

Addressing Barriers to Colorectal Cancer Screening Learning Collaborative

Session 3: Colorectal cancer screening messaging



03/27/2024

National Center for Health in Public Housing (NCHPH)

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- The mission of the National Center for Health in Public Housing (NCHPH) is to strengthen the capacity of federally funded Public Housing Primary Care (PHPC) health centers and other health center grantees by providing training and a range of technical assistance.



Housekeeping

- All participants muted upon entry
- Engage in chat
- Raise hand if you would like to unmute
- Meeting is being recorded
- Slides and recording link will be sent via email



TODAY'S SPEAKERS



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Chief Medical
Officer



**Fide Pineda
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& Technical
Assistance



Ice Breaker

- If you were invited to present at the WHO assembly about the health care needs of your population, what would be your top two priorities?

Learning Collaborative Expectations



1. Make a personal commitment to come prepared and to actively contribute to the group. (all sessions are interactive)
2. Be willing to make mistakes
3. It's always OK to say "pass" or that you don't know.
4. Respect differences in people's background preparation and thinking styles.
5. Assume that everybody in the group is doing their best and working to progress. (Peer-to-peer learning)
6. Give each other the opportunity to speak and ask questions.
7. If you have been speaking a lot, step back and give others a turn.
8. Be an active listener: listen fully and ask for clarification if needed.
9. Help others clear up confusion productively, focusing on the points of confusion and not the person.
10. The participants, SMEs and facilitators all learn from each other.

Learning Objectives

1. Discuss steps for increasing colorectal cancer screening
2. Analyze a workflow for colorectal cancer screening reminders
3. Evaluate effective messages to increase colorectal cancer screening among health center special populations
4. Review effective tools to improve colorecta cancer screening

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Poll Question 1

Do you have a comprehensive team-based approach for colorectal cancer screening?

- Yes
- No
- I don't know

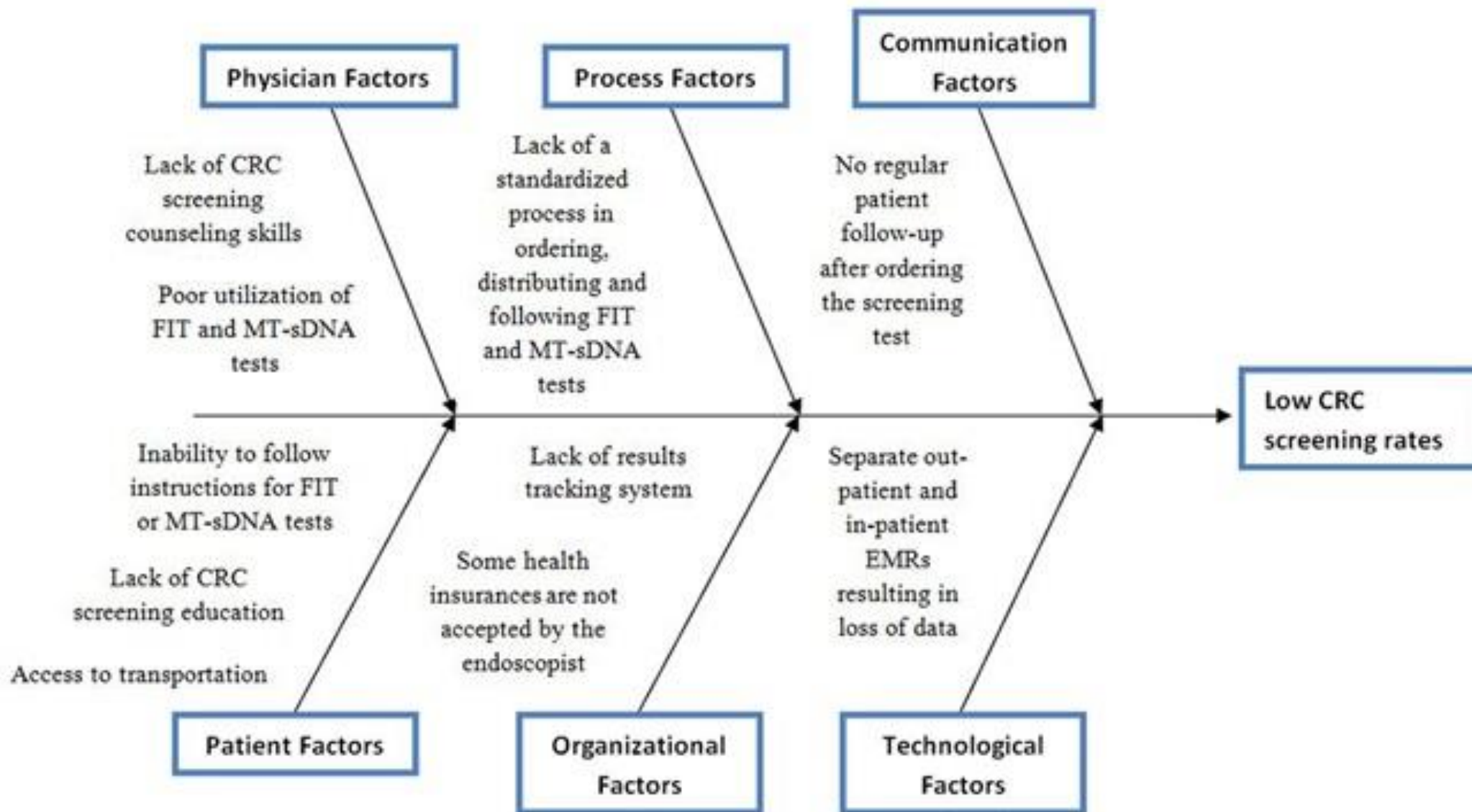
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Poll Question 2

Do you have/have you identified a champion to lead colorectal cancer screening?

- Yes
- No
- I don't know

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Steps for Increasing Colorectal Cancer Screening

4

- Screen patients

3

- Coordinate a team

2

- Identify a team

1

- Make a plan



PDSA Cycle 1

Provider and Clinic
Staff Education



PDSA Cycle 2

Provider Dashboard
Distribution



PDSA Cycle 3

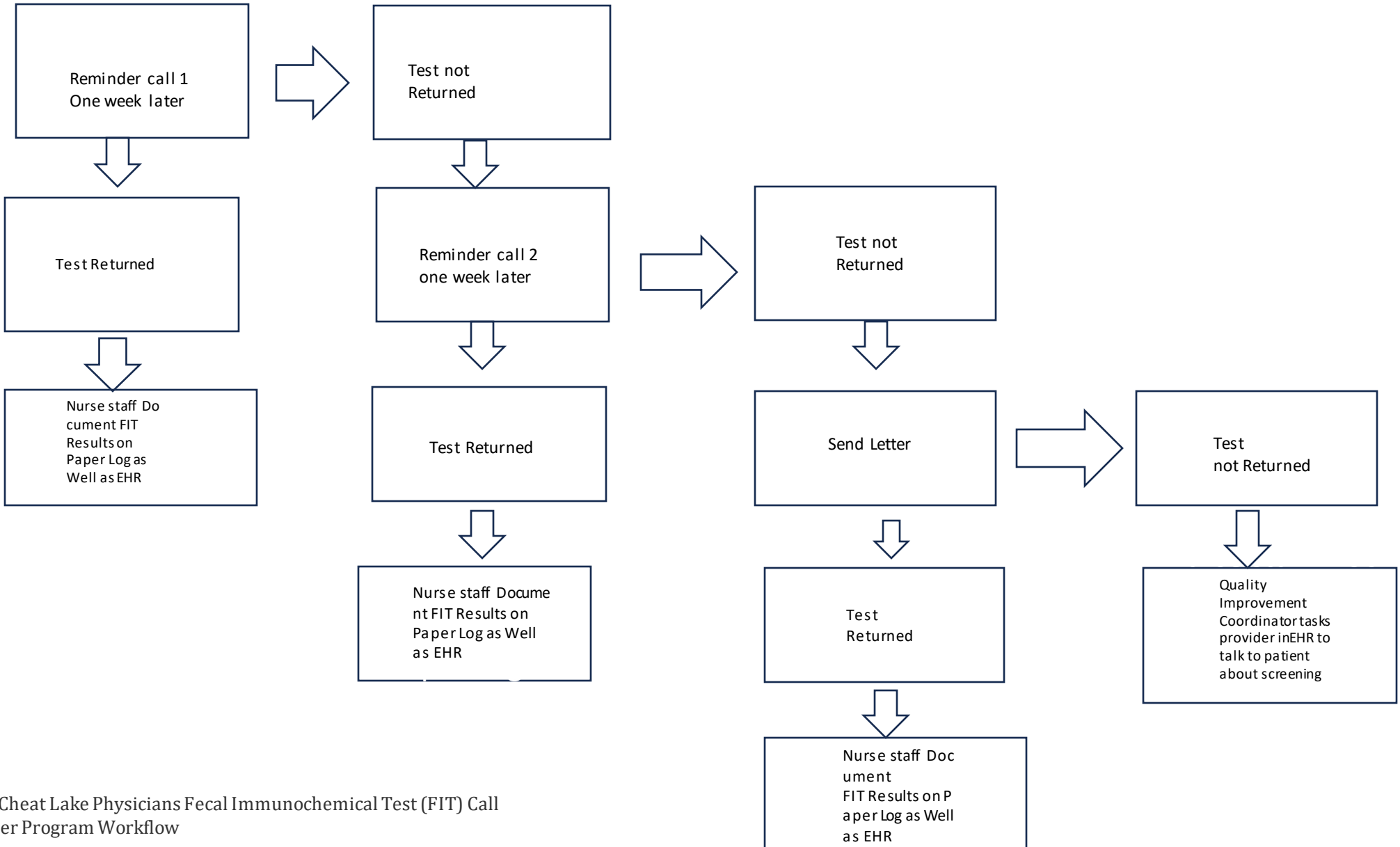
Team-based Approach
Pre-visit Planning
Patient Engagement

Poll Question

Do you have a reminder workflow to follow up with patients after providing patients with CRC screening test kit?

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Reminder Workflow – Colorectal Cancer Screening



Source: Cheat Lake Physicians Fecal Immunochemical Test (FIT) Call Reminder Program Workflow

Share your Story



<https://youtu.be/gxWpEpmQKr8>

Case Study

Archina, a 60-year-old East Indian woman, is brought to her physical by her husband. Her native language is Hindi, but she speaks and understands English. She stated that she doesn't like to see doctors too often because she doesn't want to be a burden. She tries to take care of most problems herself, plus her husband doesn't want her to "charge up" the health insurance. Archina currently lives with her husband and is unemployed. Her past medical and surgical history are unremarkable, but she reports occasional episodes of constipation. Dr. Rue reviews the chart for colorectal cancer screening history and notices that there isn't a result on file. She encourages Archina to have colorectal cancer screening as part of her routine care because it is long due. Archina is hesitant because she does not know what colorectal cancer screening is and asks why she was not advised in the past.

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Discussion questions

1. What strategies had you used to inform the patient in advance about the need to get screened for CRC?
2. How could the provider have handled this situation differently? What strategies to address health literacy might you include in an action plan for Archina's care?
3. Discuss other Cultural Competence issues that may impact colorectal cancer screening.



Patient Reminders

- A message from a health care provider can help patients get the cancer screenings and follow-up care they need. A [study](#) of client reminders found that these interventions increased breast cancer screenings by 12% and cervical and colorectal cancer screenings by 10%.
- Reminders can be written or verbal. Health systems can choose the approach that is best for their clinics and patients—
- **Written reminders:** letters, postcards, emails, and messages sent through online patient portals.
- **Telephone messages:** direct calls, text messages, and automated prerecorded messages.



Colorectal Cancer Messages for Targeted Populations

The most effective screening promotion messages resonate with the priority audience, both rationally and emotionally, and include a call-to-action that motivates.

Recommended Lead Time Messages

By presenting compelling information through trusted channels, tailored messaging can be extremely effective at encouraging individuals to make CRC screening a priority. Do not forget — providing enough lead time for your messaging and sharing information related to on-time screening is key.



Using Effective Messaging

Important Messaging Tactics to Remember

- Understanding common fears and anxiety related to CRC and CRC screening is important. Using tailored messages to help combat common fears will increase the likelihood that screening will occur on time.
- Because people have different values and motivations, impactful messaging should feel relatable. Be sure to share direct and concise information, and include actionable next steps.
- Proper channels and messaging mechanisms are crucial for delivering effective messaging. A recommendation from a clinician can be highly effective at encouraging on-time CRC screening.
- Continuing to share messages about CRC, family history, and CRC screening will increase the likelihood of individuals getting screened on time.

Understanding Fears and Anxiety Related to CRC and CRC Screening

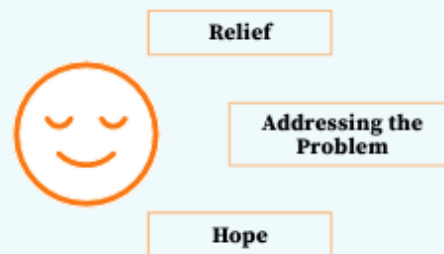
CRC and CRC screening can cause fear and anxiety that can lead many people to delay screening. It is important to understand these fears and use tactful messaging through trusted sources and delivery mechanisms to combat these feelings.

Perceptions

Common perceptions associated with CRC:



Perceptions about CRC screening when tailored messages are used through trusted sources and delivery mechanisms:





Tested Screening Messages

1. There are several colorectal cancer screening options available, including simple take home options that don't require time off of work. Talk to your doctor about getting screened.
2. Colorectal cancer screening tests don't have to be expensive. There are simple, affordable tests available. Get screened! Call your doctor today.
3. Most health insurance plans cover lifesaving preventive tests. Use the health benefits you are paying for to get screened for colon cancer. Call your doctor today.
4. Colon cancer is the second leading cause of cancer deaths in the U.S. when men and women are combined, yet it can often be prevented or detected at an early stage.

Colorectal Cancer Screening Messages for Newly Insured Patients



Many of these individuals may be disenfranchised workers, non-working, or self-employed. They may not have carried health insurance coverage in the past, but are benefiting from new access to coverage. Motivating messages should focus on educating these patients about their screening options, while encouraging them to take full advantage of new insurance plans to detect or prevent colorectal cancer. They may require additional education on what insurance offers, including preventive health coverage. In message testing, the following messages tested the highest among this group:

1. There are several colorectal cancer screening options available, including simple take home options that don't require time off of work. Talk to your doctor about getting screened.
2. Most health insurance plans cover lifesaving preventive tests. Use the health benefits you are paying for to get screened for colon cancer. Call your doctor today.

Source: [American Cancer Society](#)

Colorectal Cancer Screening Message for Financially Challenged Patients



Motivating messages should focus on screening affordability, as healthcare costs are a major concern among these patients. Messages that promote alternative, less expensive options are best received. Health care providers, physicians in particular, are a trusted source of information for this audience. Also, it is important to discuss screening with these patients during each and every doctor visit (even sick visits) as this population tends to schedule appointments infrequently. Office practices such as flagging the records of patients in need of screening or setting a protocol to briefly discuss preventive health at every visit can help to reach this population. In message testing, the following messages tested the highest among this group:

1. There are several colorectal cancer screening options available, including simple take home options that don't require time off of work. Talk to your doctor about getting screened.
2. Colorectal cancer screening tests don't have to be expensive. There are simple, affordable tests available. Get screened! Call your doctor today.

Source: [American Cancer Society](#)

Colorectal
Cancer Screening
Options for
Insured
Procrastinators (I
nsured or has an
annual income of
\$50,000 or more
and insured)

While this audience may care about maintaining their health and exercising regularly, they may not understand that colorectal cancer screening is something you do when you do not have symptoms. With many competing priorities, they may not consider it enough of a top priority to get screened. This audience also reports not being screened because they have a fear of the unknown or have heard negative testimonials related to the test and its preparation. Physicians providing information on options that are more comfortable and private will help motivate them to be screened. Utilizing testimonials will help to relieve fear of the test, while instilling the urgency to get tested. In message testing, the following messages tested the highest among this group:

1. There are several colorectal cancer screening options available, including simple take home options. Talk to your doctor about getting screened.
2. Colon cancer is the second leading cause of cancer deaths in the U.S. when men and women are combined, yet it can often be prevented or detected at an early stage.

Colorectal Cancer Screening Messages for Fearful Procrastinator (Have not been screened because they heard the test or preparation was unpleasant or embarrassing, afraid to be screened, or have been procrastinating)



Despite the fact that nearly one quarter of this group has served as a caregiver to someone with cancer, they are pushing off being screened. Their procrastination seems to be driven by fear of the test or test preparation, so alternative solutions outside of colonoscopies will appeal to this group. In message testing, the following messages tested the highest among this group:

1. There are several colorectal cancer screening options available, including simple take home options. Talk to your doctor about getting screened.
2. Colorectal cancer can often be prevented or detected at an early stage through screening. Call your doctor today to talk about getting screened.

Source: [American Cancer Society](#)

Black/African Americans



Messages should focus on taking steps to have a positive impact on one's health, while stressing the fact that regardless of a lack of symptoms, screening is important now. Additionally, messages for the males in this population should be sensitive to cultural perceptions regarding various screening methods. This can be achieved through education on screening options and utilizing testimonials from the African American community. Unscreened African Americans cite no doctor recommendation as being their number one reason for not being screened. In message testing, the following messages tested the highest among this group:

1. Colon cancer is the second leading cause of cancer deaths in the U.S. when men and women are combined, yet it can often be prevented or detected at an early stage.
2. 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.

Source: [American Cancer Society](#)

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Hispanic/Latinos



Successful messaging to Hispanic/Latino audiences should be intentionally bold and direct because the most effective campaigns convey risk and urgency clearly and directly. There are also **cultural nuances** in language that makes subtle messaging less effective. In general, the Hispanic/Latino population has a high trust in their physicians and views them as a top source for information. **Unscreened Hispanics/Latinos cite no doctor recommendation as being one of the most influential reasons for not being screened.**

Unfortunately, only a small percent of Hispanic/Latinos visit their physicians regularly. Whenever possible, systems should be in place to flag patients in need of screening so conversations can take place even at sick visits.

Source: [American Cancer Society](#)

Hispanic/Latino

The following messages tested the highest among this group:

1. Many people with colon cancer or polyps don't have symptoms, and the risk of getting colon cancer goes up with age. That's why men and women need to get screened for colon cancer starting at age 50 even if they feel healthy.

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

2. Screening can help find and prevent colon cancer. In fact, if your doctor sees polyps that look like they can turn into cancer, they will remove them. When you have polyps like these removed, you may be preventing cancer!

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!

3. You're so important to your family. Don't let them down. Get screened for colon cancer today! It could help save your life.

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

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Source: [American Cancer Society](#)



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.

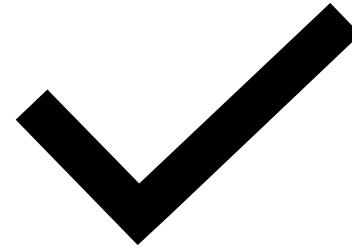
A colonoscopy isn't the only option for colorectal cancer screening. There are simple, affordable options, including tests that can be done at home. Talk to your doctor about which option is right for you. Ask which tests are covered by your health insurance.

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!

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.

Source: [American Cancer Society](#)

Messages for young adults

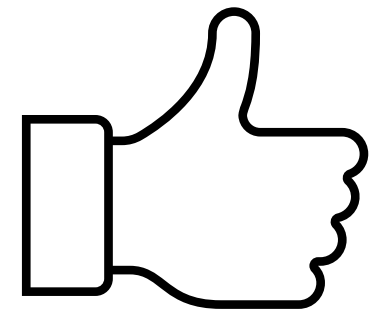


Eat well? Work out regularly? Don't smoke? What else?

You're taking all the right steps to live a healthy lifestyle. But are you missing one step that might be easier than you think? Talk to your doctor to find out if it's time for you to get screened for colorectal cancer and what screening options are right for you.

Why it works?

What comes to mind when hearing this message?



CRC Screening Message for Young Adults

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

Why it works?

What comes to mind when hearing this message?

More Messages

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.

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!

Case study

Mr. Adams is a 45-year-old male in your office for a "health maintenance" visit. Apart from occasional nocturia and a 1 pack per day smoking habit, his history is remarkable only for a family history of colorectal cancer in his uncle at age 70. He complains of no abdominal or bowel-related symptoms, and his physical examination is normal except for a mildly enlarged prostate. He agrees and takes a CRC screening test home. You go over his record and find that after 2 weeks he has not mailed the CRC screen kit back.

- What would be your next step?
- What type of message would you send to Mr. Adam?

Case Study

Mr. Gonzales, a 38-year-old Hispanic male with LEP whose father contracted colorectal cancer at age 45 and died at age 46 presents for his physical. He notes no changes in his bowel habits, and no history of rectal bleeding. His physical examination is normal. Despite counseling, he says that he will talk to the doctor when he is back for the blood work results. 2 weeks after, he has not returned to the clinic, and you are tasked to follow up with him.

- What challenges do you need to review before contacting Mr. Gonzales?
- What would be the best way to reach out to Mr. Gonzales?

Additional Resources

How to Increase Preventive Screening Rates in Practice

<https://dhhs.ne.gov/Documents/How%20to%20Increase%20Preventive%20Screening%20Rates%20in%20Practice.pdf>



How to Increase Preventive Screening Rates in Practice:

An Action Plan for Implementing a Primary Care Clinician's* Evidence-Based Toolbox and Guide

***Including Family Physicians, General Internists, Obstetrician-Gynecologists, Nurse Practitioners, Physician Assistants, and Their Office Managers**



Additional Resources

Lead Times Messaging Guidebook

[2023 Lead Time Messaging Guidebook - American Cancer Society National Colorectal Cancer Roundtable \(nccrt.org\)](#)

2023 Lead Time Messaging Guidebook



Additional Resources

- 2022 Messaging Guidebook for Black & African American People
- [2022 Messaging Guidebook for Black & African American People: Messages to Motivate for Colorectal Cancer Screening - American Cancer Society National Colorectal Cancer Roundtable \(nccrt.org\)](#)

2022 Messaging Guidebook for Black & African American People: Messages to Motivate for Colorectal Cancer Screening



Additional Resources

Hispanics/Latinos and Colorectal Cancer Companion Guide

[Hispanics/Latinos and Colorectal Cancer Companion Guide - American Cancer Society National Colorectal Cancer Roundtable \(nccrt.org\)](#)

Hispanics/Latinos and Colorectal Cancer Companion Guide



Additional Resources

Asian American and Colorectal Cancer Companion Guide

[Asian Americans and Colorectal Cancer Companion Guide - American Cancer Society National Colorectal Cancer Roundtable \(nccrt.org\)](#)



Asian Americans and Colorectal Cancer Companion Guide



80%
by 2018



Recommended Messages to Reach Asian Americans
Messaging guidance for talking to Asian Americans about colorectal cancer screening




Asian Americans* and Colorectal

The graphic features a blue header with the text '80% by 2018' in white. Below the header is a photograph of an elderly couple smiling and eating together. To the right of the photograph is the title 'Recommended Messages to Reach Asian Americans' in bold purple text, followed by the subtitle 'Messaging guidance for talking to Asian Americans about colorectal cancer screening' in smaller purple text. Below the photograph is a close-up photo of a woman with dark hair looking thoughtfully to the side. At the bottom right of the graphic is the text 'Asian Americans* and Colorectal' in bold blue text.

Q&A Session





Complete our Post Evaluation Survey



Upcoming LC Sessions



Session 3 (03/27/2024): Colorectal cancer screening messaging

Session 4 (04/03/2024): Interventions engaging CHWs

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Thank you!

