



**Dissemination strategy for**

***European Guide on Quality Improvement in Comprehensive  
Cancer Control, Cancon***

**June 2014**

# 1 Introduction

European Guide on Quality Improvement in Comprehensive Cancer Control (Cancon in short) is an EU joint action aiming to contribute in different ways to reducing the cancer burden in the EU.

The joint action is co-funded by participating member states and organisations, institutes, universities and health care units in them, and the European Union. Cancon started in February 2014 and will continue until end of February 2017.

Cancon will produce a *European Guide on Quality Improvement in Comprehensive Cancer Control* for improving the quality of comprehensive cancer control. The Guide is the key document to be communicated. The different stakeholder groups working on the Guide are kept informed of the on-going work. When the Guide is finished, they will be given the Guide in digital or printed form.

Cancon is divided into nine work packages, three of which are cross-cutting packages, and six are core packages. Dissemination is work package number 2, it is a cross-cutting package. Major responsibilities of dissemination are disseminating and promoting cancer control information and knowledge, and dissemination to policymakers, member states and relevant stakeholders.

The dissemination strategy is based on the strategic planning and network analysis (see Annex 1, pages 8-13), which is an evolving process. Similarly continuous evaluation of communication is essential, it is an ongoing process.

All communication activities are based upon a four-step process for quality improvement. It is also the concept of a continuously rotating wheel of plan-do-check-action (PDCA; the Deming circle). Regularly organised network meetings serve as checking points.

More detailed Annual plan template 2014-2017 can be found as Annex 2 (pages 14-23). Annex 3 (page 24) includes communication chart/schedule of strategic events and milestones. In addition, Annex 4 (page 25) includes a short style guideline for writing general audiences about Cancon.

## 2 Objectives

### 2.1 Cancon objectives

Cancon aims to contribute to improvements in overall cancer control through:

- quality based cancer screening programmes,
- better integration of cancer care,
- community-based cancer care approaches, and
- providing concerted efforts in all aspects of survivorship, including palliative care.

Cancon aims at preventing cancer and enhancing the cancer consciousness. Cancon will help member states to place cancer firmly on their national public health agendas and improve national situations by applying and adapting recommendations in the Guide.

Communication serves and is aligned with the objectives of the joint action.

## 2.2 WP2 Dissemination objectives

Objectives of Cancon communication are similar to Cancon joint action and they are adjusted according to the joint action which they support.

Specific objectives of Cancon communication are:

1. to enhance communication reach – analyzing public health and cancer related networks and focal points in Europe,
2. to plan and implement a systematic approach to engagement,
3. to plan dissemination of the joint action,
4. to identify and describe communication channels according to target groups, and
5. to plan and implement a document distribution website.

A special emphasis is put on the people engagement; both stakeholders and audiences, and ultimately the Europeans. High level of engagement sets cancer firmly on the European agenda and fosters networking across different fields of science.

Elements of engagement are used systematically in all communication. These elements include strategic messages, website, and the use of social media.

External communication aims at good outreach and wide audiences. The main task of the internal communication is relevant information delivered timely to the right audiences.

In addition, all communication gives specific attention to reciprocity, for example by collecting feedback, and using different social media channels.

## 3 Audiences

Audience development is continuous and the audience widens according to the time scale of the joint action. During the first year, the outreach aims at the Cancon partners (associated and collaborating partners), member states, relevant professional societies, patient organisations and the decision makers. The main partner of communication is the European Association of Cancer Leagues (ECL).

In addition to the first year audience, the outreach will include all the networks during second year. During the third and the last year of the joint action it aims to reach also journalists and the general audience.

In order to meet satisfactory audience development the different channels are examined continuously and processes evaluated.

Target audiences are:

- associated and collaborating partners of Cancon,
- member states (ministries and other authorities, decision-makers),
- relevant professional societies,
- relevant public health authorities,
- relevant public health and patient organisations,
- members of parliament,
- journalists, and

- general public.

These audiences can also be divided into primary, secondary and tertiary target groups. Member states, governmental and non-governmental organisations belong to the first group. These are directly involved in Cancon.

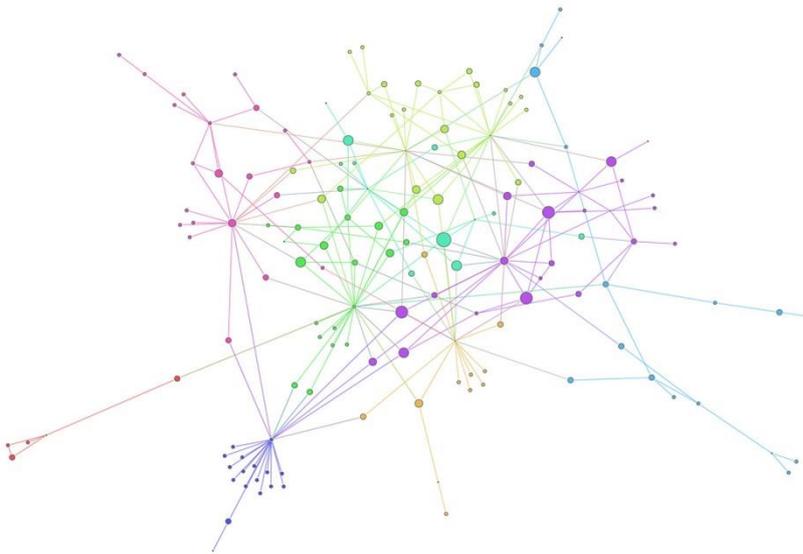
The secondary group consists of scientific and professional organisations and committees, eg. medical and healthcare professional organisations which will gain direct benefit from the joint action.

The tertiary target group consists of cancer patients and European citizens.

Identification and description of communication channels according to audiences is a part of building the base for the communication.

The continuous audience development consists of tailoring messages and contents, grassroots activities, collaboration, and growing networks.

According to network analysis, there already exists a network of European cancer control experts. This includes governmental, NGO's and hospitals/health care providers; people who are involved in Cancon.



*Figure 1. The existing network of European cancer control experts.*

The analysis shows that there are communication clusters in different countries; in Finland, Italy, EU, Spain & France, Baltics and Slovenia. However the information flows from one cluster to another.

On average, the respondents want more contact with the same people with they are currently in contact. This suggests that they are burdened by the existing communication and they may form a bottleneck.

Cancon communication can even this burden and deliver topical information via the website, newsletter and other channels simultaneously to several respondents.

According to analysis, organisational types tend to communicate with similar organisations. Research institutes and NGO's are the most often reported contact, while universities are the most marginal group.

Cancon will use the existing network and improve the communication across the organisations. Network analysis will be repeated annually.

## 4 Messages

Cancon has key strategic messages that will be constantly repeated.

These messages are formulated to aim at different audiences (see also chapter 3. Audiences) and they can be adjusted and emphasised further. The key strategic messages can be refined during the joint action.

Key strategic messages according to the audiences:

1) Cancon partners and cancer professionals, emphasised during the first year

- Cancon produces the *Guide* as the key strategic tool for policymakers developing and implementing comprehensive cancer control.
- Cancon puts cancer control firmly on European public health agenda.

2) Networks, emphasised during the second year (to be updated annually)

- Cancon will improve national situations by applying and adopting the recommendations of the *Guide*
- Cancon contributes to the reduction of cancer incidence by 15% by 2020.

3) Europeans, emphasised during the third year (to be updated annually)

- Cancon decreases inequalities and increases quality of cancer care.
- Cancon improves citizen's health security.
- Shift from how long to how well cancer patients live.

The messages and audiences can be illustrated as expanding circles, where the smallest portrays the 1<sup>st</sup> year, middle one 2<sup>nd</sup> and biggest 3<sup>rd</sup> year with their varying audiences:

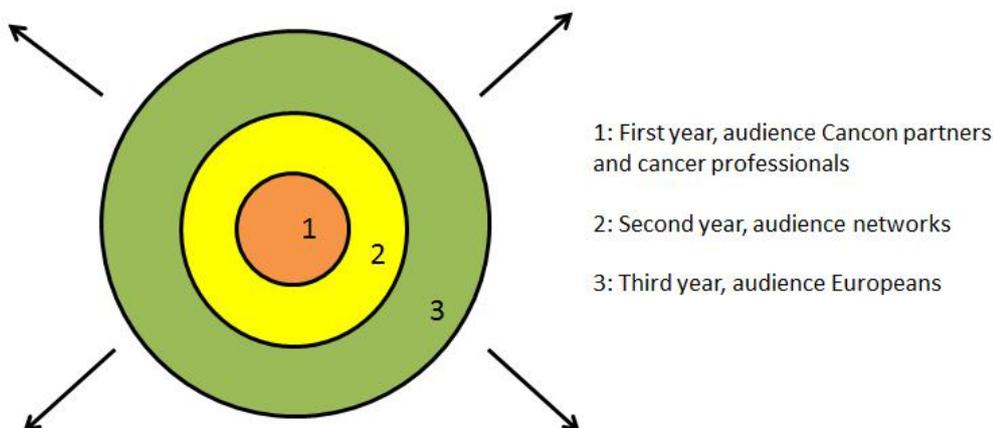


Figure 2. Expanding circles of Cancon communication.

## 5 Tools and activities

We function in all possible arenas; communication flow is a cycle of face to face meetings, specialized events, stakeholder forums, digital presence, media and PR work, and social media. Communication flow is evaluated continuously.

The overall strategic approach is very flexible and open to innovations and feedback. Collecting feedback is systematic, and reciprocity emphasized.

As the high level of engagement is one of the main objectives, cooperation with other relevant joint actions and organisations is essential. Possible cooperation partners are searched for actively.

Communication advocacy is active during EU presidencies with other joint actions across the departments (directorates-general; DGs) and European Union borders. It entails communication with the governmental organisations, research institutes, universities, and NGOs and other civil society, hospitals and other health care providers.

The selected channels in use vary depending on the audiences and objectives. The main channels in use are:

- webpages
- newsletters
- emails
- social media channels (Twitter, Facebook, Instagram, SlideShare, LinkedIn, YouTube, Google +, Issuu)
- meetings and events
- document papers
- press releases and pitching to journalists
- brochure

By adapting the content and messages according to channel they can be used in different channels. Website, newsletter and social media are linked together.

According to network analysis, the most preferred channels of communication are e-mail messages, newsletters and website. Most of the respondents opted for weekly or monthly communications.

In order to maximize effective outreach, social media and modern tools of engaging stakeholders will be used. Social media channels will be profiled according to their target audiences, and the channels are refined during the joint action.

Annual networking meetings and events aimed at the decision-makers (esp. MEPs) will be held in order to extend the outreach. The extended outreach means WHO Europe and across DGs.

Visual identity gives a profile to the joint action, and coherent use of it is encouraged among the joint action. This includes logos, other visual elements, document templates, website, newsletter, social media channels, documents, etc. The logos, templates and instructions how to use the visual identity are at Cancan website: <http://www.cancercontrol.eu/tools/>

In addition to Cancon's own visual identity, any communication related to Cancon must indicate that it has received funding from the European Union. The Cancon website includes information on the use of EU emblem at <http://www.cancercontrol.eu/tools/>

## **6 Timescales**

As already mentioned in chapter 3. Audiences, the audiences of the joint action change according to the time scale. The joint action continues for three years and the outreach grows along so that during the 1<sup>st</sup> year it is mainly internal. The 2<sup>nd</sup> year aims for growing outreach, and during the 3<sup>rd</sup> year the aim is to put cancer on Europe's political agenda.

The main deliverable of work package 2 is the strategic dissemination plan with annual revision.

## **7 Evaluation and measuring**

Continuous measuring and evaluation of the communication are essential, they are ongoing processes. Annual network meetings serve as checking points.

Feedback is collected regularly, and social media channels have inbuilt measuring systems which are used. The use of different social media channels enables evaluation and constant feedback.

Analysing tools, process evaluation and feedback increase reciprocity.

Google Analytics is used for analysing the traffic and users on Cancon website. Newsletter is analysed and tracked to develop the content further. In addition media monitoring is used when needed.

All activities are based upon a four-step process for quality improvement. It is also the concept of a continuously rotating wheel of plan-do-check-action (PDCA; the Deming circle). The activities are planned, then carried out, checked and acted upon the evaluation.

The evaluation is also carried out in cooperation with the Cancon Evaluation work package, which evaluates the joint action and its communications in whole.

# Cancon Network Analysis 2014

## Executive summary

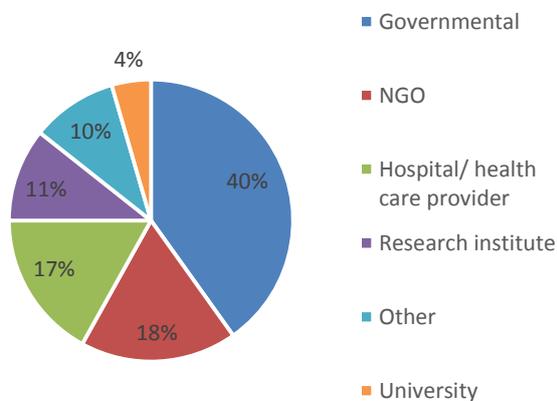
- Response rate 60 % -> OK
- Networks are reasonably well connected: no separate groups
- Most respondents from governmental, NGO's and hospitals/health care providers
- On average, respondents want more contact with the same people with they are currently in contact
- Finland, Italy, EU, Spain & France, Baltics and Slovenia form communication clusters
- Organizational types tend to communicate with similar organizations. Universities are the most marginal group. Research institutes and NGO's are the most often reported contact.
- 66 % wished for more contact with their existing communication partners
- Email, newsletters and website are the preferred methods for receiving WP2 information

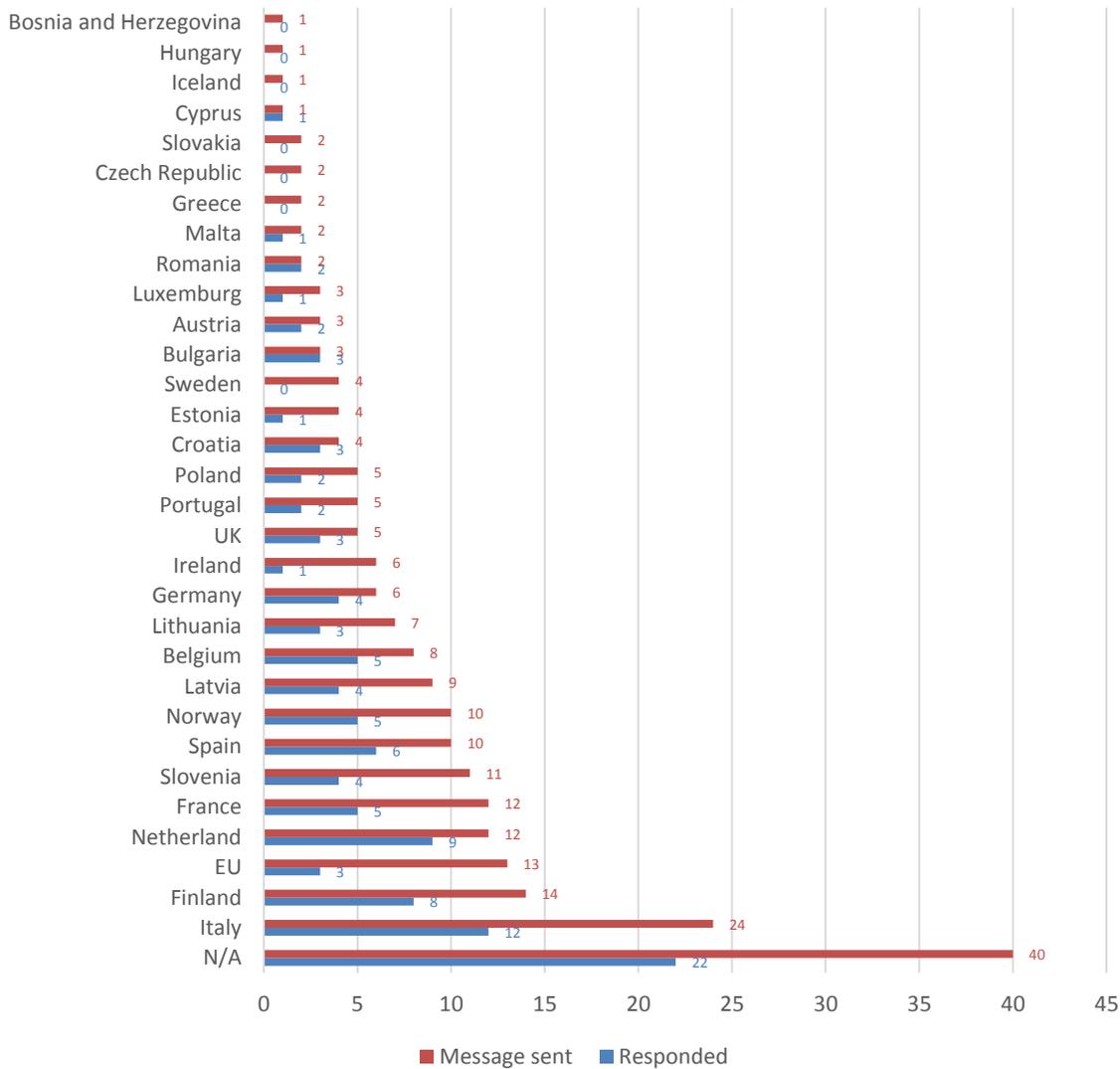
## Aim of the survey

- Map the current communication network in cancer control in Europe
- Map the "wish list" network for communication partners in in cancer control in Europe
- Preferred communication channels in WP2 information dissemination

## Survey background

- Response time 31 March - May 16 2014
- 2 reminder messages
- 232 respondents
- Response rate 60 %





***“With whom have you been directly in contact or communicated about cancer control across Europe? This includes person to person emails, face to face meetings, phone calls or other methods.”***

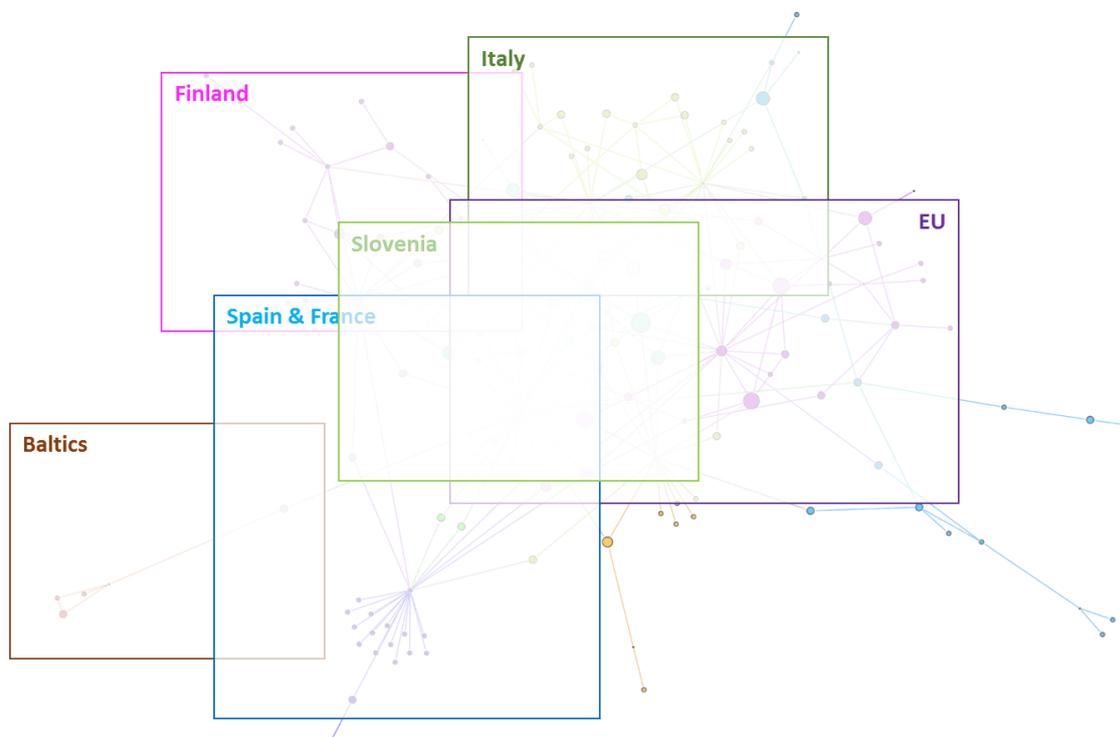
*Very important communication*

*Moderately important communication*

*Not important communication*

*No contact at all in this matter*

## Existing communication (“very important communication”)



## Existing communication between organisational groups

- All actors have the most contact with their own organisational type
- Research institutes and NGO's are the most often reported contact
- Overall, universities are the most marginal group. They have the least contact with NGO's.

***“In order to function better in your work and make cancer control across Europe more effective, with whom would you like to have more contact with?”***

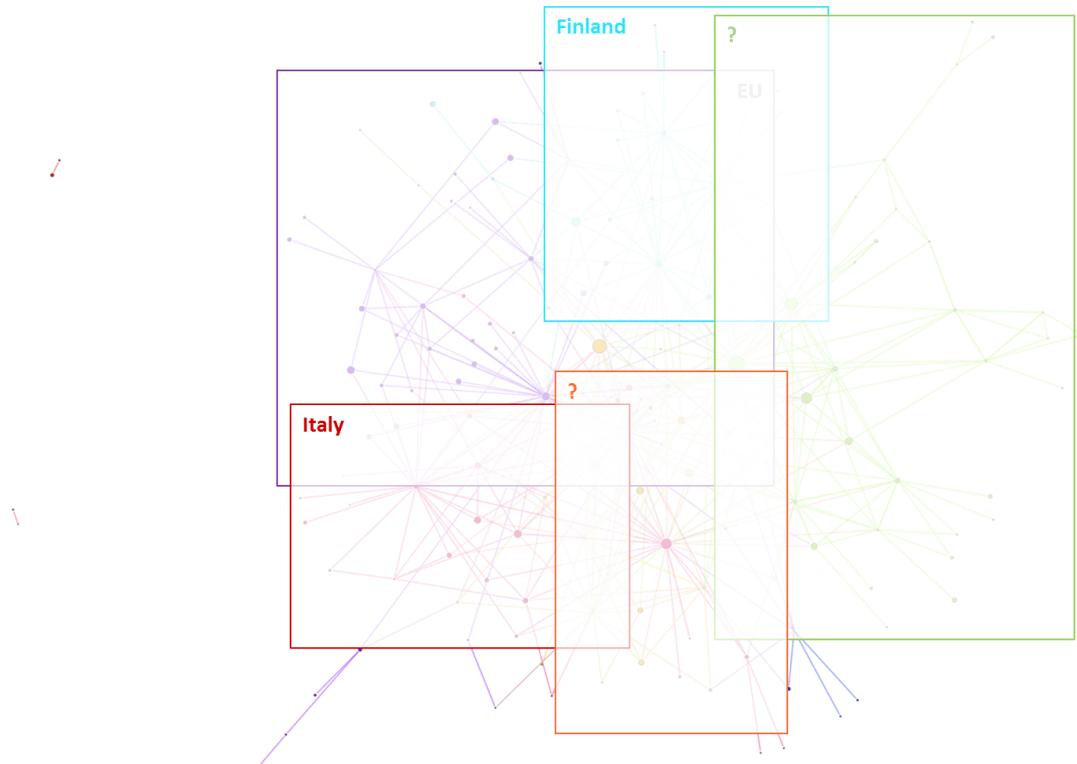
*Weekly contact*

*Monthly contact*

*Every three months*

*No additional contact needed*

## ***Future contact – weekly***



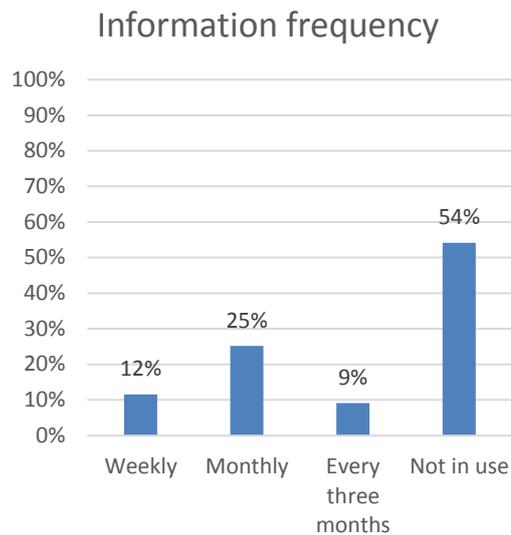
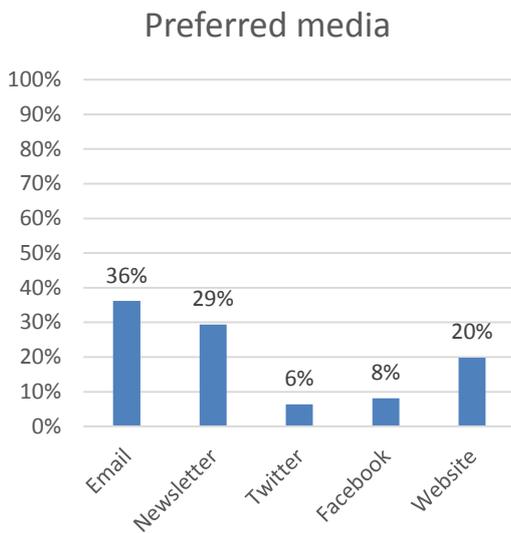
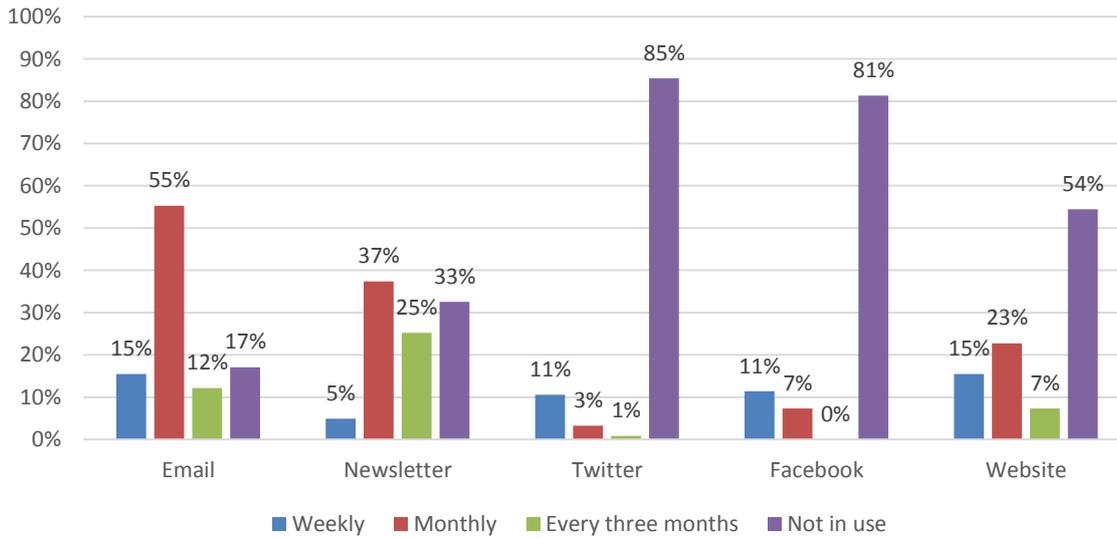
### **Future contact between organisational types**

- All actors need more contact from their own organisational type. Only exception is Research institutes who need more contact with hospitals.
- The most wanted additional contact is from the group "Other".
- NGO's and Hospitals are also popular and they also seek the most additional contact.
- Universities are the least contacted organisations.

### ***“How would you prefer to receive information regarding the Work Package 2?”***

- Email and newsletter are the most preferred media
- Preferred information frequency is between monthly and weekly
- Twitter and Facebook are not popular

N=123



## WP2 information and network positions

- Overall, there is a correlation between the better positions in both networks and the willingness to receive information through various media. However, this doesn't correlate with the increased frequency of receiving information.
- There is a correlation between the peripheral network position and the need for more frequent information on the WP2, especially with Twitter and Facebook. This suggests that those who feel that they need more frequent official information, are those who lack direct person to person contacts.

## **Organisational types and communication patterns**

- Organisational type affected the network position very little
- No significant correlation between direct or indirect connections and the organizational type

## **Observations**

- Networks are reasonably well connected
- Most of those from whom the respondents wished more communication are already the source of information. This suggests that
  - they are burdened by the existing communication
  - they may form a bottleneck
  - -> Review of responsibilities for the key personnel
- Email and newsletters favored over social media
  - -> Social media not for information dissemination but use social media to connect peripheral actors
- Universities are not well connected

## Cancon communications annual plan

(to be updated)

Blue cells = WP2/Communication

2014

Time	Action	Target group	Measurement	Time & relevance	Special
February 2014 = M1					
	Kick-off meeting of Cancon	Cancon participants	Feedback form		
March 2014 = M2					
	First newsletter (pdf)	Cancon participants	Feedback	almost monthly	
April 2014 = M3					
	Kick-off meeting for steering committee	steering committee			
	Kick-off meetings WP7, WP8	WP7&8 teams			
May 2014 = M4					
	Second newsletter (pdf)	Cancon participants	Feedback	almost monthly	
	Network analysis launched	Cancon participants	Analysis itself	Milestone, annually	
	Cancon comm. officer started				
	Kick-off meeting for WP9	WP9 team			
June 2014 = M5					
	Website launched	Europeans	Google Analytics	Milestone	
	Third newsletter, via system	Cancon participants	Follow-up via system	almost monthly	
	Communication strategy published for comments			Deliverable	
	Network analysis finished	Cancon participants	Analysis itself		
	WP 1 Cancon stakeholder forum	All partners			

	WP3 Evaluation strategy				
July 2014 = M6					
	Fourth newsletter	Cancon participants	Follow-up via system	almost monthly	
	Cancon brochure, 1st round	Cancon participants	email		
	WP3 Auto-evaluation tool	WP3 team			
	WP4, GCC meeting: Approval of the methodology	WP4 team			
August 2014 = M7					
September 2014 = M8					
	Fifth newsletter	Cancon participants	Follow-up via system	almost monthly	
	Cancon comms strategy, annual comms plan	Cancon participants			
	Cancon brochure, final	Cancon participants	all channels		
	WP1 Steering committee meeting	steering committee			
	WP5 Member state platform meeting	WP5 team, member states			
	WP4 meeting	WP4 team			
October 2014 = M9					
	Sixth newsletter	Cancon participants	Follow-up via system	almost monthly	promoting network meeting
	WP8 meeting (Slovenia) - First draft EU recommendations	WP8 team			
	WP6 meeting (Dublin) WP6: Report on methodologies for assessing: a) the general	WP6 team			

	health profile of the population; b) cancer epidemiology in a certain geographic area; c) patterns of choices in term of hospital treatment preferences				
November 2014 = M10					
	WP2 Network meeting	Cancon comms networks	Feedback form	Milestone, almost annually	
December 2014 = M11					
	Seventh newsletter	Cancon participants	Follow-up via system	almost monthly	
	Google Analysis report on website	Cancon participants	Google Analysis	every six months	

2015

Time	Action	Target group	Measurement	Time & relevance	Special
January 2015 = M12					
	WP1 Steering committee meeting	steering committee			
Confidential	WP1 First Interim technical and financial report	EU			
	<b>WP 7 Launch of the digital platform campaign (promotional activities, cooperation with dissemination WP2)</b>				
	WP6 meeting: Setting up the informatic and telematic network	WP team			
February 2015 = M13					
	Newsletter	Cancon participants	Follow-up via system	almost monthly	
	WP4 /GCC meeting; assessment of first developments and preparation of templates	WP4 team			
	WP7 meeting	WP7 team			
	WP8 First report submitted to EU	WP8 team			
March 2015 = M14					
	Newsletter	Cancon participants	Follow-up via system	almost monthly	promoting policy meeting in May
	Network analysis launched	Cancon participants	Analysis itself	Milestone, annually	
	WP1 Steering committee meeting	steering committee			
	WP5 meeting (Member state platform)	WP5 team, member states			
	WP4 Guide coord. committee meeting	WP4 team			
	WP8 First draft distress thermometer	WP8 team			
Confidential	WP3 First evaluation report	Cancon participants			

April 2015 = M15					
	Newsletter	Cancon participants	Follow-up via system	almost monthly	
	Network analysis finished	Cancon participants	Analysis itself		
May 2015 = M16					
	Policy meeting	MEPs	Feedback form	Milestone, almost annually	
Confidential?	WP3 First Interim Evaluation Report	Cancon participants			publication?
	WP7 meeting	WP7 team			
	WP8 meeting	WP8 team			
June 2015 = M17					
	Newsletter	Cancon participants	Follow-up via system	almost monthly	News from May meeting
	WP6; cost analysis and mechanisms for optimizing smooth running of CCCN	WP6 team			
July 2015 = M18					
	Newsletter	Cancon participants	Follow-up via system	almost monthly	
	WP6 meeting on how the role of individual institutions within a CCCN and patient access are to be optimized	WP6 team			
	WP7 meeting on transmural cancer care report	WP7 team			
August 2015 = M19					
	WP8 First draft personalized rehab plan	WP8 team			
September 2015 = M20					
	Newsletter	Cancon participants	Follow-up via system	almost monthly	

	WP5 meeting, member states	WP5 team, member states			
	WP6 meeting on designing and optimising procedures for producing clinical recommendations	WP6 team			
	WP7 meeting	WP7 team			
	WP1 Stakeholder forum, joint action meeting, steering committee	All partners			
	WP4/GCC quality assessment of draft chapters	WP4 team			
	WP7 meeting on the development of survivorship support in the community	WP7 team			
October 2015 = M21					
	Newsletter	Cancon participants	Follow-up via system	almost monthly	
	WP4 meeting	WP4 team			
November 2015 = M22					
	Newsletter	Cancon participants	Follow-up via system	almost monthly	
	WP4 QA reports on interim chapter preparation	EU			
	WP7 meeting on the development of activities and services related to early cancer detection in primary care	WP7 team			
	WP8 global expert working group meeting	WP8 team			
December 2015 = M23					
	Newsletter	Cancon participants	Follow-up via system	almost monthly	
	WP8 meeting	WP8 team			

**2016**

Time	Action	Target group	Measurement	Time &relevance	Special
January 2016 = M24					
	WP6 meeting: How the role of each institution within a CCCN and patient access to care are to be optimised	WP6 team			
	WP7 meeting: Early detection	WP7 team			
February 2016 = M25					
	Newsletter	Cancon participants	Follow-up via system	almost monthly	
is this public?	WP8 Second report submitted to EU	WP 8 team, EU			
March 2016 = M26					
	Newsletter	Cancon participants	Follow-up via system	almost monthly	promoting May meetings
	WP1 Third JA Meeting/ Second stakeholder forum meeting/ Fourth and Fifth Steering Committee Meeting	steering committee, stakeholder forum			
Confidential?	WP3 Second evaluation report	Cancon participants			
	WP8 Final draft EU recommendations	WP8 team			
April 2016 = M27					
	WP4 meeting	WP4 team			
	WP5 Analysis of outcomes and preparation of statement papers	WP5 team			

May 2016= M28					
	Network and policy meeting	networks, MEPs	feedback form	Milestone	
Confidential	WP3 Second interim Evaluation report	EU			
	WP7 meeting: Finalization	WP7 team			
	WP8 Final draft personalized	WP8 team			
June 2016 = M29					
	Newsletter	Cancon participants	Follow-up via system	almost monthly	News from May meetings
	WP6 meeting: The benefit for biomedical research from creating a CCCN and special recommendations/ protocols in a CCCN for rare/high complexity cancer	WP6 team			
July 2016 = M30					
August 2016 = M31					
September 2016 = M32					
	Newsletter	Cancon participants	Follow-up via system	almost monthly	promoting Nov meeting
	Network analysis launched	Cancon participants	Analysis itself	Milestone, annually	
	WP4/GCC meeting on QA Reports on Quality of data comparison and analysis and guide chapters	WP4 team			
	Member state platform (WP5) meeting	WP5 team, member states			
October 2016 = M33					
	Network analysis finished	Cancon participants	Analysis itself		

	WP1 Final JA Meeting/ Stakeholder forum Meeting/ Steering Committee	Steering committee, stakeholder forum			
	WP8 meeting	WP8 team			
	WP9 First survey launched	WP9 team			
November 2016= M34					
	Policy meeting	MEPs	feedback form	Milestone	
	WP7 statistical analysis of data	WP7 team			
December 2016 = M35					
	Newsletter	Cancon participants	Follow-up via system	almost monthly	News from Nov meeting
	WP4 meeting	WP4 team			
	WP6 meeting on finalising the WP6 chapter	WP6 team			

2017

Time	Action	Target group	Measurement	Time & relevance	Special
January 2017 = M36					
	Newsletter	Cancon participants	Follow-up via system	almost monthly	
Confidential	<b>WP 1 Final technical and financial report</b>				
Confidential	<b>WP 3 Final Evaluation Report</b>			Deliverable	
	<b>WP 4/GCC: Final completed Guide</b>			Deliverable	
	<b>WP 5: Final Version of Position Paper from Platform Meetings</b>			Deliverable	
	<b>WP 1 Final conference in Malta, final Stakeholder forum</b>				
	<b>WP 7 Final report on impact assessment</b>				
	WP 9 First survey results	?			
February 2017					
	Newsletter	Cancon participants	Follow-up via system	almost monthly	
	Press release	Media & Europeans		Milestone	
	Press conference	Media & Europeans			
	Pitching media	Media & Europeans			
M36 + 6					
	Final report in an attractive form				

## **Communication chart/schedule of strategic events and milestones**

**(to be updated)**

M 2 Cancon kick-off meeting

M 11 Stakeholder forum

M 20 Stakeholder forum

M 36 Final conference, Stakeholder forum

## Short Cancon style guideline

This short guideline is intended for practical use when communicating to general audience about Cancon. The variety of English to be used is British English, as Cancon is European project and EU uses UK English.

NB! The spelling can be different in official texts.

### Capitalisation

- Cancon; instead of CANCON or CanCon
- Names of work packages: first word with uppercase letter: e.g. Integrated cancer control; instead of Integrated Cancer Control
- Lowercase in 'work packages', 'associated partners', 'collaborating partners', 'stakeholder forums', 'joint action'. Also in job titles and bureaucratic titles, such as 'financial officer', 'steering committee'.

### Style tips

- Avoid any expressions that do not say anything, and make all phrasing concise and specific.
- Opt for bullets instead of lists within sentences, where possible.
- Break up long paragraphs into smaller units to avoid having large chunks of text. The same with sentences. Aim for concise textual content.