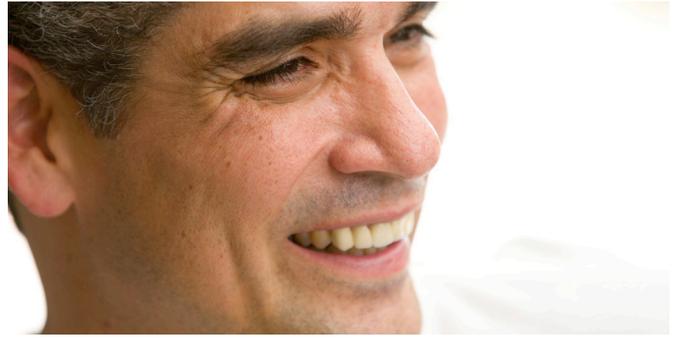
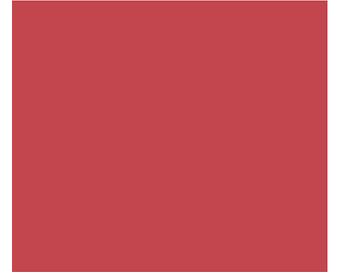


80%
by 2018



Tested Messages to Reach the Unscreened

Tools for the 80% by 2018 goal to screen 80% of adults 50 or older for colorectal cancer by 2018



Hispanics/Latinos and Colorectal Cancer

Companion Guide



Acknowledgments / Disclaimer

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

- **Ricardo López**
- **Anjee Davis**
- **Dave Greenwald**
- **Linda Lutz**
- **Brian Gantt**
- **Colleen Fitzwater**
- **Emily Butler Bell**
- **Mary Doroshenk**
- **Durado Brooks**
- **Cindy Gelb**
- **Louise Chang**
- **Kassandra Alcaraz**
- **Joenell Henry-Tanner**
- **Theresa Maschke**
- **Aimee Frank**
- **Paul Baker**
- **Adolph Falcon**
- **Mario Alvarez**
- **Kerstin Ohlander**
- **Lisa Richardson**
- **Gina Steiner**
- **Debbie Kirkland**
- **Desiree Berenguer Carton**
- **Pat Deuschle**
- **Jerry Tirado**
- **Christine Tyre**
- **Lisa Murphy**

DISCLAIMER: This guide was made possible in part by funding from the Centers for Disease Control and Prevention Cooperative Agreement Number 5U38DP004969-02 and -03. The views expressed in the material do not necessarily reflect the view of the Department of Health and Human Services.

As is the case with all qualitative market research, respondents in these interviews were drawn from the population from whom we seek answers, but were not chosen on any statistical basis. The findings accurately represent the opinion of those individuals who attended the discussions. They should be used for clarifying existing theories, creating hypotheses, and for giving direction to future marketing research. Additionally, these findings are generalizations and may not apply to all individuals or all subgroups in Hispanic populations.

This report is based on the qualitative analysis and interpretation of the market research. Many quotes that were spoken in Spanish have been translated into English for this report. The terms Hispanic and Latino are used interchangeably in this report.

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Overview

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Reaching the Unscreened	Learning About the Unscreened	Tested Messages for Bicultural/unacculturated Hispanics	Reaching Priority Populations with Targeted Messages	Tools to Reach the Priority Population
Why is it Important to Reach out to the Hispanic Community?	Perceptions about Health	Top Rated Messages	Motivating the Unscreened: Key Themes	Graphics
What Approach Was Used?	Perceptions about Health Care and Cancer Screening		Messengers and Channels to Reach Hispanics	Sample Tweets for Spanish Speakers
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Reaching the Unscreened

Why is it Important to Reach Out to the Hispanic Community?

Colorectal cancer is the second-leading cause of death among Hispanics in the United States when men and women are combined. Hispanics are also one of the populations least likely to be screened for colorectal cancer, even though the disease is often preventable or detected early through screening. Nationwide one in three adults between 50 and 75 years old are not getting screening tests as recommended, but among Hispanics, this number is closer to one in two¹. This fact, along with the size of the Hispanic population in the U.S., makes it important to understand and address this group's unique barriers to colorectal cancer screening. <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6244a4.htm>

The National Colorectal Cancer Roundtable (NCCRT) has launched a shared goal to substantially reduce colorectal cancer as a major public health problem by regularly screening 80% of adults for colorectal cancer by 2018. (Visit nccrt.org/tools/80-percent-by-2018/ to learn more and pledge your organization's support). For the reasons listed in the paragraphs above, Hispanics are a priority population prioritized in the 80% by 2018 initiative.



As a part of this effort, the American Cancer Society Marketing Research Department, in collaboration with the National Colorectal Cancer Roundtable (NCCRT), conducted several phases of market research among U.S. adults, 50 years of age or older in 2014. This research was used to better understand the barriers that prevent colorectal cancer screening, as well as the emotional motivations behind screening. Through this testing, messages that resonated with the unscreened base were released to partners in the effort for use in their communications efforts.

While the 2014 market research provided a lot of valuable information, it included only English-speaking U.S. adults, thus missing a large segment of the unscreened population, Spanish-speaking adults in the U.S. We also know that partners in the 80% by 2018 effort have been asking for messaging about colorectal cancer screening in Spanish.

As such, we are pleased to share a summary of this market research and our findings about messaging with all of you.

1 in 2

Hispanic adults (47%)
between 50 and 75 years
old is not getting tested
as recommended

What Approach Was Used?

In an effort to better understand the barriers that prevent Spanish-speaking Hispanics (bicultural and unacculturated Hispanics) from getting screened for colon cancer, as well as the motivations that will encourage decisions to seek screening, the NCCRT commissioned an independent firm to conduct in-person focus groups in three cities across the United States – New York City, Los Angeles and Atlanta. Within each market, two groups (one male group and one female group) with bicultural participants were conducted in English. Two groups (one male group and one female group) were conducted in Spanish among unacculturated Hispanics. There was a mix of ethnicities represented; a larger representation of Mexican Hispanics were included in the Atlanta and Los Angeles markets.

Based on the findings and key points identified in the research, draft messages and educational content that might appeal to Spanish speakers were developed for further testing. In-depth interviews were then conducted in the three cities to identify the strongest messages and further refine the materials. We gleaned many insights from these interviews and focus group results. This information, as well as some findings from our 2014 market research, have been condensed into this guide to share with you.

Bicultural Hispanics:

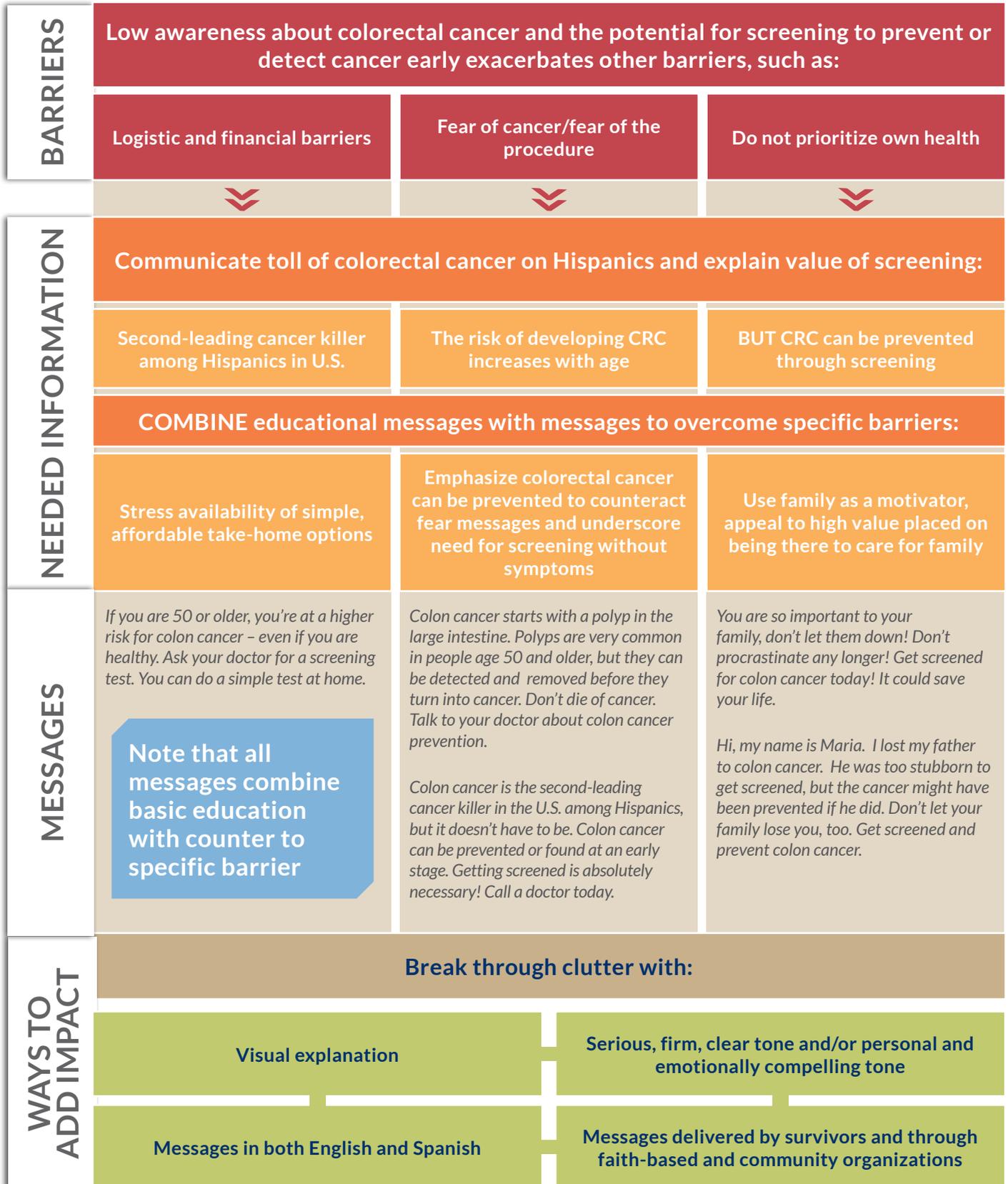
- are bilingual;
- conduct business in English;
- are comfortable with Spanish and English media sources; and
- practice Hispanic traditions and customs.

Unacculturated Hispanics:

- are primarily Spanish speakers;
- conduct business in Spanish;
- rely on Spanish media sources; and
- practice Hispanic traditions and customs.



Logic Model



Learning About the Unscreened

Perceptions About Health

We explored health perceptions in our focus groups with bicultural and unacculturated Hispanics, and below are some of the key themes we heard. Participants we spoke to:



Care about their health, but don't always know how to seek out good health information.

- The participants we spoke with tend to learn about health care from family, friends, and doctors on TV.
- Many participants lacked general information about health issues.
- Others did not always verify whether information was gleaned from a reliable source, such as a health professional.

"If my mother told me [something about my health], I believe her."

Tend not to go to the doctor unless something is wrong.

- We heard that preventive health care measures like regular check-ups are seen as not necessary.
- Many participants described saving a visit to the doctor for when something is wrong as a "last resort" or if they are in pain for an extended period of time.
- NOTE: An exception is that the women we talked to were likely to go to the doctor for a Pap test and/or a mammogram.

"My doctor wanted to do a colonoscopy because I was having some problems, but the pain went away so I canceled the appointment."

"You go to the doctor after symptoms present themselves. If I don't feel bad, I don't go to the doctor."

Work hard for their families, but do not always prioritize preventive health.

- New immigrants are busy working to provide for their families and the logistics of getting to the doctor is a barrier.
- NOTE: The Latino men we spoke with said family welfare, including providing financial support and security was very important.

"The doctor gave me a list of exams I should get. I showed it to my friend who is 10 years older than me and she told me about the process for a colonoscopy. I can't take off work two or three days for that!"

Fear medical procedures.

- The participants we spoke with prefer to avoid talking about medical procedures, which are often unknown and therefore, intimidating.
- Fear includes both the discomfort of the exam and of being in a clinic or hospital, which was similar to what we heard in our 2014 market research with the unscreened across populations.
- NOTE: This fear was apparent in all groups, but was particularly strong among the men.

"It's uncomfortable. You're in a procedure room waiting. They tell you to take off your clothes and you're like "please get this over with" and you start feeling anxious and you hear people conversing outside... that's anxiety."

Fear the unknown, especially death.

- We often heard that talking about any illness that is perceived as terminal or as related to death is generally considered taboo.
- Fears includes impact it can have on accomplishing their life's mission, their physical and emotional suffering, and most importantly, the effect that their death may have on their families and loved ones.

"If the doctor told me to get a colonoscopy, I would be afraid. Why would he want me to take that? What do I have? I always have the same cholesterol levels and I've never had any types of problems."

"I'm scared they'll find something."

Are strongly bound by faith...which leads to delays in seeking care.

- We heard that a part of faith is the belief that whatever happens is "God's will." As a result of these views, both male and female Hispanics relayed that they may delay seeking medical attention, taking a passive approach toward major health issues.

"Cancer is out of our control. We can get rid of it and it will come back. It is up to God."

- 76% of all Latinos are Christian and 55% are Catholic².

Use home remedies.

- Colon cleanses, teas, and aloes were all mentioned as ways to keep the colon healthy.
- Note that these home remedies are also mentioned in the literature by other groups, as well.

"I'm more inclined towards natural remedies. I read an article about garlic as an antibiotic."

"I actually do a colon cleanse every three months just to be healthy."

Can be persuaded by friends or relatives to go to the doctor.

- The individuals we talked to would finally go to the doctor if someone was persuasive enough to get them to put aside all avoidance justifications.
- Adult children in particular seemed to be able to persuade males in their lives to take care of their health.

"I think people need to be pushed. I push my mom to go to the doctor. She has insurance and everything she needs to go to the doctor. Why doesn't she go? She doesn't have to pay. I say, "Okay Mami, let's go." I make all the appointments."

Perceptions About Health Care and Cancer Screening

We explored health perceptions in our focus groups with bicultural and unacculturated Hispanics, and below are some of the key themes we heard. Participants we spoke to:



Are less likely to follow a physician's recommendation if they feel there is a "lack of trust".

- We heard that trust is extremely important in the relationship with the physician and "lack of trust" is a main reason why someone may not listen to their doctor.
- Many people we spoke with feel that the physician does not want to listen to or spend the necessary time to understand Latino concerns.
- Doctors can be perceived as in a rush and seem inattentive; only caring about money.
- Many worry about side-effects or risk, particularly for procedures like a colonoscopy.
- Participants told us that many physicians fail to connect with Hispanics/Latinos in a way that promotes trust in the relationship.

"Doctors make mistakes. With me, they made two mistakes already so with that I learned. I have been scared too many times."

View cancer screening logistics as a barrier, particularly when the importance of screening is not understood.

- Because colorectal cancer screening is viewed as both inconvenient and unimportant, some participants described a tendency to procrastinate or miss their scheduled appointment.
- Many we spoke to face transportation issues that make going to the doctor difficult and stressful.
- NOTE: Participants indicated that time and inconvenience would not be an issue if the screening exams were viewed as important.

"I have insurance, but I don't go because it's inconvenient. I'd have to fit it in on a day off or something."

"They close after work and Saturdays you can only go to Urgent Care."

View cancer as a strong source of fear.

- Cancer is largely perceived as a terminal illness among the people we spoke with.
- Even when not perceived as terminal, Although some know that cancer can be treated, they also the treatment itself generated fear.

"Colon cancer is sudden death."

"I have seen people looking like me or any one of us. Feeling good. Eventually, they go to the doctor tomorrow and discover they have cancer. From that moment, just knowing about it, changes that person's life completely. If I have cancer, don't do anything to me. No chemotherapy. Leave me alone. I might be wrong, but from what I've seen and what my knowledge is, from the moment you find out, life changes completely."

Have low awareness and knowledge about colorectal cancer.

- Many of the individuals we spoke with do not know much about the colon and some do not even know what the colon is.
- Others we spoke with do not think of colorectal cancer as common or as deadly as other types of cancer.
- Many participants who have heard of colorectal cancer seem to have limited understanding about it.
- NOTE: When referring to colorectal cancer the participants we spoke with used "cancer del colon" not the term "colorectal."

"I don't hear much about colon cancer compared to other types of cancer."

"I never knew about the polyps, that is brand new information to me."

"Usually colon cancer happens to people that are constipated."

Have minimal awareness and knowledge of colorectal cancer screening tests.

- There is some awareness of colonoscopy, but limited understanding about it.
- Some people we spoke with have heard that it is recommended after 50, but do not know why.
- For the most part, screening options are not understood.
- There is a lot of confusion; many confuse colon and prostate exams or other colorectal issues, such as diverticulosis, diverticulitis, hemorrhoids, etc.
- NOTE: There is a common misunderstanding that colorectal cancer screening is only for men, and that women do not need to do it.

“Why on earth would they do that if there’s nothing serious going on?”

“If you could do something external, that would be better.”

Top Barriers to Screening

The main barriers that emerged in our focus groups were:



An overall lack of information regarding health care, colorectal cancer, and colorectal cancer screening.

- We heard a lot about cultural reasons for not discussing screening tests, cancer, and illness that exacerbate gaps in information.
- The need for basic information about the importance of screening was apparent.

“People talk about their heart and this and that; they say oh I’m watching what I eat but they don’t talk about when they had a polyp in their colon.”

“I didn’t know that you could have colon cancer without symptoms. Yes, that would influence me to get screened.”

○ In our 2014 research, 48% of the unscreened Hispanics (English-speaking) we spoke with were “doctor adverse.”

Fear, especially fear of the unknown, holds many back from getting screened.

- Participants told us that because they do not know much about the value of colorectal cancer screening, the exams themselves make people nervous.
- Their fears ranged from fear of the procedures, the preparation, or pain to fear of what the test will reveal. This was a theme in our 2014 research as well.
- Negative stories told by family and friends often made participants more afraid of getting screened.

"People tell you their experiences with the exams and you go, 'Oh, I really don't want to go.' Others' experiences stop you."

Affordability.

- Many Latinos have a low income or lack health insurance. Many participants we spoke with and they worry about financial strain, insurance status and copays³.
- It is important to note that many people we talked to said if they understood the importance of colorectal cancer screening, they would find a way to pay.

"I don't do regular exams all the time because I don't have insurance. I have to find the places that do it for free and for that, you have to wait a long time."

"Insurance covers these exams, but that doesn't motivate me. I already know that. You still have a co-pay."

- Affordability was a major barrier for all the unscreened in our 2014 market research, including Hispanics and Latinos.

"Machismo" (the tendency of males to identify and act as the "masters of the house".)

- Participants told us that a Hispanic or Latino male acting on his machismo would not engage in anything that takes him out of control or command.
- We also heard that Hispanic "machos" may not take orders from a doctor and may not allow doctors to examine their rectum or genitalia.
- Some participants had a very strong preference to be seen by a doctor of the same gender, though this was not universal.

"My brother-in-law told me it's through the rectum. They put some gloves on and there you go. You come out walking funny and try to find out who did that to you."

"No way... I'm not going to lose my virginity!"



Limited knowledge that colorectal cancer screening can prevent colorectal cancer.

- The idea that a colonoscopy can actually help prevent colorectal cancer was foreign and difficult to believe.
- Only a handful of participants understood the concept of the polyps at the onset. Most did not know that polyps can be removed during a colonoscopy.

“How could you prevent cancer? No seriously... you can't prevent it, can you?”

“Who invented that one? That's a fact?”

Doctors are not explaining the need for screening effectively, if it comes up at all.

- Not all doctors mention colorectal cancer screening and if they do, they respondents felt the doctors did not emphasize its importance and/or potential to prevent cancer.
- A lack of connection with a doctor hinders communication and affects understanding.
- Medical language can be confusing.
- Even when trust is present, a simple recommendation is unlikely to push the people who participated to go for colorectal screening tests.
- NOTE: Many relayed that Latinos need to understand why they're being recommended colorectal screening. Conveying the importance will help people follow through with an exam.

“Doctors should also try to change the way they bring this up with us. They need to speak with language that is clear, honest, and concise. No medical language. Tell us what [the exams are] for.”

“The doctors aren't pushing this.”



- In our 2014 research, “The doctor did not recommend it” was one of the top three reasons given by Hispanics (English-speaking) for not getting screened.

- In prior research we learned that a majority of physicians believe that colorectal cancer screening is highly important, but only four in ten view it as a top health priority to communicate (a majority see it as one of many health issues to address).

Recommendations for Reaching this Audience

The following recommendations were developed based on the feedback from the focus groups:



Use key statistics, such as that colon cancer is the second-leading cancer killer among Hispanics and Latinos in the U.S. when men and women are combined.

- Most participants were unaware of this information.
- Most participants felt that this statistic was essential in motivating Latinos to get screened.
- Relay that the statistics are from a trustworthy source, such as a medical source or health professional.

"Hearing that will make me ask my doctor about it."

"I did not know that it is the second-leading type of cancer with Latinos."

Explain that colon cancer can be prevented.

- Before learning about the preventive nature of colorectal cancer screening, many of the people we talked to did not appreciate the reason for the screening exams and therefore do not act.
- After learning this, many participants feel the urge to tell all of their family and friends about the exams.

"This is real and huge and can be prevented. We don't even know about it. A message on TV should say so many people have it, and you might not know, but you need to get tested. That will make people start thinking about it."

Tell people that colon cancer does not need to have symptoms.

- Most Latinos we spoke with only go to the doctor when symptoms present themselves.
- Knowing colorectal cancer can develop without any symptoms is a motivator to talk to a doctor about getting screened.

"Say colorectal cancer is the second-leading cause of death for Latinos in this country and it doesn't have symptoms."

- The participants we talked to suggested that Latinos would welcome and embrace a clear explanation of why they need colorectal cancer screening. Study participants were skeptical as to whether or not colorectal cancer could be prevented until receiving an explanation. Once presented with an explanation of colorectal cancer and how it develops from polyps, along with an explanation of different screening exams, their eyes were opened. The message about joining the national movement to increase cancer screenings meant nothing to them until they understood why it mattered. A simple and direct explanation will go a long way. Because there is a need for basic education, you will find an educational brochure in English and Spanish on page 30.

Use strong visual stimuli when communicating with Latinos.

- Language is often a barrier for Hispanics/Latinos when it comes to understanding doctors and medical information. Medical language is an additional barrier.
- Visuals help people understand, despite these barriers.
- Pictures can be easier to remember or to describe to family and friends.
- Visuals are more able to deliver an emotional response.

"I saw a commercial on TV where the person lost all the teeth. I never smoked, but I saw that and I said, "Wow, I never want to smoke." It was visual."

- Visuals developed just for this audience coming soon!

Use a firm, clear message that is appropriately serious, but coupled with hope.

- Respondents relayed that it is okay to instill fear or engage emotion in messaging to push action – as long as it is a serious subject and when coupled with a well understood "action step" to counter any feeling of hopelessness.
- Fear and guilt may encourage people to step outside of themselves. No one wants to feel it is their fault if something happens to them or to their loved ones.
- Messages are also more likely to be persuasive if they come across as a legitimate, caring desire to help the Hispanic/Latino community; persuasive in the way that a loving, caring person tries to persuade a loved one. Otherwise, the message could be dismissed if perceived as a "sales pitch" with a hidden agenda.

"...it does need to be a very strong and serious message to have impact."

"My aunt died and it was a wake-up for the whole family."

- **CAUTION:** Public health experts we spoke with cautioned that fear-based messages can have the exact opposite effect as intended if delivered incorrectly, by the wrong person, or at the wrong time. While the recommendation to consider a fear or guilt-based messaging approach is consistent with the advice we received from respondents, this approach should be undertaken with great care. If partners want to use this strategy, we recommend incorporating both pre-testing and on-going evaluation into the project plan to monitor for any unintended backlash.

Make the message personal to help appeal to Latino emotions; have someone touched by the disease deliver the message.

- Many people we spoke with felt a serious, firm message would be best received if it is also a personal message.
- The message about colorectal cancer screening needs to come from someone who has experienced colorectal cancer, either a survivor or someone who had a loved one die of colorectal cancer.

“If television commercials are done, it should be with real people who have had cancer because of a lack of information or knowledge.”

- Our previous market research found that unscreened Hispanics (English-speaking) did not have a personal connection to cancer. A message delivered by someone who was touched by this disease has the potential to make it more real and urgent.

Use family as a strong motivator.

- The role of a family provider is important and may help overcome procrastination.
- Participants told us that being able to be around to enjoy their grandchildren is also a strong motivator for Latinos.

“It would motivate me if it was presented as something that helps me be there for my family.”

- The family is the nucleus of Latino life and usually covers three generations, including extended family members and close friends. The members of a Latino family typically feel interconnected and often depend on one another for their financial, physical, and emotional support. Many Hispanics and Latinos care more about their family than they do about themselves. Family is one of the most important factors that influences Latinos in their decision to take care of their health.

Use a trusted spokesperson or known celebrity to deliver the message.

- The spokesperson should be respected by the Hispanic or Latino community – someone who they know and trust.
- Although some said the spokesperson should be someone their age, most agreed that anyone respected and well known would be a good spokesperson provided they have a true connection to colon cancer.

“An ad on television with a famous person would work: somebody who may have had a polyp. I remember what Plácido Domingo said – that he was saved because a friend told him to get checked. Thousands of people in Spain went to get checked because it was Plácido Domingo. People know him. Somebody credible like that who has their own experience to talk about is great.”

The community may be a powerful avenue.

- The participants we spoke with relayed that Hispanics/Latinos sometimes seek health advice by asking for the opinions of family and friends.
- A few group participants brought up their church communities to explain that the congregation, and especially the priest or pastor, has a lot of influence.
- Parents expressed that their children are contributing members in family discussions.

“When you get older and you have health concerns, you look to various places for information and you ask questions to your family and friends.”

- Many of the people we spoke with felt that Hispanics communicate at an emotional level. Physical touch and non-verbal communication are important. We heard that Hispanics rely heavily on word of mouth information, and they trust the medical advice of their relatives, sometimes above the opinion of their doctor. We heard that Latinos are storytellers; word-of-mouth misinformation often spreads rapidly in the Latino community and becomes difficult to contest.

Use television to reach Hispanics and Latinos.

- Consider sports programs for males; novelas for females.
- Bicultural Latinos relayed that they watch TV in both English and Spanish.

- Our previous market research found that the top source for receiving health information and a preferred channel for receiving information specific to health was television. Respected television sources include *Univision* and *Telemundo*.

Latinos Want Information in Many Ways



Television

- ▶ Univision and Telemundo
- ▶ Sports
- ▶ Novelas
- ▶ Medical Shows
- ▶ News



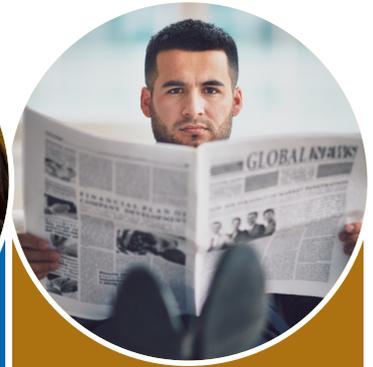
Internet

- ▶ Facebook
- ▶ WebMD
- ▶ Search Engine
- ▶ News Feed



Community

- ▶ Churches
- ▶ Supermarkets
- ▶ Hospitals
- ▶ Health Fairs
- ▶ Community Centers



More Outlets

- ▶ Text Messaging
- ▶ Radio
- ▶ Newspapers
- ▶ Insurance Magazines
- ▶ Brochures
- ▶ Billboards

Perceptions of Screening Options

FIT is Seen as Easy and Effective

Of the screening options discussed, high-sensitivity stool tests, especially the Fecal Immunochemical Test (FIT), was the most positively received by participants. Some viewed the exam as “gross,” but still preferred it to the other options.

Many Latinos are surprised that such a simple exam can give them information on whether or not they truly need a colonoscopy. Affordability is a plus; however, some Latinos still question how affordable it is. They want to know the price. They are very willing to do this exam when they understand how it is helpful.



I like the option to do something in your house. This is good because you do that test first to see if there is something weird.

Oh, my doctor wanted me to do that but I didn't because I didn't know what it was for. I thought it was nasty.

I need to know why if the doctor wants me to do a stool test. I know he's the doctor, but I need to know why.

I would rather do the stool sample so I don't have to go to the doctor's office and go through the procedure.

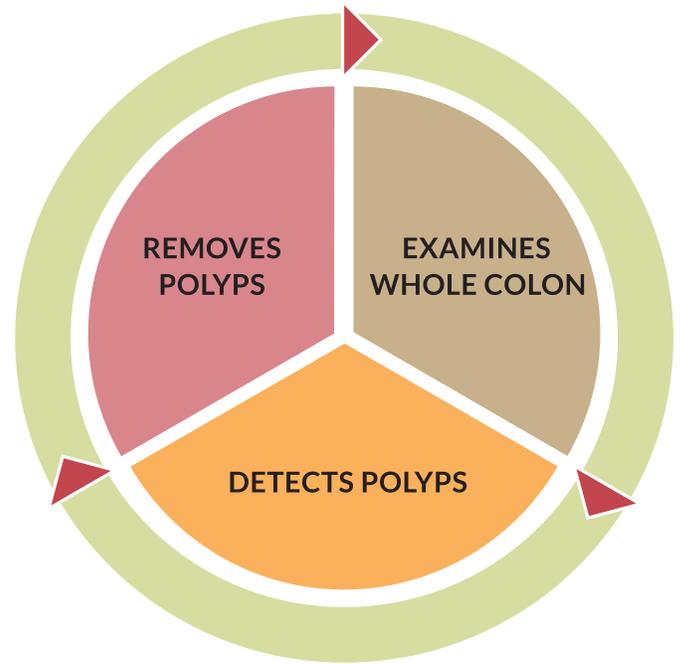


A clearer explanation of the stool test is needed. Many Hispanics do not know that stool tests detects blood in the stool that they would not be able to see on their own. They need to know that stool tests can detect cancer early or prevent cancer by detecting a polyp that has begun to bleed. These more detailed explanations are included in our educational brochures on page 30.

The Colonoscopy is Seen as the Most Comprehensive

Once presented with an explanation of colorectal cancer and how it develops from polyps, along with an explanation of different colorectal screening exams, Latinos we spoke with view the colonoscopy as the most comprehensive colon screening exam.

Some Latinos would opt for this exam because they can understand its ability to prevent colon cancer. They would also rather receive one comprehensive exam than to undergo two screening tests. Many Hispanics that saw the colonoscopy as comprehensive would still rather do an easier “more comfortable” exam first.



A clearer explanation of how the colonoscopy prevents cancer is needed. Further emphasis can be placed on the polyps and how if you have them removed, you prevent the cause of the cancer.



The pictures show what it is. I did not know what a polyp was, but now I know what my friend meant when he said he has a golf-sized polyp.

Tested Messages for Bicultural/unacculturated Hispanics

Twelve messages were created and tested in all markets. In the final market, two additional messages were tested. Participants rated all messages from 1-5 and selected their top five most motivating messages.

A

If you are 50 or older, you're at a higher risk for colon cancer—even if you are healthy. Ask your doctor for a screening test. You can do a simple test at home.

Si tienes 50 años o más, estás en un mayor riesgo del cáncer de colon, incluso si te sientes saludable. Pide a tu médico una prueba de detección. Puedes hacer una prueba simple en tu casa.

B

Colon cancer starts with a polyp in the large intestine. Polyps are very common in people age 50 and older, but they can be detected and removed before they turn into cancer. Don't die of cancer. Talk to your doctor about colon cancer prevention.

El cáncer de colon comienza con un pólipo en el intestino grueso. Los pólipos son muy comunes en las personas mayores de 50 años, pero pueden ser detectados y eliminados antes de que se conviertan en cáncer. No muera de cáncer. Hable con su médico sobre la prevención del cáncer de colon.

C

You are so important to your family, don't let them down! Don't procrastinate any longer! Get screened for colon cancer today! It could save your life.

Tú eres muy importante para tu familia, ¡no los defraudes! ¡Ya no demores esto! ¡Hazte un examen de detección de cáncer de colon hoy mismo! Puede salvar tu vida.

D

Colon cancer is the second-leading cancer killer in the U.S. among Hispanics, but it doesn't have to be. Colon cancer can be prevented or found at an early stage. Getting screened is absolutely necessary! Call a doctor today.

El cáncer de colon es la segunda causa de fallecimientos por cáncer entre los hispanos de EE. UU., ¡pero es algo que se puede evitar! El cáncer de colon se puede prevenir o detectar en sus etapas tempranas. ¡Es absolutamente necesario que te hagas un examen de detección! Llama al médico hoy mismo.

E

Hi, my name is Maria. I lost my father to colon cancer. He was too stubborn to get screened, but the cancer might have been prevented if he did. Don't let your family lose you, too. Get screened and prevent colon cancer.

Hola, me llamo María. Perdí a mi padre a causa del cáncer de colon. Él era demasiado testarudo para hacerse una prueba de detección, pero el cáncer pudo haber sido prevenido si lo hubiese hecho. No dejes que tu familia también te pierda. Hazte una prueba de detección y previene el cáncer de colon.

Top-rated Messages

MESSAGE **A**



If you are 50 or older, you're at a higher risk for colon cancer—even if you are healthy. Ask your doctor for a screening test. You can do a simple test at home.

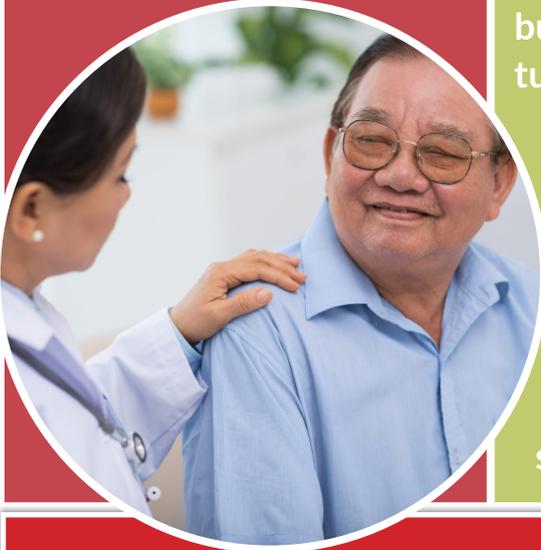
Si tienes 50 años o más, estás en un mayor riesgo del cáncer de colon, incluso si te sientes saludable. Pide a tu médico una prueba de detección. Puedes hacer una prueba simple en tu casa.

THIS MESSAGE WAS PREFERRED BECAUSE

- Respondents felt that this message spoke to them because of their age.
- The fact that they are at higher risk for cancer as they get older made sense to Latinos and was eye-opening, especially for those who felt healthy.
- The idea of a simple test at home was an added bonus to the message. It addressed logistics and affordability barriers, prompting respondents to ask for more information.
- “Even if you are healthy” was a key motivator.
- Many said this message would definitely motivate them to talk to the doctor about this at their next visit.

FOCUS GROUP FEEDBACK

“This drew me because I’m 65! I should have already had this! If economic options exist, that’s good. I can do it at home. Colon exams can be embarrassing. The idea that you can do something simple at home gets my attention.”

MESSAGE **B**

Colon cancer starts with a polyp in the large intestine. Polyps are very common in people age 50 and older, but they can be detected and removed before they turn into cancer. Don't die of cancer. Talk to your doctor about colon cancer prevention.

El cáncer de colon comienza con un pólipo en el intestino grueso. Los pólipos son muy comunes en las personas mayores de 50 años, pero pueden ser detectados y eliminados antes de que se conviertan en cáncer. No muera de cáncer. Hable con su médico sobre la prevención del cáncer de colon.

THIS MESSAGE WAS PREFERRED BECAUSE

- This message intended to communicate clearly the idea of prevention.
- Latinos need a clear explanation of why the test can truly prevent colorectal cancer—otherwise they walk away with the idea of “detection” even if the message says “prevention.”

FOCUS GROUP FEEDBACK

“I’m 60 and I could die of this. I don’t have a family history, but it doesn’t mean I’m not going to get it. That phrase ‘don’t die of cancer’ caught my attention.”

“Perfect. That’s an amazing message! It says cancer starts with a polyp.”

COMMUNICATION

Colorectal cancer “prevention” is a very important motivator but also very difficult to communicate.

- The messages we set out to test were not being effective in communicating that colon cancer can be prevented through a screening test.
- Many participants equated prevention to healthy eating and saw the tests as only a way of “detecting” and not “preventing”.
- The term “colorectal cancer screening” itself communicates “detection” and not “prevention”.

MESSAGE **C**

You are so important to your family, don't let them down! Don't procrastinate any longer! Get screened for colon cancer today! It could save your life.

Tú eres muy importante para tu familia, ¡no los defraudes! ¡Ya no demores esto! ¡Hazte un examen de detección de cáncer de colon hoy mismo! Puede salvar tu vida.

THIS MESSAGE WAS PREFERRED BECAUSE

- Almost everyone could relate to this message and the **family was clearly the key motivator**.
- “Don't procrastinate any longer” made them reflect about the ways in which they are procrastinating.
- This message made them consider if they are doing a disservice to their families by not getting screened.

FOCUS GROUP FEEDBACK

“This one touches on your feelings and those around you. Not only do I love them, they love me and if I'm gone, they may need me and I'm responsible for leaving a lopsided family behind.”

MESSAGE **D**

Colon cancer is the second-leading cancer killer in the U.S. among Hispanics, but it doesn't have to be. Colon cancer can be prevented or found at an early stage. Getting screened is absolutely necessary! Call a doctor today.

El cáncer de colon es la segunda causa de fallecimientos por cáncer entre los hispanos de EE. UU., ¡pero es algo que se puede evitar! El cáncer de colon se puede prevenir o detectar en sus etapas tempranas. ¡Es absolutamente necesario que te hagas un examen de detección! Llama al médico hoy mismo.

THIS MESSAGE WAS PREFERRED BECAUSE

- Leading with the statistic was key.
- Some other messages were similar, also leading in the same way, but the clear call to action and relevance of this one to Hispanics gives it the upper edge.
- Fear motivates them to action, while the idea that the cancer can be prevented gives them hope.
- While the idea of colon cancer prevention was positive for them, many equated that prevention with healthy eating.

FOCUS GROUP FEEDBACK

"This statistic caught me again. This caught me because it said it can be prevented or detected in its early stages...yes, we have to go to the doctor."

MESSAGE **E**

Hi, my name is Maria. I lost my father to colon cancer. He was too stubborn to get screened, but the cancer might have been prevented if he did. Don't let your family lose you too. Get screened and prevent colon cancer.

Hola, me llamo María. Perdí a mi padre a causa del cáncer de colon. Él era demasiado testarudo para hacerse una prueba de detección, pero el cáncer pudo haber sido prevenido si lo hubiese hecho. No dejes que tu familia también te pierda. Hazte una prueba de detección y previene el cáncer de colon.

THIS MESSAGE WAS PREFERRED BECAUSE

- When this message was chosen it hit home very strongly at an emotional level—sometimes even bringing tears to their eyes.
- The message was most highly rated by fathers, particularly those who may have been putting off screening tests because they are too “macho.”
- Since this message directly discusses a man being too stubborn to get tested, it addressed “machismo” adequately.

FOCUS GROUP FEEDBACK

“This influenced me because it’s the reality of life. Sometimes you’re very obstinate and you don’t want to go to the doctor ... This message talks about the stubbornness. I’m like that ... many of us self-medicate and don’t go to the doctor ... I see all that stubbornness in my family. It happened to my father. He died of prostate cancer because he wouldn’t go to the doctor.”

Reaching Priority Populations with Targeted Messages

Motivating the Unscreened: Key Themes

To be successful, our participants told us that messaging to Spanish speaking Hispanic audiences should incorporate one or more of the recommended elements:



- Emphasize key statistics, such as that colon cancer is the second-leading cancer killer
- Deliver a clear explanation for the importance of screening
- Explain that screening can prevent colon cancer, which provides an empowering, hopeful message to counteract the fear of cancer or cancer screening
- Explain that colon cancer can occur without symptoms
- Use strong visual stimuli
- Deliver in a serious, firm and clear tone; guilt or fear can be a motivator when used appropriately and if coupled with hope [see break out box on page 14 for advice on implementing this method successfully]
- Make it personal; include theme of being there for the family
- Deliver messages by celebrities and/or trusted spokespersons with a connection to colorectal cancer, Hispanic preferred
- Take advantage of faith-based and community organization connections
- Present messages in both English and Spanish

To reach and motivate Spanish speakers, it is important to understand how and where to provide education about screening options. Family relationships are often strong and can serve as a motivator; however, friends and family may not be able to provide accurate screening information. It is important to engage this audience through alternative channels.

Channels and Messengers to Reach Hispanics/Latinos

- **Primary Care Providers:** Unscreened Hispanics say that “My doctor did not recommend it” is a top reason for not being screened⁴. Unfortunately, only a small percent of unscreened Hispanics visit their physicians regularly so they should not serve as the only resource (many women do report going to their doctors for Pap tests or mammograms, so women’s health care providers may have more of an opportunity). Trust is very important in the relationship, and we heard that patients are more likely to follow through if they feel they have a trusting relationship with their doctor. Doctors should take the time to connect with patients, emphasize the importance of the test and deliver a clear explanation of why it is necessary. If a doctor doesn’t make it seem important, the patient won’t either. 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 and other health care staff can use the opportunity to educate patients about colorectal cancer and testing options, though culturally sensitive or culturally respectful communication is important as well. The following guides explain how to implement evidence-based systems changes to increase screening in primary care settings:
 - Community Health Centers: nccrt.org/about/provider-education/manual-for-community-health-centers-2/
 - Primary Care Clinics: nccrt.org/about/provider-education/crc-clinician-guide/
- **Television and Radio:** Television is a top source for receiving information, and a preferred channel for receiving information specific to health. Respectable television sources include *Telemundo* and *Univision*. Study participants also cited Spanish radio as a trusted source of information.
- **Community, including churches:** Church congregations, and especially the priest or pastor, have a large impact on Hispanic families. Study participants also said they would like to receive health information in other community settings, such as supermarkets, community centers, health fairs, and hospitals.
- **Internet/Text Messages:** Study participants look for health information on Facebook, WebMD, in news feeds, through search engines, and in other online sources. Hispanics are also receptive to text message campaigns⁴.
- **National Health Organizations, News Reports and Advertisements:** Hispanics are much more open to advertising messages than other populations and would like to receive information through these sources⁴. Having said that, it was suggested that the information be delivered as important health information as opposed to an ad.
- **Select a messenger who will connect with the intended audience, either someone who is a well known celebrity or trusted spokesperson in the Hispanic community, or someone who has been touched by the disease, or both.**

Tools to Reach the Priority Population

Sample Tweets for Spanish Speakers

Tweet #1
Spanish Mi nombre es María y perdi a mi padre a causa del #cancerdecolon. Un examen pudo haber salvado su vida. ¡Llama a tu doctor hoy!
English My name is Maria and I lost my father to #coloncancer. But screening could've saved his life. Call your doctor today!

Tweet #2
Spanish Eres muy importante para tu familia. Hazte el examen de #cancerdecolon. ¡No los defraudes! Para más información llama al [XXX.XXX.XXXX].
English You are very important to your family. Get screened for #coloncancer today! Don't let them down! For more information call [XXX.XXX.XXXX].

Tweet #3
Spanish #cáncerdecolon comienza con un pólipo. Pólipos pueden ser detectados y removidos. ¡No mueras de cáncer!, visita [http://tinyurl.com/hqevv7n or other resource].
English #Coloncancer starts with a polyp. Polyps can be detected and removed. Don't die of cancer! Visit [http://tinyurl.com/hqevv7n or other resource].

Tweet #4
Spanish #cáncerdecolon comienza con un pólipo. Pólipos pueden ser detectados y removidos. Habla con tu médico sobre la prevención del #cáncerdecolon.
English #Coloncancer starts with a polyp. Polyps can be detected and removed. Talk to your doctor about colon cancer prevention.

Tweet #5
Spanish Tienes 50 años o más? Aunque saludable, estás en un mayor riesgo del #Cáncerdecolon. Llama a tu doctor hoy!
English Are you 50 years or older? Although healthy, you are at a higher risk of #Coloncancer. Call your doctor today!

Tweet #6
Spanish #Cancerdecolon es la 2da causa de muertes por cancer entre los hispanos de EUA. Detectalo a tiempo. Llama a tu doctor hoy!
English #Coloncancer is the 2nd cancer cause of deaths among Hispanics in the US. Detect it early. Call your doctor today!

COMING SOON!

**New
Graphics**

Sample Radio and TV PSA Scripts

- PSA 1 | :30**
English Are you 50 or older? Then you're at a higher risk for colon cancer—even if you are healthy. Ask your doctor for a screening test. You can do a simple test at home. You are so important to your family, don't let them down! Don't procrastinate any longer! Get screened for colon cancer today! It could save your life.
- Spanish** ¿Tienes 50 años o más? Entonces, aunque estés en buena salud, estás en mayor riesgo de desarrollar cáncer de colon. Pídele a tu médico una prueba de detección. Puedes hacer una prueba muy simple en la comodidad de tu hogar. Eres muy importante para tu familia, ¡no los decepciones! ¡No lo dejes para mañana! ¡Hazte el examen de detección de cáncer de colon hoy mismo! Puede salvar tu vida.

- PSA 2 | :30**
English Are you 50 or older? Then you're at a higher risk for colon cancer—even if you are healthy. Colon cancer starts with a polyp in the large intestine. Polyps are very common in people age 50 and older, but they can be detected and removed before they turn into cancer. Don't die of cancer. Talk to your doctor about colon cancer prevention today.
- Spanish** ¿Tienes 50 años o más? Entonces, aunque estés en buena salud, tienes un mayor riesgo de desarrollar cáncer de colon. El cáncer de colon comienza con un pólipo en el intestino grueso. Los pólipos son muy comunes en las personas mayores de 50 años, pero pueden ser detectados y eliminados antes de que se conviertan en cáncer. Habla hoy mismo con tu médico sobre la prevención del cáncer de colon.

- PSA 3 | :30**
English Hi, my name is Maria. I lost my father to colon cancer. He was too stubborn to get screened, but the cancer might have been prevented if he did. If you are 50 or older, you're at a higher risk for colon cancer. Ask your doctor for a screening test. You can even do a simple test at home. Don't let your family lose you. Get screened for colon cancer today!
- Spanish** Hola, me llamo María. Perdí a mi padre a causa del cáncer de colon. Él era demasiado testarudo para hacerse una prueba de detección, pero el cáncer pudo haber sido prevenido si se la hubiera hecho. Si tienes 50 años o más, tienes un mayor riesgo de desarrollar cáncer de colon. Pídele a tu médico una prueba de detección. Puedes hacerte una prueba muy simple en la comodidad de tu hogar. No decepciones a tu familia. ¡Hazte un examen de detección de cáncer de colon hoy mismo!

- PSA 1 | :15**
English Are you 50 or older? Then you're at a higher risk for colon cancer—even if you are healthy. Ask your doctor for a screening test. Get screened for colon cancer today!
- Spanish** ¿Tienes 50 años o más? Entonces, aunque estés en buena salud, tienes un mayor riesgo de desarrollar cáncer de colon. Pídele a tu médico una prueba de detección. ¡Hazte el examen de detección de cáncer de colon hoy mismo!

- PSA 2 | :15**
English Are you 50 or older? Then you're at a higher risk for colon cancer—even if you are healthy. Colon cancer starts with a polyp in the large intestine, but they can be detected and removed before they turn into cancer. Get screened today!
- Spanish** ¿Tienes 50 años o más? Entonces, aunque estés en buena salud, tienes un mayor riesgo de desarrollar cáncer de colon. El cáncer de colon comienza con un pólipo en el intestino grueso, pero puede ser detectado y eliminado antes de que se convierta en cáncer. ¡Hazte el examen hoy mismo!

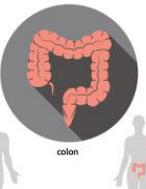
- PSA 3 | :15**
English Colon cancer is the second leading cause of death for Hispanics in the US, but it can be prevented. If you are 50 or older talk to your doctor about getting screened, including affordable tests you can take home with you. Don't let your family lose you. Get screened for colon cancer today!
- Spanish** El cáncer de colon es la segunda causa de muerte por cáncer entre los hispanos de Estados Unidos. ¡Pero es algo que se puede evitar! Si tienes 50 años de edad o más, habla con tu médico sobre la prevención y detección temprana del cáncer de colon. No decepciones a tu familia. ¡Hazte el examen hoy mismo!

Educational Brochure

WHAT IS COLON CANCER?

Colon cancer starts in the large intestine, also called the colon. Most colon cancers start as a polyp. Polyps are small growths that start in the inner lining of the colon.

Colon cancer is the second-leading cause of cancer-related death among Hispanic men and women in the U.S. It doesn't have to be! Regular screening starting at age 50 can often help prevent cancer or find it early when it's small and easier to treat.



male female

50+ → [Phone icon] → [Person icon]

What You Need to Know about **COLON CANCER**



Written January 2016
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Models used for illustrative purposes only.

English Version

http://nccrt.org/wp-content/uploads/0127.94_ColonCancerTrifoldBrochureUSLetter-ENG.FINAL.pdf

¿QUÉ ES EL CÁNCER DE COLON?

El cáncer de colon empieza en el intestino grueso, también conocido como el colon. La mayoría de los casos de cáncer de colon empieza como un pólipo. Los pólipos son pequeños crecimientos de masa que se originan en el recubrimiento interior del colon.

Hacerse las pruebas de detección cada cierto tiempo a partir de los 50 años de edad a menudo puede ayudar a prevenir el cáncer o encontrarlo de forma temprana, cuando es de menor tamaño y más fácil de tratar.



hombre mujer

50+ → [Phone icon] → [Person icon]

Lo que necesita saber sobre **CÁNCER DE COLON**



Escrito en enero de 2016
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Modelos utilizados sólo para propósitos ilustrativos.

Spanish Version

http://nccrt.org/wp-content/uploads/0127.94_ColonCancerTrifoldBrochureUSLetter-SPA-FINAL.pdf

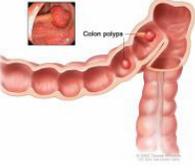
IF YOU ARE 50 OR OLDER, YOU NEED COLON CANCER SCREENING!

COLON CANCER CAN BE PREVENTED.

Many people with colon cancer or polyps don't have symptoms, and the risk of getting colon cancer goes up with age. That's why men and women need to get screened for colon cancer starting at age 50 even if they feel healthy. (Some people have a family history of colon cancer and may need to start screening sooner.)

Screening can help find and prevent colon cancer. In fact, if your doctor sees polyps that look like they can turn into cancer, they will remove them. When you have polyps like these removed, you may be preventing cancer!

You're so important to your family. Don't let them down. Get screened for colon cancer today! It could help save your life.



COLON CANCER SCREENING OPTIONS

There are many affordable colon cancer screening options for people at average risk for developing colon cancer. The two most common are:

1 Colonoscopy

A narrow, lighted tube with a camera is used to look at the entire colon and rectum. Polyps can be removed through this tube. You're given drugs to help you sleep. (You need to have someone drive you home.) With a colonoscopy, doctors can find and remove polyps in the colon, before they become cancer. Removing polyps can help prevent cancer before it starts. If your result is normal, you'll only need to get screened every 10 years.

2 Stool tests

Stool tests, such as the fecal immunochemical test (FIT), are tests you can take at home. A FIT test is used to find tiny amounts of blood in the stool that you might not see. Blood in the stool could be a sign of cancer or large polyps. You can get a FIT kit and instructions on how to use it from your doctor's office. You collect a sample of your stool ("poop"). Then, you take it to your doctor's office or send it to a lab. The samples are checked for signs of cancer. If the lab finds anything that does not seem right, your doctor will let you know, and you will need to have a colonoscopy. Stool tests need to be done every year beginning at age 50.

GET SCREENED TODAY!

Call your doctor if you are 50 or older. They can tell you more about when and why you need to get screened for colon cancer. Most health insurance and Medicare plans cover screening. Call your health care plan to better understand your coverage.



SI TIENE 50 AÑOS O MÁS, ¡NECESITA HACERSE LA PRUEBA DE DETECCIÓN DEL CÁNCER DE COLON!

EL CÁNCER DE COLON PUEDE SER PREVENIDO.

Muchas personas con cáncer de colon o con pólipos no tienen síntomas, y el riesgo de llegar a tener cáncer de colon es mayor con la edad. Por esta razón los hombres y las mujeres necesitan hacerse las pruebas de detección del cáncer de colon a partir de los 50 años de edad, incluso si tienen un buen estado de salud (algunas personas con casos de cáncer de colon en su familia pueden que necesitan empezar a hacerse las pruebas de detección a una edad más temprana).

Hacer las pruebas de detección puede ayudar a encontrar y a prevenir el cáncer de colon. De hecho, si su doctor encuentra pólipos que lucen como que podrían convertirse en cáncer, estos tendrán que ser extraídos. ¡Puede que usted esté previniendo el cáncer al extraer sus pólipos!

Usted es demasiado importante para los miembros de su familia. No les falle. ¡Hágase los exámenes para la detección del cáncer de colon ya! Esto puede salvar su vida.

OPCIONES DE PRUEBAS DE DETECCIÓN DEL CÁNCER DE COLON

Hay muchas opciones de pruebas accesibles para la detección del cáncer de colon para las personas que están a un riesgo normal de llegar a tener cáncer de colon. Las dos más comunes son:

1 Colonoscopia

Se usa un tubo delgado y flexible que tiene una pequeña cámara en el extremo para ver todo el colon y el recto. Los pólipos pueden ser extraídos a través de este tubo. Se le darán medicamentos que harán que esté durmiendo (necesitará que alguien venga con usted para que pueda llevarlo a casa). Con una colonoscopia, los doctores pueden encontrar y extraer los pólipos en el colon, antes de que se conviertan en cáncer. La extracción de los pólipos puede ayudar a prevenir el cáncer antes de que empiece. Si los resultados de su prueba son normales, necesitará solamente hacerse la prueba de detección cada 10 años.

2 Prueba de heces fecales

Las pruebas de heces fecales, como la prueba inmunológica fecal (FIT), son pruebas que se pueden hacer en casa. Una prueba FIT es usada para encontrar pequeñas cantidades de sangre en las heces fecales ("popó") podría no ver. La sangre en heces fecales podría ser una señal de cáncer o de pólipos de mayor tamaño. Usted puede conseguir un juego casero de prueba FIT y las instrucciones de uso en el consultorio de su doctor. Usted recolecta una muestra de sus heces fecales. Luego lleva esta muestra al consultorio de su doctor o la envía al laboratorio. Las muestras son revisadas para ver si hay señales de cáncer. Si el laboratorio encuentra algo que no luce bien, su médico se lo dirá y usted tendrá que ir a que

le hagan una colonoscopia. Las pruebas de heces fecales necesitan hacerse cada año a partir de los 50 años de edad.

¡HÁGASE LA PRUEBA DE DETECCIÓN YA!

Hable con su doctor si tiene 50 años o más. Los doctores pueden hablarle más sobre cuándo y por qué usted necesita hacerse las pruebas de detección del cáncer de colon. La mayoría de los seguros de salud y Medicare cubren el costo de las pruebas de detección. Póngase en contacto con su plan de seguro de salud para saber más sobre su cobertura.



Create Custom Materials in Spanish

Partners are encouraged to leverage the findings provided within this guide to support outreach efforts, using the top messages and channels to develop more creative, emotional ways to convey key messages.

Make It Your Own (MIYO) is a free web-based platform for creating your own versions of evidence-based strategies recommended by the Community Guide. These include posters, flyers, inserts, and more tools to promote colorectal cancer screening and other topics. MIYO offers hundreds of messages to choose from, including messages tested by the National Colorectal Cancer Roundtable and American Cancer Society. MIYO was created through the generous support of NCI and the CDC.



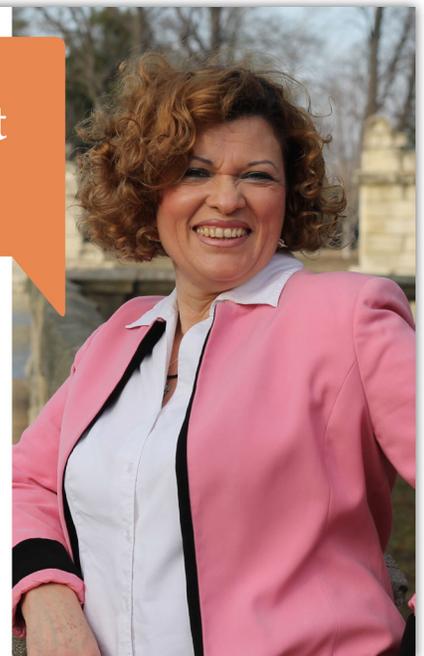
www.miyoworks.org

**Getting screened doesn't
have to be expensive.**

Simple, affordable tests for colon cancer are available. Get screened!

Talk to your doctor about which colon cancer screening is right for you.

Call 1.888.555.5555 today to
schedule your appointment.



COMING SOON!

**The new
recommended Spanish
messages will soon be
available on MIYO!**

Appendix A - Tested Messages

Top-rated Messages

A	If you are 50 or older, you're at a higher risk for colon cancer—even if you are healthy. Ask your doctor for a screening test. You can do a simple test at home.	Si tienes 50 años o más, estás en un mayor riesgo del cáncer de colon, incluso si te sientes saludable. Pide a tu médico una prueba de detección. Puedes hacer una prueba simple en tu casa.
B	Colon cancer starts with a polyp in the large intestine. Polyps are very common in people age 50 and older, but they can be detected and removed before they turn into cancer. Don't die of cancer. Talk to your doctor about colon cancer prevention.	El cáncer de colon comienza con un pólipo en el intestino grueso. Los pólipos son muy comunes en las personas mayores de 50 años, pero pueden ser detectados y eliminados antes de que se conviertan en cáncer. No muera de cáncer. Hable con su médico sobre la prevención del cáncer de colon
C	You are so important to your family, don't let them down! Don't procrastinate any longer! Get screened for colon cancer today! It could save your life.	Tú eres muy importante para tu familia, ¡no los defraudes! ¡Ya no demores esto! ¡Hazte un examen de detección de cáncer de colon hoy mismo! Puede salvar tu vida.
D	Colon cancer is the second leading cancer killer in the U.S. among Hispanics, but it doesn't have to be. Colon cancer can be prevented or found at an early stage. Getting screened is absolutely necessary! Call a doctor today.	El cáncer de colon es la segunda causa de fallecimientos por cáncer entre los hispanos de EE. UU., ¡pero es algo que se puede evitar! El cáncer de colon se puede prevenir o detectar en sus etapas tempranas. ¡Es absolutamente necesario que te hagas un examen de detección! Llama al médico hoy mismo.
E	Hi, my name is Maria. I lost my father to colon cancer. He was too stubborn to get screened, but the cancer might have been prevented if he did. Don't let your family lose you too. Get screened and prevent colon cancer.	Hola, me llamo María. Perdí a mi padre a causa del cáncer de colon. Él era demasiado testarudo para hacerse una prueba de detección, pero el cáncer pudo haber sido prevenido si lo hubiese hecho. No dejes que tu familia también te pierda. Hazte una prueba de detección y previene el cáncer de colon.

Other Tested Messages

F	Colon cancer is the second leading cancer killer in the U.S. among Hispanics, but you can prevent it or find it early when it is easier to treat. Talk with your doctor about getting screened—even if you feel healthy.	El cáncer de colon es la segunda causa de fallecimientos por cáncer entre los hispanos en EE. UU., pero tú puedes prevenirlo o detectarlo en sus etapas tempranas, cuando es más fácil de tratar. Habla con tu médico sobre las pruebas de detección, incluso si te sientes saludable.
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G	Colon cancer is a silent killer! Many people with colon cancer do not have any symptoms or a family history. This is why screening is necessary even when you feel healthy. Don't wait until you have symptoms.	¡El cáncer del colon es un asesino silencioso! Muchas personas con cáncer del colon no presentan ningún síntoma ni tienen antecedentes en su familia. Por esto los exámenes de detección son necesarios aunque pienses que estás sano. No esperes hasta que tengas síntomas.
H	Preventing colon cancer, or finding it early, doesn't have to be expensive. There are simple, affordable tests available. Getting screened is absolutely necessary! Make it a priority today!	La prevención del cáncer de colon o su detección en sus etapas tempranas no tiene que ser caro. Hay pruebas simples y de bajo precio disponibles. ¡Es absolutamente necesario que te hagas un examen de detección! ¡Hazlo una prioridad hoy mismo!
I	Colon cancer can in fact be prevented through screening. Take action today and get screened!	Es un hecho que el cáncer de colon se puede prevenir con un examen de detección. ¡Entra en acción hoy mismo y hazte un examen de detección!
J	Did you know that colon cancer is the second leading cancer killer in the US among Hispanics? The good news is that some screening tests can help prevent cancer, and others can help find it early. Don't wait for your doctor to talk to you! Make an appointment to get screened for colon cancer today!	¿Sabías que el cáncer de colon es la segunda causa de fallecimientos por cáncer entre los hispanos en EE. UU.? La buena noticia es que algunas de las pruebas de detección pueden ayudar a prevenir el cáncer, y otras pueden ayudar a detectarlo en sus etapas tempranas. ¡No esperes a que tu médico tome la iniciativa! ¡Haz una cita hoy mismo para que te hagan una prueba de detección de cáncer de colon!
K	Colon cancer screenings are easy, affordable and can save your life.	Los exámenes de cáncer de colon son fáciles, económicos y pueden salvarte la vida.
L	Colon cancer can kill you, but it is easy to prevent with a simple exam. Protect yourself and your family.	El cáncer de colon te puede matar pero es fácil de prevenir con un examen simple. Protégete y protege a tu familia.
M	Real men put family first. Get screened for colon cancer today. Be there tomorrow.	Los hombres verdaderos ponen a la familia primero. Hazte un examen de cáncer de colon hoy. Planea estar en el mañana.
N	Many types of cancer are not easy to prevent, but it is easy to avoid colon cancer. All you need is a screening test. Call your doctor today.	Muchos tipos de cáncer no son fáciles de prevenir, pero es fácil de evitar el cáncer de colon. Todo lo que necesitas es una prueba de detección. Llama a tu médico hoy mismo.

Appendix B - Learnings from Prior Research

Among English-Speaking Hispanics

What makes them unique

- › More likely than others to not be screened for colon cancer
- › A sizable proportion (23%) of Hispanics have not talked with a doctor about screening even though they visit the doctor at similar rates as other groups
- › Despite this, the Hispanic population has a better, more trusting relationship with their physician than other groups

Barriers to screening

- › Affordability
- › No family history
- › Doctor didn't recommend it/lack of info from doctor
- › No symptoms

Motivators to future screening

- › For their families; to be around them in the future
- › To take control and to have self independence
- › If screening is available (and covered by insurance)

Best ways to reach them

- › More likely than White respondents to say that they'd like to receive health info from national health orgs, advertisements or news reports
- › Unlike others, friends and family are not a top source of screening information
- › Qualitatively, the vast majority of Hispanic respondents mention TV as a source of health information and a preferred channel for receiving information about screening

Most preferred messages

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

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