

# 2016 Communications Guidebook: *Recommended Messages to Reach the Unscreened*

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May 17, 2016



# Objective

- Review the updated Communications Guidebook and how it fits into our overall 80% by 2018 strategy
- Highlight new resources and tools in the 2016 Update
- Provide an overview of recent market research with unscreened Hispanic audiences
- Generate ideas for using messages
- Q&A



# National Colorectal Cancer Roundtable (NCCRT)

NCCRT is a national coalition of public, private, and voluntary organizations whose mission is to advance colorectal cancer control efforts by improving communication, coordination, and collaboration among health agencies, medical-professional organizations, and the public.

- ◆ Co-Founded by ACS and CDC in 1997
- ◆ Collaborative partnership of 100+ member organizations
- ◆ Work is conducted throughout the year through various Task Groups and Special Topic Meetings





# NCCRT Task Groups

Policy Action

Professional  
Education &  
Practice

Community  
Health Centers

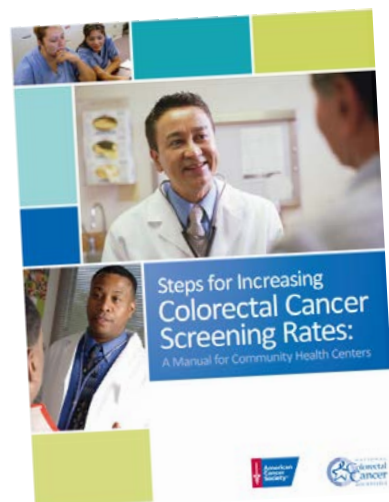
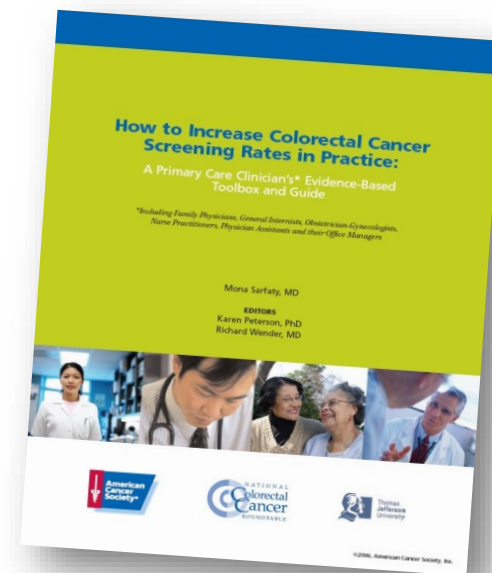
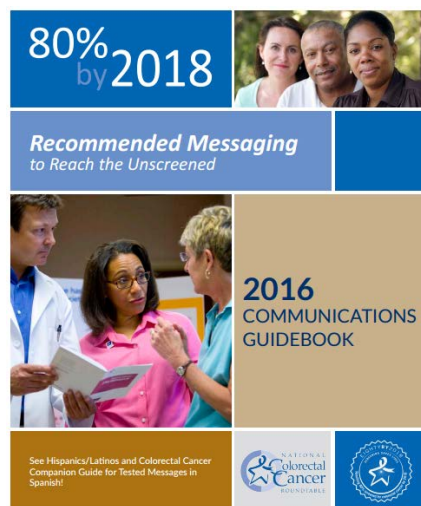
Family History

Public  
Awareness &  
Social Media

Evaluation &  
Measurement

Quality  
Assurance

# NCCRT Tools, Resources and Publications



## CLINICIAN'S REFERENCE: FECAL OCULT BLOOD TESTING (FOBT) FOR COLORECTAL CANCER SCREENING

Guidelines from the American Cancer Society, the US Preventive Services Taskforce, and others recommend high-sensitivity fecal occult blood tests (FOBT) as one option for colorectal cancer screening. This document provides state-of-the-science information about guaiac-based FOBT and fecal immunochemical tests (FIT).

- Colorectal cancer screening with FOBT has been shown to decrease both incidence and mortality in randomized controlled trials.
- High-sensitivity FOBT detects colorectal cancer at relatively high rates.
- Modeling studies suggest that the years of life saved through a high-quality FOBT screening program are essentially the same as with a high-quality colonoscopy-based screening program.
- Access to colonoscopy and other invasive tests may be limited or non-existent for many patients.

In addition, some adults prefer less invasive tests. All of these elements make FOBT a reasonable choice for patients. Recent advances in stool blood screening include the emergence of new tests and improved understanding of the impact of quality factors on testing outcomes.

Two main types of FOBT are available – guaiac-based FOBT and FIT. Guaiac-based FOBTs have been the most common form of stool tests used in the US. Modern high-sensitivity forms of the guaiac test (such as Hemoccult Sensa) have much higher cancer and adenoma detection rates\* than older tests (Hemoccult II and others).

These differences are so significant that screening guidelines now specify that only high-sensitivity forms of guaiac-based tests (like Hemoccult Sensa) should be used for colorectal cancer screening. Hemoccult II and similar older guaiac tests should no longer be used for colorectal cancer screening.

FITs also look for hidden blood in the stool, but these tests are specific for human blood and guaiac tests are not. There are many brands of FIT sold in the US, and there is no consensus that one brand is superior to another. There is evidence that patient adherence with FIT may be higher than with guaiac FOBT, this may be a result of preparation needed by patients (no dietary and medication restrictions, only 1 or 2 specimens required with some brands).

FIT and guaiac-based FOBT

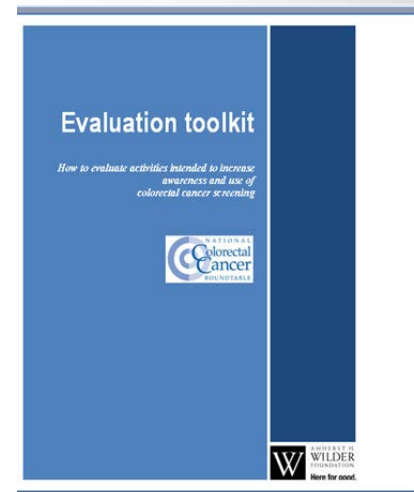
	Sensitivity for cancer	Sensitivity for adenomas
Immunochemical tests (FIT)	55% – 100%	15% – 65%
High-sensitivity guaiac-based FOBT (Hemoccult Sensa)	50% – 70%	21% – 10%

When done correctly FIT and high-sensitivity guaiac-based FOBT have similar performance\*, both are significantly better than Hemoccult II and similar older tests.

\*Performance cited are based on review of studies that used colonoscopy as the reference standard to determine FOBT performance characteristics.



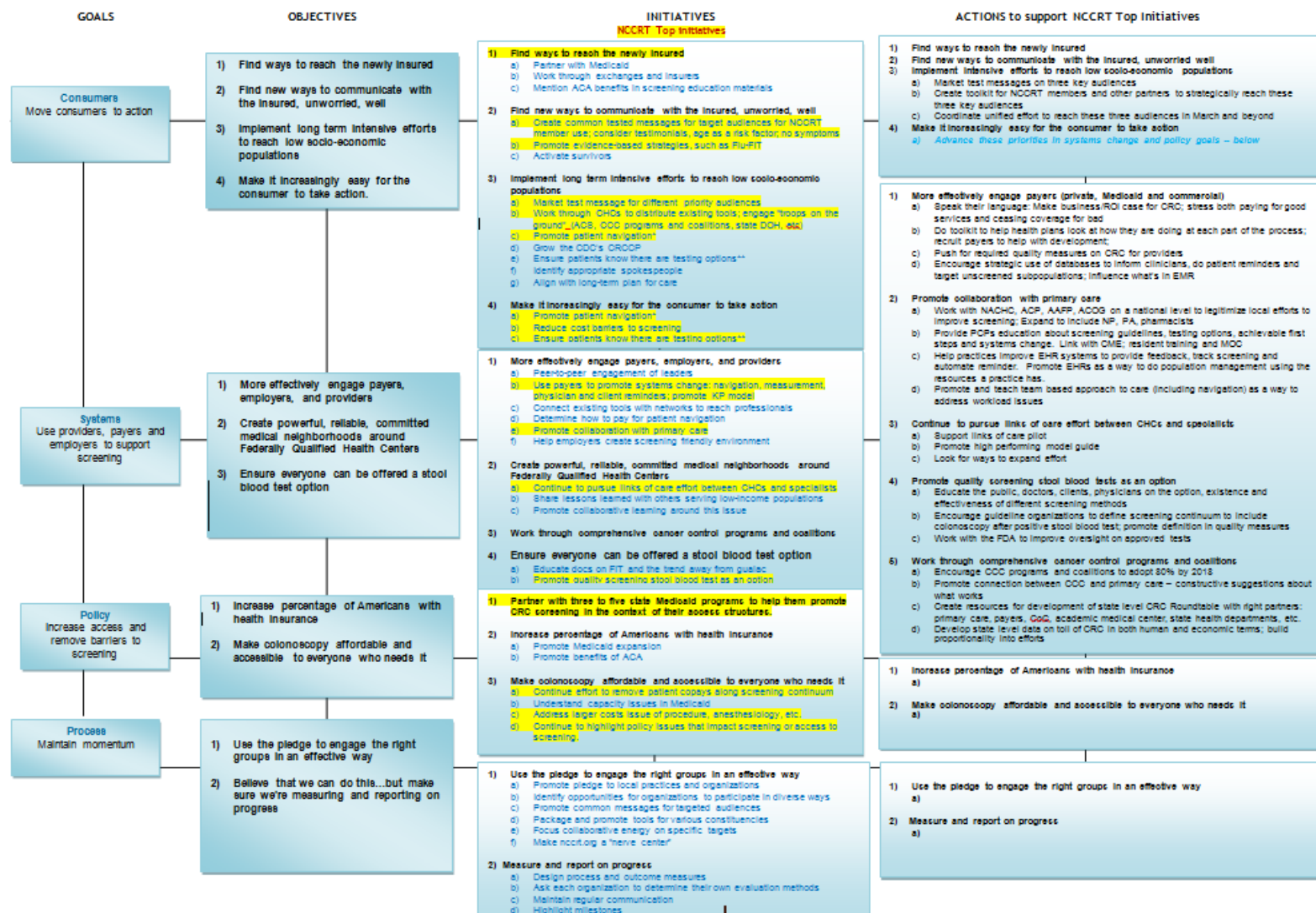
Available at:  
nccrt.org



# Our 80% by 2018 Strategic Plan

## 80% by 2018 Strategic Plan

Draft: 08.04.2014





# Four Strategic Plan Goals to Achieve 80% by 2018



## Consumers

*Move consumers to action*



## Systems

*Use providers, payers, and employers to support screening*



## Policy

*Increase access and remove barriers to screening*



## Process

*Maintain momentum*

# New Communications Tools

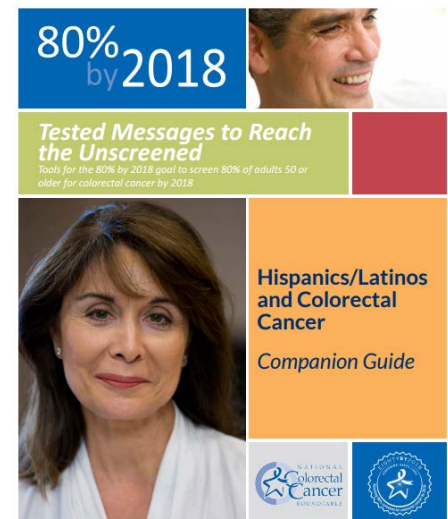
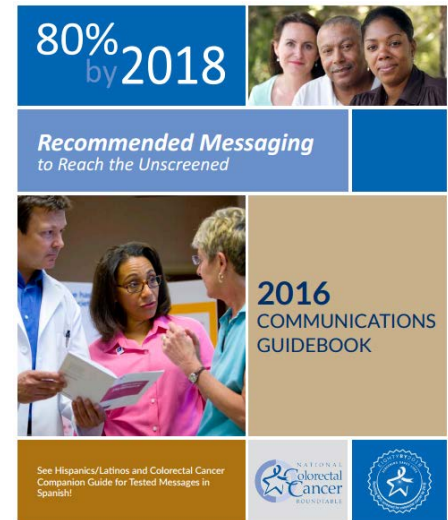
## 80% by 2018 Communications Guidebook

- Tested messages to mobilize key audiences:
  - The newly insured
  - The insured, procrastinator/rationalizer
  - The financially challenged

## Hispanics/Latinos & CRC Companion Guide

- Tested Spanish messages
- Perceptions of CRC and barriers to screening among unscreened Hispanics/Latinos
- Recommendations for reaching unscreened Hispanics/Latinos

[nccrt.org/80by2018](http://nccrt.org/80by2018)





# Barriers to Consumer Screening – *Factors*

## #1: Affordability

- *“I do not have health insurance and would not be able to afford this test. I do not feel the need to have it done.”*

#1 reason among 50-64 year olds & Hispanics

## #2: Lack of symptoms

- *“Doctors are seen when the symptoms are evidently presumed, not before.”*

Nearly ½ uninsured

## #3: No family history of colon cancer

- *“Never had any problems and my family had no problems, so felt it wasn't really necessary.”*

#1 reason among 65+ year olds



# Barriers to Consumer Screening – *Factors*

## #4: Perceptions about the unpleasantness of the test

- *“I do not think it is a good idea to stick something where the sun don’t shine. The yellow Gatorade I cannot stomach.”*

## #5: Doctor did not recommend it

- *“I fear it will be uncomfortable. My doctor has never mentioned it to me, so I just let it go.”*

## #6: Priority of other health issues

- *“I just turned 50 and I am dealing with another health issue, so it's on the back burner.”*

#1 reason among Black/African Americans;  
#3 reason among Hispanics





# Five Priority Audiences

NEWLY INSURED

FINANCIALLY  
CHALLENGED

INSURED,  
PROCRASTINATORS/  
RATIONALIZERS

AFRICAN  
AMERICANS

HISPANICS

- Hispanics are a priority audience due to their low screening rate (52%).
- African Americans are a priority audience due to their high colorectal cancer incidence rate.

The outreach gaps include low socio-economic groups and the newly insured, but also include some surprises, such as individuals with insurance who are just not responding to our traditional, rational messages about screening.



# Six Core Motivators

## Support and Testimony

Hearing about someone else's screening experience relieves concerns and provides reassurance that the procedure is not as bad as perceived. It can also help make the connection about why screening is important.

## Empowerment and Control

Feeling accomplished and proud comes with making a positive impact on health, allowing them to fix and prevent issues.

## Physical Survivor/ Expectation

They want to stay in good health for as long as possible and may need to better understand the impact that the role of screening plays in that decision, as well as the toll that colorectal cancer can take on people like them.

## Trust

Trust in a healthcare provider or other messenger can motivate to action.

## Options

Some consumers need a different pathway to screening and want to be informed, knowledgeable, prepared and responsible about their health.

## Affordability

Becoming more knowledgeable about screening coverage and options is important to these audiences.



# Activating Messages that Motivate

There are several screening options available, including simple take home options. Talk to your doctor about getting screened.

Colon cancer is the second leading cause of cancer deaths in the U.S., when men and women are combined, yet it can be prevented or detected at an early stage.

Preventing colon cancer, or finding it early, doesn't have to be expensive. There are simple, affordable tests available. Get screened! Call your doctor today.

# Reaching Unscreened Hispanic Audiences: Research Findings



There is a lack of information among Hispanics about what colon cancer is and the tests used to screen for colon cancer. This lack of info is a huge barrier to getting this population screened.



There is also a lack of specific knowledge that a colonoscopy is used to detect and prevent cancer.



Fear, especially, fear of the unknown, came to the top as a major barrier. This fear often leads to procrastination or putting off the test.



# Reaching Unscreened Hispanic Audiences: Research Findings



Affordability or lack of insurance is another top barrier among this population.



Among males, the “machismo” effect also holds them back from making health decisions, including CRC screening.

# Reaching Unscreened Hispanic Audiences: Research Findings




According to Hispanics, physicians are either not giving a recommendation for screening or are not being stern enough in their recommendation.



Colon cancer as the #2 cancer killer among Hispanics is a particularly motivating message for Hispanics.

MESSAGE **A**



If you are 50 or older, you're at a higher risk for colon cancer—even if you are healthy. Ask your doctor for a screening test. You can do a simple test at home.

Si tienes 50 años o más, estás en un mayor riesgo del cáncer de colon, incluso si te sientes saludable. Pide a tu médico una prueba de detección. Puedes hacer una prueba simple en tu casa.

- Respondents felt that this message spoke to them because of their age.
- The fact that they are at higher risk for cancer as they get older made sense to Latinos and was eye-opening, especially for those who felt healthy.
- The idea of a simple test at home was an added bonus.
- “Even if you are healthy” was a key motivator.

MESSAGE **B**



Colon cancer starts with a polyp in the large intestine. Polyps are very common in people age 50 and older, but they can be detected and removed before they turn into cancer. Don't die of cancer. Talk to your doctor about colon cancer prevention.

El cáncer de colon comienza con un pólipo en el intestino grueso. Los pólipos son muy comunes en las personas mayores de 50 años, pero pueden ser detectados y eliminados antes de que se conviertan en cáncer. No muera de cáncer. Hable con su médico sobre la prevención del cáncer de colon.

- This message intended to communicate clearly the idea of prevention.

Colorectal cancer “prevention” is a very important motivator but also very difficult to communicate.

- The messages we set out to test were not being effective in communicating that colon cancer can be prevented through a screening test.
- Many participants equated prevention to healthy eating and saw the tests as only a way of “detecting” and not “preventing”.
- The term “colorectal cancer screening” itself communicates “detection” and not “prevention”.

MESSAGE **C**




You are so important to your family, don't let them down! Don't procrastinate any longer! Get screened for colon cancer today! It could save your life.

Tú eres muy importante para tu familia, ¡no los defraudes! ¡Ya no demores esto! ¡Hazte un examen de detección de cáncer de colon hoy mismo! Puede salvar tu vida.

- Almost everyone could relate to this message and the **family was clearly the key motivator.**
- “Don’t procrastinate any longer” made them reflect about the ways in which they are procrastinating.
- This message made them consider if they are doing a disservice to their families by not getting screened.



MESSAGE **D**



Colon cancer is the second-leading cancer killer in the U.S. among Hispanics, but it doesn't have to be. Colon cancer can be prevented or found at an early stage. Getting screened is absolutely necessary! Call a doctor today.

El cáncer de colon es la segunda causa de fallecimientos por cáncer entre los hispanos de EE. UU., ¡pero es algo que se puede evitar! El cáncer de colon se puede prevenir o detectar en sus etapas tempranas. ¡Es absolutamente necesario que te hagas un examen de detección! Llama al médico hoy mismo.

- Leading with the statistic was key. It provides a clear call to action and makes it relevant for Hispanics.
- Fear motivates them to action, while the idea that the cancer can be prevented gives them hope.
- While the idea of colon cancer prevention was positive, many equated that prevention with healthy eating.



MESSAGE **E**



Hi, my name is Maria. I lost my father to colon cancer. He was too stubborn to get screened, but the cancer might have been prevented if he did. Don't let your family lose you too. Get screened and prevent colon cancer.

Hola, me llamo María. Perdí a mi padre a causa del cáncer de colon. Él era demasiado testarudo para hacerse una prueba de detección, pero el cáncer pudo haber sido prevenido si lo hubiese hecho. No dejes que tu familia también te pierda. Hazte una prueba de detección y previene el cáncer de colon.

- When this message was chosen it hit home very strongly at an emotional level.
- This message addresses “machismo” since it discusses a man being too stubborn to get screened.
- The message was most effective for fathers, particularly those who may have been putting off screening tests because they are too “macho.”

# Recommended Channels and Messengers

*Latinos Want Information in Many Ways*



## Television

- ▶ Univision and Telemundo
- ▶ Sports
- ▶ Novelas
- ▶ Medical Shows
- ▶ News



## Internet

- ▶ Facebook
- ▶ WebMD
- ▶ Search Engine
- ▶ News Feed



## Community

- ▶ Churches
- ▶ Supermarkets
- ▶ Hospitals
- ▶ Health Fairs
- ▶ Community Centers



## More Outlets

- ▶ Text Messaging
- ▶ Radio
- ▶ Newspapers
- ▶ Insurance Magazines
- ▶ Brochures
- ▶ Billboards

# 2016 80% by 2018 Communication Guidebook

- Web banner ads
- Medical office slides
- Social media messages
- Sample letters
  - CEO champion letter (CEO to CEO)
  - Email from a hospital to staff
  - Email from a CEO to employees
- Press release templates
  - Announce signing the pledge
  - Announce a new initiative
  - Announce a success story
- Sample media pitch
- Radio and TV scripts

Available at:  
[Nccrt.org/80by2018](http://Nccrt.org/80by2018)



JUNE	
Theme*	Men's Health Week and Men's Health Week is an annual occurrence leading up to Father's Day. Use this awareness for preventable health problems and promote healthy behaviors such as colon cancer.
Sample Facebook	Colon cancer can be prevented or treated at an earlier stage, but an estimated 2 to the disease in 2016. Don't procrastinate any longer! Take your health into your doctor about colon cancer screening. - Upload shareable statistics graphic  Men, you take charge of other things in your life, and it's just as important to take Get screened for colon cancer. There are several screening options available, including can do at home. Talk to your doctor today! (insert website link)
Sample Twitter	Men, there are several ways to #getscreened for #coloncancer. Ask your doctor

## *Sample Email from a CEO to Employees*

### **Subject: Colon Cancer Awareness Month**

March is National Colorectal Cancer Awareness Month, a great time to take advantage of life-saving colon cancer screening. Colon cancer is the second leading cause of cancer in the U.S. when men and women are combined, yet it can often be prevented.

You are more likely to get colon cancer as you age. If you're over 50, you should be screened. Similarly, talk to your doctor about screening if you have a family history of colon cancer. If you have coverage through [enter name of employee plan], your plan may cover the recommended colon cancer screening tests. There are several screening options, including home options. Talk to your doctor about getting screened.



# 2016 80% by 2018 Communication Guidebook

GET SCREENED FOR COLON CANCER

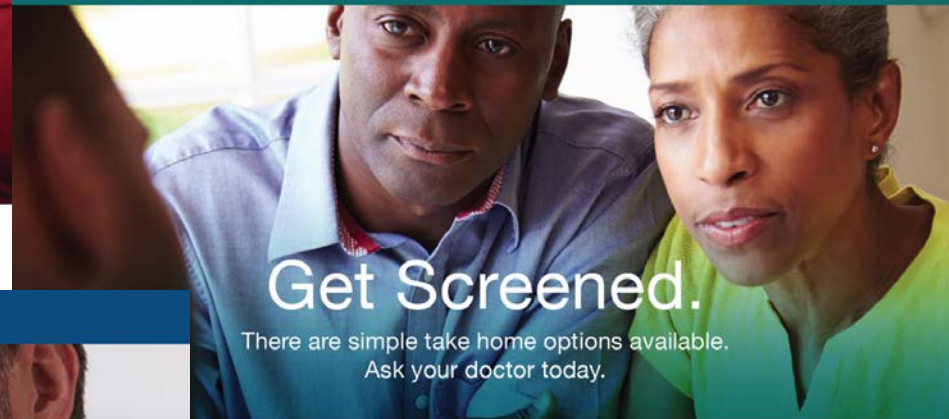


## You Have Options.

There are non-invasive methods for colon cancer screening.  
Ask your doctor today.



LEARN MORE ABOUT COLON CANCER



## Get Screened.

There are simple take home options available.  
Ask your doctor today.



GET SCREENED FOR COLON CANCER



## Talk to Your Doctor.

The second leading cause of cancer can be prevented or detected  
with early screening. Ask your doctor today.



# Hispanics/Latinos Companion Guide

- English and Spanish tri-fold brochure
- Postcards and flyers (insert your own logo!)
- Social media messages
- Radio and TV scripts
  - Available at: [Nccrt.org/80by2018](http://Nccrt.org/80by2018)

## Sample Tweets for Spanish Speaker

**Tweet #1**  
**Spanish** Mi nombre es María y perdi a mi padre a causa de su vida. ¡Llama a tu doctor hoy!  
**English** My name is Maria and I lost my father to #coloncancer. Call your doctor today!

**Tweet #2**  
**Spanish** Eres muy importante para tu familia. Hazte el examen de detección de cáncer de colon. Información llama al [XXXX.XXX.XXXX].  
**English** You are very important to your family. Get screened for colon cancer. Information call [XXXX.XXX.XXXX].

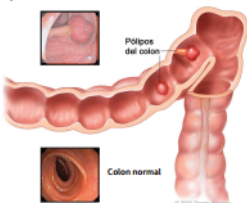
## SI TIENE 50 AÑOS O MÁS, ¡NECESITA HACERSE LA PRUEBA DE DETECCIÓN DEL CÁNCER DE COLON!

### EL CÁNCER DE COLON PUEDE SER PREVENIDO.

Muchas personas con cáncer de colon o con pólipos no tienen síntomas, y el riesgo de llegar a tener cáncer de colon es mayor con la edad. Por esta razón los hombres y las mujeres necesitan hacerse las pruebas de detección del cáncer de colon a partir de los 50 años de edad, incluso si tienen un buen estado de salud (algunas personas con casos de cáncer de colon en su familia puede que necesiten empezar a hacerse las pruebas de detección a una edad más temprana).

Hacer las pruebas de detección puede ayudar a encontrar y a prevenir el cáncer de colon. De hecho, si su doctor encuentra pólipos que lucen como que podrían convertirse en cáncer, éstos tendrán que ser extraídos. ¡Puede que usted esté previniendo el cáncer al extraer sus pólipos!

Usted es demasiado importante para los miembros de su familia. No les falle. ¡Hágase los exámenes para la detección del cáncer de colon ya! Esto puede salvar su vida.



### OPCIONES DE PRUEBAS DE DETECCIÓN DEL CÁNCER DE COLON

Hay muchas opciones de pruebas accesibles para la detección del cáncer de colon para las personas que están a un riesgo normal de llegar a tener cáncer de colon. Las dos más comunes son:

#### 1 Colonoscopia

Se usa un tubo delgado y flexible que tiene una pequeña cámara en el extremo para ver todo el colon y el recto. Los pólipos pueden ser extraídos a través de este tubo. Se le darán medicamentos que harán que esté durmiendo (necesitará que alguien venga con usted para que pueda llevarlo a casa). Con una colonoscopia, los doctores pueden encontrar y extraer los pólipos en el colon, antes de que se conviertan en cáncer. La extracción de los pólipos puede ayudar a prevenir el cáncer antes de que empiece. Si los resultados de su prueba son normales, necesitará solamente hacerse la prueba de detección cada 10 años.

#### 2 Prueba de heces fecales

Las pruebas de heces fecales, como la prueba inmunológica fecal (FIT), son pruebas que se pueden hacer en casa. Una prueba FIT es usada para encontrar pequeñas cantidades de sangre en las heces fecales ("pópo") podría no ver. La sangre en heces fecales podría ser una señal de cáncer o de pólipos de mayor tamaño. Usted puede conseguir un juego casero de prueba FIT y las instrucciones de uso en el consultorio de su doctor. Usted recolecta una muestra de sus heces fecales. Luego lleva esta muestra al consultorio de su doctor o la envía al laboratorio. Las muestras son revisadas para ver si hay señales de cáncer. Si el laboratorio encuentra algo que no luzca bien, su médico se lo dirá y usted tendrá que ir a que

le hagan una colonoscopia. Las pruebas de heces fecales necesitan hacerse cada año a partir de 50 años de edad.

#### ¡HÁGASE LA PRUEBA DE DETECCIÓN YA!

Hable con su doctor si tiene 50 años o más doctores pueden hablarle más sobre cuándo que usted necesita hacerse las pruebas de detección del cáncer de colon. La mayoría de los seguros de salud y Medicare cubren el costo de las pruebas de detección. Póngase en contacto con su plan seguro de salud para saber más sobre su cobertura.



## COLON CANCER CAN BE PREVENTED EL CÁNCER DE COLON PUEDE SER PREVENIDO



Hi, my name is Maria. I lost my father to colon cancer. He was too stubborn to get screened, but the cancer might have been prevented if he did. Don't let your family lose you, too. Get screened, and prevent colon cancer.

Models used for illustrative purposes only.

Hola, me llamo María. Perdí a mi padre a causa del cáncer de colon. Él era demasiado testarudo para hacerse una prueba de detección, pero el cáncer podría haberse evitado por completo si la hubiese hecho. No dejes que tu familia también te pierda. Hazte una prueba de detección para prevenir el cáncer de colon.

Modelos utilizados sólo para propósitos ilustrativos.



[cancer.org/colon](http://cancer.org/colon)

[cancer.org/prevenir-cancer-de-colon](http://cancer.org/prevenir-cancer-de-colon)

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# Generate Custom Materials with MIYO

“Make It Your Own” is a free web platform for creating customized, small media products to promote screenings and healthy behaviors.

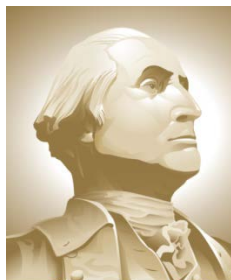
MIYOworks.org





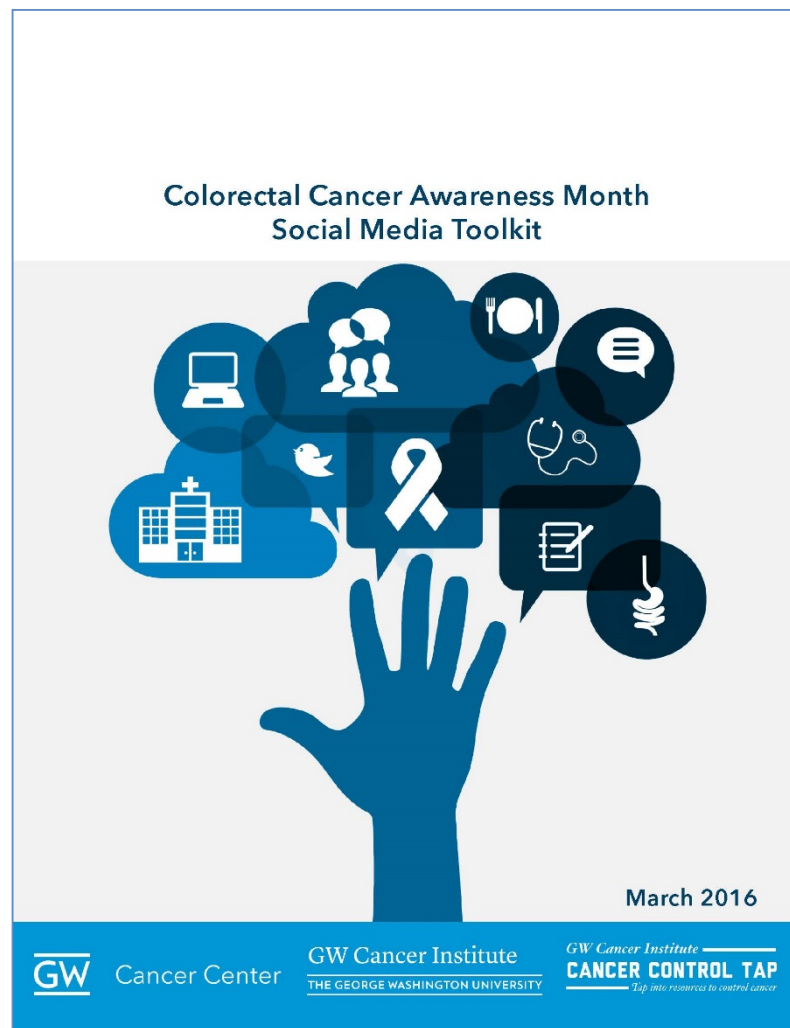


# GW Cancer Institute Social Media



THE GEORGE  
WASHINGTON  
UNIVERSITY

WASHINGTON, DC



<https://smhs.gwu.edu/cancercontroltap/>

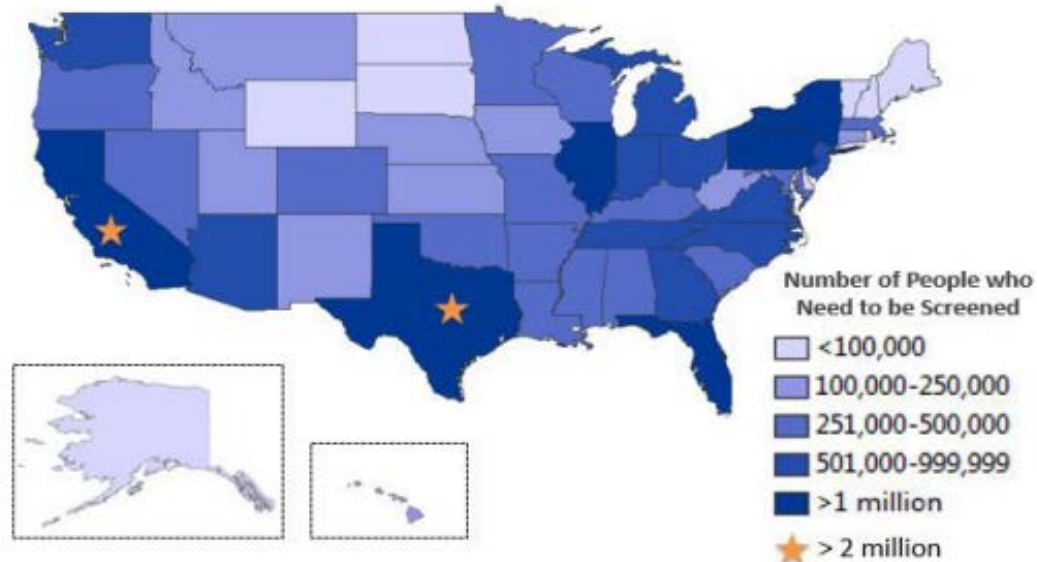
# Tailor Messages with State-level Statistics

- Number needed to be screened by state to reach 80% by 2018
- Estimated number of new colorectal cancer cases and deaths that would be avoided in each state by 2030

Number of People Who Need to be Screened for CRC to Reach 80% x 2018 by State

In DC:

- NNS: 39,900



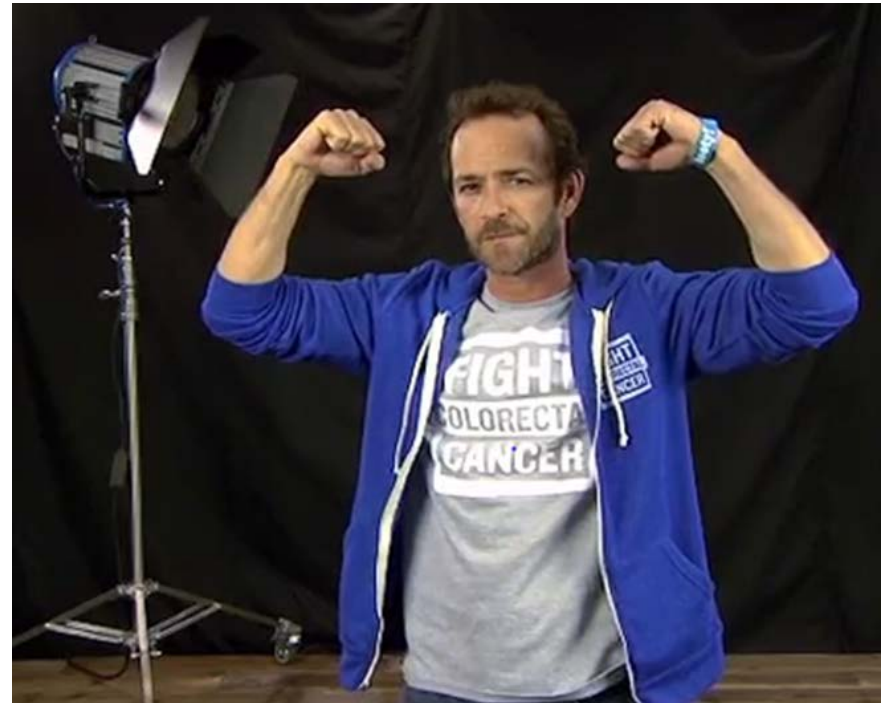
# Tailor Messages with State-level Statistics

The American Cancer Society has launched a new web tool to make it easier for those involved in the cancer fight to find and share cancer statistics.

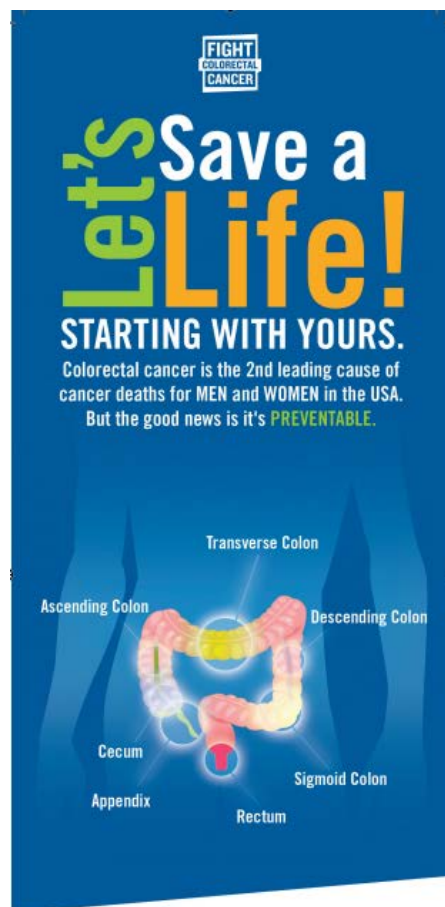
CancerStatisticsCenter.cancer.org



# Partners are using the messages



# Partners are using the messages



## How can you prevent **COLORECTAL CANCER?**



There are several different screening options. If you're 50 or older or have a family history of colorectal cancer, it's time to talk to your doctor about the best option for you.


### How can you prevent **COLORECTAL CANCER?**

There are several different screening options. If you're 50 or older or have a family history of colorectal cancer, it's time to talk to your doctor about the best option for you.

# Partners are using the messages

Get screened. It could save your life. | View in [Link Preview](#)

 BlueCross BlueShield of Illinois 



## DON'T TAKE CHANCES WITH COLON CANCER.




Screening Facts

Dear %%First Name%%,





Did you know colorectal cancer is the second leading cause of cancer death in the U.S., when men and women are combined?\* Screening may prevent cancer through detection and removal of precancerous growths, as well as detect cancer at an early stage.

There are actions you can take to help protect your health. Talk to your doctor about getting screened. Several screening options are available, including simple take home options. For questions about your benefits, call the number on the back of your member ID card.

Screening Facts

GET SCREENED	GET INFORMED	SCREENING OPTIONS
 <p>Call your doctor to schedule an appointment.</p>	 <p>Visit <a href="http://cancer.org">cancer.org</a> for colon cancer facts.</p>	 <p>Visit <a href="http://cdc.gov">cdc.gov</a> for screening information.</p>

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# Partners are using the messages



**Iowa Cancer Consortium**

Written by Kelly Wells Sittig [?] · September 18, 2015 ·

There are several colorectal cancer screening options available, including simple take-home options.



## Take-Home Screening Options

Talk to your doctor about getting screened.

[WWW.CANCER.ORG](http://WWW.CANCER.ORG)

[Learn More](#)



**Iowa Cancer Consortium**

Written by Kelly Wells Sittig [?] · January 8 ·

There are several colorectal cancer screening options available, including simple take-home options.



## Take-Home Screening Options

Learn about colon cancer from what causes it, early detection, support resources, making decisions about treatments and more.

[WWW.CANCER.ORG](http://WWW.CANCER.ORG)

[Learn More](#)

Effective Messaging to Reach the Unscreened  
Through Facebook Kelly Wells Sittig, CCPH1  
and Sarah Comstock, MSW2

# Partners are using the messages

- Reach: 59,078 (unique people who saw the ads)
- Impressions: 318,367
- Daily budget per ad: \$3-5

## Effective Messages to Reach the Unscreened on Facebook

Kelly W. Sittig, CCPH, Iowa Cancer Consortium | Sara Comstock, MSW, American Cancer Society

### Introduction and Background

Colorectal cancer incidence rates have dropped 30% in the U.S. over the last 10 years among adults 50 and older.<sup>1</sup> But colorectal cancer is still the second leading cause of cancer death in the U.S., despite being highly preventable, detectable and treatable.<sup>2</sup>

3,640 Iowans were expected to be diagnosed with colorectal cancer in 2014, with 590 expected deaths. Only 40% of Iowans are diagnosed with colorectal cancer at an early stage, when it is more easily treated.<sup>3</sup>

The Iowa Cancer Consortium and the American Cancer Society have joined the National Colorectal Cancer Roundtable (NCCRT) in working to reach a goal of 80% of the eligible population screened for colorectal cancer by 2018. Unscreened individuals are the most difficult to reach. The NCCRT developed a Communications Guidebook to help reach the unscreened with messages based on market research. These messages are intended to educate, empower and mobilize unscreened audiences. The most effective messages resonate with the priority audience, both rationally and emotionally, and include a call-to-action that motivates.

The Iowa Cancer Consortium and American Cancer Society have partnered to use these new messages in Facebook ads targeted at the estimated 100,000 Iowans age 50 and over who are active on the social media platform.

### Project Objective

Combine Facebook's robust demographic targeting capabilities with evidence based messages and key unscreened audiences identified in the NCCRT's 2015 Communications Guidebook to effectively reach unscreened audiences in Iowa.

### About 80% by 2018

The National Colorectal Cancer Roundtable (NCCRT) has identified colorectal cancer as a major public health problem. The 80% by 2018 initiative, led by the NCCRT, has pulled together hundreds of organizations working towards a shared goal of getting 80% of the eligible population screened for colorectal cancer by 2018. If this goal is met, an estimated 203,000 U.S. deaths from colorectal cancer could be prevented.<sup>4</sup>

The movement recognizes that participation from multiple sectors is necessary for progress. Primary care providers, hospitals, insurers, employers, community organizations, survivors, care givers and cancer control coalitions are all encouraged to participate.

[www.cancerinlowa.org/80by2018.aspx](http://www.cancerinlowa.org/80by2018.aspx)

### Methods and Materials

The NCCRT's 2015 Communications Guidebook

identifies the "critical populations" to target with colorectal cancer screening messages.<sup>5</sup>

- The Newly Insured
- The Insured Procrastinators/Rationalizers
- The Financially Challenged
- African Americans
- Hispanics/Latinos

The Guidebook also identifies evidence-based "Messages that Motivate" for each critical population, as well as effective channels for message delivery.

Online media and websites are identified within the Communications Guidebook as effective channels for three of the critical populations: the financially challenged, the insured procrastinators/rationalizers and African Americans. Additionally, Hispanics/Latinos were identified as being receptive to receiving information through advertising messages. For this reason, these four populations were determined by project coordinators to be a good fit to receive screening messages through Facebook.

Individuals of average risk for colorectal cancer are typically recommended to start screening at age 50. Therefore, an ad targeting Iowans age 49 is also included in the campaign.



### Facebook Ads and Demographic Targeting

An estimated 71% of online adults use Facebook<sup>6</sup>, and roughly 360,000 Iowans age 50 and over are active on the social media site each day (estimated by Facebook's Ad Manager).

Facebook's Ad Manager offers an ability to target messages to demographic groups based on geographic location, income, education, ethnic affinity, age, behavior, interests and more.

Budgets for individual ads can be set as low as one dollar per day, making Facebook an accessible advertising platform even for programs with very small budgets.

Analytics are reported virtually in real time, so tests can be run and adjustments made very quickly.

### Ads, Targeting and Budgets

Insured Procrastinators/Rationalizers

Objective: Clicks to [www.cancer.org/cancer/colorectalandrectumcancer/](http://www.cancer.org/cancer/colorectalandrectumcancer/)

Daily Budget: \$3.00

- Targeting:
  - Location: People living in Iowa
  - Education level: College grad, some college or associate degree
  - Income: \$40,000-\$71,000
  - Age: 50-64

The Financially Challenged

Objective: Clicks to [www.cancer.org/cancer/colorectalandrectumcancer/](http://www.cancer.org/cancer/colorectalandrectumcancer/)

Daily Budget: \$3.00

- Targeting:
  - Location: People living in Iowa
  - Education level: High school grad or some high school
  - Income: \$30,000-\$40,000
  - Age: 50-64

African Americans

Objective: Clicks to [www.cancer.org/cancer/colorectalandrectumcancer/](http://www.cancer.org/cancer/colorectalandrectumcancer/)

Daily Budget: \$3.00

- Targeting:
  - Location: Iowa, United States
  - Ethnic affinity: African American (US)
  - Age: 50-64

Hispanics/Latinos

Objective: Clicks to [www.cancer.org/cancer/colorectalandrectumcancer/](http://www.cancer.org/cancer/colorectalandrectumcancer/)

Daily Budget: \$3.00

- Targeting:
  - Location: Iowa, United States
  - Ethnic affinity: Hispanic (US + bilingual), Hispanic (US + all) or Hispanic (US - English dominant)
  - Age: 50-64

49 Year Olds

Objective: Clicks to [www.cancer.org/cancer/colorectalandrectumcancer/](http://www.cancer.org/cancer/colorectalandrectumcancer/)

Daily Budget: \$3.00

- Targeting:
  - Location: Iowa, United States
  - Age: 49

### Preliminary Results

Total Campaign Budget: \$4,745

Expected Campaign Run Dates: September - July, 2016

Results Through March 19, 2016

- Website clicks: 1,898 ([www.cancer.org/cancer/colorectalandrectumcancer/](http://www.cancer.org/cancer/colorectalandrectumcancer/))
- Cost per click (CPC): \$1.49 (Range of \$1.25-\$1.65.)
- Reach: 59,078 (Unique people who saw the ads.)
- Impressions: 318,367
- Click Through Rate (CTR) to objective website: 0.45%-0.71%
- Overall CTR (any clicks generated from ad): 0.81%-1.10%

### Discussion

• A credit card is necessary for purchasing ads, which could be a barrier for some organizations or agencies.

• Reach and engagement are trackable, but it is impossible to know if individuals followed through with screening. If the Facebook account generating the ads could be connected to the end-point web site using a conversion pixel, it might be possible to more completely track behavior.

• Campaign reach is great, but CPC is higher than desired. A CPC of \$1 or less would be preferable. An objective CTR of 1% or more would also be preferable. Overall CTR for the birthday ad (0.86%) was significantly lower than the other ads (0.96%-1.10%).

• The NCCRT has updated the Communications Guidebook for 2016 and has included a special supplement for Hispanics/Latinos. Messages may need to be altered based on new research and evidence.

### About the American Cancer Society

For over 100 years, the American Cancer Society (ACS) has worked to save lives and create a world with less cancer. Together with millions of supporters worldwide, ACS helps people stay well and get well, find cures and fight back against cancer. [www.cancer.org](http://www.cancer.org)

### About the Iowa Cancer Consortium

The Iowa Cancer Consortium is a nonprofit partnership of more than 300 health care providers, public health professionals, caregivers, researchers, survivors, volunteers and others who work together to reduce the burden of cancer in Iowa. Through collaboration, ICCC enhances partners' abilities to address cancer prevention, early detection, treatment and quality of life in Iowa. [www.cancerinlowa.org](http://www.cancerinlowa.org)

### References

1. American Cancer Society. Colorectal Cancer Facts & Figures. Atlanta: American Cancer Society; 2014.
2. American Cancer Society. Colorectal Cancer Facts & Figures. Atlanta: American Cancer Society; 2014.
3. American Cancer Society. Colorectal Cancer Facts & Figures. Atlanta: American Cancer Society; 2014.
4. American Cancer Society. Colorectal Cancer Facts & Figures. Atlanta: American Cancer Society; 2014.
5. American Cancer Society. Colorectal Cancer Facts & Figures. Atlanta: American Cancer Society; 2014.
6. Facebook. Facebook Usage Statistics. Facebook; 2015.

By Kelly Wells Sittig, CCPH and Sarah Comstock, MSW  
2016 Dialogue for Action Poster Sessions

[preventcancer.org/wp-content/uploads/2016/04/11-Sittig.pdf](http://preventcancer.org/wp-content/uploads/2016/04/11-Sittig.pdf)

## Partners are using the messages

Sea Mar Community Health Centers of Washington State is already using the Spanish radio PSAs on their radio station!



# Thank you!

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[www.nccrt.org](http://www.nccrt.org)

 [Facebook.com/coloncancerroundtable](https://www.facebook.com/coloncancerroundtable)

 [@NCCRTNews](https://twitter.com/NCCRTNews) and tweet with #80by2018



# Patient Engagement: Using POEMs



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# Objectives

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- 1) Define a POEM.
- 2) List features of POEMs that make them ideal tools for increased patient engagement.
- 3) List at least one POEM relevant to CRC screening.
- 4) List available resources for both active and passive acquisition of POEMs, including the advantages of the two types.



# POEMs vs. DOEs

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- Patient-Oriented Evidence that Matters

- Metformin Associated with Less Need for a Second Medicine**

- Patients who initially took an oral hypoglycemic other than metformin were significantly more likely to require a second oral agent. If prescribed a sulfonylurea, they were more likely to experience a cardiovascular event over the following year; if prescribed a thiazolidinedione or a DPP-4 inhibitor (gliptin), they incurred significantly more out-of-pocket cost of treatment.

- Am Fam Physician.* 2015 Feb 15;91(4):261-262

- Disease-Oriented Evidence

- Metformin inhibits proliferation and migration of glioblastoma cells independently of TGF- $\beta$ 2.**

- Cell Cycle.* 2016 May 10:0. [Epub ahead of print] Seliger C, et al



# What is a POEM

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- Patient-Oriented:
  - Morbidity
  - Mortality
  - Symptom reduction
  - Quality of life
  - (Cost)
- Evidence that Matters:
  - Practice-changer
  - Common (clinical question encountered by a typical family physician at least once every 6 months)





# Why focus on POEMs?

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- ▶ Limited time in clinical practice
  - ▶ Focus on the outcomes patients care about
  - ▶ Don't waste time merely confirming current practice patterns





# CRC Screening Recommendations

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## USPSTF, AAFP

Patients 50 to 75 years of age should be screened with fecal occult blood testing, sigmoidoscopy, or colonoscopy (A). Routine screening in those 76 to 85 years of age is not recommended but may be considered in certain individuals (C). Persons older than 85 years should not be screened (D).

## ACS

Screening should start at 50 years of age for those at average risk, with no age cutoff, using sigmoidoscopy, colonoscopy, double-contrast enema, computed tomography colonography, fecal occult blood testing, fecal immunochemical testing, or stool DNA testing.

## AGS

Screening should not be performed in patients with a life expectancy of less than 10 years.





# Choosing Wisely

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- ▶ American College of Surgeons

- ▶ Avoid colorectal cancer screening tests on asymptomatic patients with a life expectancy of less than 10 years and no family or personal history of colorectal neoplasia.

- ▶ American Gastroenterological Association

- ▶ Do not repeat colorectal cancer screening (by any method) for 10 years after a high-quality colonoscopy is negative in average-risk individuals.



# Choosing Wisely

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- Cancer Screening in Older Patients

Age (years)	Men (years)	Women (years)
<b>Birth</b>	<b>76.3</b>	<b>81.1</b>
<b>65</b>	<b>17.8</b>	<b>20.3</b>
<b>70</b>	<b>14.3</b>	<b>16.5</b>
<b>75</b>	<b>11.1</b>	<b>12.9</b>
80	8.2	9.6
85	5.9	6.9
90	4.1	4.8
95	2.9	3.3
100	2.1	2.3

*Am Fam Physician. 2016 Apr 15;93(8):659-667*





# CRC Screening Recommendations

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## AGS

Screening should not be performed in patients with a life expectancy of less than 10 years.

*Am Fam Physician. 2016 Apr 15;93(8):659-667*

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# CRC POEMs

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- **Immunochemical FOBTs Moderately Sensitive and Highly Specific for Colorectal Cancer**
  - Immunochemical FOBTs, [...] are moderately sensitive (73% to 89%) and highly specific (92% to 95%) for identifying colorectal cancer. In comparison, Hemoccult Sensa has a lower sensitivity (64% to 80%) and specificity (87% to 90%). Immunochemical FOBTs also have the advantage of requiring only one sample. (Level of Evidence = 1c)
  - *Am Fam Physician. 2014 Aug 15;90(4):online*





# Levels of Evidence

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## ► OCEBM Levels of Evidence

- |     |   |
|-----|---|
| 1a: | Systematic reviews (with homogeneity) of randomized controlled trials                     |
| 1b: | Individual randomized controlled trials (with narrow confidence interval)                 |
| 1c: | All or none randomized controlled trials  |
| 2a: | Systematic reviews (with homogeneity) of cohort studies                                   |
| 2b: | Individual cohort study or low quality randomized controlled trials (e.g. <80% follow-up) |
| 2c: | "Outcomes" Research; ecological studies   |
| 3a: | Systematic review (with homogeneity) of case-control studies                              |
| 3b: | Individual case-control study   |
| 4:  | Case-series (and poor quality cohort and case-control studies)                            |
| 5:  | Expert opinion without explicit critical appraisal, etc                                   |

OCEBM Levels of Evidence Working Group\*. "The Oxford 2011 Levels of Evidence".  
Oxford Centre for Evidence-Based Medicine. <http://www.cebm.net/index.aspx?o=5653>

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# Levels of Evidence

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## Strength-of-Recommendation Taxonomy (SORT)

<u>Code</u>	<u>Definition</u>
A	Consistent, good-quality patient-oriented evidence
B	Inconsistent or limited-quality patient-oriented evidence
C	Consensus, disease-oriented evidence, usual practice, expert opinion, or case series for studies of diagnosis, treatment, prevention, or screening



# CRC POEMs

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- **No Increased Survival Benefit to Intensive Follow-Up After Colorectal Cancer Surgery**
  - Compared with minimal follow-up after surgery for colorectal cancer, intensive follow-up with regular computed tomography (CT), carcinoembryonic antigen (CEA) testing, or both results in more patients undergoing repeat surgery but no reduction in overall mortality or disease-specific mortality. Overall deaths were actually higher, but not significantly so, in the more intensive follow-up groups compared with the minimal follow-up group (18.2% vs. 15.9%). Serial testing of CEA was as effective as serial CT. (Level of Evidence = 1b)
  - *Am Fam Physician.* 2014 May 1;89(9):752



# Information Mastery: Hunting vs. Gathering

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- ▶ Hunting:

- ▶ Finding an answer to a clinical question in real time

- ▶ Gathering:

- ▶ New evidence delivered to you: alerts



# Hunting Tools\*

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- ▶ UpToDate
- ▶ Cochrane Database
- ▶ DynaMed
  
- ▶ National Guidelines
- ▶ Specialty-specific journals (i.e. *American Family Physician*)

\*Not comprehensive nor recommendation for specific product



# Gathering Tools\*

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- ▶ Why? Evidence can change!
- ▶ Journal Watch
- ▶ Essential Evidence Plus
- ▶ DynaMed
- ▶ Cochrane Pearls
- ▶ BMJ Updates

\*Not comprehensive nor recommendation for specific product





# References / Resources

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- **AFP EBM Articles:**

- **Keeping Up with the Medical Literature: How to Set Up a System**  
([http://www.aafp.org/dam/AAFP/documents/journals/afp/EBMSeries\\_KeepingUp.pdf](http://www.aafp.org/dam/AAFP/documents/journals/afp/EBMSeries_KeepingUp.pdf))
- **How to Find Answers to Clinical Questions**  
([http://www.aafp.org/dam/AAFP/documents/journals/afp/EBMSeries\\_HowToFindAnswers.pdf](http://www.aafp.org/dam/AAFP/documents/journals/afp/EBMSeries_HowToFindAnswers.pdf))
- **Finding High-Quality Review Articles**  
([http://www.aafp.org/dam/AAFP/documents/journals/afp/EBMSeries\\_FindingReviewArticles.pdf](http://www.aafp.org/dam/AAFP/documents/journals/afp/EBMSeries_FindingReviewArticles.pdf))
- **Identifying and Using Good Practice Guidelines**  
([http://www.aafp.org/dam/AAFP/documents/journals/afp/EBMSeries\\_PracticeGuidelines.pdf](http://www.aafp.org/dam/AAFP/documents/journals/afp/EBMSeries_PracticeGuidelines.pdf))

- **AFP POEMs Collection:**

<http://www.aafp.org/afp/viewRelatedDepartmentsByDepartment.htm?departmentId=111>

- **AFP Top POEMs:**

<http://www.aafp.org/journals/afp/authors/ebm-toolkit/resources/top-poems.html>

- **ChoosingWisely.org:** <http://www.choosingwisely.org/clinician-lists/>



# Thank You!

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