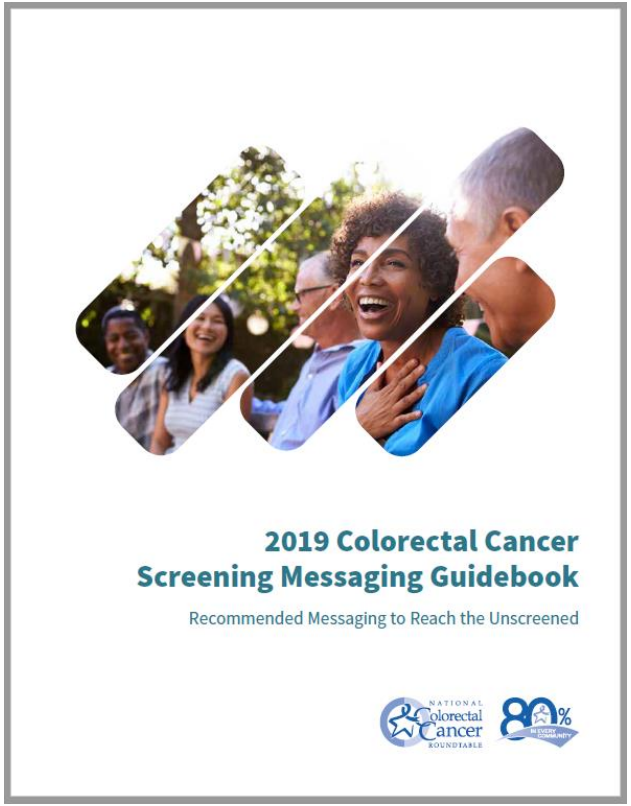
2019 Messaging Guidebook: Effective Messaging To Reach The Unscreened

JULY 16, 2019
2:00 PM ET

@NCCRTnews

Purpose of Today's Webinar

- Describe how 2019 Messaging Guidebook supports 80% in Every Community
- Share dissemination strategy for 2019 Messaging Guidebook
- Provide an overview of recent market research on barriers to reaching the unscreened
- Introduce new message testing for use in reaching out to unscreened audiences
- Q&A



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#80InEveryCommunity

American Cancer Society®

Not everyone is benefiting equally

There are still many communities with lower colorectal cancer screening rates – rural communities, certain racial and ethnic communities, low income communities, among others.

With *80% in Every Community*, we will continue working to bring down barriers to screening, and our mission isn't achieved until we see every community benefitting from 80% and higher screening rates.

American Cancer Society®

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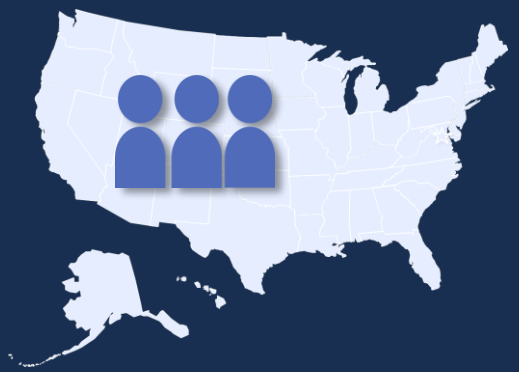
Where do we currently stand?

For more detail see:
https://nccrt.org/resource/colorectal-cancer-screening-data-set-update-how-are-we-doing-on-our-efforts-to-reach-80-january-28-2019/

86.6 million adults age 50-75

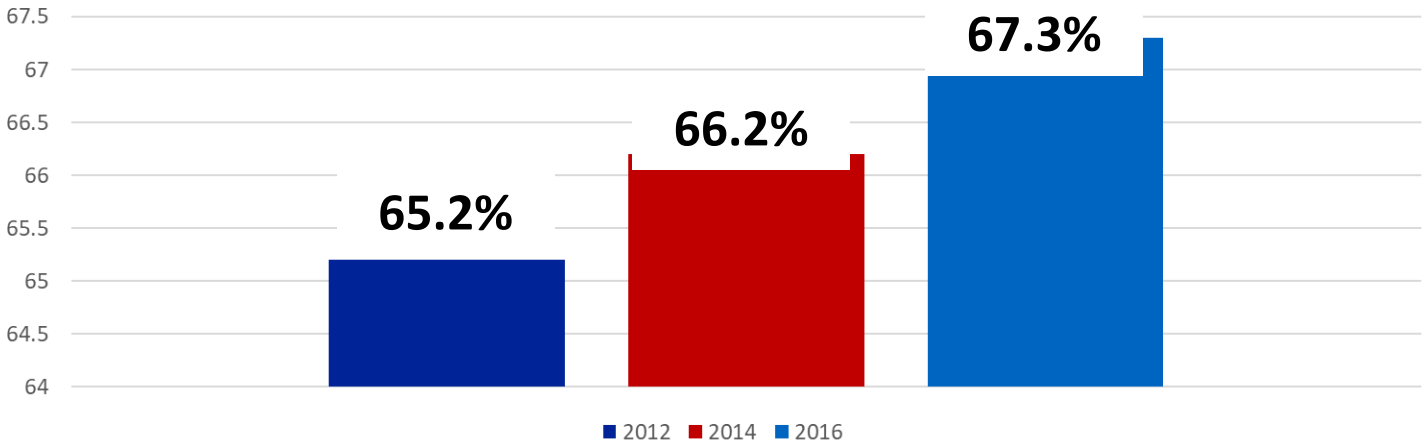


58.3 million (67.3%) Up-to-Date

22.2 million (25.7%) Never Screened

Joseph, D.A. (2019, January 28). Colorectal Cancer Screening Data Set Update: How Are We Doing On Our Efforts To Reach 80%? [Webinar].

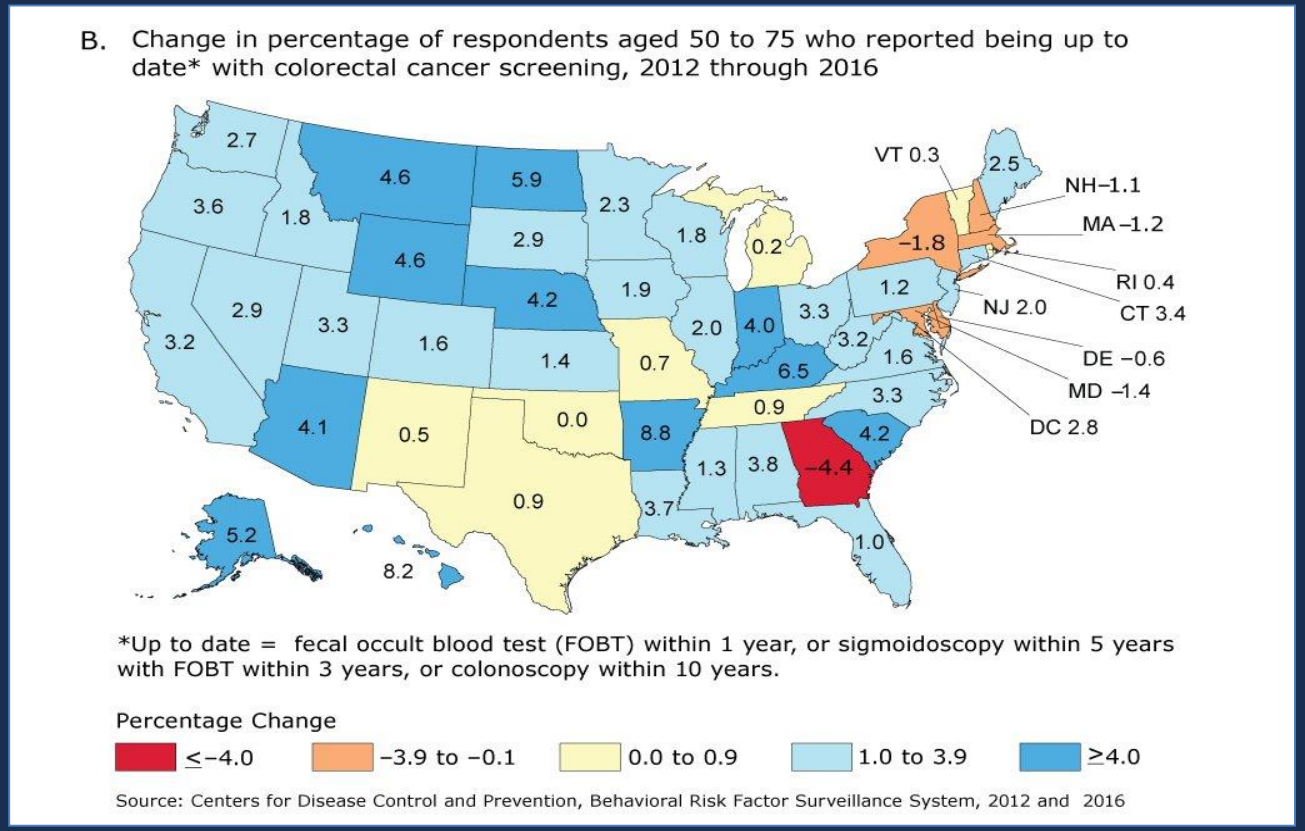
Percentage of U.S. Adults Age 50-75 years Up-to-Date with CRC Screening, BRFSS



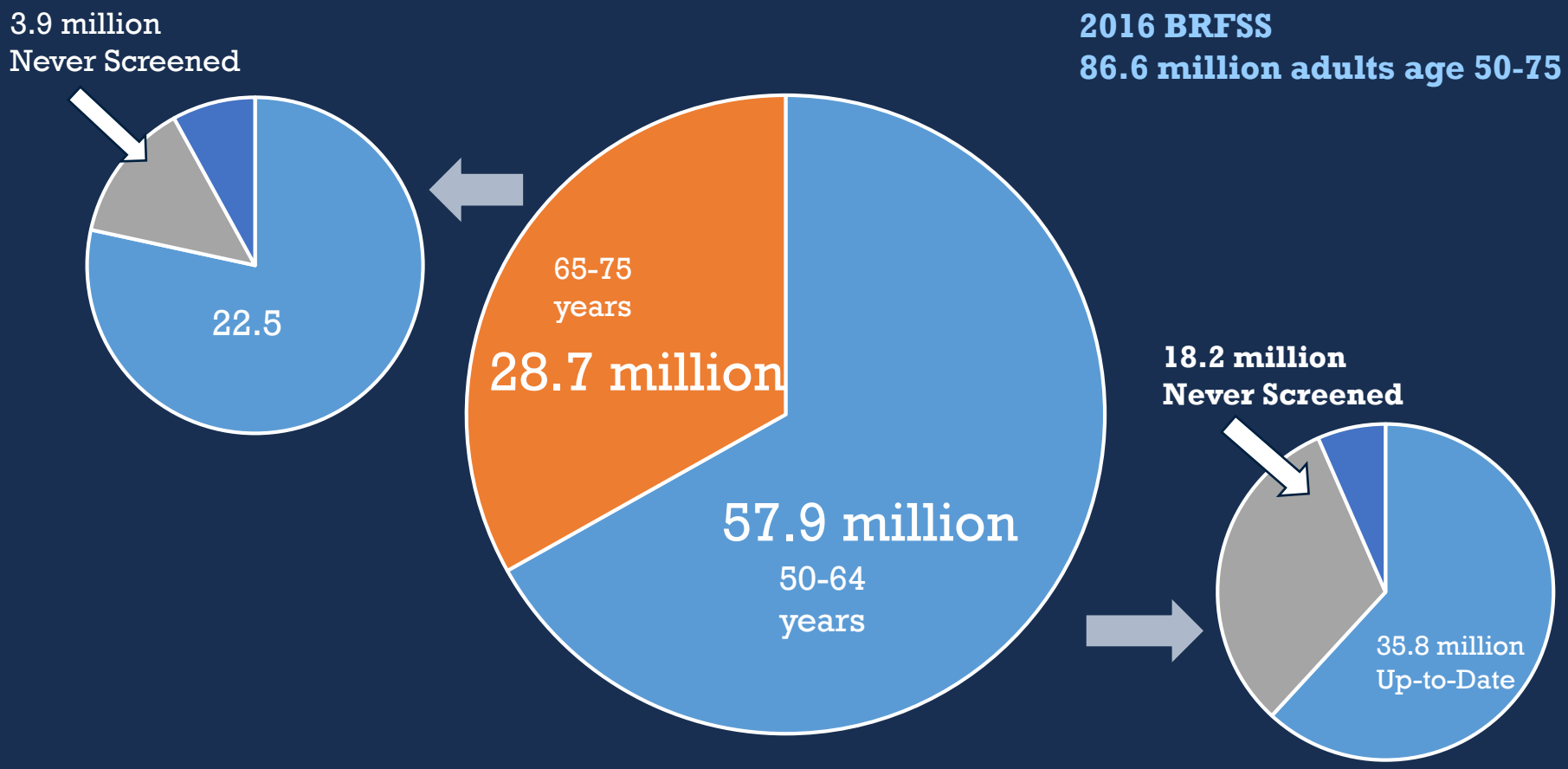
5.1 million

More people up to date with screening

Change in the Use of CRC Screening Tests by State, 2012-2016

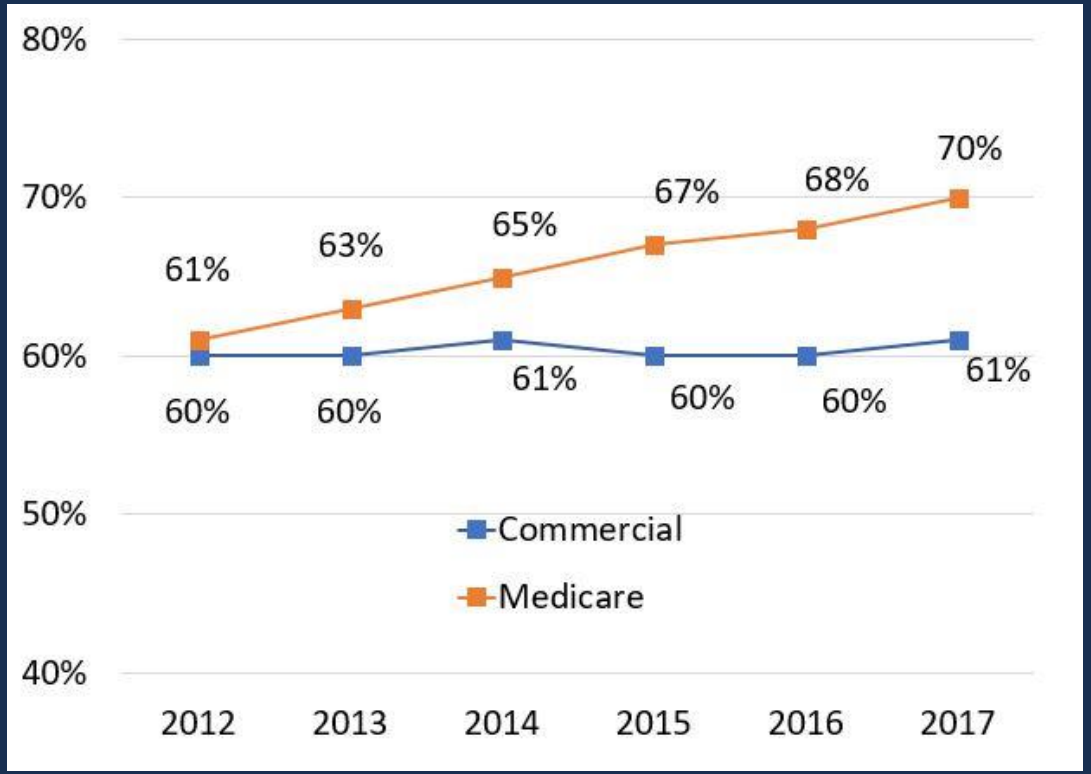


Joseph DA, et al. Prev Chronic Dis 2018;15:170535.
https://www.cdc.gov/pcd/issues/2018/17_0535.htm



Joseph, D.A. (2019, January 28). Colorectal Cancer Screening Data Set Update: How Are We Doing On Our Efforts To Reach 80%? [Webinar].

2012 – 2017 HEDIS



Percentage of U.S. Adults Age 50-75 years Up-to-Date with CRC Screening, Healthcare Effectiveness Data and Information Set

2016 BRFSS – 22.2 mil never screened

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%)

Joseph, D.Ã.¦(2019, January 28). Colorectal Cancer Screening Data Set Update: How Are We Doing On Our Efforts To Reach 80%? [Webinar].

2016 BRFSS Conclusions

- We are making progress!

- Attention to:
  - People age 50-64 years
    - Insured
    - Uninsured
    - Hispanic populations
    - Pretty much everyone
  - People age 65-75 who are AI/AN, Hispanic, have low income
  - AI/AN and Asian/PI populations

Joseph, D.A. (2019, January 28). Colorectal Cancer Screening Data Set Update: How Are We Doing On Our Efforts To Reach 80%? [Webinar].

Summary of 2015 National Health Interview Data

- In 2015, ~62% of adults 50-75 years reported up-to-date CRC screening
  - Similar prevalence among men and women
- Up-to-date CRC screening prevalence is <50% in:
  - 50-54 years
  - Hispanics
  - People with <high school diploma
  - Medicaid and uninsured
- Characteristics of people not Up-To-Date with CRC Screening:
  - Over a third are 50-54 years
  - Two-thirds are white
  - Over half have at least some college education
  - Half have private insurance, a quarter have Medicare

Fedewa, S. (2019, January 28). Colorectal Cancer Screening Data Set Update: How Are We Doing On Our Efforts To Reach 80%? [Webinar].

Messaging Recommendations and CRC Screening Guidelines

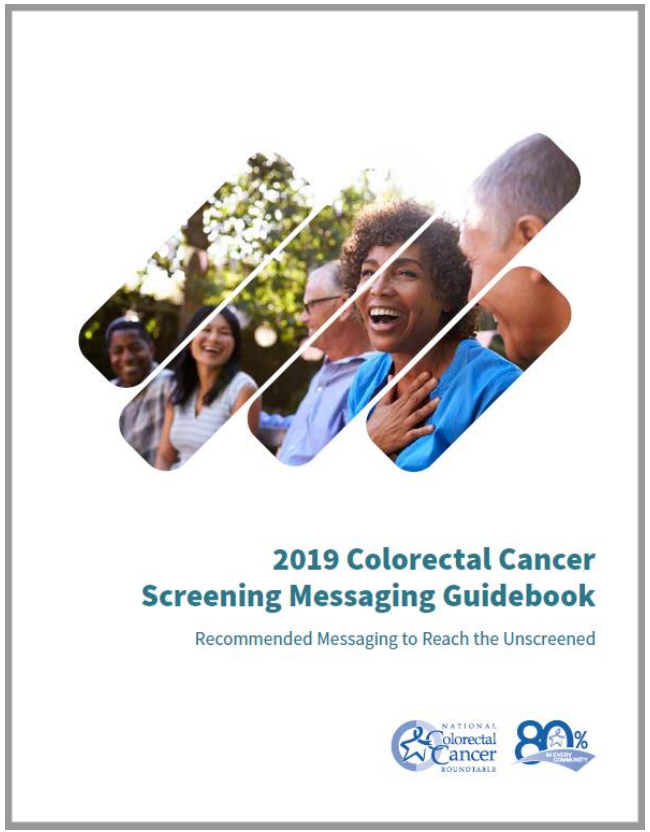
- American Cancer Society 2018 Colorectal Cancer Screening Guideline Update and USPSTF 2016 Colorectal Cancer Screening Recommendation

- Market research was conducted on the 45 to 49 year old age group to begin developing a baseline of understanding for this age group and some of those findings will be shared today
    - Messaging Guidebook will be useful whether an organization begins screening at 45 or 50

- NCCRT supports member organizations in advancing their life-saving missions around colorectal cancer screening, no matter which colorectal cancer screening recommendations they choose to follow.

- Learn more about the guidelines
    - ACS
    - USPSTF

2019 Messaging Guidebook Goals



The goals of the market research were to:

- Measure general awareness of CRC colorectal cancer screening methods
- Understand the rationale, attitudes, and motivations for being screened or not
- Analyze priority populations such as people 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 people

- Research conducted over three phases of work

2019 Messaging Guidebook

COLORECTAL CANCER SCREENING MESSAGING GUIDEBOOK

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What's in the guidebook?

- A general profile of the unscreened individuals, and their defining characteristics, behaviors, and attitudes
- Description of potential motivators for screening and likelihood of completing screening
- Provides recommended pathways for message delivery – who, what, why, how
- Introduces the top three preferred messages in our market research
- One-page, deep dives on priority unscreened audiences
- Points to other resources

Profiles

Demographic groups of interest included:

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

Psychographic Personas included:

- **Fearful Delayers**. People who have concerns or fears about prep, colonoscopy, or results.
- **Invincibles**. People who don't think they're likely to get CRC.
- **Preoccupied Busy-Bees**. People who are focused on other health issues or are too busy taking care of the family.
- **Financially Challenged**. People who are uninsured or with a household income below $40,000.

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 HH 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

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

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

Channels That Resonate

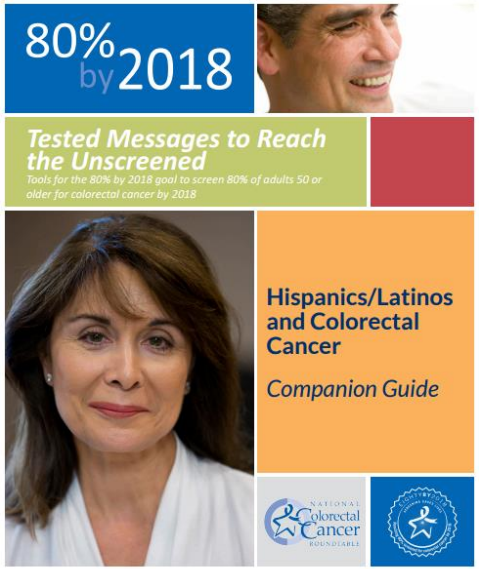
Preferred Channels for Delivery

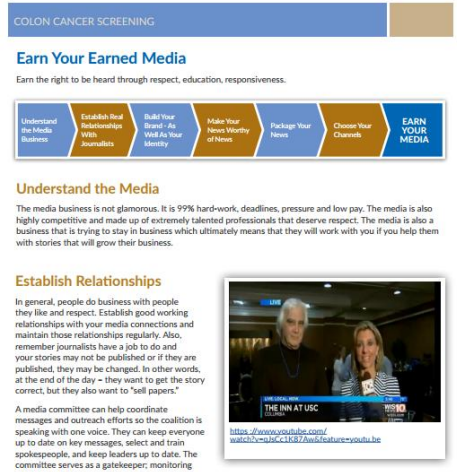
- Primary: Discussions with doctor
- Secondary: Websites

Most Trusted Sources

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

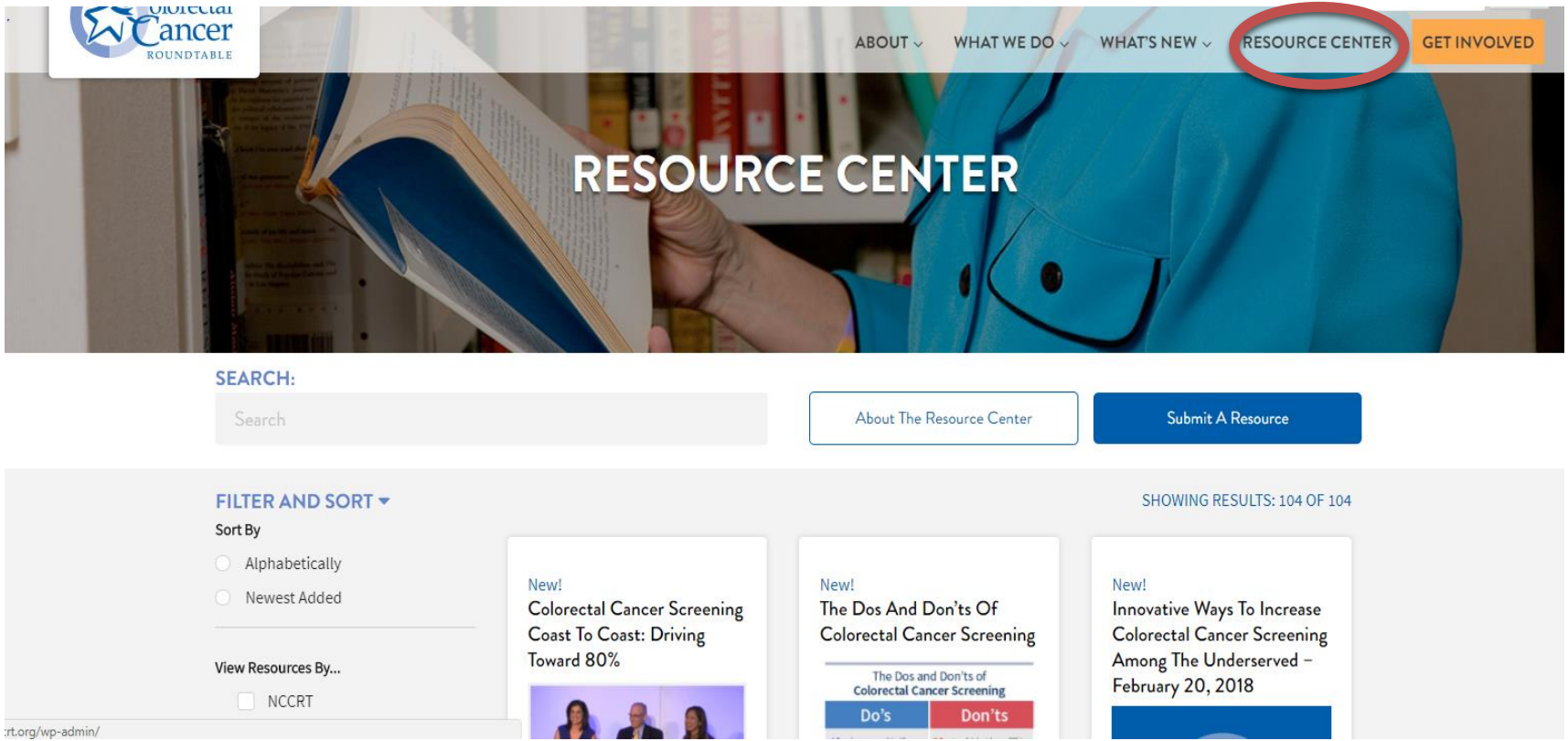
Complementary Resources





nccrt.org/resource-center/

NCCRT Resource Center



COLORECTAL CANCER SCREENING MESSAGING GUIDEBOOK

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

#1

The First Most Preferred Screening Message

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.

Increased Likelihood of Screening

25% 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" suggests a more affordable option, 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.

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Releasing the Guidebook

- Guidebook becomes available week of July 22, 2019
- Distribution Channels:
  - All those registered for webinar
  - CRC News
  - Social Media
  - NCCRT Website
- Partner Release Opportunity
  - Help us spread the news about the updated guidebook!
  - Sign-up to receive newsletter and social media language to help us promote next week's launch

2018 CRC Research: Unscreened Population

UNSCREENED 50+ YEAR OLDS

“Fighting emotion with logic is like bringing a calculator to a knife fight.” *Josh Sundquist*

What the Unscreened does…

71% *care a great deal about their health*

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

"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."

For some it's a priority because they are aging and noticing changes in their body

Staying active & **eating healthy** are top measures taken to be healthy

Some also note making sure they **get enough sleep** at night and/or **not smoking**

For some who indicated maintaining their health is <u>not</u> a priority, taking care of family members is more of a focus.

Demographic differences:

- *Females more likely to care about their health and know what they need to do to stay healthy*

What they aren't doing…

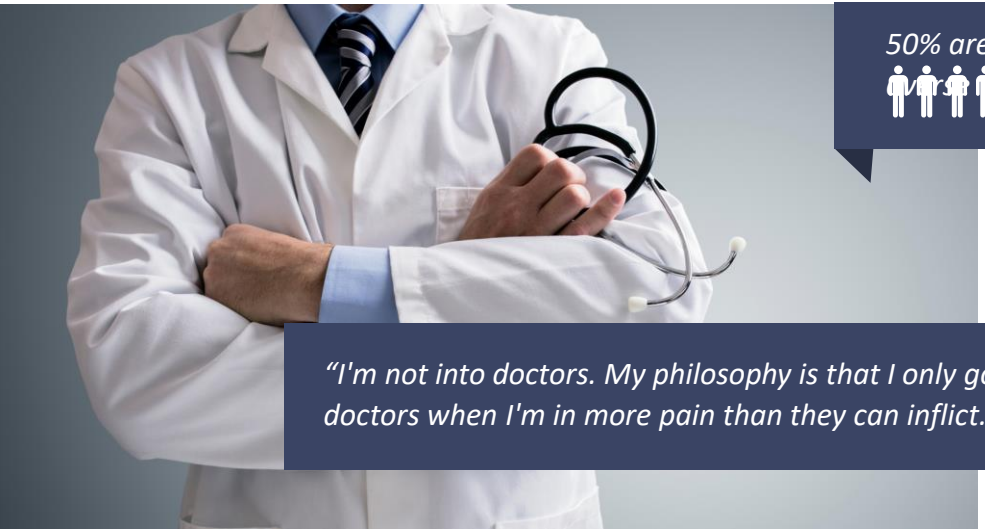
Majority of the Unscreened are not getting annual physicals or visiting their doctor for wellness checks

Those who do get physicals, are more often driven by a specific need, such as refills of medication or a job requirement, and are not doing it to be proactive

Demographic differences:

- *Rural dwellers and Uninsured less likely to get annual physicals*

PERCEPTIONS & INTERACTION WITH MEDICAL PROFESSIONALS



Hesitations with going to the doctor include:

- Concerns with insurance/costs

"Over the last 10 years going to the doctor has become very expensive."

- Fear of getting bad news
- Distrust

"I distrust the state of medicine today. I think they just recommend tests to get more money."

- Scheduling issues

*Though the majority do not get physicals, **69%** have been to the doctor in the past year, often for a specific issue or ailment*

Primary Provider For Health Care:

Demographic differences:

- *Uninsured more likely to go to urgent care*
- *Rural dwellers, females, and Insured more likely to see PA or NPs*
- *Uninsured and African Americans more likely to go to ERs*

TOP OF MIND THOUGHTS ON COLON CANCER

1
DEATH/FATAL

- *"You can die quickly if not found soon."*
- *"I think of an awful disease that robs you of life and kills you."*
- *"Death. The survival rate is very low."*

2
TERRIBLE ILLNESS

- *"Terrible disease that requires removal of part of the colon."*
- *"A serious disease that needs to be detected early."*

3
COLONOSCOPIES

- *"That I should get a colonoscopy, but don't really want to."*
- *"That having a colonoscopy can detect colon or colorectal cancer."*

Many admit they do not know much about the disease

- *Most are unaware screening can <u>prevent</u> colon cancer and are surprised when they learn this fact*
- *Many think screening is only useful for early detection*

Most do not personally worry about colon or colorectal cancer

- ✓ *No stomach/digestive issues*
- ✓ *No family history*

CRC SCREENING INFORMATION CHANNELS

ADVERTISEMENTS

DISCUSSION WITH HEALTH CARE PROVIDER

DISCUSSION WITH FRIENDS/FAMILY

DISCUSSION WITH HEALTH CARE PROVIDER

~ 4 in 10 talked with their health care provider about CRC Screening

- ✓ Doctors typically initiate it
- ✓ Often comes up at a check-up

What health care providers are saying:

- ✔ They're the recommended age
- ✔ They're due for screening

What health care providers aren't saying:

- ✕ Why it's important
- ✕ The different testing options available

Many report if their doctor provided more information on **why it's important,** it may be more influential. Some also want **more details on test options** and what the tests entail.

Demographic differences:

- *Insured more likely to have had a conversation with health care provider*

DISCUSSION WITH FRIENDS/FAMILY

50% have talked with friends/family about CRC screening

What they're talking about:

- They are of age to be screened
- What the prep entails

'HORRIBLE' is typically used by friends/family when discussing the prep or procedure

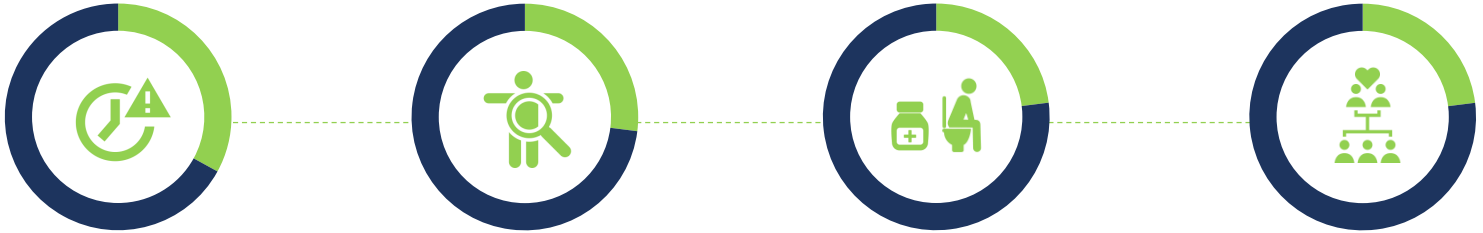
Negative, secondhand accounts are an additional barrier for the Unscreened base, as they feed their fears and apprehensions.

Some participants who have put off getting the test due to concerns over the prep and procedure specifically said hearing a friend or family member tell them it wasn't that bad could help them overcome their fear of being screened.

Demographic differences:

- *Females more likely to have discussed the prep & more likely to cite it as a barrier*

Why aren't they getting screened?



PROCRASTINATION (33%)

LACK OF SYMPTOMS (27%)

UNPLEASANTNESS OF PREP (23%)

NO FAMILY HISTORY (23%)

COST CONCERNS

74% of the Uninsured are deterred by cost

Among the Insured, some have expressed cost concerns, mainly just not knowing what insurance would cover and what out-of-pocket costs they would incur

IMPORTANCE OF SCREENING

60% feel CRC screening is important

(Higher among young 50 & African Americans)

Top barriers:

- 42% Procrastination
- 25% Unpleasantness of prep
- 22% No symptoms

Anxiety and fear *are leading emotions Unscreened participants have when they think of being screened, largely related to the prep and procedure, but some also fear the results.*

"I'm filled with a sense of dread for the preparation and the actual procedure."

DRIVERS OF PROCRASTINATION – BY KEY DEMOS

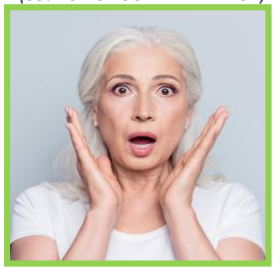
While being busy/prioritizing other things over screening is a top driver across most groups, fear-related barriers are more prevalent among the older unscreened, females, African Americans, Hispanics, and Asians. Cost concerns is also a top driver among African Americans.

	Total (n=312)	50-54 year olds (n=164) (A)	55+ year olds (n=148) (B)	Male (n=144) (A)	Female (n=168) (B)	Caucasian (n=221) (A)	AA/Black (n=31)* (B)	Hispanic (n=44)* (C)	Asian (n=14)** (D)	Rural (n=70)
Busy/other things going on	41%	45%	38%	46%	38%	44%	32%	36%	21%	47%
Fear of the test	32%	29%	36%	29%	35%	33%	19%	36%	43%	19%
Prep concerns	30%	30%	30%	22%	**37%[A]**	30%	36%	25%	29%	26%
Cost concerns	25%	24%	26%	27%	23%	24%	39%	25%	14%	23%
Fear of the results	19%	17%	21%	18%	19%	20%	13%	16%	29%	11%
Other health issues are a priority	18%	19%	17%	16%	20%	20%	10%	14%	7%	21%
Don't think you're likely to get CRC	15%	12%	18%	18%	12%	14%	10%	21%	21%	16%

A/B A/B/C/D indicates statistically significant difference at the 95% confidence level.
* Caution: Low Base Size. ** Caution: Extremely Low Base Size.
Q17a. You mentioned you will get screened eventually but haven't yet. Which of the following reasons, if any, describes why you've put off getting screened? (Multiple Response)

ILLUSTRATIVE PERSONAS OF THE UNSCREENED BASE

FEARFUL DELAYERS
(39% OF UNSCREENED BASE)



Have not been screened because of concerns about the prep, the test itself, or fear of the results, or procrastinate due to any of these reasons

INVINCIBLES
(39% OF UNSCREENED BASE)

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 CRC

PREOCCUPIED BUSY BEES
(34% OF UNSCREENED BASE)

Have not been screened because they're focused on other health issues, don't have time, can't take off of work, busy taking care of family, or procrastinate because of health issues or being busy

FINANCIALLY CHALLENGED
(42% OF UNSCREENED BASE)

Have a household income of $40K or less OR are Uninsured

Baseline likelihood to get screened:	18.1 %	10.7 %	17.1 %	12.1 %

NOTE: These are illustrative personas, NOT modeled segments, and respondents can fall into more than 1 category

BASELINE LIKELIHOOD TO GET SCREENED IN THE NEXT 6 MONTHS

Without any type of outside influence, certain groups currently have a very low likelihood of getting screened for CRC within the next 6 months.

Below Average	Marketplace Insurance	7.1%
	Uninsured	8.1%
	Doctor averse	9.5%
	45-49 year olds*	9.7%
	Invincibles	10.7%
	Financially Challenged (<$40K HH 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	16.0%
	Female	16.5%
Above Average	Insured	16.9%
	Preoccupied Busy Bees	17.1%
	50-54 year olds	17.5%
	Medicare	17.8%
	Fearful Delayers	18.1%
	Financially Able ($60K+ HH Income AND Insured)	18.5%
	Private Insurance (Employee or direct)	19.3%
	Black/AA (Non-Hispanic)	34.4%

* Note: 45-49 year olds are not included in the Total average or any of the demographic cuts or segments

WHAT COULD MOTIVATE SCREENING

What could trigger getting screened sooner rather than later:

- Stomach issues
- Someone they know having CRC
- Their doctor really pushing the issue

What could make screening easier/motivate action:

- Different/better test (21%)
- Lower cost/better insurance coverage (21%)
- Education on why it's important (15%)

How they think they'll feel prior:

- 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

"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."

Many note they would likely feel relieved after

Who?

ALL medical professionals (not just PCPs)

Any medical professional treating a 50+ year old (for any reason, not just symptoms related to CRC) should inquire about whether the patient has been screened, and if not, inform them of why they should consider it

When?

Discuss at every patient touch point

Regardless of the appointment type and ailment the patient is seeking medical attention for, health care professionals should consider bringing colon cancer screening up every time they encounter a patient over 50 who has not been screened

What to discuss?

Why it's important

Medical professionals need to push the issue more, going beyond just telling patients it's needed, and highlighting why it's important

What testing options are available

It's important to communicate all of the screening options, what they entail, and the pros/cons of each

"If the doctor, when I'm already there, mentions the importance and maybe talks about how it's important for older people to get this screening, that might be a little more influential. To have a personal conversation with your doctor would help."

Appealing to the **head**

Discussions with health care provider
leading channel for receiving CRC screening information and **most trusted source.**

Websites
Many research online as well, WebMD commonly cited

Mixed reactions on brochures, as some report it's the most effective channel for delivering information and an equal share citing it's the least effective way

Appealing to the **heart**

TV ads
leads as the top channel to effectively communicate motivational messages

Radio ads and direct mail
mentioned by some

Email leads as the **least effective** channel for delivering CRC screening information as many report they would likely just delete it thinking it was junk mail

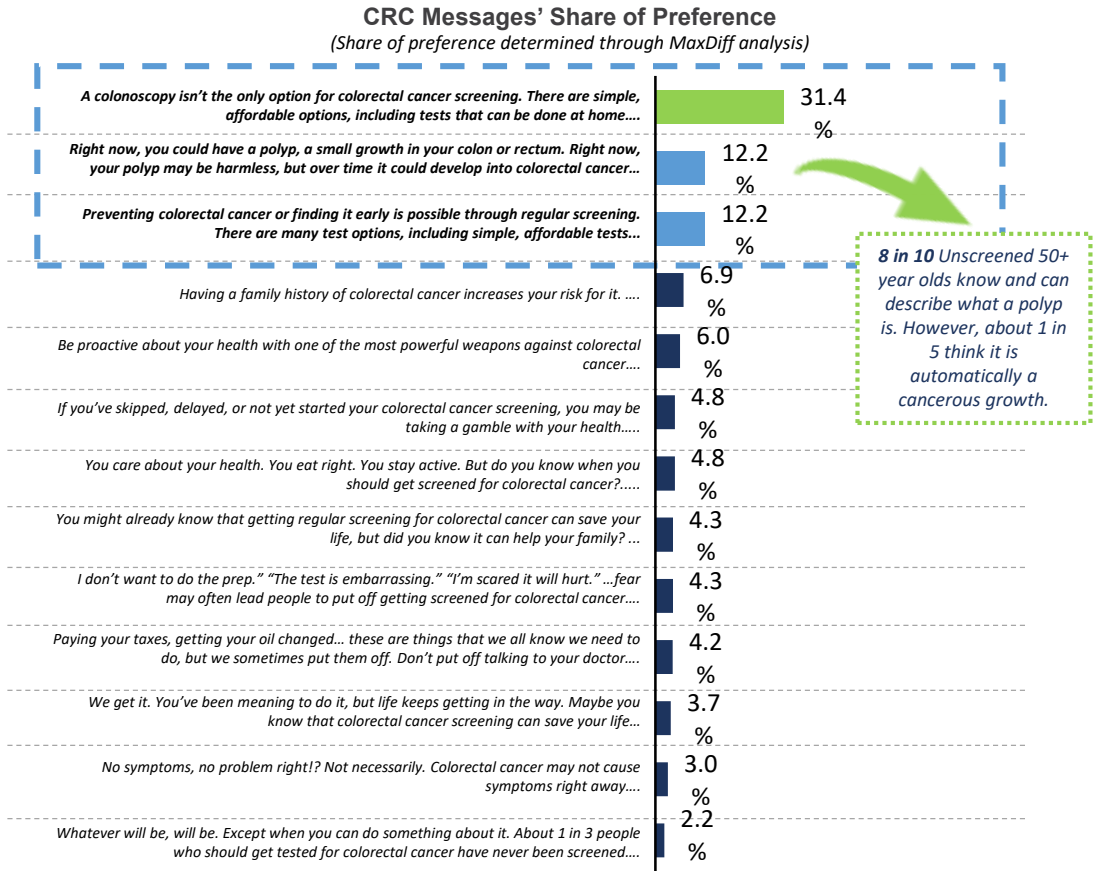
TRUSTED SOURCES FOR CRC INFORMATION

***Only 15**% of the Insured Unscreened base has looked into what their insurance covers for CRC screening*

SHARE OF PREFERENCE FOR MESSAGES TESTED

Most Encouraging

Least Encouraging



APPEAL OF TOP MESSAGES

TOP MESSAGES

WHY THEY WORK

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.

This message has something for everyone, as it encompasses the unique barriers that deter different groups from getting screened:

1. ***Tests that can be done at home*** – addresses fear and increases comfort
2. ***Simple*** – resonates particularly with those who are concerned with the time commitment associated with colonoscopies
3. ***Affordable*** – those where cost is a leading barrier were most drawn to this aspect of the message

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 was often described as one that **made people think** and one that **was scary enough to motivate them** to take action. It also made many realize that it is **better to be proactive vs. reactive**.

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.

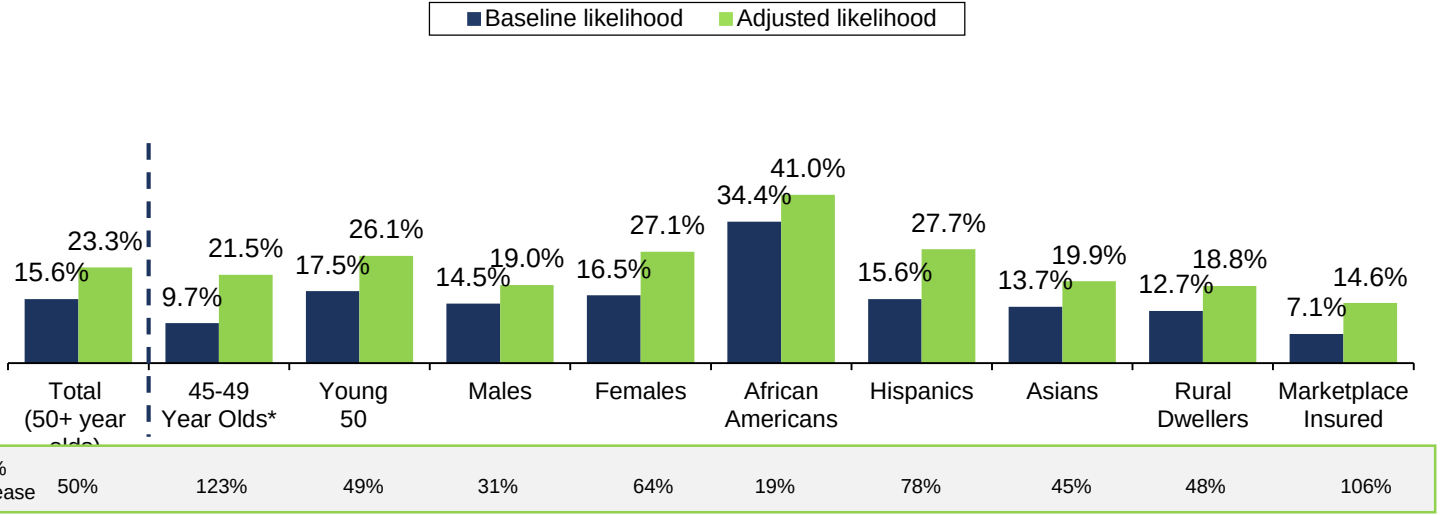
With this message, some honed in on the fact that **colon cancer can actually be prevented** and/or can be **caught early**. For others, various **testing options** and the fact they are **affordable** was most appealing and increased their comfort with getting screened.

MOST PREFERRED MESSAGE IMPACT ON BEHAVIOR – BY KEY DEMOS

After being exposed to the most preferred message, 1 in 4 Unscreened 50+ year olds indicate they would be likely to get screened.

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.

Shifts in Likelihood to Get Screened Using Most Preferred Message – Among Key Demos Of Interest



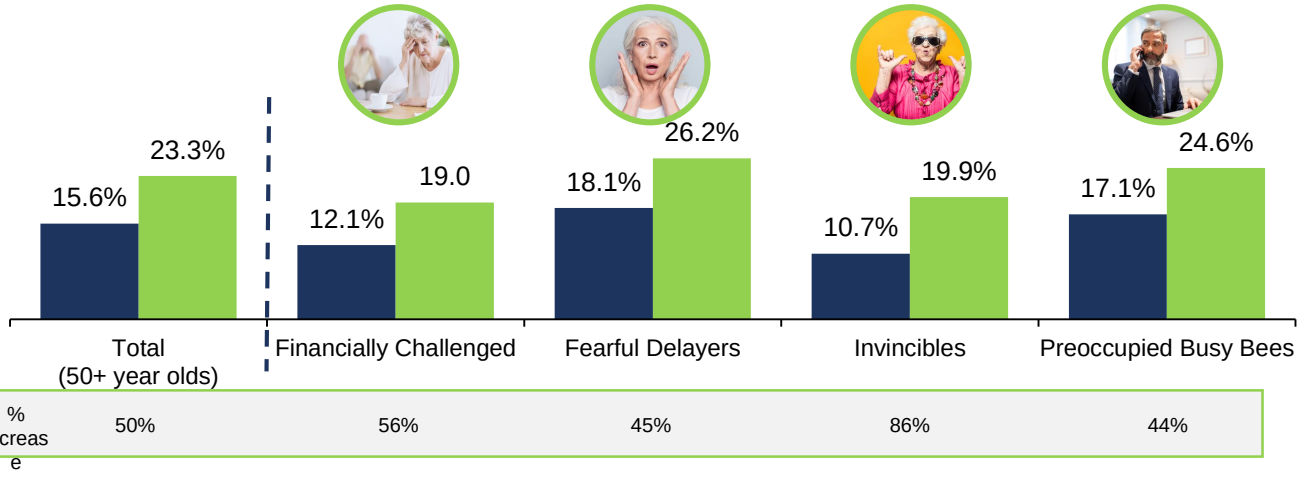
* Note: 45-49 year olds are not included in the Total average or any of the demographic cuts or segments

MOST PREFERRED MESSAGE IMPACT ON BEHAVIOR – BY SUBGROUPS

The most preferred message has a positive impact across subgroups, even the harder to influence groups like the 'Financially Challenged' and 'In Denial/ Untouchables'.

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.

Shifts in Likelihood to Get Screened Using Most Preferred Message – Among Subgroups



Population Summaries

UNSCREENED YOUNG 50

Profile of Young 50

Unscreened ages 50-54 years old

Baseline screening likelihood: 17.5%

Messages & Channels That Resonate The Best

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.

Category: Options/Coverage — Adjusted screening likelihood: **26.1%**

"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."

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!

Category: No Symptoms/Early Detection — Adjusted screening likelihood: **23.8%**

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

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.

Category: Options/Coverage — Adjusted screening likelihood: **25.0%**

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

Discussion with doctor preferred channel
Secondary: Websites

Personal doctor most trusted source
Top non-health care provider source: National health organizations (e.g. ACS)

Healthy Lifestyle Behaviors

48% are doctor averse

51% consider themselves healthy

39% talk to doctor about screening

46% go to the doctor for check-ups, screenings, & wellness care

43% talk to family/friends about screening

51% exercise on a regular basis

Top Barriers To Screening

Procrastination
Driver:
✓ Busy

No symptoms

Doctor didn't recommend

Demographic Profile

Employment
Over index total for full-time employment

Marital Status/Children
Over index total for having children < 18 years old

Income
Over index total for HH income of $80K or more

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.

UNSCREENED RURAL DWELLERS

Profile of Rural Dwellers

Baseline screening likelihood: 12.7%

Messages & Channels That Resonate The Best

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.

Category: Options/Coverage — Adjusted screening likelihood: 18.8%

"Being able to take the test at home makes it not so embarrassing."

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.

Category: Options/Coverage — Adjusted screening likelihood: **17.7%**

"It implies that it might be affordable which is important."

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!

Category: No Symptoms/Early Detection — Adjusted screening likelihood: **17.4%**

"It's scary to think that I could have a polyp and not know it."

Discussion with doctor preferred channel
Secondary: Websites

Personal doctor most trusted source
Top non-health care provider source: National health organizations (e.g. ACS)

Healthy Lifestyle Behaviors

56% are doctor averse

58% consider themselves healthy

34% talk to doctor about screening

39% go to the doctor for check-ups, screenings, & wellness care

43% talk to family/friends about screening

50% exercise on a regular basis

Top Barriers To Screening

Procrastination

Drivers:
- ✓ Busy
- ✓ Prep concerns

No symptoms

No family history

Can't afford out of pocket costs

Demographic Profile

Race/Ethnicity
Over index total for being White (non-Hispanic)

Statistically similar to unscreened total for all other demographics

Procrastination driven by being busy and/or worried about the prep are top barriers for this group. Knowing there are alternative, easier tests that can be done on their own time at home is very motivating to this group. 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 orgs may be helpful in reaching this group.

FEARFUL DELAYERS

Profile of Fearful Delayers

Have not been screened because of concerns about the prep, the test itself, or fear of the results, or procrastinate due to any of these reasons

Baseline screening likelihood: *18.1%*

Messages & Channels That Resonate The Best

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.

Category: Options/Coverage

Adjusted screening likelihood: **26.2%**

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

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!

Category: No Symptoms/Early Detection

Adjusted screening likelihood: **22.6%**

"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."

Discussion with doctor preferred channel

Secondary: Websites, Handout in doctor's office

Personal doctor most trusted source

Top non-health care provider source: National health organizations (e.g. ACS)

Healthy Lifestyle Behaviors

55% are doctor averse

51% consider themselves healthy

47% talk to doctor about screening

47% go to the doctor for check-ups, screenings, & wellness care

49% talk to family/friends about screening

49% exercise on a regular basis

Top Barriers To Screening

Procrastination

Drivers:
- ✓ Test concerns
- ✓ Prep concerns

Prep concerns

No symptoms

Test concerns

Demographic Profile

Marital Status/Children
Under index total for single/never married

Insurance Status
Over index total for insured

Cancer Connection
Over index total for friends/ family who have had cancer

For this group, fear of the test and/or prep causes them to continue to put off testing so alternative solutions outside of colonoscopies will appeal to this group most. There is also some benefit of 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.

PREOCCUPIED BUSY BEES

Profile of Preoccupied Busy Bees

Have not been screened because they're focused on other health issues, don't have time, can't take off of work, busy taking care of family, or procrastinate because of health issues or being busy

Baseline screening likelihood: 17.1%

Messages & Channels That Resonate The Best

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.

Category: Options/Coverage

Adjusted screening likelihood: **24.6%**

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

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.

Category: Options/Coverage

Adjusted screening likelihood: **22.6%**

"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."

Discussion with doctor preferred channel
Secondary: Websites

Personal doctor most trusted source
Top non-health care provider source: National health organizations (e.g. ACS)

Healthy Lifestyle Behaviors

47% are doctor averse

47% consider themselves healthy

51% talk to doctor about screening

48% go to the doctor for check-ups, screenings, & wellness care

44% talk to family/friends out screening

51% exercise on a regular basis

Top Barriers To Screening

Procrastination

Drivers:
- ✓ Busy

Focused on other medical issues

No symptoms

Demographic Profile

Employment
Over index total for full-time employment

Race/Ethnicity
Over index total for being white (non-Hispanic)

Insurance Status
Over index total for being insured

This group is busy and/or currently focusing on other issues, so without symptoms, CRC 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 preventative aspect of screening can also help potentially sway this group.

Next Steps

Figure out how to **change the way health care professionals approach** CRC screening with patients

Develop targeted **messaging that informs and inspires** action

And remember:

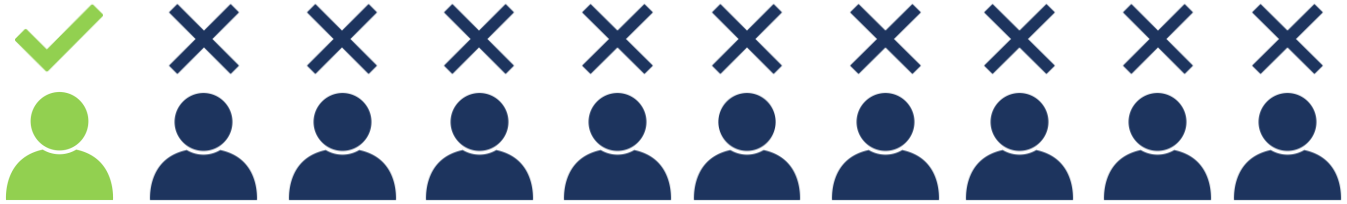
"When dealing with people, remember you are not dealing with creatures of logic, but creatures of emotion." *Daniel Carnegie*

UNSCREENED 45+ YEAR OLDS

“Once your mindset changes, everything on the outside will change along with it.”

Steve Maraboli

CRC SCREENING PENETRATION – 45 TO 49 YEAR OLDS



~ 1 in 10 adults between the ages of 45 & 49 have had a CRC screening test

Top reasons for CRC screening:

- **Doctor Recommended**
- **Stomach Issues**
- **Family History**

- **74%** *had a colonoscopy*
- **61%** *were less than 45 years old when they had their initial screening*

CRC SCREENING BARRIERS: 45-49 YEAR OLDS

DOCTOR HASN'T RECOMMENDED IT

LACK OF SYMPTOMS

PROCRASTINATION

TOO YOUNG

76% feel getting screened is highly important, the majority believe it should start at age 50

PERCEPTIONS & INTERACTION WITH MEDICAL PROFESSIONALS

76% of Unscreened 45-49 year olds have seen a health care provider in the past year

Primary provider of routine health care:

64% PCP

13% Urgent Care

11% PA or NP

89% *have insurance*

1 in 3 are doctor averse

FIRST STEPS FOR MOTIVATING 45-49 YEAR OLDS TO GET SCREENED

Get health care providers on board with the revised screening age

- This is an important first step to convincing this younger audience to get screened sooner, as many rely on their health care provider's guidance

Educate the younger population

- Reprogram the mindset of the general population who have been conditioned to think the recommended age for screening is 50
- Inform them of the different testing options and provide comprehensive information about each test
- Educate them on how screening can prevent colon cancer

Please submit your questions in the chat box.

Thank You!

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Facebook:
www.facebook.com/coloncancerroundtable

For more information contact:

nccrt@cancer.org