

80%  
by 2018



## *Tested Messages to Reach the Unscreened*

*Tools for screening 80% of adults 50 and older for colorectal  
cancer by 2018*



## **Hispanics/Latinos and Colorectal Cancer**

### *Companion Guide*



## Acknowledgments / Disclaimer

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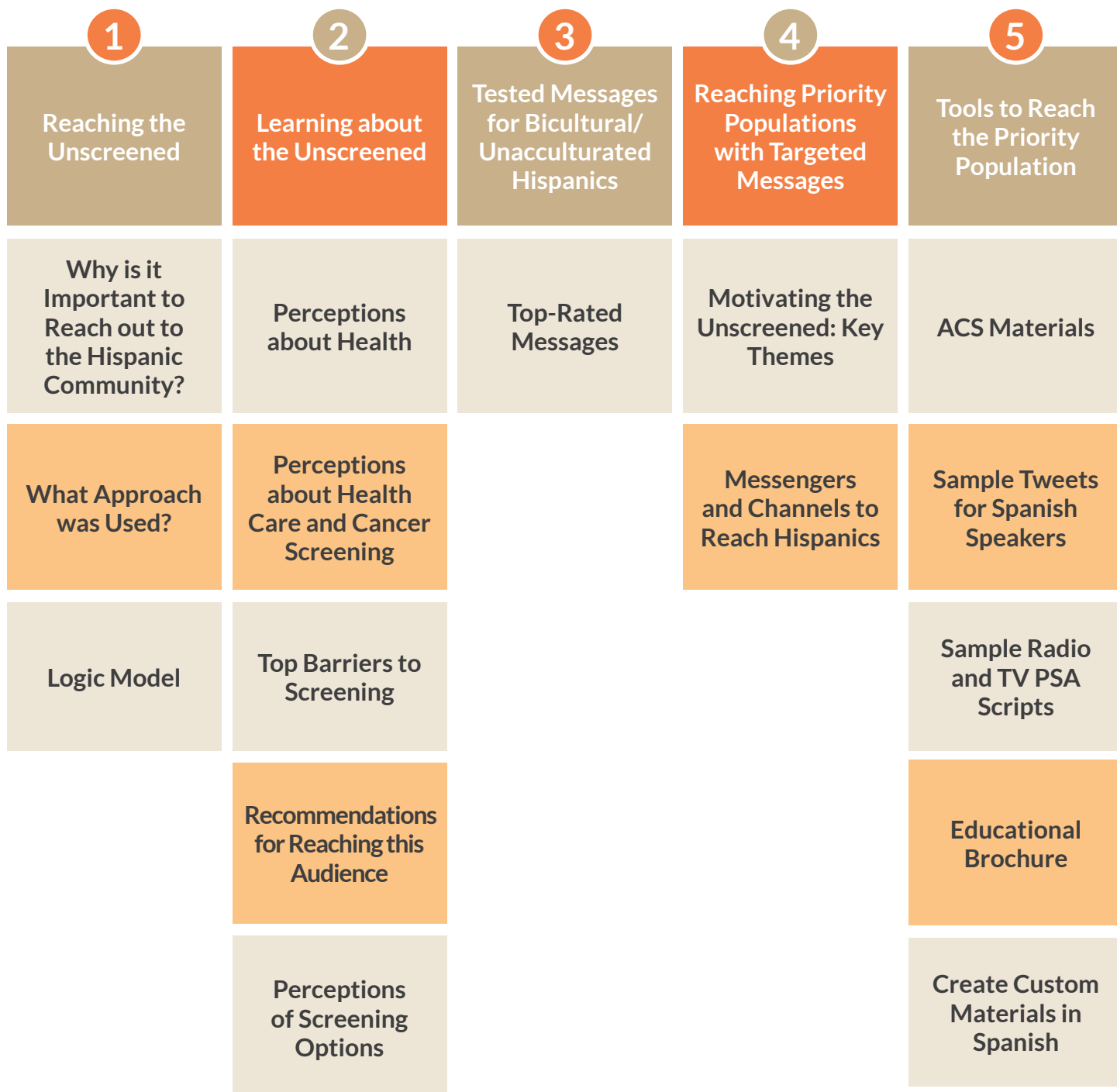
As is the case with all qualitative market research, respondents in these interviews were drawn from the population from whom we seek answers, but were not chosen on any statistical basis. The findings accurately represent the opinion of those individuals who attended the discussions. They should be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



## Reaching the Unscreened

### Why is it Important to Reach out to the Hispanic Community?

Colorectal cancer is the second-leading cause of cancer-related death among Hispanics (both men and women combined) in the United States. 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 two.<sup>1</sup> This lack of testing, 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>

**1<sup>in</sup>2**

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

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/](http://nccrt.org/tools/80-percent-by-2018/) to learn more and to pledge your organization's support). For the reasons listed in the paragraphs above, Hispanics are considered a priority population in the 80% by 2018 initiative.



As a part of this effort, the American Cancer Society Marketing Research Department, in collaboration with the 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 for use in their communications efforts.

While the 2014 market research provided 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 are also aware that partners in the 80% by 2018 effort have been asking for messaging about colorectal cancer screening in the Spanish language.

As such, we are pleased to share our findings and a summary of this market research.



## 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 Hispanics 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. In addition, 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 was 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.

### **Bicultural Hispanics:**

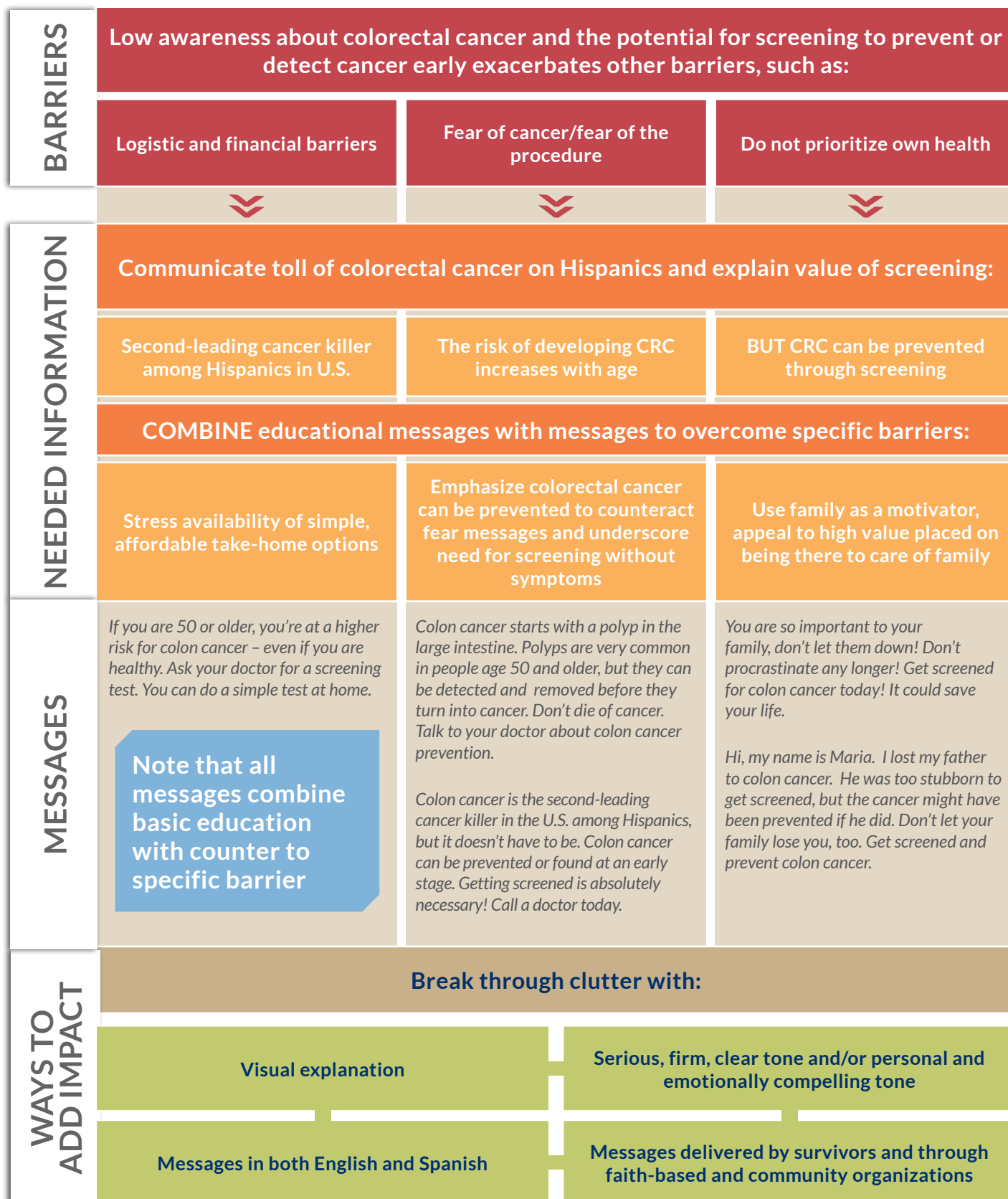
- are bilingual;
- conduct business in English;
- are comfortable with Spanish and English media sources; and
- practice Hispanic traditions and customs.

### **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 perceived as unnecessary.
- Many participants described saving a visit to the doctor as a "last resort" when something is wrong or if they are in pain for an extended period of time.
- NOTE: An exception is that the women we spoke 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 an unknown and therefore intimidating.
- Fear includes both the discomfort of the exam and 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 perceived as terminal is generally considered taboo.
- Fears include the impact illness 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 their faith is the belief that whatever happens is "God's will". As a result of this view, 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 Catholic.<sup>2</sup>

### 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.

*"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 that "lack of trust" is a main reason why they 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 have 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 with whom we spoke.
- Even when the cancer was not perceived as terminal, or the cancer could be treated, 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 with whom we spoke used the term "cancer del colon" instead of "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 with whom we spoke have heard that it is recommended after age 50, but do not know why.
- For the most part, screening options are not understood.
- Many confuse colon and prostate exams with 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 were detected in our focus groups were:



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

- We heard many cultural reasons for not discussing screening tests, cancer and illness, all of which 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 English-speaking Hispanics with whom we spoke were "doctor adverse".

## Fear, especially fear of the unknown, prevents many 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 said they worry about financial strain, insurance status and co-pays.<sup>3</sup>
- 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 any activity 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 not explaining the need for screening effectively, if it comes up at all.

- Not all doctors mention colorectal cancer screening and, if they do, the respondents felt the doctors did not emphasize the importance and/or potential of screening 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 English-speaking Hispanics 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 which need to be addressed.)

## Recommendations for Reaching this Audience

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



Use key statistics, such as colon cancer is the second-leading cause of cancer-related deaths 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 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 colorectal cancer can be prevented, many participants feel the urge to tell 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 may be asymptomatic.

- 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 with whom we spoke 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, participants were more open to getting screened. 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 with whom we spoke cautioned that fear-based messages can have the 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 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 English-speaking Hispanics 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 whom 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 (soap operas) for females.
- Bicultural Latinos relayed that they watch TV in both English and Spanish.

- Our previous market research found that the top source for Hispanics/Latinos to receive health information was television. Respected television sources include *Univision* and *Telemundo*.



## Latinos Want Information in Many Ways



### Television

- ▶ Univision and Telemundo
- ▶ Sports
- ▶ Novelas (Soap Operas)
- ▶ 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

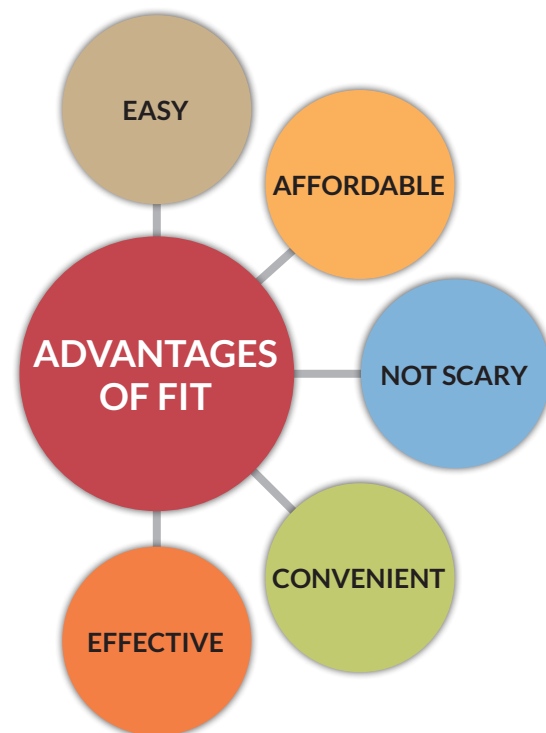
## Perceptions of Screening Options

### *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.*

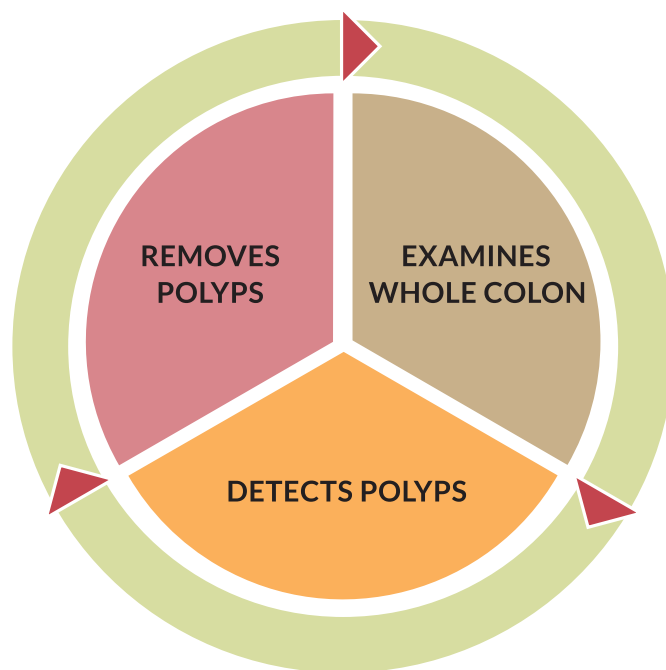


A clearer explanation of the stool test is needed. Many Hispanics do not know that stool tests detect blood in the stool that they would not be able to see on their own. They need to know that stool tests can detect cancer early or prevent cancer by detecting a polyp that has begun to bleed. These more 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, the Latinos we spoke with viewed 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 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	<p>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.</p> <p>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.</p>
B	<p>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.</p> <p>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.</p>
C	<p>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.</p> <p>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.</p>
D	<p>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.</p> <p>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.</p>
E	<p>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.</p> <p>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.</p>

## 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 cause of cancer-related deaths 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 “second-leading cause of cancer-related deaths” statistic was key.
- The clear call to action (“getting screened is necessary”) and relevance (“early detection and prevention”) of this one gives it the upper edge.
- Fear motivates the respondent to take action, with the hope that the cancer can be prevented.
- 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 the participants' eyes.
- The message was most highly rated by fathers, particularly those who may have been putting off getting screening tests because they are too “macho.”
- Since this message directly discusses a man being too stubborn to get tested, it addresses the “machismo” mindset.

## 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 colon cancer is the second-leading cause of cancer-related deaths among Hispanics.
- 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 the message 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”, which is a top reason for not being screened.<sup>4</sup> Unfortunately, only a small percent of unscreened Hispanics visit their physicians regularly, so they should not serve as their only health resource. (Women’s health care providers may have more of an opportunity as many Hispanic women do report going to their doctors for Pap tests or mammograms). Trust is very important in the relationship, and we heard that patients are more likely to get screened 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 screening is necessary. If a doctor doesn’t make screening seem important, the patient won’t believe it is important. 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, through culturally sensitive or culturally respectful communication. 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/](http://nccrt.org/about/provider-education/manual-for-community-health-centers-2/)
  - Primary Care Clinics: [nccrt.org/about/provider-education/crc-clinician-guide/](http://nccrt.org/about/provider-education/crc-clinician-guide/)
- **Television and Radio:** Television is a top source for receiving information, and the 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 priests and pastors, 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 campaigns.<sup>4</sup>
- **National Health Organizations, News Reports, and Advertisements:** Hispanics are much more open to advertising messages than other populations and prefer to receive information through these sources.<sup>4</sup> It was suggested that the information be delivered as important health information as opposed to an ad.
- **Select messengers who will connect with the intended audience, such as well-known celebrities and trusted spokespersons in the Hispanic community, who have either had cancer or known someone who has been touched by the disease.**

## Tools to Reach the Priority Population

### ACS Materials

- Colon Cancer Prevention Flyer: [nccrt.org/wp-content/uploads/0127.95\\_ColonCancerPrevention\\_flyer-RFLO.pdf](http://nccrt.org/wp-content/uploads/0127.95_ColonCancerPrevention_flyer-RFLO.pdf)
- Colon Cancer Message 1 Postcard: [nccrt.org/wp-content/uploads/0128.19\\_colon\\_cancer\\_message1\\_postcard-RFLO.pdf](http://nccrt.org/wp-content/uploads/0128.19_colon_cancer_message1_postcard-RFLO.pdf)
- Colon Cancer Message 2 Postcard: [nccrt.org/wp-content/uploads/0128.19\\_colon\\_cancer\\_message2\\_postcard-RFLO.pdf](http://nccrt.org/wp-content/uploads/0128.19_colon_cancer_message2_postcard-RFLO.pdf)
- Colon Cancer Message 3 Postcard: [nccrt.org/wp-content/uploads/0128.19\\_colon\\_cancer\\_message3\\_postcard-RFLO.pdf](http://nccrt.org/wp-content/uploads/0128.19_colon_cancer_message3_postcard-RFLO.pdf)
- Colon Cancer Message 4 Postcard: [nccrt.org/wp-content/uploads/0128.19\\_colon\\_cancer\\_message4\\_postcard-RFLO.pdf](http://nccrt.org/wp-content/uploads/0128.19_colon_cancer_message4_postcard-RFLO.pdf)
- Colon Cancer Message 5 Postcard: [nccrt.org/wp-content/uploads/0128.19\\_colon\\_cancer\\_message5\\_postcard-RFLO.pdf](http://nccrt.org/wp-content/uploads/0128.19_colon_cancer_message5_postcard-RFLO.pdf)

### Co-Branding These Messages

To co-brand the materials, please fill out the responsible use agreement at <https://www.surveymonkey.com/r/RespUseAgreement>. You will then be sent the original files with a button allowing you to upload your logo to co-brand the materials.

**COMING SOON!**

**New Graphics**

### 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 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!

## Sample Radio and TV PSA Scripts

- PSA 1 | :30** 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.
- English**
- 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** 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.
- English**
- 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** 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!
- English**
- 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** 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!
- English**
- 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** 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!
- English**
- 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** 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!
- English**
- 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 US. 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.

**50+** 

If you're 50 or older, call your doctor today about getting screened.

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



**colon**

male female

**colon.org | 1.800.372.3445**

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**NATIONAL COLORECTAL CANCER FOUNDATION**

**American Cancer Society**

## English Version

[ncrt.org/wp-content/uploads/0127.94\\_ColonCancerTrifoldBrochureUSLetter-ENG.pdf](http://ncrt.org/wp-content/uploads/0127.94_ColonCancerTrifoldBrochureUSLetter-ENG.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

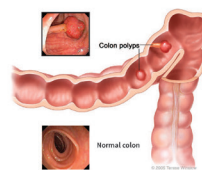
A narrow, lighted tube with a camera is used to look at the entire colon and rectum. Polyps can be removed through this tube. You're given drugs to help you sleep. (You need to have someone drive you home.) With a colonoscopy, doctors can find and remove polyps in the colon, before they become cancer. 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.



**¿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 a encontrarlo de forma temprana, cuando es de menor tamaño y más fácil de tratar.

**50+** 

Si tiene 50 años o más, hable con su doctor acerca de las pruebas de detección del cáncer de colon.

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



**colon**

hombre mujer

**colon.org/español | 1.800.372.3445**

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**NATIONAL COLORECTAL CANCER FOUNDATION**

**American Cancer Society**

## Spanish Version

[ncrt.org/wp-content/uploads/0127.94\\_ColonCancerTrifoldBrochureUSLetter-SPA.pdf](http://ncrt.org/wp-content/uploads/0127.94_ColonCancerTrifoldBrochureUSLetter-SPA.pdf)

## 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 puede que necesiten 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 los 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.

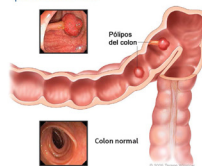
## 2 Prueba de heces fecales

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.





## Creating Custom Materials in Spanish

Partners are encouraged to leverage the findings provided within this guide to support outreach efforts, using the top-rated messages and channels to develop 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 NCCRT and American Cancer Society. MIYO was created through the generous support of NCI and the CDC.



[www.miyoworks.org](http://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 U.S. 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 for them in the future
- › To take control and be independent
- › 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
- › Friends and family are not a top source of screening information
- › 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."

## Appendix C - Colorectal Screening: Message Testing

### American Cancer Society | Colorectal Screening – Message Testing Audience: Individuals Who Have Not Been Screened

#### *New York*

DATE: TBD

#### *Los Angeles*

DATE: TBD

#### *Atlanta*

DATE: TBD

### **SPECIFICATIONS**

- All Hispanic age 50-75
- All individuals who have not been screened
- Unacculturated = 15 years or less in the US and speak very little or no English
- Bicultural = more than 15 years in the US and speak both languages

Hola, soy \_\_\_ de \_\_\_, una empresa independiente de investigación de mercado. Le llamo para invitarle a participar en un estudio de mercado relacionado con temas de salud. Si usted es seleccionado para participar, recibirá \$\_\_\_ por su participación en una entrevista de grupo con 3 o 4 personas como usted. La entrevista durará aproximadamente 1 hora y media. Ahora me gustaría hacerle algunas preguntas, que sólo le llevará unos pocos minutos de su tiempo. Antes de empezar, por favor permítame enfatizar que represento a una firma de investigación independiente — no estoy tratando de venderle nada y toda la información que usted nos da se mantendrá estrictamente confidencial.

Hello, I'm \_\_\_\_\_ from \_\_\_\_\_, an independent research company. I'm calling to invite you to participate in a market research study related to healthcare. If you are selected to participate, you would receive a \$\_\_\_ to participate in a group interview with 3 or 4 people like you. The interview will take approximately 1 and a half hours. Now I'd like to ask you some questions, which will only take a few minutes of your time.

Before I start, please let me stress that I represent an independent research firm—I am not trying to sell you anything and all of the information that you give us will be kept strictly confidential.

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### 1 RECORD GENDER

\_\_\_ Male \_\_\_ Female

» CHECK QUOTAS

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### 2 Es muy importante que hablemos con personas de diferentes edades; ¿puede decirme su edad? It is very important that we speak with people of different ages; can you tell me your age? (DO NOT READ LIST).

WRITE DOWN THE AGE: \_\_\_\_\_

TERMINATE ANYONE UNDER 50 AND OVER 75. NO MORE THAN 1 RECRUITED PER GROUP ABOVE AGE 70. RECRUIT A MIX – THE GOAL IS TO HAVE HALF 65 AND UNDER AND HALF OVER 65 FOR EACH GROUP.

---

### 3 ¿Se considera Latino(a) o Hispano(a)? Do you consider yourself Hispanic or Latino?

\_\_\_ Sí - Yes CONTINUE

\_\_\_ No TERMINATE

---

### 4 ¿Hace cuánto tiempo que vive aquí en los Estados Unidos? How long have you been living here in the United States?

☐ Menos de 5 años  
Less than 5 years CONTINUE - UNACCULTURATED

☐ De 5 a 15 años  
From 5 to 15 years CONTINUE - UNACCULTURATED

☐ Más de 15 años  
More than 15 years CONTINUE - BICULTURAL

☐ Born in the U.S. TERMINATE



5 ¿Cuál considera como su país de descendencia Latina o país de origen? Which country would you say is your Latino country of origin?

- |   |   |
|---|---|
| <input type="checkbox"/> Argentina          | <input type="checkbox"/> Nicaragua        |
| <input type="checkbox"/> Bolivia            | <input type="checkbox"/> Panama           |
| <input type="checkbox"/> Chile              | <input type="checkbox"/> Peru             |
| <input type="checkbox"/> Colombia           | <input type="checkbox"/> Paraguay         |
| <input type="checkbox"/> Costa Rica         | <input type="checkbox"/> Puerto Rico      |
| <input type="checkbox"/> Cuba               | <input type="checkbox"/> El Salvador      |
| <input type="checkbox"/> Dominican Republic | <input type="checkbox"/> Spain            |
| <input type="checkbox"/> Ecuador            | <input type="checkbox"/> Uruguay          |
| <input type="checkbox"/> Guatemala          | <input type="checkbox"/> Venezuela        |
| <input type="checkbox"/> Honduras           | <input type="checkbox"/> USA*             |
| <input type="checkbox"/> Mexico             | <input type="checkbox"/> Otro – TERMINATE |

MULTIPLE COUNTRIES ARE OKAY. \*IF USA PLEASE ASK WHERE THE LATINO HERITAGE COMES FROM. WE ARE LOOKING FOR A REPRESENTATIVE MIX OF COUNTRIES OF ORIGIN. FOR LOS ANGELES AND ATLANTA IT SHOULD BE 50% MEXICAN AND THEN A MIX. IN NEW YORK IT SHOULD BE 50% CARIBBEAN (PUERTO RICAN/DOMINICAN/CUBAN) AND THEN A MIX.

6 ¿Cuál de las siguientes frases le describe mejor? Which of the following phrases best describes you? (READ LIST)

- |   |                |
|---|----------------|
| <input type="checkbox"/> Hablo solamente español<br>I only speak Spanish  | UNACCULTURATED |
| <input type="checkbox"/> Hablo solo un poco de que inglés<br>I speak only a little English  | UNACCULTURATED |
| <input type="checkbox"/> Hablo los dos idiomas pero prefiero hablar español<br>I speak both languages but prefer to speak Spanish | BICULTURAL*    |
| <input type="checkbox"/> Hablo los dos idiomas pero prefiero hablar inglés<br>I speak both languages but prefer to speak English  | BICULTURAL     |
| <input type="checkbox"/> Hablo solamente ingles<br>I speak only English   | TERMINATE      |
| <input type="checkbox"/> Rehúsa / Refused (DO NOT READ)   | TERMINATE      |

\* MAKE SURE THAT THE PARTICIPANT IS ABLE TO PARTICIPATE COMFORTABLY IN ENGLISH – BICULTURAL GROUPS WILL BE HELD IN ENGLISH

## 7 ¿Trabaja usted o cualquier miembro de su familia inmediata o parientes cercanos en...?

Do you or does any member of your immediate family or your close relatives work in..... (READ LIST.)

- |   |                     |
|---|---------------------|
| <input type="checkbox"/> Mercadeo (marketing) o Investigaciones de mercado<br>Marketing/Market Research                     | [THANK & TERMINATE] |
| <input type="checkbox"/> Profesión médica o cuidado de la salud<br>Medical profession or healthcare                         | [THANK & TERMINATE] |
| <input type="checkbox"/> Relacionado a la salud u organización sin fines de lucro<br>Health related non-profit organization | [THANK & TERMINATE] |

## 8 ¿Cuándo fue la última vez que participó en un grupo de investigación de mercado o entrevista individual?

When was the last time, if ever, that you participated in a market research group or individual interview?

- |   |   |
|---|---|
| <input type="checkbox"/> Nunca / Never                                  | SKIP TO Q10                                   |
| <input type="checkbox"/> Hace más de 6 meses / More than 6 months ago   | ASK Q9  |
| <input type="checkbox"/> Hace menos de 6 meses / Less than 6 months ago | HOLD IN THE EVENT WE NEED TO COMPLETE RECRUIT |

## 9 ¿Qué tema se discutió en el grupo de investigación de mercado o entrevista individual? ¿Hace cuánto fue eso?

What subject did you discuss in a market research group or individual interview? How long ago was that?  
WRITE IN SUBJECT AND TIMEFRAME:

IF RELATED TO PREVENTIVE SCREENING TESTS SUCH AS MAMMOGRAMS, COLONOSCOPIES, STOOL TEST, FLEXIBLE SIGMOIDOSCOPY, MEDICAL RELATED TOPICS, ETC. CHECK WITH HISPANIC RESEARCH, INC.  
[CONTINUE]

## 10 ¿Quién toma las decisiones sobre su salud personal y exámenes de salud? ¿Toma las decisiones usted mismo(a), toma las decisiones junto con otra persona (tales como médico, esposo(a), amigo, familiar o consejero), o alguna otra persona toma la decisión por usted y usted no participa?

Who makes the decisions about your personal health and health screenings? Do you make the decisions yourself, make the decisions along with someone else (such as physician, spouse, friend, family member, or counselor), or does someone else make the decision for you and you don't get involved?

- |   |                     |
|---|---------------------|
| <input type="checkbox"/> "I" WOULD MAKE DECISION MYSELF<br>OR WITH SOMEONE ELSE | CONTINUE            |
| <input type="checkbox"/> SOMEONE ELSE   | THANK AND TERMINATE |
| <input type="checkbox"/> D.K. / REF.  | THANK AND TERMINATE |

11 ¿Tiene seguro médico? Do you have health insurance?

- ☐ Sí / Yes
- ☐ No
- ☐ No sabe / Don't know

CONTINUE TO NEXT QUESTION

CONTINUE TO Q13

THANK AND TERMINATE

RECRUIT 50% COVERED BY INSURANCE AND 50% WITHOUT INSURANCE

12 ¿A qué tipo de plan de seguro para la salud pertenece? Por favor seleccione todas las que correspondan.

To which type of healthcare plan do you belong? Please select all that apply.

- ☐ Seguro Privado- donde usted o su empleador paga por su cobertura de seguro.

Private insurance- where either you or your employer pays for your insurance coverage.

- ☐ Medicare- Un programa de seguro nacional dirigido por el gobierno de los Estados Unidos que proporciona acceso a atención médica para los americanos con edades de 65 años en adelante, y también para personas más jóvenes que cualifican para Medicare, incluyendo aquellos con discapacidad y aquellos con insuficiencia renal permanente.

Medicare- A national insurance program run by the U.S. government, that provides access to medical care for Americans ages 65 and older, and to younger people who qualify for Medicare, including those with disabilities and those with permanent kidney failure.

- ☐ Medicaid- [IF IN CALIFORNIA INSERT, "También se llama Medi-Cal en California"] Seguro a través de su estado para personas con bajos ingresos o personas con discapacidad. Brinda apoyo para servicios médicos y relacionados con la salud, tales como visitas de médico, recetas, cuidado preventivo, beneficios por discapacidad y servicios de hogar de ancianos a largo plazo.

Medicaid- [IF IN CALIFORNIA INSERT, "Also called Medi-Cal in California"] Insurance provided through your state for people with low income or people with disabilities. It supports medical and health-related services, such as doctor's visits, prescriptions, preventive care, disability benefits, and long-term nursing home services.

- ☐ Otro / Other (Por favor especifique / please specify \_\_\_\_\_)
- ☐ No está seguro(a) / Not sure — PLEASE TRY TO DETERMINE IF THEY HAVE INSURANCE, IF THEY DO NOT, REVISE Q11- IF THEY DO NOT KNOW, THANK AND TERMINATE

*Ahora, queremos hacerle unas preguntas sobre exámenes específicos que se utilizan para detectar el cáncer de colon.*

*Now, we want to ask you a few questions about specific screening tests that are used to screen for colon cancer.*

13 ¿Ha tenido alguna de las siguientes pruebas? Have you ever had any of the following tests?

- ☐ Examen de excretas, también llamado prueba de sangre fecal oculta (FOBT) o prueba inmunoquímica fecal (FIT): esta es una prueba que usted hace en su casa; con esta prueba tiene que recoger una o más muestras de excreta (caca) para enviar al médico o a un laboratorio para analizar si hay sangre oculta en la excreta (caca).

Stool test, also called a Fecal Occult Blood Test (FOBT) or Fecal Immunochemical Test (FIT): This is a test that you do at home; with this test you have to collect one or more stool samples to send back to the doctor or a lab to be checked for blood in the stool.

- ☐ Sigmoidoscopia flexible: Para esta prueba, se inserta un tubo estrecho en el recto para examinar la parte inferior del colon. Generalmente se realiza sin medicamentos en el consultorio médico, una clínica o un hospital.

Flexible Sigmoidoscopy: For this test, a narrow tube is inserted into the rectum to look at the lower part of the colon. It is usually done without medication in the doctor's office, a clinic, or a hospital.

- ☐ Colonoscopia: Para esta prueba, un tubo estrecho más largo se inserta en el recto para examinar todo el colon. Generalmente se dan medicamentos para ayudarlo a relajarse, y otra persona tiene que llevarlo luego a su casa.

Colonoscopy: For this test, a longer narrow tube is inserted into the rectum to look at the entire colon. You are usually given medication to help you relax, and you must have someone else drive you home afterwards.

- ☐ Colonografía con CT (colonoscopia virtual): Un tipo especial de escáner de rayos x se utiliza para mirar en todo el colon. Le dan fuertes laxantes para tomar el día antes del examen.

"Virtual Colonoscopy"/CT colonography: A special type of X-ray scanner is used to look at the entire colon. You are given strong laxatives to take the day before the test.

[THANK & TERMINATE IF THEY HAVE HAD ANY OF THESE TESTS THAT CAN BE USED TO SCREEN FOR COLON CANCER]

14 Pensando en detección del cáncer de colon, ¿diría que el ser evaluado para el cáncer de colon es sumamente importante, muy importante, algo importante o nada importante para usted?

Thinking about screening for colon cancer, would you say that being screened for colon cancer is Extremely important, Very important, Somewhat important, or Not important at all to you?

- |   |          |
|---|----------|
| <input type="checkbox"/> Sumamente Importante / Extremely Important | CONTINUE |
| <input type="checkbox"/> Muy Importante / Very Important            | CONTINUE |
| <input type="checkbox"/> Algo Importante / Somewhat Important       | CONTINUE |
| <input type="checkbox"/> Nada Importante / Not Important at All     | CONTINUE |

*Tengo solo unas preguntas más para propósito de clasificación y ya terminamos.*

*I only have a few more questions for classification purposes and then we'll be done.*

15 ¿Cuál es su estado civil? What is your marital status? (READ AND RECORD THE INFORMATION)? Es...  
Are you... [READ THE LIST]:

- |   |                     |
|---|---------------------|
| <input type="checkbox"/> Casado(a) / Married                                  | CONTINUE            |
| <input type="checkbox"/> Soltero, nunca casado(a) / Single, never married     | CONTINUE            |
| <input type="checkbox"/> Separado(a) or divorciado(a) / Separated or divorced | CONTINUE            |
| <input type="checkbox"/> Viviendo con pareja / Living with a partner          | CONTINUE            |
| <input type="checkbox"/> Eviudado(a) / Widowed                                | CONTINUE            |
| <input type="checkbox"/> D.K. / REF.  | THANK AND TERMINATE |

16 ¿Cuál es su estado laboral actual? What is your current employment status (RECORD)? [READ THE LIST]

- |   |                     |
|---|---------------------|
| <input type="checkbox"/> Empleado(a) a tiempo completo / employed full time | CONTINUE            |
| <input type="checkbox"/> Empleado(a) parte del tiempo / employed part-time  | CONTINUE            |
| <input type="checkbox"/> Empleado por sí mismo / self employed              | CONTINUE            |
| <input type="checkbox"/> Desempleado / unemployed                           | CONTINUE            |
| <input type="checkbox"/> Retirado / retired                                 | CONTINUE            |
| <input type="checkbox"/> No Trabaja / not in the workforce                  | CONTINUE            |
| <input type="checkbox"/> D.K. / REF.  | THANK AND TERMINATE |

17 ¿Cuál es el grado más alto de la escuela que terminó? What is the highest grade of school you completed?  
Is it...(RECORD)

- |  |                     |
|--|---------------------|
| <input type="checkbox"/> Escuela elemental o primaria / Grade school                   | CONTINUE            |
| <input type="checkbox"/> Algo de escuela superior (HS) / Some high school              | CONTINUE            |
| <input type="checkbox"/> Graduado de escuela superior (HS) / High school graduate      | CONTINUE            |
| <input type="checkbox"/> Escuela técnica o vocacional / Technical or vocational school | CONTINUE            |
| <input type="checkbox"/> Algo de universidad / Some college                            | CONTINUE            |
| <input type="checkbox"/> Graduado de Univ. (4 años) / College graduate (4 years)       | CONTINUE            |
| <input type="checkbox"/> Estudios pos-graduado / Post-graduate studies                 | CONTINUE            |
| <input type="checkbox"/> Refused/No answer   | THANK AND TERMINATE |

STRIVE FOR A MIX OF RESPONDENTS BASED ON EDUCATION LEVELS BUT AVOID EXTREMES  
WITHIN ONE GROUP



- 18 ¿Diría usted que fue su ingreso total de la familia en el 2014, antes de impuestos....? Would you say your household income in 2014, before taxes, was [READ THE CATEGORIES AND RECORD ANSWER]:  
RECRUIT A MIX FOR BOTH AGE GROUPS.

- |   |   |
|---|---|
| <input type="checkbox"/> Menos de \$30,000 Less than \$30,000 | <input type="checkbox"/> \$151,000 ... \$200,000              |
| <input type="checkbox"/> \$30,000 ... \$50,000                | <input type="checkbox"/> \$201,000 ... \$250,000              |
| <input type="checkbox"/> \$50,000 ... \$75,000                | <input type="checkbox"/> \$251,000 o más \$251,000 and higher |
| <input type="checkbox"/> \$75,000 ... \$100,000               | <input type="checkbox"/> Don't know/Refused                   |
| <input type="checkbox"/> \$101,000 ... 150,000                |   |

[STRIVE FOR A MIX OF RESPONDENTS BASED ON INCOME LEVELS]

## INVITATION

We are organizing interviews to find out what people like you think about healthcare. It will be a group interview and you will be expected to speak and share your opinion. I want to stress that we are not trying to sell you anything. Not now, nor during the interview, or at any other time after the interview. The purpose is only to get your opinion. The interview will last approximately 1 and a half hours and would be held at \_\_\_\_\_. We would pay you \_\_\_\_\_ for your participation.

Estamos organizando entrevistas para saber lo que piensan las personas como usted sobre la salud. Será una entrevista en grupo y se le pedirá que platique y comparta sus opiniones. Le quiero enfatizar que no le estamos tratando de vender nada. Ni ahora, ni durante la entrevista, ni en ningún otro momento después de la entrevista. El propósito es solamente el obtener su opinión. La entrevista durará aproximadamente una hora y media y se llevará a cabo en \_\_\_\_\_. Le pagaríamos \_\_\_\_\_ por su participación.

Can you meet with us? ¿Se puede reunir con nosotros?

- |                                   |                     |
|-----------------------------------|---------------------|
| <input type="checkbox"/> YES / SÍ | RECRUIT             |
| <input type="checkbox"/> NO       | THANK AND TERMINATE |

If yes, what time of day would be most convenient for you?

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Name: \_\_\_\_\_ Phone (Day/Evening): \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

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