



2022 Messaging Guidebook for Black & African American People

Messages to Motivate for Colorectal Cancer Screening





CONTENTS

3	Acknowledgments	20	Preferred Screening Messages
4	Letter from the NCCRT Chair		Messaging Themes
5	Important Definitions		Most Preferred Screening Message
6	Introduction		Second-Most Preferred Screening Message
	National Data on Screening and Cancer Rates		Third-Most Preferred Screening Message
9	NCCRT and 80% in Every Community		Fourth-Most Preferred Screening Message
10	Market Research Overview and Methodology	25	Spotlight
11	Perceptions and Attitudes About Personal Health and Colorectal Cancer Screening		People Who Feel Impervious
13	Barriers to Screening		People Who Are Fearful
	Deferment and Delay		People Who Have Cost Concerns
	No Family History and No Symptoms	33	Appendix
	Doctor Did Not Recommend Screening	34	Additional Resources
16	Message Delivery	35	References
	Messengers: Medical Doctors		
	Messengers: Faith-Based Leaders		
	Messengers: Celebrities		
	Messengers: Friends and Family		



ACKNOWLEDGMENTS

The National Colorectal Cancer Roundtable (NCCRT) would like to thank the **Public Awareness & Social Media Strategic Priority Team** and the following people who generously offered their time and expertise to the development of this guidebook's research and content.

- Adjoa Anyane-Yeboah, MD, MPH
- Michelle Aubertine, MBA
- Sophie Balzora, MD, FACP
- Emily Bell, MPH
- Kathryn Black
- Anne M. Book
- Ashley Brown, MPP
- Anabella Ciliberto
- Kathleen Connors-Juras
- Dionne Christopher
- Anjee Davis, MPPA
- Travelle Ellis, MD, PhD
- Aimee M. Fischer-Frank
- Brenda Thompson Green
- David Greenwald, MD
- Maggie Grotefendt
- Alexandra Guillaume, MD
- Nikki Hayes, MPH
- Stacey Ingram
- Steven Itzkowitz, MD, FACP, FACP, AGAF
- Frederick Johnson, BCPA
- Renee Kelley
- Marcie Klein
- Teri Larkins, PhD
- Caleb Levell, MA
- Trudy Loper, MPH
- Todd Lucas, PhD
- Monica Lansberry
- Andrea Luker
- Ivonne Lopez, MA
- Laura Makaroff, DO
- Folasade P. May, MD, PhD, MPhil
- Angela Moore, DrPH, MPH
- Renee Nicholas
- Erin Peterson
- Charles R. Rogers, PhD, MPH, MS, MCHES
- Sarah Shafir, MPH
- Robert Smith, PhD
- Sandy Clingan Smith, MBA
- Kaitlin Sylvester, MPA
- Melonie Thomas, MBA
- Charlie Weatherspoon
- Tracy Wiedt, MPH
- Bill Willard
- Renee Williams, MD, MHPE, FACP
- Tracy Wyant, DNP, AOCN, CHPN
- Michele Vowell



The NCCRT would like to thank **Quest Diagnostics** for providing funding, guidance, and support to conduct the market research and to develop this guidebook.

NCCRT is grateful to **The Association of Black Gastroenterologists and Hepatologists (ABGH)** for reviewing and advising on this document.



Thank you to the **Elevance Health Foundation** for their support in the development of this resource.



A special thank you to the **American Cancer Society** for providing guidance, funding, and staff expertise.

This publication was made possible in part by funding from the Centers for Disease Control and Prevention Cooperative Agreement Number **6 NU58DP006460-01-04**. The views expressed in the materials do not necessarily reflect the official policies of the Department of Health and Human Services.



LETTER FROM THE NCCRT CHAIR

Dear Colleagues:

In our 25th year, the NCCRT has much to celebrate. By working with our members and partners, we've witnessed the power of collective action through collaborative efforts as colorectal cancer screening rates increased and national incidence and mortality rates steadily declined across the nation. However, disparities in colorectal cancer outcomes between racial and ethnic groups persist and unfortunately have only been exacerbated by the COVID-19 pandemic. This has highlighted an already known fact: despite our success, not everyone is benefiting equally and there is still more work to be done.

Black and African American adults experience disproportionately higher incidence and mortality rates from colorectal cancer, with colorectal cancer death rates that are almost 40% higher than those in white people. As a result of these persistent disparities, an increased national focus on structural racism, and the untimely death of Chadwick Boseman from colorectal cancer in 2020, it became strikingly clear that we need to sharpen our focus on colorectal cancer health equity for Black and African American adults.

I am excited to present to you the *2022 Messaging Guidebook for Black & African American People: Messages to Motivate for Colorectal Cancer Screening*, a companion piece to our **2019 Messaging Guidebook**. Through market research, we sought to gain a deeper understanding of the barriers to screening that Black and African American people face and learn how systemic racism and social injustice impacts the Black and African American communities within the health care system. We also wanted to uncover motivators and potential messaging mechanisms to encourage regular colorectal cancer screening. This new guide is intended to enhance the marketing and communication efforts of our partners and advocates in the field and should serve as a tool to help you as you work to better serve Black and African American communities.

Since our founding, the NCCRT has applied a health equity lens to all we've done. The **80% in Every Community** campaign emphasizes that we cannot be satisfied with just reaching a national or even state-level screening rate of 80%; we need to ensure every community can reach the target of 80% and higher. While screening is only one element of the work that needs to be done to address colorectal cancer disparities, it is important that we make it a priority to promote screening in the best way possible. At a minimum, our goal with this guide is to better support the delivery of timely and effective screening messages that resonate with Black and African American individuals.

I would like to thank the sponsoring organizations that made this report possible, the Public Awareness & Social Media Strategic Priority Team, and those who served on the advisory committee for their time and invaluable contributions.

Thank you for your continued efforts and partnership as we work to achieve 80% in Every Community.

Steve Itzkowitz, MD, FACP, FACG, AGAF

Chair, National Colorectal Cancer Roundtable

Professor of Medicine, Oncological Sciences, and Medical Education, and Director of the Gastroenterology Fellowship Program at Icahn School of Medicine at Mount Sinai



IMPORTANT DEFINITIONS

These definitions are from the *American Cancer Society Inclusive Language and Writing Guide*.

- **Black** – For people who prefer the term Black, it should always be used as an adjective and never as a standalone noun. Black should always be capitalized.
- **Black and African American People** – When referencing market research findings, the terms Black and African American people are used to represent respondents who self-identified as part of the Black and African American community.
- **Health Disparities** – The particular type of health difference that is closely linked with social, economic, and/or environmental disadvantages and other characteristics historically linked to discrimination or exclusion. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health. Changes in health disparities help us measure whether there is progress toward health equity.
- **Cancer Disparities** – Health disparities related to cancer outcomes
- **Equity** – Fair and just treatment, access, opportunity, and advancement for everyone, while addressing needs and eliminating barriers that prevent the full participation and success of all people.
- **Structural Racism** – A system that reinforces and perpetuates racism through policies, practices, cultural representation, or other norms. Structural racism works within the major systems that we all exist in and rely on such as politics, health care, education, criminal justice, and the economy. Systemic racism and structural racism are closely related, but structural racism takes into consideration the historic, cultural, and socio-psychological aspects of our society (Source: The Aspen Institute.)
- **The Social Determinants of Health** – The conditions where we live, work, learn, play, worship, and age. They can also include the complex systemic and social structures that influence these conditions, such as policy and economic climate.





INTRODUCTION

Black and African American people in the United States account for 14.2% of the population and represent the third largest racial/ethnic group after white and Latino individuals.¹ Since the early 1990s, Black individuals have had higher incidence of and mortality from colorectal cancer (CRC) than all other racial/ethnic groups.^{2,3} Compared to White people, Black people have approximately 20% greater CRC incidence and 40% greater CRC-related mortality.⁴ Black people are also more likely than White individuals to be diagnosed with CRC at a young age (termed early-onset CRC), to present with late-stage disease for which there are limited treatment options, and to die within five years of a CRC diagnosis.⁴

These disparities have been attributed to multiple health-related and non-health-related factors. Health-related factors include a high prevalence of CRC risk factors, low participation in screening, and suboptimal access to early detection/prevention services and treatment among Black individuals compared to White individuals.^{5,6} Non-health factors, often referred to as social determinants of health, are also key contributors. Social determinants of health are defined as the “non-medical factors that influence health outcomes,” and include “conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life.”⁷ In the context of CRC, they include structural racism, discrimination, and government policies, all of which influence socioeconomic status, neighborhood structure and environment, access to healthy food, opportunities for physical activity, and other predictors of health.⁸ Collectively, these circumstances drive Black-White differences across the cancer care continuum from disease risk factors to access to clinical care and cancer survivorship.

Particular attention has been devoted to Black-White differences in CRC screening utilization as a contributor to CRC inequities. Historically, screening rates among Black people have been lower than rates among White people.⁹ A 2012 study estimated that 19% of the Black-White disparity in mortality was attributable to differences in screening uptake.¹⁰ Since that time, however, Black-White disparities in screening participation have narrowed considerably,¹¹ contributing to improvements in incidence disparities.¹² Unfortunately, however, mortality disparities persist. This reality underscores that a focus on increasing screening participation among Black people is not enough.

Efforts must address disparities along **the entire cancer care continuum**, including lifestyle risk factors, timely diagnosis following an abnormal screening test result, and timely treatment. Thus, while this guidebook presents messaging to encourage screening participation among Black individuals, it tackles **only one piece** of the complex puzzle to eliminate Black-White disparities in CRC outcomes.

On the heels of unprecedented events in recent years that have put a national focus on structural racism, most poignantly with the widening of racial/ethnic, socioeconomic and health disparities amidst the COVID-19 pandemic, the time is now to create meaningful change in the fight against CRC inequities. We must address the many contributors to poor CRC outcomes in Black communities and empower Black people with the health information necessary to embrace potentially lifesaving interventions like CRC screening. As such, the market research and tailored messaging provided in this guidebook provide a timely resource for us all.

Contributed by:

Folasade P. May, MD, PhD, MPhil
Board Member & Co-Founder, ABGH

Sophie M. Balzora, MD
President & Co-Founder, ABGH

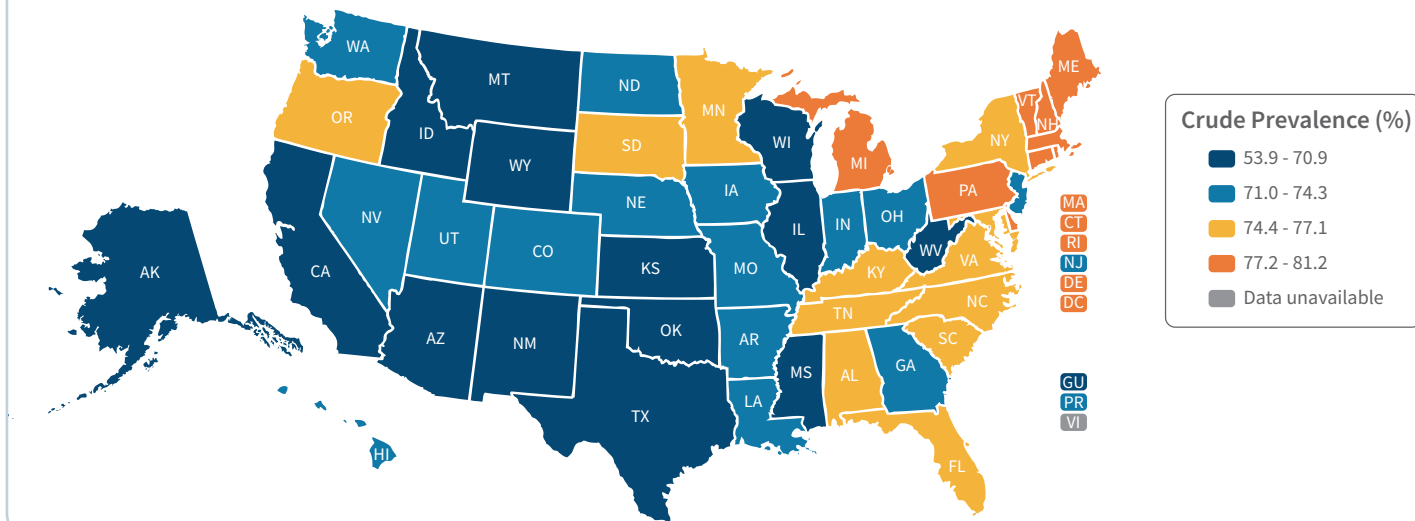


National Data on Screening and Cancer Rates

Over the last two decades, colorectal cancer screening rates among average-risk Black adults doubled from 32% to 65%. In 2018, 57% of those aged 45 and older¹³ were up to date on screening. While these rates are similar to those of White adults, colorectal cancer incidence and mortality rates are higher in Black communities.

Percentage of Adults Who Report Being Up-to-Date on Screening

Respondents aged 50-75 who have fully met the USPSTF recommendation (variable calculated from one or more BRFSS questions)



Incidence Rates, 2014-2018

by race and ethnicity, for colorectum

American Indian and Alaska Native

49.2

Non-Hispanic Black

42.6

Non-Hispanic White

36.1

Hispanic

32.8

Asian and Pacific Islander

29

© 2022 American Cancer Society

CancerStatisticsCenter.cancer.org

Death Rates, 2015-2019

by race and ethnicity, for colorectum

Non-Hispanic Black

18.1

American Indian and Alaska Native

17.4

Non-Hispanic White

13.4

Hispanic

10.8

Asian and Pacific Islander

9.3

© 2022 American Cancer Society

CancerStatisticsCenter.cancer.org



Prevalence (%) of US Colorectal Cancer Screening (2018)*

	Black	White
Adults 50+ Years	65	68
• Male	64	69
• Female	66	66
Adults 45+ Years	57	58
• Male	58	59
• Female	57	57

* For age ≥ 45 and ≥ 50 years: FOBT/FIT, sigmoidoscopy, colonoscopy, computed tomography (CT) colonography, OR sDNA test in the past 1, 5, 10, 5 and 3 years, respectively, OR sigmoidoscopy in the past 10 years with FOBT/FIT in the past 1 year.

Cancer Facts and Figures for African American/Black People 2022-2024.
American Cancer Society.

CRC Screening Test Options

Stool-based tests

- Highly sensitive fecal immunochemical test (FIT) every year
- Highly sensitive guaiac-based fecal occult blood test (FOBT) every year
- Multi-targeted stool DNA test (mt-sDNA) every 3 years

Visual (structural) exams of the colon and rectum

- Colonoscopy every 10 years
- CT colonography (virtual colonoscopy) every 5 years
- Flexible sigmoidoscopy (FSIG) every 5 years

If a person chooses to be screened with a test other than colonoscopy, any abnormal test result should be followed up with a timely colonoscopy.



COLORECTAL CANCER SCREENING RECOMMENDATIONS

The **American Cancer Society** recommends that people who have no symptoms and are at average risk* of colorectal cancer start regular screening at age 45. This can be done either with a stool-based test or visual (structural) exam (e.g., colonoscopy).

People who are in good health and with a life expectancy of more than 10 years should continue regular colorectal cancer screening through the age of 75.

For people ages 76 through 85, the decision to be screened should be based on a person's preferences, life expectancy, overall health, and prior screening history. This should be a shared decision made after a discussion with your physician.

People over 85 should no longer get colorectal cancer screening.

*For screening, people are average risk if they do **not** have:

- A personal history of colorectal cancer or certain types of polyps
- A family history of colorectal cancer
- A personal history of inflammatory bowel disease (ulcerative colitis or Crohn's disease)
- A confirmed or suspected hereditary colorectal cancer syndrome, such as familial adenomatous polyposis (FAP) or Lynch syndrome (hereditary non-polyposis colon cancer or HNPCC)
- A personal history of getting radiation to the abdomen (belly) or pelvic area to treat a prior cancer



NCCRT AND 80% IN EVERY COMMUNITY

80% in Every Community is an NCCRT initiative in which more than 1,800 organizations are working toward the shared goal of reaching colorectal cancer (CRC) screening rates of 80% and higher in communities across the nation. Through dedication, determination, and collective action, we are seeing that 80% and higher screening rates are possible as health centers, primary care practices, health systems, health plans, employers, counties, and many others are achieving their goals.



But not everyone is benefiting equally. There are still too many communities with lower CRC screening rates – certain racial and ethnic communities, low-income communities, and rural communities, among others. We will continue working to bring down barriers to screening because everyone deserves to live a life free from colorectal cancer. Our mission will not be achieved until we see 80% screening rates in every community.

History of NCCRT Screening Market Research

In 2014, the NCCRT conducted its first market research project among adults eligible for colorectal cancer screening to better understand the barriers and emotional motivators behind screening. This research resulted in the first iteration of the **80% by 2018 Communications Guidebook**, which quickly became a vital and leading resource for NCCRT members and partners working to increase screening rates.

Following this success, the NCCRT invested in additional market research on screening in 2018 to complement the launch of the **80% in Every Community** campaign. The NCCRT **Colorectal Cancer Screening Messaging Guidebook: Recommended Messaging to Reach the Unscreened** was released in 2019 and presents key findings as well as messaging recommendations to help health care and public health professionals, community leaders, and community organizations educate, empower, and mobilize those who are not getting screened for colorectal cancer. This guidebook provides specific findings for various populations including rural dwellers, Black and African American people, Hispanics and Latinos, Asian Americans, and other populations.

Following these communications guides' success and positive reception, the **NCCRT Public Awareness & Social Media Strategic Priority Team** sought to create a supplementary guidebook focused specifically on Black and African American people. This work accompanies similar companion guides developed by the NCCRT: **Asian Americans and Colorectal Cancer Companion Guide** and the **Hispanics/Latinos and Colorectal Cancer Companion Guide**.



MARKET RESEARCH OVERVIEW AND METHODOLOGY

In 2021, the NCCRT and the American Cancer Society conducted research on perceptions of colorectal cancer screening among unscreened Black and African American people. The two research phases included in-depth interviews (IDIs) and message testing. Findings from the NCCRT's 2018 market research helped to guide the development of an interview guide and survey questions. The overall goals of the research were to:

- ✓ Gain a deeper understanding of the barriers to being screened
- ✓ Understand health care behaviors and perceptions
- ✓ Understand how systemic racism and social injustice impact the black community's experiences within the health care system
- ✓ Uncover different motivators to encourage screening
- ✓ Identify preferred and trusted information sources
- ✓ Gather reactions to potential messaging and messaging aspects to identify what elements of messaging will be most effective

Phase 1: In-depth Interviews

Objectives included:

- Dig deeper into the barriers to getting screened.
- Understand the roles systemic racism and social injustice play in the experiences the Black community has with the health care system.
- Gain reactions to potential messaging to identify what elements of messaging will be most effective.

Methodology:

60-minute virtual interviews with Black and African American people ages 45+ who have not been screened for colorectal cancer.

- A total of 10 respondents
- 6 male, 4 female
- Ages from 45-66

Phase 2: Message Testing

Objectives included:

- Test the 15 messages the team crafted based on prior years' research findings and the phase 1 interviews.
- Identify which messages are most effective in motivating Black and African American people to get screened.

Other objectives included:

- Quantitatively validate barriers to screening.
- Identify preferred and trusted information sources.
- Understand health care behaviors and perceptions.

Methodology:

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






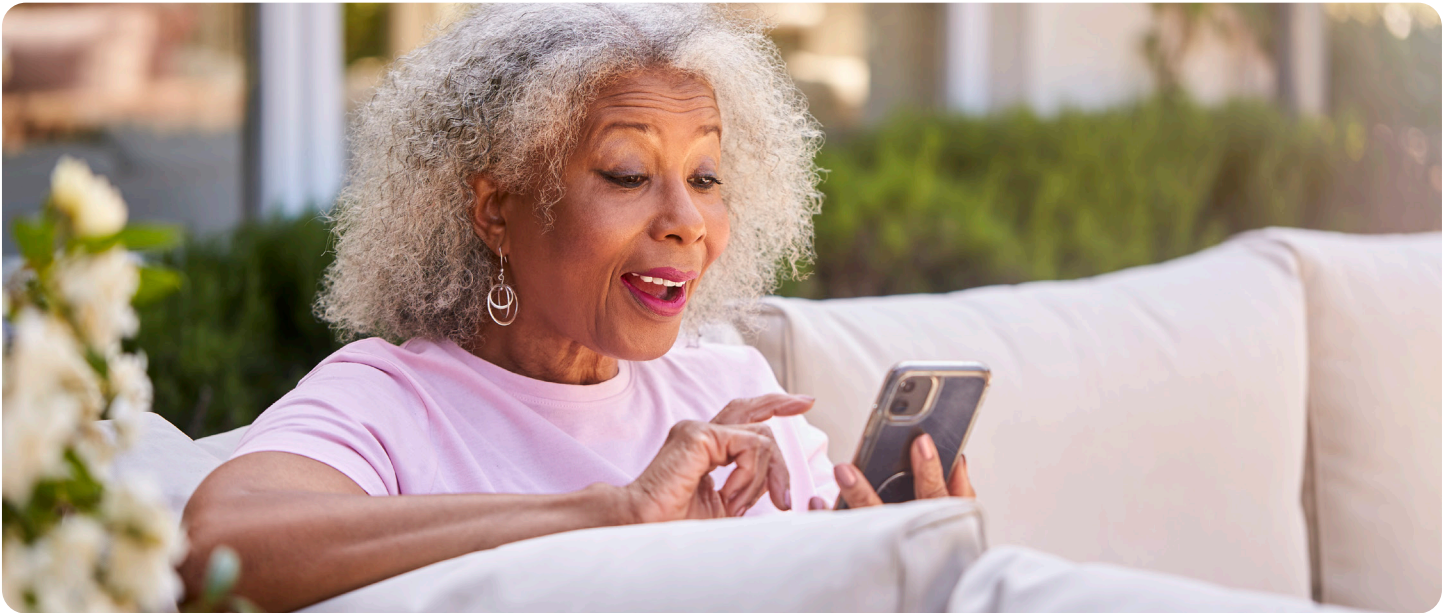
PERCEPTIONS AND ATTITUDES ABOUT PERSONAL HEALTH AND COLORECTAL CANCER SCREENING

Understanding perceptions, attitudes, and awareness among unscreened Black and African American people in the United States is vital for addressing colorectal cancer screening disparities. This section presents information on perceptions and attitudes about health in general, as well as perceptions about colorectal cancer and screening for colorectal cancer.

Personal Health

Many unscreened Black and African American individuals are focused on maintaining their health and know what they need to do to stay healthy, including seeing a doctor for regular check-ups. For instance:

		
Perceptions About Their Own Health	Insurance and Medical Home	Seeking Medical Care
<ul style="list-style-type: none">• 87% say they care a great deal about maintaining their health.• 75% say they know what they need to do to stay healthy.• 62% consider themselves healthy.	<ul style="list-style-type: none">• 84% have health insurance coverage.• 90% of the insured have a primary care provider.• 57% communicate with their doctor through a patient health portal.	<ul style="list-style-type: none">• 65% of female respondents and 51% of males say they get regular check-ups/screenings/wellness care, even when not sick.• 58% say they get a physical each year.• 37% say they only visit the doctor's office when they are sick.• 33% say they avoid going to the doctor as much as possible.



Perceptions and Awareness About Colorectal Cancer and Screening

Most survey respondents agreed it's important to increase awareness of colorectal cancer and screening, although many believe there is only a moderate chance of survival if diagnosed with colorectal cancer. Many also indicated they fear the actual procedure, and several found it embarrassing to talk about.

Top-of-mind thoughts about colorectal cancer included:

- Suffering caused by colorectal cancer is unbearable.
- Colorectal cancer is one of the more unpleasant forms of cancer and results in death.
- There's only a moderate chance of survival if diagnosed with colorectal cancer.
- Discomfort, both mentally and physically, is associated with screening exams.
- Those with a family history of colorectal cancer acknowledged screening is important, despite not having completed screening themselves.
- Living a healthy lifestyle reduces one's risk of colorectal cancer.
- Colorectal cancer is common among men, but women can also be diagnosed with it.

Colorectal Cancer Screening Tests

From prior research, we know the likelihood to screen for colorectal cancer increases when patients are made aware of the various screening options. In our market research, respondents were most familiar with colonoscopies, although many were also aware that stool tests are an available option. Of respondents who had discussed screening with friends and family, only 20% had discussed different screening options during these conversations.

- Colonoscopies are top of mind for those surveyed when they think about screening.
- 75% of insured and 62% of uninsured respondents were aware of stool tests (FOBT or FIT), while only 63% were aware of Fit-DNA and 46% were aware of CT colonography.
- 21% of respondents associated direct rectal exams with colorectal cancer screening.

[Learn About Your Screening Options](#)



BARRIERS TO SCREENING

To help motivate people to get screened, it is important to first understand the barriers contributing to their lack of screening. As with our previous market research findings, we discovered that delayed screening due to deferment and other factors was the top barrier to screening, although most respondents indicated they plan to eventually complete screening. The other top barriers identified were no history of symptoms, no family history, and lack of recommendations received from a doctor or health care provider. Below is a deeper dive into each of these three areas.

Deferment and Delay

Deferring or delaying screening was the leading barrier to colorectal cancer screening completion. It is important to understand what small steps can be taken to help people overcome this barrier and move along the path toward screening. The top reasons for deferring screening were COVID-related concerns, which indicate potential long-term repercussions of the pandemic. Beyond COVID-19 concerns, reasons for deferment varied by age, with those under age 55 indicating that financial concerns were a top reason for delaying screening. Many unscreened people also noted pressing issues in their lives that are not related to screening. Some examples included caring for family, maintaining hectic work schedules, and dealing with financial issues. Many under 55 years of age also indicated that they feel they are less likely to get colorectal cancer and have therefore postponed getting screened. Those over the age of 55 deferred screening because they were concerned about the screening tests and feared receiving abnormal screening results.

TOP REASONS FOR DELAYING SCREENING

Deferment: This was the leading barrier to screening. Besides COVID-19, the top reasons for delaying screening included financial concerns, test prep, concerns or fears about the test itself, and concerns or fears about the test results, and thinking one is unlikely to develop colorectal cancer.

No Family History & No Symptoms: Some believe that it is not necessary to be screened for colorectal cancer without a family history. Others thought there is no need to screen if no symptoms are present.

Doctor Did Not Recommend It: A doctor's recommendation was the top motivator for screening, and many will not seek screening if their medical doctor does not recommend it.





The leading reasons for deferment varied by age group. The table below shows that the likelihood of being screened in the next six months was between 31% and 34% for all age groups. Those with a family history were more likely to be screened.

Likelihood of Being Screened in the Next 6 Months		Reasons for Deferment (Besides COVID-19)
Ages 45-49	31%	<ul style="list-style-type: none">Financial concerns
Ages 50-54	34%	<ul style="list-style-type: none">Financial concernsNot thinking they are likely to develop colorectal cancer
Ages 55+	31%	<ul style="list-style-type: none">Fear of the test resultsConcerns about the test prep for colonoscopyConcerns/fears about the tests themselves
Those with a family history	48%	<ul style="list-style-type: none">Concerns about the test prepOther health concernsFear of the test results



COVID-19

23%

of surveyed respondents indicated COVID-related concerns as the top reason they delayed screening.

The COVID-19 pandemic has had devastating effects across the United States and the world. Aside from catastrophic numbers of severe illnesses and death directly related to the virus, other health-related consequences will be felt for years to come.

Early in the pandemic, the Centers for Medicare & Medicaid Services, the American Cancer Society, and gastroenterology associations recommended delaying all non-urgent procedures, including regular colorectal cancer screening. This necessary step to combat the spread of the virus resulted in screening delays and decreased screening rates and has helped exacerbate already-existing disparities in the health care system.

More work needs to be done to help close the screening gap that resulted from the pandemic.



No Family History and No Symptoms

Those with no family history and no symptoms often delay screening. A third of unscreened people felt that screening without a family history is unnecessary, and 10% of unscreened people thought only those with symptoms should be screened for colorectal cancer. However, most respondents indicated they would be comfortable discussing screening and related key issues with their doctor.

Comfortable Discussing with a Health Care Provider:

- 73% - Stomach/intestinal discomfort
- 68% - Cancer
- 65% - Bowel habits
- 64% - Colorectal cancer screening
- 60% - Rectal discomfort



RACISM AS A BARRIER TO HEALTH CARE

1 in 3 people responded that they were at least somewhat hesitant to seek medical care due to racism in health care and some shared personal experiences where the care they received had been impacted because of racism.

Others point out that although they may not have personal experiences with differential treatment based on their race, they know of people who have been impacted. Regardless of personal experience, almost all respondents indicate there is room for improvement in the health care system to address racism and its impact on care. Our research shows medical doctors not recommending screening as a top barrier. Bias may play a role in the lack of recommendation.

Doctor Did Not Recommend Screening

The majority of those under the age of 55 had not had any discussions with their medical doctor or another health care provider about colorectal cancer screening. Just over half of those aged 55 and older had discussed screening with their doctor. While the doctors or other health care providers initiated 78% of the conversations about colorectal cancer screening, only a small portion (22%) of respondents indicated that their doctor emphasized the importance of screening.





MESSAGE DELIVERY

How messages are received, and from which trusted sources, can have a significant impact on someone's knowledge and perceptions about screening.

While advertisements and discussions with family and friends were found to be the leading source of colorectal cancer screening information among Black and African American people, hearing this information directly from a medical doctor was, by far, the most preferred channel.

Receiving materials in doctor's offices, along with sharing of colorectal cancer-related information through email, websites, and patient portals was also top on the list. While there is no "one size fits all" for disseminating messaging, many respondents agreed that multiple modes of communication should be used to reach them. Nearly all preferred to hear a regular person they identify with (e.g., someone of the same race, age, and/or gender) talking about their experience with colorectal cancer or colorectal cancer screening versus hearing from a celebrity.



Primary Channels for Receiving Colorectal Cancer Screening Information*

- 47% Advertisements
- 35% Discussion with a family member or friend
- 32% Discussions with a doctor or health care provider
- 30% News report or story
- 19% Handout or poster in a doctor's office
- 13% Website
- 11% Information from a health insurer
- 11% Social media

* Respondents were able to choose more than one answer

Preferred Channels for Colorectal Cancer Screening information

- 56% Discussion with a doctor or other health care professional (62% female, 49% male)
- 32% Handout/poster in a doctor's office
- 29% Email
- 28% Website
- 26% Online patient health portal
- 23% Discussions with a friend or family member
- 9% Social media

The Most Trusted Sources for Health Care Information:

- 86% Doctors
- 81% Other medical professionals
- 78% National health organizations
- 73% Parents, siblings, and other trusted family members
- 67% Close friends
- 36% Celebrities



Messengers: Medical Doctors

Medical doctors and other health care professionals were the preferred choice and ranked as the highest trusted source to deliver colorectal cancer screening information. Unfortunately, many respondents noted they had not been recommended for screening by their doctors. Those over the age of 55 and those with a family history were most likely to talk to their doctor about colorectal cancer screening. This lack of recommendation can contribute to inequities in cancer screenings and outcomes.

- 32% of people indicated they receive colorectal cancer screening information from their doctor, while 56% said they would like to receive this information during a discussion with a doctor or health care provider.
- Most with health insurance had a primary care physician and were more likely to communicate with them through a patient health portal. Some would communicate through email or text message from their health care provider.
- Out of the 44% of respondents who have discussed colorectal cancer screening with their doctor, the average age of their first discussion about screening was 50. There may be opportunities for tailored lead-time messaging for this specific population.

Talked to a Health Care Provider About Colorectal Cancer Screening		Top Reason for Discussing Colorectal Cancer Screening
Ages 45-49	32%	Doctor preparing me, as I will be due for screening in the coming years.
Ages 50-54	41%	Doctor preparing me, as I will be due for screening in the coming years.
Ages 55+	52%	I was due for screening.

Messengers: Faith-Based Leaders

Most Black and African American respondents who were unscreened identified themselves as being at least somewhat religious. The majority of those who are very religious indicated their beliefs impact health care decisions, often in a positive and encouraging way. For many, faith provided comfort when seeking health care and their beliefs encouraged them to take care of their body and health.

“I trust the Lord to handle my health concerns whether through divine intervention or the care of doctor.”

“My body is a temple and so I should take care of it.”



- 19% have received health information in a religious setting.
- Top reception methods
 - Brochures & pamphlets
 - Health fairs and screening events at church
 - Speakers
- Top health issues addressed
 - COVID-19 vaccines
 - Cancer screening
 - Blood pressure & hypertension



Messengers: Celebrities

While 23% of respondents recalled a celebrity or prominent figure who had been diagnosed with or died from colorectal cancer, the vast majority reported that their consideration to get screened would be significantly more influenced by an everyday person like themselves versus a celebrity.

Some respondents attributed the lack of celebrity influence to the fact that they are not always relatable (e.g., they are millionaires, can afford the best treatment, and do not live similar lifestyles). On the other hand, a “normal” person giving personal testimony would resonate more, especially if the person was of a similar profile to themselves (e.g., race, age, and/or gender).



SPOTLIGHT ON SOCIAL MEDIA

Though social media is not a preferred or highly trusted source for receiving health care information, it is still a viable and cost-effective platform for exposing people to colorectal cancer information, as a large portion of the population is on social media (most often Facebook and YouTube).

- **YouTube:** Many people mentioned watching YouTube videos (for general information, vlogs, and entertainment). YouTube has some forced ads and some that can be skipped. There are also pop-up ads, and some respondents recommended this as a possible communication channel.
- **Facebook:** Facebook was specifically mentioned by respondents as a potential source for encountering messaging. Some indicated they pay attention to the pop-up ads that appear on their feeds.





Messengers: Friends and Family

Nearly four in ten respondents have discussed colorectal cancer screening with friends or family. Half walked away from these conversations with a sense that screening is essential, but nearly one in four walked away feeling scared. While family and friends are not the preferred source of health care information, they are one of the most trusted sources for this information.

As a result of these discussions with family and friends, respondents felt:

- That colorectal cancer screening is important
- More comfortable about getting screened some day
- The urge and need to learn more

Family History

Only one in four persons interviewed had discussed whether they have a family history of colorectal cancer. Most with a family history acknowledged that it is important for them to complete screening, but only half were likely to get screened on time. It is important to increase awareness about the urgency to get screened, the new recommended screening age, and who is at an elevated risk for colorectal cancer. Ninety-one percent of respondents with a family history indicated they rank national health organizations, such as the American Cancer Society, as trusted sources for health care information.

Twenty percent of respondents with a family history were not worried about colorectal cancer, as they felt their lifestyles were healthier and thus, they were less likely to develop colorectal cancer compared to their relatives. Specifically, these respondents cited the unhealthy lifestyles of their family members, which put them at a higher risk for colorectal cancer (e.g., lack of physical activity, diet with a lot of red meat and little to no vegetables), and/or significant alcohol consumption).



Symptoms

Messaging and delivery mechanisms should change for those who are experiencing signs and symptoms of gastrointestinal illness, including colorectal cancer. They are no longer considered average risk and should seek medical help and undergo a colonoscopy as soon as possible. Signs and symptoms may include:

- A change in bowel habits, such as diarrhea, constipation, or narrowing of the stool, that lasts for more than a few days
- A feeling that you need to have a bowel movement that's not relieved by having one
- Rectal bleeding with bright red blood
- Blood in the stool, which might make the stool look dark brown or black
- Cramping or abdominal (belly) pain
- Weakness and fatigue
- Unintended weight loss
- Low iron levels or low blood counts (anemia)



PREFERRED SCREENING MESSAGES

Tailored messaging about cancer screening is essential. Presenting compelling information through effective channels will help motivate people to get screened. For these messages to be impactful, they need to feel relatable, give direct, and concise information, and include actionable next steps. We know from prior research that Black and African American people are more likely than the other studied priority groups to get screened, but key barriers can make screening a challenge. Education on why screening is important can help increase the likelihood of Black and African American people getting screened.

From earlier research related to barriers to screening, we identified five messaging themes, from which 15 crafted messages were created. These messages were tested to identify which were most compelling and would motivate unscreened people to finally get screened.

Messaging Themes

- Preventable and treatable if caught early
- Silent disease
- Family history
- Screening options
- Cancer facts related to Black and African American communities

The messages in this guidebook are not meant to replace the screening campaigns of any organization. Instead, they are intended to strengthen the educational and promotional materials already available or being planned.

Spotlight on Messaging Groups

As a result of our research findings, we identified four groups for whom screening messaging could be very impactful.



**People who
feel invincible**



**People who
have cost concerns**



**People who
are fearful**



**People who
are busy**



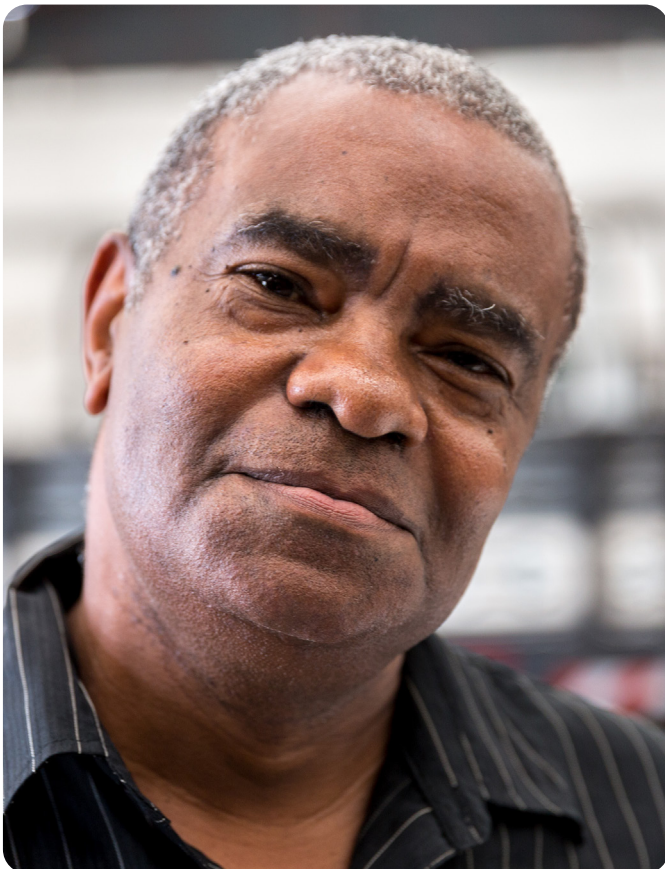
#1 MOST
PREFERRED

Most Preferred Screening Message

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

32% | Baseline likelihood of being screened prior to receiving the tailored message

47.6% | Adjusted likelihood of being screened after receiving the tailored message



Why It Works

This message is compelling because it is extremely relatable and sheds light on a widely unknown statistic for Black and African American people. Many unscreened people think of suffering, discomfort, and lower rates of survival when asked about colorectal cancer. Using this tailored message can help to highlight that colorectal cancer can be preventable or more easily treated if caught early through screening.

Who Most Responds to This Message

By and large, this was ranked as the most motivating screening message across all in-focus groups, including the two groups with the lowest likelihood to get screened: people who feel impervious and people with cost concerns.

What People Said

“It was relatable. I’m Black and it talked about Blacks having a high rate of colorectal cancer and that we should get tested.”



#2 MOST
PREFERRED

Second-Most Preferred Screening Message

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

32% | Baseline likelihood of being screened prior to receiving the tailored message

42.4% | Adjusted likelihood of being screened after receiving the tailored message



Why It Works

This message is compelling because it clearly communicates that colorectal cancer is often a silent disease. Most people are not aware of this fact. This message can help highlight that getting screened, regardless of family history or a lack of symptoms, is important and can save your life. It also provides insight on when to begin screening for average-risk people (those without a family history or symptoms).

Who Most Responds to This Message

- People who feel impervious
- People who are busy

What People Said

“It makes me feel like I could possibly have cancer but it’s not being detected without screening. If I get screened and it’s caught early, I have a better chance.”



#3 MOST
PREFERRED

Third-Most Preferred Screening Message

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

32% | Baseline likelihood of being screened prior to receiving the tailored message

43.4% | Adjusted likelihood of being screened after receiving the tailored message



Why It Works

This message is motivating because it is relatable and eye opening with regards to colorectal cancer being more prevalent among Black and African American people. It is also encouraging as it shows increasing screening rates can have an impact on cancer outcomes.

Who Most Responds to This Message

- People who are fearful
- People who are busy

What People Said

“Knowing that I am at high risk makes it important to get screened.”



#4 MOST
PREFERRED

Fourth-Most Preferred Screening Message

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

32% | Baseline likelihood of being screened prior to receiving the tailored message

42% | Adjusted likelihood of being screened after receiving the tailored message



Why It Works

This message makes people stop and think and motivates them with the urgency that **RIGHT NOW** they could have a polyp that could be dangerous. This message helps to show that suffering caused by colorectal cancer could be avoided through regular screening. It should be noted that this message was a top performer from the 2018 market research.

Who Most Responds to This Message

- People who feel impervious
- People who have cost concerns

What People Said

“Ever since I passed 50, things don't heal as fast. Everything slows down. Aches and pains last a little longer. I'm just, I guess just now feeling like I'm not 10 feet tall and bulletproof.”



SPOTLIGHT



People Who Feel Impervious

Members of this group feel they are less likely to get colorectal cancer because they do not have any symptoms or a family history. They have also delayed starting screening because they feel they are less likely to develop it since they have a healthier lifestyle. While only half have had a discussion with a doctor about screening, most noted that doctors, and other medical professionals, are a trusted source of information.

Demographics



Gender

This group is comprised of males (51%) and females (49%)

Age

A mix of younger and older adults, ages: 45-49 (24%), 50-54 (30%), 55+ (46%)

Barriers to Screening



Deferment

No family history

No symptoms

Channels That Resonate

Preferred Channels for Delivery

- Discussion with health care provider (52%)
- Handout in HCP office (34%)
- Website (31%)

Most Trusted Sources

- Doctors (84%)
- Other medical professionals (78%)
- Trusted family member (75%)
- National health org (75%)
- Close friend (69%)
- Government health org (68%)



Top Three Messages for People Who Feel Impervious



1

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

“It was relatable. I’m Black and it talked about Blacks having a high rate of colorectal cancer and that we should get tested.”

“Being African American myself, I know that whether I have a family history or not, my chances are much greater than other races of people.”

2

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

“It makes me feel like I could possibly have cancer but it’s not being detected. If I get screened and it’s caught early, I have a better chance.”

3

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

“It addresses the fact that presently things could seem okay when preventable dangers could be developing out of sight.”



People Who Are Fearful

Members of this group have not been screened for colorectal cancer because they have heard screening can be unpleasant, they feel embarrassed about the prep and the tests themselves, and/or they are afraid to find out if they have cancer. As a result, delaying screening is a significant barrier for this group.

Demographics



Gender

Tend to be female (56%)

Age

Older adults over 55 (60%)

Barriers to Screening



Deferment

Concerns about the prep

Embarrassed about the test

Would like to avoid finding out if they have cancer

Channels That Resonate

Preferred Channels for Delivery

- Discussion with health care provider (63%)
- Website (36%)
- Handout in HCP office (34%)

Most Trusted Sources

- Doctors (85%)
- Other medical professionals (81%)
- National health organization (78%)
- Trusted family member (76%)
- Close friend (71%)
- Government health org (66%)



Top Three Messages for People Who Are Fearful



1

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

“It is a good warning for Black people. I know that health care for us is very different in this country. I appreciate knowing that colorectal cancer should be more of a concern for Black people.”

“The fact that I’m African American and colorectal cancer is the second leading cause of death for us is enough to motivate me to get screened.”

2

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

“Knowing that I am of high risk makes it important to get screened.”

3

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

“It makes me feel like I could possibly have cancer but it's not being detected. If I get screened and it's caught early, I have a better chance.”



People Who Have Cost Concerns

People in this group have delayed colorectal cancer screening because they do not have health insurance, cannot afford out-of-pocket costs, and/or are concerned about treatment costs if cancer is found. People in this group tend to be male, younger than 55-years-old, and have an income under \$40,000 per year. Generally, they are uninsured and more often unemployed. Direct messaging about screening options, systems to assist the uninsured get screened and the importance of screening regardless of insurance status will likely motivate this group to get screened.

Demographics



Gender

Males (59%)

Age

Adults under 55 (62%)

Income

Less than \$40,000/year (XX%)

Barriers to Screening



Lack of insurance

Fear of screening and treatment costs

Lack of stable employment

Channels That Resonate

Preferred Channels for Delivery

- Discussion with a health care provider (58%)
- Website (40%)
- Email (36%)

Most Trusted Sources

- Doctors (87%)
- Other medical professionals (83%)
- National health org (80%)
- Trusted family member (72%)
- Close friend (68%)



Top Three Messages for People Who Have Cost Concerns



1

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

“The message about African Americans is about me and my needs, so it is encouraging.”

“Because it sounds like it's speaking straight to me.”

2

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

“What could be happening in my colon now is very scary.”

3

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

“Usually with illnesses, one has symptoms, which prompts them to get checked. Those illnesses that are silent with no warnings are the worst, so it is best to get checked.”



People Who Are Busy

People in this group have not been screened for colorectal cancer because they focus on other health issues, prioritize the health concerns of those close to them, and/or are unable to take off work or make time for screening due to other obligations. More than any other group, these people tend to be women below the age of 55 and prefer to receive information from their doctors, whom they view as trusted sources of information. They also have a high level of trust in national health organizations.

Demographics



Gender

Females (60%)

Age

Adults under 55 (56%)

Barriers to Screening



Prioritize the health concerns of those close to them over their own

Focused on other health issues

Will not prioritize screening over other day-to-day obligations

Channels That Resonate

Preferred Channels for Delivery

- Discussion with a health care provider HCP (63%)
- Handout in HCP office (42%)
- Patient health online portal (37%)

Most Trusted Sources

- Doctors (90%)
- Other medical professionals (85%)
- National health org (78%)
- Trusted family member (70%)
- Government health org (69%)



Top Three Messages for People Who Are Busy



1

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

“It speaks directly to me as an African American.”

“I am African American, and I didn’t know this.”

2

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

“Highlighting that it’s a silent killer shows how important screening is.”

3

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

“Knowing that I am of high risk makes it important to get screened.”



APPENDIX

MESSAGES PERFORMANCE (SHARE OF PREFERENCE)

Colorectal cancer being the second leading cancer death in Blacks and African Americans is by far the most compelling message.

Top message across all age groups, genders, and illustrative personas

MOST MOTIVATING	Did you know that colorectal cancer is the second leading cause of cancer death in Black and African American people in the United States?	15.7%
	Colorectal cancer is often a silent disease. Usually there are no symptoms. That's why getting screened is so important...	9.8%
HIGHLY MOTIVATING	Colorectal cancer still happens more often in African Americans, but progress is being made. Fewer African American people...	9.6%
	Right now, you could have a polyp, a small growth in your colon or rectum...	9.0%
	Colorectal cancer screening can save your life. And for most people, there's more than one screening option available ...	7.7%
	A colonoscopy isn't the only option for colorectal cancer screening. There are simple, affordable options...	7.2%
	Colorectal cancer is often preventable and likely to be successfully treated if caught early...	6.3%
	Did you know that most African American people are screened for colorectal cancer?...	6.2%
	My mom was diagnosed with colorectal cancer at age 55. I now know I'm at a higher risk for the disease ...	5.2%
	Being active and eating right are important for your health, and so is getting screened for cancer...	5.1%
	My mom was screened for colorectal cancer and caught it early when it was more treatable...	4.6%
	Did you know screening is done by people who don't have any symptoms? ...	3.8%
	One in four people with colorectal cancer have a family history of the disease. Family history puts you at an increased risk...	3.6%
	Carl feels great about his health. He eats right and exercises regularly. And he received good news after his last colonoscopy...	3.2%
	Al's buddy, Joe, is a colorectal cancer survivor. Joe was only 50 when he was diagnosed. ...	2.8%



ADDITIONAL RESOURCES



REFERENCES

1. Race and Ethnicity in the United States: 2010 Census and 2020 Census. In: Census.gov. Available at: <https://www.census.gov/library/visualizations/interactive/race-and-ethnicity-in-the-united-state-2010-and-2020-census.html>. Accessed August 26, 2021.
2. Irby K, Anderson WF, Henson DE, Devesa SS. Emerging and widening colorectal carcinoma disparities between Blacks and Whites in the United States (1975-2002). *Cancer Epidemiol Biomarkers Prev*. 2006;15(4):792-7. Epub 2006/04/15. doi: 10.1158/1055-9965.epi-05-0879. PubMed PMID: 16614125.
3. Siegel RL, Miller KD, Goding Sauer A, Fedewa SA, Butterly LF, Anderson JC, Cercek A, Smith RA, Jemal A. Colorectal cancer statistics, 2020. *CA Cancer J Clin*. 2020. Epub 2020/03/07. doi: 10.3322/caac.21601. PubMed PMID: 32133645.
4. American Cancer Society. Colorectal Cancer Facts & Figures 2020-2022. Atlanta: American Cancer Society; 2020.
5. Dimou A, Syrigos KN, Saif MW. Disparities in colorectal cancer in African-Americans vs Whites: before and after diagnosis. *World J Gastroenterol*. 2009;15(30):3734-43. PubMed PMID: 19673013; PMCID: PMC2726450.
6. White PM, Itzkowitz SH. Barriers Driving Racial Disparities in Colorectal Cancer Screening in African Americans. *Curr Gastroenterol Rep*. 2020;22(8):41. Epub 2020/07/09. doi: 10.1007/s11894-020-00776-0. PubMed PMID: 32647903.
7. Social Determinants of Health - Healthy People 2030. In: health.gov. Available at: <https://health.gov/healthypeople/objectives-and-data/social-determinants-health>. Accessed July 21, 2021.
8. Carethers JM, Doubeni CA. Causes of Socioeconomic Disparities in Colorectal Cancer and Intervention Framework and Strategies. *Gastroenterology*. 2020;158(2):354-67. Epub 2019/11/05. doi: 10.1053/j.gastro.2019.10.029. PubMed PMID: 31682851; PMCID: PMC6957741.
9. Ward E, Jemal A, Cokkinides V, Singh GK, Cardinez C, Ghafoor A, Thun M. Cancer disparities by race/ethnicity and socioeconomic status. *CA Cancer J Clin*. 2004;54(2):78-93. doi: 10.3322/canjclin.54.2.78. PubMed PMID: 15061598.
10. Lansdorp-Vogelaar I, Kuntz KM, Knudsen AB, van Ballegooijen M, Zauber AG, Jemal A. Contribution of screening and survival differences to racial disparities in colorectal cancer rates. *Cancer Epidemiol Biomarkers Prev*. 2012;21(5):728-36. Epub 2012/04/20. doi: 10.1158/1055-9965.EPI-12-0023. PubMed PMID: 22514249; PMCID: PMC3531983.
11. Joseph DA, King JB, Dowling NF, Thomas CC, Richardson LC. Vital Signs: Colorectal Cancer Screening Test Use - United States, 2018. *MMWR Morb Mortal Wkly Rep*. 2020;69(10):253-9. Epub 2020/03/13. doi: 10.15585/mmwr.mm6910a1. PubMed PMID: 32163384; PMCID: PMC7075255.
12. May FP, Glenn BA, Crespi CM, Ponce N, Spiegel BMR, Bastani R. Decreasing Black-White Disparities in Colorectal Cancer Incidence and Stage at Presentation in the United States. *Cancer Epidemiol Biomarkers Prev*. 2017;26(5):762-8. Epub 2016/12/31. doi: 10.1158/1055-9965.EPI-16-0834. PubMed PMID: 28035021; PMCID: PMC5413405.

