Effective Messaging to Reach the Unscreened
Dear 80% by 2018 Colleagues

Screening Successes

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Motivating the Financially Challenged

Channels to reach Financially Challenged

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Motivating the Insured, Procrastinators/Rationalizers

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Dear 80% by 2018 Colleagues:

Thank you for being a part of the incredible effort to achieve an 80% colorectal cancer screening rate by 2018. As you know, many of us in public health have been working at this for a long time, and we have seen real progress with screening. Over the last ten years, colorectal cancer incidence rates have dropped 30% in the U.S. among adults 50 and older, almost entirely thanks to screening. Yet, despite the good news, colorectal cancer remains the second-leading cause of cancer death in the United States when men and women are combined. 23 million Americans between the ages of 50 and 75 are not being regularly screened, even though general awareness of colorectal cancer screening is high. The challenge is that those who are still unscreened will be the most difficult to reach. We now need a final push to the finish line to substantially reduce colorectal cancer screening as a major public health problem and make sure that all Americans are benefitting equally from this life-saving technology.

So, how can we reach the unscreened in a more strategic way? The American Cancer Society, the Centers for Disease Control and Prevention and the members of the National Colorectal Cancer Roundtable have been working to answer that question.

We are pleased to offer this Colorectal Cancer Screening 80% by 2018 Communications Guidebook designed to assist all of us in effectively talking to the unscreened with messages that are based on market research. With these messages, we intend to help educate, empower and mobilize three key unscreened audiences:

- The Newly Insured
- The Insured, Procrastinator/Rationalizer
- The Financially Challenged

This guidebook is not intended to replace any partner’s outreach effort, campaign or media blitz around colorectal cancer screening. Rather, we hope the information will supplement your current efforts and magnify our collective voice with these critical audiences.

We gratefully thank all of you for your partnership in working to make the goal of 80% by 2018 a reality. Special thanks to the members of the NCCRT Public Awareness Task Group for their advice and strategic thinking on how to best reach our target audiences. Together, we can save lives and eliminate colorectal cancer as a major public health problem.

Richard C. Wender, MD
Chair, National Colorectal Cancer Roundtable
Chief Cancer Control Officer
American Cancer Society, Inc.
Building on Screening Successes

Colorectal cancer incidence rates have dropped 30% in the U.S. over the last 10 years among adults 50 and older.\textsuperscript{1}

The percentage of the population up-to-date with recommended colorectal cancer screening increased from 56% in 2002 to 65% in 2010.\textsuperscript{2} In addition, the healthcare landscape is changing and barriers to colorectal cancer screening are breaking down. More people now have insurance coverage for colorectal cancer screening than ever before. Top health systems are already achieving 80% screening rates. For example, Massachusetts is already screening over 76%\textsuperscript{3} of their eligible population, the highest screening rate in the nation. These factors help to validate that an average national screening rate of 80% is indeed achievable.

The members of the National Colorectal Cancer Roundtable (NCCRT) conducted extensive strategic planning this past summer to determine how to get to an 80% screening rate.

In order to get to 80%, the NCCRT’s Public Awareness Task Group targeted three key unscreened audiences: The Newly Insured; the Insured, Procrastinators/Rationalizers; and the Financially Challenged.

Additionally, Hispanics and African Americans were identified as key subpopulations within each of these three target audiences.
When we look at the barriers to screening, we are able to see these main barriers emerging within the target populations:

<table>
<thead>
<tr>
<th>Affordability</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Unscreened have lower income than screened counterparts</td>
</tr>
<tr>
<td>• More likely to be uninsured</td>
</tr>
<tr>
<td>• Newly insured do not know screenings are covered</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Lack of symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Symptoms drive doctor visits</td>
</tr>
<tr>
<td>• Misconception about disease</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>No family history or personal connection</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Perception that genetics is the only risk factor</td>
</tr>
<tr>
<td>• Reduced sense of urgency</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>More pressing health issues</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Focus on acute illnesses and issues of more concern</td>
</tr>
<tr>
<td>• Not a top priority</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Negative perceptions about the test</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Connotation of test being unpleasant, invasive, embarrassing</td>
</tr>
<tr>
<td>• Fear of test-prep compounds negativity</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>No regular primary care to reinforce message</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Avoids doctors/no routine physicals or wellness visits</td>
</tr>
<tr>
<td>• Think they are healthy already</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Doctor does not recommend it</th>
</tr>
</thead>
<tbody>
<tr>
<td>• #1 reason among African Americans</td>
</tr>
<tr>
<td>• #3 reason among Hispanics</td>
</tr>
</tbody>
</table>
Determining the Critical Populations

It’s important to know more about the populations we are targeting. Overall, our unscreened audiences have some similarities in attitudes, aspirations, values, fears and other psychological criteria (psychographics) as the unscreened, but they all have unique barriers and will respond best to personalized messages.

Microtargeting specific audiences will inform strategy, ensuring appropriate messages are communicated through the best channels to make the most impact.

The American Cancer Society, with guidance from the Centers for Disease Control and Prevention, conducted market research with a representative sample of 1,023 U.S. adults 50 years of age or older, followed by qualitative interviews with select audiences. The purpose of each assessment was to understand the rationale of those being screened compared to the unscreened.

Demographic and psychographic data were assessed to determine which audiences were best to microtarget.

<table>
<thead>
<tr>
<th>Demographic Profile</th>
<th>Emotional Profile</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age</strong></td>
<td>• Think they are taking care of their health already</td>
</tr>
<tr>
<td><strong>Insurance Status</strong></td>
<td>• Fearful of the unknown</td>
</tr>
<tr>
<td><strong>Income</strong></td>
<td>• Fearful of preparation/procedure</td>
</tr>
<tr>
<td><strong>Race/Ethnicity</strong></td>
<td>• Focused on more immediate health concerns</td>
</tr>
<tr>
<td><strong>Education</strong></td>
<td>• Procrastinators</td>
</tr>
<tr>
<td><strong>Cancer Connection</strong></td>
<td>• Rationalize reasons for not being screened</td>
</tr>
<tr>
<td>• More likely to be younger than those screened; <strong>nearly two-thirds are 50-59 years of age.</strong></td>
<td>• Lack sense of urgency around the issue</td>
</tr>
<tr>
<td>• More likely to be uninsured (<strong>nearly one-quarter</strong>) than those screened.</td>
<td>• Have an “I know best” attitude”</td>
</tr>
<tr>
<td>• Slightly lower income than those screened, with <strong>over one-half earning under $40K</strong> per year.</td>
<td></td>
</tr>
<tr>
<td>• More likely to be Hispanic than those screened (nearly five in ten eligible Hispanics are not being screened).</td>
<td></td>
</tr>
<tr>
<td>• Slightly more likely (around seven in ten) to have less than a 4-year college degree than those who have been screened.</td>
<td></td>
</tr>
<tr>
<td>• Less likely to be a cancer survivor (&lt;7%) and less likely to have a close friend/family member with cancer than those screened (just over half).</td>
<td></td>
</tr>
</tbody>
</table>
Through this study, we gained important insight about those currently not getting screened:

1. RATIONALIZED AVOIDANCE
   While the unscreened base is knowledgeable about screening, they fail to recognize its importance and have typically rationalized avoidance.

2. LACK OF AFFORDABILITY
   Socioeconomic gaps are evident in the unscreened population. Affordability is the number one issue given for not being screened.

3. NO SYMPTOMS OR FAMILY HISTORY
   The unscreened often feel that screening messages do not apply to them, either because they do not have symptoms or do not have a family history of the disease.

4. NEGATIVE CONNOTATION
   The unscreened population typically has some baseline familiarity with the tests, particularly colonoscopies. However, there is a negative connotation with the test, as many of the unscreened describe it as invasive, unpleasant, or embarrassing.

5. NO DOCTOR RECOMMENDATION
   Many cite that their doctor has not recommended screening to them. This is the number one reason among the Black/African Americans, and the number three reason among the Hispanics.

6. NO PERSONAL CONNECTION
   Interestingly, the unscreened are less likely to have a personal connection to cancer. They tend not to have had a close friend or family member with cancer, or are unaware of their family history.

7. LOW LEVELS OF HEALTHY BEHAVIOR
   Despite self-identifying as “healthy” at similar levels as the screened, the unscreened population underindexes on numerous metrics of healthy behavior, such as caring about their health, visiting the doctor, or talking to their doctor about screening.
The following five critical populations were identified, based on the recent research conducted by the American Cancer Society and with input from the National Colorectal Cancer Roundtable Public Awareness Task Group. This research will be discussed in more detail throughout this guidebook:

- Newly Insured
- Financially Challenged
- Insured, Procrastinators/Rationalizers
- African Americans
- Hispanics

While there is an overlap with audiences, messages have been tested with each of these groups. African American and Hispanics cut across all these target audiences, but will need special focus if we are to get to 80% by 2018. Hispanics are a priority audience due to their low screening rate (52%). African Americans are a priority audience due to their high colorectal cancer incidence rate.

### Current Efforts to Reach Target Audiences

During the 80% by 2018 strategic planning process, the NCCRT assessed current outreach efforts.

Efforts to promote general awareness are numerous, and must continue if we are to keep general awareness high. Screen for Life, Love Your Butt, Reduce Your Risk and regional campaigns are some of the general awareness campaigns promoted by NCCRT members.

The insured, procrastinators/rationalizers are hearing these general messages, but not acting. This guidebook is designed to help do a better job of connecting with these audiences with tested messages in a more meaningful way.

The outreach gaps seem to be mostly around the newly insured and low socio-economic groups.

Organizations have not really begun to focus on reaching the newly insured about screening. The growing availability of health insurance creates a strong opportunity for action, given that affordability is the number one barrier to screening.

Several of our 80% by 2018 partners are already successfully reaching the financially challenged audience, offering information and low-cost screening. Though a few NCCRT members are extremely strategic in their use of data to drive outreach to subpopulations, most partner campaigns focus on overall awareness and do not have campaign messages that have been tailored for specific races.

On the whole, these subpopulations could benefit from amplified efforts backed by tested messages about the importance of screening.
Improving Screening Rates through Effective Messaging

It’s important to communicate effective messaging through the proper channels in order to reach our goal to get adults over 50 screened for colorectal cancer. Below depicts the pathway to screening, which will play a critical role in outreach efforts.

Unscreened may be knowledgeable about screening tests but have rationalized avoidance. To change behavior and overcome the barriers limiting screening, personalized messages must:

- Make the case for early detection
- Eliminate real and perceived barriers
- Align systems to reinforce messages
- Engage family and community networks

In order to do this, the messages must:

- Elicit support and testimony from peers and survivors to localize and connect the unscreened with those affected by colorectal cancer
- Engage family and community networks to articulate the need for screening and make it relevant to each person
- Align systems to reinforce messages and equalize the importance of screening among consumers and physicians
- De-stigmatize the test and perceived barriers to conquer fear and provide information on screening options

We will motivate the desired action by:

- Identifying influencers and using the right messengers to dispatch the messages
- Using effective messaging
- Executing campaign assets
- Using effective communication channels
- Measuring and improving upon our successes
The Importance of the Right Message

The most effective messages will resonate with the priority audience, both rationally and emotionally, and include a call-to-action that motivates. The American Cancer Society and the NCCRT Public Awareness Task Group developed twelve messages to test with our target unscreened audiences, taking the following six core motivators into consideration:

**Support and Testimony**
- Hearing about someone else’s screening experience relieves concerns and provides reassurance that the procedure is not as bad as perceived. It can also help make the connection about why screening is important.

**Empowerment**
- Feeling accomplished and proud comes with making a positive impact on health, allowing them to fix and prevent issues.

**Physical Survivor**
- They want to stay in good health, for as long as possible and may need to better understand the impact of role screening plays in that decision, as well as the toll that colorectal cancer can take on people like them.

**Trust**
- Trusting a healthcare provider can motivate to action.

**Options**
- Some consumers need a different pathway to screening and want to be informed, knowledgeable, prepared and responsible about their health.

**Affordability**
- Becoming more knowledgeable about screening coverage and options is important to these audiences.
Additionally, logical and rational messages about the benefits of screening will likely be insufficient to move the unscreened base. The data below show the likelihood that an individual would be screened if they were aware of specific information.

<table>
<thead>
<tr>
<th>Unscreened</th>
<th>Screened</th>
</tr>
</thead>
<tbody>
<tr>
<td>46%</td>
<td>87%</td>
</tr>
<tr>
<td><em>It is a way for me to be proactive about my health</em></td>
<td>82%</td>
</tr>
<tr>
<td>42%</td>
<td>81%</td>
</tr>
<tr>
<td><em>Screening can prevent cancer</em></td>
<td>80%</td>
</tr>
<tr>
<td>39%</td>
<td>80%</td>
</tr>
<tr>
<td><em>Screening now covered by most insurers by law</em></td>
<td>80%</td>
</tr>
<tr>
<td>40%</td>
<td></td>
</tr>
<tr>
<td><em>Recommended by top health orgs.</em></td>
<td>75%</td>
</tr>
</tbody>
</table>

*43% of unscreened give a low-medium rating for ALL statements

Consumers: Likelihood to Get CRC Test if Knew Each of the Following

To break down screening inertia and overcome barriers, we designed messaging that is tailored to address specific concerns, that resonates with consumers and that is delivered through effective and trusted channels.
Reaching the Critical Audiences with New Messages

The right messengers are critical to reaching the unscreened. Important messengers to reach all of our critical audiences are:

**Physicians are viewed as a trusted source for health information.**

- It’s been well documented that physicians play a critical role in encouraging patients to get screened and providing information on the importance of colorectal cancer screening. Physicians need to understand some of the very real barriers that stop the unscreened from following through. *It's also important to note that our critical audiences are not regularly visiting their physician so we must look beyond physicians to reach these audiences.*

**Survivors make it personal.**

- Less than half of the unscreened have a family history or personal connection to colorectal cancer. By sharing personal stories through survivors, it helps put a face on colorectal cancer and create urgency for testing, particularly if the survivor comes from the targeted community.

**Community organizations, non-profit organizations must be mobilized.**

- Again, many of the unscreened do not regularly go to the doctor. Community organizations can play a key role in directing audiences to screening resources and informing them of their testing options.

**Insurance carriers clear up confusion.**

- Insurance carriers are able to educate on their constituents on coverage and screening options and address concerns about affordability.

But, while all of these messengers are key, each audience has individual needs.

Of added importance is knowing your audience and reaching them through the proper channels, with the best messages.

Please see **Appendix A: Understanding the Critical Audiences** for additional demographic information about the targeted audiences.
The Messages that Motivate

As mentioned, the American Cancer Society tested a number of messages that were developed in concert with the NCCRT Public Awareness Task Group. These messages focused on a select group of motivating factors that tracked our understanding of factors that resonated with the targeted audiences: screening options, early detection, affordability, not having symptoms, family and joining the crowd.

These messages are NOT meant to replace any organization’s signature campaign on colorectal cancer screening. General awareness of screening is high, and it needs to stay that way. Rather, the NCCRT is challenging groups to think more strategically about reaching the unscreened and incorporating these tested messages into those efforts.

Appropriate messaging can alleviate fear and compel action

- Messaging should NOT be focused on broad awareness but instead needs to be aligned with the six core emotional motivations that might compel unscreened individuals to get screened in the future, including: expectations, testimony & support, physical survival, ego, trust and control.

- Messages that will resonate the best with unscreened individuals should specifically:
  - Address misperceptions and fears around the test;
  - Feature testimonies from those who have been screened; and
  - Provide patients with the information and knowledge they need, including potential alternative screening solutions, to feel prepared and responsible about the process and results.
**Message #1:**

*There are several screening options available, including simple take home options. Talk to your doctor about getting screened.*

**Why does this message work?**

<table>
<thead>
<tr>
<th>Ties to emotional driver of control</th>
<th>Alleviates a diverse set of barriers</th>
<th>Appeals more than other “options” messages</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Consumers have a need to be informed, knowledgeable, prepared and responsible about their health</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• This message allows consumers to feel control regardless of barriers they may face (e.g., affordability, fear, etc.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Diminishes fear associated with standard procedures and prep</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• “At home” too easy for even procrastinators to put off</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• “At home” suggests a more affordable option</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• “At home” suggest easy enough for even those without family history or symptoms to consider</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• “At home” appeals more than simply having <em>other options available</em> that can be done at a doctor’s office</td>
<td></td>
<td></td>
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</tbody>
</table>
Message #2:

Colorectal cancer is the second leading cause of cancer death in the U.S., when men and women are combined, yet it can be prevented or detected at an early stage.

Why does this message work?

<table>
<thead>
<tr>
<th>Ties to emotional driver of control</th>
<th>Challenges assumptions</th>
<th>Appeals more than other “control” messages</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Educates people about their ability to take control of their own health through prevention and early detection</td>
<td>• Challenges the assumption that colorectal cancer “can’t happen to them,” particularly for those who don’t believe they are at risk unless they have symptoms or a family history</td>
<td>• Describes the problem, while simultaneously giving the consumer a way to address it</td>
</tr>
<tr>
<td>• Detecting issues early means that there is an opportunity to fix problems and prevent future issues</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Appeals to the desire to stay in good health as long as possible</td>
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</tbody>
</table>

Message #3:

Preventing colorectal cancer or finding it early, doesn’t have to be expensive. There are simple, affordable tests available. Get screened! Call your doctor today.

Why does this message work?

<table>
<thead>
<tr>
<th>Ties to emotional driver of control</th>
<th>Alleviates major barrier</th>
<th>Appeal of “options” message continues</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Consumers have a need to be informed, knowledgeable, prepared and responsible about their health</td>
<td>• Hits the affordability issue head on</td>
<td>• Couples “options” messages while key information about why those options might work for them</td>
</tr>
<tr>
<td>• Encourages consumers to take control of their health, while addressing concerns about affordability</td>
<td>• Alleviates the stress of financial hardships that often come with healthcare</td>
<td></td>
</tr>
</tbody>
</table>
As partners in the 80% by 2018 effort, we encourage you to consider various ways to incorporate and adapt these tested messages in your communications to your unscreened constituents. These messages can be made even more powerful with creativity and/or delivery by the right messenger.

See how each message tested to see how you have been doing:

<table>
<thead>
<tr>
<th>Message</th>
<th>Options</th>
<th>Early Detection</th>
<th>Affordability</th>
<th>Affordability</th>
<th>No Symptoms</th>
<th>No Symptoms</th>
<th>Family</th>
<th>Family</th>
<th>Join the Crowd</th>
<th>Join the Crowd</th>
<th>Options</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>There are several screening options available, including simple take home options. Talk to your doctor about getting screened.</td>
<td>27%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Colon cancer is the second leading cause of cancer deaths in the U.S. when men and women are combined, yet it can often be prevented or detected at an early stage.</td>
<td>13%</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Preventing colon cancer, or finding it early, doesn’t have to be expensive. There are simple, affordable tests available. Get screened! Call your doctor today.</td>
<td>12%</td>
<td></td>
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<td></td>
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<td></td>
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</tr>
<tr>
<td>Most health insurance plans cover lifesaving preventive tests. Use the health benefits you are paying for to get screened for colon cancer. Call your doctor today.</td>
<td>10%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>Many people with colon cancer do not have any symptoms or family history, which is why screening is so important even when you feel healthy. Get screened! Call your doctor today.</td>
<td>9%</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>Feel healthy? This is a great time to get screened for colon cancer. It often starts without symptoms. Call your doctor. Get screened!</td>
<td>6%</td>
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<td></td>
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</tr>
<tr>
<td>If you are 50 or older, get screened for yourself and the ones you love. Don’t take unnecessary risks and miss the moments in life that matter.</td>
<td>6%</td>
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<td></td>
<td></td>
<td></td>
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<td></td>
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<td></td>
</tr>
<tr>
<td>Make sure you and your family are up-to-date on colon cancer screenings. If you are 50 or older, get screened for yourself and the ones you love. This matters.</td>
<td>4%</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
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</tr>
<tr>
<td>Nearly two-thirds of adults 50 and older are getting tested for colon cancer. Join the national movement to increase colon cancer screening rates to 80% by 2018.</td>
<td>4%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nearly two-thirds of adults 50 and older are regularly screened for colon cancer. You should be one of them. Get screened! Call your doctor today.</td>
<td>3%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Don’t take chances with colon cancer, take charge! Ask your doctor about testing options available for you and your family.</td>
<td>3%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lead your family in the fight against colon cancer. Make sure you and your family are up-to-date on screenings. Get screened for yourself and the ones you love.</td>
<td>3%</td>
<td></td>
<td></td>
<td></td>
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**Insured, Newly Empowered**

The Insured, Newly Empowered audience now has access to insurance through the Affordable Care Act Health Insurance Marketplace or expanded Medicaid eligibility,\(^4\) offering them cost-effective access to medical test procedures that they may not have had previously.

81% of the Newly Insured feel optimistic about their health after receiving coverage\(^5\) and 60% have already used their insurance to receive medical care or get a prescription filled.\(^6\) At a time when they are feeling newly empowered and optimistic, now is the time to motivate them to get screened.

**Motivating the Newly Insured**

Many may be disenfranchised workers, non-working or self-employed. They may not have carried health coverage in the past but are benefiting from new access to coverage, or may be compelled by the ACA’s tax penalties on uninsured persons.\(^7\)

Motivating this audience should focus on educating them on screening options through the best channels, while encouraging them to take full advantage of new insurance plans to detect or prevent colorectal cancer. Because they may have not had insurance coverage in the past, they may require additional education on what insurance offers, and how prevention is covered.

While the “options” message was the highest message within this group, as with the other targeted audiences, it is worth noting that this message tested second highest:

*Most health insurance plans cover lifesaving preventative tests. Use the health benefits you are paying for to get screened for colorectal cancer. Call your doctor today.*

**Channels to Reach Newly Insured:**

- **Primary Care Physicians, Pharmacies:** 60% have already used their insurance to receive medical care or get a prescription filled.\(^8\)
- **Medicaid Providers/Offices:** Studies have found that the biggest factor in reducing the uninsured rate was the expansion of Medicaid eligibility.\(^9\)
- **Insurance Providers:** Educate newly insured about their new coverage, and what is covered.
- **Community Health Centers:** As a portion of their patients move to either Medicaid coverage or coverage from the exchanges, health centers will play a critical role in reaching the newly insured.
- **Community Organizations and Non-Profits:** Although a large number of newly insured are using their new benefits, many are still physician adverse so it’s important to relay information through additional channels.
Financially Challenged

The Financially Challenged audience represents the low socio-economic population that typically manifests health disparities. They are often restricted by high deductibles or do not have access to health insurance or are underinsured.

While more consumers are accessing insurance, there are still approximately 5.7 million people who will be uninsured in 2016, largely in part to states that have not expanded Medicaid eligibility.

- The uninsured are less likely to have received cancer screenings and are even less likely to follow-up after a diagnosis.
- Family/friends are not top sources of screening information.
Motivating the Financially Challenged

The financially challenged are driven by control. This message about affordability tested high with this audience: Preventing colorectal cancer, or finding it early, doesn’t have to be expensive. There are simple, affordable tests available. Get Screened! Call your doctor today. Because this audience is either not insured or has an income of under $30,000, messages around affordability will drive action, as healthcare costs are a major concern for them. They clearly need alternative, less expensive options solutions for screening.

Channels to reach Financially Challenged:

- **Community Clinics/Non-profit Organizations**: The majority of this population receives healthcare from community clinics since they do not visit a primary care physician regularly.
- **Primary Care Physicians**: It is estimated that in 2012, 43% of America’s working-age adults didn't go to the doctor or access other medical services because of the cost, but they are a very trusted source of information for this audience. Whenever possible systems should be in place to flag patients in need of screening when they do go to the doctor for sick visits, so doctors can use the opportunity to educate patients about colorectal cancer and testing options. The following resources can help with systematic change: [http://nccrt.org/about/provider-education/crc-clinician-guide/](http://nccrt.org/about/provider-education/crc-clinician-guide/) and [http://nccrt.org/about/provider-education/manual-for-community-health-centers-2/](http://nccrt.org/about/provider-education/manual-for-community-health-centers-2/)
- **Online media and website**: This audience often turns to online media for information about health concerns.
- **Community Health Centers**: CHCs are a major provider of primary to the underserved.
Profile of Financially Challenged
Annual salary of <$30K OR not Insured
Baseline screening likelihood: 8.6%

Messages & Channels That Resonate The Best

1. There are several screening options available, including simple take home options. Talk to your doctor about getting screened.
   - Emotional Driver: Control
   - Adjusted screening likelihood: 18.6%
   - "Simple and I can do it in the privacy of my home."

2. Preventing colon cancer, or finding it early, doesn’t have to be expensive. There are simple, affordable tests available. Get screened! Call your doctor today.
   - Emotional Driver: Control
   - Adjusted screening likelihood: 17.5%
   - "Cost is a great concern as I have no insurance and little income."

3. Colon cancer is the second leading cause of cancer deaths in the U.S. when men and women are combined, yet it can often be prevented or detected at an early stage.
   - Emotional Driver: Expectation
   - Adjusted screening likelihood: 16.7%
   - "Brings to mind how important it is to get checked so that a person can prevent death from colon cancer."

Discussions with doctor or health care provider most preferred way of getting health info, followed by a website

Healthy Lifestyle Behaviors

- 56% are doctor averse
- 27% talk to doctor about screening
- 28% talk to family/friends about screening
- 41% consider themselves healthy
- 55% care a great deal about maintaining health
- 42% exercise on a regular basis

Top Barriers To Screening
- Affordability
- No symptoms
- No family history

Demographic Profile
- Employment: Over index total for not employed & disabled
- Education: Over index total for high school degree or less
- Income: Over index total for less than $30K income
- Marital Status/Children: Under index total for married/living with partner & having children
- Insurance Status: Under index total for insured

This group clearly needs alternative, less expensive solutions for screening. Community health organizations or other non-profits may be good channels to get these individuals engaged given that over half are doctor averse and only a small proportion are actually talking to family and friends about screening.
**Insured, Procrastinators/Rationalizers**

The Insured, Procrastinators/Rationalizers are closest to our general market consumer. They represent men and women over the age of 50 that either have other health issues on their mind, or fear the procedure. In addition, many self-identify as “healthy” at similar levels as those screened, and do not consider colorectal health a top priority or important enough to be screened.

Despite self-identifying as “healthy” at similar levels as those screened, the unscreened population under indexes on numerous metrics of healthy behavior.

<table>
<thead>
<tr>
<th>Perceptions of Health</th>
<th>Consider myself to be “healthy”*</th>
<th>48%</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Care a great deal about maintaining my health*</td>
<td>61%</td>
</tr>
<tr>
<td>Visits to Doctor’s</td>
<td>Have gone to the doctor’s in past year</td>
<td>63%</td>
</tr>
<tr>
<td></td>
<td>Avoid going to the doctor’s as much as possible*</td>
<td>44%</td>
</tr>
<tr>
<td>Discussions About Screening</td>
<td>Have talked to doctor about screening</td>
<td>44%</td>
</tr>
<tr>
<td></td>
<td>Have talked to family/close friends about screening</td>
<td>44%</td>
</tr>
<tr>
<td>Activity Level</td>
<td>Exercise on a regular basis</td>
<td>50%</td>
</tr>
<tr>
<td></td>
<td>Participates in sports/fitness activities on regular basis</td>
<td>14%</td>
</tr>
</tbody>
</table>

* Data given = 8-10 rating on a 10 point scale where 1 means, “Strongly disagree” and 10 means, “Strongly agree”

**Motivating the Insured, Procrastinators/Rationalizers**

Much like the financially challenged, the insured, procrastinators/rationalizers are driven by control. While this audience cares a great deal about maintaining their health and exercise regularly, nearly half are doctor adverse and less than half speak with their doctor about colorectal cancer screening.

This audience reports not being screened because they’ve heard negative testimonials related to the test and its preparation. Fear of the unknown serves as a major barrier as well. Providing information on options that are more comfortable and private will help motivate them.

**Channels to reach Insured, Procrastinators/Rationalizers:**

- **Physicians:** This audience prefers receiving healthcare information from their physician.
- **Family and friends:** Utilizing testimonials will help to relieve fear of the test, while instilling the urgency to get tested.
- **Online media and website:** This audience often turns to online media for information about health concerns.
- **Community Organization:** Provide a good avenue to reach this audience, particularly those that are not regularly seeing a physician.
Profile of Aware and Able
Annual salary of $50K+ AND Insured
Baseline screening likelihood: 15.4%

Messages & Channels That Resonate The Best

1. There are several screening options available, including simple take home options. Talk to your doctor about getting screened.
   Emotional Driver: Control
   Adjusted screening likelihood: 20.2%

2. Colon cancer is the second leading cause of cancer deaths in the U.S. when men and women are combined, yet it can often be prevented or detected at an early stage.
   Emotional Driver: Expectation
   Adjusted screening likelihood: 15.7%

Discussions with doctor or health care provider most preferred way of getting health info, followed by a website

Healthy Lifestyle Behaviors

- 48% are doctor averse
- 39% talk to doctor about screening
- 39% talk to family/friends about screening
- 5% exercise on a regular basis
- 52% consider themselves healthy
- 62% care a great deal about maintaining health

Top Barriers To Screening

- Been procrastinating
- No family history
- No symptoms

Demographic Profile

- Employment
  Over index total for full-time employment
- Education
  Over index total for 4-year degree or higher
- Income
  Over index total for $50K+ income
- Marital Status/Children
  Over index total for married/living with partner & for having children
- Insurance Status
  Over index total for insured

While this group is financially able to pay for CRC screening solutions, there is still an interest for alternative options that may be simpler compared to traditional screening tests, like the colonoscopy. Physicians may be a good source for getting the information out to this group, but testimonials from friends and family may be useful as well.
African Americans

African Americans are the second-most uninsured population in the U.S. and have the highest colorectal cancer incidences and mortality rates of all the racial groups in the U.S. The United States Cancer Statistics Working Group estimated that approximately 18,000 African American men and women would be diagnosed with colorectal cancer during the year 2013 and in that same year approximately 6,850 would die.\textsuperscript{15}

Targeting African American Men and Women

Targeting African American men and women requires more nuances to account for cultural norms and barriers.

Male Target Audience: Trust is single most important prerequisite necessary for healthcare providers to have success in promoting health in African American communities.
Female Target Audience: Women are the main influencers of health behaviors in the African American community and are often the disseminator of health information to their families and communities.

Motivating the African American population
Messages should focus on control, while stressing the fact that regardless of a lack of symptoms, screening is important now. Additionally, messages for the males in this population should be sensitive to cultural perceptions regarding various screening methods. This can be achieved through education on screening options and utilizing testimonials from the African American community.

Channels to reach African Americans:
- Primary care physicians: Unscreened African Americans cite no doctor recommendation as being their number one reason for not being screened. Whenever possible systems should be in place to flag patients in need of screening when they do go to the doctor for sick visits, so doctors can use the opportunity to educate patients about colorectal cancer and testing options. The following resources can help with systematic change: [http://nccrt.org/about/provider-education/crc-clinician-guide/](http://nccrt.org/about/provider-education/crc-clinician-guide/) and [http://nccrt.org/about/provider-education/manual-for-community-health-centers-2/](http://nccrt.org/about/provider-education/manual-for-community-health-centers-2/)
- Television: Serves as a top source for receiving health information and a preferred channel for receiving information specific to health.
- Online media and website: This audience often turns to online media for information about health concerns.
- Faith and community organizations: Faith centers and community organization are trusted partners where important information is often passed along to constituents.
Hispanics/Latinos

Hispanics are the most uninsured population in America and are more likely than others to not be screened. In fact, our research shows that 70% of Hispanics do not talk to their doctor about screening. It is important that we focus on efforts to improve screening rates among this population to positively impact the national average.

Motivating the Hispanic/Latino population

Successful messaging to Hispanic/Latino audiences should be intentionally bold and direct because the most effective campaigns convey risk and urgency clearly and directly. There are also cultural nuances in language that make messaging difficult. Message that are bold often resonate with this audience. Though our messages were tested only with English speaking Hispanic/Latinos, we have longer term future plans to test these messages with the unscreened whose primary language is Spanish, as ideally, materials would be developed in both English and Spanish.
To motivate Hispanics/Latinos, it is important to understand where to educate them on screening options, particularly affordable options. They often have strong family relationships; however, friends and family are not top sources for screening information. It’s important to engage this audience through alternative channels.

**Channels to reach Hispanics/Latinos:**

- **Physicians:** The Hispanic population has a high trust in their physicians and views them as a top source for information. Unscreened Hispanics say that “My doctor did not recommend it” is the number three reason they give for not being screened. Unfortunately only a small percent visit their physicians regularly so they should serve as a secondary resource. Whenever possible systems should be in place to flag patients in need of screening when they do go to the doctor for sick visits, so doctors can use the opportunity to educate patients about colorectal cancer and testing options. The following resources can help with systematic change: [http://nccrt.org/about/provider-education/crc-clinician-guide/](http://nccrt.org/about/provider-education/crc-clinician-guide/) and [http://nccrt.org/about/provider-education/manual-for-community-health-centers-2/](http://nccrt.org/about/provider-education/manual-for-community-health-centers-2/)

- **National health organizations, news reports and advertisements:** They are much more open to advertising messages than other populations and would like to receive information through these sources.

- **Text Messages:** This audience is much more receptive to text message campaigns from avenues they are comfortable with, such as their mobile device. **Television:** Top source for receiving health information, and a preferred channel for receiving information specific to health: Respectable television sources include *Telemundo* and *Univision*. 
Profile of Unscreened Hispanics

Baseline screening likelihood: 21.2%

Messages & Channels That Resonate The Best

1. There are several screening options available, including simple take home options. Talk to your doctor about getting screened.
   - Emotional Driver: Control
   - Adjusted screening likelihood: 18.3%
   - "I can test on my own, at home, and at my leisure so I won't be embarrassed.

2. Colon cancer is the second leading cause of cancer deaths in the U.S. when men and women are combined, yet it can often be prevented or detected at an early stage.
   - Emotional Driver: Expectation
   - Adjusted screening likelihood: 29.3%
   - "The fact that it is the second leading cause of deaths related to cancer would alone be enough to get tested. I did not realize that it was the second leading cause of death. Knowing this would change my mind about cancer testing.

3. Preventing colon cancer, or finding it early, doesn’t have to be expensive. There are simple, affordable tests available. Get screened! Call your doctor today.
   - Emotional Driver: Control
   - Adjusted screening likelihood: 27.0%
   - "The affordable line is all.

Demographic Profile

- Over index total for 50-64 year olds
- Over index total for insured less than 1 year
- Directionally under index total for survivors

Healthy Lifestyle Behaviors

- 48% are doctor averse
- 30% talk to doctor about screening
- 37% talk to family/friends about screening
- 48% consider themselves healthy
- 67% care a great deal about maintaining health
- 50% exercise on a regular basis

Top Barriers To Screening

- No family history
- No symptoms
- Affordability

This group is looking for alternative, less expensive options for screening. Few talk with their doctor about screening. In addition, friends and family are not a top source of screening info either. This group needs to be engaged through other channels. Qualitatively, this group mentioned TV as a source for health info and a preferred channel for receiving info about screening.
Tools to Reach the Target Populations

Collateral

Your participation is critical to reaching an 80% colorectal cancer screening rate by 2018. Partners are encouraged to leverage the resources provided within this guidebook to support outreach efforts, using both the tools provided below and the research to develop more creative, emotional ways to convey key messages:


Don’t forget the Blue Star! The Blue Star is a symbol that represents all individuals engaged in the fight against colorectal cancer.

For additional information on the Blue Star and how to utilize it, please refer to the Blue Star/March Marketing Kit located at: http://nccrt.org/about/public-education/blue-star-marketing-kit/

Download Blue Star graphics at: http://nccrt.org/about/bluestar/
Social Media

Ultimately there is no "one size fits all" and using a mix of communication channel techniques will best serve our goal.

Utilizing social media can personalize content to better suit individual audiences, lend greater credibility to the messaging and access strong existing networks. Plans for some of the best social media sources are below. You can find a full social media editorial calendar in Appendix B.

Suggested Monthly Tactics for Social Media

Recurring testimonials: Choose a set day, for example – Tuesday, or a set number of times throughout the month to share testimonials from patients who have beat colorectal cancer through early detection/screenings.

- EXAMPLE: Testimonial Tuesday: “I’m so grateful that my husband encouraged me to get screened for colorectal cancer. Never in a million years did I think it’d happen to me. The process was far less painful than I thought and well worth it since it saved my life.” – Cancer survivor, [Insert name]

Facebook chats: Host quarterly or monthly Facebook chats on questions that unscreened individuals may have about the process or for those that want to share their experience with others.

- EXAMPLE: Listen up! Did you know there are several screening options for colorectal cancer, including simple take home options? Join us for our monthly Facebook chat starting at 3 PM CT to learn more about colorectal cancer screenings, your options and what you need to know. Comment below with your questions to get started.

Recurring facts: Much like testimonials, share a weekly or bi-weekly fact or statistic about colorectal cancer screenings to help remove some of the mystery around the procedure and help educate those who are unscreened.

- EXAMPLE: Colorectal cancer is the second leading cause of cancer deaths in the U.S. when men and women are combined, yet it can often be prevented or detected at an early stage. #FactFriday

Traditional Media and 80% by 2018

Traditional Media is also an important consideration for your colorectal outreach campaigns. Media can either reach a broad audience or a more targeted market depending on the message. In addition, it can be used to generate leads, build visibility, share messaging and/or drive specific promotions. Traditional media is especially helpful when used in conjunction with other media in a larger campaign. Note that while 80% by 2018 is not a message that was designed to go directly to consumers, we do want to keep talking to media about the 80% by 2018 effort in order to keep momentum high, assist with partner recruitment and add legitimacy to local efforts. (See page 28 for assets to help you do that).

The landscape of traditional media typically includes print, TV and radio, but is now expanded to online content such as web and news blogs.
We have included a number of assets that will help advance discussions with media. Unlike consumer messaging, which should provide emotion to drive action, discussions with media should be factual and focus on why colorectal cancer is important and why we are prioritizing these critical audiences.

**Traditional Media**

**Talking Points for Media:**

### Importance of Screening:
- In 2014, nearly 187,000 cases of colorectal cancer were diagnosed in the U.S.
- In 2016, over 650,000 people were expected to die from colorectal cancer.
- More people with early colorectal cancer have it and don’t know it.
- Colon cancer can often be prevented through screening.
- Screening tests can find pre-cancerous polyps preventing colon cancer.
- If the test finds cancer early, colorectal cancer is very treatable.
- Men and women 50 or older should get screened, regardless of family history or symptoms because:
  - In its earliest, most treatable stage, colon polyps and early colorectal cancer often do not cause symptoms.
  - Most colon cancers occur in those without a family history.
  - Those with a family history of colon cancer should tell their doctor; they may have to begin screening at an earlier age.
- It’s important to take control and talk to your doctor. Get screened to prevent colorectal cancer.

### Payment & Insurance Information:
- Medicare pays for colorectal cancer screening tests. To find out about Medicare coverage, call 1-800-MEDICARE (1-800-633-4227) or visit www.medicare.gov
- Most private insurance plans are now required to pay for colorectal cancer screening, often with limited, if any, out-of-pocket costs. Check your health plan for details on your specific coverage.

### Testing Options:
- Men and women aged 50 and older (at average risk) should be screened for colorectal cancer.
- Fortunately, there are multiple screening tests for colorectal cancer: a doctor can advise as to which test is best for individual needs.
- The most commonly used screening tests are:
  - Fecal occult blood testing (FOBT) or Fecal immunochemical Test (FIT) every year.
  - Colonoscopy every 10 years.
- Many people think colonoscopy is the only option — it’s not! Consult a doctor about other options, such as stool blood tests.
- Men and women 50 and over who have not been screened should remind their doctor that they’re overdue.
- Colon polyps and early colorectal cancers often cause no symptoms. Blood in stool, rectal bleeding; a change in bowel habits, narrowing of stool; unexplained weight loss; fatigue; anemia or constipation. These tests for more than a few days can be symptoms of colon cancer. It’s critical to consult a doctor, regardless of age, if these symptoms are present.

---

Include stories from survivors, caregivers, families and doctors – particularly those who are known by or look like the target audience to relay these messages:
- Personal experiences with screening, early detection, and prevention
- Decision pathways, and what obstacles they overcame to get screened
- What they would tell others who are reluctant to get screened

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Sample Press Release:

March is Colorectal Cancer Awareness Month

(Insert Organization) Joins Forces with More Than 150 Local and National Organizations to Increase Colorectal Cancer Screenings Rates across the Country

“80% by 2018” is a shared goal to have 80% of adults aged 50 and older regularly screened for colorectal cancer by 2018.

Insert City (and date) – Colorectal cancer screening has been proven to save lives. (Insert Organization) today announced that it has made the pledge to help increase colorectal cancer screening rates by supporting the 80% by 2018 initiative, led by the American Cancer Society (ACS), the Centers for Disease Control and Prevention (CDC) and the National Colorectal Cancer Roundtable (an organization co-founded by ACS and CDC).

Colorectal cancer is the nation’s second-leading cause of cancer-related deaths; however it is one of only a few cancers that can be prevented. Through proper colorectal cancer screening, doctors can find and remove hidden growths (called “polyps”) in the colon, before they become cancerous. Removing polyps can prevent cancer altogether.

“80% by 2018” is a National Colorectal Cancer Roundtable (NCCRT) initiative in which nearly two hundred organizations have committed to eliminating colorectal cancer as a major public health problem and are working toward the shared goal of 80% of adults aged 50 and older being regularly screened for colorectal cancer by 2018. Leading public health organizations, such as ACS, CDC and the NCCRT are rallying organizations to embrace this shared goal.

“Colorectal cancer is a major public health problem, and adults age 50 and older should be regularly screened for it, but we have found that many people aren’t getting tested because they don’t believe they are at risk, don’t understand that there are testing options or don’t think they can afford it,” said (insert name.) “The truth is that the vast majority of cases of colorectal cancer occur in people age 50 and older. Colorectal cancer in its’ early stages usually has no symptoms, so everyone 50 and older should get tested. There are several screening options – even take home options – available. Plus, many public and private insurance plans cover colorectal cancer screening and there may be local resources available to help those that are uninsured.”

While colorectal cancer incidence rates have dropped 30 percent in the U.S. over the last 10 years among adults 50 and older, it is still the second leading cause of cancer death in the United States, despite being highly preventable, detectable and treatable. In fact, in 2014 in the U.S., 137,000 cases of colorectal cancer were diagnosed.

Part of the 80 percent by 2018 goal is to leverage the energy of multiple and diverse partners to empower communities, patients, providers to increase screening rates. The 80% by 2018 initiative consists of health care providers, health systems, communities, businesses, community health
centers, government, non-profit organizations and patient advocacy groups who are committed to getting more people screened for colorectal cancer to prevent more cancers and save lives.

“We are thrilled to join the cause to improve colorectal cancer screening rates,” said (insert name). “We are asking all member of our community to come together and help us by getting screened and talking to your friends and family who are over 50 years of age about getting screened. Together, we can help to eliminate colorectal cancer as a major public health problem.” [PERSONALIZE QUOTE BEFORE USE]

For more information or to learn about resources in your area, visit: xxxxxxxx.

[Insert Organization’s Boiler Plate Language – include organization description, mission, and contract information including website]

Sample Media Pitch:

Dear (insert editor),

(Insert organization) is proud to announce that we have joined forces with over 150 local and national organizations to increase colorectal cancer screening rates throughout the country, as part of the 80% by 2018 initiative.

Colorectal cancer is a major public health problem as the second leading cause of cancer death in the United States, despite being highly preventable, detectable and treatable. We ask you, in recognition of March Colorectal Cancer Awareness Month, to help us encourage more people to get screened for colorectal cancer to prevent more cancers and save lives. It’s particularly important that your readers know that:

- The risk of colorectal cancer begins to rise significantly around age 50, so every man and woman should begin regular screening by age 50
- There are several screening options – even take home options – available
- Many public and private insurance plans cover colorectal cancer screening
- There may be local resources available to help those that are uninsured

We would love to further discuss with you.
CEO Letter

Dear (insert name):

March is Colorectal Cancer Awareness Month. As part of our organization’s commitment to the 80% by 2018 initiative, we are asking you to mobilize your workforce to help us improve colorectal cancer screening rates throughout the United States. (Insert Organization) has joined forces with over 150 local and national organizations to shine the light on this very important topic. We are now challenging you to join us.

Colorectal cancer is the second leading cause of cancer death in the United States, despite being highly preventable, detectable and treatable. In fact, in 2014 in the U.S., 137,000 cases of colorectal cancer were diagnosed. According to the American Cancer Society, cancer is responsible for $130 billion a year in lost productivity. In fact, employers can save $896 per year per colorectal cancer patient in net patient time costs if it’s screened and diagnosed at an early stage. But, most importantly, regular screening for colorectal cancer can reduce the number of people who die of this disease by at least 30 percent.

We firmly believe that colorectal cancer is a major public health problem. We must come together to help eradicate colorectal cancer – and to save lives.

We are asking all of you to take the pledge with us. As part of your commitment we ask you to:

- Know your company’s baseline screening rates, and track them yearly.
- Learn about your company’s insurance plan(s) coverage – many fully cover screenings.
- Talk to your employees regularly, sharing successes and encouraging everyone you know over 50 years of age to get screened, if they haven’t.

To learn more about the 80% by 2018 initiative and what you can do, please visit: http://nccrt.org/about/80-percent-by-2018/
All about 80% by 2018

As we are all playing a role in the 80% by 2018 initiative, when speaking to media or potential partners about the campaign there are a number of assets available on the National Colorectal Cancer Roundtable website (http://nccrt.org), or you can link to materials below:

80% by 2018 Talking Points
80% by 80% by 2018 Pledge Form
80% by 2018 Graphics
80% by 2018 Responsible Use Agreement
80% by 2018 Sizzle Reel (40 seconds)

- Watch Dr. Richard Wender, NCCRT Chair, review the ten steps it will take to get to 80% by 2018
- 80% by 2018 Four Pagers will assist with explaining possible roles everyone can play in 80% by 2018, including community organizations, primary care practices, hospitals, insurers and employers.
  - What can primary care doctors do to advance 80% by 2018?
  - What can hospitals do to advance 80% by 2018?
  - What can insurers do to advance 80% by 2018?
  - What can employers do to advance 80% by 2018?
  - What can community organizations do to advance 80% by 2018?

This March, we are encouraging NCCRT members to share stories of their successes around the 80% by 2018 effort. We love to celebrate when organization embrace 80% by 2018, set organizational goals, implement change or make progress. We invite you to post these stories and share success on:

- NCCRT Facebook page (https://www.facebook.com/coloncancerroundtable)
- Blue Star Facebook page (https://www.facebook.com/BlueStarColonCancer)
- Tweet about them using #NCCRT and #80x18.

Additionally, we want to strive for continuous improvement. We encourage all partners in the 80% by 2018 effort to assess where they are, set clear and achievable goals evaluate their efforts and understand and share their success! The NCCRT Evaluation 101 toolkit can help: http://nccrt.org/about/public-education/evaluation-toolkit/
For additional information on working with social and traditional media please visit the previous Blue Star/March Marketing Kit located at [http://nccrt.org/about/public-education/blue-star-marketing-kit/](http://nccrt.org/about/public-education/blue-star-marketing-kit/).

**Colorectal Cancer Speakers Bureau**

The CRC Speakers Bureau is a joint project of the ACS, NCCRT and the National Association of Community Health Centers (NACHC). The Bureau is composed of trained clinicians across the U.S. who are available to speak on CRC risk factors, prevention and early detection to medical and lay audiences. To request a speaker from the CRC Speakers Bureau contact us at [http://nccrt.org/about/provider-education/crc-speakers-bureau/](http://nccrt.org/about/provider-education/crc-speakers-bureau/)
Thank You to Our 80% by 2018 Partners

1 Display of partner who signed the pledge by October 2014
Acknowledgements

Thank you to those who contributed to the development of this tool!

Marc Harwitz  
Linda Lutz  
Anjee Davis, MPPA  
David Greenwald, MD  
Cindy Gelb  
Robert Smith, PhD  
Durado Brooks, MD, MPH  
Faye Wong, MPH  
Melonie Thomas  
Djenaba Joseph, MD  
Tamar Wallace  
Andrea Dwyer  
Katie Bathje, MA, LPCC  
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APPENDIX A - Understanding the Critical Populations

Newly Insured by the Numbers:\(^{18}\):

<table>
<thead>
<tr>
<th>7.3 MILLION</th>
<th>8.7 MILLION</th>
<th>5 MILLION</th>
</tr>
</thead>
<tbody>
<tr>
<td>people signed up for private insurance through the Health Insurance Marketplace.</td>
<td>more people were enrolled in Medicaid and CHIP as of August, compared to before the Marketplaces opened. Medicaid and CHIP enrollment continues year-round.</td>
<td>people are enrolled in plans that meet ACA standards outside the Marketplace, according to a CBO estimate.</td>
</tr>
</tbody>
</table>

Who are the Newly Insured?\(^{19}\)

As you think about targeting this audience, it is important to know the following:

<table>
<thead>
<tr>
<th>RACE</th>
<th>GENDER</th>
<th>ANNUAL INCOME</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caucasian</td>
<td>Women</td>
<td>Less than $24,000 - 38%</td>
</tr>
<tr>
<td>African American</td>
<td>Men</td>
<td>$24,000 - $59,000 – 37%</td>
</tr>
<tr>
<td>Latino</td>
<td></td>
<td>$60,000 - $89,900 – 9%</td>
</tr>
<tr>
<td>Asian</td>
<td></td>
<td>$90,000+ - 5%</td>
</tr>
</tbody>
</table>

Medicaid expansion will continue to increase the number of insured:

Currently, 28 states have broadened access to care through the Medicaid program. Through additional Medicaid eligibility expansion, 10.5 million Americans may gain health insurance coverage.\(^{20}\)
The Financially Challenged By the Numbers

Who are the Uninsured?

13.4% UNINSURED POPULATION
As of June 2014

By Race:

- HISPANIC: 33.1%
- AFRICAN-AMERICAN*: 14.7%
- WHITE: 8.9%

Hispanics had the second-largest drop in the percent uninsured across demographic groups. Although the rate among Hispanics is down 5.6 points since the end of 2013 to 33.1%, this remains the highest uninsured rate across key subgroups.

By Age:

- 18 to 25: 19.1%
- 26 to 34: 23.9%
- 35 to 64: 13.2%
- 65+: 2.0%

By Gender:

- MEN: 53%
- WOMEN: 47%

By State:

- TX, FL, NV and Southern states have a higher prevalence of uninsured individuals.
Medicare/Medicaid Recipients by the Numbers

11 million
MEDICAID RECIPIENTS

Medicaid provides health coverage to 11 million non-elderly low-income parents, other family caretakers, pregnant women, and other non-disabled adults.\(^{28}\)

People in racial and ethnic minority populations, who make up roughly half of Medicaid beneficiaries under age 65,\(^{29}\) experience more barriers to care, a greater incidence of chronic disease, lower quality of care and higher mortality than the general population.\(^{30}\)

The Poor in America\(^{31}\)

15%
OF THE U.S. POPULATION LIVES IN POVERTY

By Race:

- **26.5%** HISPANIC
- **27.2%** AFRICAN-AMERICAN
- **12.7%** WHITE

In the Home:

- **50.3%** FEMALE-HEADED
- **38.9%** MARRIED COUPLES
The Insured, Procrastinators/Rationalizers by the Numbers

About the Insured:

86.6%
PERCENTAGE OF PEOPLE WITH HEALTH INSURANCE FOR ALL OR PART OF 2013

By Marital Status:

Married have higher rates of insurance (86% v 74-78%)

By Race:

By Age:
**Self-Reported Health statuses**:
Americans were asked to rate how they felt about their own health.

**Overall Self-reported Health Status:**

- **66%** “EXCELLENT OR VERY GOOD”
- **24%** “GOOD”

Nearly two in three (66%) of Americans reported their health as being either “excellent” or “very good.” 24% said their health was “good”.

**Percentage of Uninsured Under 65 by Self-reported Health Status:**

- **16%** “EXCELLENT” UNINSURED
- **20%** “VERY GOOD” UNINSURED
- **24%** “GOOD” UNINSURED
- **25%** “FAIR” UNINSURED
- **23%** “POOR” UNINSURED

People under 65 whose health was poor, fair or good were more likely to be uninsured (23%, 25% and 24%, respectively) than those with very good or excellent health (20% and 16%, respectively).

**Relationship between Self-reported Health Status and Insurance Coverage**

There is a “U-shaped” relationship between health status and having any type of health insurance coverage. Among all people who reported excellent health, 85% were insured, compared with 80% with good health and 85% whose health was poor.
Self-reported “Fair” or “Poor” Health Status By Race:

Non-Hispanic blacks were more likely to consider their health to be fair or poor (13%), compared to Non-Hispanic whites (10%), or Hispanics (9%).

Annual Physician Visits:

Least Likely to Visit Physician

Hispanics were the least likely racial or ethnic group to see a medical provider, as 42% never visited one during the year.

Annual Physician Visits by Gender:

Women were more likely than men to have visited a medical provider during the year.
### JANUARY

| Theme* | **A New You**  
| Encourage everyone to focus on their health, including preventative colorectal cancer screenings, in the spirit of the New Year |

| Sample Facebook | Make sure wellness checks and colorectal cancer screenings are at the very top of your resolution list. The majority of those screened for colorectal cancer made their decision proactively at a wellness visit. (link to website)  
| - Attach shareable graphic |

| Sample Twitter | Make a resolution to get healthy this year and start with a colorectal cancer screenings. Ask your doctor about the higher risks associated with those 50 and older and how you can take action today. (link to website) |

| Sample Instagram/Pinterest | For many, the #NewYear means a healthy fresh start. Be proactive and schedule a #coloncancer screening this month (link to website)  
| Start the #NewYear off right, talk to your doctor about #coloncancer. Getting screened can save your life. (attach shareable graphic)  
| Setting your #NewYearsResolutions? Don’t forget to include #coloncancer screenings—they can make all the difference. |

| Sample Internal Messaging | Instagram:  
| Set the right tone for 2015 by tackling the important things on your to-do list. Eat healthier, be kinder, get screened for #coloncancer. #getscreened #trustus  
| - Upload photo of to do list or resolution-related image |

| Sample Internal Messaging | Pinterest:  
| Board idea – New Year’s Health Resolutions: photos or graphics of health-focused resolutions, including exercise, eating healthy and preventative screenings such as colorectal cancer |

| Sample Internal Messaging | A new year, a new you. As part of our commitment to improve colorectal cancer screening rates, talk to your doctor about getting screened today if you are over 50. If you are younger, talk to your family and friends. Together, we can save lives and reduce colorectal cancer throughout the nation. |
## FEBRUARY

**Theme**

**Looking out For Loved Ones**
Focusing on how getting screened saves lives of loved ones, in the spirit of Valentine’s Day.

<table>
<thead>
<tr>
<th>Sample Facebook</th>
<th>This February, talk to your loved ones about the importance of colorectal cancer screening. The majority of those screened spoke with family and close friends before scheduling their screenings. Sometimes all it takes is one conversation. (<a href="#">insert website link</a>) Preventing colorectal cancer, or finding it early, doesn’t have to be expensive. There are simple, affordable tests available. Talk to you doctor! (<a href="#">insert website link</a>) Skip the candy &amp; flowers this year &amp; schedule your loved ones a #coloncancer screening. You could save their lives (<a href="#">insert link to website</a>) Talk to your loved ones about why it’s important to get screened for #coloncancer and, well, why you love them so much (<a href="#">insert link to website</a>)</th>
</tr>
</thead>
</table>
| Sample Twitter | **Instagram:**
Skip the crowded restaurant. Make a reservation for you and your loved one’s #coloncancer screening this year. Talk to your loved ones about the importance of colorectal cancer screenings and #getscreened today.
- [Upload image of an appointment card for doctor’s appointment](#) |
| Instagram/Pinterest | **Pinterest:**
Board idea – Survivor Love Stories: photos or links to blogs of colorectal cancer survivors who relied upon their husbands/wives to get through the process or have since fallen in love. |
<p>| Internal Messaging | Do you know your family history? Whether you have a family history of colorectal cancer or not, you and your loved ones may be at risk. Encourage your loved ones to get screened for colorectal cancer today! |</p>
<table>
<thead>
<tr>
<th>MARCH</th>
</tr>
</thead>
</table>
| **Theme*** | **Colorectal Cancer Awareness Month**  
Raising awareness of the Colorectal Cancer screening and the history of National Colorectal Cancer Awareness Month |
| **Sample Facebook** | March is National Colorectal Cancer Awareness Month. Colorectal cancer is one of two types of cancer that can actually be prevented with regular testing (the other is cervical cancer). We need your help in encouraging friends and family 50 and older to get screened. Get tips here: (insert website link)  
Established in 2000 by President Clinton, National Colorectal Cancer Awareness Month helps shine a light on a major public health problem. To do our part, we’re asking all adults 50 and older to be regularly screened for colorectal cancer by 2018. Do your part by learning more about how and where to get screened: (insert website link)  
This month, show your support for colorectal cancer research & screenings by using #CRCAwareness on Twitter and Facebook and tagging those who need to get screened. Colorectal cancer is one of the few forms of cancer that is highly treatable if caught early.  
- Attach shareable graphic of campaign |
| **Sample Twitter** | In honor of National #CRCAwareness Month, ask five friends/family over 50 to #getscreened. (insert link to website)  
Show support for colorectal cancer research & screenings by using #CRCAwareness this month and tagging those who need to #getscreened  
Colorectal cancer is one of the few preventable, treatable and beatable forms of cancer. #Getscreened #CRCAwareness (insert link to website)  
Help us ensure all adults that are 50 & older #getscreened regularly for colorectal cancer by 2018. (insert link to website)  
Thanks to @billclinton for establishing National #CRCAwareness Month in 2000! Learn why: (insert link to website) |
| **Sample Instagram/Pinterest** | **Instagram:**  
Today marks the first day of National #ColonCancer Awareness Month. Colorectal cancer is one of the few forms of cancer that is preventable, treatable and beatable. Adults 50 and older are most at risk, so encourage your parents, aunts, uncles, grandparents and anyone else important in your life to #getscreened regularly.  
- Upload family-focused image to emphasize the need to talk to family members  
Colorectal cancer doesn’t discriminate and can happen to men and women of all ages. This month, we’re raising awareness of how to prevent and beat #coloncancer with regular screenings. Take a moment today to talk to your friends and family about why to #getscreened.  
- Upload shareable graphic about National Colorectal Cancer Awareness Month  
**Pinterest:**  
Board idea – National Colorectal Cancer Awareness Month: images showing how partners organizations, individuals or groups are raising awareness in communities either through in-person clinics, community boards, PSA’s, etc. |
<p>| <strong>Internal Messaging</strong> | Over 90% of those diagnosed when colorectal cancer is found at an early stage survive more than five years. Encourage your friends and family to get screened to celebrate National Colorectal Cancer Awareness Month. |</p>
<table>
<thead>
<tr>
<th><strong>APRIL</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Theme</strong></td>
</tr>
<tr>
<td><strong>Volunteer Spotlights: Behind-the-Scenes</strong></td>
</tr>
<tr>
<td>Highlight volunteers and providing a behind-the-scenes look at ACS and partners as part of National Volunteer Appreciation Month.</td>
</tr>
<tr>
<td><strong>Sample Facebook</strong></td>
</tr>
<tr>
<td>This month, we’re highlighting our volunteers behind-the-scenes at [insert organization name]. We’re thankful for the countless hours that these volunteers give to support patients, educate others and raise awareness in their local community. If you have a story of an outstanding volunteer, please share with us below! (insert website link)</td>
</tr>
<tr>
<td>- Attach group photo of volunteers</td>
</tr>
<tr>
<td>Volunteer Spotlight: Meet [insert name], she’s been a volunteer at [insert org] for [xx] years. Throughout the years, she has been a tremendous support to our patient community and worked side-by-side with us to help eliminate colorectal cancer once and for all (insert link to website)</td>
</tr>
<tr>
<td>- Attach photo of selected volunteer</td>
</tr>
<tr>
<td><strong>Sample Twitter</strong></td>
</tr>
<tr>
<td>Thank you to our amazing [insert organization] volunteers who support our goal of helping all adults over 50 #getscreened</td>
</tr>
<tr>
<td>- Attach group photo of volunteers</td>
</tr>
<tr>
<td>We love our volunteers—hear how beating #coloncancer inspired some of them to help others #getscreened (insert link to website)</td>
</tr>
<tr>
<td><strong>Sample Instagram/Pinterest</strong></td>
</tr>
<tr>
<td>Instagram</td>
</tr>
<tr>
<td>In honor of National Volunteer Appreciation Month, we’re highlighting our volunteers and the important part they play in helping people like you #getscreened for colorectal cancer. Tag us and share stories of amazing volunteers in your community that have helped save lives and raise awareness of #coloncancer screenings.</td>
</tr>
<tr>
<td>- Upload photo of volunteers or giving-focused image</td>
</tr>
<tr>
<td>Our volunteers at [insert organization] are not only a tremendous support to our cause, but many are also cancer survivors themselves. Their goal is to help adults like them understand the importance of #coloncancer screenings and why it’s important to get tested regularly. #dontwait #getscreened</td>
</tr>
<tr>
<td>- Upload shareable graphic about National Colorectal Cancer Awareness Month</td>
</tr>
<tr>
<td><strong>Sample Internal Messaging</strong></td>
</tr>
<tr>
<td>You can do your part in helping eliminate colorectal cancer by volunteering. Check out volunteer opportunities here <a href="http://www.cancer.org/involved/volunteer/index">http://www.cancer.org/involved/volunteer/index</a>, and make a difference today!</td>
</tr>
</tbody>
</table>
### Theme*

**Myth Busters: Breaking Down Barriers**

Debunking myths about colorectal cancer screenings and discussing why consumers avoid/pass on colorectal screenings.

### Sample Facebook

We’re here to bust some myths about colorectal cancer screenings this month! In addition to affordability, physicians believe that fear holds many back from being screened. Comment with your questions below to get the conversation started.

- Attach image related to myth busting

We’ve heard it before – “I’ve already been screened for colorectal cancer. Isn’t that enough?” It’s a great step in maintaining a healthy, cancer-free life. But, in order to detect issues early and prevent future issues, it’s important to talk to your doctor about screening for colorectal cancer on a regular basis. (insert website link)

### Sample Twitter

Time to bust some myths! Don’t let fear hold you back from getting screened for #coloncancer. Tweet us your questions (insert link to website)

Stop making excuses. We recommend that adults 50 & over #getscreened for colorectal cancer on a regular basis. Here’s why: (insert link to website)

Afraid of a #coloncancer screening? You’re not alone. Talk to someone who’s been through it and hear why to #getscreened (insert website link)

Isn’t it uncomfortable? What’s the recovery time? – What do you want to know about #coloncancer screenings? (insert website link)

### Sample Instagram/Pinterest

**Instagram:**

Let’s be frank. We know there is some fear associated with #coloncancer screenings, but we’re here to help by busting some myths about the process. Don’t let fear hold you back from getting screened for one of the forms of cancer that is preventable, treatable and beatable. #getscreened

- Upload image related to myth busting or investigations

To answer your questions about colorectal cancer, we thought someone with first-hand experience would be best for the job. You asked, “Doesn’t this only happen to people over 50?” Colorectal cancer survivor [insert name and age] told us, “While it’s more common for folks over 50, I was 30 when I was diagnosed.”

- Upload image of person who contributed quote

**Pinterest:**

Board idea – Myth Busters: infographics or shareable images that dispute some of the perceptions associated with colorectal cancer screenings (including infographics such as 7 Things to Know About Colonoscopies)

### Sample Internal Messaging

Contrary to popular belief, colorectal cancer is just as common in women as men. Let’s get everyone screened.
### JUNE

| Theme* | **Screening Locations: Roadtripping with ACS**<br>Focusing on screening locations and stories of noteworthy clinics or colorectal cancer doctors across the nation. |
| Sample Facebook | This month, we’re highlighting colorectal cancer clinics and hospitals across the nation. We want people like you to make informed decisions about where, why and how to afford colorectal cancer screenings. Check out our list of clinics and hospitals offering colorectal cancer screenings and comment below if there’s another we should add to the list! (insert website link)<br>Don’t use money or distance as an excuse. Check out our list of nearby clinics and hospitals that provide various colorectal cancer screening options. (insert website link)<br>- Attach map of screening locations specific to your area |
| Sample Twitter | Check out our list of local clinics & hospitals that provide #coloncancer screenings for all types of budgets (insert link to website)<br>Don’t know where to get screened for #coloncancer? Could be just around the corner. (insert website link) #getscreened<br>- Attach map of screening locations |
| Sample Instagram/Pinterest | **Instagram:**<br>We’re taking a tour of clinics and hospitals offering #coloncancer screenings in our area. Today, we’re highlighting the [insert clinic or hospital name] in [location] because they’re out in the community helping educate people on why to #getscreened for colorectal cancer.<br>- Upload image of specific location or collage of clinics/hospitals<br>**Pinterest:**<br>Board idea – Where to Get Screened: images of clinics and hospitals in the area that offer colorectal cancer screenings as well as a map of locations. |
| Sample Internal Messaging | In many cases of colorectal cancer, symptoms do not appear until the cancer has advanced to a later stage. Regular screening is the key to early detection! |
### Theme*

**Getting the Conversation Started**

Reminding consumers to start a conversation about colorectal cancer with their doctors, as discussions with doctors are the most preferred source for health info.

<table>
<thead>
<tr>
<th>Sample Facebook</th>
</tr>
</thead>
</table>
| Has your doctor asked you about a colorectal cancer screening? If not, it’s time to get the conversation started. Regular testing is the best way to prevent colorectal cancer – and research shows doctors are the most trusted source for all things health-related. (insert website link)  
- Attach image related to doctor-patient relationship  

The best way to start a conversation about health is to share your own experience. Colorectal cancer survivor [insert name] shared, “I was inspired to start taking action to protect my own health after hearing my friend tell me about her screening, and I’m grateful every day I got screened.”  
- Attach image of person who contributed quote |

<table>
<thead>
<tr>
<th>Sample Twitter</th>
</tr>
</thead>
</table>
| Be proactive and talk to your doctor about what a #coloncancer screening is really like #realtalk (insert link to website)  
- Attach image of healthcare professional or doctor  

Mysteries are great in novels, not when it comes to your colorectal. Talk to your doctor about #coloncancer screenings (insert link to website)  
Believe it or not, there are several ways to #getscreened for #coloncancer. Ask your doctor about other options (insert website link) |

<table>
<thead>
<tr>
<th>Sample Instagram/Pinterest</th>
</tr>
</thead>
</table>
| Instagram:  
Colorectal cancer screenings don’t have to be a mystery. Talk to your friends, family, doctor, or – if you’re feeling bold – anybody on the street. We heard from [insert name] about [his or her] experience preparing for the procedure. [He or she] shared, “The more I learned about it and started hearing other people talk about it, it relieved my concerns.” #getscreened #earlydetection  
- Upload image of person who contributed quote  

Since there's not an Amazon review or Yelp page for #coloncancer screenings-- yet, we think the best way to learn more about the process is to ask your doctor or health nonprofits in the area about it. #realtalk #getscreened  
- Upload image of person who contributed quote |

<table>
<thead>
<tr>
<th>Sample Internal Messaging</th>
</tr>
</thead>
</table>
| Pinterest:  
Board idea –shareable graphics encouraging adults to ask their family, friends and doctors about colorectal cancer screening. |

One in three adults over the age of 50 are still not getting screened for colorectal cancer as recommended. If you are over 50, start the conversation with your doctor about screening today.
**Theme**

**Employee Highlights: What Gets Me Out of Bed Every Morning**

Sharing what inspires employees to work for ACS or partner organizations – a.k.a. what inspires them to get out of bed (as it pertains to cancer research, prevention, etc.)

**Sample Facebook**

This month, we’re shining a spotlight on our dedicated employees at [insert organization]. Our team members are often the best advocates for getting screened early and regularly. [Insert name], a [insert title], explained, “We’ve seen first-hand how colorectal screenings can detect cancer early and save lives. There’s no better feeling than telling a patient that he is cancer-free after catching it early. I encourage all my friends and family to talk to their doctors – or me – about the process.”

- Upload image of person who contributed quote

**Sample Twitter**

Hear first-hand from our employees about how #coloncancer screenings save lives (insert link to website)

“We’ve seen time and time again how #coloncancer screenings detect issues early and save lives.” – [Employee name, organization]

**Sample Instagram/Pinterest**

**Instagram:**

This month, we’re highlighting employees at [insert organization] and what motivates them to come to work and educate others about #coloncancer. [Insert name] says, “We know that finances and fear are huge barriers to colorectal cancer screenings, but we are here to help and talk you through the process, how to afford it and how to maintain a healthy lifestyle. It’s all worth it when it comes back to saving lives.”

#getscreened

- Upload image related to myth busting or investigations

**Pinterest:**

Board idea – Employee Spotlights: images of and quotes from employees sharing reasons to get screened for colorectal cancer, testimonials and alternative options

**Sample Internal Messaging**

Through research and advancements in treatment, the death rate from colorectal cancer in both men and women has been dropping for more than 20 years. Help continue the trend by encouraging regular screenings!
<table>
<thead>
<tr>
<th>SEPTEMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Theme</strong></td>
</tr>
<tr>
<td><strong>Getting Schooled on Colorectal Cancer</strong></td>
</tr>
<tr>
<td>Sharing infographics and tidbits about colorectal cancer screenings in the spirit of “back to school.”</td>
</tr>
</tbody>
</table>

| **Sample** |
| **Facebook** |
| It’s time to get smart on colorectal cancer. Did you know there are several screening options available, including simple take home tests? Talk to your doctor about getting screened today. |

- **Attach image of shareable graphic on prevention**

Fact: Colorectal cancer isn’t a man’s disease. It's just as common among women as men. Each year, about 140,000 Americans are diagnosed with colorectal cancer, and more than 50,000 die from it. (insert website link)

| **Sample** |
| **Twitter** |
| Today’s lesson: #Coloncancer is often highly treatable & beatable if detected early. Best way to detect it: #getscreened (insert link to website) |

#Didyouknow colorectal cancer is just as common among women as men? It doesn’t discriminate. #getscreened (insert link to website)

| **Sample** |
| **Instagram/Pinterest** |
| **Instagram:** |
| Next time you’re at the doctor, ask for a quick lesson on colorectal cancer screenings. The majority of colorectal cancer cases are found in people age 50 and older, and one of the biggest barriers to getting screened is lack of information from physicians and healthcare organizations. #staysmart #stayhealthy |

- **Upload image related to doctor’s office and education**

This month, we want you to stay smart about colorectal cancer. Did you know colorectal cancer is the third most diagnosed cancer among men and women? If detected and treated early though, the 5-year survival rate is about 90%. #staysmart #stayhealthy

**Pinterest:**
Board idea – Stay Smart, Stay Healthy: infographics or statistics about colorectal cancer screenings focusing on survival rates, percentage diagnosed and tips for early detection

- The lifetime risk of developing colorectal cancer is about 1 in 20. Encourage your loved ones to get regular screenings.

**Internal Messaging**

The lifetime risk of developing colorectal cancer is about 1 in 20. Encourage your loved ones to get regular screenings.
<table>
<thead>
<tr>
<th>OCTOBER</th>
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</thead>
<tbody>
<tr>
<td><strong>Theme</strong></td>
</tr>
<tr>
<td><em>Time for a Wake Up Call</em></td>
</tr>
<tr>
<td>Deploying eye-opening statistics and surprising facts as a cautionary tale to motivate consumers to have a colorectal cancer screening.</td>
</tr>
</tbody>
</table>

| Sample Facebook |
| Experts expect more than 96,000 new cases of colorectal cancer each year. Be proactive. Talk to your doctor about the procedure so that you don’t become another statistic. Learn more about early detection and screenings here: (insert website link) |
| - Attached shareable graphic about prevention |
| Most colorectal cancers occur in people without a family history. |
| So, don’t be spooked by getting a colorectal cancer screening. Talk to your doctor about your family history, risks for developing colorectal cancer and details of the procedure. (insert website link) |
| - Attach shareable graphic |

| Sample Twitter |
| Don’t let healthcare costs scare you. Ask your doctor about alternative, cheaper tests to get screened for #coloncancer (insert website link) |
| Take control of your health before it’s too late. Get screened regularly for #coloncancer to detect cancer early (insert website link) |
| Sure, it’s easy to put #coloncancer screenings on the back burner. But, it can often go undiagnosed w/o symptoms (insert website link) |

| Sample Instagram/Pinterest |
| **Instagram:** |
| Colorectal cancer is the second leading cause of death and screenings are nothing to be scared of. What is scary though is the number of adults over 50 who are at risk of developing #coloncancer and aren’t screened on a regular basis. #staysafe #getscreened |
| - Upload image related to Halloween or scared patient |
| **Pinterest:** |
| Board idea – Eye-Opening Statistics: infographics, shareable images and links to blogs or partner organization websites that provide statistics that motivate |

| Sample Internal Messaging |
| Colorectal cancer is the second leading cancer cause of mortality in the United States. Help increase screenings by initiating the conversation. |
### NOVEMBER

<table>
<thead>
<tr>
<th>Theme*</th>
<th><strong>What We’re Thankful For</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Focusing on survivor stories and cancer doctors/nurses who help save lives and administer colorectal cancer screenings</td>
</tr>
</tbody>
</table>

| Sample Facebook | This month, we’re drawing much needed attention to colorectal cancer survivor stories. Hear from [insert name] about her colorectal cancer screening, how doctors detected the disease early and how she afforded the procedure: “I didn’t have health insurance at the time, so I’m so grateful for the [xxx] clinic for providing a cheaper, alternative option for colorectal cancer screening. Early detection saved my life.” (insert website link) |
|                 | We’re thankful for the physicians and nurses who support our work in eliminating colorectal cancer. We want to thank them for being such a trusted source of information (insert website link) |

| Sample Twitter | “I never thought it’d happen to me. But, I’m grateful every day to be here and to have beaten #coloncancer” – [Insert name] #getscreened |
|               | Thank you to all of the #coloncancer survivors who shared their stories & encouraged others to #getscreened (insert link) |
|               | “I’m glad I took action early and didn’t let fear hold me back from getting screened for colorectal cancer. It saved my life” – [Insert name] #getscreened |

| Sample Instagram/Pinterest | **Instagram:** |
|                          | During this month of gratitude, we want to hear from you. Tag us and share your colorectal cancer survivor stories and why you decided to #getscreened. We’ll feature as many of your stories as possible! |
|                          | - Upload image of colorectal cancer survivor |
|                          | Survivor Story: “I've never known anyone with colorectal cancer and never had a family history of cancer in general. So, when my doctor suggested I start getting screened, I followed his suggestion. I’m grateful every day that I did because in the third test they found a small polyp and were able to treat it and remove it completely.” #getscreened #trustus |
|                          | - Upload image of colorectal cancer survivor |
|                          | **Pinterest:** |
|                          | Board idea – Survivor Stories: images and quotes from colorectal cancer survivors on why they got screened and how their life has changed since beating the disease. |
|                          | There are currently more than one million colorectal cancer survivors in the United States. Let’s increase that total, by encouraging our loved ones to get regular screenings. |
| Sample Facebook | **Giving the Gift of Health**  
Reflecting on 2015 and major milestones throughout the year, as well as encouraging consumers to raise awareness of the benefits of screenings among friends and family during the holiday season.  
As we wrap up 2015, let’s take a look at some of the major milestones in eliminating colorectal cancer. We helped countless people learn more about the importance of getting screened, started a dialogue among adults 50 and over who are most at risk, and shared valuable resources about where to find, how to pay for and what’s involved in a colorectal screening. (insert website link)  
- Attach shareable graphic of 2015 highlights  
If you’re struggling with what to say at holiday reunions, talk about getting screened for colorectal cancer. It’s critical for those over 50. Know your family history. |
| **Sample Twitter** |  
This holiday tell Crazy Uncle Fred to #getscreened. Unlike some things, #coloncancer doesn’t always run in the family  
- Attach image of family reunion  
Take a look at our progress in eliminating #coloncancer this year, as we wrap up a great 2015. #savinglives (insert link to website)  
End the year on a healthy note. Talk to your doctor about making colorectal screenings part of your regular checkups (insert link) |
| **Sample Instagram/Pinterest** |  
**Instagram:**  
Colorectal cancer screenings may not be on your “wish list” for the holidays this year. But, it’s an important topic to talk about with your loved ones and your doctor, especially since family history isn’t always a reliable indicator of developing the disease. #takeaction #getscreened  
- Upload image of holiday gathering or wish list  
**Pinterest:**  
Board idea – 2015 Highlights: Infographic or shareable images of major milestones throughout the year in terms of the Eighty by 2018 campaign (e.g. new research studies, survivor stories, community engagement, etc.) |
| **Sample Internal Messaging** | Fighting colorectal cancer starts with a conversation. Remind your family and friends over the age of 50 to get screened! |
ENDNOTES

7 http://insights.c2bsolutions.com/blog/bid/73803/Are-Medicaid-Health-Care-Consumers-a-Growing-Market-for-Health-Plans#sthash.CwJS5K4j.dpuf
11 http://kff.org/uninsured/fact-sheet/key-facts-about-the-uninsured-population/
14 http://nccrt.org/about/provider-education/crc-clinician-guide/
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21 http://www.gallup.com/poll/170882/uninsured-rate-holds-steady.aspx
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28 http://www.medicaid.gov/medicaid-chip-program-information/by-population/by-population.html
30 Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care, Institute of Medicine, 2002.
32 https://www.census.gov/content/dam/Census/library/publications/2014/demo/p60-250.pdf
33 http://www.census.gov/prod/2012pubs/p70-133.pdf
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