

# COMMUNITIES AGAINST CANCER

## QUALITATIVE EVALUATION OF A COMMUNITY OUTREACH INITIATIVE



Centre for **Psychosocial** Research in Cancer: CentRIC<sup>+</sup>  
Understanding the impact of cancer on everyday lives and supporting people to live well

Produced by CentRIC for the Wessex Cancer Alliance

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# SUMMARY

## CONTEXT

Evidence in the UK shows that seldom heard communities, including Black and Minority Ethnic groups and people with learning disabilities, may present with a later-stage cancer at diagnosis and can have lower levels of knowledge and awareness of cancer symptoms than the majority British population.

## COMMUNITIES AGAINST CANCER AIM

Communities Against Cancer (CAC) aims to: 1. promote healthy lifestyles and prevention; 2. raise awareness of signs and symptoms; 3. improve early detection; 4. encourage attendance at cancer screening and early presentation with signs and symptoms of cancer.

## COMMUNITIES AGAINST CANCER DESIGN

CAC is the second iteration of the scheme, which ran 2021-2022. It adopted a community development approach, supporting seldom-heard communities to promote healthy lifestyles and cancer prevention, raise awareness and encourage early detection. CAC provided capacity-building support, including training and resources, and funding through a grant up to £5000 for individuals and groups in the Wessex area.

## EVALUATION DESIGN

A process and outcome evaluation was conducted involving: 1. quantitative analysis of all applications, 2. 58 qualitative longitudinal interviews with CAC applicants, CAC advocates, WSA / Action Hampshire staff, 3. documentary analysis of CAC material including grant holder reports, 4. participant observation.

## KEY FINDINGS

Short and medium-term outcome measures have been met with tangible impact recorded across many funded projects, including: an increase in healthy behaviours (e.g. adopting a healthier diet, losing weight), increased awareness of cancer screening (including PSA testing), an increase in help-seeking behaviour (e.g. Annual Health Check attendance for people with learning difficulties), and an increased awareness of signs and symptoms (e.g. awareness of the importance of changing toilet habits for vulnerable and isolated women).

## RECOMMENDATIONS

Recommendations included: 1. continuing the grant scheme with an upper limit of £5000, 2. to increase the proportion of funding available for collaboration between WCA, Action Hampshire, advocates and local communities, e.g. by reducing the overall grant budget, 3. target the grant scheme to specific communities and geographies, 4. holding an end of CAC event / webinar to showcase the activities of projects.

# BACKGROUND

Evidence in the UK reveals that certain ethnic minorities, such as Caribbean, African and Asian British men and women, have increased the odds of presenting at late-stage of disease at diagnosis than White British cohorts for certain cancers, e.g. ovarian and colon cancer.<sup>1</sup> Black, Asian and minority ethnic adults can experience cultural and language barriers to accessing healthcare as well as mistrust due to discrimination.<sup>2,3</sup> Lower levels of knowledge and awareness of cancer symptoms of minority ethnic groups relative to White British populations have been reported.<sup>4,5</sup> People with autism and learning disabilities may also face challenges in understanding and following health information and difficulty communicating needs to healthcare providers.<sup>6</sup> People with mental health problems may also experience stigma and discrimination, leading to reduced access to healthcare services and poor health outcomes.<sup>7</sup> People with lower socioeconomic status are more likely to present with advanced disease than those with higher socioeconomic status, and can have poor symptom knowledge and may de-prioritise seeking medical help rather than fulfilling daily needs.<sup>8,9</sup>

Strategies designed to increase cancer awareness, improve screening and change help-seeking behaviours for seldom heard communities include:

- Educational strategies (e.g. information leaflets or a programme of educational activities).<sup>10,11</sup>
- Interventions designed to increase screening uptake (e.g. information videos, the use of bilingual navigators and mailed information).<sup>12,13,14</sup>

It has been recommended that tailored approaches for behaviour change and cancer screening are adopted for seldom heard communities in which strategies are developed in collaboration with targeted communities.<sup>15,16,17</sup> However, evaluations suggest that effectiveness is limited and for certain communities, such as LGBTQ+ individuals, homeless people and refugees, evidence is particularly sparse.<sup>18</sup> In this context, the attempts Wessex Cancer Alliance are making to reach seldom-heard communities to raise cancer awareness, increase cancer screening and change help-seeking behaviours will make a significant contribution to the literature.

# CAC- AIM AND INTERVENTION DESCRIPTION

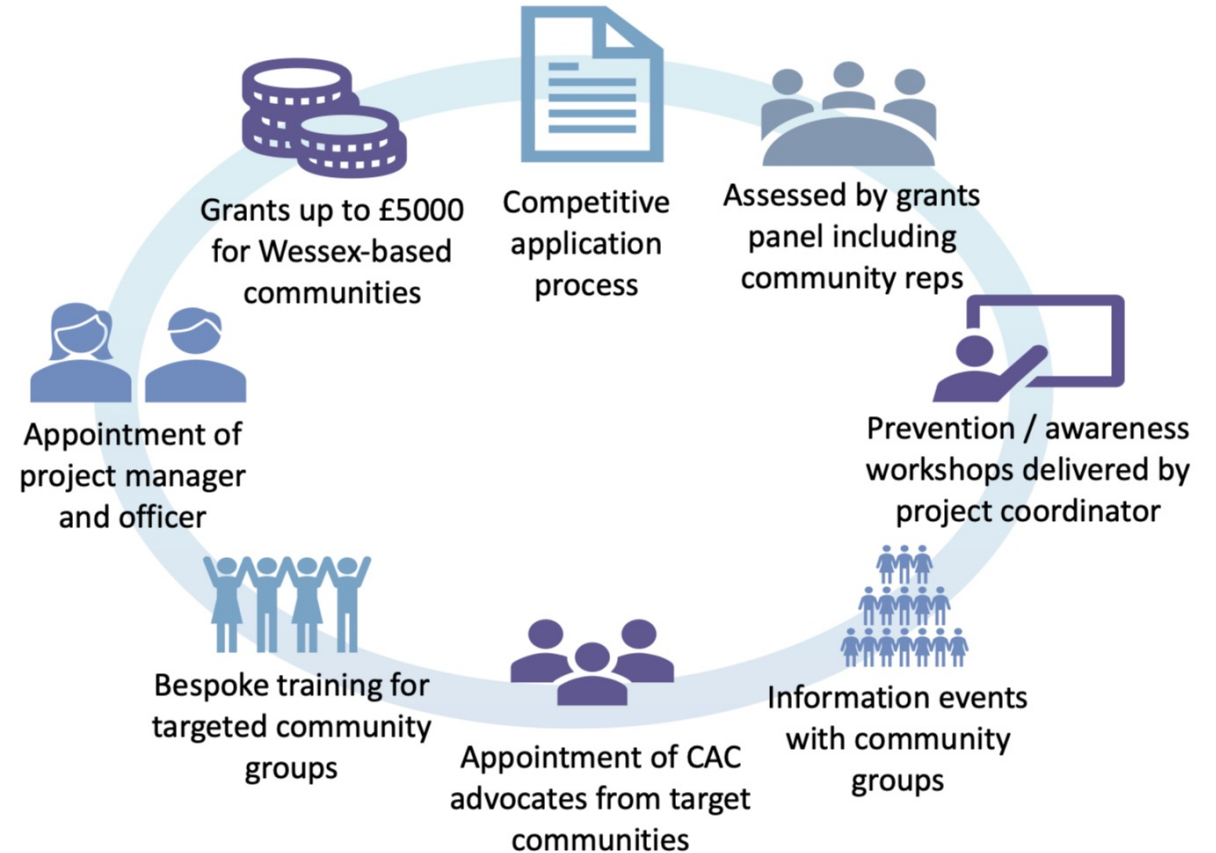
## COMMUNITIES AGAINST CANCER AIM...

- To promote healthy lifestyles and prevention
- To raise awareness of signs and symptoms
- To improve early detection
- To encourage attendance at cancer screening and early presentation with signs and symptoms of cancer

## COMMUNITIES AGAINST CANCER DESIGN

CAC adopted a community development approach, supporting seldom-heard communities to identify their own ways to promote healthy lifestyles and cancer prevention, raise awareness and encourage early detection. CAC provided capacity-building support, including training and resources, and funding through a grant (up to £5000) for individuals and groups in the Wessex area. A panel of eight members met on a monthly basis to review grant applications.

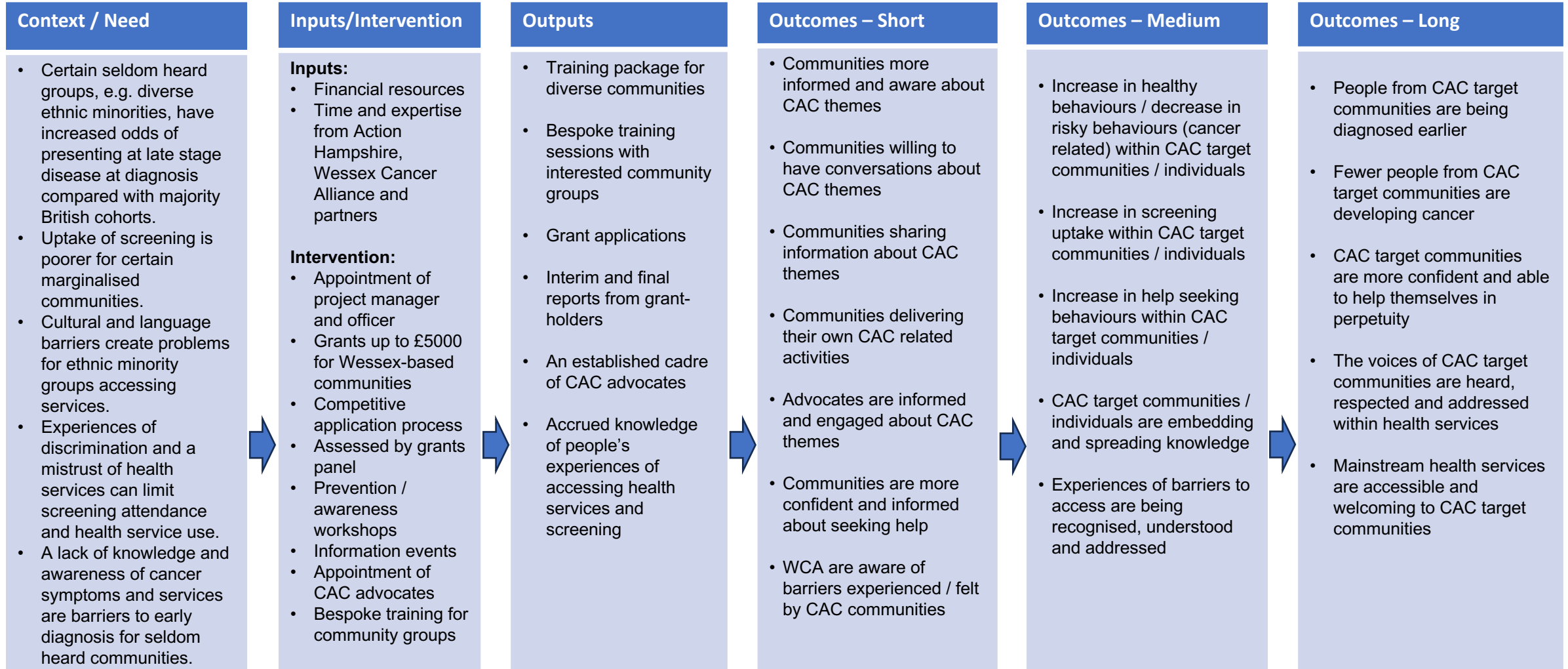
The project was supported by a Project Coordinator (0.8FTE) until July 2022, employed by Action Hampshire. The role involved enabling groups to engage with early-detection and prevention in cancer, encouraging applications, providing support for grant related activities, and sustaining skills and knowledge beyond the lifetime of the grant. From July 2022, the role was shared between the Project Coordinator and a Project Officer.



***This is not a grant scheme; this is actually about giving people the confidence and the knowledge and the tools to go out and make that difference " CAC2S 1\****

\*The referencing convention for quotations in this report is as follows: Participant No. / Participant Type (S=Staff; G=Grant applicant or recipient; A=Advocate) / Interview No. Hence CAC2S 1 is the first interview with participant number 2, a staff member).

# CAC THEORY OF CHANGE



# EVALUATION METHODS

The evaluation ran throughout the delivery of Communities Against Cancer (January 2021 – December 2022). The design was informed by process and outcome evaluation principles. The process evaluation assessed the design and delivery of CAC, while the outcome evaluation focused on the degree to which core objectives as stated in the Theory of Change were met.

## METHOD 1

### QUANTITATIVE SERVICE DATA

Analysis of all applications was undertaken including those that were not successful. This enabled an assessment of the characteristics of successful and unsuccessful applications, including:

- Size of grant
- Community type
- Type of proposed intervention
- Geographical location

## METHOD 2

### QUALITATIVE DATA

Semi structured multi-timepoint interviews with **37 participants**, resulting in **58 qualitative interviews**. Interviews included:



**9** Orientation interviews with mixed participants



**8** interviews with CAC advocates



**9** interviews with WCA / Action Hampshire staff



**32** interviews with grant applicants including 4 case-studies

## METHOD 3

### DOCUMENTARY REVIEW

Analysis of all documents pertaining to CAC, including promotional material, training material, grant panel activities, applications, interim and final reports.

## METHOD 4

### PARTICIPANT OBSERVATION

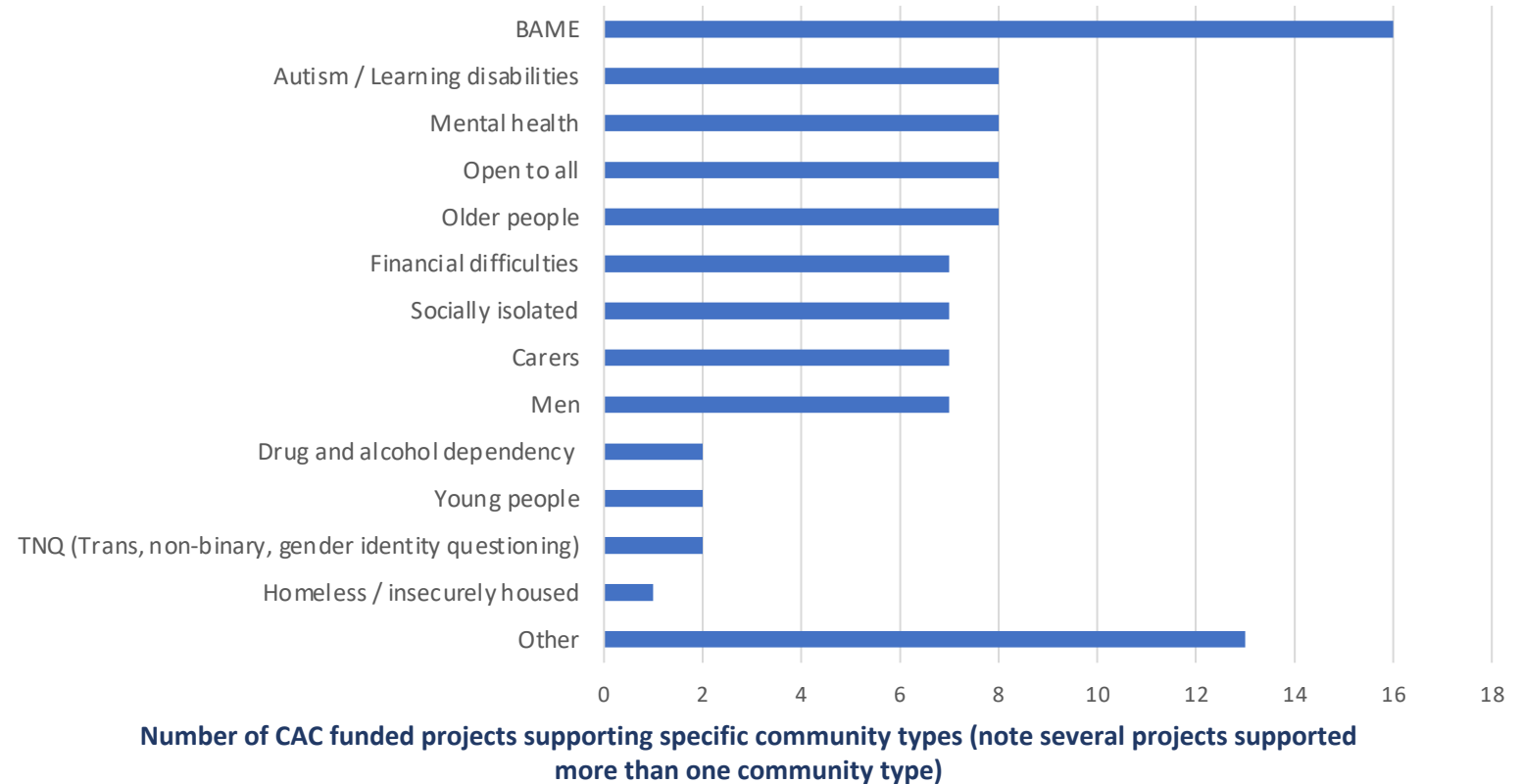
Participant observation on a range of activities including training workshops, the grant panel and grant holder events.



# CAC – QUANTITATIVE ANALYSIS OF GRANT ACTIVITY

## GRANT ACTIVITY

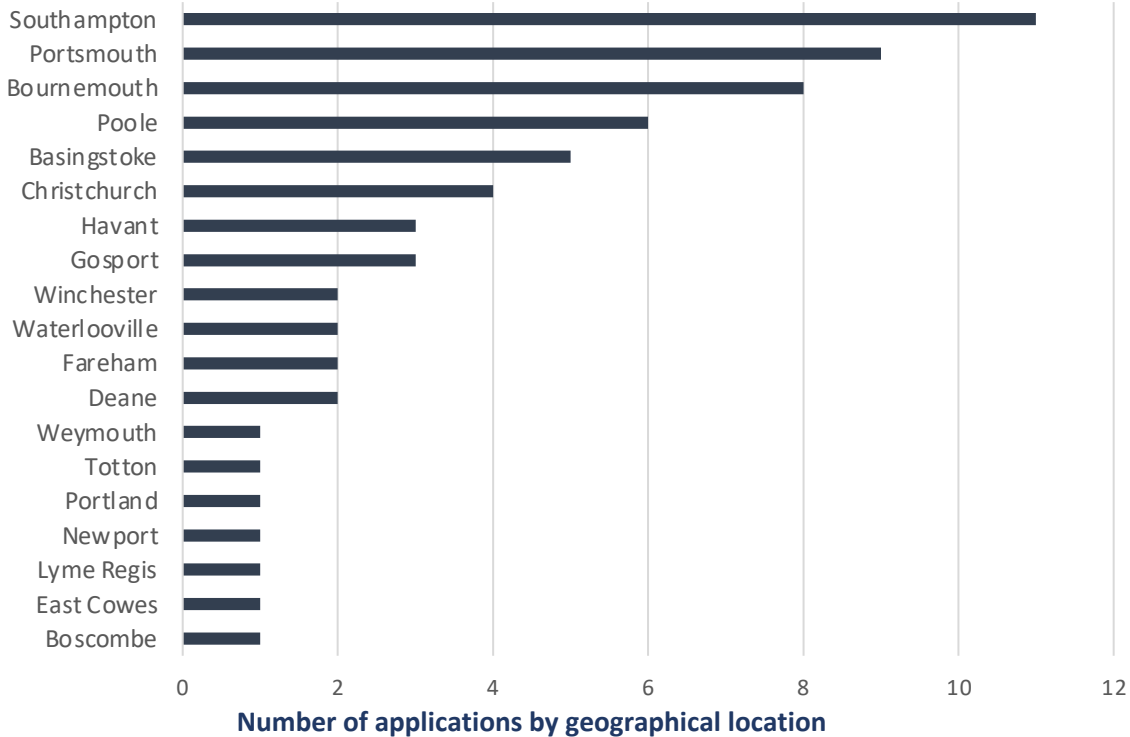
- 60 applications were received (excluding one project funded outside the CAC scheme – Oxford Brookes University).
- One application was withdrawn, one was deferred and funded on the second application.
- 58 distinct applications were considered by the panel
- 53 projects were funded (45 fully funded, 8 partially funded).
- The success rate for CAC applications is 91.4%.
- The total value of the 53 projects at application was £214,674
- The total awarded was £206,383
- The grant panel reduced the total costs of the 53 projects awarded by £8,291.
- The average size of project funding was £3,894 (range: £760 – £5,400)



Black and Minority Ethnic groups were the largest community type supported by CAC, representing 16 groups supported by the scheme. The projects that comprised the 'Other' category included vulnerable and at risk women (Safe and Sound Dorset), people with language difficulties (Citizens Advice, Fareham), people experiencing loneliness (Chat Café CIC), and specific communities e.g. Lithuanian and immigrants (Lithuanian Community of South Coast). Of the unsuccessful grant applications, three addressed people with mental health difficulties.

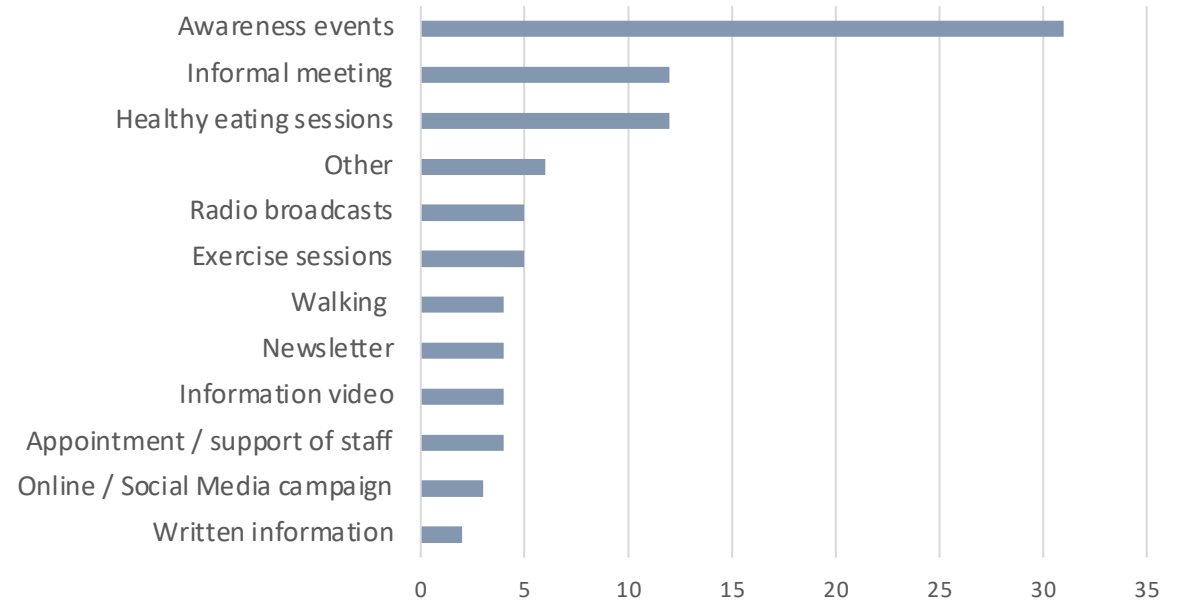


# CAC – GEOGRAPHY AND INTERVENTION DESIGN



35 (66%) projects were based in Hampshire and Isle of Wight, 15 (28%) were from Dorset, three (6%) were across Hampshire and Dorset. Of the 35 projects in Hampshire and Isle of Wight, two involved activities on the Isle of Wight.

Awareness events (including courses, workshops, festivals or all-day events) were the most used means of engaging communities. Examples include running workshops to raise awareness of cancer for BAME communities, encouraging self-assessment and signposting to relevant services (the Silk Route). Twelve projects used healthy-eating sessions, delivered to a range of communities including older people (Age UK, Portsmouth), people with learning difficulties and vulnerable families experiencing food insecurity (Munch CIC, Winchester GoLD). The 'Other' category included surveys, screening visits and storytelling.



Number of projects by different types of engagement activity (note several projects used more than one type of engagement strategy)

# PROCESS EVALUATION

## Training sessions

Twenty – four Cancer Prevention and Training Workshops were run from 1 Jan 2021 – 19<sup>th</sup> Nov 2022:

- 177 people attended, 119 (67.2%) of whom were from the voluntary sector (e.g. case workers) and 32 (18.1%) were from health organisations (e.g. social prescribers)
- Workshops received an average rating of 9.3/10 and no session was rated less than 7/10.
- Reasons for attendance included identifying key messages for the communities and guidance on how to deliver information
- Attendees found sessions ‘very thorough’ (CAC6R 1), ‘helpful, useful and informative,’ (CAC8G 1), ‘accessible,’ (CAC11G 1), ‘really easy to understand,’ (CAC19A 1).

“ I thought it was really helpful, useful and informative. When I did the training, it was a small group... actually, it meant that they were personalised sessions, so you got to ask questions... the knowledge was important and I will be using that as a resource and reference when I create my own materials.’ ” CAC3A 1

“ It wasn’t as arduous as some of the ones I’ve been through. It was detailed but without it being technical...” CAC12G 1

“ Communities may not be geared up for impact, so CAC should help people, advising them how to fill out the impact sections of the form... [We need to] ‘reverse engineer’ the form, stating, ‘This is the information you need to collect.’ ” CAC28G 2

## Application form

- Participants found the grant application form straightforward and easy to complete
- Those less experienced with grant applications had no difficulty completing the forms and found them to be ‘intuitive’
- The supplementary information provided was helpful and relevant
- The CAC Project Coordinator was an important source of support for applicants, particularly those with less experience of applying for grants.
- Recommendations for improvement include:
  - Including an impact statement on the application form
  - Include a section on ‘sustainability,’ i.e. what will happen after the end of the project.

# PROCESS EVALUATION

## Grant Process and Panel

- Grant recipients commended the grant process for its ease, smooth running and timeliness
- The size of grant was deemed appropriate by applicants, and the model of 'community-based organisations doing smaller projects' (CAC21A 2) was helpful in reaching diverse communities
- Recommendations included: reducing grant activity to invest more in direct community engagement, ensuring diversity of grants panel members, introducing a scoring system for assessing grants, using established links to extend further into communities

“[The Coordinator] encouraged me a lot because I was not sure at that time... because I knew that people don't want to speak about this... But she encouraged me and I said, “yes, I want to do it.” CAC22G 1

## Advocates...

- supported CAC at a strategic level (informing CAC decision-making) and at a grassroots level (supporting applications at a local level)
- advised on the best times and routes to communicate CAC messages (e.g. using Ramadan as an effective period for behaviour change)
- supported an increase in applications among some local communities
- shared learning from their communities with Action Hampshire and Wessex Cancer Alliance regarding the barriers and health inequalities

“[It was] really quick, which is obviously always good for people being funded because... it's really useful for us to know what we're doing because otherwise we can't take on more work.” CAC14G 1

“with hindsight, if we have a bit less grant funding to award but had more funding to do proactive engagement with groups, then that perhaps would have been better.” CAC7S 2

## Support

- The CAC project coordinator played an essential role in encouraging and supporting applications. The Coordinator built confidence in applying and helped ensure applications were within remit.
- The Coordinator's role in building collaborative links with others was much valued by applicants
- Social media, including the CAC Facebook page and X, were also helpful in establishing links

“we can do our communicating through media channels..., but the personal connections really add to that. You can do so much with established links, but they are limited in their capacity, but personal connections, that person can see people at a community meeting and say, ‘Have you seen the newsletter?’” CAC7S 2

# OUTCOME EVALUATION

## SELECTED OUTCOMES AND SUCCESS RATE

### CHOSEN OUTCOMES

Many of the desired long-term outcomes (e.g. screening uptake) were beyond the timeframe of the evaluation as it was anticipated that these would occur after the end of the CAC project. The evaluation thus focused on short to medium term outcomes, as set out in the Theory of Change (page 6). We report here on four principal outcomes for the CAC project:

- Increases in healthy behaviours (e.g. healthy eating)
- Increases in screening uptake (including PSA testing)
- Increases in the awareness of signs and symptoms of cancer
- Increases in help-seeking behaviour

While the long-term outcomes were beyond the timeframe, evidence of potential of expected long-term impact was collected.

“this is about planting the seed in communities, about building trust, about having some conversations about signs and symptoms and it’s very small, small steps.” CACS1 1



52 Projects completed  
/ completing  
successfully



7.2 million  
people reached

### PROJECT SUCCESS RATE AND REACH

The success rate of projects was based on whether they delivered or were expected to deliver activities in line with stated objectives at application. This was assessed primarily through interim / final reports and interviews where projects had been selected for the evaluation. By the time evaluation completed (April 2023), this indicated that 52/53 (98%) funded projects had completed or were anticipated to complete successfully. It was noted that several projects (e.g. Winchester GoLD and Munch CIC) had to change their planned activity, with agreement from the CAC project, as a result of the COVID restrictions of 2021.

Reviewing the activities of completed CAC projects (Appendix A), a conservative estimate of the number of people reached from the 40 completed studies is 7.2 million. Reach was most extensive when picked up the media (e.g. Mission Remission, which was pick up by BBC Breakfast).

# OUTCOME EVALUATION – HEALTHY BEHAVIOURS

## PROJECTS

A range of health behaviours were supported through CAC grants, including:

- Healthy eating – 12 grants had a healthy eating component (e.g. Munch CIC, Winchester GoLD, the Friendly Food Club)
- Increasing physical exercise (e.g. Bournemouth Fitness Group CIC introduced exercise routines into Prostate Cancer Awareness events)
- Keeping safe in the sun (e.g. John Pounds Community Trust ran a Skin Cancer Awareness session including advice on covering up and sun-screens)

Table 1 summarises the activities, skills learned and behavioural impact of health-eating interventions.

Example of Activities	Skills learned	Impact on Behaviours
<ul style="list-style-type: none"><li>• Munch CIC delivered healthy eating workshops to low-income families.</li><li>• Munch CIC and Winchester GoLD jointly taught cooking skills to adults with learning disabilities, demonstrating how healthy meals can be prepared.</li><li>• Friendly Food Club ran six weekly 'Eat the Rainbow' workshops for women of British, Polish and Indian ethnicities with school-age children, four demonstrations, a holiday family workshop and a programme of four sessions with older men.</li><li>• Poole Communities Trust ran healthy cooking sessions delivered at community centres located in deprived areas.</li><li>• The Basingstoke Hindu Society held monthly cooking classes designed to improve eating habits.</li></ul>	<ul style="list-style-type: none"><li>• For many attendees, the healthy cooking sessions familiarised them with the taste of healthy ingredients and provided skills in how they can be prepared.</li><li>• For low-income families, the workshops not only provided new recipes and cookery skills, but these were often cheaper than their regular diet.</li><li>• 100% attendees in the Friendly Food Club reported they were more aware of how their diet could be changed to prevent cancer.</li><li>• As a result of healthy cooking sessions, attendees reported being 'more confident in cooking'.</li><li>• Attendees and advocates reported a greater understanding of the connection between poor diet and cancer. One said, <i>'reducing processed meat... You kind of don't think about it, but as soon as you're aware that that's causing your body to have to fight what you're putting inside it, well why carry on putting them inside it?'</i></li></ul>	<ul style="list-style-type: none"><li>• Attendees at healthy cooking session reported that they would cook the recipes they had learned again. People with learning disabilities said they enjoyed cooking with chickpeas and would continue to use them in the future.</li><li>• For those with low-incomes, the cheaper products made it more likely that they will try them at home: <i>'there were barriers there which were mainly financial, so learning that the recipes we were making were financially viable and in most cases cheaper and the kids enjoyed them [was important].'</i></li><li>• 66% of people attending Friendly Food Club events reported they aimed to eat more fruit and vegetables as a result of the sessions.</li><li>• People attending the Friend Food Clubs said they now realised that 'healthy food can be made as a quick meal.'</li></ul>

Table 1: Examples of health eating activities, skills learned and impact on behaviour

# OUTCOME EVALUATION – SCREENING AND PSA UPTAKE

## PROJECTS

CAC projects involved a range of designs and activities on the importance of attending screening for certain cancers, including:



The Friendly Food Club sharing screening information to attendees



Information / workshop sessions given by the University of Portsmouth in the Gosport, Southsea and Isle of Wight area at which current screening programmes were presented



Enable Ability – creating video materials to support people with additional needs (e.g. learning disability, autism and anxiety) accessing breast cancer screening services, including virtual tours, tips and information

Four projects sought to increase awareness and uptake on Prostate Specific Antigen (PSA) tests. The high prevalence of prostate cancer in certain BAME communities was an incentive for groups to focus on PSA testing. Examples include:



A workshop for men over 40 in a BAME community group in Basingstoke, signposting people to attend a local PSA testing event.

## EVIDENCE OF SCREENING / PSA UPTAKE

While impact on screening or PSA testing services will likely take place over the long term, evidence of changing screening practices were sought over the medium term. These included:

- All attendees to the Friendly Food Club reporting they were a lot more likely to attend cancer screening appointments sent in the post following attendance at the sessions.
- Attendees at the University of Portsmouth workshop said they had learnt more about the screening programmes. One participant commented, 'I will call my Dr and sort out my breast screening as the statistics for early detection have encouraged me.'
- Enable Ability reported positive comments from professionals and users alike when developing and testing the videos, with the resource being shared with nearby Primary Care Networks.



“talking about it with some of the residents about how difficult they might find it, [breast and cervical screening] are a big thing for tenants who are disabled. It highlighted how important the screening is but also the challenges for lots of different people.” *CAC19R 1*



# OUTCOME EVALUATION – SIGNS AND SYMPTOMS

## PROJECTS

CAC grant holders used a range of strategies to spread knowledge of signs and symptoms to members, including online and face-to-face workshops and discussion groups, healthy cooking demonstrations, walk and talks and social media. Radio broadcasts were a particularly useful means to disseminate information. As one radio-station representative commented, 'I think for us in the black community, that's the main thing. We never talk about these things within family or whatever. Having those conversations here has increased my awareness...we now talk about it regularly' (CAC9G). Table 2 illustrates the impact of selected projects on awareness of signs and symptoms.





Example of Activities / Projects	Impact on Awareness of Signs and Symptoms
<p><b>CAC Training Sessions</b></p> <p> The CAC Training session provided by the Project Coordinator included information on cancer statistics and signs and symptoms of cancer. These were attended by community representatives, grant applicants and holders, and health professionals.</p> <p><b>CAC Projects</b></p> <p> Safe and Sound, Dorset ran six day-retreats and a cancer awareness and prevention day for members of their group (isolated and vulnerable women). 36 women attended a beach day, 30 women attended retreat days and 805 members were reached via social media.</p> <p> Friend Food Club held six cookery and food education workshops with 16 women, a Men's cooking club, a family session attended by 28 people, promotion demonstrations attended by 91 people and a newsletter reaching 180 people.</p> <p> Awaaz FM delivered a suite of radio programmes in Southampton and Birmingham with topics including early signs and symptoms of cancer. This reached an estimated 20,000 people.</p>	<ul style="list-style-type: none"><li>• CAC training attendees reported being surprised by the cancer statistics, with the incidence of cancer being much higher than thought. People reported increased awareness of signs and symptoms, with one commenting, 'I didn't know about things that are now clear and why it's important to look out for certain signs. Early intervention, I think that's the main thing for me.' CAC9G</li><li>• An evaluation of the Safe and Sound day retreats revealed that 70% of attendees agreed their awareness of cancer related issues had improved, 'a lot.' Attendees reported that, as a result of taking part in the retreats, they will 'check my lymph nodes for abnormal changes,' and 'check my breasts more regularly.'</li><li>• An evaluation of the Friendly Food Club reported that 33% of workshop attendees were 'a lot more' and 66% were 'a little more' aware of cancer symptoms after the events.</li><li>• Radio broadcasts were an effective means of sharing information on signs and symptoms. One broadcast on prostate cancer was the most downloaded broadcast for that station. Listeners contacted the station enquiring further about signs / symptoms.</li></ul>

Table 2: Examples of activities disseminating information on signs and symptoms of cancer and the impact on members / listeners



# OUTCOME EVALUATION – HELP SEEKING BEHAVIOUR

## THE ISSUES IDENTIFIED BY GRANT HOLDERS

CAC grant holders shared the experiences and problems of their communities that inhibited seeking help for cancer-related issues. For BAME communities, taboo and fear can be a significant problem: ‘some families, they don't want to even say cancer from their mouths, they don't want to say this word and the reason is they are so fearful, they don't want to be involved with anything cancer related’ (CAC22). For men, there can be discomfort and reluctance in approaching their GP. For people with learning difficulties, a lack of knowledge and opportunity can restrict help seeking behaviour.

## STRATEGIES IMPLEMENTED BY GRANT HOLDERS

CAC grant holders devised diverse strategies to encourage help seeking behaviour for the communities they represent including:

- Axminster and Lyme Cancer Support, who ran Blokes’ Brunches and Pie and Pint evenings at which male cancers were discussed and GP attendance for concerns was encouraged.
- Basingstoke Hindu Society ran a series of awareness workshops conducted by a trusted GP / pharmacist and people with experience of cancer. In addition, they ran monthly Tea & Talk meetings.
- Winchester GoLD delivered discussion groups online and face-to-face with people with a learning disability, parents and carers. Sessions included presentations, quizzes, a guest speaker, and a Q&A session. In addition, Walk and Talks were held with members.

## IMPACT OF CAC-FUNDED ACTIVITIES ON HELP SEEKING BEHAVIOUR

The impact of CAC-funded projects has been diverse. Interviews with members and grant-holders revealed:

- Greater confidence among members attending workshops in seeing their healthcare professional: ‘Now we have the confidence in the community that if we have any concerns about cancer, we can consult with the health profession’ (CAC28G 2).
- A breaking of the taboo for certain seldom heard communities: ‘We have broken the taboo. We are more able to talk to the community’s leaders: GPs, pharmacists about cancer and what the treatments are.’ (CAC28G 2)
- Fostering trust and greater collaboration with local health services for people with learning disabilities: ‘If you’ve got a short concentration span or you’ve got comprehension difficulties, then actually the process of phoning your GP surgery, – [it’s] easier just to walk and that’s not always easy if you’re feeling poorly. Yes, so having that voice in a surgery is really great.’ (CAC15G)
- Changes in behaviour in connecting with health services. For example, people with learning disabilities who attended the Winchester GoLD subsequently attended their free annual health check.



We’re really trying to encourage women to be advocates for themselves because no-one else is going to do it. And to teach them also to be strong and to keep pushing... when we do do these day retreats, people open up and say they would never have talked about that before and, ‘Right, I’m going to go back to my doctor.’” CAC18G

# CASE STUDY – CROSS CULTURE HUB CIC

## GRANT DETAILS

**Grant awarded:** £2,920      **Location:** Southampton  
**Application date:** Nov 2021      **Project End Date:** 30<sup>th</sup> Sept 2022  
**Community served:** Urban community including BAME groups, open to all but focussed on recent immigrants and people of South Asian heritage.

## WHAT DID THE GRANT FUND?

### CANCER AWARENESS RAISING EVENTS

Cancer awareness raising events were held in local venues. Speakers were invited to each session, including health professionals, people with experience of cancer, and motivational speakers. Attendees were provided with Asian food to encourage attendance. Stalls were set up, (e.g. Macmillan Cancer Support) at which their BMI could be checked.

### DISCUSSIONS AT A SEWING AND KNITTING GROUP

Cancer stories were shared at weekly meetings of a sewing and knitting group for women who are recent immigrants to the UK. The aim was to normalise discussions of cancer among people for whom it had previously been taboo and raise awareness about the importance of early diagnosis. The project lead involved members of this group in the monthly cancer awareness sessions, asking them to assist with welcoming attendees, providing refreshments and introducing speakers.

## SCALE AND REACH

110 people participated in the cancer awareness sessions, with an age range of 25 – 75 years. A range of ethnicities were involved, including people from the South Asian community, and Black and White British participants. A WhatsApp group was set up sharing information about cancer prevention, healthy lifestyles, etc.

### MEDIA ACTIVITY

The lead was interviewed by the Daily Echo and BBC local and national news. The lead was also interviewed for Rotary Magna and Rotary Global Hub, reaching thousands of people locally, nationally and internationally.

## IMPACT

### INCREASE IN HEALTHY BEHAVIOURS

Participants reported changed behaviours as a result of the CAC-funded project, realising the importance of ‘taking care of myself now’. Interviewees had, for example, changed their diet and reported weight loss.

### AWARENESS OF SIGNS AND SYMPTOMS

Attendees said the information provided was new and that their ‘personal knowledge has improved a lot’. Some people talked through their concerns about early signs after the sessions and were always advised to consult their GP.

### INCREASE IN HELP-SEEKING BEHAVIOUR

93% of people in the project WhatsApp group said they would visit their GP if they noticed any new or worrying symptoms

# CASE STUDY – WINCHESTER GoLD

## GRANT DETAILS

**Grant awarded:** £4,245      **Location:** Winchester  
**Application date:** Dec 2021      **Project End Date:** June 2022  
**Community served:** Adults with learning disabilities in Winchester and the surrounding area.

## WHAT DID THE GRANT FUND?

### *COLLABORATIVE PROJECT WITH MUNCH CIC*

Winchester GoLD and Winchester-based Munch CIC ran two healthy cookery courses for Winchester GoLD members.

### *ZOOM WORKSHOPS*

Six weeks of cancer-focussed Zoom sessions were held including presentations, quizzes, a local GP guest speaker and a Q&A session.

### *FACE-TO-FACE WORKSHOPS*

Two workshops with a focus on healthy eating and 'head to toe' health.

### *CANCER FOCUSED 'WALK AND TALKS'*

1-2-1 informal cancer-related discussions and conversations.

### *PARENT AND CARER ENGAGEMENT*

A cancer-focussed parent and carer evening with a guest speaker. A resource pack was produced and sent to all parents/carers.

### *ANNUAL HEALTH CHECK AWARENESS RAISING*

Awareness raising of the free Annual Health Check, encouraging attendance, and a record of attendance in the member database.

## SCALE AND REACH

Conversations about cancer have been held with >100 members and those supporting, including:

- 10-15 participants attended the Zoom workshops
- 20-25 participants attended the face-to-face workshops
- 72 Walk and Talks were delivered to 30 participants
- 13 sets of parents/carers attended the parent and carer evening

## IMPACT

### *INCREASE IN HEALTHY BEHAVIOURS*

Members cooked and ate healthy foods, which they had never tried before, and liked them. They 'learned new recipes, which they didn't expect they would enjoy, involving new ingredients like fibrous ingredients and chickpeas,' making a connection that, 'the things I put into my body or how I use my body directly affects my health.' Members were encouraged to have 'more of a sense of food adventure,' changing eating habits.

### *INCREASE IN HELP-SEEKING BEHAVIOUR*

Raising awareness of the Annual Health check prompted some members to book their annual health check. This is now discussed regularly, and its importance is understood. Participants spoke of how members had managed to, 'pluck up the courage to book their annual health check.' Developing a relationship with a local GP with an interest in learning disabilities had a positive impact on members' views of and interactions with primary care.

# CASE STUDY – RADIO STATIONS

## GRANT DETAILS

Radio station	Grant value	Location	Community served
Afro@disiac	£3,500	Bournemouth	Diverse communities (including BAME) in the Bournemouth area
Awaaz FM	£5,282	Southampton	Asian/British Asian communities in the Southampton area
The Flash on Air	£1,520	Waterlooville, Leigh Park	The local community
The Voice FM	£5,000	Southampton	18-35 year olds in the Southampton area

## WHAT DID THE GRANTS FUND?

### AFRO@DISIAC

Interviews and videos with prostate cancer patients, raising awareness of for the black community. Video shown at the Bournemouth Reggae Weekender festival with wristbands distributed to encourage PSA tests.

### AWAAZ FM

15 shows with experts, patients and support organisations on healthy living, cancer awareness and screening, available as podcasts.

### THE FLASH ON AIR

Broadcasts of cancer awareness messages and cancer related events. Interviews with those who had experienced cancer.

### THE VOICE FM

An awareness jingle and interview with a survivor. Blogs on prevention and awareness on the website with signposting to support services.

## SCALE AND REACH

Core audiences for all stations is estimated to be in the 10,000s. Afro@disiac reached more >5,000 people at their festival and 500 wristbands were given out. Awaaz FM reached c. 20,000 listeners. One cancer-related programme was the highest downloaded programme on the Awaaz FM website.

## IMPACT

### COLLABORATIONS AND NETWORKING

All stations collaborated with other individuals and organisations with an interest in cancer prevention to support the broadcasts and other resources. Relationships have often lasted beyond the CAC project, e.g. Flash on Air recruited a presenter through their CAC links to the ActionMan campaign.

### INCREASE IN HELP-SEEKING BEHAVIOUR

Participants applied for a CAC grant to communicate important messages to their community. One participant commented, 'I'm one of those people myself who would never go to a doctor. The way I was brought up was, "Just get over it" and now...I check myself.'

### AWARENESS OF SIGNS AND SYMPTOMS

The cancer broadcasts led to increased cancer awareness among listening audiences. Awaaz FM and Flash on Air reported feedback from listeners: Awaaz FM had many calls from women after their broadcast on the signs of prostate cancer as, 'They are worried because they have cancer in the family and they want to break the cycle.' It remains their most downloaded programme.

# ‘FLAGSHIP’ PROJECT CHARACTERISTICS

Detailed analysis of the 58 qualitative interviews enabled nine characteristics of highly successful projects to be identified:

## I. CO-CONSTRUCTION

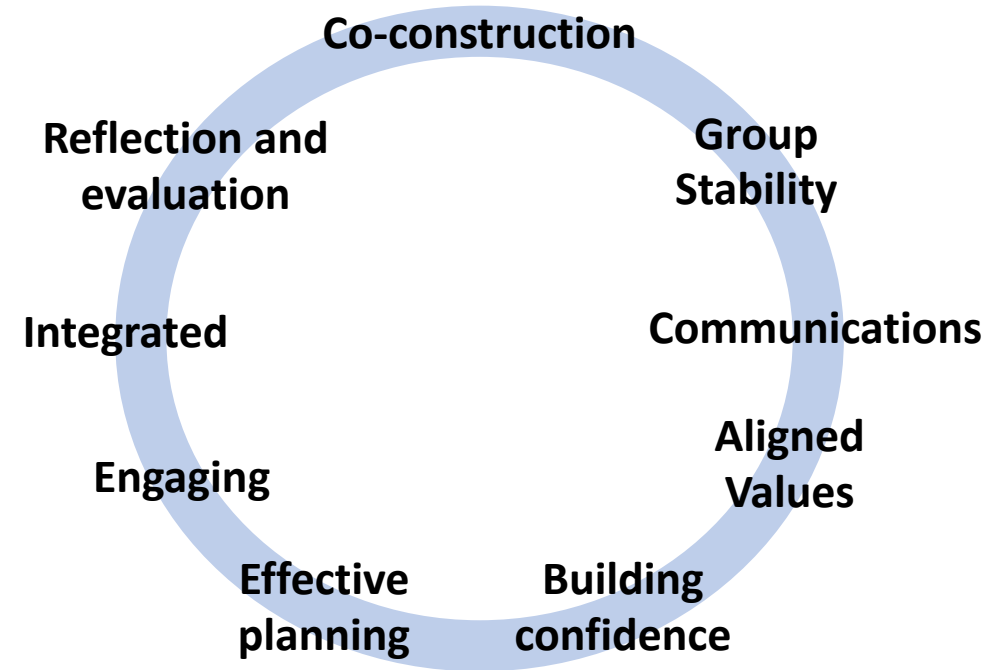
Projects were more likely to be successful if developed with community representatives and stakeholders. Projects were able to gain a detailed understanding of what appeals to members, encourage participation and enhance receptiveness to cancer messaging. For example, tailored resources for people with learning disabilities or neurodiversity were developed with members: *‘our film producers are all disabled or autistic so they’re bringing the lived experience into it in terms of the areas that might raise anxiety for someone going along to breast screening.’* (CAC3A 1)

## II. GROUP STABILITY

The stability of the community groups delivering the CAC activities helped ensure projects met their aims. Leaders of established groups knew their communities well and were supported by experienced staff or volunteers. Groups that were newer, experienced rapid expansion and / or increased workload, and those with higher turnover in volunteers and leaders found it more challenging to meet objectives.

## III: COMMUNICATIONS

Most groups had strong internal communications and excellent networks with external partners such as local charities and health providers. This ensured stakeholders knew about CAC activities, external presenters were able to attend relevant activities, effective events were organised, and groups were able to learn from each other. Good communications with the Action Hampshire team was also important, and those groups that sustained good relationships with CAC staff members were likely to deliver projects successfully.





# ‘FLAGSHIP’ PROJECT CHARACTERISTICS

## IV: ALIGNED VALUES

Cancer prevention and early diagnosis were aligned to the culture and priorities of most of the community groups. Some group leaders were particularly passionate about their projects, having had personal experiences of cancer. This personal drive led to several funding recipients continuing with CAC-related activities post grant: *‘we want it to be something that we continue to do, other than just doing it for the grant period.’* (CAC9R 1)

## V: BUILDING CONFIDENCE

Many CAC related activities aimed to increase the self-efficacy (confidence in their capacity to reach certain goals through their own actions) of their members, e.g. demonstrating how to cook healthy food, providing videos of what to expect at a breast screening unit and providing a safe space for people to talk about cancer. Community leaders talked about the importance of ‘breaking the taboo,’ giving people the confidence to raise cancer issues: *‘if there is somebody of their community talking, then they feel a little bit more reassured, and they can ask more questions.’* (CAC28S 1)

## VI: EFFECTIVE PLANNING

Where the CAC activities were well planned and end-user orientated, there was more likelihood that they would be well received by their intended audiences. For many applicants, this involved research and liaising with experts to develop resources and materials: *‘I had to do quite a lot of digging to find resources specifically for people with learning disabilities..., but actually they weren’t easy to come by.’* (CAC25R 1)

## VII: ENGAGING

Attracting and involving appropriate individuals, such as the NHS and cancer charities, for CAC related activities was an important aspect of successful project delivery. Engaging community members was also important. Providing healthy refreshments or meals that could be enjoyed by community members attracted people to attend events. Other ideas included competitions, ‘goodie bags’ for attendees and providing free samples of sunscreen and bottled water.

## VIII: INTEGRATED

Implementation of projects benefitted when the mode of delivery of the CAC activities matched the needs of the end-users and integrated well with the usual operations of the community group. For example, healthy eating cooking workshops were delivered by Munch CIC and Winchester GoLD to people with learning disabilities in their own homes using a face to face and Zoom interactions. This approach meant that end-users were in the familiar space of their home kitchen and were in a small teaching group, and thus could ask questions and easily be shown how to carry out tasks.

## IX: REFLECTION AND EVALUATION

Reflecting on and evaluating project implementation is important in facilitating improvement and promoting shared learning among award holders. Several interviewees detailed what they had learned from their experience of delivering CAC activities and what they would do differently next time. If CAC activities were proving difficult to implement, it was an important skill to reflect and try a different approach.

# RECOMMENDATIONS

The following recommendations are entirely advisory for the consideration of Wessex Cancer Alliance and Action Hampshire.

1. The grant scheme model with an upper limit of £5,000 should continue.  
**Rationale:** Projects had delivered intended activities and achieved intended impact. Participants confirmed the £5,000 was sufficient to meet desired aims.
2. Consideration should be given to reducing overall grant funding to enable greater investment in collaborations between Wessex Cancer Alliance, Action Hampshire, advocates and local communities.  
**Rationale:** While CAC has achieved significant reach across diverse communities, it had yet to extend to all the community groups at a local level. Advocates are trusted members of communities and are willing to collaborate with the Alliance and Action Hampshire.
3. The grant scheme should adopt a targeted approach to specific communities / geographies of interest rather than an open grant call.  
**Rationale:** There is a range of degrees of impact across the 52 CAC-funded projects, which is to be expected. Greater impact will be achieved by targeting specific communities of strategic importance and interest to the Alliance and specific geographical locations.
4. The original outcome measures are appropriate and should be retained for CAC, with the addition of supporting the activities of the Wessex Cancer Alliance.  
**Rationale:** The funded projects are yielding considerable information and evidence that are supportive of Wessex Cancer Alliance activities. Mechanisms should be formalised to disseminate this learning to the Alliance.
5. There should be an end of CAC event / webinar to showcase the activities and impact of projects funded through the scheme.  
**Rationale:** The event would allow learning of good practice to be shared and will encourage applications to the next phase of CAC.
6. A marketing / communications strategy should be developed to ensure all targeted communities have an opportunity to apply.  
**Rationale:** Communications regarding CAC were very focused on particular urban areas and it was evident that not all those who could benefit from the opportunity were aware of the scheme.

7. There should be greater identification, support and involvement of community advocates in the next phase of CAC.  
**Rationale:** Advocates played a significant role in collaborating with local communities and encouraging groups to apply for grants. They are an important mechanism for reaching deep into target communities and are effective advisors for the Alliance and Action Hampshire.
8. A Community of Practice should be established for CAC grant holders to enable best practice to be shared.  
**Rationale:** It is acknowledged that opportunities for grant holders to meet have been provided under CAC. However, these should be extended under the next phase of the scheme as there is a strong appetite among grant holders to meet, learn from each other, share best practice and deepen the understanding of impact assessment.
9. The training workshop's content and structure should be reviewed and refreshed, e.g. ensuring sufficient content is presented on screening. Recording of sessions should be considered.  
**Rationale:** Participants were supportive of the workshop content, but some felt more screening information may be required.
10. The application form for CAC should include a statement of intended impact.  
**Rationale:** Several participants felt that the impact statement in the application could be made more explicit. Including such a statement would help enhance impact across the scheme.
11. Monitoring and final reports should be enforced more stringently for grant holders.  
**Rationale:** A number of grant holders had yet to report. While many were still active, the lack of reporting for some projects made it difficult to gain a full understanding of impact.
12. The grant panel should develop and apply a robust scoring system for applications to CAC.  
**Rationale:** Adopting a scoring system would make the assessment system fairer and more robust. It may also drive up the impact of studies if applications were compared on their merits.
13. Efforts should be made to ensure greater diversity is represented on the grant panel.  
**Rationale:** It was noted that several communities were not represented on the panel, e.g. LGBTQ+ members and people with learning difficulties. Panel members were also advocates, hence ensuring representation on the grant panel could also facilitate communication with targeted communities.



# CONCLUSION

Evaluation findings demonstrate that the model of raising awareness of the signs and symptoms of cancer, healthy lifestyles and prevention, early detection, and cancer screening among seldom heard communities via a community-based grant scheme has been successful in meeting desired outcomes. The model has enabled a tailored, adaptive approach to community engagement, enabling projects to be led and delivered within diverse communities. The impact CAC grants have achieved is particularly notable given that many activities were delivered under the restrictions of the COVID 19 pandemic.

Short and medium-term outcome measures set at the start of the project have been met, with examples of tangible impact across many funded projects. Grant-holders and community group members were able describe examples of how the CAC grants had resulted in:

- an increase in healthy behaviours (e.g. adopting a healthier diet, losing weight)
- an increased awareness of cancer screening (including PSA testing)
- an increase in help-seeking behaviour (e.g. Annual Health Check attendance for people with learning difficulties, GP attendance by men concerned about changes to bowel habits)
- an increased awareness of signs and symptoms (e.g. awareness of the importance of changing toilet habits for vulnerable and isolated women)

Many participants acknowledged that while there was increased awareness in cancer screening, it was too early to track these through to actual screening attendance due to the timeframe of the evaluation. It is also acknowledged that there is a continuum of impact across the 52 projects that started successfully, providing an opportunity to learn from the highly impactful projects.

It is clear from participant interviews that the first iteration of CAC (2019-2020) had focused on connecting with communities. This iteration of CAC (2021 – 2022) had focused on strengthening and building on those connections. The next iteration of CAC should thus focus on using the connections already established to extend and embed activities deep with the target communities.

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# APPENDIX A: EXAMPLES OF REACH FROM SELECTED STUDIES

Community group	Grant awarded	Reach
Afrodisiac Radio	£3,500	<ul style="list-style-type: none"> <li>Broadcast interviews with prostate cancer patients, recorded a series of videos targeting key people in the community, raised awareness of prostate cancer (especially in the black community) at the Bournemouth Reggae Weekended festival, created a wristband to promote black men getting a PSA test.</li> <li>Over 5,000 people attended the festival and saw a video raising awareness of prostate cancer playing on a loop. 500 wristbands were distributed.</li> </ul>
Age UK Portsmouth	£2,451	<ul style="list-style-type: none"> <li>Leaflets distributed to 5,000</li> <li>13 events attended by 130 visitors</li> <li>5 healthy walks</li> </ul>
Autism Unlimited	£4,700	<ul style="list-style-type: none"> <li>Through the signposting service, Community Connect, over 60 telephone conversations were held between July and November 2022 with parents and carers and autistic adults.</li> <li>Between 11 September and 4 December 2022, 9,184 people viewed the social media posts across four platforms.</li> </ul>
Awaaz FM	£5,282	<ul style="list-style-type: none"> <li>Ran a series of 15 radio shows raising awareness of cancer.</li> <li>The radio station has a core of 15-20,000 listeners mainly from Asian communities</li> </ul>
Axminster and Lyme Cancer Support	£5,000	<ul style="list-style-type: none"> <li>Ran men only events – Blokes’ Brunches and Pie and Pint, where male cancers were discussed. Skin cancer awareness days were organised where information leaflets, suncream and boxed water were made available to the public.</li> <li>200 men attended Blokes’ Brunches / Pie and Pint events. 60 people attended a ‘Let’s talk about cancer’ event. Thousands were reached in skin cancer awareness events. The first skin cancer awareness session took place at the Axe Vale Show, attended by around 20,000 people.</li> </ul>
Black History Month South	£4,200	<ul style="list-style-type: none"> <li>The prostate cancer awareness campaign was picked up by Meridian TV and broadcast as part of the 6pm news – audience 1 million.</li> <li>The Digital Billboard was located on the Millbrook by-pass from April to July 2022. Around 17,000 cars drive passed per day.</li> </ul>

Community group	Grant awarded	Reach
Bournemouth Fitness Group	£4,000	<ul style="list-style-type: none"> <li>Ran monthly Prostate Cancer Knowledge Awareness sessions over six months, attended by 80 people.</li> <li>Gave a talk about the project on Hope FM and Afrodisiac Radio. Took part in the Black Cherry Event.</li> </ul>
Chat Café Local CIC	£4,700	<ul style="list-style-type: none"> <li>Cancer discussions and Q&amp;A sessions are included in the regular Chat Cafes held in the Bournemouth and Poole area (aimed at isolated and lonely people). 106 attendees were included in these sessions of which 57 completed a feedback form and 52 said they would make a change to their lifestyle as a result of the session and 54 said they felt more informed and confident about early testing.</li> </ul>
Cross-Culture Hub	£3,340	<ul style="list-style-type: none"> <li>Ran monthly cancer awareness sessions for men, women and everyone, including presentations from experts. 110 people participated, mainly from the South Asian community but also Black and White British participants.</li> <li>The grant recipient spoke about the project and her experiences to the BBC, the Daily Echo, Rotary Magna and Rotary Global Hub – her message was heard and read locally, nationally and internationally.</li> </ul>
Home-Start South East Dorset	£4,851	<ul style="list-style-type: none"> <li>Trained a group of volunteers on the CAC cancer awareness raising information. The volunteers then raised awareness in the families that they are supporting. 130 people have benefitted from this work.</li> </ul>
Mission Remission	£4,965	<ul style="list-style-type: none"> <li>Online campaign reached 145,000 people.</li> <li>The Dorset Echo wrote about the campaign and was picked up by BBC Breakfast – audience 6 million.</li> <li>1,237 people used the resources.</li> </ul>
Silk Route	£2,000	<ul style="list-style-type: none"> <li>Held an awareness raising event for BME communities in the Southampton/Romsey/Eastleigh area. Attended by over 400 people.</li> </ul>