2019 Colorectal Cancer Screening Messaging Guidebook

Recommended Messaging to Reach the Unscreened

NATIONAL Colorectal Cancer ROUNDTABLE

80% IN EVERY COMMUNITY

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LETTER FROM THE NCCRT CHAIR

Dear Colleagues:

Through our collective action and collaborative effort to reach colorectal cancer screening rates of 80% and higher, we have achieved tremendous success. Between 2012 and 2016, 5.1 million additional U.S. adults (50 to 75) have been screened. Yet, we know that not everyone is benefiting equally. Too many communities disproportionately face the physical, emotional, and financial burdens of colorectal cancer because of low screening rates.

This is why we launched a bold new campaign to strive for 80% screening rates in every community. This goal emphasizes that we cannot and will not be satisfied with just raising the national rate to 80%. Instead, we see 80% screening rates as the target for all communities, whether that means geographic communities, racial or ethnic communities, workforce communities, medical neighborhood patient communities, or others. If you picked up this guidebook today, we expect you too are somebody who believes in achieving something great. As such, we are proud to be working with you to bring down the barriers impacting communities facing persistently lower colorectal cancer screening rates.

We have found our efforts to be most successful when we ground them in an up-to-date understanding of the unscreened. That means to take the time to understand their perceptions about colorectal cancer, their knowledge on recommended screening tests, their most pertinent barriers to screening, as well as the messages that are most likely to move them to action.

I am excited to present to you the *2019 Messaging Guidebook: Recommended Messaging to Reach the Unscreened*, which includes four psychographic profiles of the unscreened and an in-depth look at several of the priority populations with persistently low colorectal cancer screening rates. The guidebook also includes tested messages, tools, and information that will help you reach out to unscreened audiences in the communities you serve.

As a reminder, companion guides for Hispanics/Latinos and Asian Americans are also available. As always, the resources in these guidebooks are not intended to replace any partner's outreach effort, campaign or media blitz around colorectal cancer screening. Rather, we hope the information will supplement your current efforts and magnify our collective voice with these critical audiences.

I would like to thank the American Cancer Society, the Centers for Disease Control and Prevention, and the members of the NCCRT Public Awareness and Social Media Task Group who work diligently on these resources each year.

And sincere thanks to each of you for your continued efforts and partnership. With your help, we can make 80% in Every Community a reality!

Richard C. Wender

Richard C. Wender, MD
Chair, National Colorectal Cancer Roundtable
Chief Cancer Control Officer, American Cancer Society, Inc.

BACKGROUND

80% in Every Community

80% in Every Community[1] is an NCCRT initiative that aims to substantially reduce colorectal cancer as a major public health problem. More than 1,700 organizations have committed to working toward the shared goal of 80% of adults aged 50 and older being regularly screened for colorectal cancer. Through dedication, determination, and collective action, we are seeing that 80% and higher screening rates are possible as community health clinics, 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 colorectal cancer screening rates – rural communities, certain racial and ethnic communities, and low income 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 isn't achieved until we see 80% screening rates in every community.

Evidence-Based Recommendations for Colorectal Cancer Screening

In 2018, the American Cancer Society updated the organization's colorectal cancer screening guidelines and now recommends that colorectal cancer screening begin at age 45 for those at average risk. By making this update, the American Cancer Society firmly believes that the evidence, including a concerning trend in colorectal cancer incidence in younger adults, now points to colorectal screening initiation starting at age 45. Alternatively, the United States Preventive Task Force (USPSTF) currently recommends that colorectal cancer screening begin at age 50. We recognize that while some organizations are implementing policies to begin screening at 45, others will continue to follow the USPSTF recommendations. Learn more by visiting the **NCCRT's FAQ**[2] on the topic.

The NCCRT supports member organizations and partners in advancing their life-saving missions around colorectal cancer screening, no matter which colorectal cancer screening recommendations they choose to follow. We will continue to create an environment in which organizations with varying missions and policies can be heard, where differences of opinion are respected, where all organizations benefit from their membership in the NCCRT, and where the guiding philosophy emphasizes working toward the same end goal – to save lives from this disease. The NCCRT will continue to provide resources that meet the needs of all members, serve as an information clearing house, address disparities issues, and identify opportunities to save lives from this disease, including among those who are being diagnosed at younger ages.

The 2018 market research of the unscreened primarily focused on those 50 and older; however, information was also collected on the unscreened 45- to 49-year-old. The information within this guidebook is appropriate for all those age-eligible (whether starting at 45 or 50) for screening.

OVERVIEW

Understanding the Unscreened	Groups of Interest	Barriers to Screening	Motivating the Unscreened	What are the Preferred Channels for Receiving CRC Screening Information	Elements of Effective Messages	Preferred Messages
Perceptions and Attitudes About Personal Health	Baseline Likelihood of Screening Within Six Months	How to Break Through Barriers	What Motivates People to Get Screened Sooner Rather than Later?	What are the Trusted Sources of Screening Information?	Effective Themes for Screening Messages	The Most Preferred Screening Message
Perceptions and Attitudes About Medical Professionals		How to Overcome Procrastination	What Can Make Screening Easier?	Healthcare Providers are Critical	Effective Appeals for Screening Messages	The Second Most Preferred Screening Message
Perceptions and Attitudes About Colorectal Cancer			What Creates Screening Anxiety?	Health Organizations are Important		The Third Most Preferred Screening Message
Underlying Emotional Drivers			Motivation to Stay on the Road to Screening	Friends and Family Matter		
				At-Home Screening Options are Helpful		

Priority Populations

Individual Profiles for Demographic Subgroups, including

- Asian Americans
- African Americans
- Hispanics/Latinos
- Rural Dwellers
- Busy Bees
- Fearful Delayers
- Invincibles
- The Financially Challenged
- The Marketplace Insured
- The Early Unscreened (45-49)
- The Young 50 (50-54)

INTRODUCTION

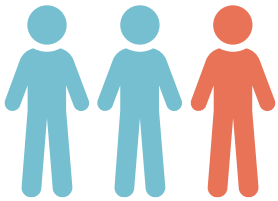
Colorectal cancer is the second most commonly diagnosed cancer. It's also the second most common cause of cancer-related death in the U.S. when men and women are combined. In 2019, an estimated 145,600 new cases of colorectal cancer will be diagnosed, and an estimated 51,020 deaths will occur due to this devastating disease.[3]

Colorectal cancer incidence and mortality rates have declined by about 30% among U.S. adults aged 50 and older in the past 15 years, in part due to screening.[4] However, much more work is required to reach the goal of 80% colorectal cancer screening rates nationwide and in every community.

Many colorectal cancer cases and deaths can be prevented by screening. Screening not only detects cancer early but also has the potential to prevent cancer through the detection and removal of precancerous polyps. Screening options make colorectal cancer screening accessible, affordable, and convenient.

CHALLENGE:

One in three adults, 50-75, is not getting screened as recommended.



Today, about 1 in 3 adults aged 50-75 (about 38 million people) are not being screened as recommended.[4] And not all demographic groups are being screened equally. Groups less likely to be screened include adults aged 50-64, the uninsured, and those with lower education and income levels. Hispanics, Asian Americans, American Indians, Alaska Natives, and rural dwellers are also less likely to be screened.[4,5]

Learn More

Visit the **National Colorectal Cancer Roundtable's Data & Progress webpage**[6] and the **American Cancer Society's Colorectal Cancer Facts & Figures webpage**[7] to learn more about national, state, and local-level colorectal cancer screening incidence and mortality rates.

2018 Market Research

In 2018, the NCCRT and the American Cancer Society researched screened and unscreened populations to better understand and address screening disparities. The goals of the market research were to:

- ✓ Measure general awareness of colorectal cancer screening methods.
- ✓ Understand the rationale, attitudes, and motivations for being screened or not.
- ✓ Analyze priority populations such as adults aged 50-54 and the marketplace insured.
- ✓ Identify logical and emotional drivers that could encourage screening.
- ✓ Use the drivers to create and test messages that would motivate unscreened individuals.

This guidebook shares the findings and recommendations gathered from that methodology.

Market Research Process and Methodology

Phase 1: Market Research	Phase 2: In-Depth Interviews	Phase 3: Message Testing
Objective: • Measure awareness of screening methods • Understand the rationale for being screened/not being screened • Uncover potential motivators to encourage screening	**Objective:** Dig deeper into the unscreened population to better understand: • Overall health perceptions • Reasons behind their choice to remain unscreened • Colorectal cancer and colorectal cancer screening perceptions • Motivators to get screened	**Objective:** • Measure awareness of screening methods • Understand the rationale for being screened/not being screened • Uncover potential motivators to encourage screening
Methodology: 15-minute unbranded, online survey	**Methodology:** 45-minute telephone in-depth interview	**Methodology:** 15-minute unbranded, online survey
Response: • 1,000 unscreened respondents – 794 50+ year olds – 206 45-49 year olds • 339 screened respondents – 308 50+ year olds – 31 45-49 year olds	**Response:** • 20 unscreened respondents – 5 Rural Dwellers – 5 Young 50 (50-54 years olds) – 5 Insured – 5 45-49 year olds	**Response:** • 1,021 unscreened respondents* – 806 50-75 year olds – 215 45-49 year olds *Different sample of respondents from previous phases

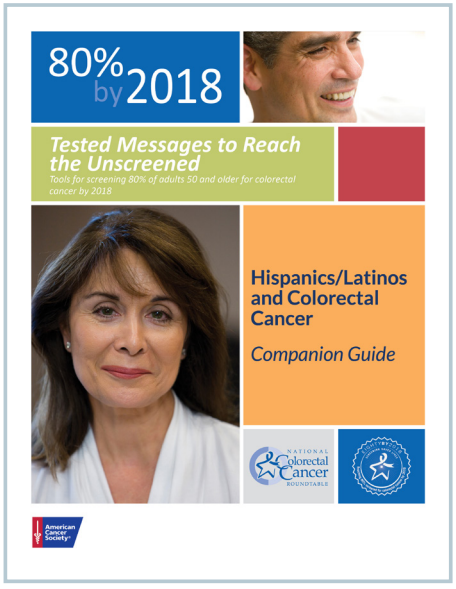
History of NCCRT Market Research on the Unscreened

In 2014, at the beginning of the **80% by 2018**[8] campaign, the NCCRT invested in market research to better understand the rationale and behaviors of the screened compared to the unscreened. This research proved pivotal for informing campaign strategies and remained popular with NCCRT members and pledged partners throughout the duration of the campaign.

Further market research and message testing produced additional helpful resources (see below). With the launch of **80% in Every Community**,[1] we anticipate that a refresh of this market research, focusing on communities and populations that have consistently low colorectal cancer screening rates, will continue to deepen our understanding of the challenges and opportunities that await our collective efforts.

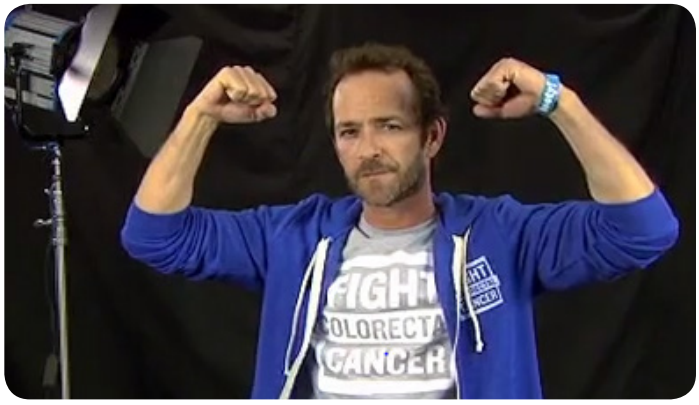
Learn More

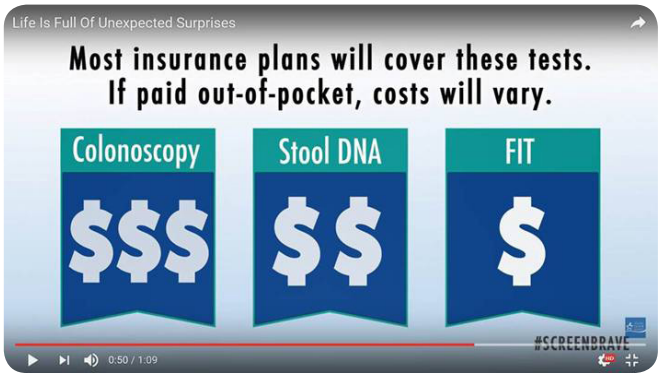
Visit NCCRT's **Hispanics/ Latinos and Colorectal Cancer Companion Guide**[9] and **Asian Americans and Colorectal Cancer Companion Guide**[10] for a more in-depth look at barriers to screening and strategies for reaching these populations.



Examples of Screening Materials

The examples below show how some NCCRT partners applied past market research findings and recommended messaging in their colorectal cancer screening materials.

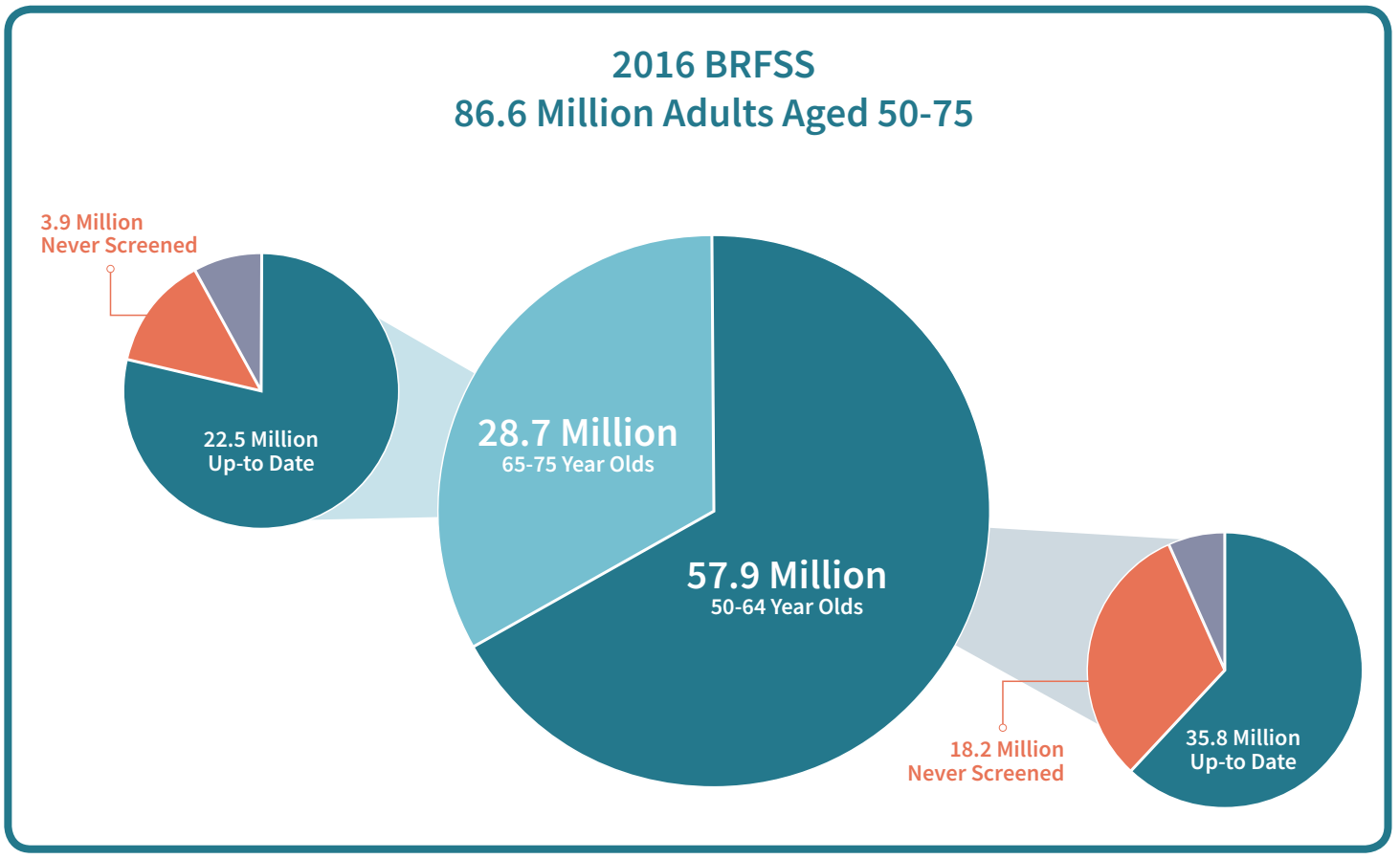




NATIONAL SCREENING DATA

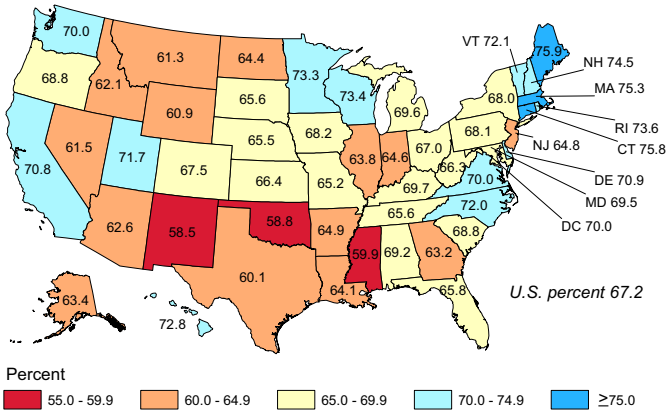
What do we know about national screening rates for colorectal cancer? We're tracking several major measures to assess our progress in reaching the 80% target. Below is a snapshot of the data. For a comprehensive look, visit the **NCCRT Data & Progress webpage**.[6]

The 2016 Behavioral Risk Factor and Surveillance System (BRFSS) reports that 67.3% adults (58.2 million people) aged 50 to 75 are up to date with colorectal cancer screening. On the other hand, 25.7% (22.2 million people) have never been screened. Notably, 18.2 million of the never screened are aged 50 to 64.[11] Thus, within our screening efforts, there is significant potential in reaching out to populations not yet covered by Medicare.



In 2016, screening rates varied widely by state with New Mexico reporting the lowest rate at 58.5% and Maine reporting the highest at 75.9%.[11] From 2012 to 2016, 37 states had an estimated increase of 1% or more in the percentage of eligible adults who were up to date with CRC screening, with Arkansas seeing the highest increase at 8.8%.[11]

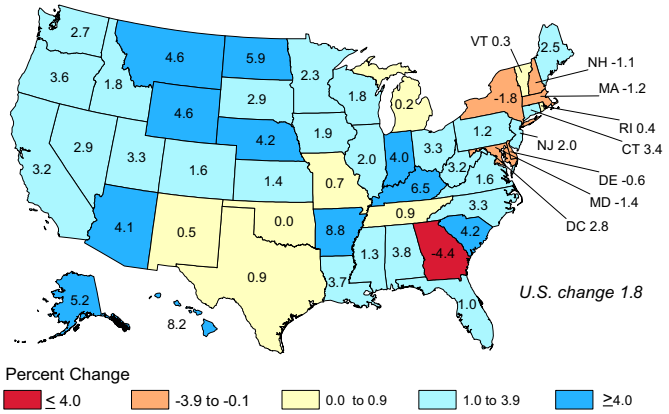
A. Percentage of respondents age 50-75 years who reported being up-to-date* with colorectal cancer screening, by state, BRFSS 2016.



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

Data Source: CDC Behavioral Risk Factor Surveillance System (BRFSS).

B. Change in percentage of respondents age 50-75 years who are up-to-date* with colorectal cancer screening, BRFSS, 2012 to 2016.



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

Data Source: CDC Behavioral Risk Factor Surveillance System (BRFSS).

Screening rates are particularly low in certain subgroups. The 2015 National Health Interview Survey, another key national data source, finds that those aged 50-54 years old, Hispanics, people with less than a high school diploma, and those on Medicaid or uninsured all have screening rates below 50%.[11] The 2016 BRFSS also finds similar subpar screening rates for certain groups, including Hispanics (54.5%), American Indians and Alaska Natives (59.5%), and those aged 50 to 64 and making less than $15,000 a year (49.4%).[11]

Race/Ethnicity	Total (Millions)*	Up-to-Date (Millions/%)	Never Screened (Millions/%)
Hispanic	8.5	4.5 (54.5%)	3.5 (39.2%)
Other/Multi	1.2	0.8 (65.3%)	0.3 (26.2%)
AI/AN	0.8	0.5 (59.5%)	0.3 (31.9%)
Asian/PI	3.0	1.9 (63.4%)	0.9 (31.4%)
Black	9.2	6.1 (66.7%)	2.6 (27.2%)
White	62.3	43.7 (69.7%)	14.1 (23.0%)

*Weighted population estimate

For more information, visit the **NCCRT Data & Progress webpage**,[6] which includes other key national data sets as well as links to state, city, and county level data.

UNDERSTANDING THE UNSCREENED

Our efforts to improve colorectal cancer screening will be strengthened not only by understanding national data and trends, but by better defining the perceptions, attitudes, and behaviors of unscreened individuals. This section presents a general profile of the unscreened based on the 2018 market research findings.

Perceptions and Attitudes About Personal Health

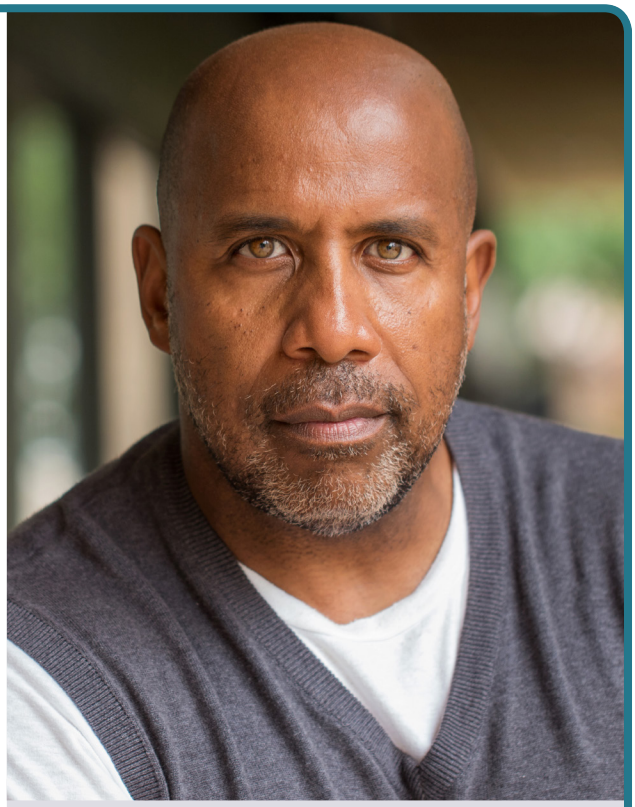
71% **of the unscreened care a great deal about their health**

68% **say they know what they need to do to stay healthy**

Health is a greater concern now that they are aging, so some prioritize healthy lifestyle behaviors:

- Eating Healthy
- Staying Active
- Getting Enough Sleep
- Not Smoking

For some individuals, taking care of family members is more of a focus than personal health



"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."

Perceptions and Attitudes About Medical Professionals

Unscreened individuals are not likely to seek regular preventative services, even though health is a top priority for them.

- 50% of the unscreened are doctor-averse.
- A majority do not get annual physicals or wellness checks.
- 69% have seen a doctor within the last year.
- Many do not visit a doctor as a proactive health behavior; instead, doctor visits are due to immediate needs such as medication refills or job requirements.
- Only 4 in 10 recall discussions with their health care provider related to colorectal cancer screening.

Hesitations with going to the doctor include:

- Insurance concerns
- Cost concerns
- Fear of getting bad news
- Distrust
- Scheduling issues

Underlying Emotional Drivers

Unscreened individuals have strong emotions around colorectal cancer screening. The two leading emotions are anxiety and fear.

People are anxious about the prep and colonoscopy procedure, and some also fear the possibility of an unfavorable screening result.

ANXIETY **FEAR**

Perceptions and Attitudes About Colorectal Cancer

Top-of-mind thoughts about colorectal cancer included:

- Death
- Terrible illness
- *"I should get a colonoscopy, but I don't really want to."*

Many people admit they do not know much about the disease. For example:

- The majority of respondents are not aware that screening can help **prevent** colorectal cancer and are surprised when they learn this fact.
- Many think that screening is only useful for early detection.

Most respondents do not worry about colorectal cancer because:

- They have no symptoms.
- They have no stomach or digestive issues.
- They have no family history of the disease.

Notable Demographic Differences Among the Unscreened

- Uninsured individuals are more likely to go to urgent care.
- Uninsured individuals and African Americans are more likely to go to emergency rooms.
- Rural dwellers and uninsured individuals are less likely to get annual physicals.
- Rural dwellers, women, and insured individuals are more likely to see physician assistants or nurse practitioners.
- Women are more likely to care about their health and know what they need to do to stay healthy.

GROUPS OF INTEREST

It's important to identify priority populations in communities to enable the delivery of services to those who need it most.

Demographic and psychographic data were used to help identify the most resonant message themes for various audiences. Understanding the best matches helps to make national and local communication strategies more effective in encouraging screening.

Findings from the 2018 market research were used to generate descriptive personas for subgroups of the unscreened. Data was also collected to determine a baseline measure (**see page 16**) of each group's likelihood of screening within six months.

Demographic groups of interest include:

- The young 50 (aged 50-54)
- The insured
- Rural dwellers
- Select racial and ethnic groups
- Individuals aged 45-49

Profiles identified included Fearful Delayers, Invincibles, Preoccupied Busy Bees, and the Financially Challenged.

Fearful Delayers	Invincibles	Preoccupied Busy Bees	Financially Challenged
People who have concerns or fears about colonoscopy prep, the colonoscopy procedure, or the results, or who procrastinate due to any of those reasons.	People who don't think they're likely to get colorectal cancer. Reasons include no family history, no symptoms, a healthy lifestyle, it didn't seem important, and procrastination.	People who are focused on other health issues or are too busy taking care of the family. They do not have enough time, cannot take time off from work, or procrastinate because of health issues.	People who are uninsured or have a household income below $40,000.

Baseline Likelihood of Screening Within Six Months

Without additional help, individuals from some groups report a very low likelihood of screening for colorectal cancer within the next six months.

Percentage Likelihood of Subgroups Being Screened

	Demographic Group	Screening Likelihood
BELOW AVERAGE	Marketplace Insured	7.1%
	Uninsured	8.1%
	Doctor-Averse	9.5%
	45-49 Year Olds	9.7%
	In Denial/Invincibles	10.7%
	Financially Challenged (<$40k Household Income OR Uninsured)	12.1%
	Rural	12.7%
	White (Non-Hispanic)	12.8%
	Asian	13.7%
	55+ Year Olds	13.8%
AVERAGE	Male	14.5%
	Hispanic	15.6%
	TOTAL – AVERAGE UNSCREENED 50+ YEAR OLDS	15.6%
	Medicaid Insured	16.0%
	Female	16.5%
ABOVE AVERAGE	Insured (All Types)	16.9%
	Preoccupied Busy Bees	17.1%
	50-54 Year Olds	17.5%
	Medicare Insured	17.8%
	Fearful Delayers	18.1%
	Financially Able ($60k+ Household Income AND Insured)	18.5%
	Privately Insured (Employee or Direct)	19.3%
	Black/AA (Non-Hispanic)	34.4%

BARRIERS TO SCREENING

To help motivate individuals to get screened, it is important to first understand the barriers that prevent them from being screened. Although unscreened and screened people have similar beliefs, attitudes, and behaviors, unscreened people report a unique set of barriers to screening.

Barriers to Screening

Procrastination

This is the leading barrier to screening across many unscreened groups. Unscreened people may be knowledgeable about colorectal cancer screening but tend to prioritize other life demands over the need for screening.

Unpleasantness

Unscreened people often have a basic understanding of colorectal cancer screening. But they typically have strong beliefs about the unpleasantness of the test procedure. They describe the test as embarrassing and invasive.

Cost

Unscreened people have a common perception that colorectal cancer screening is not affordable.

No Family History

Many unscreened people believe that colorectal cancer is primarily hereditary. Since they have no symptoms or family history, they feel that the need for screening doesn't apply to them.

Notable Barrier Differences Among the Unscreened

Barriers to screening are similar for whites, Hispanics, and African Americans, with procrastination leading. Top barriers for Asians included no symptoms, no family history, and no recommendation from a doctor.

Whites – More likely to cite unpleasantness of prep	**Young 50 –** More likely to cite procrastination
Asians – More likely to cite that doctor didn't recommend or not thinking they were of age	**Rural Dwellers –** More likely to cite they don't want to know if they have cancer
Marketplace Insured – More likely to cite they can't afford out-of-pocket costs	**Women –** More likely to cite unpleasantness of prep and no family history

How to Break Through Barriers

Doctors and other medical professionals can help individuals to break through barriers to screening. They are the most trusted resources for screening information. They can collaborate with members of the medical neighborhood to create effective pathways for screening.

Consider these ways of helping unscreened individuals overcome their barriers to screening.

Medical visits are critically important. Many of the unscreened have not visited a doctor for a physical examination within the past year. Still, 69% of respondents have visited a doctor's office for one reason or another (e.g. prescription refill, illness, etc.). Members of the medical neighborhood can work together to deliver consistent screening messages at various touch points such as sick visits, flu shot visits, or even visits with specialty providers or pharmacists. Screening messages can be delivered by nurses, medical assistants, lab technicians, and other medical professionals.

Encourage conversations with family members. Family members are significant influencers for the unscreened. They can help motivate their family members to take steps to get screened.

How to Overcome Procrastination

Procrastination is the leading barrier affecting colorectal cancer screening. Many unscreened individuals procrastinate because of pressing issues in their lives that are not related to screening. Examples include caring for family, maintaining hectic work schedules, and dealing with financial issues. Some individuals also procrastinate because they fear abnormal screening results.

Consider these messaging tips to help procrastinators move forward.

Focus on the "why" of screening. Show individuals why they should get screened by connecting screening to the things that are most important to them. For example, many unscreened individuals report that family is important to them. So, messages that link screening to the family are likely to be more effective.

Break the screening process into small tasks. Planning a colorectal cancer screening procedure can feel overwhelming to some individuals. You can help them to manage the process by identifying a series of small tasks that feels more manageable to them. For example, a first small step could be scheduling a doctor's appointment.

Helping people take small steps can help them overcome procrastination and move along the path toward screening.

MOTIVATING THE UNSCREENED

What Motivates People to Get Screened Sooner Rather than Later?

Individuals are typically motivated by immediate, personal events and experiences such as the ones listed below.

- **Gastrointestinal issues.** Abdominal pain, changes in bowel habits, and other gastrointestinal symptoms are strong motivators. They can often prompt individuals to schedule a medical appointment.
- **They know someone who was diagnosed with cancer.** The perspectives of unscreened people change rapidly when a spouse, family member, or friend is diagnosed with colorectal cancer. Procrastination and other barriers suddenly seem easier to overcome.
- **Their doctor insists.** Doctors, nurses, and other clinical staff are often among the most trusted members of a community, and their recommendations are strongly respected. The importance of a health professional's recommendation should not be underappreciated.

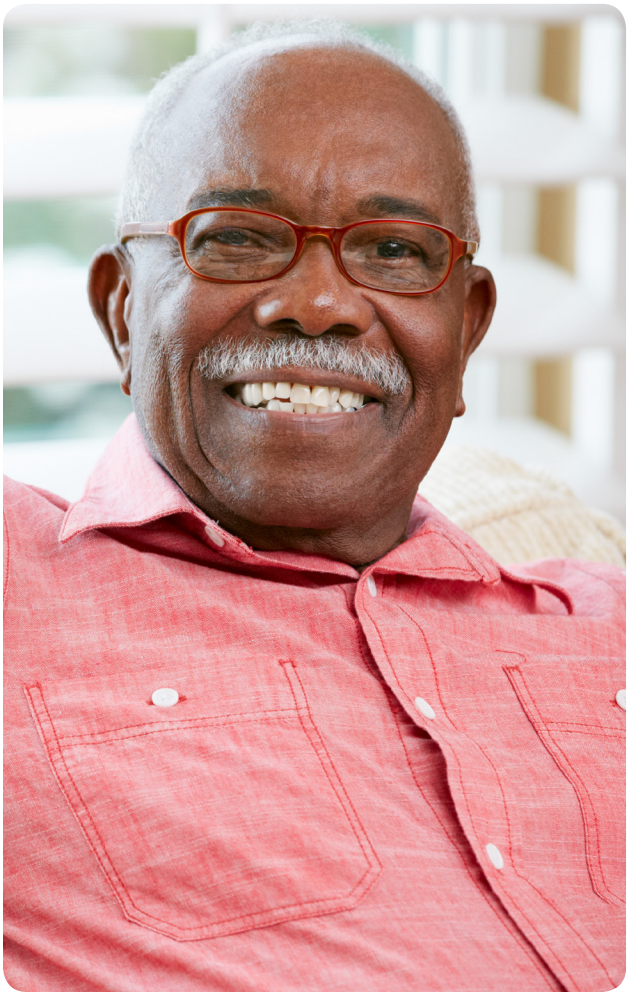
What Can Make Screening Easier?

Three factors can help to make screening easier for willing individuals:

21% **A different or better test.** 21% of respondents indicated a desire for a different or better test. A majority of people already know about non-colonoscopy screening tests, but a need still exists to educate individuals about non-colonscopy options, including simple, affordable at-home tests.

21% **Lower cost/better insurance coverage.** 21% of respondents noted that finances are a difficult barrier to overcome. Providing information on low-cost stool tests and potential free or reduced-cost tests, while clearly explaining insurance coverage requirements, could help mitigate these concerns.

15% **Education on why screening is important.** Research shows the value of education about the prevalence of colorectal cancer and the risks of being unscreened. 15% of respondents indicated a need for more information about why screening for colorectal cancer is important.



What Creates Screening Anxiety?

Colonoscopy creates anxiety in individuals for two main reasons:

- **They dread the procedure.** Many unscreened individuals dread colonoscopy prep and/or the procedure.
- **They worry about potential abnormal results.** Others are more anxious about receiving frightening or life-changing news based on screening results.

Still, many people also report that they can imagine the feeling of relief after getting screened for their health. Thus, messages to encourage screening need to help individuals paint that picture of relief.

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

Notable Motivational Differences Among the Unscreened

Different populations face different barriers to screening. Research shows that different subgroups (such as gender, race, or insurance status) respond to different motivations for screening. Here is a list of key motivations for such groups.

- **A different or better test.** Simple, affordable, at-home tests resonate with women, Hispanics, whites, and those who are insured or have higher incomes.
- **Lower cost and better insurance coverage.** For the uninsured, costs and coverage are important factors that affect their intention to get screened.
- **Education on why screening is important.** Education was frequently mentioned as a factor that would increase the likelihood of getting screened. It was mentioned most often by Asian Americans, African Americans, Hispanics, and the insured.

It is important to tailor screening messages to the most potent motivators for your audience.

The following infographic summarizes the content on pages 18 and 19 of the guidebook.

Motivation to Stay on the Road to Screening

WHAT COULD TRIGGER GETTING SCREENED SOONER RATHER THAN LATER?

- Gastrointestinal issues
- Someone they know having colorectal cancer
- Their doctor really pushing the issue

WHAT COULD MAKE SCREENING EASIER/MOTIVATE ACTION?

- Different/better test
- Lower cost/better insurance coverage
- Education on why it's important

HOW THEY THINK THEY'LL FEEL PRIOR TO THE TEST:

- Many assume they will feel anxiety or dread about the prep and/or procedure
- Some note they would feel fine about the procedure, but would be anxious about the results

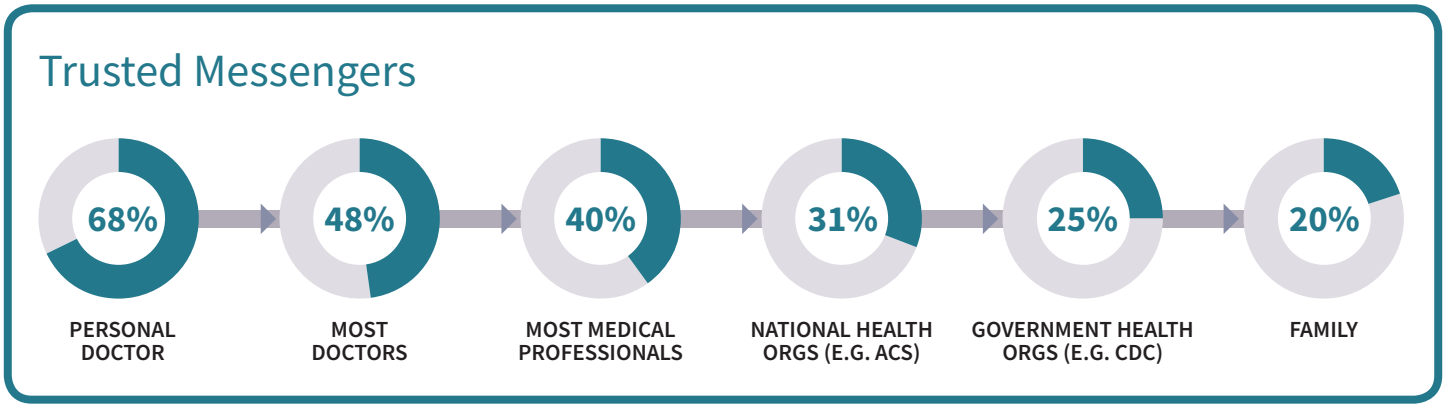
Many note they would likely feel relieved afterwards

Many people can imagine the feeling of relief after getting screened for their health. Therefore, messages to encourage screening should help individuals paint that picture of relief.

DELIVERING THE MESSAGE

There are many reasons why people resist colorectal cancer screening. Many have feelings of anxiety and fear. Some encounter structural obstacles such as insurance coverage issues. Others might have had personal or life experiences that have affected their perceptions and knowledge.

The best pathway to screening coordinates the application of trusted messengers, preferred delivery channels and recommended messages. The following graphic shows the percentage of respondents that trusted these six sources for colorectal cancer screening information.



What are the Preferred Channels for Receiving CRC Screening Information?

60% About 60% of respondents chose a conversation with their doctor.

35% Chose websites as a valuable channel of information.

26% Chose email as a valuable channel of information.

24% Chose online patient health portals.

Healthcare Providers are Critical

Healthcare providers have the influence needed to trigger colorectal cancer screening decisions. Here are three reasons why they are so influential.

- **Medical professionals other than doctors have the power to change a patient's mind about screening.** There are many roles on the medical team that can have an influence.
- **Screening conversations can occur on any medical visit.** Screening-age-eligible patients can be asked during any visit if they have been screened. They can also be informed about their options for colorectal cancer screening and affordable at-home screening tests.
- **Every provider-patient touchpoint is an opportunity to change a mind.** The conversation doesn't need to happen in a formal setting.

Health Organizations are Important

The American Cancer Society and other national health organizations are credible and valued sources of information. 28% of unscreened respondents aged 50 and older indicated that health organizations are trusted sources of information. Respondents also highlighted the roles of government health organizations and health plans in providing colorectal cancer messages.

Notably, trust in these institutions varies among key demographic populations.

Friends and Family Matter

While friends and family are not the most preferred channel for delivering this information, loved ones can influence life decisions. When sharing colorectal cancer screening information, use motivators that inspire individuals to get screened.

- Emphasize how important, easy, and accessible screening can be.
- Effective and affordable at-home screening tests are available as alternatives to colonoscopy.

At-Home Screening Options are Helpful

It is helpful to mention at-home screening options because there are several recommended screening test options available.

72% of unscreened people have general awareness of at-home tests, and 61% are specifically aware of FIT-DNA tests. About 50% of unscreened adults aged 50 and older recall seeing ads for colorectal cancer screening (almost always on TV). About 25% remembered seeing ads for at-home testing kits.

Notable Differences Among Demographic Groups

- Insured individuals are more likely to trust their personal doctor.
- Younger individuals (aged 50-54) are more likely to trust family members and government health organizations.
- Asian Americans and African Americans are more likely to trust government and national health organizations.
- Rural dwellers are less likely to trust government health organizations.

ELEMENTS OF EFFECTIVE MESSAGES

Effective messages include elements that resonate with the audience. The following message themes were included in the tested messages described on pages 26-29 in this document.

Effective Themes for Screening Messages

Respondents identified the following themes as the most effective at motivating them to get screened.

Theme: Screening helps prevent colorectal cancer.

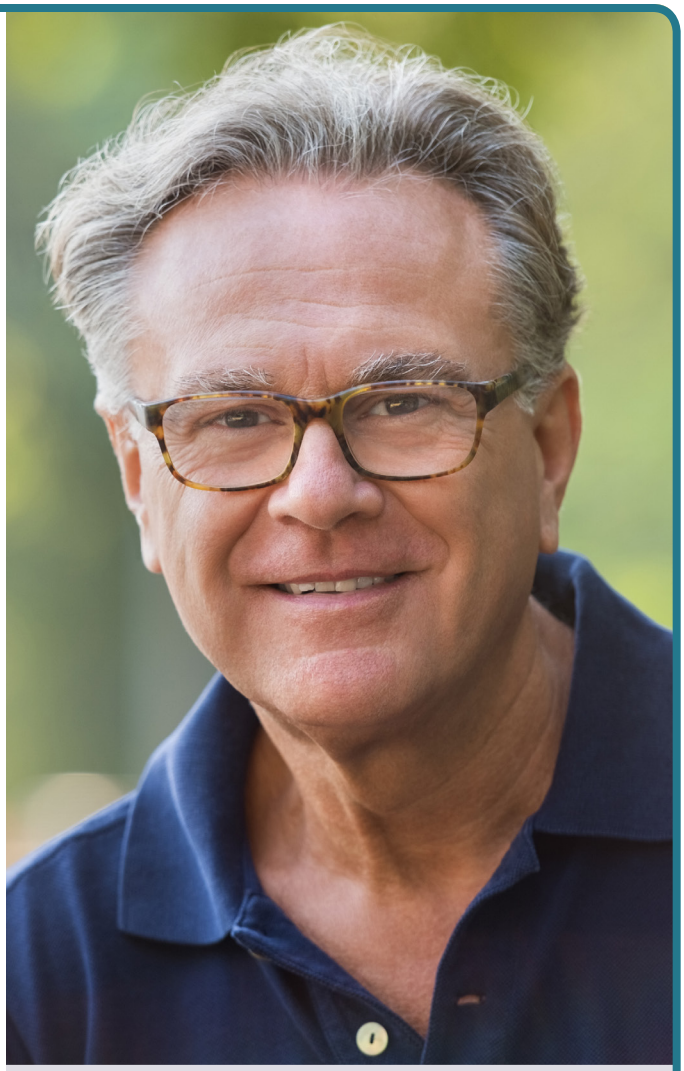
This theme clearly says why individuals should get screened. Screening can prevent colorectal cancer by detecting polyps that can easily be removed. The possibility of prevention through polyp removal was the most motivating driver tested in the research.

Theme: You can do the screening at home.

This theme was the most preferred among the unscreened. It significantly increased the likelihood of screening in every demographic and psychographic group. In some cases, the increase in the likelihood of screening was more than 10 percentage points. At-home screening options are less invasive than colonoscopies, cost less, and require less time to complete.

Theme: Other individuals like you found a way to get screened.

Regardless of the message used, promotional campaigns should enlist relatable patients or providers to deliver persuasive colorectal cancer screening messages. Showcase images and stories of people that are familiar to the audience you are trying to reach.



"That would kind of humanize the situation because it's somebody that you know or someone who may be the same age, or live in the same area as you or something like that, encouraging you to do it."

Effective Appeals for Screening Messages

Messages that use logic alone or emotions alone are not the most persuasive. The best messages use both.

The Head (Logic). Unscreened adults aged 50 and older were surveyed about their preferred information sources for learning about colorectal cancer. Respondents identified healthcare providers and health websites as their preferred information sources.

The Heart (Emotions). Storytelling and advertising can generate strong emotions in the audience by using compelling images and personal narratives. Especially on TV or radio, stories can deliver powerful messages that can motivate audiences to act. Email can also work, but emails are often deleted as junk mail before they are read.

Takeaway Tips for Successful Messaging

- Remember that **healthcare providers** (not just doctors) are the most persuasive sources.
- Use **relatable personalities** in campaigns and make sure the images are familiar to those experiencing a disproportionate burden of colorectal cancer.
- Explain **why screening is important**: Cancer is a real risk, yet prevention is possible.
- Paint the picture of the **relief** that can come after screening.
- Emphasize simple, affordable **at-home options**, and insurance coverage if applicable.
- Appeal to both the **head (logic)** and the **heart (emotions)**.

"You turned 50? Here's why screening is important for you."

Patients indicated that providers should explain why colorectal cancer screening is important instead of simply saying "you're due" for screening.

Patients also want to hear about the options, including the pros and cons of each test.

PREFERRED MESSAGES

Effective messages motivate individuals to take action by presenting valuable information in a concise, direct, and interesting way. Good public health messages inform the public about meaningful topics with convincing facts and accessible next steps.

Research shows that the public has a high level of awareness about colorectal cancer screening. Much of the awareness is due to the sustained and collective efforts of public health stakeholders. Their dedication to improving local and national colorectal cancer screening rates has had a significant effect.

The messages in this guide are not meant to replace the screening campaigns of any organization. Instead, they are intended to strengthen the educational and promotional materials available to unscreened populations.

Our market research survey tested 13 distinct colorectal cancer screening messages (**see Appendix**). The goal was to identify the most preferred messages that were likely to move respondents to action. Test messages included logical and emotional drivers that were proven to generate interest in screening. For example, motivational drivers included affordability, prevention, control, and options.

The messages that follow were the most preferred across a diverse range of demographic profiles. In the descriptions, the audience message preference rankings (first, second, third) are not related to the measured increased likelihood of screening percentages.

The Most Preferred Screening Message

#1 MOST PREFERRED

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

Key Motivational Driver

Options for colorectal cancer screening tests.

23% Increased Likelihood of Screening

After exposure to this message, 23% of unscreened adults aged 50 and older indicated they would be more likely to get screened in the next six months.

Why It Works

- **Inclusive** – This message contains motivators for everyone because it encompasses many of the barriers that prevent different groups from getting screened.
- **Options** – The term "at home" increases comfort, reduces fears, and reduces embarrassment. It also suggests an easy method for those without symptoms or family history.
- **Time** – It resonates with those concerned about the time needed to get a colonoscopy.
- **Cost** – It communicates that screening for colorectal cancer can be affordable.
- **Control** – It enables individuals to feel in control, regardless of other barriers.
- **Fear** – It reduces the fear associated with preparation and colonoscopy procedures.

Where to Use This Message

This message had a positive impact across subgroups and included the financially challenged and those with a mindset of invincibility. This message also rated highly among rural dwellers and those who were fearful or procrastinators.

The Second-Most Preferred Screening Message

#2 MOST PREFERRED

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!

Key Motivational Driver

Colorectal cancer can be detected early.

21% Increased Likelihood of Screening

After exposure to this message, 21% of unscreened adults aged 50 and older reported they would be likely to get tested in the next six months.

Why It Works

- **Early Detection** – This message creates an opportunity to fix problems and prevent future issues. It is a proactive message.
- **New Information** – This message made individuals think. It also challenged the assumption that colorectal cancer could not happen to them.
- **Emotional Appeal** – It was described as scary enough to motivate an individual to take action.
- **Control** – It positively framed their ability to take control.
- **Healthy Choice** – It appealed to the desire to have good health as long as possible.

Where to Use This Message

This message had a positive impact across subgroups and created the greatest percent increase in the Invincibles subgroup. It resonated with African American and Hispanic respondents and tested as impactful in the preoccupied busy bees subgroup.

#3 MOST PREFERRED

The Third-Most Preferred Screening Message

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

Key Motivational Driver

Colorectal cancer can be prevented.

22% Increased Likelihood of Screening

After exposure to this message, 22% of unscreened adults aged 50 and older indicated a likelihood to be screened in the next six months

Why It Works

- **Broad** – This message combined elements that addressed the top concerns of respondents.
- **New Information** – Colorectal cancer can be prevented.
- **Options** – The message of available options increased the comfort level of being screened.
- **Affordable** – Screening options can be affordable.

Where to Use This Message

This message resonated well across subgroups, with the greatest change among the financially challenged and invincibles subgroups. This message also had a notable impact on the young 50, women, and Hispanic subgroups.

PROFILES OF PRIORITY POPULATIONS

- Rural Dwellers
- Young 50
- Marketplace Insured
- African Americans
- Hispanics/Latinos
- Asian Americans
- 45-49 Year Olds
- Preoccupied Busy Bees
- Fearful Delayers
- In Denial/Invincibles
- Financially Challenged

PROFILE: UNSCREENED RURAL DWELLERS

The top barrier for this group is procrastination driven by being busy and/or worried about the preparation. They are motivated by knowing there are alternative, easier tests that can be done on their own time at home. The majority of this group are doctor-averse and do not go to the doctor for regular check-ups, so alternative sources such as national health organizations may be helpful in reaching these individuals.

Demographics

Race/Ethnicity More likely to be white (non-Hispanic)	**Education** More likely to have a bachelor's degree or higher
Employment More likely to be employed	**Marital Status** Less likely to be separated or divorced

Barriers to Screening

Procrastination Busy and have preparation concerns	**No Symptoms**
No Family History	**Can't Afford the Costs**

Lifestyle Beliefs and Behaviors

58% Consider themselves healthy	**43%** Talk to family/friends about screening
56% Are doctor-averse	**39%** Visit doctors for checkups, screening & wellness care
50% Exercise regularly	**34%** Talk to doctors about screening

Messages That Increase the Likelihood of Screening

Baseline Screening Likelihood Before Messages

12.7 PERCENT

1	A colonoscopy isn't the only option for colorectal cancer screening. There are simple, affordable options, including tests that can be done at home. Talk to your doctor about which option is right for you. Ask which tests are covered by your health insurance. *"Being able to take the test at home makes it not so embarrassing."*	**18.8* PERCENT**
2	Preventing colorectal cancer or finding it early is possible through regular screening. There are many test options, including simple, affordable tests. Talk to your doctor about the right option for you and about which tests are covered by your health insurance. *"It implies that it might be affordable which is important."*	**17.7* PERCENT**
3	Right now, you could have a polyp, a small growth in your colon or rectum. Right now, your polyp may be harmless, but over time it could develop into colorectal cancer. Right now, through regular screening, you have the power to find and remove precancerous polyps and prevent colorectal cancer. Call your doctor and take control of your health! *"It's scary to think that I could have a polyp and not know it."*	**17.4* PERCENT**

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

Channels That Resonate

Preferred Channels for Delivery

- Primary: Discussions with doctor
- Secondary: Websites

Most Trusted Sources

- Primary: Personal doctor
- Secondary: National health organizations (e.g. American Cancer Society)

PROFILE: UNSCREENED YOUNG 50

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

Demographics

Employment	Income	Marital Status/Children
More likely to be employed full-time	More likely to have household income of $80k or more	More likely to have children under 18 years old

Barriers to Screening

Doctor Didn't Recommend	Procrastination	No Symptoms
	Busy	

Lifestyle Beliefs and Behaviors

51% Consider themselves healthy	**43%** Talk to family/friends about screening	**39%** Talk to doctors about screening
48% Are doctor-averse	**46%** Visit doctors for checkups, screening & wellness care	**51%** Exercise regularly

Messages That Increase the Likelihood of Screening

Baseline Screening Likelihood Before Messages

17.5 PERCENT

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

"Because it's nice to know there are alternative tests that can be done at home. It seems easier and less expensive than a colonoscopy."

26.1* PERCENT

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

"Because it is creepy. It makes you really imagine having a polyp and not knowing and it keeps growing and growing."

23.8* PERCENT

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

"I like the tests to be simple, affordable, and painless as possible."

25.0* PERCENT

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

Channels That Resonate

Preferred Channels for Delivery

- Primary: Discussions with doctor
- Secondary: Websites

Most Trusted Sources

- Primary: Personal doctor
- Secondary: National health organizations (e.g. American Cancer Society)

PROFILE: UNSCREENED MARKETPLACE INSURED

Despite having insurance, cost is the leading barrier to screening for this group, so they are interested in less expensive screening options, which is why the two messages that speak to affordable options resonate well with this group. Though they'd most prefer to receive colorectal cancer screening information from their personal doctor, the majority of this group is doctor-averse, so national health organizations and websites may be the best channels to reach this particular group.

Demographics

Employment	Income	Insurance Status
More likely to be employed part-time	Less likely to have household income of $60k or more	More likely to have a high deductible plan

Barriers to Screening

Can't Afford Out-of-Pocket Costs	Procrastination	Couldn't Afford Cancer Treatments

Lifestyle Beliefs and Behaviors

62% Consider themselves healthy	**50%** Talk to family/friends about screening	**39%** Talk to doctors about screening
64% Are doctor-averse	**33%** Visit doctors for checkups, screening & wellness care	**60%** Exercise regularly

Messages That Increase the Likelihood of Screening

Baseline Screening Likelihood Before Messages

7.1 PERCENT

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

"The fact that I might be able to skip the expensive and invasive testing and still get assurance that everything's alright."

14.6* PERCENT

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

"Just makes it easy and there is less down time."

14.2* PERCENT

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

Channels That Resonate

Preferred Channels for Delivery

- Primary: Discussions with doctor
- Secondary: Handout in doctor's office

Most Trusted Sources

- Primary: Personal doctor
- Secondary: National health organizations (e.g. American Cancer Society)

PROFILE: UNSCREENED AFRICAN AMERICANS

This group has a higher baseline likelihood to get screened compared to others, but procrastination due to cost and/or prep concerns is a key barrier for this group. Messaging alternative tests that are affordable would have a positive impact on future behaviors. Aside from healthcare providers, websites, emails, and portals are viable messaging channels.

Demographics

Area Type More likely to live in an urban area	**Income** More likely to have household income of less than $40k
Cancer Connection Less likely to have friends or family who have had cancer	**Marital Status/Children** Less likely to be married/living with partner; more likely to have adult children

Barriers to Screening

Procrastination Cost and preparation concerns	**No Symptoms**
Doctor Didn't Recommend	**Prep Concerns**

Lifestyle Beliefs and Behaviors

54% Consider themselves healthy	**48%** Talk to family/friends about screening
37% Are doctor-averse	**58%** Visit doctors for checkups, screening & wellness care
61% Exercise regularly	**41%** Talk to doctors about screening

Messages That Increase the Likelihood of Screening

Baseline Screening Likelihood Before Messages

34.4 PERCENT

1

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

"I would prefer to explore other options that are less invasive and more affordable."

41.0* PERCENT

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!

"The message itself starts off with you could have a polyp right now that's harmless that can become cancerous over time. It's a scary thought for me."

40.1* PERCENT

3

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

"I like that there are many options and affordable tests."

40.9* PERCENT

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

Channels That Resonate

Preferred Channels for Delivery

- Primary: Discussions with doctor
- Secondary: Websites, email and online patient health portals

Most Trusted Sources

- Primary: Personal doctor
- Secondary: National health organizations (e.g. American Cancer Society)

PROFILE: UNSCREENED HISPANICS/LATINOS

Procrastination driven by fear or being busy is a top barrier for this group. They are more likely than the total base to still be working and have younger children, so easy, at-home options both alleviate fear and minimize time commitment concerns. Half go to the doctor for regular check-ups so healthcare professionals presenting alternative testing can be helpful. For the other half though, alternative channels are needed to engage this group.

Demographics

Employment	Area Type	Marital Status/Children
Less likely to be retired	Less likely to be living in a rural area	More likely to have children under 18 years old

Barriers to Screening

No Family History	Procrastination	No Symptoms
	Busy, fear of test	

Lifestyle Beliefs and Behaviors

55% Consider themselves healthy	**36%** Talk to family/friends about screening	**36%** Talk to doctors about screening
43% Are doctor-averse	**51%** Visit doctors for checkups, screening & wellness care	**52%** Exercise regularly

Messages That Increase the Likelihood of Screening

Baseline Screening Likelihood Before Messages

15.6 PERCENT

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

"Like most people, the discomfort, embarrassment and time requirements of a full colposcopy seem overwhelming and easy to keep putting off. Having other options, especially in-home testing, is such a relief and feels very easily doable."

27.7* PERCENT

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

"Prevention is the best way to not get cancer and it is more affordable."

26.1* PERCENT

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

"Just thinking that I may have a growth is scary enough to make me go to the doctor and get tested."

24.4* PERCENT

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

Channels That Resonate

Preferred Channels for Delivery

- Primary: Discussions with doctor
- Secondary: Websites

Most Trusted Sources

- Primary: Personal doctor
- Secondary: National health organizations (e.g. American Cancer Society)

PROFILE: UNSCREENED ASIAN AMERICANS

Lack of symptoms is the leading reason this group has not been screened. Putting off screening due to fear of the test is also a top barrier. Messaging that provides options performs well because it addresses the fear element, but it's also important to communicate elements of the 'Right Now' message to address lack of symptoms. Over half this group is doctor-averse and only 4 in 10 go to the doctor for check-ups, so alternative channels are needed to engage these individuals.

Demographics

Employment More likely to be unemployed	**Income** More likely to have household income of $100k or more
Education More likely to have a bachelor's degree or higher	**Marital Status/Children** Less likely to be separated or divorced

Barriers to Screening

Procrastination Test concerns	**No Symptoms**
Doctor Didn't Recommend	**No Family History**

Lifestyle Beliefs and Behaviors

66% Consider themselves healthy	**44%** Talk to family/friends about screening
54% Are doctor-averse	**39%** Visit doctors for checkups, screening & wellness care
71% Exercise regularly	**17%** Talk to doctors about screening

Messages That Increase the Likelihood of Screening

Baseline Screening Likelihood Before Messages

13.7 PERCENT

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

"I like the convenience of testing at home."

19.9* PERCENT

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!

"It reminds you that it could be harmless so it provokes less fear of a test."

19.7* PERCENT

3 Having a family history of colorectal cancer increases your risk for it. Talk to your doctor about your risk and when you should start getting screened.

"The fact that cancer is genetic."

19.4* PERCENT

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

Channels That Resonate

Preferred Channels for Delivery

- Primary: Discussions with doctor
- Secondary: Websites and email

Most Trusted Sources

- Primary: Personal doctor
- Secondary: National health organizations (e.g. American Cancer Society)

PROFILE: UNSCREENED 45-49 YEAR OLDS

Given this group falls below the previously recommended age, it will first be important to get healthcare providers on board with the with the new, younger age for starting screening in average risk populations, as they will be a key source in changing the mindset of the 45 to 49 year olds.

Demographics

Education
60% have an associates degree or higher

Marital Status/Children
66% are married/living with partner;
70% have children

Insurance Status
91% have insurance

Income
59% have household income of $60k or more

Employment
75% are employed

Barriers to Screening

Procrastination

No Symptoms

Doctor Didn't Recommend

Not Old Enough

Lifestyle Beliefs and Behaviors

54%
Consider themselves healthy

47%
Talk to family/friends about screening

34%
Are doctor-averse

56%
Visit doctors for checkups, screening & wellness care

66%
Exercise regularly

28%
Talk to doctors about screening

Messages That Increase the Likelihood of Screening

Baseline Screening Likelihood Before Messages

9.7 PERCENT

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

"The fact that the test is 'simple, affordable' and can be done at home makes it seem as though the test is not quite as invasive or time consuming."

21.5* PERCENT

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!

"It makes it sound more urgent and somewhat scary and might make someone take action sooner."

20.5* PERCENT

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

"Preventative care is always better than care that comes too late."

21.2* PERCENT

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

Channels That Resonate

Preferred Channels for Delivery

- Primary: Discussions with doctor
- Secondary: Websites and online patient health portals

Most Trusted Sources

- Primary: Personal doctor
- Secondary: National health organizations (e.g. American Cancer Society)

PROFILE: PREOCCUPIED BUSY BEES

Individuals in this group have not been screened because they're focused on other health issues, don't have time, can't take off work, and are busy taking care of family. So without symptoms, colorectal cancer screening is not high on their to-do list. At-home tests appeal to this group because it's easier and can be done on their own time. Addressing the preventive aspect of screening can also help potentially sway this group.

Demographics

Employment	Race/Ethnicity	Insurance Status
More likely to be employed full-time	More likely to be white (non-Hispanic)	More likely to be insured

Barriers to Screening

Focused on Other Medical Issues	Procrastination	No Symptoms
	Busy	

Lifestyle Beliefs and Behaviors

47% Consider themselves healthy	**44%** Talk to family/friends about screening	**51%** Talk to doctors about screening
47% Are doctor-averse	**48%** Visit doctors for checkups, screening & wellness care	**51%** Exercise regularly

Messages That Increase the Likelihood of Screening

Baseline Screening Likelihood Before Messages

17.1 PERCENT

1

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

"I can do the at-home test so I don't have to miss two days of work."

24.6* PERCENT

2

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

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

22.6* PERCENT

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

Channels That Resonate

Preferred Channels for Delivery

- Primary: Discussions with doctor
- Secondary: Websites

Most Trusted Sources

- Primary: Personal doctor
- Secondary: National health organizations (e.g. American Cancer Society)

PROFILE: FEARFUL DELAYERS

Members of this group have not been screened because of concerns about the prep or the test itself, or fear of the results, or procrastinate due to any of these reasons. Alternative solutions outside of colonoscopies will appeal to this group most. There is also some benefit to fighting fear with fear through the 'Right Now' message as it communicates why screening is important and what can happen if you don't do it. Combined efforts of health care providers and alternative sources could help convince this group to take action.

Demographics

Cancer Connection	Insurance Status	Marital Status/Children
More likely to have friends/family who have had cancer	More likely to be insured	Less likely to be single/never married

Barriers to Screening

Prep and Test Concerns	Procrastination	No Symptoms
	Prep and Test Concerns	

Lifestyle Beliefs and Behaviors

51% Consider themselves healthy	**49%** Talk to family/friends about screening	**47%** Talk to doctors about screening
55% Are doctor-averse	**47%** Visit doctors for checkups, screening & wellness care	**49%** Exercise regularly

Messages That Increase the Likelihood of Screening

Baseline Screening Likelihood Before Messages

18.1 PERCENT

1

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

"It eases my mind and tells me that there are other less intrusive tests for colon cancer."

26.2* PERCENT

2

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

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

22.6* PERCENT

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

Channels That Resonate

Preferred Channels for Delivery

- Primary: Discussions with doctor
- Secondary: Websites; handout in doctor's office

Most Trusted Sources

- Primary: Personal doctor
- Secondary: National health organizations (e.g. American Cancer Society)

PROFILE: IN DENIAL/INVINCIBLES

Individuals in this group have not been screened because it didn't seem important, no family history, no symptoms, live a healthy life style, or procrastinate because they don't think they're likely to get colorectal cancer. They need to be educated that lack of symptoms and no family history does not mean they are safe from colorectal cancer. While at-home testing options perform best with this group, the preventive nature of the second 'options' message helps with the education component. The majority of this group does not go to the doctor for regular check-ups so communication efforts from other sources is needed.

Demographics

Employment	Marital Status/Children	Income
More likely to be employed full-time	More likely to have children under 18 years of age	More likely to have household income of $80k or more

Barriers to Screening

No Family History	Procrastination	No Symptoms
	Busy, test and prep concerns, not likely to get CRC	

Lifestyle Beliefs and Behaviors

62% Consider themselves healthy	**43%** Talk to family/friends about screening	**35%** Talk to doctors about screening
52% Are doctor-averse	**40%** Visit doctors for checkups, screening & wellness care	**59%** Exercise regularly

Messages That Increase the Likelihood of Screening

Baseline Screening Likelihood Before Messages

10.7 PERCENT

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

"The fact that there are other options than a colonoscopy. I like the fact that there are tests that can be done at home. However, my doctor has never mentioned this, they only mention the colonoscopy option."

19.9* PERCENT

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

"Communicates the seriousness of the issue and early prevention."

18.3* PERCENT

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

"It is informative and educational. It is also encouraging and motivating in a positive and helpful sense."

17.1* PERCENT

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

Channels That Resonate

Preferred Channels for Delivery

- Primary: Discussions with doctor
- Secondary: Websites

Most Trusted Sources

- Primary: Personal doctor
- Secondary: National health organizations (e.g. American Cancer Society)

PROFILE: FINANCIALLY CHALLENGED

Given their financial situation (annual salary <$40k) and/or lack of insurance, this group is largely deterred by the cost of screening. Messaging affordable, alternative options is essential to influence this group's behavior. While healthcare providers are the most trusted sources, this group does not often go to the doctor so websites and national health organizations could have better success reaching this group.

Demographics

Education High school degree or less	**Employment** Under or unemployed, disabled, or retired
Area Type Less likely to be living in a suburban area	**Marital Status/Children** Less likely to be married/living with partner or have children
Insurance Status Under or uninsured	**Income** Less than $40k household income

Barriers to Screening

Procrastination Busy and cost concerns	**No Symptoms**
No Insurance	**Can't Afford Out-of-Pocket Costs**

Lifestyle Beliefs and Behaviors

48% Consider themselves healthy	**36%** Talk to family/friends about screening
53% Are doctor-averse	**36%** Care a great deal about maintaining health
53% Exercise regularly	**27%** Talk to doctors about screening

Messages That Increase the Likelihood of Screening

Baseline Screening Likelihood Before Messages

12.1 PERCENT

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

"Because it addresses both the affordability problem and the squeamishness problem in one message."

19.0* PERCENT

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

"The fact that I have options and it's affordable."

18.3* PERCENT

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

"The idea that I could already have something growing inside of me is motivating."

17.6* PERCENT

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

Channels That Resonate

Preferred Channels for Delivery

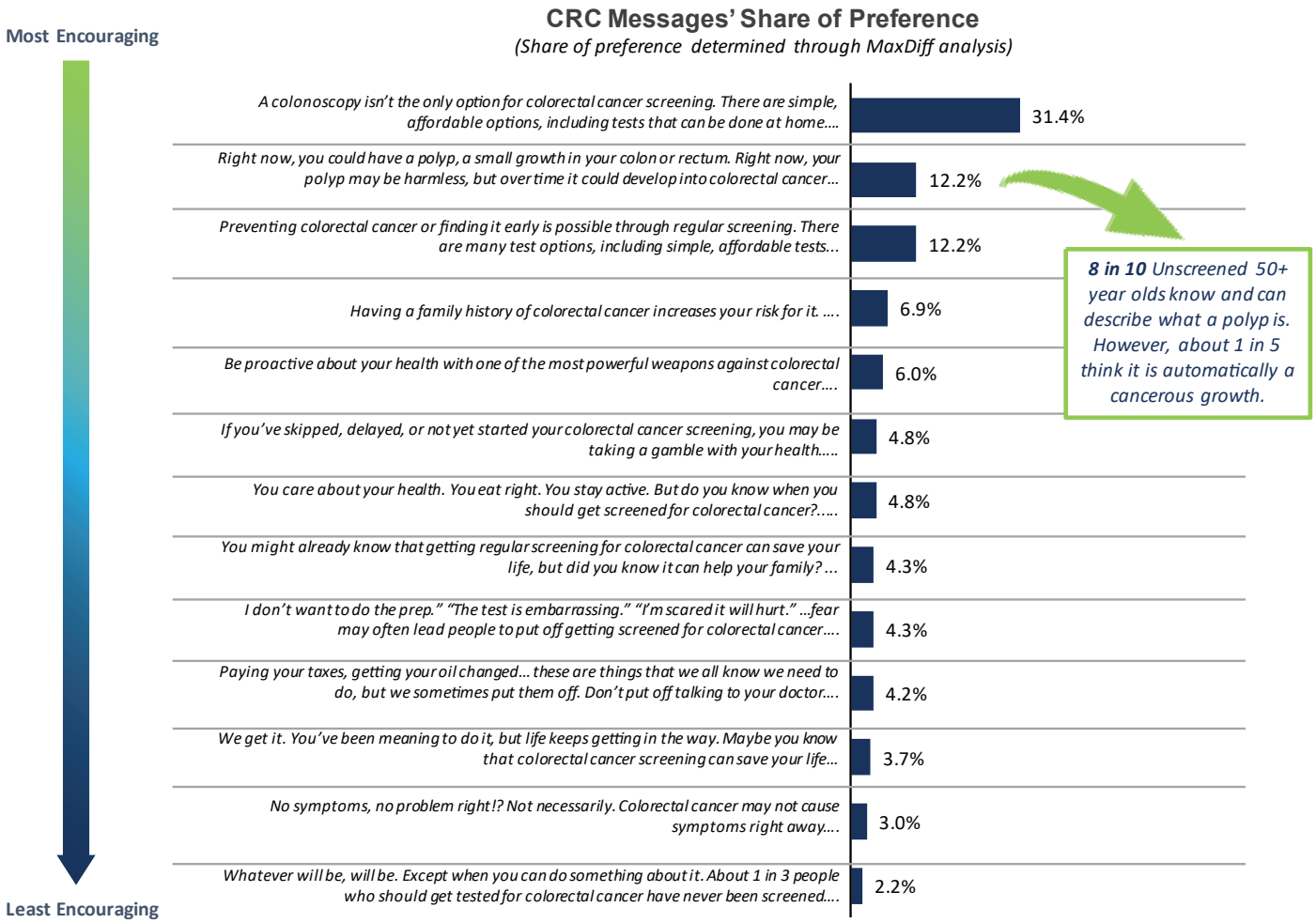
- Primary: Discussions with doctor
- Secondary: Websites

Most Trusted Sources

- Primary: Personal doctor
- Secondary: National health organizations (e.g. American Cancer Society)

APPENDIX

SHARE OF PREFERENCE FOR MESSAGES TESTED



The message that communicates that colonoscopies are not the only option and there are tests that can be done at home is by far the most encouraging message.

The 'Right Now' preventive message and the preventive, alternative test message fall to the 2nd and 3rd spots respectively, outperforming all other messages.

Base: Unscreened 50+ Year Olds (n=806)

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NATIONAL Colorectal Cancer ROUNDTABLE

80% IN EVERY COMMUNITY