



# INTRODUCTORY PACKET



The Comprehensive Cancer Control National Partners (CCCNP) have embraced the 80% by 2018 campaign to increase colorectal cancer screening rates as a strategic priority.

This introductory packet contains materials and practical resources for Comprehensive Cancer Control (CCC) coalitions to use to put the 80% by 2018 campaign into practice.

We hope that it will not only be a useful resource, but that it will motivate you and your partners to accelerate your efforts to increase colon cancer screening rates in your state/territory/tribe.



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# CCCNP Prioritizes 80% by 2018



## Working Together to Reduce Colorectal Cancer

The Comprehensive Cancer Control National Partnership (CCCNP) is a group of 15 leading cancer organizations in the U.S. who have joined together to build and strengthen comprehensive cancer control efforts across the nation. The CCCNP has made colorectal cancer screening one of three focus areas and is working with the National Colorectal Cancer Roundtable (NCCRT/Roundtable) to promote the 80% by 2018 initiative.

The Roundtable launched 80% by 2018 to substantially reduce colorectal cancer as a major public health problem.

The NCCRT includes public, private, and voluntary organizations alike. Their shared mission is to advance colorectal cancer control efforts by improving communication, coordination, and collaboration among health agencies, medical-professional organizations, and the public.

The members of the CCCNP stand united in the belief that we can substantially reduce colorectal cancer as a major public health problem.

Achieving an 80% screening rate by 2018 will require the collaboration of many leaders; it cannot be achieved working in isolation. Health care providers, health systems, communities, businesses, community health centers, government, and everyday Americans all have a role to play.

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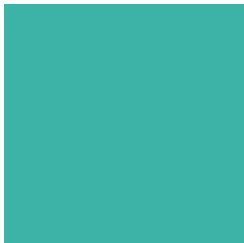
### *Be part of a national initiative*

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Over 200 national and local organizations have embraced the initiative. Your coalition is in a unique position to be a key part of the 80% by 2018 initiative.

Comprehensive Cancer Control (CCC) coalitions have been building partnerships for decades, as well as leveraging information and expertise from diverse arenas. By mobilizing community resources, bringing broad public attention to cancer issues, influencing media coverage, and successfully implementing collaborative efforts, your CCC coalition can make notable contributions to the 80% by 2018 initiative.

**You—comprehensive cancer control coalitions—can be the “engine of change” in achieving the goal of reaching 80% screened for colorectal cancer by 2018.**



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## ***Together we can make a difference***

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Colorectal cancer is the second leading cause of cancer death when combining men and women in the United States, impacting more than 132,700 adults who are diagnosed with this devastating disease every year.<sup>1</sup>

Screening can prevent colorectal cancer through the detection and removal of precancerous polyps. When adults get screened, colorectal cancer can be detected in the early stages when treatment is more likely to be successful.

Sadly, around one in three adults between 50 and 75 years old—that's about 23 million people—are not getting tested as recommended. Screening saves lives, but only if people actually have tests. Groups less likely to take part in screening include those aged 50-64, men, Hispanics, American Indians or Alaskan natives, people living in rural areas, and individuals with lower education and income.<sup>2</sup>

Together we can make a huge difference to people throughout the United States.

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<sup>1</sup> American Cancer Society. Cancer Facts & Figures 2015. Atlanta: American Cancer Society; 2015.

<sup>2</sup> Morbidity and Mortality Weekly Report: Vital Signs: Colorectal Cancer Screening Test Use – United States 2012. Centers for Disease Control and Prevention. November 5, 2013. [Vol 62]

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## ***80% by 2018 Vision***

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Ten events, accomplishments, and decisions have converged right now. Together, they have created an extraordinary opportunity to reach 80% colon cancer screening rate by 2018. They are:

1. A new Behavioral Risk Factor Surveillance System (BRFSS) report confirms progress.
2. The Affordable Care Act (ACA) coverage expansion begins.
3. Many financial barriers to screening are being eliminated.
4. Federally Qualified Health Centers (FQHCs) are now reporting colon cancer screening rates as one of the UDS measures.
5. Emphasis on quality screening is accelerating.
6. A number of Centers for Disease Control (CDC) and Prevention's state and tribal colorectal cancer efforts (CRC) have matured.
7. The Patient Centered Medical Home (PCMH) has embraced cancer screening.
8. We have the tools and teams in place to catalyze a coordinated push.
9. An incredible group of organizations, leaders, and advocates is preparing to take a pledge.
10. The Assistant Secretary of Health is expecting us to get this done.

The CCC national partners are extremely supportive of this movement and have committed to:

- ▶ sharing member resources to help you achieve 80% by 2018;







- facilitating easy and simplified access to communication materials related to colorectal cancer screening; and
- creating opportunities to share examples of evidence-based interventions and best practices to help CCC coalitions plan activities to achieve 80% by 2018 in your communities.

## An Extraordinary Opportunity

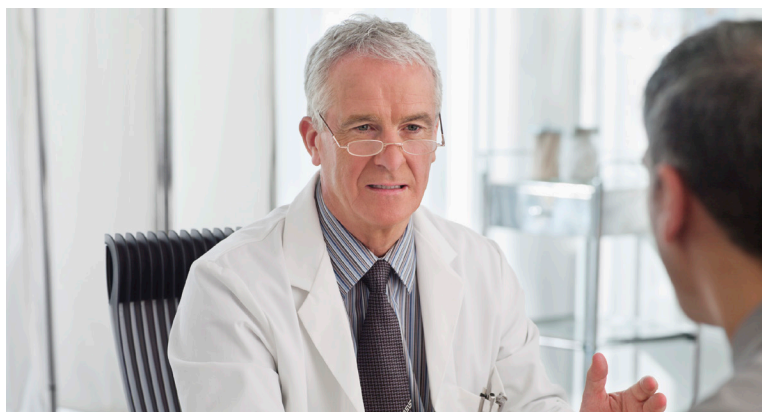
### We're already seeing progress

- Colon cancer incidence rates have dropped 30 percent in the United States in the last 10 years among adults age 50 and older. In the simplest terms, this means people aren't developing colon cancer at the same high rate as the past, because more people are getting screened.<sup>3</sup>

### Colorectal cancer screening is a national priority

- Nearly all CCC plans include goals, objectives, and strategies related to reducing the burden of colorectal cancer in their communities.
- FQHCs are now required to report colon cancer screening rates.

<sup>3</sup> <http://www.ncbi.nlm.nih.gov/pubmed/24639052>



- The CDC's Colorectal Cancer Control Program has established and demonstrated that population-based screening approaches are effective in increasing screening rates among both insured and uninsured populations.

### Barriers are coming down

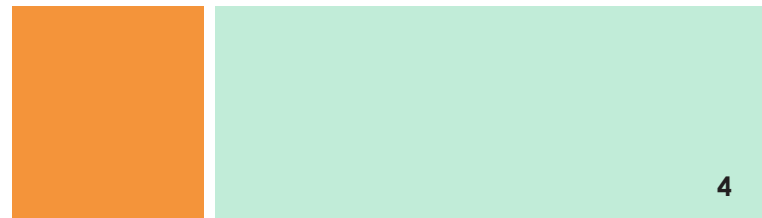
- More people now have access to CRC screening because of implementation of the Affordable Care Act. *The New England Journal of Medicine* estimates that—as of 2014—10 million people have gained coverage for screening under the ACA.<sup>4</sup>

### National support and resources are in place

CCCNP is committed to promoting the 80% by 2018 initiative and supporting coalitions “as engines of change”.

A listing of CCCNP can be found in this packet, starting on page 17, and at the CCCNP website: <http://cccnationalpartners.org/>

<sup>4</sup> The New England Journal of Medicine: Health Reform and Changes in Health Insurance Coverage in 2014.



# 1



## What You Can Do to Drive 80% by 2018 Forward

### Pledge Your Support and Engage Your Partners

#### *Join us by pledging your coalition's support*

Embrace this effort today! As a CCC coalition, sign the 80% by 2018 pledge (even if your health department has already signed!) at <http://nccrt.org/tools/80-percent-by-2018/80-percent-by-2018-pledge/>

#### *Get your partners involved*

Share this exciting opportunity with members of your coalition! Ask them to sign the pledge just like your coalition has. Even if an organization isn't sure they can reach an 80% screening rate by 2018, encourage them to sign the pledge to show a commitment to increasing screening rates. There is no wrong starting point, and we are committed to celebrating all progress. If we are to achieve 80% we are most in need of the partners who are helping reduce barriers for those populations with the greatest disparities:

- ▶ **Talking points** to help you promote 80% by 2018: <http://nccrt.org/tools/80-percent-by-2018/responsible-use-agreement/>
- ▶ **Include the 80% by 2018 logo** in your materials to show others you support the campaign: <http://nccrt.org/tools/80-percent-by-2018/responsible-use-agreement/>

- ▶ Tailor the **sample press release** announcing the signing of the 80% by 2018 pledge here: <http://nccrt.org/wp-content/uploads/Sample-Press-Release.docx>

#### *Implement colorectal cancer CCC plan strategies*

As a coalition, continue to implement colorectal cancer CCC plan strategies and consider establishing a colorectal cancer screening challenge goal.

Take action to ensure your coalition's colorectal cancer screening strategies are evidence-based ([click here](#) to link to the *Community Guide* and [here](#) to link to RTIPS) and that you are taking advantage of existing tools ([click here](#) to link to NCCRT tools).

Even if colorectal cancer screening is not one of your current plan implementation priorities, your coalition members can take action and use the 80% by 2018 promotional tools and resources in their own efforts to increase screening—make sure your members know about 80% by 2018!



PLEDGE

## Shared Goal: Reaching 80% Screened for Colorectal Cancer by 2018

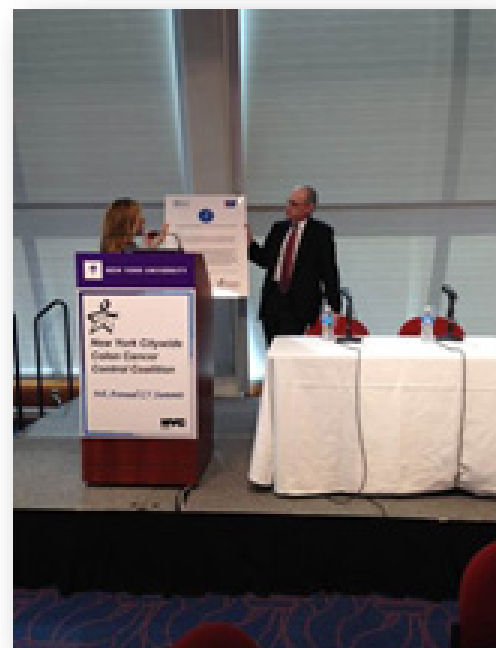
The Comprehensive Cancer Control National Partnership recently pledged to work together to increase the nation's colon cancer screening rate and disseminated a unified message to all key stakeholders.

You can sign the pledge online here:

<http://nccrt.org/tools/80-percent-by-2018/80-percent-by-2018-pledge/>

Sign the pledge today and embrace the shared goal of getting 80% screened for colorectal cancer by 2018!

## Join the Organizations and Individuals who are Signing the Pledge



# 2



## What You Can Do to Drive 80% by 2018 Forward

### Educate Key Partners

- ▶ **Let your partners know what they can do to drive 80% by 2018 forward.** Persuade primary care, hospital, insurance, employer and community organization partners to take part.

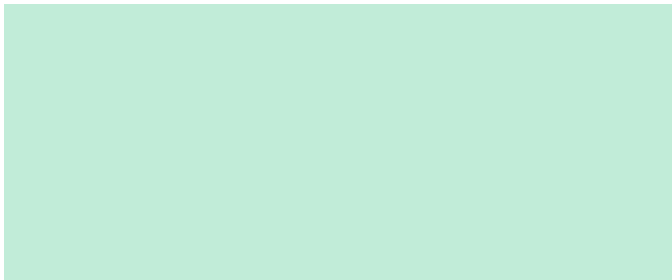
- ◇ [What can primary care doctors do to advance 80% by 2018?](#)
- ◇ [What can hospitals do to advance 80% by 2018?](#)
- ◇ [What can insurers do to advance 80% by 2018?](#)
- ◇ [What can employers do to advance 80% by 2018?](#)
- ◇ [What can community organizations do to advance 80% by 2018?](#)

- ▶ **Bring in an expert speaker on colorectal cancer.**

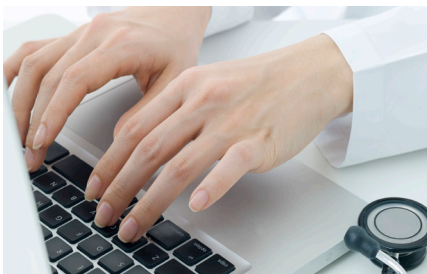
The Bureau is composed of trained clinicians across the U.S. who are available to speak on CRC risk factors, prevention and early detection to both medical and lay audiences. To request a speaker from the CRC Speakers Bureau, contact the NCCRT: <http://nccrt.org/about/provider-education/crc-speakers-bureau/>.

- ▶ **Promote the FOBT Clinician's Reference.**

This two-page resource is designed to introduce (or reintroduce) clinicians to the value of stool blood testing. It explains stool blood testing in general, making physicians aware of the differences between a guaiac-fecal occult blood test (FOBT) and a fecal immunochemical test (FIT), and explaining why different kinds of FOBTs are superior. The resource also outlines some of the things that need to go into a stool blood testing screening program, to guarantee that it's done in a quality way: <http://nccrt.org/about/provider-education/fobt-clinicians-reference-resources/>.







# 3

## What You Can Do to Drive 80% by 2018 Forward

### Promote Colorectal Cancer Screening Messages

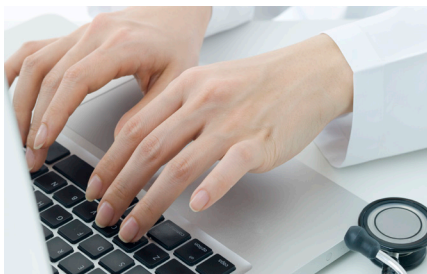
Promote screening in March and throughout the year!

► **Screen for Life:** National Colorectal Cancer Action Campaign is a Centers for Disease Control and Prevention initiative to increase screening among people aged 50 years and older. the following media materials are available:

- ◆ Television and Radio Public Service Announcements (PSAs)
- ◆ Brochures
- ◆ Patient Education Fact Sheets
- ◆ Print PSAs
- ◆ Screen for Life Web Site
- ◆ Posters
- ◆ Newspaper Articles
- ◆ Dioramas and other Out-of-Home Displays
- ◆ Video and Audio News Releases

Several resources are available in both English and Spanish, and can be found here: [http://www.cdc.gov/cancer/colorectal/sfl/print\\_materials.htm](http://www.cdc.gov/cancer/colorectal/sfl/print_materials.htm)





# 3

## What You Can Do to Drive 80% by 2018 Forward

- In March and beyond, use one or more of your own social media channels to share key messages.

To learn more about developing social media strategies visit the George Washington Cancer Institute Colorectal Cancer Awareness Social Media Toolkit: [http://smhs.gwu.edu/cancercontroptap/sites/cancercontroptap/files/Colorectal\\_SocMediaToolkit-FINAL.pdf](http://smhs.gwu.edu/cancercontroptap/sites/cancercontroptap/files/Colorectal_SocMediaToolkit-FINAL.pdf)

Here are some ideas and 80% by 2018 resources to get you started:

- ◇ Target specific unscreened audiences through social media.
  - » Share messages on Facebook and Instagram, and tweet throughout the year. A Social Media calendar can be found on Page 43 of the 80% by 2018 Communications Guidebook: <http://nccrt.org/wp-content/uploads/CRC-Communications-Guidebook-final-v4-02232015.pdf>
- ◇ Use one or more of the following ideas from the 80% by 2018 Communications Guidebook
  - » Choose a day or days of the month for recurring testimonials. For example, each Tuesday, or a set number of times throughout the month, share testimonials from patients who have beaten colorectal cancer through early detection/screenings.
  - » Host monthly or quarterly Facebook chats on questions that unscreened individuals may have about the process or for those that want to share their experience with others.
  - » Add one or more of these banner ads to your website: <http://nccrt.org/tools/80-percent-by-2018/80-by-2018-communications-guidebook/80-by-2018-communications-guidebook-banner-ads/>
  - » Share a weekly or bi-weekly fact or statistic about colorectal cancer screenings to help remove some of the mystery around the procedure and help educate those who are unscreened.
  - » Add a thumbnail of the infographic your Facebook page and link back to your website. <http://nccrt.org/wp-content/plugins/download-monitor/download.php?id=145>. Tweet the link the infographic and add it to Pinterest with a description and a hashtag.

## What You Can Do to Drive 80% by 2018 Forward

► **Incorporate the Blue Star into your current materials.**

You can add it to the bottom of posters, place it next to your logo or display it on your website. Widespread use of the Blue Star sends a unified message.

The Blue Star symbol represents the fight against colorectal cancer. It also represents the eternal memory of the people who have lost their lives to the disease and the shining hope for a future free of colorectal cancer.

The Blue Star Marketing Kit includes a range of event and activity ideas, suggestions for PR and social media, along with marketing material templates: <http://nccrt.org/about/public-education/blue-star-marketing-kit/> Look on Pages 11-14 of the marketing kit for more information about creative ways to promote the Blue Star.

► **Launch a Family PLZ! campaign.**

This campaign focuses on the importance of finding out your family history of colorectal cancer or polyps and sharing this information with your doctor and loved ones. It encourages the younger generation to start conversations about health and screening. You can find downloadable posters, a Facebook application, animated video, and web banners here: <http://nccrt.org/about/public-education/family-plz/>



# 4

## What You Can Do to Drive 80% by 2018 Forward

### Reach the Unscreened with Effective Messages

Learn about and share effective messages to reach the unscreened:

- › Use messages found in the *“80% by 2018 Communications Guidebook: Effective Messaging to Reach the Unscreened”* included at the end of this information packet.
- › <https://www.youtube.com/watch?v=Nx050cvR-kk>

### Barriers to screening

When we look at the barriers to screening, we are able to see these main barriers emerging within the target populations:

#### Affordability

- › Unscreened have lower income than screened counterparts
- › More likely to be uninsured
- › Newly insured do not know screenings are covered

#### Lack of symptoms

- › Symptoms drive doctor visits
- › Misconception about disease

#### No family history or personal connection

- › Perception that genetics is the only risk factor
- › Reduced sense of urgency

#### More pressing health issues

- › Focus on acute illnesses and issues of more concern
- › Not a top priority

#### Negative perceptions about the test

- › Connotation of test being unpleasant, invasive, embarrassing
- › Fear of test-prep compounds negativity

#### No regular primary care to reinforce message

- › Avoids doctors/no routine physicals or wellness visits
- › Think they are healthy already

#### Doctor does not recommend it

- › #1 reason among African Americans
- › #3 reason among Hispanics



# 4

## What You Can Do to Drive 80% by 2018 Forward

### Determining the critical populations

It's important to know more about the populations we are targeting. Overall, our unscreened audiences have some similarities in attitudes, aspirations, values, fears and other psychological criteria (psychographics) as the unscreened, but they all have unique barriers and will respond best to personalized messages.

Microtargeting specific audiences will inform strategy, ensuring appropriate messages are communicated through the best channels to make the most impact.

The American Cancer Society (ACS), with guidance from the CDC, conducted market research with a representative sample of 1,023 U.S. adults 50 years of age or older, followed by qualitative interviews with select audiences. The purpose of each assessment was to understand the rationale of those being screened compared to the unscreened. Demographic and psychographic data were assessed to determine which audiences were best to microtarget.

### — TARGETED AUDIENCES —

#### Demographic Profile

Age	More likely to be younger than those screened; nearly two-thirds are 50-59 years of age.
Insurance Status	More likely to be uninsured (nearly one-quarter) than those screened.
Income	Slightly lower income than those screened, with over one-half earning under \$40K per year.
Race/Ethnicity	More likely to be Hispanic than those screened (nearly five in ten eligible Hispanics are not being screened).
Education	Slightly more likely (around seven in ten) to have less than a four-year college degree than those who have been screened.
Cancer Connection	Less likely to be a cancer survivor (<7%) and less likely to have a close friend/family member with cancer than those screened (just over half).

#### Emotional Profile

- ▶ Think they are taking care of their health already
- ▶ Fearful of the unknown
- ▶ Fearful of preparation/procedure
- ▶ Focused on more immediate health concerns
- ▶ Procrastinators
- ▶ Rationalize reasons for not being screened
- ▶ Lack sense of urgency around the issue
- ▶ Have an "I know best" attitude



# 4

## What You Can Do to Drive 80% by 2018 Forward

### *The messages that motivate*

As mentioned, the ACS tested a number of messages that were developed in concert with the NCCRT Public Awareness Task Group. These messages focused on a select group of motivating factors that tracked our understanding of factors that resonated with the targeted audiences: screening options, early detection, affordability, not having symptoms, family and joining the crowd.

**These messages are NOT meant to replace any organization's signature campaign on colorectal cancer screening. General awareness of screening is high, and it needs to stay that way. Rather, the NCCRT is challenging groups to think more strategically about reaching the unscreened and incorporating these tested messages into those efforts.**

### **Appropriate messaging can alleviate fear and compel action.**

Messaging should NOT be focused on broad awareness, but instead needs to be aligned with the six core emotional motivations that might compel unscreened individuals to get screened in the future, including expectations, testimony & support, physical survival, ego, trust, and control.

Messages that will resonate the best with unscreened individuals should specifically:



Address misperceptions and fears around the test;



Feature testimonies from those who have been screened; and



Provide patients with the information and knowledge they need, including potential alternative screening solutions, to feel prepared and responsible about the process and results.

# 5

## What You Can Do to Drive 80% by 2018 Forward

### Promote Systems Change Approaches

- ▶ ***“Screening for Colorectal Cancer: Optimizing Quality.”*** One version of the continuing education (CE) course is intended for primary care providers, and the other is intended for clinicians who perform colonoscopies. Continuing education credits are available for physicians, nurses, and other health professionals. These courses provide guidance and tools for clinicians on the optimal ways to implement screening to help ensure that patients receive maximum benefit. The courses were developed by a group of nationally recognized experts in colorectal cancer screening, including primary care clinicians, gastroenterologists, and leaders in public health programs and research. The courses can be accessed free of charge at [www.cdc.gov/cancer/colorectal/quality/](http://www.cdc.gov/cancer/colorectal/quality/).
- ▶ **The FluFOBT Program** is designed to help medical practices increase colorectal cancer screening by offering take-home FOBTs or FITs to patients at the time of their annual flu shot. Successful Flu-FIT and Flu-FOBT programs are already up and running in community health centers, in a public hospital, and in a large health maintenance organization.

<http://www.cancer.org/healthy/informationforhealthcareprofessionals/colonmdcliniciansinformationsource/flufobtprogram/index>.

Each fall, millions of Americans get flu shots, and many of these people are also at risk of colorectal cancer and would benefit from screening. Many flu shot campaigns are run by nurses, pharmacists, or medical assistants, so these staff are well placed to give their patients FOBT or FIT kits.

A prepared health care team can develop simple systems to provide a home kit to all eligible patients. When they do this, they can free up time for busy providers to address other pressing health concerns. The program can be set up and kept going with limited resources. What’s more, FOBT and FIT screening methods are well-accepted by patients, making them more likely to get screened.





# 5

## What You Can Do to Drive 80% by 2018 Forward

► **The CRC Clinician's Guide**, "*How to Increase Colorectal Cancer Screening Rates in Practice: A Primary Care Clinician's Evidenced-Based Toolbox and Guide*". This practical guide outlines efficient ways for practices to get every eligible patient the colorectal cancer screening tests they need. It contains evidenced-based tools, sample templates, and strategies that can help practices improve their screening performance.

Planning depends on the size and the scope of the training and the interventions implemented. Ideally, for a large multi-site practice or multiple practices, six to nine months is a reasonable time frame to set up logistics, although it could be a little shorter in some cases, and less time is needed for single practice training (maybe three to six months).

Logistical aspects you'll need to consider include securing a venue, recruiting speakers, obtaining Continuing Medical Education (CME) credits, preparing materials, making travel accommodations for presenters, and creating internal or external marketing materials such as flyers, newsletters and so on.

The complete and detailed **Clinician's Guide** can be found here: <http://nccrt.org/about/provider-education/crc-clinician-guide/>

An eight-page **Action Plan** with key tools can be found here: <http://www.cancer.org/healthy/informationforhealthcareprofessionals/colonmdcliniciansinformationsource/cancerscreeningactionplan/index>

Steps for Increasing Colorectal Cancer Screening Rates: **A Manual for Community Health Centers** can be found here: [http://nccrt.org/wp-content/uploads/0305.60-Colorectal-Cancer-Manual\\_FULFILL.pdf](http://nccrt.org/wp-content/uploads/0305.60-Colorectal-Cancer-Manual_FULFILL.pdf)

An **Evaluation Toolkit** can be found here: <http://nccrt.org/about/public-education/evaluation-toolkit/>





Comprehensive  
Cancer Control

*Collaborating to Conquer Cancer*

# resources

## The Comprehensive Cancer Control National Partnership (CCCNP)

The CCCNP is a group of 15 national organizations, including the CDC, whose purpose is to support comprehensive cancer control coalitions in the states, tribes, territories, and U.S. Pacific Island Jurisdictions.

<a href="#"><u>American Cancer Society</u></a>	<a href="#"><u>American Cancer Society Cancer Action Network</u></a>	<a href="#"><u>American College of Surgeons Commission on Cancer</u></a>
<a href="#"><u>American Legacy Foundation</u></a>	<a href="#"><u>Association of State and Territorial Health Officials</u></a>	<a href="#"><u>Centers for Disease Control and Prevention</u></a>
<a href="#"><u>Health Resources and Services Administration</u></a>	<a href="#"><u>Intercultural Cancer Council</u></a>	<a href="#"><u>Leukemia and Lymphoma Society</u></a>
<a href="#"><u>LIVESTRONG</u></a>	<a href="#"><u>National Association of Chronic Disease Directors</u></a>	<a href="#"><u>National Association of County and City Health Officials</u></a>
<a href="#"><u>National Cancer Institute</u></a>	<a href="#"><u>North American Association of Central Cancer Registries</u></a>	<a href="#"><u>Susan G. Komen</u></a>

## Origins of the CCCNP

Comprehensive cancer control (CCC) is a collaborative and strategic approach to addressing the burden of cancer. To build and strengthen CCC efforts across the nation, a group of 15 leading cancer organizations in the US who have joined together to form the Comprehensive Cancer Control National Partnership (CCCNP).

Organized in 1999, the mission of the CCCNP is to assist CCC coalitions develop and sustain implementation of comprehensive cancer control plans at the state, tribe, territory, US Pacific Island Jurisdiction and local levels through coordination and collaboration. In addition, the CCCNP provides technical assistance and training to entities funded by the CDC National Comprehensive Cancer Control Program around partnership building and the use of evidence-based strategies to improve cancer control efforts. One of the priority goals of the CCCNP is to increase colorectal cancer screening rates to 80% by 2018.

## Audio/Video

### American Cancer Society

<http://www.cancer.org/cancer/colonandrectumcancer/moreinformation/colon-cancer-videos>

### Centers for Disease Control and Prevention

**PSA: Television** – Can be embedded into personal blogs and websites via the [CDC Streaming Health YouTube Channel](#).

- “Control” – features Meryl Streep (20-second, 30-second (2) and 60-second versions)
- “No Excuses” (English) and “No Hay Excusas” (Spanish) (30 or 60 seconds)
- “This is Personal” – features Terrence Howard (30 or 60 seconds)
- “Your Wake-Up Call” – features Terrence Howard (60 seconds)
- “The Screening” – features Jimmy Smits (20, 30, 40 seconds)
- “La Vida Real” – features Jimmy Smits (Spanish only, 20 or 30 seconds)
- “Grammy Keaton” – features Diane Keaton (15, 20, 30, 60 seconds)
- “I Love Life” – features Diane Keaton (30 seconds)
- “The Picture of Health” – features Morgan Freeman (20, 30 seconds)
- “Rosa y Carlos” (Spanish only) (20, 30, 60 seconds)
- “Being There” (English, 15, 30, 60 seconds) and “Estando Alli” (Spanish, 30 seconds)

[Click here](#) to watch the television PSAs.

**PSA: Radio** – Can be downloaded for personal use as needed.

- Meryl Streep (30- and 60-second versions)
- Terrence Howard (20, 60 seconds)
- “The Screening” – features Jimmy Smits (20, 30 seconds)
- “La Vida Real” – features Jimmy Smits (Spanish only, 20, 30 seconds)
- “The Picture of Health” – features Morgan Freeman (20, 30, 60 seconds)

[Click here](#) for radio PSAs.

**PSA: Radio transcripts** that radio announcers can use on-air. (English – 30, 40 seconds; Spanish – 20, 40 seconds) - [Click here](#) for ready-to-use scripts.

### Podcasts

- Have You Been Tested for Colorectal Cancer? [Click here](#) to listen
- Importance of Early Detection of Colon Cancer [Click here](#) to listen



## Audio/Video

### American College of Surgeons Commission on Cancer

#### Patient Education Videos

- › Colonoscopy Prep Instructions: <https://www.facs.org/education/patient-education/patient-resources/operations/colonoscopy-prep>
- › Colonoscopy: <https://www.facs.org/~media/files/education/patient%20ed/colonoscopy.ashx>

### National Cancer Institute

- › Did You Know? Colorectal Cancer Statistics - [Click here](#) to watch
- › Lifelines: Colorectal Cancer Awareness - [Click here](#) to watch
- › Lifelines: Colorectal Cancer Awareness and Asian Americans - [Click here](#) to watch
- › GutCheck Stories – patient stories and testimonials about being screened - [Click here](#) to watch

PSA: No Excuses for Not Getting Screened - [Click here](#) to watch

#### Screening to Detect Cancer:

- › Colon and Rectal Cancer – Dr. Barry Kramer summarizes the results of the Prostate, Lung, Colorectal and Ovarian Cancer Screening Trial. - [Click here](#) to watch

## Brochures

### Centers for Disease Control and Prevention

All Screen for Life materials are available in English and Spanish and are downloadable here: [http://www.cdc.gov/cancer/colorectal/sfl/print\\_materials.htm](http://www.cdc.gov/cancer/colorectal/sfl/print_materials.htm)

- › Colorectal Cancer Screening Saves Lives (tri-fold and pocket brochure available)
- › Colorectal Cancer Fast Facts
- › Questions to Ask Your Doctor about Colorectal Cancer
- › Colorectal Cancer Risk Facts and Symptoms
- › Colorectal Cancer Screening Tests Information
- › Colorectal Cancer Screening: A Circle of Health for Alaskans

### American College of Surgeons Commission on Cancer

#### Patient Brochure for CoC Accredited Cancer Program

The brochure describes the level of care patients can expect to receive and the services available to them at an accredited program. - [Click here](#) to download

## Employer Benefit Programs

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### C-Change

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- Cancer Screening: Payer Cost Benefit document - [Click here](#) to download
- Making the Business Case: How Engaging Employees in Preventive Care Can Reduce Healthcare Costs - [Click here](#) to download

## Fact Sheets

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### American Cancer Society

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<http://www.cancer.org/acs/groups/content/@nho/documents/document/colorectalcancer.pdf>

### Centers for Disease Control and Prevention

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All Screen for Life materials are available in English and Spanish and are downloadable here:

[http://www.cdc.gov/cancer/colorectal/sfl/print\\_materials.htm](http://www.cdc.gov/cancer/colorectal/sfl/print_materials.htm)

- Screen for Life Basic Facts on Screening (Color and Black and White)
- Colorectal Cancer Basic Fact Sheet - [Click here](#) to download
- Fact Sheet: Colorectal Cancer Tests Save Lives  
[Click here](#) to download in English - [Click here](#) to download in Spanish

### National Cancer Institute

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- A Snapshot of Colorectal Cancer - [Click here](#) to download
- Tests to Detect Colorectal Cancer and Polyps (English and Spanish) - [Click here](#) to download
- Cancer Advances in Focus – Colorectal Cancer - [Click here](#) to download

### National Colorectal Cancer Roundtable

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- Risk Screening Tip Sheet from Family PLZ! - [Click here](#) to download

## Postcards/eCards

### Centers for Disease Control and Prevention

All Screen for Life materials are available in English and Spanish and are downloadable here:

[http://www.cdc.gov/cancer/colorectal/sfl/print\\_materials.htm](http://www.cdc.gov/cancer/colorectal/sfl/print_materials.htm)

- No Excuses – Why Should I Get Screened?
- Colorectal Cancer Screening Saves Lives
- True or False – Questions about Colorectal Cancer (horizontal and vertical)
- Are you the Picture of Health? – Katie Couric
- This is Personal – Terrence Howard - [Click here](#) to download
- Colorectal Cancer Screening Saves Lives - [Click here](#) to download
- I Got Screened: Now It's Your Turn - [Click here](#) to download

## Posters

### Centers for Disease Control and Prevention

All Screen for Life materials are available in English and Spanish and are downloadable here:

[http://www.cdc.gov/cancer/colorectal/sfl/print\\_materials.htm](http://www.cdc.gov/cancer/colorectal/sfl/print_materials.htm)

- No Excuses for Not Being Screened (11x17, three versions, horizontal and vertical)
- Screening Saves Lives (11x17)
- This Is Personal – Terrence Howard (17x22 and 17x11)
- Are You the Picture of Health? – Katie Couric (17x11 and 17x22)
- Art Gallery- Colorectal Cancer Screening Saves Lives (17x11 and 11x17)
- What Do These Busy People Have in Common? (11x17 and 17x22)
- True or False: Colorectal Cancer Facts (11x17 or 17x22)

## Print Ads

### Centers for Disease Control and Prevention

All Screen for Life materials are available in English and Spanish and are downloadable here:

[http://www.cdc.gov/cancer/colorectal/sfl/print\\_materials.htm](http://www.cdc.gov/cancer/colorectal/sfl/print_materials.htm)

- No Excuses for Not Being Screened (black and white and full color, full page and half page ad)
- This Is Personal – Terrence Howard (8.5x11 and 4.25x4.25, 2.1x9 – black and white, and color)
- Are You the Picture of Health? – Katie Couric (3 sizes, black and white, and color)
- Art Gallery- Colorectal Cancer Screening Saves Lives (3 sizes, black and white, and color)
- What Do These Busy People Have in Common? (3 sizes, black and white, and color)

## Provider Materials

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### *American Cancer Society*

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<http://www.cancer.org/acs/groups/cid/documents/webcontent/003170-pdf.pdf>

<http://www.cancer.org/espanol/cancer/colonyrecto/recursosadicionales/fragmentado/deteccion-temprana-del-cancer-colorrectal-what-is-c-r-c>

<http://www.cancer.org/healthy/informationforhealthcareprofessionals/colonmdcliniciansinformationsource/index>

<http://www.cancer.org/healthy/informationforhealthcareprofessionals/acsguidelines/colorectalcancerscreeningguidelines/index>

<http://www.cancer.org/research/cancerfactsstatistics/index>

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### *American College of Surgeons Commission on Cancer*

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- Colon Measure Specifications - [Click here](#) to download

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### *National Cancer Institute*

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- **Colorectal Cancer Risk Assessment Tool** – an interactive tool to help estimate a person’s risk of developing colorectal cancer - [Click here](#) to view

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### *National Colorectal Cancer Roundtable*

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<http://nccrt.org/about/provider-education/>

- Steps for Increasing Colorectal Cancer Screening Rates: A Manual for Community Health Centers
- The New FOBT Clinician’s Reference Resource
- How to increase Colorectal Cancer Screening Rates in Practice: A Primary Care Clinician’s Evidenced-Based Toolbox and Guide
- Promoting Cancer Screening in the Patient Centered Medical Home
- Developing a Quality Screening Colonoscopy Referral System in Primary Care Practice: A Report from the NCCRT

80% by 2018 Press Kit and Resources from the NCCRT site @ <http://nccrt.org/about/80-percent-by-2018/>

## Social Media

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### *National Cancer Institute*

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- Twitter – @theNCI
- Facebook – <https://www.facebook.com/NCImedia>
- Youtube – [www.youtube.com/user/NCIgov/search?query=colorectal](http://www.youtube.com/user/NCIgov/search?query=colorectal)

## Toolkits

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### *C-Change*

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#### Advocacy Tool Kit

- The Prevention and Public Health Fund: Reducing the Risk of Cancer for All Americans – Fact Sheet with talking points for legislators about funding
- Best Practices in Communicating about Cancer Risk Education

### *National Colorectal Cancer Roundtable*

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- Rural messaging and Evaluation Toolkit from the Public Education page - [Click here](#) to view

## Web Assets

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### *Centers for Disease Control and Prevention*

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- Terrence Howard (300x250 and 120x240)
- Katie Couric (250x200)
- Colorectal Cancer Screening Saves Lives (120x240)
- I Got Screened for Colorectal Cancer (468x60)
- One in Three Adults Has Not Been Screened as Recommended (180x150, 150x172 and 170x195)

[Click here](#) to download

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