2022 NCCRT Annual Meeting

CONCURRENT SESSION 2
NCCRT MARKET RESEARCH









NCCRT Market Research in Practice



Anne M. Book

Senior Manager QI and Compliance HealthPartners



Esmeralda Ruiz

AltaMed Institute for Health Equity



Tamara Robinson

Program Director Nebraska Cancer Coalition



Anne Escaron PhD, MPH

Research Scientist AltaMed



Michelle Aubertine

MBA Project Manager KS&R (by video)



Nebraska Cancer Coalition

Thursday, November 17, 3:30 PM

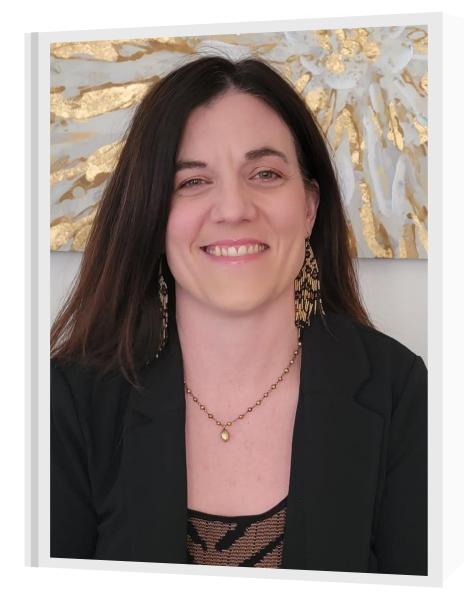






Rebraska Cancer Coalition

www.necancer.org

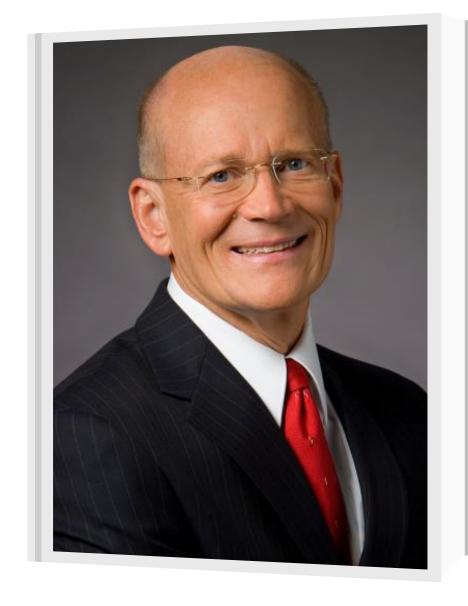


NC2 Introductions

Tamara Robinson

Program Director





NC2 Introductions

Alan Thorson, MD, FACS

President





Vision

Conquering Cancer Together

Mission

Connecting people and resources to strengthen cancer prevention, detection and quality of life in Nebraska.





Our Programs



Outreach



Survivorship



Education

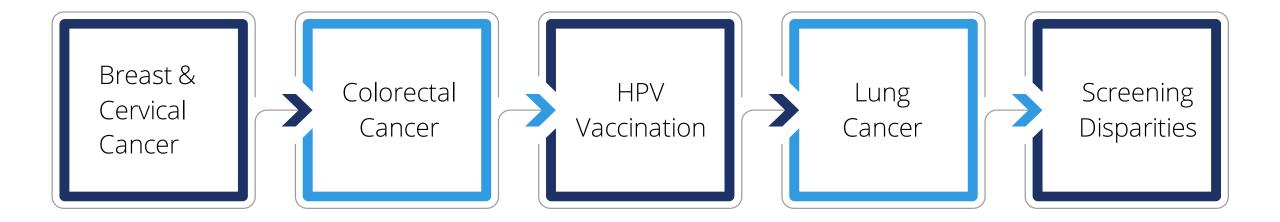


Advocacy

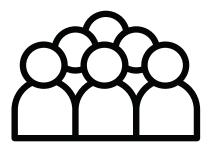




Action Areas



Nebraska Demographics



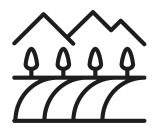
Population

- 1.964 million (2021)
 - White = 87.7%
 - Hispanic/Latino = 12%
 - Black/AA = 5.3%



Geography

- Population per sq mile = 25.5 (2020)
- Land area in sq miles = 76,817 (2020)



Rurality

- 34.9% live in non-metro areas
- 5.8% lack health insurance
- 13 of 93 counties do not have any active PCPs

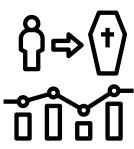


Nebraska CRC Data



Incidence

- 960 cases estimated (2022)
- Fourth most frequently diagnosed cancer (2018)



Mortality

- 320 deaths estimated (2022)
- Second leading cause of cancerrelated deaths (2018)



Screening

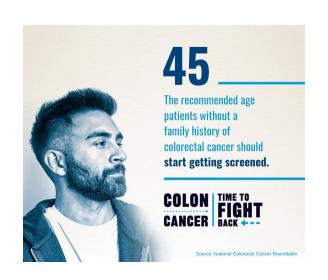
- 72.5% up-to-date on screening (2020)
- Lower screening in rural (63.4%)
 vs. urban (75.8%) (2020)



Nebraska Statewide CRC Awareness Campaign

- Utilized NCCRT's "2019 Colorectal Cancer Screening Messaging Guidebook"
- Conducted rural focus groups to test messaging
- Launched website with assets (social media, flyers/posters, PR materials, campaign toolkit & more)
- Co-brandable assets & Spanish translation









Nebraska Statewide CRC Awareness Campaign

- Rural Radio Network
 - Radio PSAs
 - Radio interviews (5)
 - Video interviews (4)
 - Digital ads
- Nebraska Farm Bureau
 - Digital ads
 - Print ad
- Omaha/Lincoln Radio Ads
- Governor's Proclamation











Dress in Blue Day

Buildings Lit Blue









Campaign Results



59 partners downloaded materials in 2022



Rural Radio digital ads had 181.1k impressions



Rural Radio interviews shared via Facebook reached 2.1k



NE Farm Bureau print ad reached 16k & digital ads reached 10k+



Rural Radio video interviews shared via Facebook had 3.3k views



Social media posts reached over 9k



80% in Every Community
National Achievement Award



Key Takeaways



Consistent Messaging

Utilize evidence-based resources to develop & implement



Coordinated approach

Need a neutral party to bring partners together & facilitate statewide



Relationships are key

Partners need to know & trust one another





Questions/Comments

Contact Us

Tamara Robinson
Program Director
programadmin@necancer.org

Laura Schabloske
Interim Executive Director
executivedirector@necancer.org







Thank You!









HealthPartners

Thursday, November 18, 3:30 PM







HealthPartners at a glance

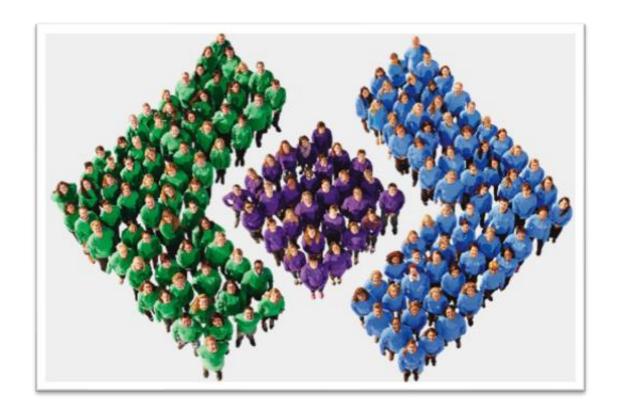
Health Plan

1.8 million medical and dental members

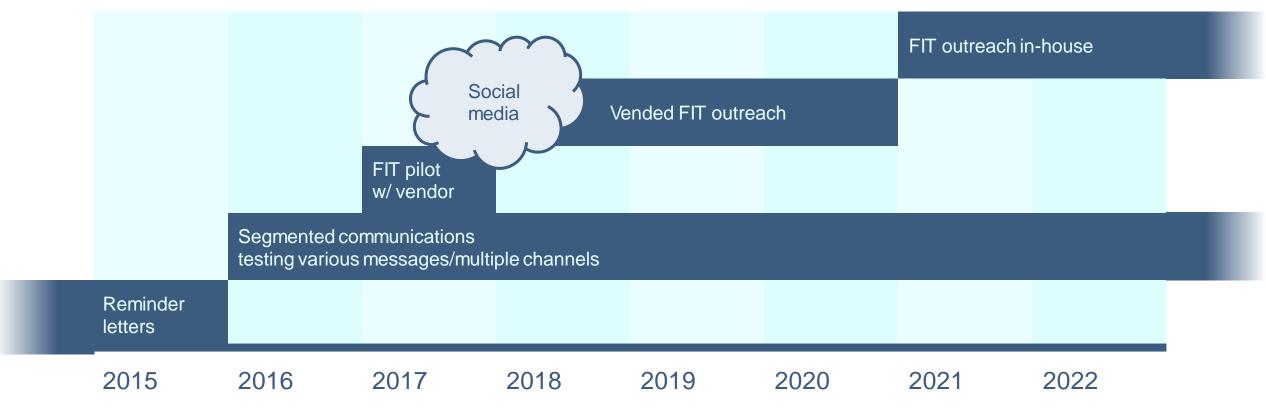
Care System

1.3 million patients

Research & Education



Engagement Strategies



(FIT: Fecal immunochemical test)

Campaigns

- **Breast Cancer Screening**
- **Colorectal Cancer Screening**
- Childhood Immunization Status
- Child and teen checkups
- Adolescent Immunizations
- **Comprehensive Diabetes**
- Flu shot reminders

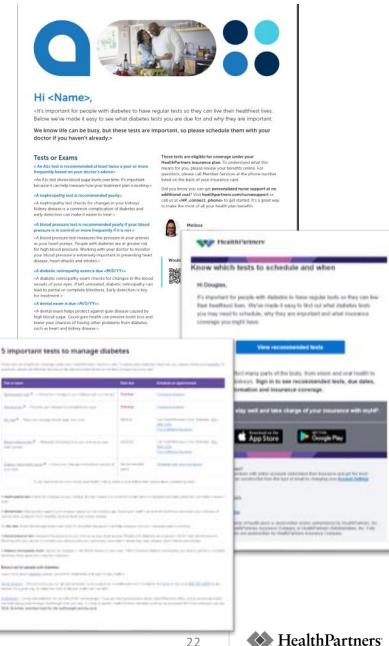
Results - Diabetes

Direct mail

- 5,019 letters sent
- 835 conversions (16.6%)

Digital

- 60% open rate
- Previous open rate 44%.
 - 16% increase in open rates.
- 28% click rate
- 9.4% conversion rate
- 2022 enhancement
 - A/B tested new subject line against the old one
 - New performed so well that the old subject line no longer being used.



Value of NCCRT Research

- 1. Proven messages get members' attention
- 2. Trusted resources
- 3. Adaptable and potentially transferrable to other topics
- 4. They work!





Thank You!









CRC Screening Messaging at a Large Urban Federally Qualified Health Center

Thursday, November 18, 3:30 PM







CRC Screening Messaging at a Large Urban Federally Qualified Health Center

Anne Escaron, PhD & Esmeralda Ruiz, MPH AltaMed Health Services Corporation

2022 NCCRT Annual Meeting NCCRT Market Research in Practice 11/17-18/2022



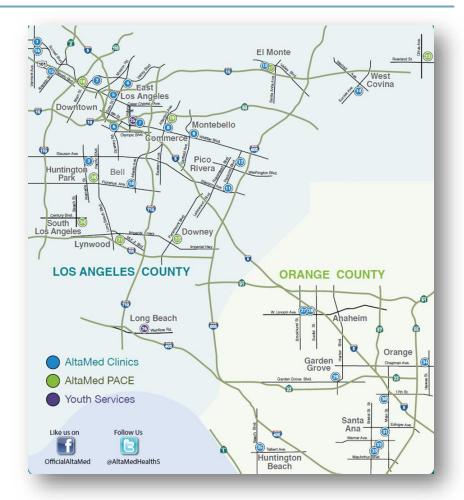
Outline

- Federally Qualified Health Center
- NCCRT's Hispanics/Latinos and Colorectal Cancer Companion Guide
- Patients' feedback
- Redressing racial and ethnic screening disparities



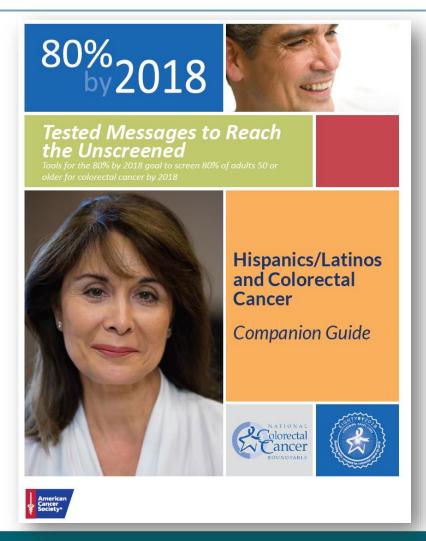
ALTAMED HEALTH SERVICES CORPORATION

- Largest Independent Community Health Center
- 238,409 patients UDS 2021
 - 92% Racial and/or Ethnic Minority
 - 84% Latino
 - 71% Medicaid
 - 44% Best served in language other than English
 - 12% Uninsured
- >3,000 employees
 - ≥ 400 physicians
- Mission: To eliminate disparities in health care access and outcomes



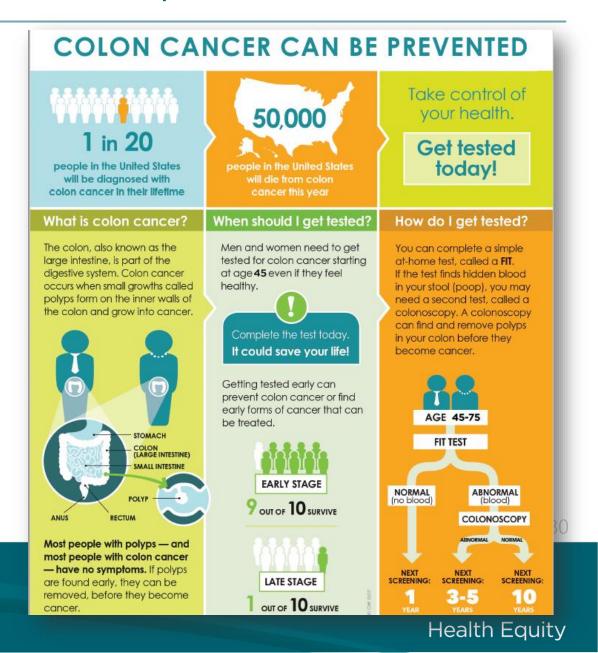
AltaMed's approach

- Participatory
- Evidence based
 - NCCRT's Companion Guide
 - What Latinos think about
 - Health
 - Health care and cancer screening
 - Testing



NCCRT's Hispanics/Latinos and Colorectal Cancer Companion Guide

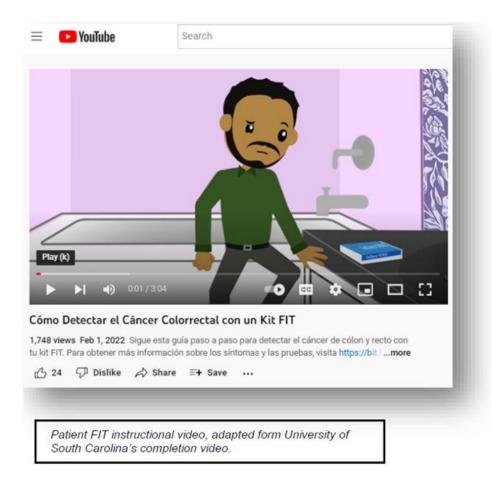
- Components of Effective Messaging
 - Use statistics
 - Explain need to screen
 - Use strong images, clear message



July 2021, What Patients Thought

- FIT Kit Materials
 - 9 of 16 interviewees cited the wordless instructions
 - 4 interviewees who had trouble with instructions preferred Spanish language
 - 3 suggested more pictures and a video tutorial

https://www.youtube.com/watch?v=Mufdm0VvxI0



COLONOSCOPY AFTER ABNORMAL FIT



people in the United States will be diagnosed with colon cancer in their lifetime

What is a colonoscopy?

A colonoscopy is an exam that checks for problems in your colon (large intestine). It's a way for the doctor to look at your colon.



During a colonoscopy, a doctor who specializes in looking at colons inserts a flexible, lighted tube into your rectum. The doctor looks for polyps (small growths) which can be removed to prevent colon cancer.

There is no pain because medicine is given to help you relax or sleep.

Check with your provider about payment options

Take control of your health.

Schedule vour follow-up colonoscopy today!

Why do I need a colonoscopy?

It is important to get a followup colonoscopy if you have an abnormal fecal test (FIT) result. A colonoscopy can find and remove polyps in your colon before they become cancer.



MEN AND WOMEN **NEED TO GET TESTED** FOR COLON CANCER **STARTING AGE 45 EVEN** IF THEY FEEL HEALTHY.

Like a car, the human body needs maintenance. A car needs gas, oil changes, etc. If you don't take care of these things, bigger problems can occur. Our bodies are the same way. Regular routine care can keep the body healthy.

Your community health network

people survive when colorectal cancer screening happens early

How do I prepare for a colonoscopy?

For your colonoscopy to go well, you will need to:



Complete the bowel prep (clear liquid diet and medication) to make sure your colon is clean, and adjust your personal medications as needed.



Arrange transportation and find someone to accompany you to the appointment



Take time off work if needed

Colonoscopies are usually scheduled for 40 minutes, but plan on 2 to 3 hours from check-in to check-out.

Check with your doctor for specific instructions. Your colonoscopy will need to be done with a specialist outside of AltaMed.

1-877-462-2582

PREPARING FOR A COLONOSCOPY

A successful colonoscopy depends on a successful prep! A poor prep may result in a missed polyp, a longer procedure, or even a repeat colonoscopy.

LOW FIBER DIET

(3-5 days prior to procedure)



Schedule /

Pick up supplies

and food

Change diet

Start bowel

Complete colonoscopy

prep

colonoscopy \(\int \mathbb{\mod}\mod}\max\\\ \mathbb{\mod}\m{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{

YOU CAN EAT:

White rice

Pasta/noodles

Cooked fresh/canned vegetables

Bananas, cantaloupe, honevdew, avocado

Chicken, turkey, fish and seafood, eggs, tofu



DO NOT EAT: Beef, pork, dairy (cheese, milk, yogurt, butter, ice cream, etc.)

BOWEL PREP FOOD AND DRINKS LIST

CLEAR LIQUID DIET (1 day prior to procedure)

YOU CAN DRINK:

Water, mineral water

Coffee or tea (without milk or cream)

Clear fruit juices without pulp (apple, lemonade, etc.)

Clear soft drinks or sports drinks (7-Up, Sprite, Gatorade, etc.)

Broth (chicken, beef, vegetable, or bone broth)

Popsicles or aelatin (such as Jell-O)

Pedialyte®

NO NUTS AND SEEDS because they take a long time to digest and there shouldn't be any pieces of food in the colon during the colonoscopy.

O RED. PURPLE, GREEN OR BLUE

FOODS AND DRINKS because they stain the colon and make it difficult for the doctor to complete the procedure.

BOWEL PREP GENERAL INSTRUCTIONS

Please follow the bowel prep instructions from your doctor.

In general, 1 DAY before your procedure, you should START taking the bowel prep medication.

There are several types of bowel prep medication (i.e. GoLYTELY®, MiraLAX®). All bowel prep medications follow a "split-dose" process, which means you take the colon prep in two doses:



Taken between 3pm and 6pm the night before the colonoscopy



Taken 6 to 8 hours before the colonoscopy

The goal of the bowel prep is to have liquid stool of this color:—











Components of Effective Messaging

- Make message personal
- Use family or trusted spokesperson





Yes, I got one in the mail. It seems so complicated.



I hear you. I also thought it would be gross. But it only took 10 minutes to complete. I did it to protect my health and to be around for my family. I completed it and mailed it back last week.

Wow. That's great to hear! Let's have some coffee. You take it with milk, right?



When you put it that way it seems worth it. But there's one other thing – I'm scared of the results. What if they find something? I feel like you can't survive cancer... Early detection is important!
My doctor said that colon cancer
can be treated successfully if you
find it early. There are way more
benefits than the trouble of doing
it. It will give you peace of mind.

Okay, you're right, but I'm so busy these days! I'll see when I can get to it. Thank you for thinking about my health, my friend!



July 2021, What Patients Thought

- Fotonovela
 - Of the 59 people who rated it, 32 said they loved it (54%)
 - Of the 10 interviewees who were sent the fotonovela
 - 6 recalled receiving it
 - 4 indicated it was helpful



Patient fotonovela titled "Turning 45", which told the story of one woman's screening journey. There is also a male version of the story. Both fotonovelas were delivered via text message.

Colorectal Cancer Screening: Choosing the Right Test

Are you 45-75 years old?

Time to get screened for colorectal cancer.



people in the U.S. are diagnosed with colorectal cancer in their lifetime.



people survive colorectal cancer when testing happens early.

Family history of colorectal cancer can affect the testing options available to you.

Talk with your provider about the best choice for you.

FIT

Cologuard

Colonoscopy

(Gold Standard in Screening)

What Is It?

Checks for blood in your stool



Check your stool for blood DNA that is not normal



Checks for polyps (small growths) in your colon that can become cancer



How do I complete the test?

- · At-home test
- No prep needed
- Uses a water sample from your stool
- Mail the test to the lab or return it to AltaMed

- - Delivered to your door
 - · No prep needed

At-home test

- Collect a stool sample
- Mail the kit to the lab

- Out-patient procedure
- Your provider will refer you to a trusted specialist near you
- · Prep needed you must clear your colon by using a laxative before the test

How often should It be repeated?



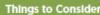
Every year if test result is normal



Every 3 years if test result is normal



Every 10 years if findings are normal



You will need a colonoscopy if your result



You will need a colonoscopy if your result



- Calls for anesthesia
- Specialist will remove any small growths found and send them for further testing
- You will need a ride to and from the visit

HAVE YOU HEARD?

45 is the new 50 for colorectal cancer testing and you are due for screening!



Testing rules have changed for colorectal cancer and people ages 45-75 are urged to get screened. You likely put off some vital health care tests in the last few years because of the COVID-19 pandemic. and we urge you to get your colorectal cancer testing now.

Colorectal cancer is the third most common type of cancer, and often gives no warning until it has progressed. There are three ways to get tested for colorectal cancer - and two of these tests can be done at home! Scan this QR code to learn more about them and talk to your doctor for the method that is right for you.



Scan this with your phone

AltaMed OUALITY CARE WITHOUT EXCEPTION*







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AltaMed Institute for Health Equity

Funding

Factsheets

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Video

Developed and produced by the CCPN and adapted for Spanish-speaking audiences by the Kaiser Permanente Center for Health Research. This Spanish-language video was made possible by cooperative agreement 5 NU58DP006776-02-00 to AltaMed Health Services Inc. from Centers for Disease Control and Prevention. Its contents are solely the responsibility of the grantee and do not necessarily represent the official views of Centers for Disease Control and Prevention.

Fotonovela evaluation

Supported by the California Health Care Foundation (CHCF), which works to ensure that people have access to the care they need, when they need it, at a price they can afford. Visit www.chcf.org to learn more.





Thank You!









Q&A







Thank You!







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