

Project Background

Black and African American people experience disproportionately higher incidence and mortality rates from colorectal cancer (CRC), with CRC death rates that are almost 40% higher than those in white people. In reaction to these persistent disparities, it became strikingly clear that we need to sharpen our focus on CRC health equity for Black and African American people. While screening is only one element of the work that needs to be done to address CRC disparities, it is important that we make it a priority to promote screening in the best way possible.

Effective, tailored cancer screening messaging is important because presenting compelling information through effective channels will help motivate people to get screened. NCCRT sought to understand the perceptions of CRC screening among unscreened Black and African American adults (aged 45 and older). The overall goals of the research were to:

- Gain a deeper understanding of the barriers to screening
- Understand health care behaviors and perceptions
- Understand the role systemic racism and social injustices play within the healthcare system
- Identify preferred and trusted information sources
- Gather reactions to messages to identify which messaging will be most effective

Research Phases



In-Depth Interviews

60-minute virtual interviews with Black and African American people who have not been screened for CRC.

- 10 respondents
- 6 male, 4 female
- Ages 45-66



Message Testing

15-minute unbranded, online survey with a total of 490 Black and African American people ages 45+, who have not been screened for colorectal cancer.

Top Tested Crafted Messages

Did you know that colorectal cancer is the third-leading cause of cancer death in both Black and African American men and women in the United States? Colorectal cancer can be caught early or even prevented through regular screening. Most people should begin screening at age 45.

- Message most likely to impact your decision to get screened: 15.7%
- % ranked Top Three: 49.6%
- Baseline Likelihood of being screened prior to receiving the tailored message: 32%
- Likelihood of being screened after receiving the tailored message: 47.6%

Colorectal cancer is often a silent disease. Usually there are no symptoms. That's why getting screened is so important. Screening can help prevent colorectal cancer or catch it early when it is easiest to treat. Most people should begin screening at age 45.

- Message most likely to impact your decision to get screened: 9.8%
- % ranked Top Three: 34.9%
- Baseline Likelihood of being screened prior to receiving the tailored message: 32%
- Likelihood of being screened after receiving the tailored message: 42.4%

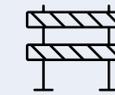
Colorectal cancer still happens more often in Black and African American people, but progress is being made. Fewer Black and African American people develop or die from colorectal cancer as compared to just a few years ago, thanks to more Black and African American people taking part in screening, which now starts at age 45.

- Message most likely to impact your decision to get screened: 9.4%
- % ranked Top Three: 34.3%
- Baseline Likelihood of being screened prior to receiving the tailored message: 32%
- Likelihood of being screened after receiving the tailored message: 43.4%

Right now, you could have a polyp, a small growth in your colorectal 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!

- Message most likely to impact your decision to get screened: 9.0%
- % ranked Top Three: 29.6%
- Baseline Likelihood of being screened prior to receiving the tailored message: 32%
- Likelihood of being screened after receiving the tailored message: 42%

Other Key Findings



Barriers to Screening

- Deferment is the top reason for having not been screened yet (among those delaying screening, nearly 1 in 4 cite COVID as a factor). Their doctor not recommending screening, having a lack of symptoms, and having no family history round out the list of top barriers to screening.
- About 1 in 3 reports racial bias in healthcare that makes them hesitant to seek medical care. Racial bias on behalf of medical doctors may play a role in lack of recommendation to screen.
- The majority of those under the age of 55 have not had any discussions with their healthcare providers about CRC screening. Just over half of those 55+ have discussed screening with their healthcare providers.



Trusted Voices for CRC Information

- Healthcare providers are the preferred channel and most trusted source for receiving CRC information. National health organizations government health organizations are also top trusted sources.
- Beyond healthcare providers, materials in a doctor's office, email, websites, and patient portals are ideal information channels.
- While family and friends are not the preferred source of healthcare information, they are one of the most trusted sources.
- Virtually respondents all would prefer to see a regular person they identify with (same race, age, gender) talking about their experience with CRC, instead of a celebrity.
- Though social media is not a preferred or highly trusted source for receiving health care information, still much of the population is on social media, most often Facebook and YouTube.
- The majority of respondents identified as being at least somewhat religious and place a high level of trust in leaders of their faith-based institutions.



Visit nccrt.org to download the messaging guidebook and find links to relevant publications.

