2017 80% by 2018 Communications Updates
Including New Asian Americans and Colorectal Cancer Companion Guide

February 9th, 2017
12:00pm ET
Purpose of Today’s Webinar

• Review how communication fits into our overall 80% by 2018 strategy.
• Provide an overview of new Asian Communications Companion Guide.
• Highlight new resources and tools available in 2017
  • Engaging Celebrities
  • Earning Earned Media
  • Evaluating Communication Efforts
• Q&A
Presenters

Karen E. Kim, MD, MS
Director, Center for Asian Health Equity
Director, UCCCC Office of Community Engagement and Cancer Disparities
University of Chicago

Kathleen Lobb
Chief Communications Officer
The Entertainment Industry Foundation
Member, Stand Up To Cancer Council of Founders and Advisor

John Patton
Director of Public Affairs
National Association of Chronic Disease Directors

Amanda Hane
Research Associate
Amherst H. Wilder Foundation
Four Strategic Plan Goals to Achieve 80% by 2018

 Consumers
*Move consumers to action*

 Systems
*Use providers, payers, and hospitals to support screening*

 Policy
*Increase access and remove barriers to screening*

 Process
*Evaluate and maintain momentum*
80% by 2018
Communications Strategy
### Barriers to Screening

#### 2014 Market Research

<table>
<thead>
<tr>
<th>Category</th>
<th>Barriers</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Affordability</strong></td>
<td>- Unscreened have lower income than screened counterparts</td>
</tr>
<tr>
<td></td>
<td>- More likely to be uninsured</td>
</tr>
<tr>
<td></td>
<td>- Newly insured don’t know it’s covered</td>
</tr>
<tr>
<td><strong>Lack of symptoms</strong></td>
<td>- Symptoms drive doctor visits</td>
</tr>
<tr>
<td></td>
<td>- Misconception about disease</td>
</tr>
<tr>
<td><strong>No family history</strong></td>
<td>- Perception that heredity is only risk factor</td>
</tr>
<tr>
<td></td>
<td>- Reduced sense of urgency</td>
</tr>
<tr>
<td><strong>More pressing health issues</strong></td>
<td>- Focus on acute illnesses and issues of more concern</td>
</tr>
<tr>
<td></td>
<td>- Not a top priority</td>
</tr>
<tr>
<td></td>
<td>- No personal connection to cancer</td>
</tr>
<tr>
<td><strong>Negative perceptions about the test</strong></td>
<td>- Connotation of test being unpleasant, invasive, embarrassing</td>
</tr>
<tr>
<td></td>
<td>- Fear of test-prep compounds negativity</td>
</tr>
<tr>
<td><strong>No regular primary care to reinforce message</strong></td>
<td>- Utilize medical neighborhood</td>
</tr>
<tr>
<td></td>
<td>- Avoids doctors/no routine physicals or wellness visits</td>
</tr>
<tr>
<td></td>
<td>- Think they’re healthy already</td>
</tr>
<tr>
<td><strong>Doctor does not recommend it</strong></td>
<td>- #1 reason among African Americans</td>
</tr>
<tr>
<td></td>
<td>- #3 reason among Hispanics</td>
</tr>
</tbody>
</table>
### Logical messages alone won’t work

<table>
<thead>
<tr>
<th>UNSCREENED</th>
<th>SCREENED</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>46%</strong> Recommended by my doctor</td>
<td><strong>87%</strong></td>
</tr>
<tr>
<td><strong>43%</strong> It is a way for me to be proactive about my health</td>
<td><strong>82%</strong></td>
</tr>
<tr>
<td><strong>42%</strong> Screening can prevent cancer</td>
<td><strong>81%</strong></td>
</tr>
<tr>
<td><strong>39%</strong> Recommended for my age</td>
<td><strong>80%</strong></td>
</tr>
<tr>
<td><strong>40%</strong> Screening now covered by most insurers by law</td>
<td><strong>80%</strong></td>
</tr>
<tr>
<td><strong>33%</strong> Recommended by top health orgs.</td>
<td><strong>75%</strong></td>
</tr>
</tbody>
</table>

*45% of unscreened give a low-medium rating for ALL statements*

Messages that will resonate the best should address misperceptions and fears around the test, feature testimonials from those who have been screened all while adapting messages to tap into consumers’ emotional motivations for making health decisions.

---

* Reference to likelihood = 8-10 rating on a 10 point scale where 1 means, “Not at all likely” and 10 means, “Extremely likely”
Priority Audiences

- Rationalizer/procrastinator
- Newly insured
- Economically disadvantaged

Hispanic  African American
Caucasian  Asian American/Pacific Islander
American Indian/Alaska Native
Key Messages

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

Colorectal cancer is the second leading cause of cancer death in the US, when men and women are combined, yet it can 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.
Profiles of priority audiences and tested messages

nccrt.org
2016 Hispanics and Colorectal Cancer Companion Guide

--Perceptions
--Barriers
--Recommendations
--Tested Messages
--Sample Collateral

Increasing Colorectal Cancer Screening Among Asian Americans

Karen E. Kim, MD
Professor of Medicine
Dean for Faculty Affairs
Director, Center for Asian Health Equity
University of Chicago
Asian Americans

- The fastest growing minority group (45.6%)
- 77% foreign-born
- Over 30% are limited English proficient (LEP).

- Cancer is the leading cause of death among Asian Americans
Projected changes in cases of all invasive cancer in the US by race and origin

J. Clin. Oncology 2009
CRC Prevention Among Asian Americans

- CRC is the 2\textsuperscript{nd} most common cancer
- CRC is the 3\textsuperscript{rd} leading cause of cancer death

- 1 in 2 Asian Americans have not been screened (52%)
  - Even lower among limited English proficient populations
- Lowest CRC screening rates among racial/ethnic groups
Questions to ask yourself

What are specific attitudes/beliefs and barriers for CRS among Asian Americans

How can our health system or practice increase screening for this populations

What tools are available to increase screening
Partnership for Healthier Asians

Conduct consumer research (Phase 1)
Focus groups: 66 participants from 7 Asian subgroups (Cambodian, Chinese, Filipino, Korean, Laotian, South Asian, Vietnamese)

Conduct consumer research (Phase 2)
• Develop consumer survey instrument
• 421 participants from 7 Asian subgroups
Barriers to CRC Screening

- Lack of information (Self-perception to unconscious bias to culturally and linguistically appropriate resources)
- Cultural barriers (paradigm shift from symptom based to preventative care)
- Logistical and financial barrier (how to navigate the health care system)
Recommended Messages to Reach Asian Americans

Messaging guidance for talking to Asian Americans about colorectal cancer screening

Asian Americans and Colorectal Cancer

Companion Guide

The scope of the guide is limited to Cambodian, Chinese, Filipino, Korean, Laotian, South Asian, and Vietnamese. The NCCRT hopes to expand this resource to include other important audiences, such as Pacific Islanders, at a later date.

<table>
<thead>
<tr>
<th>1</th>
<th>Reaching Asian Americans</th>
<th>Perceptions About Cancer and Screening</th>
<th>Top Barriers to Screening</th>
<th>Recommendations for Reaching this Audience</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Learning About Asian Americans</td>
<td>Perceptions of Screening Options</td>
<td>Top Barriers to Screening</td>
<td>Recommendations for Reaching this Audience</td>
</tr>
<tr>
<td>3</td>
<td>Communication Channels</td>
<td>Perceptions of Screening Options</td>
<td>System Level Barriers</td>
<td>Sample Radio and TV PSA Scripts</td>
</tr>
<tr>
<td>4</td>
<td>Recommended Messages to Reach Asian Americans</td>
<td>Recommended Messages</td>
<td>System Level Barriers</td>
<td>Educational Brochure</td>
</tr>
<tr>
<td>5</td>
<td>Tools to Reach the Priority Population</td>
<td>Custom Materials for Asian American Populations</td>
<td>Social Media Messages to Reach Asian Americans</td>
<td>Materials in Asian Languages</td>
</tr>
</tbody>
</table>
### Recommended Messages to Reach Asian Americans

These are the top messages that were developed based on the findings from our qualitative and quantitative research with seven Asian American subpopulations.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Asian Americans are at risk for colorectal cancer.</td>
</tr>
<tr>
<td>B</td>
<td>Screening can prevent colorectal cancer.</td>
</tr>
<tr>
<td>C</td>
<td>Do it for your family and grandchildren.</td>
</tr>
<tr>
<td>D</td>
<td>There are many ways to get screened.</td>
</tr>
<tr>
<td>E</td>
<td>Feeling healthy does not replace the need for screening.</td>
</tr>
</tbody>
</table>

#### System-Level

- Cancer is the number one killer among Asian Americans.
- The “model minority” myth must not impede a screening recommendation.
- Language access is essential.
- The provider recommendation matters.
<table>
<thead>
<tr>
<th><strong>MESSAGES</strong></th>
<th><strong>NEEDED INFORMATION</strong></th>
<th><strong>WAYS TO ADD IMPACT</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Asian Americans at risk for colorectal cancer</td>
<td>Screening is the number one cause of death among Asian Americans</td>
<td>Break through the culture with messages delivered by trusted Messengers that validate and reinforce:</td>
</tr>
<tr>
<td>Are your family and friends aware of the community’s health?</td>
<td>Educate family/community on simple colorectal cancer prevention:</td>
<td>WAYS TO IMPACT:</td>
</tr>
<tr>
<td>Do you feel scared and/or overwhelmed?</td>
<td>Risk of CRC increases worldwide, even for Asians with low perception. Also provides help into this mess with proven strategies!</td>
<td>- Education around colorectal cancer prevention and colorectal cancer risk factors: barriers such as:</td>
</tr>
<tr>
<td>There are many ways to get screened:</td>
<td>Colorectal cancer is one of the most curable cancers when caught early:</td>
<td>- Education around colorectal cancer prevention and colorectal cancer risk factors: barriers such as:</td>
</tr>
<tr>
<td>Screening is something you need to do even when you are well:</td>
<td>There are many options to colorectal cancer screening:</td>
<td>- Education around colorectal cancer prevention and colorectal cancer risk factors: barriers such as:</td>
</tr>
</tbody>
</table>

**LOGIC MODEL**

- **Population**: Asian Americans
- **Problem**: Colorectal cancer prevention and colorectal cancer risk factors are barriers such as:
  - Education around colorectal cancer prevention and colorectal cancer risk factors: barriers such as:
Communication Channels

PREFERRED COMMUNICATIONS CHANNELS

<table>
<thead>
<tr>
<th>CAMBODIAN</th>
<th>CHINESE</th>
<th>KOREAN</th>
<th>LAOTIAN</th>
<th>SOUTH ASIAN</th>
<th>VIETNAMESE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctor</td>
<td>Family</td>
<td>Friends</td>
<td>Newspaper</td>
<td>Internet</td>
<td>TV</td>
</tr>
<tr>
<td>22%</td>
<td>14%</td>
<td>13%</td>
<td>12%</td>
<td>11%</td>
<td>10%</td>
</tr>
</tbody>
</table>

KEY: purple = Primary Channel
     green = Secondary Channel

Note: This topic was not explored with Filipinos.
Educational materials
Materials in Asian Languages

Listed below are examples of tested materials to raise colorectal cancer awareness among Asian American populations.

Asian American Research Center on Health (ARCH) - [http://asianarch.org/materials_colons.html](http://asianarch.org/materials_colons.html)

Instructional FOBT videos available in English, Cantonese, Mandarin, Hmong, Illokano, Tagalog, Korean, and Vietnamese

Asian American Research Center on Health (ARCH) - [http://asianarch.org/materials.html](http://asianarch.org/materials.html)

Various flipcharts and other downloadable PDF educational materials available in multiple languages


Educational videos directed to both physicians and community members, including guaiac tests, fecal immunochemical test, and topics including hepatitis B


Health educational materials for viewers to learn about healthy living, cancer screening, cancer treatments, and more. Health educators and clinicians can also download these materials and share them with their students and patients.
Next steps

• Continue to create resources for marginalized populations

• Use this guide to enhance screening among Asian Americans and to reduce system barriers

• Work together to achieve 80% by 2018 for All!
Using Celebrities to Take Public Health Messaging to a New Level
Overview

- The power of engaging a recognizable talent is undeniable, but identifying a talent who has a personal connection to the cause and mission of the campaign is even more powerful.

- Engaging talent to be the voice to share your message provides greater reach to existing and potentially new audiences.
Choosing an Ambassador

• **Key Questions:**

  • What are your goals for the campaign? What will success look like?
  
  • Who is the audience you are trying to reach?
  
  • What talent will resonate as a “messenger” to that group? Considerations to take into account include age, sex, ethnicity, socio-economic status.
  
  • Have you researched the prospective “ambassador?” Do you know about any potential vulnerabilities that could impact effectiveness?
  
  • Is social media important component of your campaign? If so, does your talent have social media reach?
  
  • Is the ambassador geographically desirable? Where is your ambassador located compared to where your event/campaign takes place?
  
  • If you’re creating messaging that encourages people to get tested or screened, has the ambassador undergone that test?
  
  • Have you carefully mapped out how much of a time commitment you will need from the talent?
Who constitutes a celebrity?

- Ambassadors can be any recognizable person ranging from film, TV and musical talent to athletes, digital influencers, elected officials, and even animal ambassadors.

- With regional coverage, consider local celebrities: a local news anchor, weatherperson, radio host, athlete or mascot, or political figure.
Ambassadors: A Perfect Fit

• Identifying a celebrity ambassador with a strong personal connection to the cause is essential to creating powerful and authentic messaging.

• We produced, alongside our partners at the CDC, a PSA with Terrence Howard, who lost his mother to colorectal cancer. In the PSA, we were able to include images of Terrence and his Mom.

• We also did a PSA featuring Diane Keaton with the CDC. Diane lost her beloved grandmother “Grammy Keaton” to colon cancer and provided home videos for us to use in this broadcast spot.
How to Engage an Ambassador

Finding someone in your community who has a personal connection with the ambassador is key. That is so much more effective than a “cold” ask. For example:

Steve Tyrell  
Nancy Meyers  
Diane Keaton
Engaging a Digital Influencer

• EIF engaged a digital production company, Big Frame, to develop a smoking cessation campaign targeting young people in hopes of providing a message that really resonated.

• The PSAs featured digital talent who appealed to the age range we were trying to reach and had a large following on digital and social platforms.

• By having the digital talent post the PSAs on their platforms, we achieved strong viewership numbers right away.

• Within 48 hours of release, the video PSAs had nearly 200,000 views.
One of our SU2C donors, Bristol-Myers Squibb, does a cross-country cycling event called Coast 2 Coast 4 Cancer. Over the course of 26 days, 6 teams totaling 80 employees — some of whom were novice cyclists — rode a total of 2,800 miles. They raised over $500,000, which was then matched by BMS.

Local university mascot “Swoop” served as the celebrity in Salt Lake City for an event we did at the hotel where the riders stayed. While no reporters attended the event (because it was so early), b-roll with Swoop enabled us to generate coverage within that market and others.
The effectiveness of our campaigns has been enhanced by celebrity engagement, as can be seen through EIF’s partnership with the CDC for more than a decade.

Together, we’ve created PSAs to educate people about the importance of knowing the lifesaving value of screening.

The PSA campaigns we developed with the CDC, which featured celebrity ambassadors Katie Couric, Morgan Freeman, Jimmy Smits, Diane Keaton, Terrence Howard and Meryl Streep, have garnered billions of impressions.
Working with Celebrity Ambassadors

Earning Your Earned Media

John Patton
Director of Public Affairs

jpatton@chronicdisease.org
John Patton
20 years in communications, marketing and PR

✓ Broadcast TV
✓ Print Journalism
✓ Public Relations

Business  Government  Nonprofit  Education
6 Keys to Earning your Earned Media:

1. The Media is *a Business*
2. Establish *Relationships with Journalists*
3. Make Your News — *Worthy of News*
   - 1. Worth printing, buying & reading
4. Package Your News *for easy consumption*
5. Choose Your *Channels*
6. *Earn* Your Media
Understanding The Media

Media is not glamorous. It is 99% grunt-work, deadlines, pressure and low pay.

The media is a business that is trying to stay in business.
Earn the right to be heard through: education, responsiveness, respect
Media Is Relationship Building

• People do business with **people they like**.

• The media is not your enemy – **nor your friend**.

• Journalists need your help – **but not your opinion**.

• Settle in for the long haul: **siege mentality**
2 Cardinal Rules of Reporting

1. Timeliness is next to godliness.
2. Your story must be worthy of news –
   a. worth the audience’s time
   b. worth sharing
   c. worth buying

Bonus: The Editorial Calendar — is your new BFF
Prepare For An Emergency

• Anticipate Resistance
• Know Your Opposition’s Position
• Prepare to Capitalize on Bad Press
Media channels: Think Small...
Think All...

*Narrowcast AND Broadcast*

Think first about your target audience – then pick your media channel.

Small stories can become national news.
Memorable Mentions….

Totally Visual

“social media should be social”

Online Media Is Media That is Online

“Your website is always broadcasting”

“Make The News”
Words to Live By…

Make Your News Interesting For People

People Will Be Interested In Your News
Questions
Earning Your Earned Media

Evaluating Colorectal Cancer Communications Campaigns:

Guidance for Evaluating the Effectiveness and Impact of 80% by 2018 Communications Efforts

An introduction to the tip sheet
Evaluating Colorectal Cancer Communications Campaigns

Guidance for Evaluating the Effectiveness and Impact of 80% by 2018 Communications Efforts

The 80% by 2018 campaign is an effort by the National Colorectal Cancer Roundtable (NC2R) through the American Cancer Society (ACS) to reach the goal of having 80 percent of adults age 50 and older regularly screened for colorectal cancer. As of 2016, more than 1,000 organizations have pledged to work toward increasing rates of colorectal cancer screening to achieve this goal, including health care providers, community health centers, health systems, oncologists, businesses, nonprofit organizations, government agencies, and patient advocacy groups.

In 2013, NC2R released a communications guidebook, 80% by 2018: Tested Messaging to Reach the Unscreened, for 80% by 2018 partners. Based on Tenet research, the guidebook identifies priority populations, key messages, and effective communications platforms. In addition, the guidebook offers other communications tools, including sample press releases, talking points, fact sheets, infographics, and graphics for print and social media campaigns. More information about the 80% by 2018 campaign, including the communications guidebook, can be found at http://www.cancer.org/cancer/colonrectal/80-by-2018/overview.html.

This summary provides evaluation guidance for organizations that have adopted the tested messaging and other recommendations presented in the 80% by 2018 communications guidebook in their educational and communications efforts. While the messages and recommendations were based on market research, it is important that partners evaluate their own use of the messages to ensure that the messages and delivery channels are having the expected impact and to adjust their strategies if necessary.

The information provided is adapted from Evaluation Toolkit: How to Evaluate Activities Intended to Increase Awareness and Use of Colorectal Cancer Screening, developed by Wilber Research for NC2R, and found at www.nc2r.org.
Why evaluate your communications efforts?

- Demonstrate the impact of your work
- Improve your intervention
- Document promising practices
Evaluating your communications efforts

- What questions should I be asking?
- How should I collect the information?
- How should I share the findings?
# Sample programs

<table>
<thead>
<tr>
<th>Example 1: Northside Medical Clinic</th>
<th>Example 2: Metropolitan Colon Cancer Collaborative</th>
<th>Example 3: The Wellness Clinic</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>The program’s 80% by 2018 efforts</strong></td>
<td><strong>The program’s 80% by 2018 efforts</strong></td>
<td><strong>The program’s 80% by 2018 efforts</strong></td>
</tr>
<tr>
<td>Northside Medical Clinic, a small community-based clinic in a largely low-income, Hispanic community, is interested in increasing colorectal cancer screening rates among its patient population. After consulting the communications guidebook and the Hispanic/Latino companion guide developed by NCCRT, and considering what staff already know about the clinic’s patient population, the clinic decides to implement a one-on-one education program. Through this intervention, navigators hired from the community talk to unscreened patients 50 or older about getting screened. Navigators are given</td>
<td>The Metropolitan Colon Cancer Collaborative, an advocacy group, develops and distributes brochures and other written information to promote colorectal cancer screening. Their target audience has traditionally been the African American community, and they are interested in promoting screening among patients who are newly insured under the ACA. As an 80% by 2018 partner, the collaborative decides to implement a broader communications campaign to increase screening rates for this target audience. The collaborative develops a series of television and radio ads with</td>
<td>The Wellness Clinic, a hospital-based medical clinic, is interested in increasing screening among unscreened patients who are 50 or over. After reading through the communications guidebook and looking through resources on the NCCRT website, the Wellness Clinic decides to implement a social media campaign. The campaign includes weekly testimonials from patients about the screening process intended to help dispel misperceptions about getting screened and emphasize that colorectal cancer is the second leading cancer killer. The</td>
</tr>
</tbody>
</table>
What questions should I be asking?

• Developing a program theory or logic model

- “IF our clinic posts screen slides in our office waiting room with educational messages about screening options, THEN more people will become aware of different screening options that align with their values and needs.”

- “IF more people are aware of their screening options, THEN more people will have information that helps them overcome common barriers to screening and be receptive to their doctor’s recommendation about screening.”

- “IF more people are receptive to their doctor’s recommendations about screening, THEN more people will act on the screening recommendation.”

- “IF more people are willing to act on the screening recommendation, THEN more people will get screened, and we will move closer to our goal of having 80% of age-eligible people screened by 2018.”
What questions should I be asking?

• **Outcome evaluations**
  – *Are more people talking to their doctors about getting screened as a result of the in-office screen slides?*

• **Process evaluations**
  – *How many people engaged with the posts on social media through the number of “likes” or “shares”?*
What questions should I be asking?

• **Satisfaction evaluations**
  – *Did the radio ad resonate with the population you are targeting?*

• **Evaluating community needs of target audiences**
  – *What do people already know about screening?*
  – *What barriers make it difficult for people to get screened?*
How should I collect the information?

- Surveys
- Focus groups
- Interviews
- Case studies
- Medical record review/chart audit
- Community-wide screening rates
- Newspaper tracking
- Television or radio tracking
- Website monitoring
- Social media metrics tracking
How should I share findings?

• How you share your findings will be shaped by the purpose of your evaluation and your intended audience.

  – Reports
  – Presentations
  – Discussions
The tip sheet is available at:

Thank You!

- Karen E. Kim, MD, MS
- Kathleen Lobb
- John Patton
- Amanda Hane
- The many contributors who helped in these efforts!

These new resources were made possible in part by funding from the Centers for Disease Control and Prevention Cooperative Agreement Number 5U38DP004969-03 and -04. The views expressed in the materials do not necessarily reflect the official policies of the Dept. of Health and Human Services.
Join us for the following upcoming event:

Wednesday, March 1st, 2:00pm ET – 80% by 2018 Live Event and Live Broadcast
Save the date! Live event registration: crc countdown.org

To follow NCCRT on social media:
Twitter: @NCCRTnews
Facebook: http://www.facebook.com/coloncancerroundtable

For more information contact:
nccrt@cancer.org