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## The Value and Utility of a Communication Toolkit for Promoting Colorectal Cancer Awareness

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# THE VALUE AND UTILITY OF A COMMUNICATION TOOLKIT FOR PROMOTING COLORECTAL CANCER AWARENESS

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UNIVERSITY OF  
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Public Service

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## Abstract

This paper explores the process of creating a communication toolkit for promoting colorectal cancer (CRC) awareness throughout MaineHealth, and analyzes survey data about the toolkit's perceived value and utility. The Colorectal Cancer Communication Toolkit was distributed to the Clinical Leadership Council Colorectal Cancer Dashboard Action Team four times between February 22, and March 23, 2018. Team members were encouraged to use strategies from the toolkit to promote CRC awareness during CRC Awareness Month 2018. Afterwards they were asked to complete an evaluation survey. Respondents rated their satisfaction with toolkit content and clarity as either very satisfied or satisfied, and eleven MaineHealth organizations used at least one tool from the toolkit to promote CRC awareness. Blue enamel buttons promoting the Fecal Immunochemical Test (FIT) as an alternative to colonoscopy for CRC screening were the most highly utilized tool, with 700 blue buttons being distributed to nine out of eleven individual hospitals across MaineHealth. Findings from this research demonstrate that organizations are willing to utilize communication toolkits to promote awareness activities as a means to achieving clinical performance goals, and indicate that efforts to develop additional communication toolkits are perceived as valuable and should be pursued.

## Introduction

Colorectal cancer (CRC) is the second leading cause of cancer-related death in the United States when men and women are combined, and is expected to cause 50,630 deaths in 2018 (ACS, 2018). Colorectal cancer can be prevented through early detection and screening, yet despite the availability of highly effective screening tests, 23 million Americans between the ages of 50 and 75 are not being regularly screened (Fight CRC, 2018).

In 2011, 650 Mainers were diagnosed with colorectal cancer, and approximately 260 died from the disease (Maine CDC, 2018). While the incidence of new CRC diagnoses and mortality rates have been steadily decreasing in Maine since 2010, the CDC projects approximately 480 new cases of colorectal cancer will be diagnosed in Maine in 2018 (CDC, 2017).

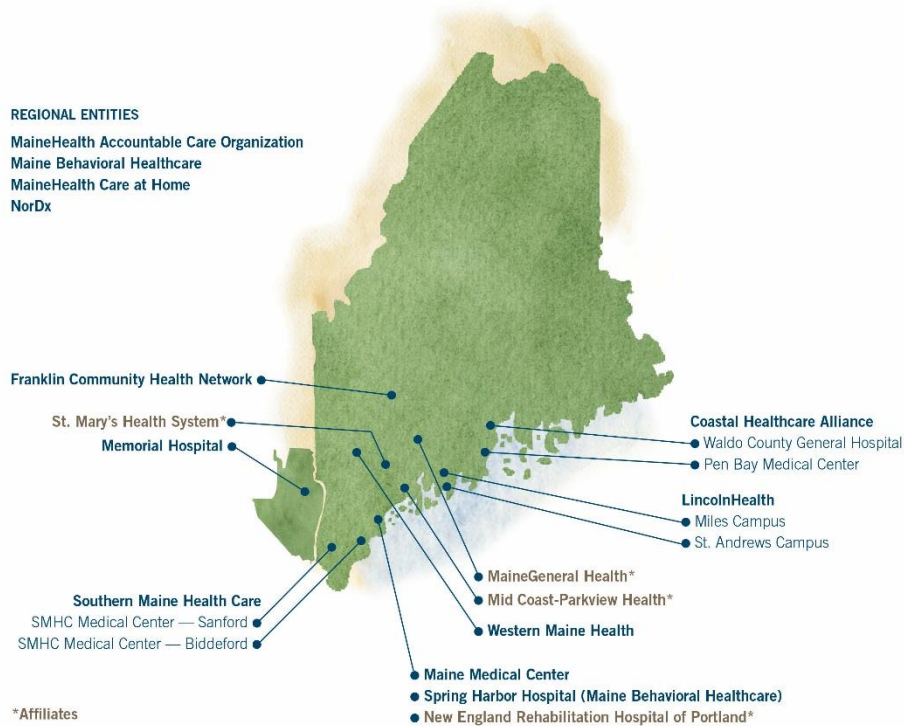
March is nationally recognized as CRC Awareness Month, and over 1,500 organizations across the U.S. have pledged their commitment to supporting the National Colorectal Cancer Roundtable's (NCCRT) "80 percent screened by 2018" initiative (NCCRT, 2018). MaineHealth, an integrated healthcare delivery network with member and affiliate hospitals throughout Maine and New Hampshire, is among those who have taken the pledge.

In 2017, the MaineHealth Chief Medical Officer brought together chief medical officers, chief nursing officers and medical staff presidents from across MaineHealth to form the MaineHealth Clinical Leadership Council (CLC). The purpose of this council is to align and prioritize clinical initiatives across the health system to support achievement of seven, high-priority Health Index targets, including reducing cancer deaths in Maine (Health Index, 2018). The CLC designated CRC screening as one of 10 System Quality Dashboard measure for FY18, making it an organizational priority across MaineHealth. MaineHealth's system quality goal for CRC screening aligns with the NCCRT's performance target of 80 percent screened by 2018.

MaineHealth is northern New England's largest healthcare system that includes more than 18,000 employees and reaches patients in primary care and hospital settings in a dozen counties throughout southern, western and central Maine, as well as Carroll County, N.H. MaineHealth is uniquely positioned to communicate key messages about the importance of colorectal cancer

screening and early detection due to its expansive reach to an audience of nearly one million individuals in healthcare settings and communities throughout Maine and New Hampshire. Figure 1 shows the locations of MaineHealth organizations.

**Figure 1.** MaineHealth System Map



## Background

System-level planning efforts for National CRC Awareness Month began at MaineHealth in November 2017 and were initiated by Prevention Program Manager Marin Johnson and MaineHealth Cancer Care Network Program Manager Cheryl Tucker. Recognizing that awareness campaigns have proven to be effective for helping to educate the public about the importance of screening and the risk associated with colorectal cancer, as well as understanding that providers face a shortage of time and staff resources to actively plan and promote awareness activities, the decision was made to develop a Colorectal Cancer Awareness Month Communication Toolkit (CRC Toolkit). Developing a CRC Toolkit to facilitate CRC awareness promotion represents one strategy from a larger overall initiative to support MaineHealth organizations reaching 80 percent screened by 2018.

Toolkits have recently gained popularity as knowledge translation strategies, and may include items such as educational material, guidelines, templates and evidence-based messages on a particular subject. Toolkits offer flexibility in their utility because users are encouraged to select strategies to be used at their own discretion and according to their own aims, resources and context (Yamada, 2015). The Centers for Disease Control and Prevention's (CDC) Social Media Toolkit provides evidence to the growing demand for health messages to be distributed through social media channels, including Facebook, Twitter, and YouTube (CDC, 2011).

The Agency for Healthcare Research and Quality has created checklists to help toolkit developers determine if a toolkit is the right method to share knowledge, if the tools and content will provide users with enough information to implement changes and whether the toolkit is viewed as being useful by its intended audience. (AHRQ, 2016). AHRQ checklists were used to guide CRC Toolkit development and evaluation.

The premise for developing the CRC Toolkit is based on the theory that providers, practice managers, population health staff, patient navigators and/or regional marketing departments will be more likely to plan and promote CRC awareness activities if knowledge translation resources are consolidated and easily accessible. Increases in CRC awareness promotion will result in more of the population being exposed to CRC awareness messages, which may help to change attitudes, beliefs or behaviors about CRC and give way to more people being screened. The CRC Toolkit was developed in partnership between MaineHealth's Prevention Program, Corporate Marketing and Communications, and the MaineHealth Cancer Care Network. The CRC Toolkit is intended to support MaineHealth organizations in reaching the system quality goal of 80 percent screened by 2018.

The CRC Toolkit contains messages and material developed by programs from within MaineHealth, as well as material researched and developed by national organizations. Using market research, and with guidance from the NCCRT Public Awareness Task Group, the American Cancer Society identified priority populations from among the unscreened as those that broad CRC awareness campaigns have failed to reach. Messages designed to influence the hard to reach are aligned with core emotional motivators, placing attention on the following:

## The Value and Utility of a Communication Toolkit for Promoting Colorectal Cancer Awareness

- Addressing misperceptions and fears about the test;
- Providing information on alternative screening options;
- Making the case for early detection and prevention; and
- Confronting financial concerns.

Permission to use material for inclusion in the toolkit was requested and obtained from the following organizations:

- The Centers for Disease Control and Prevention (*Screen for Life* public service announcements, radio advertisements, and printable material, with the understanding that content may not be edited or modified in any way).
- George Washington University (Social media messages from the *Colorectal Cancer Awareness Month Social Media Toolkit*, March 2017 edition).
- The American Cancer Society (Sample newsletter messages from the *80% by 2018 Communication Guidebook*, and content from the Ready-to-Use Cancer Presentation series).

The MaineHealth Marketing and Communications department works closely with the system's clinical service lines to develop public awareness campaigns. These materials are then shared with regional marketing teams throughout the system for use in member hospitals and practices. Recognizing that the MaineHealth Cancer Care Network was planning a public awareness campaign for CRC Awareness Month, the Prevention Program collaborated with Marketing and Communications to ensure the toolkit messages and material would be in alignment with the campaign and that efforts were not duplicated.

Corporate Communication Manager Kate Guare helped guide CRC Toolkit development by identifying the scope of the public awareness campaign and what materials could be leveraged for the toolkit. This led to the inclusion of a digital sign for waiting rooms, a display case poster, and a Facebook graphic that were developed by the MaineHealth Creative Services team. This partnership uncovered an opportunity to develop messaging about CRC screening targeted to providers and care teams, leading to the creation of several sample newsletter messages that were included within the toolkit.



The CRC Toolkit served the additional purpose of helping the Prevention Program increase circulation of two recently created educational resources, *Talking with Patients about Colorectal Cancer*, and *What You Need to Know about Colorectal Cancer Screening*. Newly created blue enamel buttons with the message “Ask Me About FIT” were available to order through email. Inclusion of these resources aimed to improve providers’ ability to engage in shared decision making conversations with patients about CRC screening and early detection, and to promote awareness of Fecal Immunochemical Test (FIT) as an alternative to colonoscopy for CRC screening.

The CRC Toolkit was revised and edited over a period of three months between December 2017 and February 2018. To accommodate the variety of assets included in the toolkit, and to overcome the lack of an internal Intranet for file sharing, toolkit developers opted to use Dropbox for secure file sharing and storage. The toolkit was formatted as a Word document with asset hyperlinks connecting to Dropbox. Table 1 describes each section of the Colorectal Cancer Communication Toolkit. A complete version of the Colorectal Cancer Awareness month Communication Toolkit can be found in Appendix A.

**Table 1.** Summary of Colorectal Cancer Communication Toolkit Content

<b>Section</b>	<b>Title</b>	<b>Description</b>
<b>Part 1</b>	Introduction	National Colorectal Cancer Awareness Month Who Should Use the Toolkit
<b>Part 2</b>	Communication Tools	Event Idea: National Dress in Blue Day Sample Newsletter Messages – Community & Employees Sample Newsletter Messages – Providers & Care Teams Sample Social Media Posts Marketing Materials – Digital Sign for Waiting Rooms Display Poster Facebook Graphic
<b>Part 3</b>	Educational Materials	Colorectal Cancer PowerPoint Presentation. Colorectal Cancer Awareness Blue Buttons CDC Screen for Life PSAs and Printable Material MaineHealth educational material
<b>Part 4</b>	Additional Resources	State and National Cancer Prevention Websites

## Audience

Two groups were identified by the CRC Toolkit planning committee as those most likely to use and benefit from the Toolkit: the Colorectal Cancer Dashboard Action Team, and regional Marketing and Communications leaders.

The CRC Dashboard Action Team consists of representatives from MaineHealth hospitals working with support from the Prevention Program to improve CRC screening rates across the system. The group convenes monthly via conference call with the purpose of sharing evidence-based strategies for improving CRC screening rates and reaching 80% screened by 2018. The CRC Toolkit was developed with this audience in mind, as a specific strategy to support their efforts.

The team of regional Marketing and Communication leaders is comprised of individuals who manage marketing and communications efforts at each MaineHealth organization. Regional MarComm staff were identified as potential toolkit utilizers as well as partners for toolkit promotion. However, because Marketing and Communications leaders are less involved in achieving health index targets compared to clinicians and practice staff, they were not included in the CRC Toolkit survey evaluation.

## Objective

The purpose for developing the CRC Communication Toolkit was to grant MaineHealth providers, practice managers, population health staff, patient navigators and/or regional marketing departments easy access to evidence based tools and resources to increase CRC awareness promotion efforts, helping organizations reach 80 percent screened by 2018. Users were encouraged to create unique CRC campaigns by selecting strategies and messages that would resonate with their audiences.

The logic model in Appendix B demonstrates the intended theory of change achieved through CRC Toolkit development and utilization. It describes specific strategies that were used to assemble the variety of CRC awareness promotion material contained in the toolkit as well as the intended short, intermediate and long-term outcomes.

## Methods

The plan for developing a CRC Toolkit was first revealed during the CRC Dashboard Action Team's monthly conference call on January 18, 2018. The toolkit was promoted as being a comprehensive resource containing a variety of marketing and educational materials to help interested parties promote CRC awareness, with the intention of helping sites reach 80 percent screened by 2018. A second announcement promoting the CRC Toolkit was made during February's monthly conference call, leading to the release on February 22, 2018.

The completed CRC Communication Toolkit was distributed via email as a Word document attachment to regional MarComm staff and the CRC Dashboard Action Team on February 22, 2018, preceding National Dress in Blue Day on March 2, and kicking-off CRC Awareness Month 2018. The CRC Toolkit was promoted three more times via email to the CRC Dashboard Action Team between March 1 and March 23, 2018. Suggestions to promote CRC awareness activities were included in the email message, as well as reminders to continue promoting CRC awareness throughout the month of March and beyond.

The Colorectal Cancer Communication Toolkit - Utility and Value Survey link was imbedded in emails sent to CRC Dashboard Action Team on March 15<sup>th</sup> and March 23<sup>rd</sup>. The survey was designed to generate quantitative and qualitative data about the usefulness and value of the CRC Toolkit. The survey was revised on March 22, 2018 to include the question "To what degree was Dropbox a barrier to accessing the toolkit's digital assets?" A list of survey questions can be found in Appendix C.

Survey questions and a description of the intervention were submitted to the University of Southern Maine's Office of Research Integrity and Outreach on February 26, 2018 where it was determined that the nature of investigation did not fall under the definition of Research Involving Human Subjects, and did not require further review or documentation.

## Findings

This process evaluation used observational, quantitative, and qualitative data collected from CRC Toolkit utilizers from across MaineHealth to answer four questions about the fidelity, reach and dose of the intervention:

1. How many organizations used tools from the toolkit to plan or promote CRC awareness activities?
2. Are users satisfied with the content and clarity of the toolkit?
3. Is the toolkit accessible to its target population?
4. Which tools were used most?

As of March 31, 2018 the survey response rate was 16.5 percent, with respondent's representing six MaineHealth organizations.

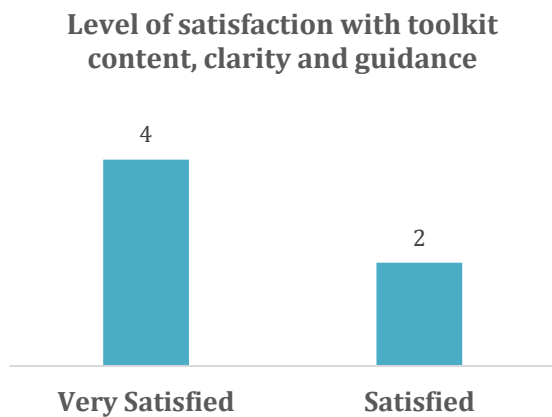
Table 2 lists organizations that engaged in at least one CRC awareness promotion activity between March 1 and March 31, 2018, as well as whether or not they completed the survey.

**Table 2.** Organizations Promoting Colorectal Cancer Awareness

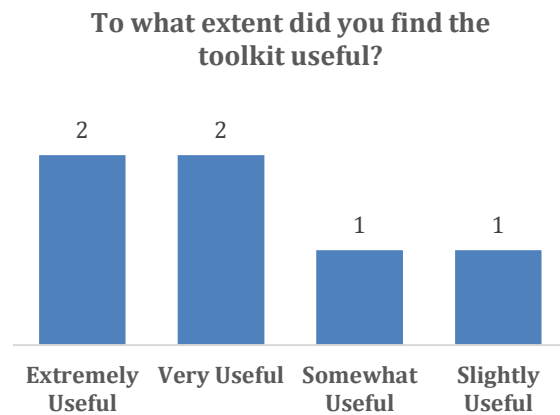
Name of Organization	Number of CRC Awareness Promotion Activities	Completed the Survey
<b>Western Maine Health</b>	7	Yes
<b>Waldo County General Hospital</b>	4	Yes
<b>Maine Medical Center / Maine Medical Partners</b>	4	Yes
<b>Pen Bay Medical Center</b>	4	Yes
<b>Franklin Community Health Network</b>	3	Yes
<b>MHACO</b>	1	Yes
<b>LincolnHealth</b>	2	No
<b>MH Corporate / Access to Care</b>	5	No
<b>Memorial</b>	2	No
<b>Saint Mary's Health System</b>	1	No
<b>Southern Maine Health Care</b>	2	No

From the six organizations that completed the survey, Table 2 shows that Western Maine reported using seven tools from the toolkit to promote CRC awareness, followed by Pen Bay, Maine Medical Center and Waldo County General Hospital each reporting that they used four tools from the toolkit. Franklin Community Health Network reporting using three tools, and the MaineHealth Accountable Care Organization reported using one tool.

Eleven MaineHealth organizations used at least one tool from the CRC Toolkit to engage in CRC awareness promotion. Figure 2 shows survey respondents (n=6) rated their level of satisfaction for toolkit content, clarity and guidance as either very satisfied (n=4) or satisfied (n=2). Figure 3 shows that ratings of usefulness were varied, from extremely useful (n=2), very useful (n=2), somewhat useful (n=1), to slightly useful (n=1).



**Figure 2.** Satisfaction with Toolkit Content



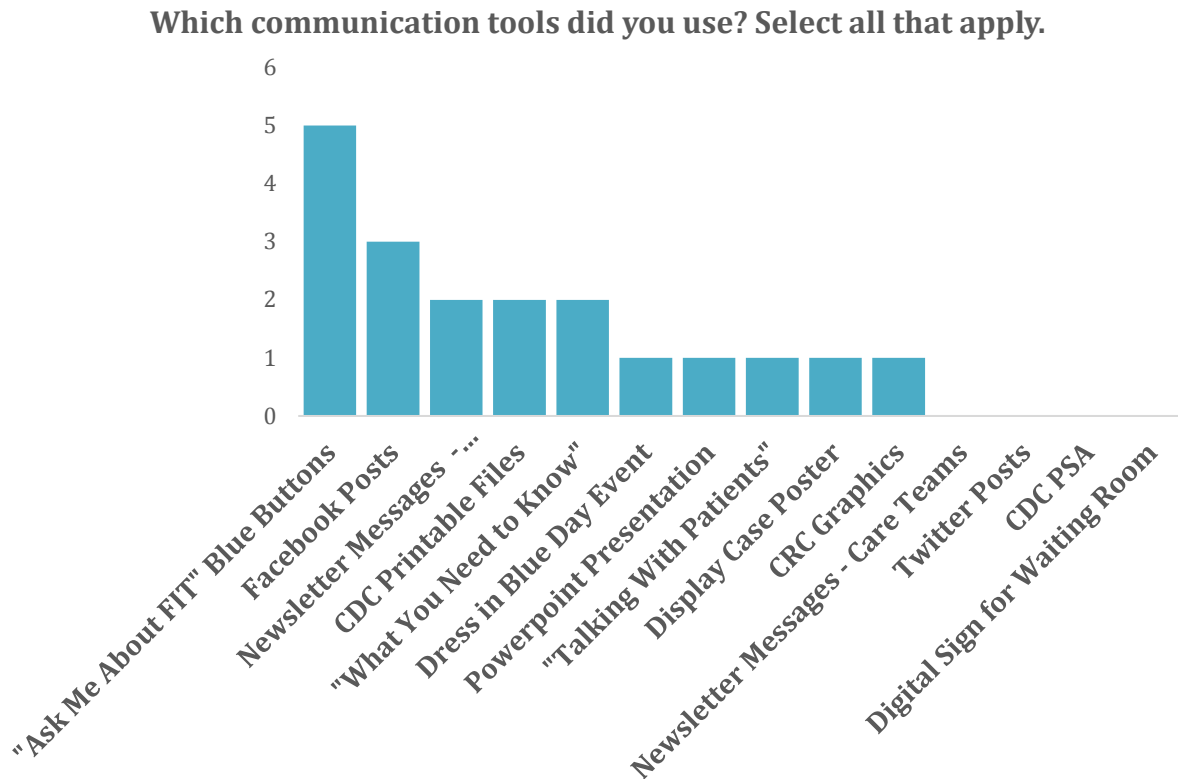
**Figure 3.** Findings of Usefulness

One survey respondent indicated that Dropbox was a moderate barrier to accessing the toolkit, while two others found it to be not at all a barrier (n=3).

A summary of data from all eleven organizations using at least one tool from the toolkit reveals that “Ask Me About FIT” blue buttons promoting a screening alternative to colonoscopy were the most highly utilized tool from the toolkit, with 700 blue buttons being distributed to nine MaineHealth hospitals. Nine organizations used social media Facebook posts to promote CRC awareness, which was the second most popular activity. Dress in Blue Day events were the third most utilized promotion activity, and four organizations including MaineHealth, Access to Care,

Pen Bay and Waldo sent their photos to Kate Guare to be used in the weekly newsletter, the MaineHealth Beat. A bar graph summarizing tool utilization among survey respondents is shown in Figure 4.

**Figure 4.** Colorectal Cancer Communication Toolkit – Tool Utilization



### Limitations

Bearing in mind the intervention's five month timeframe from conception to evaluation, and the four week window of utilization during Colorectal Cancer Awareness Month, the findings in this evaluation summary were severely limited by time. Future efforts to develop toolkits and to evaluate their value and utility should allow for more time at the beginning of the intervention to educate users of the toolkit's purpose and the resources contained within it.

Other limitations to the robustness of evaluation findings is the small sample size the CRC Toolkit was shared with, and potential technological challenges of toolkit contents being stored primarily on Dropbox. A recommendation for future toolkit developers includes creating tutorials on how to access digital files in shared drives.

Lastly, because the CRC Toolkit was only promoted among members of the CRC Dashboard Action Team, there may be questions as to whether findings are generalizable to the rest of MaineHealth, especially employees not specifically tasked with improving clinical measures. There may also be questions as to whether survey respondents were completely honest in how they rated the value and utility CRC Toolkit. Although no names were collected from the survey, three questions asked for the respondent's region, role and department, from which personal identity might be surmised.

### Conclusions

The results of this evaluation provided valuable data and insight to MaineHealth's Prevention Program and MaineHealth Cancer Care Network staff, helping to verify that organizations are willing to utilize communication toolkits to promote awareness activities as a means of achieving clinical performance goals. Survey results suggest that efforts to develop additional communication toolkits for other types of initiatives are perceived as valuable, with respondents indicating that they would like to be able to access toolkits for chronic obstructive pulmonary disease (COPD), diabetes, and tobacco and lung cancer screenings. More user education on toolkit content and intended uses prior to the implementation will benefit evaluation results, and may help to overcome variances in perceived usefulness.

### Integration of Courses and Competencies

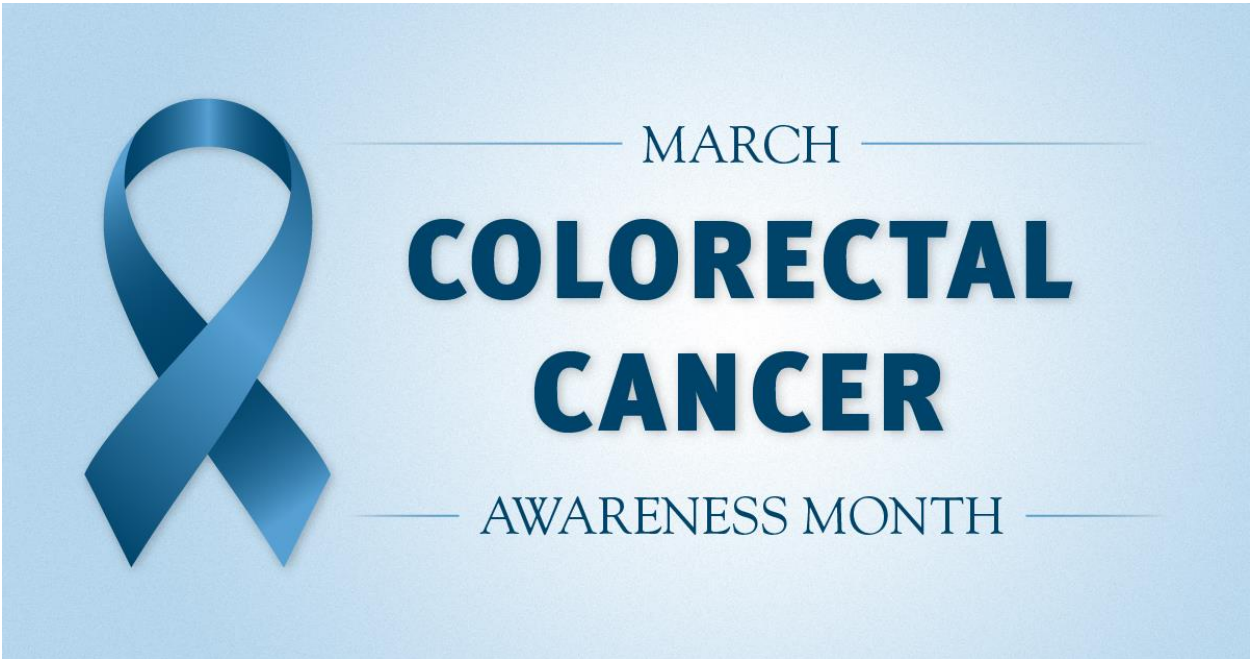
The Muskie School for Public Service's Master of Public Health program provided me with the knowledge and practical skills needed to successfully develop, implement and evaluate a public health intervention in a real-world healthcare setting. Specific courses drawn upon to complete *The Value and Utility of a Communication Toolkit for Promoting Colorectal Cancer Awareness* project include Health Care Planning and Marketing, Health Literacy, Health Systems Organization and Management, Biostatistics, Public Health Practice and Applied Public Health Research and Evaluation. Competencies gained from this coursework include the ability to use evidence-based research to inform project planning, awareness and sensitivity to audience needs, understanding and using data to tell a story, using logic models to develop a theory of change, developing skills in project management and implementation, and the ability to objectively evaluate the process and/or outcome of an intervention.

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# MaineHealth



## Communication Toolkit

## Part 1 – Introduction

## Part 2 – Communication Tools

- I. **Event Idea: National Dress in Blue Day**
- II. **Sample Newsletter Messages** – For Community Members & Employees
- III. **Sample Newsletter Messages** – For Providers & Care Teams
- IV. **Sample Social Media Posts**
- V. **Marketing Materials**

[Visit this Dropbox link](#) to access the following marketing materials:

- **Digital Sign for Waiting Rooms**
- **Display Poster**
- **Facebook Graphic**

## Part 3 – Educational Materials

[Visit this Dropbox link](#) to access the following materials:

- I. **Colorectal Cancer PowerPoint Presentation**
- II. **Colorectal Cancer Awareness Blue Buttons**
- III. **CDC Screen for Life Public Service Announcements**
- IV. **CDC Screen for Life Printable Materials**
- V. **Talking with Patients about Colorectal Cancer**
- VI. **What You Need to Know about Colorectal Cancer Screening**

## Part 4 – Additional Resources

- **American Cancer Society**
- **Centers for Disease Control and Prevention Screen for Life**
- **Colorectal Cancer Alliance**
- **GW Cancer Center Cancer Control TAP**
- **Let's Go! Small Steps Adult Program**
- **Maine Tobacco Helpline**
- **New Hampshire Tobacco Helpline**
- **National Colorectal Cancer Roundtable**

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## Part 1 – Introduction

Colorectal cancer is the second-leading cause of cancer-related death in the United States when men and women are combined. Many Mainers are not getting regularly screened for colorectal cancer, yet if everyone age 50 and older did get screened, 6 out of 10 deaths from colorectal cancer could be prevented.

March is nationally recognized as Colorectal Cancer Awareness Month, and each year communities, organizations, families, and employees join together to help spread the word about the importance of colorectal cancer screening and early detection. Getting screened for colorectal cancer and encouraging your friends and family to do the same is the number one way to prevent the disease.

The MaineHealth Colorectal Cancer Communication Toolkit was designed in partnership with MaineHealth Prevention Program and the MaineHealth Cancer Care Network. The toolkit contains messages and material developed by nationally recognized organizations and MaineHealth about the importance of colorectal cancer screening and prevention that can be used to spread awareness throughout our communities.

### *Who should use this toolkit?*

MaineHealth members and affiliates are encouraged to utilize strategies from this toolkit to create unique Colorectal Cancer Awareness campaigns. The toolkit may also be used in partnership with community-based organizations, public health agencies, cancer coalitions and others. Join the efforts of more than 1,500 organizations nation-wide that have signed the [80% Pledge](#) to increase colorectal cancer screening rates in their communities. By promoting colorectal cancer awareness you will help reduce the number of cancer diagnosis and deaths in Maine.

## Part 2 – Communication Tools

### I. Event Idea: National Dress in Blue Day, March 2, 2018

Kick-off your Colorectal Cancer Awareness campaign by promoting National Dress in Blue Day on the first Friday in March. On this day everyone is encouraged to wear blue to raise awareness for colorectal cancer screening and prevention.

#### *How Did It Start?*

In February 2000, President Clinton officially dedicated March as National Colorectal Cancer Awareness Month. Since then, it has grown to be a rallying point for the colorectal cancer community, where thousands of patients, survivors, caregivers and advocates throughout the country join together to spread colorectal cancer awareness by wearing blue on the first Friday in March.

National Dress in Blue Day began with Anita Mitchell, Colorectal Cancer Alliance volunteer and [Colon Cancer Stars](#) founder. Anita, who was battling stage IV colorectal cancer and lost a close friend and father to the disease, saw a need to bring greater awareness to a cancer not many people wanted to discuss.

In 2006, she worked with her children’s school to coordinate a recognition day with incredible success. In 2009, Anita brought the *Dress in Blue Day* concept to the Colorectal Cancer Alliance and together, they took the program nationwide!

#### *Reasons to Go Blue:*

- To honor and remember loved ones. Far too many people have been in the fight for their life because of colorectal cancer. Honor their journey and celebrate their strength.
- Motivate others to get screened. Colorectal cancer is highly preventable, but some people are not taking the steps to get screened. Screening can save lives, so let’s join together and get people checked.
- Learn the Facts. Knowing the facts about colorectal cancer helps you be a beacon of hope for those who have questions.

To order MaineHealth “Ask me about FIT” Colorectal Cancer Awareness Blue Buttons  
Email: [prevention@mainehealth.org](mailto:prevention@mainehealth.org).

## Part 2 – Communication Tools, continued.

### II. Sample Newsletter Messages – For Employees or Community Members

#### SAMPLE MESSAGE 1

##### **March is Colorectal Cancer Awareness Month**

Colorectal cancer is the second-leading cause of cancer death in the U.S. when men and women are combined, yet it can be prevented or detected at an early stage through routine screening.

To increase awareness about the importance of colorectal cancer screening, **[your organization]** is proudly participating in Colorectal Cancer Awareness Month.

On Friday, March 2, we encourage you to wear blue to help raise awareness about colorectal cancer screening and prevention. Take a photo of your team wearing blue and email it to [MHNews@mainehealth.org](mailto:MHNews@mainehealth.org) or share on social media using #MHWearBlue.

To learn more about colorectal cancer screenings, [click here](#).

#### SAMPLE MESSAGE 2

##### **March is Colorectal Cancer Awareness Month**

Colorectal cancer is one of the few forms of cancer that is preventable, treatable and beatable. Adults 50 and older are most at risk, so encourage your friends and family members to get screened regularly.

There are several screening options available, including simple take home options that you can do in the comfort of your own home.

Talk with your healthcare provider about getting screened. [Click here](#) to learn more about your options for colorectal cancer screening.

#### SAMPLE MESSAGE 3

##### **March is Colorectal Cancer Awareness Month**

Did you know that maintaining a healthy lifestyle may help reduce your risk for developing colorectal cancer and other types of cancer? This includes eating a healthy diet, staying active, maintaining a healthy weight, and not using tobacco.

Knowing your family history, learning about risk factors and getting preventive screening can make a big difference in reducing your risk for developing colorectal cancer. Most people with no symptoms or family history of colorectal cancer should first get tested at age 50. Some people may need to start screening earlier.

Talk with your healthcare provider about when you should begin screening and which colorectal cancer screening test is best for you. [Click here](#) to learn more about cancer prevention and screening guidelines.

### **III. Sample Newsletter Messages – For Providers & Care Teams**

#### **SAMPLE MESSAGE 1**

##### **March is Colorectal Cancer Awareness Month**

Did you know that there are several colorectal cancer screening tests available, other than colonoscopy, including simple take-home options?

A Fecal Immunochemical Test (FIT) is a non-invasive screening test that can be done in the privacy of a patient's own home. Among people who have negative perceptions about colonoscopies, using FIT to screen for colorectal cancer may be a better option.

It is important to get screened for colorectal cancer before the presence of symptoms, as most health insurance plans cover preventive screening. Early detection is the key to staying in good health as long as possible. Remember: *Any test is better than no test.*

To learn more about the different types of colorectal cancer screening tests, [click here](#).

#### **SAMPLE MESSAGE 2**

##### **March is Colorectal Cancer Awareness Month**

Colorectal cancer is the second-leading cause of cancer death in the U.S. when men and women are combined, yet it can be prevented or detected at an early stage through routine screening. Each year, around 150,000 people are newly diagnosed with colorectal cancer.

Regular screening beginning at age 50 for those at average risk, and sooner if there are other risk factors, is the key to preventing the disease. To learn more about the different types of colorectal cancer screening tests, [click here](#).

### SAMPLE MESSAGE 3

#### **March is Colorectal Cancer Awareness Month**

Preventing colorectal cancer or finding it early doesn't have to be expensive. Affordability is the number one issue given for not being screened.

Talking about the affordability of colorectal cancer screening alleviates the stress of financial hardships that often comes with health care. Discussing affordable options empowers patients to take control of their health and helps them make responsible decisions about screening.

The MaineHealth [CarePartners](#) program can assist patients who are experiencing financial hardships get the high-quality care they deserve. To learn more, call 1-877-626-1684.

#### **IV. Social Media Posts**

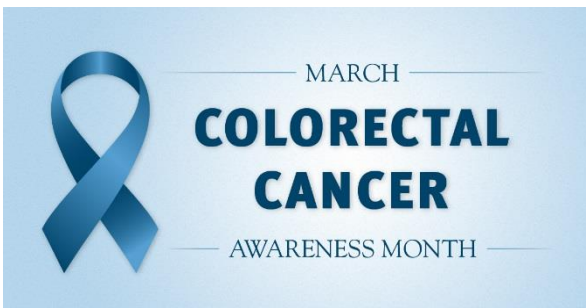
The sample social media posts below represent a subset of messages extracted from the Colorectal Cancer Awareness Month Social Media Toolkit ([GW Cancer Center, 2017](#)). The messages are supported by findings from the National Colorectal Cancer Roundtable ([NCCRT](#)) and the American Cancer Society ([ACS](#)). The messages have been vetted for health literacy by the MaineHealth Learning Resource Center.

The sample posts can be used on your social media channels to share information about Colorectal Cancer. Each sample post comes with the following:

- Link
- Image (right click on image to “Save as Picture” or [access here](#)).

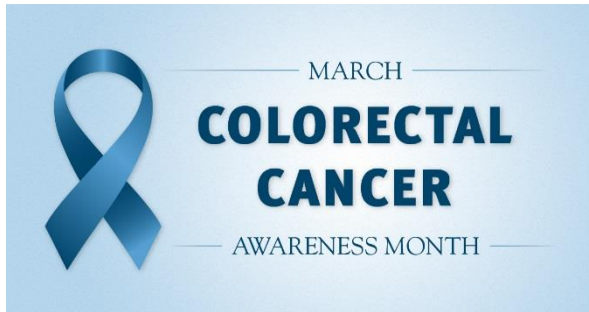
#### **Sample Facebook Posts**

Suggested Image:



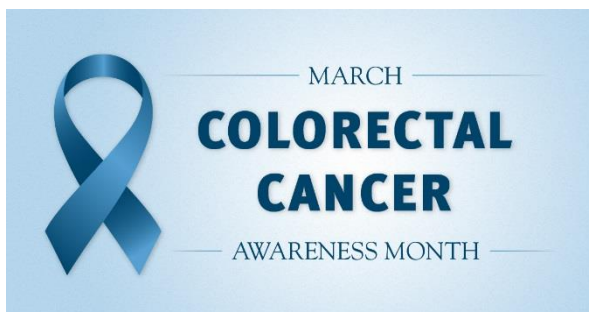
1. There are several different ways to screen for polyps or colorectal cancer. Colorectal cancer screening is recommended for men and women aged 50 and older. Talk to your doctor about which test is right for you: <http://bit.ly/2G9F1VS>

Suggested Image:



2. Getting screened for #ColorectalCancer doesn't have to break the bank! Most health insurance plans and #Medicare help pay for #ColorectalCancer screening for people aged 50 and older. Find out more: <http://bit.ly/2fVmb8o>

Suggested Image:



3. Colonoscopy isn't the only way to get screened for colorectal cancer. Your doctor can even give you a kit for you to take and use at home! Read more and talk to your doctor: <http://bit.ly/2n8hEmC>



## Sample Tweets

1. There's more than one way to screen for polyps or #ColorectalCancer: <http://bit.ly/2G9F1VS> Talk to your doctor for more info
2. Screening for #ColorectalCancer saves lives. Learn more from actor Jimmy Smits <http://bit.ly/2fVioZZ>
3. Most insurance plans and #Medicare help pay for #ColorectalCancer screening for people aged 50 and older: <http://bit.ly/2fVmb8o>
4. Colonoscopy isn't the only way to get #ColorectalCancer screening. Read more about your options & talk to your doc: <http://bit.ly/2n8hEmC>

## Part 4 – Additional Resources

**National Colorectal Cancer Roundtable** The National Colorectal Cancer Roundtable is an inclusive, accessible organization dedicated to engaging public, private, medical and civic organizations in the effort to promote colorectal cancer prevention and early detection.

**American Cancer Society** The American Cancer Society is a nationwide, community-based voluntary health organization dedicated to eliminating cancer as a major health problem.

**Centers for Disease Control and Prevention Screen for Life** The Centers for Disease Control and Prevention (CDC) is a federal agency that conducts and supports health promotion, prevention and preparedness activities in the United States, with the goal of improving overall public health.

**Colorectal Cancer Alliance** Formerly the Colon Cancer Alliance, the Colorectal Cancer Alliance provides support services, raises awareness of preventive measures, and inspires efforts to fund critical research.

**GW Cancer Center Cancer Control TAP** The George Washington University (GW) Cancer Center's Cancer Control Technical Assistance Portal (TAP) was created in response to a need voiced by cancer control professionals for a centralized website that pulls together existing and new technical assistance (TA).

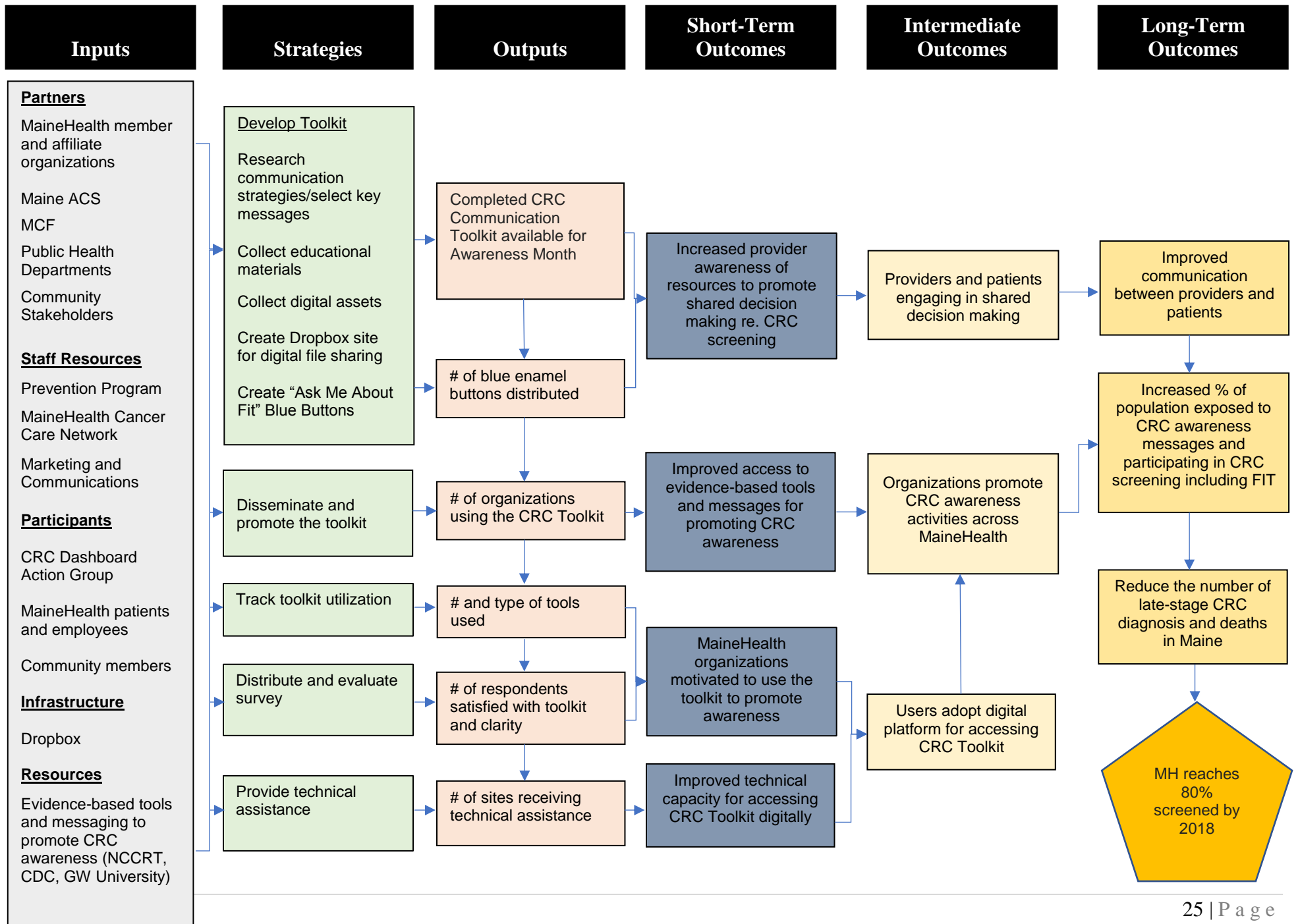
**Let's Go Small Steps Adult Program** The Let's Go! Small Steps program helps adults lead healthier lives by promoting moving more, eating real food, drinking water, and getting plenty of rest.

**Maine Tobacco Helpline** The Maine Tobacco Helpline answers questions and offers friendly support to people thinking about quitting or ready to quit smoking, or those who want to help a friend or family member quit.

**New Hampshire Tobacco Helpline** QuitNow-NH serves the general public, tobacco control professionals, educators, health care providers, physicians, and others who want to quit tobacco use, help another person quit and reduce tobacco's heavy toll on New Hampshire.

## Appendix B.

## Colorectal Cancer Communication Toolkit - Logic Model



## Appendix C. Colorectal Cancer Communication Toolkit – Utility and Value Survey Questions

1. Which organization do you work at?
  - a. Franklin Community Health Network
  - b. LincolnHealth
  - c. MaineGeneral Health
  - d. MaineHealth Care at Home
  - e. Maine Behavioral Healthcare
  - f. Maine Medical Center / Maine Medical Partners
  - g. Memorial Hospital
  - h. Mid-Coast Parkview Health
  - i. NorDx
  - j. Pen Bay Medical Center
  - k. Saint Mary's Health System
  - l. Southern Maine Health Care
  - m. Waldo County General Hospital
  - n. Western Maine Health
  - o. Other (please specify)
  
2. What is your area of focus? (Comment box)  
Marketing and Communications  
Population Health/ Community Health  
Provider/ Primary Care Practice  
Specialty Provider  
Other (please specify)
  
3. What is your role?
  
4. Please rate your level of satisfaction with the following:  
  
Toolkit content clarity  
Toolkit content completeness  
Toolkit content guidance
  
5. To what degree was Dropbox a barrier to accessing the toolkit's digital assets? (For example, digital sign for waiting room, display poster, Facebook graphic)
  
6. One of our objectives for creating the toolkit was to raise awareness of the importance of colorectal cancer screening and early detection. Did the toolkit successfully meet your needs for planning and promoting colorectal cancer awareness activities?

## Appendix C. Colorectal Cancer Communication Toolkit – Utility and Value Survey Questions

7. What communication tools did you use? Select all that apply.
  - a. Dress in Blue Day Event
  - b. “Ask Me About FIT” Blue Buttons
  - c. Sample Newsletter Messages - For Employees or Community Members
  - d. Sample Newsletter Messages - For Providers and Care Teams
  - e. Social Media Facebook Posts
  - f. Social Media Twitter Posts
  - g. Colorectal Cancer PowerPoint Presentation
  - h. CDC Screen for Life PSAs
  - i. CDC Screen for Life Printable Materials
  - j. MaineHealth “Talking with Patients about Colorectal Cancer”
  - k. MaineHealth “What you need to know about Colorectal Cancer”
  - l. Digital sign for waiting room
  - m. Display case poster
  - n. Colorectal cancer graphics
  
8. What other types of communication tools would you have liked to see included? (For example, podcast, press release, widget, blog post, other)
  
9. What additional screening initiative toolkits would you like to be able to access? (For example, breast cancer, lung cancer, prostate cancer, diabetes, heart disease, other)
  
10. Do you have any suggestions/recommendations for improving the toolkit or is there anything else you would like to share? (Comment box)