Evaluating Colorectal Cancer Communications Campaigns

Guidance for Evaluating the Effectiveness and Impact of 80% by 2018 Communications Efforts

The 80% by 2018 campaign is an effort by the National Colorectal Cancer Roundtable (NCCRT) through the American Cancer Society (ACS) to reach the goal of having 80 percent of adults age 50 or older regularly screened for colorectal cancer. As of 2016, over 1,250 organizations have pledged to work towards increasing rates of colorectal cancer screening to achieve this goal, including health care providers, community health centers, health systems, communities, businesses, nonprofit organizations, government agencies, and patient advocacy groups.

In 2015, NCCRT released a communications guidebook, *80% by 2018: Tested Messaging to Reach the Unscreened,* for 80% by 2018 partners. Based on market research, the guidebook identifies priority populations, key messages, and effective communications platforms. In addition, the guidebook offers other communications tools, including sample press releases, talking points, fact sheets, in-office screen slides, and graphics for print and social media campaigns. More information about the 80% by 2018 campaign, including the communications guidebook, can be found at http://nccrt.org/80by2018/.

This summary provides evaluation guidance for organizations that have adapted the tested messaging and other recommendations presented in the 80% by 2018 communications guidebook in their educational and communications efforts. While the messages and recommendations were based on market research, it is important that partners evaluate their own use of the messages to ensure that the messages and delivery channels are having the expected impact and to adapt their strategies if necessary.

The information provided is adapted from *Evaluation Toolkit: How to Evaluate Activities Intended to Increase Awareness and Use of Colorectal Cancer Screening*, developed by Wilder Research for NCCRT, and found at www.nccrt.org.

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80% by 2018 communications recommendations

In 2015, NCCRT developed a set of recommendations to help 80% by 2018 partners design communications strategies to educate, empower, and mobilize people to get screened. The guidelines were based on market research that identified priority populations, key messages, and effective communications platforms.

Priority populations

The market research was used to identify profiles of unscreened audiences to prioritize and target communications efforts:

- **The Insured, Procrastinators/Rationalizers**. This audience includes insured patients over the age of 50 who do not consider colorectal cancer screening a priority either because they consider themselves to otherwise be healthy, fear the procedure, or are more concerned about other health issues.
- **The Financially Challenged.** The Financially Challenged includes people of lower socio-economic status who are more likely to be uninsured or underinsured or face barriers related to high deductibles. This population is also likely to face greater health disparities.
- **The Insured, Newly Empowered.** The Insured, Newly Empowered audience represents people who are newly insured through the Affordable Care Act (ACA), including expanded Medicaid and who may be feeling empowered about their health.

In addition, African Americans and Hispanics were identified as priority sub-populations that cut across all three of the above profiles.

- African Americans were identified as a population of focus because they have the highest rates of colorectal cancer and are the second most-uninsured population in the United States.
- Hispanics are the most uninsured population and are more likely than other populations to not get screened.[1]

Detailed profiles of each population, and including guidance on messaging and communications channels for each population, is included in the communications guidebook.

[1] The 2014 market research and message testing for the Communications Guidebook was conducted with English-speaking Hispanics. In 2015, NCCRT conducted additional market research focused on Spanish-speaking Hispanics. Messages in both English and Spanish for these populations can be found in the Hispanics/Latinos and Colorectal Cancer Companion Guide.

Key messages

To reach priority populations, NCCRT also developed three key messages, based on findings from the market research process, after considering motivations that might influence unscreened people to get screened. For the most part, these messages resonated across all five priority populations. Each message addresses misperceptions or fears about the test and provides patients with information they need to feel prepared and empowered about the screening process. The three key messages are:

- There are several screening options available, including simple take-home options. Talk to your doctor about getting screened.
- 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.
- Preventing colorectal cancer or finding it early doesn't have to be expensive. There are simple, affordable tests available. Get screened! Call your doctor today.

Information about how to customize these messages for each of the priority populations is included in the communications guidebook.

Communication channels

NCCRT also identified key spokespeople and communications platforms that are effective in delivering messaging to the priority populations. Through its market research, NCCRT identified the following key spokespeople for 80% by 2018 messaging:

- physicians
- community health centers and clinics
- pharmacies
- Medicaid providers
- insurance providers
- national health organizations
- family and friends
- the faith-based community
- community organizations and nonprofits
- survivors or people who have been screened, especially known community members or celebrities

In addition, the research identified effective channels to deliver the messaging, including television, radio, and print media, websites and social media, and text messages. Information about effective communications channels for each of the priority audiences can be found in the communications guidebook.

Evaluating your 80% by 2018 communications efforts

Why evaluate efforts using recommendations that have already been tested?

The resources and recommendations found in the communications guidebook were distributed to 80% by 2018 partners who were then encouraged to adapt them for their own outreach efforts. 80% by 2018 partners responded with creativity and innovation, using the recommendations to shape local campaigns, public service announcements, print materials, social media messages, slides with key messages about screening in clinic waiting rooms, local radio ads, letters to the editor in newspapers, and press releases. These efforts targeted a variety of populations or geographic areas with a variety of messages and messengers. Many have also incorporated the 80% by 2018 messaging into broader types of interventions, such as one-on-one education and other educational strategies. This summary will help you to evaluate the effectiveness and impact of your 80% by 2018 messaging activities no matter what type of intervention you are using.

Although these resources are based on market research, 80% by 2018 partners may still be wondering whether these efforts are worth their time and resources. How many people are you reaching? Are these efforts making a difference in whether people choose to get screened? Are we moving closer to our goal of 80% of age-eligible people screened for colorectal cancer? How can your messaging and tactics be improved? An evaluation of your communications efforts can help you gather data to answer these questions. This section will provide guidance for evaluating communications efforts and includes descriptions of three sample organizations that are interested in evaluating their 80% by 2018 educational and communications activities.

Sample programs

Example 1: Northside Medical Clinic

The program's 80% by 2018 efforts

Northside Medical Clinic, a small community-based clinic in a largely low-income, Hispanic community, is interested in increasing colorectal cancer screening rates among its patient population.

After consulting the communications guidebook and the Hispanic/Latino companion guide developed by NCCRT, and considering what staff already know about the clinic's patient population, the clinic decides to implement a one-on-one education program. Through this intervention, navigators hired from the community talk to unscreened patients 50 or older about getting screened. Navigators are given talking points to provide clear and direct information that emphasizes that colon cancer can be prevented through screening and that there are affordable, take-home options for screening. The Clinic also develops brochures about screening printed in English and Spanish, using the NCCRT materials.

What they are interested in evaluating

The clinic is interested in learning about whether its efforts are leading to an increase in people making appointments to get screened. The Clinic is also interested in learning whether patients like and understand the brochures they created.

Example 2: Metropolitan Colon Cancer Collaborative

The program's 80% by 2018 efforts

The Metropolitan Colon Cancer Collaborative, an advocacy group, develops and distributes brochures and other written information to promote colorectal cancer screening. Their target audience has traditionally been the African American community, and they are interested in promoting screening among patients who are newly insured under the ACA.

As an 80% by 2018 partner, the collaborative decides to implement a broader communications campaign to increase screening rates for this target audience. The collaborative develops a series of television and radio ads with testimonials from respected African American leaders in the community about the importance of getting screened, even if no symptoms are present, and providing information about insurance coverage.

What they are interested in evaluating

The collaborative is interested in learning about whether these messages resonate with members of its target audience and are effective in increasing knowledge about screening.

Example 3: The Wellness Clinic

The program's 80% by 2018 efforts

The Wellness Clinic, a hospital-based medical clinic, is interested in increasing screening among unscreened patients who are 50 or over.

After reading through the communications guidebook and looking through resources on the NCCRT website, the Wellness Clinic decides to implement a social media campaign. The campaign includes weekly testimonials from patients about the screening process intended to help dispel misperceptions about getting screened and emphasize that colorectal cancer is the second leading cancer killer. The posts also include a link to the clinic's website to make an appointment to get screened.

What they are interested in evaluating

The Wellness Clinic is interested in learning about how many people are being reached by the social media campaign and whether more people making appointments to get screened because of the posts.

What questions should I be asking?

Before you begin your evaluation, it can be helpful to map out your communications efforts, thinking about your target audience, what messages and communications channels you are using, and how these efforts should lead to the intended results. This type of map is known as a program theory or logic model, and can inform your evaluation questions. In its most basic form, a program theory is a series of "if/then" statements, highlighting that "if" this effort is made, "then" this result will occur. For example, a program theory for in-office screen slides with information about screening recommendations might read:

- "**IF** our clinic posts screen slides in our office waiting room with educational messages about screening options, **THEN** more people will become aware of different screening options that align with their values and needs."
- "**IF** more people are aware of their screening options, **THEN** more people will have information that helps them overcome common barriers to screening and be receptive to their doctor's recommendation about screening."
- "**IF** more people are receptive to their doctor's recommendations about screening, **THEN** more people will act on the screening recommendation."
- "**IF** more people are willing to act on the screening recommendation, **THEN** more people will get screened, and we will move closer to our goal of having 80% of age-eligible people screened by 2018."

Your program theory can point you to outcomes you can reasonably expect from the communications strategies, as well outcomes along the way that you might want to measure. You will want to think about what information you want to know at the end of the process and what information would be of interest to your potential audiences. For example, you may be sharing the findings with your staff to inform the next steps of the intervention. You may also share the information with partner organizations, funders, or other stakeholders to show that you have reached a target audience or that people who have seen your messages have a greater awareness of or intention to get screened.

Sample program theories

The three programs each create a program theory to help guide their evaluation efforts.

Example 1: Northside Medical Clinic

Navigators hired from the community explain to patients 50 and older that colon cancer can be prevented through screening and that affordable, take-home options for screening are available.

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Patients learn from a trusted messenger about the importance of screening and that affordable options are available.

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Patients feel empowered to get screened.

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Patients follow through on the screening recommendation.

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Colorectal cancer screening rates will increase.

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Colorectal cancer incidence and mortality rates will decrease.

Example 2: Metropolitan Colon Cancer Collaborative

The Metropolitan Colon Cancer Collaborative develops television and radio ads with testimonials from members of its target audience about the importance of getting screened and providing information about insurance coverage under the ACA.

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Members of the target audience learn about insurance coverage for screening and the importance of getting screened from trusted spokespeople.

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Members of the target audience feel empowered to get screened.

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Members of the target audience make an appointment to get screened.

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Patients follow through on the screening recommendation.

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Colorectal cancer screening rates will increase.

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Colorectal cancer incidence and mortality rates will decrease.

Example 3: The Wellness Clinic

The Wellness Clinic posts weekly testimonials on social media from patients explaining that colorectal cancer is the second leading cancer killer, explaining the screening process and featuring a phone number to call to make an appointment.

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Patients understand why they should prioritize screening, while learning more about the screening process and how to make an appointment to get screened.

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Patients feel less apprehensive about the screening process.

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Patients feel motivated to make an appointment and understand how to do so.

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Patients call to make an appointment to get screened.

↓

Patients follow through on the screening recommendation.

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Colorectal cancer screening rates will increase.

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Colorectal cancer incidence and mortality rates will decrease.

Developing evaluation questions

Evaluation questions often fall into three main categories: outcomes, process, and satisfaction.

Outcome evaluations

Outcome evaluations look at changes you can reasonably expect as a result of your communications efforts. Outcome evaluation questions might include:

- Are more people talking to their doctors about getting screened as a result of the in-office screen slides about screening options?
- Do people who hear from a navigator about screening options show increased knowledge about the different options?
- Are more people aware about screening coverage under the ACA as a result of the radio ad campaign using a trusted community messenger?
- Are more people calling to make an appointment to get screened as a result of the social media campaign that features testimonials from community members who explain that colorectal cancer is the second leading cancer killer and who explain the screening process?

Process evaluations

In communications, process evaluations consider how many people the message is reaching, who it is reaching, and how your efforts could be improved. Process evaluation questions could include:

- Did all unscreened patients 50 or older receive the educational brochure, and how many people actually read it?
- How many times did the radio ad run?
- How many people engaged with the posts on social media through the number of "likes" or "shares"?
- Was the communications plan successful in reaching a specific population?

Satisfaction evaluations

In communications activities, satisfaction evaluations consider whether the individuals who received the messages were satisfied with the messages, felt they reflected their interests and concerns, or have suggestions for change.

- Did the brochure increase patients' interest or comfort in getting screened?
- Did the radio ad resonate with the population you are targeting?
- How could the social media messaging be improved?

Evaluating community needs of target audiences

In addition to these three types of evaluations, it can be helpful to do some work upfront to determine which populations to target, what their needs, interests, or concerns may be, and what types of messaging and media might be most relevant. NCCRT has developed recommendations about key audiences, messages, and media platforms for the 80% by 2018 campaign in their communications guidebook noted above. Additional questions you might explore with the population you are targeting include:

- What do people already know about screening?
- What are people's perceptions of the screening process?
- What barriers make it difficult for people to get screened?
- What would make it easier for people to get screened?

While the 80% by 2018 communications guidebook offers general information about these questions, there is wide variation in each community and the more targeted your messaging is to your community, the more effective it will be.

Sample evaluation questions

As described earlier, the sample programs all identified a number of interests for their evaluation. Before proceeding with their evaluation design, the three programs must take some time to confirm their priorities.

Example 1: Northside Medical Clinic

The Northside Medical Clinic is interested in learning whether the one-on-one education campaign is increasing screening rates at the clinic. They decide to measure the outcomes of their communications efforts by asking:

Are more people getting screened as a result of the one-on-one education efforts?

The clinic is also interested in learning about what patients think about the brochures they created, but they decide that they do not currently have the capacity to answer this question.

Example 2: Metropolitan Colon Cancer Collaborative

The Metropolitan Colon Cancer Collaborative recognizes that designing effective communications strategies is an important first step to increasing screening rates. Therefore, the collaborative is interested in learning about whether members of their target audience like the television and radio ads and whether the ads speak to issues that impact the target audience.

The collaborative decides to evaluate satisfaction with the ads by asking the following questions:

Do the ads address issues that are important to the target audience?

How could the ads be improved?

Example 3: The Wellness Clinic

The Wellness Clinic is interested in learning whether the social media campaign is an effective use of resources. They would like to know how many people are being reached by the ads. They are interested in a process evaluation that asks:

How many people engaged with the posts on social media through the number of "likes" or "shares"?

How many people called the clinic as a result of the posts?

How should I collect the information?

Many traditional evaluation methods, such as interviews, focus groups, or surveys, can be used to assess the effectiveness or impact of your 80% by 2018 communications strategies. However, social media and mass media present additional options that can be used for evaluation. When deciding what evaluation methods would be most appropriate for your 80% by 2018 efforts, consider what method would help you best answer your evaluation questions, who you might need to gather information from, what methods would be most appropriate in reaching them, and what type of information would be most useful for your stakeholders. Other considerations include cost, resources, time constraints, or additional expertise you may need to carry out the evaluation. Some common evaluation strategies for 80% by 2018 activities include:

- **Surveys.** Surveys involve collecting information from participants without direct contact. Paper versions of a survey may be handed out or mailed, or you might also ask people to

complete surveys electronically via email or the internet. You might link to a survey from your social media post to learn more about the post's impact on their likelihood of getting screened, perceptions about screening, or satisfaction with the content of the posting. You could also hand out a survey within your clinic setting about in-office screen slides, asking patients how they felt about the slides and whether they were more likely to talk to their doctor about screening.

- Focus groups. Focus groups are conversations with a small group of participants. You might use a focus group with a specific population to gather their feedback about an ad you have created or to learn more about what media sources they trust most for health information.

- Interviews. Interviews involve collecting information verbally from participants, using a question and answer format. Interviews can be conducted in person or over the phone, and can be tightly scripted or more unstructured. Brief phone interviews could be conducted with patients who were shown the brochure by a navigator; patients could be asked how they felt about the brochure, and if it increased their likelihood of getting screened. You could also interview leaders within a cultural community to learn about the best communication channels to reach residents.

- Case studies. Case studies most often involve interviews with a small number of individuals who were involved with or impacted by a program. Interviews may be tailored to match the experience of each individual. You might do a case study of a particular communications strategy that worked well to learn about key lessons and document promising practices.

- Medical record review/chart audit. You can also track patient information through medical records. Medical charts or Electronic Medical Records (EMRs) can be audited to determine if screening tests for certain patients have been completed. This may be particularly useful when trying to assess if screening rates at your clinic have increased after you start your messaging strategies.

- Community-wide screening rates. If you have a broader communications campaign, the Uniform Data System (UDS) measure of screening rates of local community health centers or screening rates gleaned from Medicare claims data for certain zip codes in your community can provide some insight into how screening rates are changing in your community.

- Newspaper tracking. Clipping services can keep track of your campaign's coverage, including the volume of readers on the day an ad appeared in the newspaper.

- Television or radio tracking. If you are paying to air a public service announcement or commercial, you can track information about its airing for an extra fee. This information can tell you the dates and times that it aired, the areas in which your message was broadcasted, and the estimated audience size.

- Website monitoring. If you have an internet campaign or website, the website administrator may have software that can help you track the number of visits on your site, navigation patterns, who accessed the site, how long they stayed on the site, and if there are areas on the site that are more or less popular.

- Social media metrics tracking. A variety of options may be available to monitor the impact of a social media campaign. Most social media platforms have some analytics available as a starting point, though you may have to build in some specific tracking. For instance, if your campaign was designed to increase conversation about colorectal cancer screening among your population's friends and family, engagement rate is a good indicator. Engagement rate (the total number of interactions with your post divided by the total number of times your post is seen) is a common indicator included in most social media platform analytics. You can also look at other possible indicators of engagement, such as the number of people who commented or shared your message. Whenever possible, document baseline rates, so you can compare engagement or other measures before and after you post specific messages. You can also use Klout, an online application that tracks the influence of your posts to the rest of the online community. Social media metrics are available in real-time, allowing you the opportunity to review your data and adjust your messages or approach quickly.

More information about these methods and analyzing data can be found in the "Evaluation Toolkit" noted above.

Additional considerations

Evaluating the impact of media campaigns can be difficult, as outcomes can be attributed to a number of other factors. For example, an increase in colorectal cancer screening rates at your clinic could be due to your 80% by 2018 social media campaign, but could also be the result of another awareness effort or broader policy changes that make getting screened easier. The following are several strategies for addressing this challenge:

- **Include a measurable "call to action."** Your intervention could incorporate a call to action – a designated phone number, hotline, or website to access to learn more about your program or the topic. You can track the number of people that liked or shared messages or clicked on the web link through social media analytics. For instance, you can use a unique campaign link in your social media messaging using link shorteners such as goo.gl, bit.ly, owl.ly or tinyURL, or set up a Google Analytics campaign to track the number and source of your website visits. You could also track the number of people that contacted your neighborhood clinic about screening, ask participants how they learned about screening, and collect contact information to follow-up with people at a later date. If you are able to follow up with individuals who responded to the call to action, you may also be able to assess changes in participant knowledge, attitudes, intention to screen, or screening behavior.

- **Conduct randomized calls or other randomized survey/interview method.** Brief telephone surveys or interviews can be used to see whether people in your broadcast area saw your materials and if they changed their behavior as a result of the advertisement. Keep in mind that the information you receive through these phone calls is self-reported, so there may be some bias. Participants may overestimate how often they saw your materials. There may also be important differences in the people that choose to answer your survey versus those who refuse. Conducting randomized calls may take quite some time to accomplish. Additionally, if you choose to contract with a survey research center, there can be substantial cost to administer telephone surveys.

- **Compare your target community with a control group.** As a more time-intensive option, consider assigning certain segments of the population to receive your campaign. This way, you can assess changes in your target community compared to those who did not view your materials. Those who do not receive your campaign would be considered a "control" group, or a group whose awareness or screening behavior you would not expect to change as a direct result of your media campaign. If your program is considering a large-scale media campaign, or using random assignment to determine which population will receive your message, it may be in your best interest to hire someone with previous experience conducting this type of study.

Sample data collection strategies

After identifying the questions they were most interested in asking, the sample programs considered a variety of data collection methods and selected strategies that best aligned with their interests, target audience, and capacity.

Example 1: Northside Medical Clinic

The Northside Medical Clinic decides to use its EMR system to track the number of screening procedures that are completed before and after the one-on-one education program is implemented. They pilot the education intervention for six months, and compare screening rates to the previous six months for the clinic. The clinic learns that there has been a 20 percent increase in screening completions since the one-on-one education program was implemented.

Example 2: Metropolitan Colon Cancer Collaborative

The Metropolitan Colon Cancer Collaborative decides to hold a series of three focus groups to ask the opinions of people in their target audience about the television and radio ads. During focus groups, they ask what people like and do not like about the ads and how the ads can be improved.

The collaborative staff recruit focus group participants by handing out fliers at community events and working with partner organizations.

The collaborative holds the focus groups in a community room at a local clinic. Community members are offered $25 to thank them for participating, and food and child care are provided. A staff member at the collaborative who has experience with focus groups facilitates the events.

The collaborative learns that members of the target audience like the spokespeople and feel that the ads talk about issues that are important to them, but that the information about insurance coverage could be simplified.

Example 3: The Wellness Clinic

The Wellness Clinic decides to use the analytics feature on its social media platform to track engagement rate for its social media posts. The clinic also sets up a special phone number that is included on the social media posts for patients to set up an appointment; this unique phone number allows clinic staff to track the number of calls they receive as a result of the social media messages. The clinic also looks at comments on the posts to identify key themes.

The clinic documents 42 engagements with the weekly posts over two months and six calls to the phone number included on the post for people to make an appointment. Clinic staff see that people use the comments to share their own experiences with screening, both positive and negative, as well as questions about insurance coverage and the risk of colorectal cancer.

How should I share findings?

Sharing findings from your evaluation can help document promising strategies, improve your intervention, or demonstrate progress toward the goal of 80% by 2018. How you share your findings will be shaped by the purpose of your evaluation and your intended audience. For example, a formal report about the impact of your intervention on screening rates might be important for funders and other stakeholders, or you might lead a discussion with community members about your findings to gain additional insight in shaping your messages.

Sample strategies for sharing findings

The sample programs also develop strategies to share findings from the evaluation with key stakeholders to inform work moving forward.

Example 1: Northside Medical Clinic

The Northside Medical Clinic creates a short written report summarizing findings from the evaluation, which it posts on its website and shares with its funders. The clinic holds a workshop with its staff to share findings and brainstorm next steps. Lastly, the clinic creates a presentation and invites other clinics and organizations to share information about the one-on-one education model and findings from the evaluation.

Example 2: The Metropolitan Colon Cancer Collaborative

The Metropolitan Colon Cancer Collaborative puts together a short report of findings from the focus group, which it shares with the production team that created the ads. To provide greater transparency to focus group participants and thank participants for their input, the collaborative also included a sign-up sheet at the focus groups for participants interested in receiving a report of findings from the discussions. The collaborative sends copies of the report to all participants who signed up.

Example 3: The Wellness Clinic

The Wellness Clinic puts together a presentation for staff with findings from the evaluation, and facilitates a discussion about whether to continue the social media campaign and what changes to make to the social media posts moving forward.

Final thoughts

Communications can be a powerful strategy in promoting behavior change, especially when it is built on a strong understanding of the target audiences and evidence-based messages and communications channels. However, developing a communications strategy is only the first step. Evaluating your efforts can help you learn whether your intervention is working, how your messaging can be improved, whether you messages resonate with your target audience, and whether your intervention is helping the unscreened overcome common barriers to screening. For these reasons, evaluation can play a critical role in ongoing planning to help reach the collective goal of 80% by 2018.

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