2019 Messaging Guidebook: Effective Messaging To Reach The Unscreened

JULY 16, 2019
2:00 PM ET
Purpose of Today’s Webinar

• Describe how 2019 Messaging Guidebook supports 80% in Every Community
• Share dissemination strategy for 2019 Messaging Guidebook
• Provide an overview of recent market research on barriers to reaching the unscreened
• Introduce new message testing for use in reaching out to unscreened audiences
• Q&A
Presenters

Caleb Levell
Director, NCCRT – Programs and Partnerships

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Project Consultant, KS&R

Bill Willard
Director, Marketing Research - Brand, American Cancer Society
2019 Messaging Guidebook: Effective Messaging for Reaching Unscreened

Caleb Levell
Director, NCCRT – Programs and Partnerships
Not everyone is benefiting equally

There are still many communities with lower colorectal cancer screening rates – rural communities, certain racial and ethnic communities, low income communities, among others.
Everyone deserves to live a life free from colorectal cancer.

With 80% in Every Community, we will continue working to bring down barriers to screening, and our mission isn’t achieved until we see every community benefitting from 80% and higher screening rates.
Where do we currently stand?

For more detail see:
86.6 million adults age 50-75

58.3 million (67.3%) Up-to-Date

22.2 million (25.7%) Never Screened

Joseph, D.A. (2019, January 28). Colorectal Cancer Screening Data Set Update: How Are We Doing On Our Efforts To Reach 80%? [Webinar].
Percentage of U.S. Adults Age 50-75 years Up-to-Date with CRC Screening, BRFSS

65.2%  66.2%  67.3%

2012  2014  2016
5.1 million

More people up to date with screening
B. Change in percentage of respondents aged 50 to 75 who reported being up to date* with colorectal cancer screening, 2012 through 2016

*Up to date = fecal occult blood test (FOBT) within 1 year, or sigmoidoscopy within 5 years with FOBT within 3 years, or colonoscopy within 10 years.

Percentage Change

- ≤−4.0
- −3.9 to −0.1
- 0.0 to 0.9
- 1.0 to 3.9
- ≥4.0

Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2012 and 2016

https://www.cdc.gov/pcd/issues/2018/17_0535.htm
Joseph, D.A. (2019, January 28). Colorectal Cancer Screening Data Set Update: How Are We Doing On Our Efforts To Reach 80%? [Webinar].
Percentage of U.S. Adults Age 50-75 years Up-to-Date with CRC Screening, Healthcare Effectiveness Data and Information Set
# 2016 BRFSS – 22.2 mil never screened

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Total (millions)*</th>
<th>Up-to-date (millions/%)</th>
<th>Never Screened (millions/%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic</td>
<td>8.5</td>
<td>4.5 (54.5%)</td>
<td>3.5 (39.2%)</td>
</tr>
<tr>
<td>Other/Multi</td>
<td>1.2</td>
<td>0.8 (65.3%)</td>
<td>0.3 (26.2%)</td>
</tr>
<tr>
<td>AI/AN</td>
<td>0.8</td>
<td>0.5 (59.5%)</td>
<td>0.3 (31.9%)</td>
</tr>
<tr>
<td>Asian/PI</td>
<td>3.0</td>
<td>1.9 (63.4%)</td>
<td>0.9 (31.4%)</td>
</tr>
<tr>
<td>Black</td>
<td>9.2</td>
<td>6.1 (66.7%)</td>
<td>2.6 (27.2%)</td>
</tr>
<tr>
<td>White</td>
<td>62.3</td>
<td>43.7 (69.7%)</td>
<td>14.1 (23%)</td>
</tr>
</tbody>
</table>

Joseph, D.A. (2019, January 28). Colorectal Cancer Screening Data Set Update: How Are We Doing On Our Efforts To Reach 80%? [Webinar].
2016 BRFSS Conclusions

• We are making progress!

• Attention to:
  • People age 50-64 years
    ▪ Insured
    ▪ Uninsured
    ▪ Hispanic populations
    ▪ Pretty much everyone
  • People age 65-75 who are AI/AN, Hispanic, have low income
  • AI/AN and Asian/PI populations

Joseph, D.A. (2019, January 28). Colorectal Cancer Screening Data Set Update: How Are We Doing On Our Efforts To Reach 80%? [Webinar].
Summary of 2015 National Health Interview Data

• In 2015, ~62% of adults 50-75 years reported up-to-date CRC screening
  – Similar prevalence among men and women
• Up-to-date CRC screening prevalence is <50% in:
  – 50-54 years
  – Hispanics
  – People with <high school diploma
  – Medicaid and uninsured
• Characteristics of people not Up-To-Date with CRC Screening:
  – Over a third are 50-54 years
  – Two-thirds are white
  – Over half have at least some college education
  – Half have private insurance, a quarter have Medicare

Fedewa, S. (2019, January 28). Colorectal Cancer Screening Data Set Update: How Are We Doing On Our Efforts To Reach 80%? [Webinar].
Messaging Recommendations and CRC Screening Guidelines

• American Cancer Society 2018 Colorectal Cancer Screening Guideline Update and USPSTF 2016 Colorectal Cancer Screening Recommendation

• Market research was conducted on the 45 to 49 year old age group to begin developing a baseline of understanding for this age group and some of those findings will be shared today
  • Messaging Guidebook will be useful whether an organization begins screening at 45 or 50

• NCCRT supports member organizations in advancing their life-saving missions around colorectal cancer screening, no matter which colorectal cancer screening recommendations they choose to follow.

• Learn more about the guidelines
  • ACS
  • USPSTF
The goals of the market research were to:

- Measure general awareness of CRC colorectal cancer screening methods
- Understand the rationale, attitudes, and motivations for being screened or not
- Analyze priority populations such as people aged 50-54 and the marketplace insured
- Identify logical and emotional drivers that could encourage screening
- Use the drivers to create and test messages that would motivate unscreened people
- Research conducted over three phases of work
What’s in the guidebook?

- A general profile of the unscreened individuals, and their defining characteristics, behaviors, and attitudes
- Description of potential motivators for screening and likelihood of completing screening
- Provides recommended pathways for message delivery – who, what, why, how
- Introduces the top three preferred messages in our market research
- One-page, deep dives on priority unscreened audiences
- Points to other resources
Profiles

Demographic groups of interest included:
•  The young 50 (aged 50-54)
•  The insured
•  Rural dwellers
•  Select racial and ethnic groups
•  People aged 45-49

Psychographic Personas included:
•  Fearful Delayers. People who have concerns or fears about prep, colonoscopy, or results.
•  Invincibles. People who don’t think they’re likely to get CRC.
•  Preoccupied Busy-Bees. People who are focused on other health issues or are too busy taking care of the family.
•  Financially Challenged. People who are uninsured or with a household income below $40,000.
PROFILE: UNSCREENED YOUNG 50

This group has put off screening most often due to being busy, with a large share currently working full-time. Communicating the ease and simplicity of at-home tests is an important part of motivating this group. Elements of the ‘Right Now’ message can also go a long way to educate those who are not being screened due to lack of symptoms.

Demographics

<table>
<thead>
<tr>
<th>Employment</th>
<th>Income</th>
<th>Marital Status/Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>More likely to be employed full-time</td>
<td>More likely to have high income of sick or more</td>
<td>More likely to have children under 18 years old</td>
</tr>
</tbody>
</table>

Barriers to Screening

- Doctor Didn’t Recommend
- Procrastination
  - Busy
- No Symptoms

Lifestyle Beliefs and Behaviors

- 51% Consider themselves healthy
- 43% Talk to family/memories about screening
- 39% Talk to doctors about screening
- 46% Visit doctors for checkups, screening, & wellness care
- 46% Exercise regularly
- 51% Are doctor aware

Baseline Screening Likelihood Before Messages*

- Adjusted percentages of respondents likely to undergo screening within 6 months after message exposure.

1. Doctor Didn’t Recommend
   - 17.5 PERCENT
2. Procrastination
   - 26.1 PERCENT
3. No Symptoms
   - 23.8 PERCENT
4. Exercise regularly
   - 25.0 PERCENT

Messages That Increase the Likelihood of Screening

1. A colonoscopy isn’t the only option for colorectal cancer screening. There are simple, affordable options, including tests that can be done at home. Talk to your doctor about which options are right for you, ask which tests are covered by your health insurance.
   - “Because it’s nice to know there are alternative tests that can be done at home. It seems easier and less expensive than a colonoscopy.”

2. Right now, you could have a polyp, a small growth in your colon or rectum. Right now, your polyp may be harmless, but over time it could develop into colorectal cancer. Right now, through regular screening, you have the power to find and remove precancerous polyps and prevent colorectal cancer. Call your doctor and take control of your health.
   - “Because it is easy, it makes you really imagine having a polyp and not knowing it keeps growing and growing.”

3. Preventing colorectal cancer or finding it early is possible through regular screening. There are many test options, including simple, affordable tests. Talk to your doctor about the right option for you and about which tests are covered by your health insurance.
   - “I like the tests to be simple, affordable, and painless as possible.”

Channels That Resonate

- Preferred Channels for Delivery
  - Primary: Discussions with doctor
  - Secondary: Websites
- Most Trusted Sources
  - Primary: Personal doctor
  - Secondary: National health organizations (e.g., American Cancer Society)
Complementary Resources

Recommended Messages to Reach Asian Americans
Messaging guidance for telling to Asian Americans about colorectal cancer screening
Asian Americans' and Colorectal Cancer Companion Guide
nccrt.org/resource-center/
NCCRT Resource Center
Releasing the Guidebook

- Guidebook becomes available week of July 22, 2019
- Distribution Channels:
  - All those registered for webinar
  - CRC News
  - Social Media
  - NCCRT Website
- Partner Release Opportunity
  - Help us spread the news about the updated guidebook!
  - Sign-up to receive newsletter and social media language to help us promote next week’s launch
“Fighting emotion with logic is like bringing a calculator to a knife fight.” Josh Sundquist
Ever since I passed 50, things don't heal as fast, everything slows down. Aches and pains last a little longer. I’m just, I guess just now feeling like I'm not 10 feet tall and bulletproof.

For some who indicated maintaining their health is not a priority, taking care of family members is more of a focus.

71% care a great deal about their health

68% know what they need to do to stay healthy

For some it’s a priority because they are aging and noticing changes in their body

Staying active & eating healthy are top measures taken to be healthy

Some also note making sure they get enough sleep at night and/or not smoking

Demographic differences:
- Females more likely to care about their health and know what they need to do to stay healthy
What they aren’t doing…

Majority of the Unscreened are not getting annual physicals or visiting their doctor for wellness checks.

Those who do get physicals, are more often driven by a specific need, such as refills of medication or a job requirement, and are not doing it to be proactive.

Demographic differences:
- Rural dwellers and Uninsured less likely to get annual physicals.
Concerns with insurance/costs
Fear of getting bad news
Distrust
Scheduling issues

Hesitations with going to the doctor include:

- Concerns with insurance/costs
  
  “Over the last 10 years going to the doctor has become very expensive.”
- Fear of getting bad news
- Distrust
  
  “I distrust the state of medicine today. I think they just recommend tests to get more money.”
- Scheduling issues

Though the majority do not get physicals, 69% have been to the doctor in the past year, often for a specific issue or ailment

Primary Provider For Health Care:

- 59% PCP
- 15% Urgent Care
- 11% PA or NP

Demographic differences:

- Uninsured more likely to go to urgent care
- Rural dwellers, females, and insured more likely to see PA or NPs
- Uninsured and African Americans more likely to go to ERs
TOP OF MIND THOUGHTS ON COLON CANCER

1 DEATH/FATAL

- “You can die quickly if not found soon.”
- “I think of an awful disease that robs you of life and kills you.”
- “Death. The survival rate is very low.”

2 TERRIBLE ILLNESS

- “Terrible disease that requires removal of part of the colon.”
- “A serious disease that needs to be detected early.”

3 COLONOSCOPIES

- “That I should get a colonoscopy, but don't really want to.”
- “That having a colonoscopy can detect colon or colorectal cancer.”

Many admit they do not know much about the disease
- Most are unaware screening can prevent colon cancer and are surprised when they learn this fact
- Many think screening is only useful for early detection

Most do not personally worry about colon or colorectal cancer
- No stomach/digestive issues
- No family history
CRC SCREENING INFORMATION CHANNELS

ADVERTISEMENTS

DISCUSSION WITH HEALTH CARE PROVIDER

DISCUSSION WITH FRIENDS/FAMILY
~ 4 in 10 talked with their health care provider about CRC Screening

- Doctors typically initiate it
- Often comes up at a check-up

What health care providers are saying:
- They’re the recommended age
- They’re due for screening

What health care providers aren’t saying:
- Why it’s important
- The different testing options available

Many report if their doctor provided more information on why it’s important, it may be more influential. Some also want more details on test options and what the tests entail.

Demographic differences:
- Insured more likely to have had a conversation with health care provider
DISCUSSION WITH FRIENDS/FAMILY

50% have talked with friends/family about CRC screening

What they’re talking about:
- They are of age to be screened
- What the prep entails

‘HORRIBLE’ is typically used by friends/family when discussing the prep or procedure

Negative, secondhand accounts are an additional barrier for the Unscreened base, as they feed their fears and apprehensions.

Some participants who have put off getting the test due to concerns over the prep and procedure specifically said hearing a friend or family member tell them it wasn’t that bad could help them overcome their fear of being screened.

Demographic differences:
- Females more likely to have discussed the prep & more likely to cite it as a barrier
Why aren’t they getting screened?

- **PROCRASTINATION (33%)**
- **LACK OF SYMPTOMS (27%)**
- **UNPLEASANTNESS OF PREP (23%)**
- **NO FAMILY HISTORY (23%)**

**COST CONCERNS**

74% of the Uninsured are deterred by cost

Among the Insured, some have expressed cost concerns, mainly just not knowing what insurance would cover and what out-of-pocket costs they would incur.

**IMPORTANCE OF SCREENING**

60% feel CRC screening is important

(Higher among young 50 & African Americans)

Top barriers:
- 42% Procrastination
- 25% Unpleasantness of prep
- 22% No symptoms

**Anxiety and fear** are leading emotions Unscreened participants have when they think of being screened, largely related to the prep and procedure, but some also fear the results.

“*I’m filled with a sense of dread for the preparation and the actual procedure.*”
While being busy/prioritizing other things over screening is a top driver across most groups, fear-related barriers are more prevalent among the older unscreened, females, African Americans, Hispanics, and Asians. Cost concerns is also a top driver among African Americans.

<table>
<thead>
<tr>
<th>Reason</th>
<th>Total (n=312)</th>
<th>50-54 year olds (n=164)</th>
<th>55+ year olds (n=148)</th>
<th>Male (n=144)</th>
<th>Female (n=168)</th>
<th>Caucasian (n=221)</th>
<th>AA/Black (n=31)*</th>
<th>Hispanic (n=44)*</th>
<th>Asian (n=14)**</th>
<th>Rural (n=70)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Busy/other things going on</td>
<td>41%</td>
<td>45%</td>
<td>38%</td>
<td>46%</td>
<td>38%</td>
<td>44%</td>
<td>32%</td>
<td>36%</td>
<td>21%</td>
<td>47%</td>
</tr>
<tr>
<td>Fear of the test</td>
<td>32%</td>
<td>29%</td>
<td>36%</td>
<td>29%</td>
<td>35%</td>
<td>33%</td>
<td>19%</td>
<td>36%</td>
<td>43%</td>
<td>19%</td>
</tr>
<tr>
<td>Prep concerns</td>
<td>30%</td>
<td>30%</td>
<td>30%</td>
<td>22%</td>
<td>37%A</td>
<td>30%</td>
<td>36%</td>
<td>25%</td>
<td>29%</td>
<td>26%</td>
</tr>
<tr>
<td>Cost concerns</td>
<td>25%</td>
<td>24%</td>
<td>26%</td>
<td>27%</td>
<td>23%</td>
<td>24%</td>
<td>39%</td>
<td>25%</td>
<td>14%</td>
<td>23%</td>
</tr>
<tr>
<td>Fear of the results</td>
<td>19%</td>
<td>17%</td>
<td>21%</td>
<td>18%</td>
<td>19%</td>
<td>20%</td>
<td>13%</td>
<td>16%</td>
<td>29%</td>
<td>11%</td>
</tr>
<tr>
<td>Other health issues are a priority</td>
<td>18%</td>
<td>19%</td>
<td>17%</td>
<td>16%</td>
<td>20%</td>
<td>20%</td>
<td>10%</td>
<td>14%</td>
<td>7%</td>
<td>21%</td>
</tr>
<tr>
<td>Don’t think you’re likely to get CRC</td>
<td>15%</td>
<td>12%</td>
<td>18%</td>
<td>18%</td>
<td>12%</td>
<td>14%</td>
<td>10%</td>
<td>21%</td>
<td>21%</td>
<td>16%</td>
</tr>
</tbody>
</table>

A/B A/B/C/D indicates statistically significant difference at the 95% confidence level.
* Caution: Low Base Size. ** Caution: Extremely Low Base Size.
Q17a. You mentioned you will get screened eventually but haven’t yet. Which of the following reasons, if any, describes why you’ve put off getting screened? (Multiple Response)
ILLUSTRATIVE PERSONAS OF THE UNSCREENED BASE

FEARFUL DELayers (39% OF UNSCREENED BASE)

Have not been screened because of concerns about the prep, the test itself, or fear of the results, or procrastinate due to any of these reasons.

Baseline likelihood to get screened: 18.1%

INVINCIBLES (39% OF UNSCREENED BASE)

Have not been screened because it didn’t seem important, no family history, no symptoms, live a healthy life style, or procrastinate because they don’t think they’re likely to get CRC.

Baseline likelihood to get screened: 10.7%

PREOCCUPIED BUSY BEES (34% OF UNSCREENED BASE)

Have not been screened because they’re focused on other health issues, don’t have time, can’t take off of work, busy taking care of family, or procrastinate because of health issues or being busy.

Baseline likelihood to get screened: 17.1%

FINANCIALLY CHALLENGED (42% OF UNSCREENED BASE)

Have a household income of $40K or less OR are Uninsured

Baseline likelihood to get screened: 12.1%

NOTE: These are illustrative personas, NOT modeled segments, and respondents can fall into more than 1 category.
Without any type of outside influence, certain groups currently have a very low likelihood of getting screened for CRC within the next 6 months.

<table>
<thead>
<tr>
<th>Demographic</th>
<th>Likelihood</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marketplace Insurance</td>
<td>7.1%</td>
</tr>
<tr>
<td>Uninsured</td>
<td>8.1%</td>
</tr>
<tr>
<td>Doctor averse</td>
<td>9.5%</td>
</tr>
<tr>
<td>45-49 year olds*</td>
<td>9.7%</td>
</tr>
<tr>
<td>Invincibles</td>
<td>10.7%</td>
</tr>
<tr>
<td>Financially Challenged (&lt;$40K HH Income OR Uninsured)</td>
<td>12.1%</td>
</tr>
<tr>
<td>Rural</td>
<td>12.7%</td>
</tr>
<tr>
<td>White (Non-Hispanic)</td>
<td>12.8%</td>
</tr>
<tr>
<td>Asian</td>
<td>13.7%</td>
</tr>
<tr>
<td>55+ year olds</td>
<td>13.8%</td>
</tr>
<tr>
<td>Male</td>
<td>14.5%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>15.6%</td>
</tr>
<tr>
<td>Medicaid</td>
<td>16.0%</td>
</tr>
<tr>
<td>Female</td>
<td>16.5%</td>
</tr>
<tr>
<td>Insured</td>
<td>16.9%</td>
</tr>
<tr>
<td>Preoccupied Busy Bees</td>
<td>17.1%</td>
</tr>
<tr>
<td>50-54 year olds</td>
<td>17.5%</td>
</tr>
<tr>
<td>Medicare</td>
<td>17.8%</td>
</tr>
<tr>
<td>Fearful Delayers</td>
<td>18.1%</td>
</tr>
<tr>
<td>Financially Able ($60K+ HH Income AND Insured)</td>
<td>18.5%</td>
</tr>
<tr>
<td>Private Insurance (Employee or direct)</td>
<td>19.3%</td>
</tr>
<tr>
<td>Black/AA (Non-Hispanic)</td>
<td>34.4%</td>
</tr>
</tbody>
</table>

* Note: 45-49 year olds are not included in the Total average or any of the demographic cuts or segments
WHAT COULD MOTIVATE SCREENING

**What could trigger getting screened sooner rather than later:**
- Stomach issues
- Someone they know having CRC
- Their doctor really pushing the issue

**What could make screening easier/motivate action:**
- Different/better test (21%)
- Lower cost/better insurance coverage (21%)
- Education on why it’s important (15%)

**How they think they’ll feel prior:**
- Many assume they will feel anxiety or dread about the prep and/or procedure
- Some note they would feel fine about the procedure, but would be anxious about the results

“I would be scared to death and embarrassed because you don’t know what’s going to happen. You feel exposed. It’s not something you really want to do. You don’t want to lay on a table while they stick a scope there.”

**Many note they would likely feel relieved after**
Who?

**ALL medical professionals (not just PCPs)**

Any medical professional treating a 50+ year old (for any reason, not just symptoms related to CRC) should inquire about whether the patient has been screened, and if not, inform them of why they should consider it.
When?

Discuss at every patient touch point

Regardless of the appointment type and ailment the patient is seeking medical attention for, health care professionals should consider bringing colon cancer screening up every time they encounter a patient over 50 who has not been screened.
What to discuss?

Why it’s important
Medical professionals need to push the issue more, going beyond just telling patients it’s needed, and highlighting why it’s important.

What testing options are available
It’s important to communicate all of the screening options, what they entail, and the pros/cons of each.

“If the doctor, when I’m already there, mentions the importance and maybe talks about how it’s important for older people to get this screening, that might be a little more influential. To have a personal conversation with your doctor would help.”
Appealing to the head

**Discussions with health care provider**
Leading channel for receiving CRC screening information and most trusted source.

**Websites**
Many research online as well, WebMD commonly cited

Mixed reactions on brochures, as some report it’s the most effective channel for delivering information and an equal share citing it’s the least effective way.
 Appealing to the **heart**

**TV ads**
leads as the top channel to effectively communicate motivational messages

**Radio ads and direct mail**
mentioned by some

Email leads as the **least effective** channel for delivering CRC screening information as many report they would likely just delete it thinking it was junk mail

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**DELIVERING CRC MESSAGING**
Only 15% of the insured unscreened base has looked into what their insurance covers for CRC screening.
A colonoscopy isn’t the only option for colorectal cancer screening. There are simple, affordable options, including tests that can be done at home.

Right now, you could have a polyp, a small growth in your colon or rectum. Right now, your polyp may be harmless, but over time it could develop into colorectal cancer.

Preventing colorectal cancer or finding it early is possible through regular screening. There are many test options, including simple, affordable tests.

Having a family history of colorectal cancer increases your risk for it.

Be proactive about your health with one of the most powerful weapons against colorectal cancer.

If you’ve skipped, delayed, or not yet started your colorectal cancer screening, you may be taking a gamble with your health.

You care about your health. You eat right. You stay active. But do you know when you should get screened for colorectal cancer?

You might already know that getting regular screening for colorectal cancer can save your life, but did you know it can help your family?

I don’t want to do the prep.” “The test is embarrassing.” “I’m scared it will hurt.” — fear may often lead people to put off getting screened for colorectal cancer.

Paying your taxes, getting your oil changed… these are things that we all know we need to do, but we sometimes put them off. Don’t put off talking to your doctor.

We get it. You’ve been meaning to do it, but life keeps getting in the way. Maybe you know that colorectal cancer screening can save your life.

No symptoms, no problem right? Not necessarily. Colorectal cancer may not cause symptoms right away.

Whatever will be, will be. Except when you can do something about it. About 1 in 3 people who should get tested for colorectal cancer have never been screened.

8 in 10 Unscreened 50+ year olds know and can describe what a polyp is. However, about 1 in 5 think it is automatically a cancerous growth.

<table>
<thead>
<tr>
<th>Message</th>
<th>Share of Preference</th>
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</thead>
<tbody>
<tr>
<td>A colonoscopy isn’t the only option for colorectal cancer screening.</td>
<td>31.4%</td>
</tr>
<tr>
<td>Right now, you could have a polyp, a small growth in your colon or</td>
<td>12.2%</td>
</tr>
<tr>
<td>rectum. Right now, your polyp may be harmless, but over time it could</td>
<td></td>
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<tr>
<td>develop into colorectal cancer.</td>
<td></td>
</tr>
<tr>
<td>Preventing colorectal cancer or finding it early is possible through</td>
<td>12.2%</td>
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<tr>
<td>regular screening. There are many test options, including simple,</td>
<td></td>
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<tr>
<td>affordable tests.</td>
<td></td>
</tr>
<tr>
<td>Having a family history of colorectal cancer increases your risk for</td>
<td>6.9%</td>
</tr>
<tr>
<td>it.</td>
<td></td>
</tr>
<tr>
<td>Be proactive about your health with one of the most powerful</td>
<td>6.0%</td>
</tr>
<tr>
<td>weapons against colorectal cancer...</td>
<td></td>
</tr>
<tr>
<td>If you’ve skipped, delayed, or not yet started your colorectal cancer</td>
<td>4.8%</td>
</tr>
<tr>
<td>screening, you may be taking a gamble with your health...</td>
<td></td>
</tr>
<tr>
<td>You care about your health. You eat right. But do you know when you</td>
<td>4.8%</td>
</tr>
<tr>
<td>should get screened for colorectal cancer?...</td>
<td></td>
</tr>
<tr>
<td>You might already know that getting regular screening for colorectal</td>
<td>4.3%</td>
</tr>
<tr>
<td>cancer can save your life, but did you know it can help your family?</td>
<td></td>
</tr>
<tr>
<td>I don’t want to do the prep.” “The test is embarrassing.” “I’m scared</td>
<td>4.3%</td>
</tr>
<tr>
<td>it will hurt.” — fear may often lead people to put off getting</td>
<td></td>
</tr>
<tr>
<td>screened for colorectal cancer...</td>
<td></td>
</tr>
<tr>
<td>Paying your taxes, getting your oil changed... these are things that</td>
<td>4.2%</td>
</tr>
<tr>
<td>we all know we need to do, but we sometimes put them off. Don’t put</td>
<td></td>
</tr>
<tr>
<td>off talking to your doctor...</td>
<td></td>
</tr>
<tr>
<td>We get it. You’ve been meaning to do it, but life keeps getting in the</td>
<td>3.7%</td>
</tr>
<tr>
<td>way. Maybe you know that colorectal cancer screening can save your</td>
<td></td>
</tr>
<tr>
<td>life...</td>
<td></td>
</tr>
<tr>
<td>No symptoms, no problem right? Not necessarily. Colorectal cancer may</td>
<td>3.0%</td>
</tr>
<tr>
<td>not cause symptoms right away...</td>
<td></td>
</tr>
<tr>
<td>Whatever will be, will be. Except when you can do something about it.</td>
<td>2.2%</td>
</tr>
<tr>
<td>About 1 in 3 people who should get tested for colorectal cancer have</td>
<td></td>
</tr>
<tr>
<td>never been screened...</td>
<td></td>
</tr>
</tbody>
</table>
A colonoscopy isn’t the only option for colorectal cancer screening. There are simple, affordable options, including tests that can be done at home. Talk to your doctor about which option is right for you. Ask which tests are covered by your health insurance.

Right now, you could have a polyp, a small growth in your colon or rectum. Right now, your polyp may be harmless, but over time it could develop into colorectal cancer. Right now, through regular screening, you have the power to find and remove precancerous polyps and prevent colorectal cancer. Call your doctor and take control of your health!

Preventing colorectal cancer or finding it early is possible through regular screening. There are many test options, including simple, affordable tests. Talk to your doctor about the right option for you and about which tests are covered by your health insurance.

This message has something for everyone, as it encompasses the unique barriers that deter different groups from getting screened:

1. **Tests that can be done at home** – addresses fear and increases comfort
2. **Simple** – resonates particularly with those who are concerned with the time commitment associated with colonoscopies
3. **Affordable** – those where cost is a leading barrier were most drawn to this aspect of the message

This message was often described as one that made people think and one that was scary enough to motivate them to take action. It also made many realize that it is better to be proactive vs. reactive.

With this message, some honed in on the fact that colon cancer can actually be prevented and/or can be caught early. For others, various testing options and the fact they are affordable was most appealing and increased their comfort with getting screened.
A colonoscopy isn’t the only option for colorectal cancer screening. There are simple, affordable options, including tests that can be done at home. Talk to your doctor about which option is right for you. Ask which tests are covered by your health insurance.

MOST PREFERRED MESSAGE IMPACT ON BEHAVIOR – BY KEY DEMOS

After being exposed to the most preferred message, 1 in 4 Unscreened 50+ year olds indicate they would be likely to get screened.

Shifts in Likelihood to Get Screened Using Most Preferred Message – Among Key Demos Of Interest
A colonoscopy isn’t the only option for colorectal cancer screening. There are simple, affordable options, including tests that can be done at home. Talk to your doctor about which option is right for you. Ask which tests are covered by your health insurance.
Population Summaries
UNSCREENED YOUNG 50

Profile of Young 50
Unscreened ages 50-54 years old
Baseline screening likelihood: 17.5%

Messages & Channels That Resonate The Best

1. A colonoscopy isn't the only option for colorectal cancer screening. There are simple, affordable options, including tests that can be done at home. Talk to your doctor about which option is right for you. Ask which tests are covered by your health insurance.
   Category: Options/Coverage
   Adjusted screening likelihood: 26.1%

2. Right now, you could have a polyp, a small growth in your colon or rectum. Right now, your polyp may be harmless, but over time it could develop into colorectal cancer. Right now, through regular screening, you have the power to find and remove precancerous polyps and prevent colorectal cancer. Call your doctor and take control of your health!
   Category: No Symptoms/Early Detection
   Adjusted screening likelihood: 23.8%

3. Preventing colorectal cancer or finding it early is possible through regular screening. There are many test options, including simple, affordable tests. Talk to your doctor about the right option for you and about which tests are covered by your health insurance.
   Category: Options/Coverage
   Adjusted screening likelihood: 25.0%

Discussion with doctor preferred channel
Secondary: Websites

Personal doctor most trusted source
Top non-health care provider source: National health organizations (e.g. ACS)

Healthy Lifestyle Behaviors
48% are doctor averse
51% consider themselves healthy
39% talk to doctor about screening
46% go to the doctor for check-ups, screenings, & wellness care
43% talk to family/friends about screening
51% exercise on a regular basis

Top Barriers To Screening

Procrastination
Drifter: Busy

No symptoms

Doctor didn’t recommend

Demographic Profile

Employment
Over index total for full-time employment

Marital Status/Children
Over index total for having children < 18 years old

Income
Over index total for HH income of $80K or more

This group has put off screening most often due to being busy, with a large share currently working full-time. Communicating the ease and simplicity of at home tests is an important part of motivating this group. Elements of the ‘Right Now’ message can also go a long way to educate those who are not being screened due to lack of symptoms.
UNSCREENED RURAL DWELLERS

Profile of Rural Dwellers
Baseline screening likelihood: 12.7%

Messages & Channels That Resonate The Best

1. A colonoscopy isn’t the only option for colorectal cancer screening. There are simple, affordable options, including tests that can be done at home. Talk to your doctor about which option is right for you. Ask which tests are covered by your health insurance.
   - Category: Options/Coverage
   - Adjusted screening likelihood: 18.8%
   - "Being able to take the test at home makes it not so embarrassing."

2. Preventing colorectal cancer or finding it early is possible through regular screening. There are many test options, including simple, affordable tests. Talk to your doctor about the right option for you and about which tests are covered by your health insurance.
   - Category: Options/Coverage
   - Adjusted screening likelihood: 17.7%
   - "It implies that it might be affordable which is important."

3. Right now, you could have a polyp, a small growth in your colon or rectum. Right now, your polyp may be harmless, but over time it could develop into colorectal cancer. Right now, through regular screening, you have the power to find and remove precancerous polyps and prevent colorectal cancer. Call your doctor and take control of your health!
   - Category: No Symptoms/Early Detection
   - Adjusted screening likelihood: 17.4%
   - "It’s scary to think that I could have a polyp and not know it."

Discussion with doctor preferred channel
Secondary: Websites

Personal doctor most trusted source
Top non-healthcare provider source: National health organizations (e.g. ACS)

Healthy Lifestyle Behaviors
- 56% are doctor averse
- 58% consider themselves healthy
- 34% talk to doctor about screening
- 39% go to the doctor for check-ups, screenings, & wellness care
- 43% talk to family/friends about screening
- 50% exercise on a regular basis

Top Barriers To Screening
- Procrastination
  - Drivers:
    - Busy
    - Prep concerns
- No symptoms
- No family history
- Can’t afford out of pocket costs

Demographic Profile
- Race/Ethnicity
  - Over index total for being White (non-Hispanic)
  - Statistically similar to unscreened total for all other demographics

Procrastination driven by being busy and/or worried about the prep are top barriers for this group. Knowing there are alternative, easier tests that can be done on their own time at home is very motivating to this group. The majority of this group are doctor averse and do not go to the doctor for regular check-ups, so alternative sources such as national health orgs may be helpful in reaching this group.

Preventing colorectal cancer or finding it early is possible through regular screening. There are many test options, including simple, affordable tests. Talk to your doctor about the right option for you and about which tests are covered by your health insurance.
FEARFUL DELayers

Profile of Fearful Delayers

Have not been screened because of concerns about the prep, the test itself, or fear of the results, or procrastinate due to any of these reasons.

Baseline screening likelihood: 18.1%

Messages & Channels That Resonate The Best

1. A colonoscopy isn’t the only option for colorectal cancer screening. There are simple, affordable options, including tests that can be done at home. Talk to your doctor about which option is right for you. Ask which tests are covered by your health insurance.
   
   "It eases my mind and tells me that there are other less intrusive tests for colon cancer."
   
   Category: Options/Coverage
   Adjusted screening likelihood: 26.2%

2. Right now, you could have a polyp, a small growth in your colon or rectum. Right now, your polyp may be harmless, but over time it could develop into colorectal cancer. Right now, through regular screening, you have the power to find and remove precancerous polyps and prevent colorectal cancer. Call your doctor and take control of your health!

   "This message vividly paints a picture of a potentially perilous health situation, and convincingly expresses the urgency and need for health screening to address or prevent a potential crisis."

   Category: No Symptoms/Early Detection
   Adjusted screening likelihood: 22.6%

Discussion with doctor preferred channel
Secondary: Websites, Handout in doctor’s office

Healthy Lifestyle Behaviors

- 55% are doctor averse
- 47% talk to doctor about screening
- 47% go to the doctor for check-ups, screenings, & wellness care
- 49% talk to family/friends about screening
- 49% exercise on a regular basis

Top Non-Health care provider source: National health organizations (e.g. ACS)

Demographic Profile

- Marital Status/Children: Under index total for single/never married
- Insurance Status: Over index total for insured
- Cancer Connection: Over index total for friends/family who have had cancer

For this group, fear of the test and/or prep causes them to continue to put off testing so alternative solutions outside of colonoscopies will appeal to this group most. There is also some benefit of fighting fear with fear, through the ‘Right Now’ message as it communicates WHY screening is important and what can happen if you don’t do it. Combined efforts of health care providers and alternative sources could help convince this group to take action.
This group is busy and/or currently focusing on other issues, so without symptoms, CRC screening is not high on their to-do list. At home tests appeal to this group because it’s easier and can be done on their own time. Addressing the preventative aspect of screening can also help potentially sway this group.

A colonoscopy isn’t the only option for colorectal cancer screening. There are simple, affordable options, including tests that can be done at home. Talk to your doctor about which option is right for you. Ask which tests are covered by your health insurance.

Preventing colorectal cancer or finding it early is possible through regular screening. There are many test options, including simple, affordable tests. Talk to your doctor about the right option for you and about which tests are covered by your health insurance.

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Message 

As I have other health issues already, I would rather be proactive and know exactly what I am dealing with than guessing and worrying over it.

Prevention through regular screening

Healthy Lifestyle Behaviors

- 47% are doctor averse
- 47% consider themselves healthy
- 51% talk to doctor about screening
- 48% go to the doctor for check-ups, screenings, & wellness care
- 44% talk to family/friends out screening
- 51% exercise on a regular basis

Demographic Profile

- Employment: Over index total for full-time employment
- Race/Ethnicity: Over index total for being white (non-Hispanic)
- Insurance Status: Over index total for being insured

Top Barriers To Screening

- Procrastination
  - Drivers: Busy
- Focused on other medical issues
- No symptoms

Messages 

1. A colonoscopy isn’t the only option for colorectal cancer screening. There are simple, affordable options, including tests that can be done at home. Talk to your doctor about which option is right for you. Ask which tests are covered by your health insurance.

   Category: Options/Coverage
   Adjusted screening likelihood: 24.6%

2. Preventing colorectal cancer or finding it early is possible through regular screening. There are many test options, including simple, affordable tests. Talk to your doctor about the right option for you and about which tests are covered by your health insurance.

   Category: Options/Coverage
   Adjusted screening likelihood: 22.6%

Discussion with doctor preferred channel
Secondary: Websites

Personal doctor most trusted source
Top non-health care provider source: National health organizations (e.g. ACS)
Next Steps

And remember:

“When dealing with people, remember you are not dealing with creatures of logic, but creatures of emotion.”  Daniel Carnegie

Figure out how to **change the way health care professionals approach** CRC screening with patients

Develop targeted **messaging that informs and inspires** action
“Once your mindset changes, everything on the outside will change along with it.”

Steve Maraboli
~ 1 in 10 adults between the ages of 45 & 49 have had a CRC screening test

Top reasons for CRC screening:

- 74% had a colonoscopy
- 61% were less than 45 years old when they had their initial screening
CRC SCREENING BARRIERS: 45-49 YEAR OLDS

- Doctor hasn’t recommended it
- Lack of symptoms
- Procrastination
- Too young

76% feel getting screened is highly important, the majority believe it should start at age 50.
76% of Unscreened 45-49 year olds have seen a health care provider in the past year

Primary provider of routine health care:

- PCP: 64%
- Urgent Care: 13%
- PA or NP: 11%

1 in 3 are doctor averse
89% have insurance
FIRST STEPS FOR MOTIVATING 45-49 YEAR OLDS TO GET SCREENED

Get health care providers on board with the revised screening age

- This is an important first step to convincing this younger audience to get screened sooner, as many rely on their health care provider’s guidance.

Educate the younger population

- Reprogram the mindset of the general population who have been conditioned to think the recommended age for screening is 50.
- Inform them of the different testing options and provide comprehensive information about each test.
- Educate them on how screening can prevent colon cancer.
Please submit your questions in the chat box.
Thank You!

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

For more information contact:
nccrt@cancer.org