge and confidence of women in relation to cervical screening for some women. Interestingly, the affects in this area are generally higher for women who had not been previously screened and also for those women outside the target group. That said, of those women in the target group who had not previously been screened, 35.8% felt that their knowledge of cervical screening had been improved and 28.3% felt that their confidence had been improved as a result of engaging with the campaign.
- Irrespective of age, 71.0% of respondents overall had been for a screen during their life, and if those in the 16-24 age group are removed, taking into account national policy, the figure rises to 80.1%. However, only 64.6% of women in the target age group reported being previously screened within 3 years in line with national policy.
- No women in the target group (25-29) reported attending for a screen as a result of the campaign. However, 28 women out of 53 (52.8%) who reported not previously attending for a screen indicated that they had booked an appointment or would book one in the near future. If these women follow through on what they report this could increase the percentage of women in the target age group’s attendance to 79.8% within the last three years and 85.3% within the last five years.

- With respect to women above the age of 25, those eligible for screening in line with national policy, 37 women of 78 (47.4%) who had reported not previously attending for a screen indicated that they had either booked an appointment or would book one in the near future. If this group follow through on what they report this could increase the percentage of women attending to 83.7% within the last five years.
- Data for both the target group (25-29) and those eligible for screening overall (25-64) imply a positive affect of the campaign upon behaviour change but it is too early to determine if the bookings and intentions to book will translate into increased coverage.

## Learning from Women of South Asian Ethnic Origin

- It was interesting to note that the user group who commented and agreed on the initial cat campaign concept included some Asian women. However it is clear from the difference in the comments between the focus groups participants (which included non-English speaking women) compared with the two British Asian women interviewees that there are vast differences between people within the same ethnic group, which need to be captured. This small in-depth study uncovered valuable information to take forward and inform future campaigns and in particular strategies that may be more effective within the South Asian women community.
- Reasons why young South Asian women do not respond to invitations for cervical screening included: not being sexually active or not yet married and feelings of it not being appropriate for a virgin; a lack clear information as to why it is important, what to expect and how it is done; a lack awareness that cervical screening is seriously necessary; that the invitation letter is poorly written and is ignored and that often the invitation letter is opened by their parents and women do not respond because it may be interpreted that they are sexually active.
- The South Asian women we spoke with highlighted the following elements as important in campaigns aimed at them: for non-english speaking women, the use of native language is required, and the tone needs to be strong; animals should be avoided as these were said to be non-relevant to their culture; imagery needs to be serious, shocking and contain graphic and dramatic images; campaigns should include real stories of real women. The idea of engaging 'real women' of course presents a particular challenge given what is known of the difficult cultures surrounding cervical screening within parts of this group.
- The most popular media engaged within this group were: Facebook; YouTube; Twitter and Asian TV. The channelling of cervical screening knowledge, confidence and awareness via digital and social media is found to be highly relevant and appropriate communication vehicle through which to reach young South Asian women. However, some women within this sample population are perceived as 'difficult to reach' and require any digital media focus to be supported by outreach awareness work 'on the streets' and in the places and spaces where women may gather.
- It was suggested that there is a need for more physical outreach work including: providing leaflets in communities where such women reside; attending Mela's to educate and increase awareness; engaging in group discussions and providing opportunities for group screening so that women can support each other.

## Other Initiatives and Campaigns

- The best practice research was undoubtedly limited by temporal factors and the practical challenge of making contact with suitable professionals through which to gain deeper insights in this arena and into a greater number of initiatives. The findings although limited to the information relating to a relatively small number of initiatives remain valuable. The initiatives explored and the insights gained (both verbally and in text based formats, from professionals involved with initiatives used to raise women's awareness with respect to cervical cancer and screening) have led to the identification of potential thematic areas within which best practice may be considered.
- 'Thought provoking' themes for best practice are presented in this document grounded from the initiatives examined, and include; considering real women and real stories, cultural preferences of language, imagery and tone of campaign message; increasing use of online mechanisms for health promotion; the need for integrated and embedded continual evaluation to generate a more robust evidence base.
- One key area this work has highlighted and identified is the challenges to evaluation within this area with particular regard to evidencing links between interventions and behavioural change. Challenging the link between online aspects of such initiatives and value in this area has also begun to be identified and videos emerge, for example, as a potentially important area for future development.
- The cost of the different initiatives was not captured within this report, for reasons that this information could not be shared or was not available, but this is an important aspect of future health campaigns that needs to be measured. Indeed important information regarding local evidence bases was difficult to access, either because no formal evaluation was undertaken of the initiative introduced or that internal reports were not available for wider circulation.

## Recommendations

- It is clear that informal campaign approaches based on, and in, Internet culture and which engage such elements as memes, do have resonance with certain groups of women. Additionally, humour is seen to be an important ingredient for many. However, the content of such campaigns needs to be nuanced appropriately in order to be able to engage a wide range of women.
- In the case of this particular campaign we see that not everyone likes cats and thus the potential for engagement is limited somewhat by this. Therefore, future campaigns should consider a greater range of audience research to interrogate the possibility of finding other aspects of popular and Internet culture that may have broader appeal across diverse groups in order to maximise campaign impact. This might involve the development of a broad campaign idea that has wide appeal but with various strands that can be easily customisable to better target a variety of audiences.
- Whilst there is diversity in audience tastes, there are possibilities for reaching broader audiences with the same idea. For example, in this campaign, although not all the south Asian women we spoke with did not readily identify with the use of cats (and the culture of having pets), some did and were happy with more light hearted approaches. We suggest that a balance needs to be struck between the generic and the specific and more work is undertaken in this area to understand such nuancing.
- Through our analysis of the best practice cases studies we were able to access, four potential guiding themes for future campaign developments are suggested:
  - o The use of real women and their real stories to spread the message can be helpful, but they are not always necessary.
  - o The use of culturally appropriate imagery, language and materials is essential where a very specific group with specific needs is required. However, the parameters of what constitutes such a group has to be laid out. As this campaign shows, there is diversity amongst groups whom are often thought to require specific interventions.
  - o Advertising campaigns, and particularly digital only campaigns, are not enough and community based outreach approaches need to be considered. This is particularly the case again with those groups identified as having specific needs.
  - o Embedded evaluation within campaigns is necessary to measure effectiveness of the health promotion and intervention for 'who' 'when' and 'how'.
- Based upon our research of this campaign, our previous work with the LGF, our analysis of prior practice and current data regarding falling coverage rates we would suggest that investment is made in a centralised, national, large scale multi-year campaign. Ideally, this campaign would have a 'mass market' friendly brand, with customisable elements that would take account of different audience needs and media consumption practices. Key to this campaign would be the integration of solid continuous evaluation mechanisms. We point to some of these evaluation mechanisms in this document as related to the digital, but there are other approaches possible too if the campaign was to be larger scale. There is, for example, potential here to draw on national health agency and social media generated 'big data' in very fruitful ways if institutional cooperation can be mobilised appropriately.



- It is also recommended that the infrastructures and policy surrounding the commissioning, delivery and archiving of campaigns are reviewed. Cervical screening coverage rates are falling yet clearly investment is being made in interventions. That said, many interventions' findings are not shared and best practices are lost. Moreover, systematic evaluation data is not collected to allow for meta-analyses. Given this, we would suggest that consideration is given to the development of a network across public health organisations with respect to campaign development, to share knowledge and evidence to move forward and address the decline in coverage. There is a need to develop a national archive of resources, developed and tested successful campaigns that can be transferred and replicated across different areas without 're-inventing the wheel'. Methods and tools which capture and evidence links between interventions and behaviour change also need to be developed as does a framework for determining where they should be used in campaigns and where not. It is important to note of course that for some types of intervention, making direct links to behaviour change is not possible and also might not be the primary motivation. Further, the impact of long-term sustained campaigns compared to short-lived initiatives needs to be evaluated. We would suggest that much of this activity could be written into future contracts awarded to those working on campaigns, however, institutional structures are required which can provide appropriate support in areas such as the provision of access to networks and data for example otherwise initiatives may fall short.
- During our work on the campaign we have gained insights from health professionals and women of screenable age regarding the invitation letters that women receive. This feedback is negative, pointing to the letter being loaded with medical jargon and not being of the right tone. It is for many of the women we spoke with a disincentive to attend. It is therefore suggested that further work is undertaken to review the content of this letter in conjunction with women of screenable age. Moreover, it may also be helpful to consider further the mechanisms by which invitations are issued. For example, we are aware that in some households, where South Asian women reside, relatives open letters and this can act as a barrier to attendance. The question therefore arises as to whether such invitations could be extended in other ways, for example via a simple request to attend for a health check at a local GP clinic where at that point the invitation letter could be passed on or discussed in private. To be clear, we are not saying this is necessarily a practical way forward, more we provide it as an example of how thinking regarding how mechanisms of invitation might work.

# References



Andrew S (2010). *Attitudes to cervical screening: a summary of the market research*. Internal Report, West Midlands QA Reference Centre.

Andrews S, Turner M (2009). What's Pants, But Could Save Your Life?—Increasing Cervical Cancer Screening Utilization in England. *Cases in Public Health Communication & Marketing*. 3:186-203. Available from: [www.casesjournal.org/volume3](http://www.casesjournal.org/volume3)

Armstrong R, Waters E, Doyle J (2008). *Reviews in public health and health promotion*. Cochrane Handbook for Systematic Reviews of Interventions. J. Higgins and S. Green, The Cochrane Collaboration: 21.21 - 21.12.

Brendryen H, Kraft P (2008). Happy Ending: A randomized controlled trial of a digital multi-media smoking cessation intervention. *Addiction* 103(3): 478-484.

Brock, TP, and Smith SR (2007). Using digital videos displayed on personal digital assistants (PDAs) to enhance patient education in clinical settings. *International Journal of Medical Informatics* 76(11-12): 829-835.

Broughton S, Thomson K (2000). Women with learning disabilities: risk behaviours and experiences of the cervical smear test. *Journal of Advanced Nursing*, 32: 905–912.

Brunello J (2012). *Internet-memes and everyday-creativity*, Erasmus University.

Buchel BB (2012). Internet Memes as Means of Communication.

Byrd TL, Chavez R, Wilson KM (2007). Barriers and facilitators of cervical cancer screening among Hispanic women. *Ethnicity and Disease*, 17(1):129–134.

Burgess J (2008). All Your Chocolate Rain Are Belong to Us. *Viral Video, Youtube and the Dynamics of Participatory Culture*. In G. Lovink & S. Niederer (Eds.), *Video Vortex Reader: Responses to YouTube*: 101-109.

Bush J (2000). It's just part of being a woman: cervical screening, the body and femininity. *Social Science & Medicine*, 50(3): 429-444

Chen C (2012). The Creation and Meaning of Internet Memes in 4chan: Popular Internet Culture in the Age of Online Digital Reproduction. *HABITUS III*: 6-19.

Coulter A, Ellins J (2007). Effectiveness of strategies for informing, educating, and involving patients. *BMJ* 335, 25

Curno et al., Parker R, Pritchard J, Sogi P (2012). *Life is Precious: Dudley Cancer Awareness*. Arts & Health Project Evaluation Report, September 2011.

Danung J, Attaway L (2008). All Your Media Are Belong To Us: An Analysis of the Cultural Connotations of the Internet Meme. *Literature, Culture and Digital Media* 17.

Department of Health, DH (2011). *Improving Outcomes: A Strategy for Cancer*. Department of Health. COI for the Department of Health., Crown London. Jan 11 (web only) [www.dh.gov.uk/publications](http://www.dh.gov.uk/publications) [accessed Nov 2012]

Dutton WH, Blank G (2011). *Next Generation Users: the Internet in Britain*. Oxford Internet Survey 2011. Oxford, Oxford Internet Institute, University of Oxford.

Dutton WH, Helsper EJ (2009). *The Internet in Britain*. Oxford, Oxford Internet Institute, University of Oxford.

- Elder RW, Shults RA, Sleet DA, Nichols JL, Thompson RS, Rajab W (2004). Effectiveness of mass media campaigns for reducing drinking and driving and alcohol-involved crashes - A systematic review. *American Journal of Preventive Medicine* 27(1): 57-65.
- Elkind AK, Haran D, Eardley A, Spencer B (1988). Reasons for non-attendance for computer-managed cervical screening: Pilot interviews. *Social Science & Medicine*, 27(6): 651-660,
- Everett T, Bryant A, Griffin MF, Martin-Hirsch PPL, Forbes CA, Jepson RG (2011). *Interventions targeted at women to encourage the uptake of cervical screening (Review)* The Cochrane Collaboration. Published by John Wiley & Sons, Ltd.
- Evers, CW, Albury K, Byron P, Crawford K (2013). Young People, Social Media, Social Network Sites and Sexual Health Communication in Australia: This is Funny, You Should Watch It. *International Journal of Communication* 7: 263-280.
- Eysenbach G (2008). Credibility of Health Information and Digital Media: New Perspectives and Implications for Youth. In: Metzger MJ, Flanagin AJ, editors. *Digital Media, Youth, and Credibility*. Cambridge: The MIT Press; pp. 123-54.
- Friend K, Levy DT (2002). Reductions in smoking prevalence and cigarette consumption associated with mass-media campaigns. *Health Education Research* 17(1): 85-98.
- Foley G, Alson R, Geraci M et al. (2011). Increasing rates of cervical cancer in young women in England: an analysis of national data 1982-2006. *Br J Cancer* 105: 177-84.
- Gomez EA (2008). *Connecting communities of need with public health: Can SMS text-messaging improve outreach communication?* Proceedings of the 41st Hawaii International Conference on System Sciences - 2008, Big Island, HI.
- Gray NJ, Klein JD (2006). Adolescents and the Internet: health and sexuality information. *Current Opinion in Obstetrics and Gynaecology*. 18(5):519-24. Gray NJ, Klein JD, Noyce PR, Sesselberg TS, Cantrill JA (2005) Health information-seeking behaviour in adolescence: the place of the internet. *Social Science & Medicine*. 60(7):1467-78.
- Gray NJ, Klein JD, Noyce PR, Sesselberg TS, Cantrill JA (2005). The Internet: A window on adolescent health literacy. *The Journal of adolescent health: official publication of the Society for Adolescent Medicine*. 37(3):243.e1-e7.
- Hall B, Howard K, McCaffery K (2008). Do cervical cancer screening patient information leaflets meet the HPV information needs of women? *Patient Educ Couns* 72(1): 78-87
- Hejlesen OK, Plougmann S, Ege BM, Larsen OV, Bek T, Cavan D (2001). Using the internet in patient-centred diabetes care for communication, education, and decision support. *Studies in Health Technology and Informatics* (2): 1464-1468.
- Heylighen F, Chielens K (2008). Cultural evolution and memetics. *Encyclopedia of Complexity and System Science*, B. Meyers, ed.: Springer.
- Hilton S, Hunt K (2010). Coverage of Jade Goody's cervical cancer in UK newspapers: a missed opportunity for health promotion? *BMC Public Health* 10(368).
- Ito KE, Brown JD (2010). To friend or not to friend: using new media for adolescent health promotion. *North Carolina Medical Journal* 71(4): 367-372.

Jo's Cervical Cancer Trust (2011). *New cervical screening figures out today show increase in women at risk from preventable disease*. Accessed 1 December 2011 via: <http://www.jostrust.org.uk/news/articles/2011/11/24/new-cervical-screening-figures-out-today-show-increase-in-women-at-risk-from-preventable-disease>

Jepson RG, Hewison J, Thompson AG, Weller D (2005). How should we measure informed choice? The case of cancer screening. *J Med Ethics* 31: 192–96.

Kahol K (2011). Integrative gaming: a framework for sustainable game-based diabetes management. *Journal of Diabetes Science & Technology* 5(2): 293–300.

Kaldo V, Levin S, Widarsson J, Buhrman M, Larsen HC, Andersson G (2008). Internet versus group cognitive-behavioral treatment of distress associated with tinnitus: a randomized controlled trial. *Behavior Therapy* 39(4): 348–359.

Kelly M, McDaid D, Ludbrook A, Powell J (2005). *Economic Appraisal of Public Health Interventions*. London, Health Development Agency, 1–8

Knobel M, Lankshear C (2005). *Memes and affinities: Cultural replication and literacy education*. Annual Meeting of the National Reading Conference, Miami, CiteSeer.

Knobel M, Lankshear (2007). *Online memes, affinities, and cultural production*

Leigh C (2009). Lurkers and Lolcats: An Easy Way From Out To In. *Journal of Digital Research & Publishing*. 2: 131–141.

Levinson N (2012). “I Can Has Cultural Influenz?”: The Effects of Internet Memes on Popular Culture. *Forbes & Fifth* 1.

Light B, Ormandy P (2011). *Lesbian, Gay and Bisexual Women in the North West: A Multi-Method Study of Cervical Screening Attitudes, Experiences and Uptake*. University of Salford Report, UK.

Lu M, Moritz S, Lorenzetti D, Sykes L, Straus S, Quan H (2012). A systematic review of interventions to increase breast and cervical cancer screening uptake among Asian women. *BMC Public Health* 2012, 12:413 <http://www.biomedcentral.com/1471-2458/12/413>

Lyons M, Neary D, Harris J, Jordon K, Macintosh J, Carlin H, Leavey C (2009). *‘It Only Take a Minute Girl’: Insights into Women’s Perceptions of Cervical Screening in Blackpool*. Liverpool John Moores University, Centre for Public Health.

Matin M, LeBaron S (2004). Attitudes toward cervical cancer screening among Muslim women: a pilot study. *Women’s Health*. 39: 63–77.

Meissner HI, Smith RA, Rimer BK, Wilson KM, Rakowski W, Vernon SW, Briss PA (2004). Promoting Cancer Screening: Learning from Experience. *Cancer* 101(5 Suppl): 1107–17.

Muñoz, RF (2010). Using evidence-based Internet interventions to reduce health disparities worldwide. *Journal of Medical Internet Research* 12(5): e60.

NHS Blackpool (2011) *Reflections on Facebook pilot pages to promote cervical screening*. Internal Report, NHS Blackpool. April

Peto J, Gilham C, Fletcher O, Matthews FE. (2004). The Cervical Cancer Epidemic that Screening has Prevented in the UK. *The Lancet*, 364(9430): 249–256.

Populus (2008) *Poll of Women, NHS Cancer Screening Programme*. Accessed 1 December 2011 via: <http://cancerscreening.nhs.uk/cervical/research-attitudes.html>

Raffle AE (2001). Information about screening ± is it to achieve high uptake or to ensure informed choice? *Health Expectations*, 4, 92-98

Raftopoulou C (2007) *Audience Reception of Health-Promoting Advertising: Young adult smokers make-sense, interpret and decode shocking anti-smoking advertisements*. MEDIA@LSE Electronic MSc Dissertation Series.

Ramoz-Leslie NJ (2011). *Doin'it for the Lulz: a contemporary analysis of internet humor*.

Rintel S (2011). Crisis memes: The importance of templatability to Internet culture and freedom of expression." *Australasian Journal of Popular Culture* 2(2): Pre Publication draft.

Rice, RE (2006). Influences, usage, and outcomes of Internet health information searching: Multivariate results from the Pew surveys. *International Journal of Medical Informatics* 75(1): 8-28.

Rice RE, Tulbert E, Cederbaum J, Barman Adhikari A, Milburn NG (2012). Mobilizing homeless youth for HIV prevention: A social network analysis of the acceptability of a face-to-face and online social networking intervention. *Health Education Research* 27(2): 226-236.

Rini C, Williams D A, Broderick JE, Keefe FJ (2012). Meeting them where they are: Using the Internet to deliver behavioral medicine interventions for pain. *Translational Behavioral Medicine* 2(1): 82-92.

Riper H, Spek V, Boon B, Conijn B, Kramer J, Martin-Abello K, Smit F (2011). Effectiveness of E-Self-help interventions for curbing adult problem drinking: A meta-analysis. *Journal of Medical Internet Research* 13(2): e42.

Sadler L, Albrow R, Shelton R, Kitchener H, Brabin L (2012). Development of a pre-notification leaflet to encourage uptake of cervical screening at first invitation: a qualitative study. *Health Education Research* 1-10 doi:10.1093/her/cys103

Siegel M, Biener L (2000). The impact of an antismoking media campaign on progression to established smoking: results of a longitudinal youth study. *American Journal of Public Health* 90(3): 380-386.

Shah A, Turner L, Storey W (March, 2009). *Using Social Marketing Techniques to Increase Coverage and Uptake of Cervical Screening in Sefton*. Sefton PCT.

Shifman L (2012). An anatomy of a YouTube meme. *New Media & Society* 14(2): 187-203.

Strecher V (2007). Internet methods for delivering behavioral and health-related interventions (eHealth). *Annual Review of Clinical Psychology* 3: 53-76.

Stowell F, West D, Stansfield M (1997). Action Research as a Framework for IS Research. *Information Systems: An Emerging Discipline*. J. Mingers and F. Stowell. London, The McGraw Hill Companies: 159-200.

The NHS Information Centre - Screening and Immunisations Team (2013). *Cervical Screening Programme - England, 2012-13*. Health and Social Care Information Centre (20 November 2013 data) Accessed 20 November 2013 via: <https://catalogue.ic.nhs.uk/publications/screening/cervical/cerv-scre-prog-eng-2012-13/cerv-scre-prog-eng-2012-13-rep.pdf>

The NHS Information Centre - Screening and Immunisations Team (2011). *Cervical Screening Programme - England, 2010-11*. Information Centre (24 November 2011 data) Accessed 1 December 2011 via:

[http://www.ic.nhs.uk/webfiles/publications/008\\_Screening/cervscreen1011/Cervical\\_Bulletin\\_2010\\_11\\_v1\\_1.pdf](http://www.ic.nhs.uk/webfiles/publications/008_Screening/cervscreen1011/Cervical_Bulletin_2010_11_v1_1.pdf) 11

Tsur O, Rappoport A (2012). *What's in a hashtag?: content based prediction of the spread of ideas in microblogging communities*. Proceedings of the fifth ACM international conference on Web search and data mining. Seattle, Washington, USA, ACM: 643-652.

Turner-McGrievy GM, Campbell MK, Tate D F, Truesdale K P, Bowling JM, Crosby L (2009). Pounds Off Digitally Study. A Randomized Podcasting Weight-Loss Intervention. *American Journal of Preventive Medicine* 37(4): 263-269.

Valenzuela JI, Arguello A, Cendales JG, Rizo CA (2007). Web-based asynchronous teleconsulting for consumers in Colombia: A case study. *Journal of Medical Internet Research* 9(4): e33.

Viswanath K, Kreuter MW (2007). Health Disparities, Communication Inequalities, and eHealth. *American Journal of Preventive Medicine* 32(5 SUPPL.): S131-S133.

Wellings K, Macdowall W (2000). Evaluating mass media approaches to health promotion: a review of methods. *Health Education* 100(1): 23-32.

West Midlands Quality Assurance Reference Centre (2009). *Increasing cervical screening attendance in young women: What's pants but could save your life?* Evaluation Report pdf. West Midlands QA Reference Centre and NHS Walsall (not for wider circulation).

Women & Theatre (2010). *The Cervical Monologues Dudley: Evaluation, Findings & Recommendations*. NHS Dudley

Wortham J (2010). Once Just a Site with Funny Cat Pictures, and Now a Web Empire. *The New York Times*.

Ziebland S, Chapple A, Dumelow C, Evans J, Prinjha S, Rozmovits L (2004). How the internet affects patients' experience of cancer: a qualitative Study. *BMJ* 328 1-6




# Appendices

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## Appendix 1: Cervical screening invitation letter



LaSCA (NHS)  
3 Caxton Road  
Fulwood  
Preston  
PR2 9ZZ

www.lasca.nhs.uk  
Tel: 01772 221344  
Fax: 01772 221447  
Invitation Letter

«DEST\_NAME»  
«DEST\_ADD1»  
«DEST\_ADD2»  
«DEST\_ADD3»  
«DEST\_ADD4»  
«DEST\_ADD5»  
«DEST\_POSTCODE»

For an Appointment ring «GP\_TEL\_NO»

28 November 2012

Dear «PAT\_TITLE» «PAT\_SURNAME»

I am writing to invite you to come for a cervical screening test. Cervical screening is a free and confidential service offered by the NHS to all women aged 25 to 64. Screening takes place every three years for women aged 25 to 49, and every five years for women aged 50 to 64.

«INV1\_TEXT1» «INV1\_TEXT2» «INV1\_TEXT3» «INV1\_TEXT4» «INV1\_TEXT5»

Information about cervical screening and the recall process is included in the enclosed leaflet 'Cervical Screening – The Facts' which you are advised to read before coming for the test. The second enclosed leaflet on HPV testing explains about another test that will be carried out on your screening sample if your result is mildly abnormal.


If you require follow up your result letter will advise regarding attendance at the Colposcopy Clinic.

Cervical screening, like other medical tests, is not perfect and does not find every abnormality of the cervix. If you have any unusual symptoms like discharge or irregular bleeding, don't wait for your next test, but consult your GP.

«INV2\_TEXT1» «INV2\_TEXT2» «INV2\_TEXT3» «INV2\_TEXT4» «INV2\_TEXT5»

«GP\_TEXT1» «GP\_TEXT2» «GP\_TEXT3» «GP\_TEXT4» «GP\_TEXT5»

Yours sincerely



**Mrs E Jones**  
Head of Contractor and Patient Services  
Working on behalf of Primary Care Trusts

Please do not forget to tell your GP if you change your address.

**INHN**  
«PAT\_FORENAME» «PAT\_SURNAME»  
NHS No. «PAT\_NHS»  
Date of last test «PAT\_LTEST\_DATE»

## Appendix 2

### On-line survey information sheet

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## On-line Survey – Participant Information Sheet (electronic version)

**Research Study: On-line Survey – Participant Information Sheet**

**Promoting Cervical Screening in the North West of England:  
A Digital Media Based Approach**

### **Purpose of the research project**

The University of Salford have been funded to develop a digital media campaign to influence and increase the uptake of cervical screening by 25-29 year olds within the North West of England.

To ensure the campaign developed is both relevant and appropriate to women aged 25-29 years we need to understand the experiences, knowledge and behaviour of 25-29 year old women, who both attend and do not attend for screening.

### **What does it involve?**

Please take 5-10 minutes to complete the on-line survey to gather information about your current behaviour, knowledge and experiences of cervical screening, and your opinion of the digital media campaign.

### **Do I have to take part?**

No, you do not have to take part.

### **Any benefit to me?**

There may be no direct benefit to you by participating in the on-line survey but from the information you provide we will be able to better understand the experiences and needs of women aged 25-29 years old which will inform future health campaigns.

### **Any risk to me?**

There are no risks associated with being involved in this study.

### **If you change your mind**

If you complete and submit an anonymous on-line survey we will be unable to remove your data from the study if you change your mind afterwards and wish to withdraw, as we will be unable to trace which survey is yours.

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### **Keeping information confidential**

Information you provide will be used for this study only, your survey responses are anonymous. However, if you choose to share information that identifies yourself and/or your GP practice in the survey answers, we will replace dates, names of people and services with false names to ensure your identity remains confidential. All the study data will be stored safely and confidentially on a password protected computer, accessed only by the research team.

### **Communicating the findings**

Study reports and publications will be written in a way that protects the identity of the people who participate. On completion of the study an electronic summary of the research will be accessible on the website. In addition study findings will be communicated through young women's networks, the radio, other appropriate social media groups and journal articles.

### **What if something goes wrong?**

In the event that something does go wrong and you are harmed during the research and this is due to someone's negligence then you may have grounds for legal action for compensation against the University of Salford, but you may have to pay your legal costs.

### **If you are not happy**

If you have any complaints regarding any aspect of how this research is being conducted then please contact: **Professor Paula Ormandy** (details below).

If you have any questions about the study please contact the Project Officer or a member of the research team, who would be only too happy to answer any queries.

### **Research Project Team Contact Information:**

Researcher:

Eileen Wattam – E.N.Wattam@edu.salford.ac.uk

Project Officer:

Maria Rossall-Allan – m.rossallallan@salford.ac.uk 0161 295 2848

Researcher:

Professor Paula Ormandy – p.ormandy@salford.ac.uk 0161 295 0453

Researcher:

Professor Ben Light – ben.light@qut.edu.au

**Thank you for taking the time to read this information**

## Appendix 3: Online campaign survey

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### Campaign Survey

1. Have you ever been for a cervical screening test? Yes/No
  - a. If YES, when did you last have a cervical screening test?
    - i. 0-12 months ago
    - ii. 1-3 years ago
    - iii. 3-5 years ago
    - iv. More than 5 years ago

**2. How did you find out about the digital campaign?**

- a. Facebook
- b. Twitter
- c. Pinterest
- d. Online advert
- e. TV/Radio
- f. GP Surgery
- a. Other (free text field)

**3. As a result of the campaign, have you: (tick as many boxes as apply)**

- a. Gone for a cervical screening test
- b. Booked a cervical screening test (but appointment has not yet taken place)
- c. Decided to book a cervical screening test in the near future
- d. Increased your knowledge about the need to get a screening test
- e. Increased your confidence in going for a screening test
- f. I have not made any changes - I already go for regular tests
- g. I have not made any changes - I still don't want to go because (free text field)

**4. Please tell us what campaign materials you have seen, and tick what you thought of them on a scale of 1-5. (1 being poor, and 5 being excellent)**

<i>Item</i>	<i>Seen?</i>	<i>Indicate numbers 1 -5. 1 = poor, 2 = not very good, 3 = satisfactory, 4 = good, 5 = excellent</i>
Posters	Yes/No	
Online articles & adverts	Yes/No	
Videos	Yes/No	
Radio adverts and/or interviews	Yes/No	
Website	Yes/No	
Twitter	Yes/No	

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Facebook	Yes/No	
Pinterest	Yes/No	
Mogatron	Yes/No	

**5. Overall, do you think the campaign is effective?** Yes/ No

a. free text field for comments

**6. What did you like the most about the campaign, and why?** (this could be any aspect of the campaign – the design or theme of it, the message, or specific aspects of the project like the videos or adverts) (free text field)

**7. Is there anything that you didn't like about the campaign?**

**8. What is the first half of your postcode?**

**9. How old are you? (16 - 24) (25 – 29) (30 – 34) (35 – 39) Other**

**10. What is your gender?**

- a. Female
- b. Transgender

**11. Ethnicity**

I would describe my ethnic origin as follows:

**a. White**

- i. British
- ii. Irish
- iii. Any other white background

**b. Black/Black British**

- i. African
- ii. Caribbean
- iii. Any other black background

**c. Chinese/Other**

- i. Chinese
- ii. Any other background

**d. Asian/Asian British**

- i. Bangladeshi
- ii. Indian
- iii. Pakistani
- iv. Any other Asian background

**e. Mixed**

- i. Asian & white
- ii. Black African & white
- iii. Black Caribbean & white
- iv. Any other mixed background



**12. Do you consider that you have a disability?**

- a. Yes
- b. No
- c. Prefer not to say

**13. What is the occupation of the main income earner in your household?**

*If the main income earner has been unemployed for less than 6 months or retired, please enter the latest position held*

**Please enter your email address to enter the draw to win one of the following prizes:**

- £150 highstreet voucher
- £75 highstreet voucher
- £50 highstreet voucher

Email address: \_\_\_\_\_

**Term and conditions**

Please read these prize draw rules carefully. If you enter the survey prize draw, we will assume that you have read these rules and that you agree to them.

- To enter a competition you must be: (a) UK resident; and (b) be consider yourself female.
- Winners will be chosen at random from all valid entries
- Prizes can only be sent to a valid UK address
- 3 lucky winners will be chosen at random
- If you win a prize, we will notify you by e-mail. This decision will be final, and no correspondence will be entered into.
- No part of a prize is exchangeable for cash or any other prize.
- Incorrectly completed entries will be disqualified.
- By entering your email, you are giving us permission to send you further information about the campaign
- Multiple entries, automated entries, bulk entries or third party entries will be disqualified
- The University of Salford is compliant with the data protection act. Our policy is such that we will not pass on your details to any third party ever
- We will endeavour to send prizes within a month of the survey end date



## Appendix 4

### Focus Group information sheet

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## Focus Group – Participant Information Sheet

**Research Study: Focus Group – Participant Information Sheet**

**Promoting Cervical Screening in the North West of England:  
A Digital Media Based Approach**

### **Purpose of the research project**

The University of Salford have been funded to develop a digital media campaign to influence and increase the uptake of cervical screening by 25-29 year olds within the North West of England.

To ensure the campaign developed is both relevant and appropriate to women aged 25-29 years we need to understand the experiences, knowledge and behaviour of 25-29 year old women, who both attend and do not **attend** for screening.

### **Do I have to take part?**

No, you do not have to take part and it will not affect the standard of care you receive if you choose not to.

### **What does it involve?**

We are inviting 12 young women to be involved in a group discussion, to discuss issues related to cervical screening and share their experiences of cervical screening and/or why they chose not to attend which is equally as important. The discussion, led by a researcher, should last between 1-2 hours and will most likely take place in location close to where you live, if everyone agrees the discussion will be recorded. We will reimburse you £40 to pay towards any travel expenses and giving up of your time to attend the group discussion.

If you are interested in being more involved through email you could be part of our user reference group. The purpose of this group is to offer advice and comment on the developing campaign materials and information being given to women of the same age, to ensure we develop something that is relevant and useful. Once the campaign is completed we would send you one final email to invite you to take part in an on-line post-campaign survey, which will take about 5-10 minutes of your time.

**Any benefit to you?**

There may be no direct benefit to you by participating in the research study but from the information you provide we will be able to better understand the experiences of young women.

**Any risk to you?**

The risk of being involved in a group discussion is that you may share information in front of other people that you afterwards regret saying. Participants' will be asked to sign an agreement, before the group discussion to ensure that issues discussed remain confidential after the meeting.

**If you change your mind**

You can leave the group discussion at anytime if you are not happy being involved. If you decide afterwards that you do not want your information to be used in the study then you can contact the Project Officer (contact details below) and request that the information you have provided to date and your email address be removed from the study database and you will not be contacted further. However it is important to understand that withdrawal of your data will not be possible once the information of the focus group has been fully anonymised.

**Keeping information confidential**

All the information you provide will be used for this study only. The group discussion will be typed electronically and stored safely and confidentially on a password protected computer in a separate file to your email address. If you choose to share information that identifies yourself and/or your GP practice in the discussion, we will replace dates, names of people and services with false names to ensure your identity remains confidential. After the study is completed any digital recordings will be erased along with your email address and group discussion information will be stored anonymously.

**Communicating the findings**

Study reports and publications will be written in a way that protects the identity of the people who participate. On completion of the study an electronic summary of the research will be accessible on the website. In addition study findings will be communicated through young women's networks, the radio, other appropriate social media groups and journal articles.

**What if something goes wrong?**

In the event that something does go wrong and you are harmed during the research and this is due to someone's negligence then you may have grounds for legal action for compensation against the University of Salford, but you may have to pay your legal costs.

**If you are not happy**

If you have any complaints regarding any aspect of how this research is being conducted then please contact: Professor Paula Ormandy (details below).

If you have any questions about the study that require clarification then please contact the Project Officer or a member of the research team below who would be only too happy to answer any queries.

**Research Project Team Contact Information:**

Researcher:

Eileen Wattam – E.N.Wattam@edu.salford.ac.uk

Project Officer:

Maria Rossall-Allan – m.rossallallan@salford.ac.uk 0161 295 2848

Researcher:

Professor Paula Ormandy – p.ormandy@salford.ac.uk 0161 295 0453

Researcher:

Professor Ben Light – ben.light@qut.edu.au

**Thank you for taking the time to read this information**

## Appendix 5

### Focus Group consent form

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## Research Study

### Focus Group Interview – CONSENT FORM

**Title of Project: Promoting Cervical Screening in the North West of England: A Digital Media Based Approach**

Name of Researcher(s): Eileen Wattam (Researcher)

- I confirm that I have read and understand the information sheet (Dated: 25.2.13: FG-PIVersion2) for the above study and have had the opportunity to ask questions.
- I understand that my participation is voluntary and that I am free to withdraw during the focus group at any time, without giving any reason, without my legal rights being affected.
- I understand that withdrawal is not possible once the information of the focus group has been fully anonymised.
- I understand that my name and involvement in the group discussion will remain confidential, and I in turn must not discuss the names of other group participants with people outside the group.
- I understand that the information I provide could be used as part of the final study report or journal publications but any comments used will not be identifiable to me.
- I understand that relevant data collected during the study, may be looked at by individuals from the University of Salford, from regulatory authorities or from the NHS Trust, where is relevant to my taking part in the research. I give permission for these individuals to have access.
- I agree to the group discussion being digitally recorded.
- I agree to take part in the above study.

.....  
Name of Participant

.....  
Date

.....  
Signature

**Eileen Wattam**  
Researcher

.....  
Date

.....  
Signature

## Appendix 6

### Staff information sheet

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## Staff – Participant Information Sheet

**Research Study: Service Manager/Staff - Participant Information Sheet**

**Promoting Cervical Screening in the North West of England:  
A Digital Media Based Approach**

### **What is the purpose of the research project?**

The University of Salford, funded by the North West Cervical Screening Quality Assurance Reference Centre are developing a digital media campaign to influence and increase the uptake of cervical screening by 25-29 year olds within the North West of England. The campaign will be informed by the experiences, knowledge and behaviour of 25-29 year old women, who both attend and do not attend for screening. As part of the study we plan to identify and map activities/strategies used to improve women's awareness, knowledge and experiences with respect to cervical cancer and cervical screening, across the UK. The purpose is to identify best practice case studies to share across the network and use to inform campaign development, using the evidence of what has been shown to work and what has not.

### **What would I have to do if I agree to participate?**

As a Service Manager/or Cervical Screening Lead we are interested in learning more about the initiative(s) you have implemented within your area. To do this we would invite you to take part in a face-to-face or telephone interview, which should last no more than 1 hour to provide us with your opinion on the initiative, what worked for whom and why, what you would do differently. In addition we would ask if it is possible to share any initiative publicity material, or project reports, evaluations and publications (where appropriate) to provide evidence of how the initiative was deployed and evaluated.

### **What benefit or risk is there to me if I participate in the research?**

There may be no direct benefit to you as an individual or your service by participating in the research study but from the information you provide we will be able to identify best practice case studies that will not only inform this digital media campaign but future cervical screening campaigns and initiatives developed throughout the UK. We plan to locate the best practice case studies within a cervical screening information hub website which you will have access to after the study is complete. Here there will be a collection of best practice initiatives and patient information that you may find useful and could link to within your service. In addition the wider publicity of your initiative as best practice has the potential to raise the profile of your service and recognise your work. There are no risks associated with being involved in this study.



#### **What if I agree to participate then want to withdraw?**

If you decide at a later date that you do not want your service initiative to be included in the mapping for this study and have provided us with information that you would prefer is not included or visible on the website then you can contact the project officer (information below) or a member of the research team at any time and ask for your data to be removed from the study website, and you will not be contacted further. Your participation is completely voluntary and you have the right to withdraw at any time.

#### **How will you use the information I provide?**

We plan to locate the best practice case studies within a cervical screening information hub website which you and your service will have access to after the study is complete. Here there will be a collection of evidence based best practice initiatives and patient information that you may find useful, as an informative link for patients and staff within your service, as well as our study results. It is important to note that your service will be identifiable from the information you provide but only information you wish to share will be publically available. Sharing this type of information with other professionals will be invaluable to ensure service development lessons are learnt and allow best practice initiatives to be replicated and shared on a wider scale.

#### **How will the study findings be published?**

Study reports and publications will be written in a way that protects the identity of the women who participate in the study although best practice initiative case studies will be identifiable. If you provide an email address all study participants will be sent an electronic summary of the research study or a URL link of where to access the final study full report. In addition study findings will be communicated through screening and cancer networks, on the study website, the radio, other appropriate social media groups and journal articles.

#### **What if I want to complain about how the research is being conducted?**

If you have any complaints regarding any aspect of how this research is being conducted then please contact:

#### **Research Project Team Contact Information:**

Researcher:

Eileen Wattam – E.N.Wattam@edu.salford.ac.uk 01484 641 938

Researcher:

Professor Paula Ormandy – p.ormandy@salford.ac.uk 0161 295 0453

Researcher:

Professor Ben Light – ben.light@qut.edu.au

**Thank you for taking the time to read this information**

## Appendix 7

### Best Practice Initiative Proforma and Staff interview

### Best Practice Initiative Proforma and Staff interview

Name of Initiative	
Paper/Campaign	
Authors	
Location/Service	
Other Sponsors	
Duration	
Aims/Objectives	
Target sample (all ages of women, others, staff, sample recruitment)	
Details	
Description	
Methods	
Data/Findings	
Was this initiative evaluated?	
Evaluation information	
Recommendations for practice	
Were they implemented into practice?	
Impact on practice / changes made to services?	
Was there any further follow up data to measure the impact of the recommendations introduced?	
Initiative report available, publications, publicity campaign materials, information for patients etc – are you happy to share these resources?	
Overall positive and negative aspects to the initiative – what did you think worked and what would you do differently?	
Any other comments – further information	
Contact person	



## Appendix 8

### List of Initiatives and key staff

Name of Initiative / Type	Location/ Services	Sponsors	Time	Research Participant
<b>Beautiful on the Inside and Out</b>	Dudley Public Health Department	Working in partnership with: Primary Care (Practice Nurses, Practice Nurse Mentor and Practice Manager); Primary Care Trust colleagues (Primary Care Commissioning, Screening Coordinator & Public Health Information Analyst)	Initiated in May 2011. Campaign live March 2012 - June 2012 It has since been run on an annual basis.	<b>Jody Pritchard</b> – Community Health Improvement Programme Manager Office of Public Health, DMBC 01384 816258 Joanna.Pritchard@dudley.gov.uk
<b>The Cervical Monologues</b>	Women & Theatre Theatre Production-Health promotional work		Cervical monologues ran for several years from 2002	<b>Jess Pearson</b> General Manager Women & Theatre 0121 449 7117 jesspearson@womenandtheatre.co.uk
<b>Cervical Screening Insight Report</b>	Central Lancashire Primary Care Trust – Preston area	Lancashire Women's Network and Preston Muslim Forum Funding – Preston City Council Health and Wellbeing	September 2012	<b>Kerry Crooks</b> Public Health Specialist (Immunisation, vaccination and screening) Health Protection and Policy Adult Services and Public Health Kerry.crooks@lancashire.gov.uk Office: 01772 539834  <b>Rausha kamal</b> (Advisor) PRESTON MUSLIM FORUM Tel:01772 889000 raushakamalpmforum@hotmail.co.uk)
<b>Cervical Screening Outreach in Walsall</b>	Walsall PCT	Health board PCT/NHS-funding to appoint a nurse	1 year	<b>Naheed Razzaq</b> Walsall Health Care NHS Trust Naheed.Razzaq@walsallhealthcare.nhs.uk
<b>I Love Me – Cervical Screening</b>	Key 103 Radio		2 weeks	<b>Edna Boampon</b> Policy and Communication Lead, Greater Manchester Public Health Network 01942 483 084 edna.boampong@tameside.gov.uk www.gmphnetwork.org.uk
<b>It Only Takes a Minute, Girl: Insight into Women's Perceptions of Cervical Screening in Blackpool</b>	Blackpool NHS	Liverpool JMU Centre for Public Health	2009 -2013	<b>Lyn Donkin</b> Public Health Specialist Directorate of Public Health Blackpool Council 01253 476366 Lynn.donkin@blackpool.gov.uk

<b>Life is Precious</b>	Dudley Public Health Department	Partnership with the following stakeholders: Community leaders/representatives and individuals from minority ethnic communities; Walsall Council - Creative Development Team ; Dudley MBC; Primary care staff – provided specialist input as required; PRAXIS arts network	Initial project June 2010 - June 2011 Stage 5 of the project 'building a legacy' ongoing community health improvement programme	<b>Peta Curno</b> – Healthy Communities Volunteer Co-ordinator Community Health Improvement Team Office of Public Health, DMBC 01384 816263 Peta.Curno@dudley.gov.uk
<b>Using Social Marketing Techniques to Increase the Coverage and Uptake of cervical Screening in Sefton</b>	Sefton PCT			<b>Wendy Storey</b> Screening and Immunisations Coordinator Merseyside Area Team Public Health England 0113 8252957 Wendy.storey@nhs.uk
<b>Are you ready for your screen test?</b>	LGF (A Emery and Rachel Bottomley) and University of Salford (P Ormandy & B Light)	Department of Health, NHS National Screening Programme	12 months 2010-2011	<b>Ben Light</b> Professor Digital Media Information taken from report Light & Ormandy 2011
<b>You Wouldn't Miss</b>	Manchester Public Health Development Service		Launched in 2013	<b>Paul Nethercott</b> Senior Public Health Development Adviser - CHD/Cancer Manchester Public Health 0161 861 2538 Paul.Nethercott@mhsc.nhs.uk <a href="http://www.mphds.org/">http://www.mphds.org/</a>
<b>What's pants, but could save your life?</b>	West Midlands Cervical Screening Quality Assurance Reference Centre		3 Years, starting in April 2008	<b>Susie Andrews</b> ( <i>now left this position</i> ). Project Manager - Cervical Screening Quality Assurance West Midlands Cancer Screening QA Reference Centre Public Health England 0121 214 9172 0121 214 9130
<b>Wirral Direct Mail Campaign</b>	Wirral NHS		2011/12	<b>Claire Elliott</b> Wirral NHS

