



2017

Beating Cancer in Camden

In 2009/10 a Cancer Awareness Measure (CAM) showed that 32% of people surveyed could recall a symptom of cancer. Camden ranked third lowest out of the 22 CCGs surveyed. Low screening uptake in Camden was also hindering our ability to diagnose patients with early stage cancer. Breast cancer screening coverage and uptake in Camden were lower than the England average during the period 2012 – 2014. Camden residents in the 60-69 years target age group consistently have lower coverage and uptake for bowel cancer screening than for England as a whole and rank low amongst London CCGs. In addition, approximately a fifth of Camden cancer patients presented as emergencies.

This led to us designing a project to improve our population's awareness of signs and symptoms of cancer. We also wanted our population to be encouraged to present early to GP surgeries. In addition, we were keen to reduce inequality in Camden. I am thrilled that Community Links took on this challenge. They have demonstrated a significant positive impact on knowledge of signs and symptoms of cancer in the Camden population. The number of people who recognise all key symptoms of cancer has increased from 35% to 78%. They have also made it clear to these people when to visit their doctor. Before the intervention 59% of men would wait one week or less to see their GP when they found a significant symptom; after the intervention 84% would attend in that time frame. Finally, they have demonstrated a significant reduction in inequality. For example, people outreached in the more deprived wards were less likely to be aware of the early signs and symptoms of cancer, compared to those in less deprived wards. This inequality disappears by the end.

I would like to thank Community Links for their hard work.

Imogen

Imogen Staveley



Camden

Clinical Commissioning Group

*GP Prince of Wales Medical Centre, Kentish Town
Camden Clinical Commissioning Group Cancer Clinical Lead*

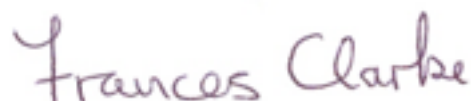
Raising awareness of possible cancer signs and symptoms, of the need for regular breast self-examination, of the importance of going quickly to a GP with any concerns and of the cancer screening programmes is vital if we are to reduce health inequalities and save lives.

People are dying from lack of knowledge and lack of confidence. This can be tackled. A community organisation, such as Community Links, is ideally placed to deliver programmes that promote confidence and awareness.

When I detected my breast cancer, I knew that a lump was a symptom and that I should go to the GP right away. Not only did these tiny nuggets of information save my life but they also helped me catch my cancer very early and therefore require less invasive treatment.

Community Links has worked in many different contexts sharing cancer information and we have always found that local people take it very seriously, they value the concern that is shown for their health and promise to pass on the information to their loved ones and friends. Within this programme we have monitored our impact using the Cancer Awareness Measure, it is clear that people do retain the information and that their behaviour is positively influenced.

We would like to thank Camden CCG for their commitment and support.



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What did we learn?

1. We found that the rigorous collection and analysis of Cancer Awareness Measure (CAM) data revealed not only the overall positive impact of the programme on levels of knowledge and behavioural intentions but also provided insights into its impact on tackling inequalities. This CAM information enabled us to tailor our outreach approaches in order to address particular deficits.
2. We learnt from our conversations with local people and from the CAM data that the barriers to early detection are very varied and that the way to tackle this variety is through directly talking to people. Mainstream health messages are unlikely to reach people equally, we have found that these messages can penetrate diverse areas and areas of social deprivation if they are delivered in person. Our model of delivery demonstrates that this approach can be standardised and its impact can be evaluated.
3. The importance of recruiting a flexible team who bring not only appropriate languages and cultural knowledge, but also a range of local community contacts and suggestions for appropriate outreach locations which enabled us to reach deeper into communities.
4. The value of a combined approach which focussed both on directly reaching our target group and on providing training for volunteers and professionals who would help to identify barriers and health risks for particular communities and who would be able to continue to provide ongoing early diagnosis support in a range of settings be that in a GP practice, community centre, homeless hostel, day centre or sheltered housing scheme.

The Community Links approach

Community Links was commissioned by Camden CCG to deliver the 'small c' cancer awareness campaign in the borough. The 'small c' message stresses that if cancer is caught early it is much more likely to be survived and the treatments required are likely to be less severe. Implicit is the intention to bring cancer down to size, to try to overcome the debilitating fear that it can induce and to empower people to take more control over their own health and to be confident to seek help if they identify concerns.

Community Links is ideally placed to deliver this type of programme; we have 40 years' experience of addressing the complex cultural, religious, economic, generational and gender experience of distinct communities and of working creatively with those communities to inform and empower.

Crucial to our approach is the belief that a broad range of local people should play a role in the development and delivery of the programme. We began by recruiting a team of part-time and sessional workers who reflected the local community. We have found that communicating with an audience, in a group or one-to-one, is more effective if delivered by someone like themselves. Recognition builds trust, enabling meaningful conversations to take place. Our sessional team offers 25 languages

and extensive cultural knowledge. A sessional team is a flexible workforce capable of delivering sessions at a range of times and locations. These local workers brought with them knowledge of the area and a range of local contacts, knowledge which helped to develop the outreach programme.

We employed a project officer who had worked on the previous 'small c' campaign in Camden, enabling us to build upon that work and experience. This group of staff was supplemented by volunteers, including students (UCL and Middlesex University), sixth formers, cancer survivors, pharmacists and other interested local people. We brought together and trained a highly committed team who realised the importance of their work in potentially saving people's lives.



Summary of impact

We reached 6847 people, out of which 3501 were aged over 50. We assessed our impact through the nationally accredited Cancer Awareness Measure (CAM); our target was 10% of the over 50s who we engaged with to complete a CAM before and after our intervention. In order to achieve the target of 350(10%) post-CAMs we knew from experience that we needed 500 pre-Cams.

We found that in all categories knowledge and confidence rose after our interventions and that these increases also involved a reduction in inequalities within the target group of the over 50s. Analysis of pre- and post- CAMs show various types and degrees of inequalities between categories of Camden resident which are reduced after our targeted and bespoke intervention.

Cancer Awareness Measure (CAM)			
		CAMS completed before intervention	CAMS completed after intervention
Gender	Male	200	133
	Female	283	206
	Other	1	0
	Prefer not to say	16	11
Total		500	350
Deprivation at ward level	More deprived than London average	362	266
	As deprived or less deprived than London	121	78
	Other	17	6
Total		500	350
Ethnicity	White British	227	159
	White Other	109	80
	Black/Black British	29	20
	Bengali	31	19
	Other Asian/Asian British	52	38
	Other	24	15
	Prefer not to say	28	19
Total		500	350

Main findings from the Cancer Awareness Measure (CAM):

1. Awareness of the signs and symptoms of cancer

Overall, there is a marked increase in the knowledge of signs and symptoms of cancer in people who took part in our activities. Those people who recognised three symptoms or less fell from 29.60% to 7.14%.

Pre-CAMS revealed a high level of inequality between ethnic groups in knowledge of signs of symptoms which disappeared in the post-CAMS. People outreached in wards at least as deprived as the London average were less likely, in pre-CAMS, to be aware of the early signs and symptoms of cancer, compared with people in less deprived wards. This discrepancy disappears in post-CAMS.

2. Confidence to recognise the early signs and symptoms of cancer

Respondents' confidence in recognising the early signs and symptoms of cancer has measurably increased. Those people who were somewhat confident or very confident rose from 47.60% to 83.14%.

In pre-CAMS, Bengali, White Other and Black British respondents are the least likely to feel confident to recognise possible signs and symptoms, these inequalities are reduced in the post-CAM. They are also the groups who most improved their knowledge of signs and symptoms of cancer in the post-CAMS: as their awareness improved, so did their confidence.

3. Increased awareness of the risk factors associated with cancer

Those people who recognised four risk factors or less fell from 34% to 10%. In pre-CAMS, 43% believed cancer is unrelated to age and in post-CAMS, this dropped to 27%.

4. Increased awareness of NHS cancer screening programmes

Those aware of breast screening rose from 77.6% to 90%, aware of bowel screening rose from 70% to 85.7% and of cervical rose from 69.7% to 82.5%. In the pre-CAMS women were more aware of bowel screening than men. This discrepancy disappears in the post-CAMS.

5. Speed with which people would see a GP about potential cancer symptoms

In pre-CAMS 66.80% people said they would see a GP within a week about possible signs and symptoms of cancer, this rose to 84% post-CAMS and only 4.5% said they would leave it as long as one month.

In pre-CAMS, men are less likely than women to say they would see a GP within a week; in post-CAMS this inequality disappears. In pre-CAMS, white respondents, and especially non-British White people (which included a large Irish community) are less likely than BME respondents to say they would see a GP within a week; these inequalities are reduced in post-CAMS.

Programme delivery

This programme has focussed on promoting the early diagnosis of cancer by raising awareness amongst the local population of Camden. We have sought to address the issues which deter local people from detecting cancer in its early stages. We have focussed on increasing knowledge of the possible signs and symptoms of the main cancers, primarily breast, lung and bowel; reluctance or lack of knowledge of the value of taking part in the national cancer screening programmes; low levels of breast self-examination and reluctance or lack of awareness of the need to go to the GP quickly with any concerns and knowledge of risk factors.

Our target group was people of 50 and over and we sought to ensure that we paid particular attention to reaching groups who had been identified previously as needing

further support. Those identified groups included Asian people, particularly Bengalis, Irish and LGBT communities, as well as vulnerable groups such as the homeless and those living with addiction, physical and/or learning disabilities.

We adopted a multi-pronged outreach approach: firstly seeking to reach our target groups at key community locations, secondly working with and through community groups and faith groups, thirdly working within sheltered and retirement housing schemes, fourthly working with schools and universities and lastly targeting particularly vulnerable people and their carers. In all these settings we were aware of the opportunities for providing training to staff and volunteers in order to enable them to provide ongoing cancer awareness information and support.

Type of event	Events	Total people	50+ people
1. Key community locations	67	4567	2538
2. Community groups and centres	19	240	214
3. Faith groups	13	610	404
4. Sheltered & retirement housing schemes	14	148	132
5. Schools and universities	11	1123	118
6. Vulnerable people and their carers	4	118	71
7. Staff training	8	41	24



A. Key community locations

We engaged with residents within a wide range of community events and festivals, libraries, pharmacies, GP surgeries, pubs, open markets and gyms. We talked about the signs and symptoms of cancer and about how we can reduce our risks through healthy living. Our outreach workers reported that the majority of people we approached were interested and demonstrated an understanding of the information given and its importance.

We found that in-depth conversations could take place in many different settings and that speaking to people in the heart of their local communities helped them to be responsive to the information being shared. In addition to imparting information we offered residents the opportunity to voice their concerns, express their feelings and explore their misconceptions. We found that although some residents felt confident to recognise the signs and symptoms of cancer, there were gaps in their knowledge and they did have some misconceptions, such as the idea that people who don't experience any signs or symptoms do not need to attend screening; or that people who don't smoke and/or who avoid processed foods will not get cancer.

Our staff members had branded t-shirts and shoulder bags which helped them to be identified and prompted many useful conversations at events and even in the street.





B. Community organisations and centres

We engaged with community organisations across the borough, offering information in a wide range of formats, including interactive workshops and one-on-one discussions. Group leaders were very positive about our activities, and encouraged us to offer similar events to their colleagues and community partners and thus the programme expanded.

The commissioners had identified Bengali people aged over 50 as a priority group for our cancer awareness information. Hopscotch Asian Women's Centre and the Bengali Carers' group at Age UK Great Croft have been important community hubs to involve. Our tailored approach included using Bengali-speaking outreach workers and volunteers, including an experienced community pharmacist. Bengali community leaders were key figures to engage as they receive queries from members of their own communities who have health concerns.



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Shamim K., group leader at Hopscotch, has reported having received questions from the Bengali older people she is assisting, regarding the NHS bowel screening kit. Shamim said that taking part in our workshop gave her the necessary knowledge to answer these questions confidently in future.

Discussions with community leaders also offered us valuable insights into the challenges that specific communities face. For instance, although members of the Irish community in Camden demonstrated a relatively good level of awareness of the signs and symptoms of cancer, staff at the London Irish Centre identified a number of risk factors: the traditional Irish diet, heavily reliant on beef and starchy foods, high rates of smoking among the older generation and socio-cultural barriers to promptly accessing GP services particularly amongst older Irish men, who fear that they may be wasting doctors' time or that their concerns will not be taken seriously. This information enabled us to address these issues in our presentations and discussions.

"Some of the older people here still remember the days when there were 'No Blacks, No Irish, No Dogs' signs in windows... They may feel like they are imposing, if they access NHS services, they don't want to be seen as a bother to their GP".

Dane B, London Irish Centre employee

When working with the older gay men's group at Opening Doors, we shared information from the LGBT cancer project. Also, at the participants' request, we discussed additional cancers and covered the potential signs and symptoms of prostate cancer, and the PSA test. We also covered male breast cancer when we read and discussed a passage from "Healing Within: My Journey with Breast Cancer", a memoir by American gay author Michael W. Kovarik.

Working with a women's group at the Camden Cypriot Women's Association, we had in-depth discussions about breast awareness and breast cancer screening. We also discussed diet as a cancer risk factor in relation to traditional Greek Cypriot eating habits: eating processed meats for breakfast and drinking digestive spirits after meals.

Our workers engaged with 240 people including 214 over 50s within 19 community organisations and centres (see appendix B).

C. Faith groups

We engaged with worshippers in churches and mosques after religious services and at religious events. We gave presentations to Christian and Muslim congregations attending religious services and/or church-sponsored social events. We were also present at religious festivals, such as the Cromer Street Islamic Mela and the Camden Puja. We worked with a range of faiths including Muslim, Hindu, Church of England, Catholic and Unitarian.

Church and Mosque congregations eagerly welcomed our outreach workers, and included announcements about our work in their religious services. Our volunteer team included a Bengali pharmacist, with significant community outreach experience, who offered a talk in Bengali to a group of men attending a service at the Shah Jalal Mosque in Euston.

Religious organisations also regularly run activities such as lunch clubs, picnics and bingo with their elderly parishioners; these have been excellent occasions for engaging with

our target group and passing on our cancer awareness messages.

Our workers spoke with 610 people, including 404 over 50s at 13 faith groups (see appendix C).



D. Sheltered accommodation and retirement homes

Awareness raising sessions in sheltered accommodation schemes are an ideal opportunity to reach older people who might otherwise find it difficult to attend our workshops. These residents have highly diverse needs; they range from active seniors involved in their communities, who regularly attend social activities to highly vulnerable people at risk of isolation, living with physical disabilities, mental illness or addiction.

In order to meet these diverse needs we adopted a tailored approach which included delivering workshops at coffee mornings and residents meetings and offering one-on-one visits to people's flats if they found it difficult or preferred not to attend group events. Those with significant mobility issues or vulnerable individuals with mental health issues were often more comfortable to be visited within their own flats.

Staff working in these sheltered housing schemes were generally very proactive in supporting us to reach residents. Staff referred vulnerable residents to us who had concerns about possible symptoms. We talked to these residents individually emphasising the importance of being seen by a GP and offering reassurance. We also used the 'small c' symptom checker cards to record symptoms and advised the users to

take these cards to their GP. We liaised with scheme managers who, if needed, made GP appointments for the residents and assisted them to attend. The staff typically took part in our awareness workshops alongside residents and therefore will be able to provide ongoing support for their residents.

Some sheltered accommodation scheme managers and community leaders enquired about the availability of audio and braille materials for sight-impaired or blind service users. We provided them with audio resources from a variety of sources, such as the NHS and Macmillan Cancer.

Our workers engaged with 148 people including 132 over 50s, within 14 sheltered housing and care schemes (see appendix D).



E. Schools and universities

When working in these settings we are seeking to simultaneously give young people knowledge that will be useful to them throughout their lives whilst also seeking to provide them with information that they can share with their older family members and older people in the community. We encourage these young people to be alert to signs and symptoms that their older relatives may display and also to be alert to the cancer screening invitations that relatives may receive, particularly where those relatives do not read English and may not open their own post.

We organised a university based lung cancer awareness campaign in which we recruited 35 volunteers to deliver lung cancer awareness and smoking cessation activities at the UCL campus, at Haverstock School and at community events. 90 UCL students attended a ‘study day’ which we organised to raise awareness of cancer and the risks of smoking, including shisha. This group included pharmacists and medical students who would go on to use this knowledge in their future roles. We also recruited volunteers from UCL through the Volunteering Society and the Winter Volunteering Fair.

We were enthusiastic to work with The Haverstock School because of its active engagement with the community. We took part in the School’s Celebrating Parents’ and Carers’ Event and at the School’s

Parents’ Evenings. Haverstock School also run an Older People’s Club which is staffed by their 6th form volunteers. We delivered a cancer awareness workshop to the Older People’s Club and we ran training sessions for the 6th form students. An important complement to this work is direct interaction with parents and carers.

Our workers engaged with 258 people including 118 over 50s within 7 sessions at Haverstock School (see Appendix E).

Pharmacy students’ project	
Freshers’ Fair Stall UCL campus (stall)	175
Pharmacy students conference & volunteer recruitment	90
Haverstock School lunchtime stall	200
UCL campus lung cancer stall	400
Total	865





Our workers engaged with 118 vulnerable people including 71 over 50s within 9 events (see Appendix F).

F. Vulnerable People and Carers

We sought to further extend the reach of our programme by targeting particularly vulnerable people who were unlikely otherwise to receive these messages; this included homeless people, those living with mental illness, with physical or learning disabilities and with Alzheimer's/ dementia. We worked directly with vulnerable people and, where appropriate, with their family and professional and voluntary carers.

In order to communicate our messages effectively we designed English ability-appropriate workshops for people with learning disabilities, and held them at the New Shoots Day Centre and at Elfrida Rathbone Camden. These resources included an easy to understand "good for you/ bad for you" activity to raise awareness of how we can decrease our risk of cancer through healthier lifestyles.

We visited Netherwood Day Centre, the specialist dementia day centre and took part in the Alzheimer's Conference, organised by the Chinese National Healthy Living Centre, in order to engage with family carers. We also provided training for the Bluebird Care staff, who provide home visits to people living with dementia.

We engaged with homeless people on the street, at the CHIP GP surgery and in surrounding hostels. We offered training to staff in a St Mungo's homeless hostel and in three care homes for people with mental illnesses and/or dementia.

When working with family and professional carers, our goal was to empower them to recognise possible symptoms of cancer not just in themselves, but also in the vulnerable people they were caring for. We used and distributed the Macmillan Guide to Diagnosis and Treatment for carers of people with learning disabilities, as well as various easy reading materials on breast, bowel and cervical screening that carers could read and use together with the people they were caring for.

G. Staff training

We offered training to professionals and volunteers in a range of settings, particularly seeking those who can give ongoing early diagnosis support to others. Training was provided for The Camden Care Navigators – a service which supports patients who are 60+ and have one or more long-term condition. Training was provided for staff in care homes and sheltered accommodation schemes, who often assist residents in tasks such as, making GP appointments and in supporting the resident to attend. We found that community centre staff (particularly those representing minority groups) and sheltered housing scheme managers often deal with queries about things such as breast and bowel screening, or worrying possible symptoms.

Non-clinical staff in GP practices (Health Care Assistants, Receptionists, Practice Managers) are another group who receive queries about cancer screening and possible symptoms. When training non-clinical staff it is useful to consider ways in which the practice can raise cancer awareness and support the uptake of the national screening programmes. In the Gower Street surgery, for example, we focussed training on the bowel screening programme in response to staff requests.

"I think everyone present appreciated your vibrant presentation humanising a difficult topic."

Tracey M.
Open House Co-ordinator- Primrose Hill Community

During staff training sessions we also gathered valuable insights into the specific challenges various groups face and which assisted us to build tailored approaches. Furthermore, group leaders who received our training supported us to offer similar events to their colleagues and community partners. For instance, after training staff at the St Mungo's Hostel in St Pancras Way, the manager supported us to contact other hostels.

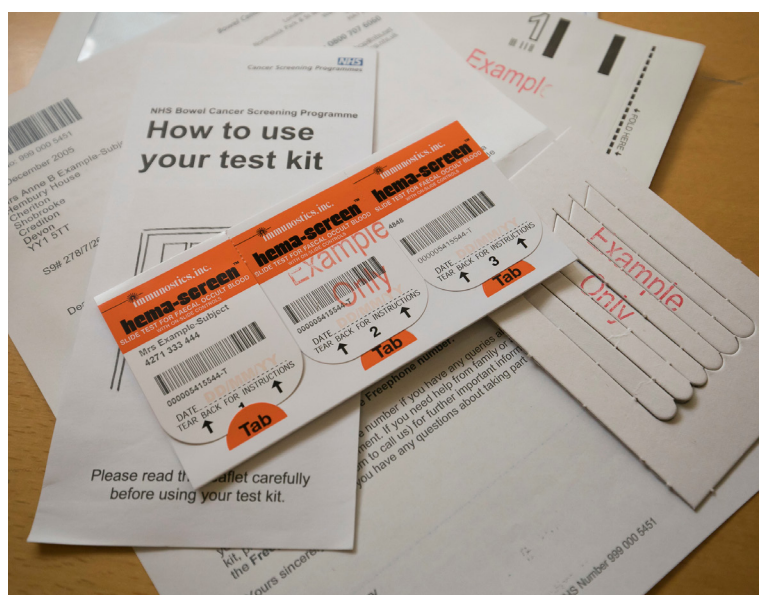
Our workers engaged with 41 people including 24 over 50s at 8 events (see Appendix G).

Innovative use of resources

We used a range of resources to aid communication and facilitate discussion. 'Small c' pens with a pull-out banner containing signs and symptoms proved popular with all audiences, they were a fun, engaging way of passing on information. We used various other resources to make workshops more fun and interactive. For instance, we used 'breastology bags' and silicon breasts interactive resources which enable people to learn about self-examination and breast awareness.







Bowel screening kits were used to demonstrate how this test is completed and improve recognition of the kit as many people, including health care professionals, had not seen a bowel kit before. The small 'c' symptom checker cards were a useful tool, local people were encouraged to keep them in the case they experienced a symptom in future or in case they noticed a possible symptom in a relative or friend.





We very rarely saw these cards dropped on the floor. These cards can aid communication between patients and GPs and can boost patient confidence. The cards can be given to the GP which can help to empower patients to feel that their concerns are legitimate. The symptoms can be ticked which can be particularly valuable for patients with limited English language, with learning disabilities or for those who lack confidence in speaking to their GP. Some individuals ticked the boxes as we spoke to them and said that they would be taking the card to their GP. Where men in the target group expressed a particular interest in prostate and testicular cancer, materials from Prostate Cancer UK and Orchid Male Cancers were also used alongside 'The small c' symptom checker cards.

Act straight away on any symptom below

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Blood when you cough; blood in your poo or pee; unexplained bleeding from the vagina
 | <input type="checkbox"/> Change in your nipple, or the skin or shape of your breast, or having a lump
 | <input type="checkbox"/> Lump or swelling in any part of your body – most commonly, the breast, underarm, testicle, tummy, groin, chest area, neck or face
 | <input type="checkbox"/> Increase in the size of a mole, or a change in its shape or colour
 |
|---|---|--|---|

Act after 3 weeks of any symptom below

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Cough or <u>change</u> in a long-standing cough
 | <input type="checkbox"/> Bloating, indigestion, trapped wind or heartburn
 | <input type="checkbox"/> Looser poo or more frequent bowel motions; needing to pee often, or suddenly; pain or difficulty peeing
 | <input type="checkbox"/> Pain or ache in any part of your body that doesn't go away
 |
| <input type="checkbox"/> Ulcer in your mouth, difficulty swallowing, or a hoarse/croaky voice
 | <input type="checkbox"/> Weight loss or loss of appetite for no apparent reason
 | <input type="checkbox"/> A sore that doesn't heal
 | <input type="checkbox"/> Breathlessness; breathlessness worse than usual; feeling tired
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People reached

We reached 6847 people, out of which 3501 were aged over 50.

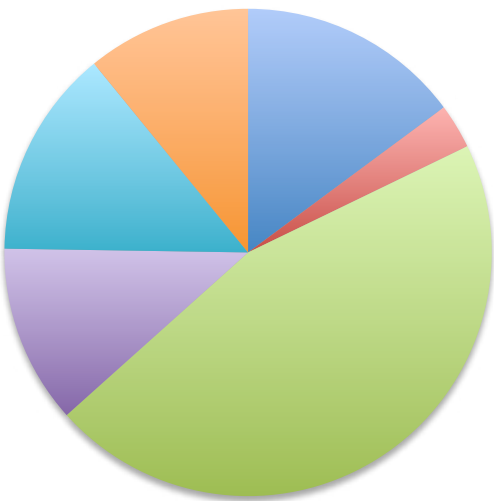
More women than men attended our activities and engaging with our outreach workers. We did, however, work hard to engage with men aged over 50.

The ethnicity of the people we outreached reflects the diversity of the borough. Compared with Camden’s demographics, Bengali and Black people are slightly over-represented in our sample, due to our focus on BME people, who may face language and cultural barriers to confidently recognising the early signs and symptoms of cancer; and accessing GP services promptly.

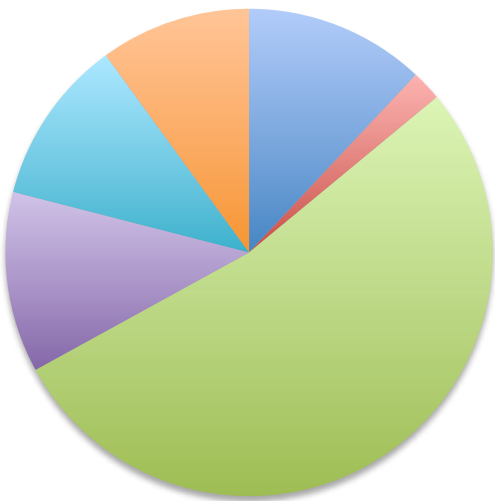
	Total	50+
Men	2990	1581
Women	4552	1920

	Total	50+
White British	2733	1862
White Other	726	433
Bengali	812	369
Other Asian	680	337
Black	878	417
Other	153	64

All people



50+



- White British
- White Other
- Bengali
- Other Asian
- Black
- Other

We outreached people in most wards of the borough, with a particular focus on those with a higher level of deprivation

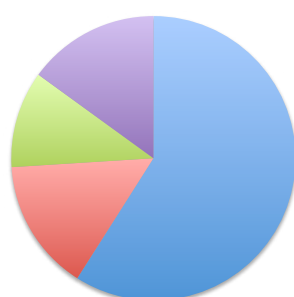
Wards	Total people	Total 50+
Belsize	0	0
Bloomsbury	167	89
Camden Town with Primrose Hill	856	469
Cantelowes	286	202
Fortune Green	34	26
Frognal and Fitzjohns	0	0
Gospel Oak	217	130
Hampstead Town	62	55
Haverstock	474	263
Highgate	42	39
Holborn & Covent Garden	280	149
Kentish Town	844	473
Kilburn	672	434
King's cross	972	515
Regent's Park	477	276
St Pancras and Somers Town	128	95
Swiss Cottage	12	12
West Hampstead	253	148

	Total people	Total 50+
Wards less deprived than London average	597	394
Wards as deprived as London average	4552	515
Wards more deprived than London average	3652	2046
Wards among most deprived 25% London	800	541

All people



50+



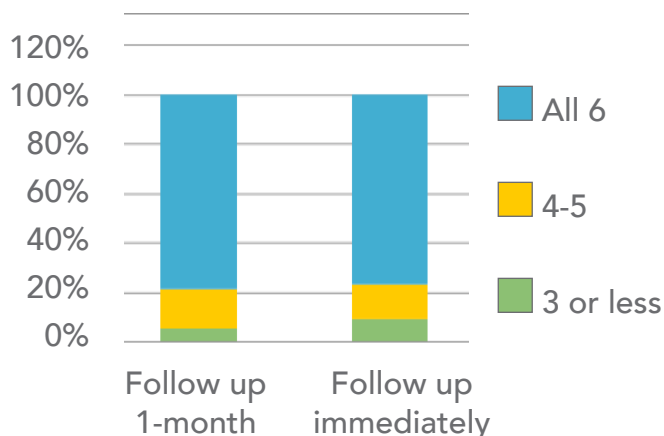
- Wards less deprived than London average
- Wards as deprived as London average
- Wards more deprived than London average
- Wards among most deprived 25% London

Impact of the campaign

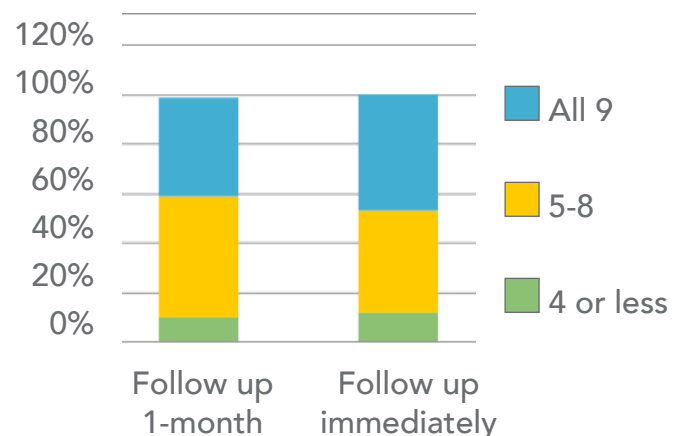
In order to evaluate the success of our campaign, we used an adapted version of the Cancer Awareness Measure (CAM), a survey instrument designed by Cancer Research UK and Kings College to assess awareness of cancer among the general population. 500 people completed CAMS before our intervention, 350 of these people completed the same survey after the intervention. People who took part in cancer awareness workshops filled in the pre-CAM at the beginning of the talk and the post-CAM at the end of it. People who received one-to-one outreach were contacted (mostly by phone, but in some cases by email or in person) one month after the intervention.

44.57% of post- CAMS were followed straight away and 55.43% were followed up after one month. There are no significant differences between the two groups in relation to relative increases in knowledge of either the signs and symptoms of cancer, or of risk factors associated with it.

Awareness of signs & symptoms, post-CAMS



Awareness of risk factors, post-CAMS



Findings from the Cancer Awareness Measurement

1. Awareness of the signs and symptoms of cancer

Overall, there is a marked increase in the knowledge of signs and symptoms of cancer in people who took part in our activities.

Number of people who only recognise 3 symptoms or less
DOWN from 29.60% to 7.14%



No. of people who recognise all 6 key symptoms
UP from 43% to 77.7%



Recognition of sign/symptom	% pre YES	% post YES	DIFFERENCE
Persistent difficulty swallowing	65.80%	90.86%	25.06%
Persistent unexplained pain	66.60%	89.14%	22.54%
Persistent cough/ hoarseness	69.00%	90.29%	21.29%
Unexplained bleeding	74.80%	93.71%	18.91%
Unexplained weight loss	74.60%	92.29%	17.69%
Lump/swelling	81.40%	94.86%	13.46%

Knowledge of signs & symptoms of cancer improved across all age groups for both men and women.

Pre-CAMS reveal a high level of inequality between ethnic groups in knowledge of signs of symptoms; this disappears in the post-CAMS.

Ethnicity	% who could only recognise 3 symptoms or less PRE CAMS	% who could only recognise 3 symptoms or less POST CAMS
Bengali	61.29%	10.53%
Black or Black British	41.38%	5.00%
White Other	32.11%	6.25%
Other Asian or Asian British	38.46%	13.16%
White British	18.50%	5.03%

People outreached in wards at least as deprived as the London average were less likely, in pre-CAMS, to be aware of the early signs and symptoms of cancer, compared with people in less deprived wards. This discrepancy disappears in post-CAMS.

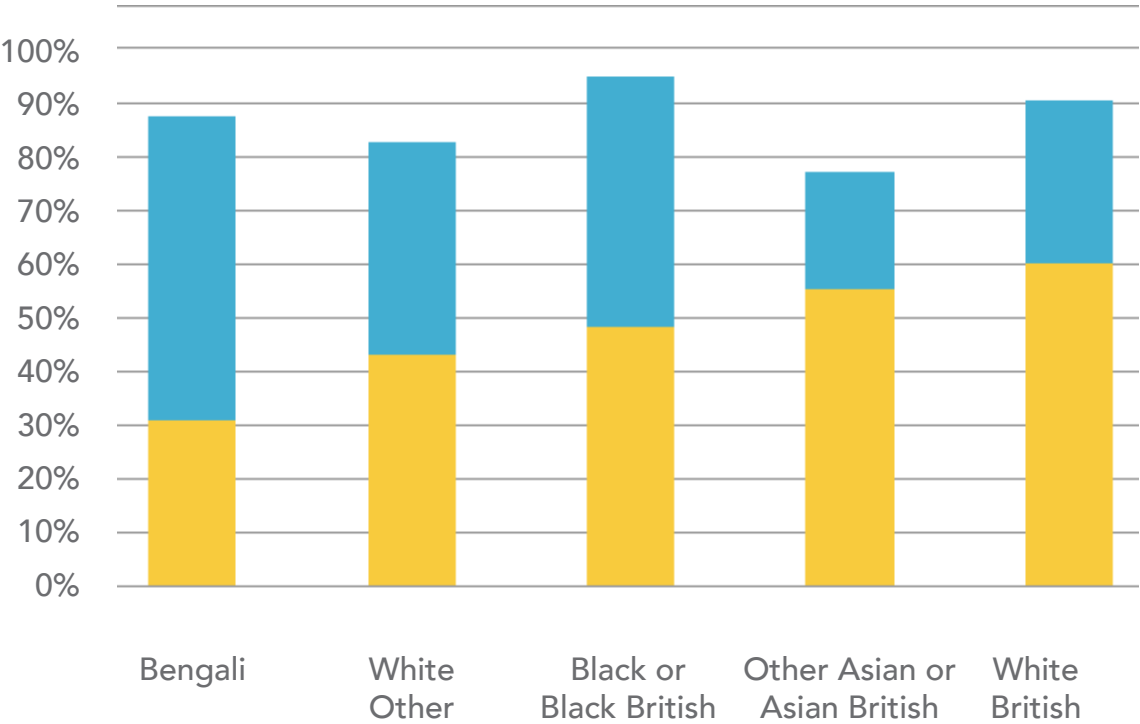
Ward deprivation	% who recognise 3 symptoms or less PRE CAMS	% who recognise 3 symptoms or less POST CAMS
At least as deprived as London average	31.63%	7.28%
Less deprived than London average	19.44%	7.14%

2. Confidence in recognising the early signs and symptoms of cancer

Respondents’ confidence in recognising the early signs and symptoms of cancer has measurably increased.

	pre-CAMS	post-CAMS
Not at all + not very confident	44.20%	12.00%
Somewhat + very confident	47.60%	83.14%

In pre-CAMS, Bengali, White Other and Black British respondents are the least likely to feel confident to recognise possible signs and symptoms, these inequalities are reduced in the post-CAM. They are also the groups who most improved their knowledge of signs and symptoms of cancer in the post-CAMS: as their awareness improved, so did their confidence.



■ Difference as a result of intervention

■ Somewhat or very confident pre-CAM

3. Increased awareness of the risk factors associated with cancer

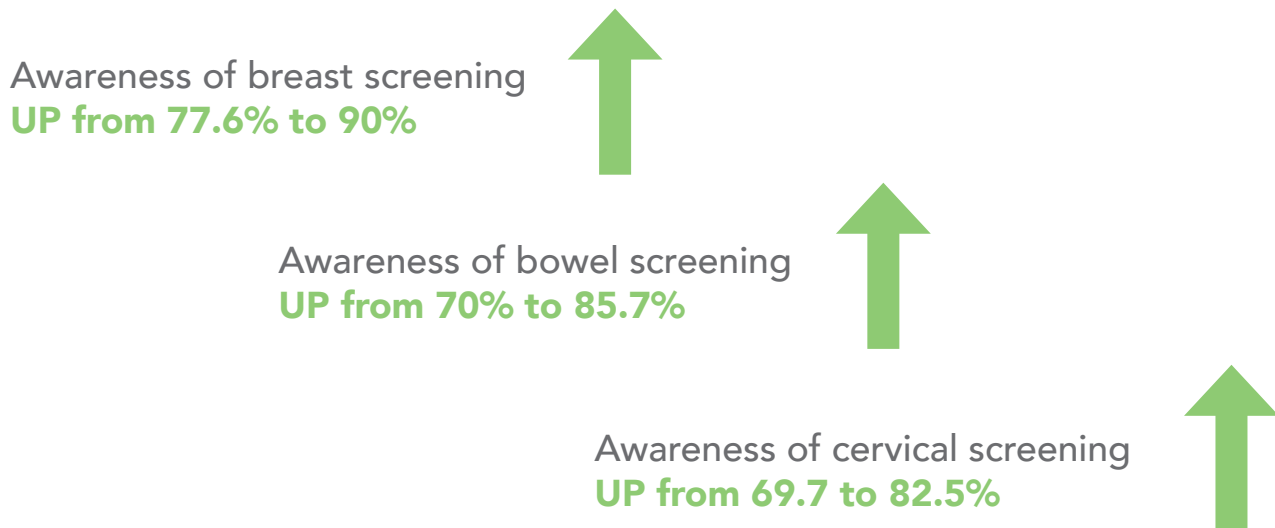


Knowledge of risk factors associated with cancer increased by up to 34%.

Risk factor	% pre YES	% post YES	DIFFERENCE
Insufficient exercise	48.80%	83.14%	34.34%
Age 70+	47.60%	79.43%	34.34%
Less than 5/day	42.20%	70.86%	28.66%
Red/processed meat	58.80%	85.14%	26.34%
Alcohol	53.40%	78.00%	24.60%
Overweight	62.00%	83.43%	21.43%
Close relative with cancer	64.20%	82.29%	18.09%
Passive smoking	80.20%	91.14%	10.94%
Smoking	87.00%	95.71%	8.71%

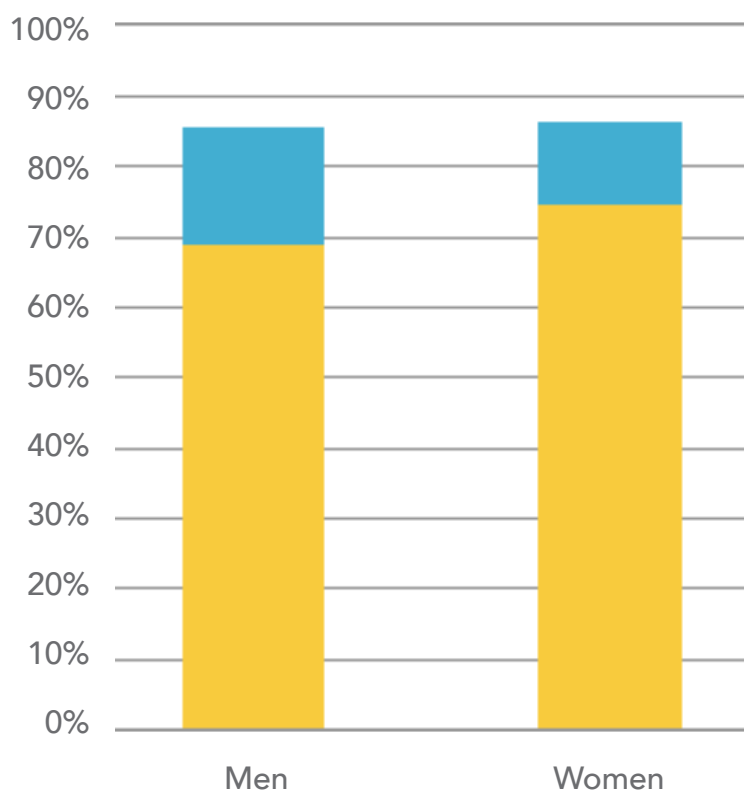
In pre-CAMS, 43% believed cancer is unrelated to age and in post-CAMS, this dropped to 27%.

4. Increased awareness of NHS screening programmes



Despite the fact that NHS bowel screening is targeting both men and women, and that statistically men are somewhat more at risk of bowel cancer, in pre-CAMS women were more likely to be aware of it than men. This discrepancy disappears in the post-CAMS.

Bowel screening awareness in pre & post CAMS



5. Speed with which people would see a GP about potential cancer symptoms

Compared with pre-CAM respondents, post-CAM respondents are measurably more likely to say that they would see a GP within a week about possible signs and symptoms of cancer.

	pre-CAMS	post-CAMS
1 week or less	66.80%	84.00%
More than 1 week	28.80%	14.29%
Month or more	13.40%	4.57%

In pre-CAMS, men are less likely than women to say they would see a GP within a week; in post-CAMS this inequality disappears.

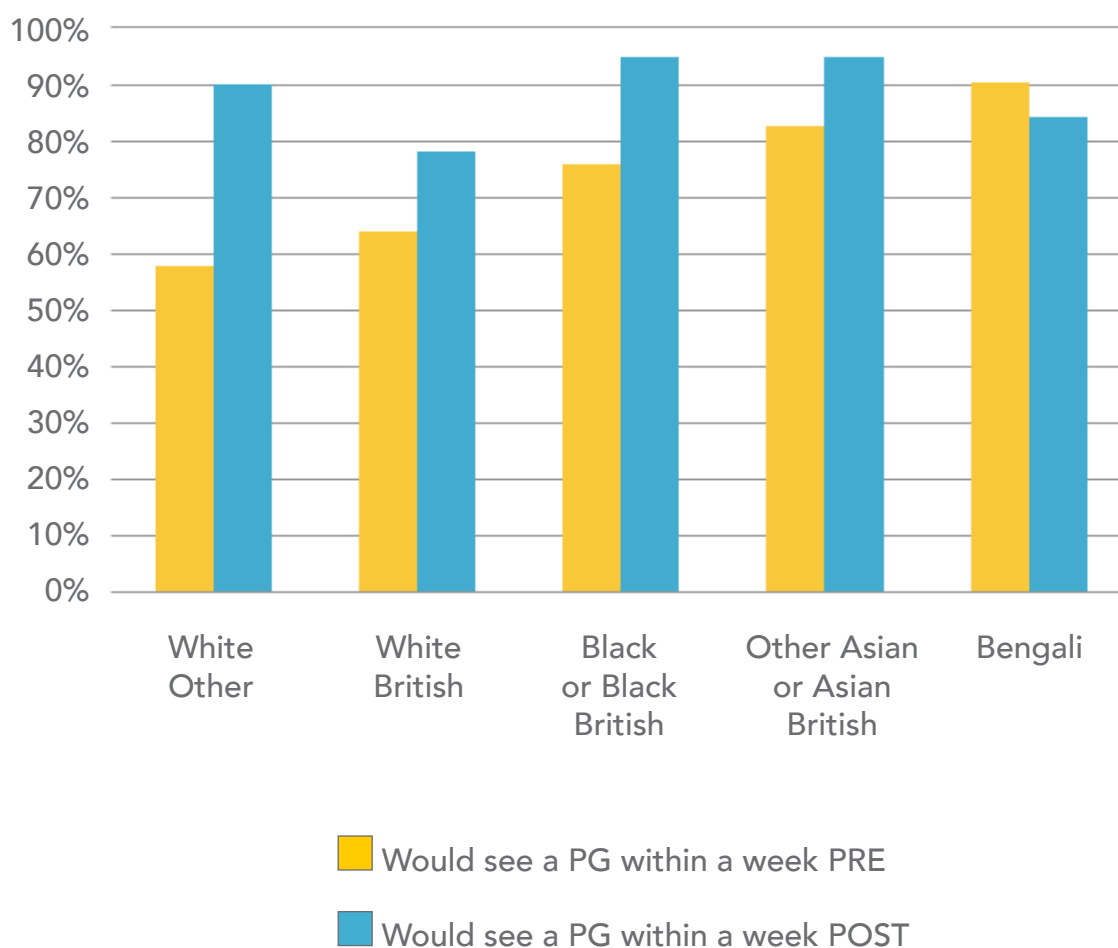
	Men		Women	
	Pre-CAMS	Post-CAMS	Pre-CAMS	Post-CAMS
1 week or less	59.00%	84.21%	67.49%	84.47%
2-4 weeks	18.00%	12.03%	14.13%	8.74%
Month or more	15.50%	3.76%	15.19%	8.74%

Our outreach workers reported that men said that they would feel awkward or embarrassed to speak to a GP about potential symptoms, particularly if they related to the bowel or prostate. Workers felt that having candid discussions about these feelings and having concerns listened to may have contributed to the change in attitude.

In pre-CAMS, white respondents, and especially non-British White people (including the large Irish community in Camden) were less likely than BME respondents to say they would see a GP within a week; these inequalities are reduced in post-CAMS.

Anecdotal evidence from discussions with residents and community members suggests that older Irish residents may put off seeing a GP because of past experience of discrimination or feeling dismissed; and not wanting to be “a burden” on the NHS or their local surgery.

Waits no longer than 1 week to see GP



APPENDIX A

Key Community Locations	Ward	Deprivation level	People outreached																				TOTAL	TOTAL 50+				
			White British Women		White British Men		White Other Women		White Other Men		Bengali Women		Bengali Men		Asian Other Women		Asian Other Men		Black Women		Black Men				Other Ethnicities Women		Other Ethnicities Men	
			>50	<50	>50	<50	>50	<50	>50	<50	>50	<50	>50	<50	>50	<50	>50	<50	>50	<50	>50	<50			>50	<50	>50	<50
Camden Town Boots	Camden Town & Primrose Hill	Higher than London average	27	58	18	14	0	0	0	0	0	0	0	0	0	4	3	19	2	12	4	7	0	13	0	2	183	54
Kilburn Library	Kilburn	Most deprived 25% London	10	11	14	3	2	1	3	2	1	0	1	0	3	6	6	13	3	18	15	23	0	0	3	1	139	61
Euston- Drummond Street area	Regent's Park	Higher than London average	0	3	5	2	0	0	0	0	0	0	1	4	0	2	0	0	0	0	0	3	0	0	0	0	20	6
Camden Town Library	Regent's Park	Higher than London average	9	8	12	8	5	7	1	2	1	2	2	1	5	3	0	4	3	6	4	5	1	1	0	0	90	43
Jester Festival Hampstead	West Hampstead	Lower than London average	57	35	24	18	6	4	1	3	0	3	2	4	2	6	4	10	7	10	1	3	0	2	0	1	203	104
Abbey Rd Surgery	Kilburn	Most deprived 25% London	7	8	5	1	0	1	4	2	1	2	0	0	1	1	0	4	1	2	0	1	0	0	0	0	41	19
Castlehaven 30Festival	Camden Town & Primrose Hill	Higher than London average	23	15	14	7	5	2	4	5	1	1	1	1	1	2	3	4	1	5	2	5	2	0	0	0	104	57
Camden Mela	King's Cross	Approx. London average	22	22	9	12	5	4	1	0	17	28	18	26	5	14	8	23	5	12	5	0	0	3	1	0	240	96
Camden New Town Community Festival	Camden Town & Primrose Hill	Higher than London average	20	19	6	6	0	4	0	2	0	0	0	1	1	1	1	3	1	7	0	0	0	0	0	0	72	29
Museum Practice	Holborn & Covent Garden	Higher than London average	2	1	2	0	0	0	0	0	0	0	1	0	0	1	2	2	1	1	0	0	0	0	0	1	14	8
Pockwater Neighbourhood Festival	Kentish Town	Higher than London average	34	52	17	16	20	10	14	5	13	11	5	7	3	9	6	4	10	8	3	5	0	9	0	0	261	125
Belsize Practice	Kilburn	Most deprived 25% London	3	4	1	1	0	0	0	0	0	0	0	0	2	2	2	3	1	2	0	2	1	0	1	0	25	11
Kentish town	Kentish Town	Higher than London average	25	13	22	7	5	7	3	9	1	8	9	10	8	3	3	7	5	7	11	4	1	0	0	1	169	93
Holborn Library	Holborn & Covent Garden	Higher than London average	41	33	29	11	5	9	4	10	0	9	2	4	7	4	9	5	6	9	2	1	1	2	1	0	204	107
Coram Fields Festival	King's Cross	Approx. London average	3	0	2	0	0	1	0	1	0	2	0	1	0	0	0	0	0	3	0	1	0	0	0	0	14	5
Kentish Town Library	Kentish Town	Higher than London average	25	23	20	4	2	5	1	3	5	2	0	6	3	1	7	6	5	3	6	1	0	0	0	0	128	74
Kilburn High Road	Kilburn	Most deprived 25% London	49	15	28	8	6	1	4	2	1	5	3	3	5	1	12	4	31	10	24	4	3	2	1	0	222	167
Gray's Inn Road area	King's Cross	Approx. London average	28	9	33	24	2	1	4	6	4	5	5	4	2	1	5	3	6	2	6	2	0	0	0	0	152	95
Goldington Crescent Gardens-Camden Sentido	King's Cross	Approx. London average	11	14	10	8	2	5	1	3	3	5	3	2	0	3	3	2	4	4	3	2	0	0	1	0	89	41
Camden Town Library	Regent's Park	Higher than London average	29	18	20	5	4	7	2	6	4	6	6	2	3	2	6	3	8	6	9	6	0	0	0	0	152	91
Cartelowses Gardens/ Lord Stanley pub	Cartelowses	Higher than London average	52	4	56	29	6	14	10	4	2	3	3	4	5	5	2	1	12	9	7	4	0	0	0	0	232	155
Talacre Gardens/ Prince of Wales Road	Haverstock	Higher than London average	42	8	39	5	6	3	3	3	6	12	3	5	4	2	1	3	17	22	0	7	0	0	0	0	191	121
Bloomsbury Farmers' Market	Bloomsbury	Lower than London average	23	18	17	19	1	2	2	5	12	5	11	9	1	4	1	5	5	7	10	3	1	0	0	0	161	84
WEP Festival	Regent's Park	Higher than London average	3	0	0	0	1	0	0	0	3	0	0	0	9	0	1	0	1	0	0	0	1	0	0	0	19	19
Camden Town Library	Regent's Park	Higher than London average	11	12	14	13	2	6	0	3	12	10	11	8	3	1	2	5	9	11	3	7	0	1	0	3	147	67
King's Cross Area	King's Cross	Approx. London average	4	0	3	0	0	0	0	0	0	1	0	0	0	0	2	0	0	0	1	0	0	0	0	0	11	10
Queen's Crescent Area	Gospel Oak	Higher than London average	7	0	13	1	2	0	6	0	0	0	0	4	0	0	0	2	0	1	0	1	0	0	0	1	38	37
Goldington Crescent Gardens - Camden Sentido	King's Cross	Approx. London average	20	7	14	6	3	0	1	2	0	1	1	0	2	1	4	8	2	3	0	1	1	0	0	0	77	48
Morrisons pharmacy Chalk Farm	Camden Town & Primrose Hill	Higher than London average	17	0	11	2	2	0	6	0	2	1	1	0	1	0	1	0	1	0	1	0	0	0	0	0	46	43
Kingsgate Community Centre - 50+ Exercise Group	Kilburn	Most deprived 25% London	18	0	1	0	1	0	1	0	1	0	0	0	0	0	2	0	1	1	1	1	0	0	0	0	28	26
Camden Town Library	Regent's Park	Higher than London average	3	0	3	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	7	7
Kentish Town City Farm	Kentish town	Higher than London average	3	10	3	4	0	1	0	0	0	0	0	0	0	0	0	4	0	0	0	1	0	0	0	0	26	6
Highgate/Parliament Hill Fields Area	Highgate	Lower than London average	2	0	3	0	2	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	8	8
Kentish Town Library	Kentish Town	Higher than London average	2	0	6	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	9	9
Kentish Town Library	Kentish Town	Higher than London average	1	0	2	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5	5
Kilburn Library	Kilburn	Most deprived 25% London	2	1	3	0	0	0	1	1	0	0	0	0	2	0	1	0	0	0	0	0	0	0	0	0	11	9
Camden Town Library	Regent's Park	Higher than London average	0	0	1	0	2	0	1	0	0	0	0	0	1	0	0	0	1	0	0	0	0	0	0	0	6	6
Holborn Library	Holborn & Covent Garden	Higher than London average	3	0	5	0	0	0	4	0	1	0	0	0	0	2	0	0	0	0	2	1	0	0	2	0	20	17
Camden Town Library	Regent's Park	Higher than London average	2	0	5	0	1	2	1	0	0	2	0	0	0	1	0	0	0	0	1	0	0	0	0	0	15	10
Hampstead Christmas Market	West Hampstead	Lower than London average	22	3	8	0	0	1	2	0	0	0	0	0	1	0	1	0	0	0	0	0	0	0	0	0	38	34
Kentish Town Library	Kentish Town	Lower than London average	0	0	2	0	0	0	1	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	4	4
The Camden Town Shed	Cartelowses	Lower than London average	1	0	6	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	7	7
Kilburn Library	Kilburn	Most deprived 25% London	5	2	5	1	0	2	1	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	17	12
Queen's Crescent Market	Gospel Oak	Higher than London average	5	0	3	0	0	0	2	0	1	0	1	0	0	0	0	0	0	0	0	1	0	0	0	0	13	13
Camden Town Library	Regent's Park	Higher than London average	3	0	3	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	8	8
Queen's Crescent Market	Gospel Oak	Higher than London average	2	0	3	0	0	0	1	0	1	0	0	0	1	0	1	0	1	0	0	0	1	0	0	0	11	11
Swiss Cottage Community Centre	Swiss Cottage	Lower than London average	6	0	1	0	0	0	0	0	0	0	0	0	0	4	0	1	0	0	0	0	0	0	0	0	12	12
Holborn Library	Holborn & Covent Garden	Higher than London average	1	0	1	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4	2
Kilburn Library	Kilburn	Most deprived 25% London	3	0	2	0	1	0	3	2	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	12	10
Kentish Town Library	Kentish town	Higher than London average	3	3	7	0	0	1	2	0	0	0	1	0	2	0	0	1	0	2	2	1	0	0	0	0	25	17
Kentish Town Road	Kentish town	Higher than London average	5	8	2	4	0	3	0	0	0	3	0															

APPENDIX B, C, D

Community Groups & Centres	Ward	Deprivation level	People outreached																									
			White British Women		White British Men		White Other Women		White Other Men		Bengali Women		Bengali Men		Asian Other Women		Asian Other Men		Black Women		Black Men		Other Ethnicities Women		Other Ethnicities Men		TOTAL	TOTAL 50+
			>50	<50	>50	<50	>50	<50	>50	<50	>50	<50	>50	<50	>50	<50	>50	<50	>50	<50	>50	<50	>50	<50	>50	<50		
Third Age Project	Regent's Park	Higher than London average	1	0	1	0	0	0	0	0	0	0	0	0	0	0	5	0	2	0	0	0	0	0	0	0	9	9
Age UK Great Croft	King's Cross	Approx. London average	11	1	2	1	0	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0	0	0	0	17	15
Age UK Great Croft/Bengali group	King's Cross	Approx. London average	1	0	0	0	0	0	0	0	0	10	4	1	0	0	0	0	0	0	0	0	0	0	0	0	16	12
Abbey Community centre	Kilburn	Most deprived 25% London	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	1	0	0	0	2	2
Age UK Tavis House	King's Cross	Approx. London average	11	0	2	0	0	0	0	0	0	0	0	3	0	0	0	0	2	2	2	0	0	0	0	0	22	20
Holly Lodge 50+ Lunch Club	Highgate	Lower than London average	5	0	3	1	1	0	0	0	0	0	0	0	1	0	1	0	0	0	0	0	0	0	0	0	12	11
Age UK Henderson Court	Hampstead Town	Lower than London average	6	1	2	0	0	0	0	0	0	0	0	0	1	0	0	0	1	0	0	0	0	0	0	0	11	9
London Irish centre	Cantelowes	Higher than London average	5	0	1	0	14	1	6	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	28	26
Holly Lodge Lunch Club	Highgate	Lower than London average	5	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5	5
Abbey Community Centre	Kilburn	Most deprived 25% London	2	0	0	0	1	0	0	0	0	0	0	0	0	0	13	0	1	0	0	0	1	0	0	0	18	18
Highgate Newtown Community Centre Lunch Club	Highgate	Lower than London average	2	0	4	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	7	7
Scotscare Euston Lunch Club	St Pancras & Somers Town	Most deprived 25% London	1	1	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4	3
Castlehaven Community Association	Camden Town & Primrose Hill	Higher than London average	4	1	3	0	1	0	0	0	0	0	0	0	0	0	1	0	1	0	0	0	0	0	0	0	11	10
Opening Doors (older gay men)	Hampstead Town	Lower than London average	0	0	10	1	0	0	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	14	13
Camden Cypriot Women's Centre	Kentish Town	Higher than London average	0	0	0	0	16	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	18	16
Hopscotch (Asian Women)	Regent's Park	Higher than London average	0	0	0	0	0	0	0	0	8	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	9	8
London Irish Centre	Cantelowes	Higher than London average	0	0	0	0	4	0	8	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	13	12
ScotsCare	St Pancras & Somers Town	Most deprived 25% London	5	5	6	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	16	11
Primrose Hill Community Association	Camden Town & Primrose Hill	Higher than London average	6	1	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	8	7
Community Groups & Centres by Ethnicity/Age			65	10	36	3	37	3	19	2	18	5	1	0	5	1	20	0	9	2	2	0	2	0	0	0	240	214
Community Groups & Centres by Ethnicity			75		39		40		21		23		1		6		20		11		2		2		0		240	214

Faith Groups	Ward	Deprivation level	People outreached																				TOTAL	TOTAL 50+				
			White British Women		White British Men		White Other Women		White Other Men		Bengali Women		Bengali Men		Asian Other Women		Asian Other Men		Black Women		Black Men				Other Ethnicities Women		Other Ethnicities Men	
			>50	<50	>50	<50	>50	<50	>50	<50	>50	<50	>50	<50	>50	<50	>50	<50	>50	<50	>50	<50			>50	<50	>50	<50
Islamic Mela Cromer Street	King's Cross	Approx. London average	13	4	16	6	4	9	4	3	37	54	28	23	11	15	6	12	15	9	14	6	0	0	0	0	289	148
All Souls Clubhouse	Regent's Park	Higher than London average	6	0	4	0	5	0	0	0	0	0	0	0	5	0	0	0	0	0	0	0	0	0	0	0	20	20
Our Lady Church	Kentish Town	Higher than London average	1	2	4	2	1	0	0	0	0	0	0	0	2	2	1	1	0	0	0	0	1	0	0	0	17	10
Our Lady Church	Kentish Town	Higher than London average	21	2	7	0	5	4	3	1	0	2	0	0	0	2	2	0	1	6	2	0	0	0	0	0	58	41
Our Lady Church	Kentish Town	Higher than London average	8	0	0	0	13	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	22	22
Sacred Heart Church	Kilburn	Most deprived 25% London	0	0	0	0	23	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	25	25
Camden Puja	King's Cross	Approx. London average	0	0	0	0	0	0	0	0	2	4	0	1	8	3	5	4	0	0	0	0	0	0	0	0	27	15
St. Michael's Church	Camden Town & Primrose Hill	Higher than London average	5	0	2	1	0	0	0	0	0	0	0	0	0	0	1	1	0	1	0	0	2	2	0	1	16	10
Rosslyn Hill Unitarian Chapel	Gospel Oak	Higher than London average	4	0	1	1	4	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	13	12
Shah Jai Mosque	Regent's Park	Higher than London average	0	0	0	0	0	0	0	0	0	0	15	0	0	0	0	0	0	0	0	0	0	0	0	0	15	15
Salvation Army Chalk Farm	Haverstock	Higher than London average	8	0	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	11	11
Somers Town Mosque	St Pancras & Somers Town	Most deprived 25% London	5	0	8	0	0	0	0	0	0	1	3	15	7	0	0	0	1	1	0	7	1	0	0	0	49	37
Somers Town Mosque	St Pancras & Somers Town	Most deprived 25% London	0	0	5	0	3	0	3	0	1	3	18	7	5	0	2	0	0	0	1	0	0	0	0	0	48	38
Faith Groups by Ethnicity/Age			71	8	50	10	58	13	14	4	41	66	76	38	31	22	17	19	17	16	25	7	3	2	1	1	610	404
Faith Groups by Ethnicity			79		60		71		18		107		114		53		36		33		32		5		2		610	404

Sheltered Housing	Ward	Deprivation level	People outreached																				TOTAL	TOTAL 50+				
			White British Women		White British Men		White Other Women		White Other Men		Bengali Women		Bengali Men		Asian Other Women		Asian Other Men		Black Women		Black Men				Other Ethnicities Women		Other Ethnicities Men	
			>50	<50	>50	<50	>50	<50	>50	<50	>50	<50	>50	<50	>50	<50	>50	<50	>50	<50	>50	<50	>50	<50	>50	<50		
Greenwood Osney Sheltered Housing	Kentish Town	Higher than London average	1	0	3	0	0	0	3	0	0	0	0	0	1	0	1	0	1	0	0	0	0	0	0	10	10	
Greenwood Osney Sheltered Housing	Kentish Town	Higher than London average	1	0	1	0	0	0	3	0	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0	7	7	
Ashdown Crescent Sheltered Accommodation	Gospel Oak	Higher than London average	5	0	4	0	1	0	1	0	0	0	0	0	1	0	0	0	0	0	2	0	0	1	0	15	15	
Makepeace Avenue Sheltered Housing	Highgate	Lower than London average	0	0	1	0	1	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4	4		
Sycamore Community Hall	Kilburn	Most deprived 25% London	5	0	2	0	2	0	0	0	0	0	0	0	0	0	2	0	0	0	0	0	0	0	11	11		
Sage Way Sheltered Housing	King's Cross	Approx. London average	3	1	3	1	0	0	0	0	0	0	0	0	0	0	0	0	1	1	1	1	0	0	12	8		
Kingsgate Road Sheltered Housing	Kilburn	Most deprived 25% London	1	0	2	0	1	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	1	1	0	8	7	
Oldfield Estate	Camden Town & Primrose Hill	Higher than London average	7	0	9	3	1	1	1	0	0	0	0	0	1	0	2	0	2	3	0	0	0	0	30	23		
Philip House Sheltered Housing	Kilburn	Most deprived 25% London	3	0	1	0	2	0	0	0	0	0	0	0	1	0	0	0	0	1	0	0	2	0	0	10	9	
Argenta House	Hampstead Town	Lower than London average	6	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	8	8		
Denton Tower	Haverstock	Higher than London average	10	0	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	14	13		
Monro House	Hampstead Town	Lower than London average	4	0	3	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	9	9		
Lauriston Lodge/ Barlow rd	Fortune Green	Lower than London average	2	0	0	0	0	0	0	0	1	0	0	1	0	0	0	0	0	0	0	0	0	0	4	3		
Lauriston Lodge	Fortune Green	Lower than London average	1	0	0	0	2	1	1	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	6	5		
Sheltered Housing by Ethnicity/Age			49	1	34	4	11	2	11	0	1	0	0	1	4	0	8	0	5	5	4	2	4	1	1	0	148	132
Sheltered Housing by Ethnicity			50		38		13		11		1		1		4		8		10		6		5		1	148	132	

APPENDIX E, F, G

Schools & Universities	Ward	Deprivation level	People outreached																								TOTAL	TOTAL 50+
			White British Women		White British Men		White Other Women		White Other Men		Bengali Women		Bengali Men		Asian Other Women		Asian Other Men		Black Women		Black Men		Other Ethnicities Women		Other Ethnicities Men			
			>50	<50	>50	<50	>50	<50	>50	<50	>50	<50	>50	<50	>50	<50	>50	<50	>50	<50	>50	<50	>50	<50	>50	<50		
Haverstock School 50+ Group	Haverstock	Higher than London average	25	2	1	0	3	0	0	1	0	1	0	0	0	0	1	0	1	1	0	0	0	0	36	31		
Haverstock School Parents' Evening	Haverstock	Higher than London average	4	3	0	1	1	4	1	0	0	0	0	4	0	0	1	0	0	2	0	0	1	0	0	22	8	
Haverstock School Parents' Evening	Haverstock	Higher than London average	2	9	1	1	0	0	1	1	1	5	1	1	0	4	2	6	1	5	1	4	0	1	0	0	47	10
Haverstock School	Haverstock	Higher than London average	3	6	0	2	2	0	1	0	6	7	5	2	1	3	0	0	4	5	1	3	0	0	0	0	51	23
Haverstock School	Haverstock	Lower than London average	3	0	0	1	3	1	3	0	1	0	1	0	1	0	1	0	1	0	0	0	0	0	0	0	16	14
Haverstock School	Haverstock	Higher than London average	5	5	4	0	1	6	1	0	10	7	4	3	1	0	2	3	1	7	1	1	1	2	0	0	65	31
Haverstock School	Haverstock	Higher than London average	1	6	0	7	0	0	0	0	0	2	0	0	0	0	0	0	2	0	3	0	0	0	0	0	21	1
Schools & Universities by Ethnicity/Age			43	31	6	12	10	11	7	2	18	22	11	10	3	7	7	9	8	22	3	11	2	3	0	0	258	118
Schools & Universities by Ethnicity			74		18		21		9		40		21		10		16		30		14		5		0	258	118	

Vulnerable People & Carers	Ward	Deprivation level	People outreached																								TOTAL	TOTAL 50+
			White British Women		White British Men		White Other Women		White Other Men		Bengali Women		Bengali Men		Asian Other Women		Asian Other Men		Black Women		Black Men		Other Ethnicities		Other Ethnicities			
			>50	<50	>50	<50	>50	<50	>50	<50	>50	<50	>50	<50	>50	<50	>50	<50	>50	<50	>50	<50	>50	<50	>50	<50		
CHIP Surgery for homeless people	Regent's Park	Higher than London average	1	2	5	0	1	2	1	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	15	8
Burghley Road Care Home	Kentish Town	Higher than London average	2	0	5	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	8	7
CNHLC Conference China Exchange	Westminster (Camden-based org)	N/A	0	0	0	0	1	0	0	1	0	0	0	0	13	3	3	1	1	1	1	0	0	0	0	25	19	
People's Centre for Change (learning disabilities)	Fortune Green	Lower than London average	3	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	2	1	0	0	8	7
St Mungo's St Pancras	St Pancras & Somers Town	Most deprived 25% London	0	0	3	2	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	6	3	
New Shoots Day Centre	Fortune Green	Lower than London average	6	0	4	0	0	0	0	0	0	0	0	0	0	1	0	1	1	2	0	0	0	0	0	16	11	
Netherwood Day Centre - Dementia Carers	Kilburn	Most deprived 25% London	5	3	4	1	0	0	0	0	0	0	0	0	0	1	0	1	1	0	0	0	1	0	0	17	11	
Elfrida Rathbone Camden	Kentish Town	Higher than London average	0	5	0	5	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	3	1	1	0	1	17	1
Highgate Newtown Community Centre (disabled adults)	Highgate	Lower than London average	1	1	1	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	6	4
Vulnerable People & Carers by Ethnicity/Age			18	11	23	9	2	3	2	1	0	0	0	0	13	7	3	3	4	4	1	4	4	2	1	3	118	71
Vulnerable People & Carers by Ethnicity			29		32		5		3		0		0		20		6		8		5		6		4		118	71

Staff Training	Ward	Deprivation level	People outreached																				TOTAL	TOTAL 50+				
			White British Women		White British Men		White Other Women		White Other Men		Bengali Women		Bengali Men		Asian Other Women		Asian Other Men		Black Women		Black Men				Other Ethnicities Women		Other Ethnicities Men	
			>50	<50	>50	<50	>50	<50	>50	<50	>50	<50	>50	<50	>50	<50	>50	<50	>50	<50	>50	<50			>50	<50	>50	<50
Gower Street Surgery	Bloomsbury	Lower than London average	1	0	0	0	2	0	0	0	0	0	0	0	0	0	2	0	0	1	0	0	0	0	0	0	6	5
Burghley Road Care Home	Kentish Town	Higher than London average	0	1	0	0	0	0	0	0	0	0	0	0	1	0	0	1	1	0	0	0	0	1	0	0	5	2
London Irish Centre	Cantelowes	Higher than London average	0	0	0	0	1	1	0	1	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	3	1
St Mungo's St Pancras	St Pancras & Somers Town	Most deprived 25% London	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	3	0	0	1	0	0	0	0	0	5	3
Camden Park Sheltered Housing	Cantelowes	Higher than London average	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0	0	0	0	3	1
Ash Court Care Home	Kentish town	Higher than London average	1	0	1	0	4	0	0	0	0	0	0	1	0	1	0	2	0	0	0	0	0	0	0	0	10	10
Care Navigators	King's Cross	Approx. London average	2	0	0	1	0	0	0	0	0	1	0	0	0	0	0	1	0	1	0	0	0	0	0	0	6	2
Bluebird Care	Kentish town	Higher than London average	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	3	0
Staff Training by Ethnicity/Age			5	1	1	2	7	3	0	1	0	1	0	0	2	0	3	2	6	5	0	1	0	1	0	0	41	24
Staff Training by Ethnicity			6		3		10		1		1		0		2		5		11		1		1		0		41	24

Beating Cancer in Camden



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