
Delaware Health and Social Services
Division Public Health

Colorectal Cancer Screening Advertising Testing Focus Groups Report

Conducted January 30 & 31, 2007



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Background

Delaware's Division Public Health sponsors a statewide program to educate the public about the dangers of colorectal cancer and to urge individuals who are at risk to undergo screening before symptoms appear. Part of this program involves an advertising program to promote colorectal screening.

In late January 2007, two focus groups were held to test the message and production content of three alternative proposed advertising programs. One focus group was held on January 30, 2007, at Aloysius Butler & Clark in Wilmington. A second focus group was held on January 31 at the Milford senior center in Milford, Delaware.

The Wilmington group consisted of five men and three women. Two of the men and one woman were African American, and the rest Caucasian. The Milford group consisted of four women and four men. Two of the men and three of the women were African American and the rest Caucasian.

Individuals in both groups were over 50 years of age, and none of the respondents had ever had a colonoscopy. Individuals in this demographic are the principal target of the advertising that was tested.

Both groups were shown an audiovisual presentation of each of the three campaigns without preliminary discussion. The presentations consisted of storyboard drawings with a recorded voiceover. After each storyboard was presented, the groups were shown print ads corresponding to the storyboard. After all three campaigns were presented, respondents were asked to discuss their impressions of each of the campaigns.

Copies of the storyboards and print ads for each campaign are included at the end of this report.

Quotes from respondents are presented in italics.

The reader is cautioned that focus groups are qualitative, not quantitative in nature. They are designed to provide an insight into the opinions, impressions and ideas of very small nonrandom sample of customers. Although consistencies and logic lend confidence to the analysis and interpretations, there is no way of determining the degree to which the opinions expressed by the respondents reflect the target population at large, and any numbers or percentages should not be projected to the population as a whole.

Summary of Findings

The Effectiveness of Messages

- The messages appear to be somewhat more effective for the Wilmington group than for the Kent and Sussex counties group. In Wilmington, respondents understood that the absence of symptoms is not sufficient evidence that one does not have colon cancer or a precancerous condition. That understanding was not prevalent in the Kent and Sussex counties respondents.
- The Milford group showed a relatively poor understanding of the medicine and mechanics of the procedure involved in the test. While they generally understood the procedure, they did not know any of the details about the preparation or exactly what would be done to them. One Milford respondent said that the mention of the prep caused her to wonder if that was something else she needed to fear beside the colonoscopy. They did not know about the removal of polyps and they wanted to know if polyp removal constituted the treatment mentioned in the ads. The fact that individuals in the Milford group were so unfamiliar with the procedure suggests it might be effective to target campaigns at two different populations:
 - a. Those who have basic background knowledge about anatomy, symptomatology and procedures involved in colonoscopies but who are reluctant for social or scheduling reasons to get the test done.
 - b. Those who do not have background knowledge of anatomy, etc., and who lack the basic information about the test, its benefits and how frequently it should be performed.
- The print ads in Campaign A use the phrase “the tests cannot only diagnose cancer, but treat it.” Some respondents understood that colonoscopies are able to remove polyps, but removal of polyps did not seem to be a treatment of cancer to them.
- One Wilmington respondent perceived some negativity in the Campaign A print ads because of the mention of pain, cost and symptoms.
- Milford respondents thought the ads would be more effective if they highlighted statistics such as “95% of cases are preventable” in the headline on either billboards or print ads.
- Respondents do not seem to notice the text in the center bar running through the large headline in the print ads in Campaign A.

Campaign Preferences

- At the end of each session respondents were asked to identify their favorite campaign and their second-favorite campaign. Campaign C was first with 9 first-place votes and 4 second-place votes overall (13 total mentions). Campaign A was second with 5 first-place votes and 5 second-place votes (10 total mentions). Campaign B had 2 first-place votes and 6 second-place votes (8 total mentions). Both Milford and Wilmington respondents showed a slight preference for Campaign C. Detailed preferences are shown in the table below.

	First Preference	Second Preference
Overall Preference		
Campaign A	5	5
Campaign B	2	6
Campaign C	9	4
Wilmington Preference		
Campaign A	2	2
Campaign B	1	4
Campaign C	5	2
Milford Preference		
Campaign A	3	3
Campaign B	1	2
Campaign C	4	2

Comments about Campaign A:

- ✓ Campaign A was thought to be particularly appropriate for men because men frequently tend to put off health-related tasks.
- ✓ Campaign A answers three important questions about colonoscopies that the average person probably has: Can I afford it? Does it hurt? Why should I have it if I don't have symptoms?
- ✓ Print Ad A3 points out that one can have colon cancer without having any symptoms.
- ✓ At first look, Campaign A print ads may appear negative to some readers because they talk about pain, expense and symptoms.

- Comments about Campaign B:
 - ✓ The TV spot in Campaign B is the only one that points out that 95% of colon cancer is preventable just by getting a colonoscopy.
 - ✓ Campaign B is just “typical advertising.”
 - ✓ Campaign B print ads are positive.
 - ✓ One respondent thought that Campaign B was particularly effective for people who have a close relationship with and respect for their physician.
- Comments about Campaign C include:
 - ✓ Some respondents like Campaign C because it reminds them of friends and family.
 - ✓ Campaign C will appeal to older respondents who say they still want to get some enjoyment out of life and are sad at the thought of not being able to spend time with their family if they develop cancer.
 - ✓ Some downstate respondents thought that Campaign C would be effective because of the fear it generates of not being with loved ones.
 - ✓ One younger respondent called Campaign C a “little corny” but admitted that it may appeal to older people.

How to Motivate People to Get Tested

- Fear and anxiety may play a significant role in whether or not people get tested. Respondents suggested that some people **may not** get tested for fear of finding that they have cancer. Others **may** get tested for fear of not being around their families.
- Some physicians may not be explicit enough in explaining to patients why they need to get a colonoscopy. Just saying that “you should get a colonoscopy if you’re over 50” does not offer very strong motivation for some older patients. Physicians may not communicate an adequate understanding or sense of urgency about the tests.
- Fear of pain and discomfort associated with the procedure may be a significant barrier for some individuals. They listen to friends talk about how unpleasant the procedure was for them and are reluctant to have it done themselves. Because of that, they tend to be skeptical of the message in the ad that claims that the procedure is not painful.
- Some African-American respondents thought that they may be at higher risk for colon cancer than the rest of the population. Focusing on this point might be an effective way to encourage the African-American population to get tested.
- Respondents believe that the reason people don’t get tested for colon cancer is because they are afraid. They are afraid they have the disease. They are afraid the procedure will be expensive and unpleasant.
- Some male African-American respondents believe that “black men don’t like to go to the doctor.” In the opinion of one respondent, African-American men need to be frightened to get them to the doctor.

- Cost is an automatic problem for many in this population. Respondents did not have any idea of what a colonoscopy costs. Generally they had only a fuzzy idea of the Screening for Life program, if they had heard of it at all.
- Some respondents feel they may be overwhelmed by the amount of information and the number of instructions they receive from their doctor. This may be particularly true of women because their doctors may tend to concentrate on gynecological issues.
- Some respondents don't really trust their doctors. Having a doctor tell them that they need to get tested isn't a "gold standard"; it's not good enough to guarantee that they will get tested.
- Respondents suggest using hard statistics such as 95% of cases are preventable, or X% of people who get colon cancer die from it. They believe these hard statistics would be eye-catching as headlines in billboards or print ads, and may be more effective in getting the attention of people who need to be tested.
- Respondents think that they might pay more attention to the ads if they directly addressed the point that the Delaware cancer rate is higher than normal and that these screenings are one way to get it back under control.
- A respondent suggested putting written information in the waiting rooms of doctors' offices regarding the need for colonoscopy testing along with a discussion of the procedure.

Screening for Life

- For respondents who are uninsured or underinsured, the Screening for Life message is very important. If they are the least bit reluctant to get the procedure done for other reasons, economic barriers tend to reinforce that reluctance.
- Some respondents had noticed the Screening for Life logo in Print Ad A2. During discussions, respondents stressed that Screening for Life information should accompany all of the colorectal cancer ads. Respondents felt that the Screening for Life program should be promoted in association with the ad campaigns such as this one for colon cancer rather than under a separate campaign.

Awareness of the Testing Process

- Respondents in both groups had only a vague awareness about the details of the preparation or execution of the procedure, if any awareness at all. Because of that, they did not understand language in the ads about medications that could make the prep easier. Most did not know what the prep was to begin with. Those who did had only vague ideas about drinking barium, having diarrhea or the urgent need to defecate.

Awareness of Cancer Risks

- Both groups generally were aware that Delaware has a high cancer rate. They attributed this to the high number of chemical plants in Delaware. They rely on their personal anecdotal evidence, such as experience with friends or relatives who have died from cancer, as proof that Delaware has a problem in this area.
- Some respondents believed that men are more susceptible to colon cancer than women.
- Some respondents knew lung cancer causes the greatest number of deaths in Delaware because of smoking, but no one knew that colon cancer was the second-deadliest cancer. They also did not clearly understand that the risk of colon cancer is so high because by the time symptoms appear it is too late to treat the disease.

General Issues and Misconceptions

- Some respondents were confused by the difference between colonoscopies and sigmoidoscopies. The ads talk about colonoscopies not being painful, but respondents who have had sigmoidoscopies, or who have talked to people who have had sigmoidoscopies, know that that procedure is uncomfortable. So they are skeptical about the message that there is no pain with a colonoscopy.
- Some respondents persist in believing that the colonoscopy procedure is painful because of what they've heard from family and friends.
- One respondent uses nontraditional medicine—herbal colon cleansers—and believes those are working to keep him healthy.
- The term “screening coordinator” is not clearly defined in the ads. Respondents tend to make up their own definition of what a screening coordinator is. However, it was clear to most respondents that to reach the screening coordinator they should call the Delaware Helpline or go to the Delaware Helpline website. Use of the phrase “nurse coordinator” or similar wording would lessen the problem.

- The prospect of having to submit to screening is a big issue for many downstate respondents, and may be enough to make them delay or decide against getting tested. Many people in the lower socioeconomic groups in Kent and Sussex have dealt with state programs for which there are financial tests in order to be qualified. They may interpret a “screening coordinator” as someone who will decide their financial qualifications for the test. The prospect of dealing with the bureaucracy may be a barrier for many of these respondents.
- It is possible that earlier cancer messages regarding the seven warning signs of cancer may have blunted the message about colonoscopies. Earlier messages talked about rectal bleeding. Some respondents may believe that since they do not have that symptom that they are safe.
- Respondents would like to know how frequently they should have a colonoscopy performed. The material doesn’t cover that. Respondents are also confused by inconsistencies of recommendations they hear from physicians. One doctor may suggest getting a colonoscopy every three years while another suggests getting one every five years.

Detailed findings

Wilmington Group

A. The Effectiveness of Messages

- The messages were generally effective for this group. Respondents understood that everyone over age 50 regardless of race or sex should have a colonoscopy.

Well, in looking at them I know everybody is going to come to the same conclusion probably that they're very similar, right. There's hardly any difference in the wording of any of them. (The storyboards are) trying to convey that everybody needs it, Hispanic, black, white, whatever. If you're over fifty you should have it done.

- Respondents in this group understood that the absence of symptoms is not sufficient evidence that one does not have colon cancer or a precancerous condition. They recognize that people who don't have symptoms are less likely to get tested than those who do.

Well, I thought they all were good. I thought (A3) was good because I don't have a lot of symptoms. Because a lot of times we don't go to get tested for certain things unless we do have symptoms. But this is something that should be done, I guess like you say, after you reach the age of fifty or over the age of fifty.

- Some messages were a little confusing. The print ads in Campaign A (What's Your Excuse?) use the phrase, "The test can not only diagnose cancer, but treat it." Some respondents who were generally familiar with colonoscopies understood that polyps can be removed during the procedure, but were confused by the mention of possible treatment. Removal of polyps did not seem like treatment to them.

...it says it on all three of them. "The test can not only diagnose cancer but treat it." Now what I believe they mean by treatment is...that they find polyps and the doctors will always tell you these are precancerous. Is that what they mean by treat it? Is removal of those polyps (treatment)? They're not going to treat it with anti- what is it, genetic medication of any kind (are they)?

It depends on your definition of treatment. If their definition of treatment is removal of polyps, then I guess they're accurate in saying that they're treating it.

... it says right here, it doesn't just find colon cancer it treats it too. And to me that implies that this test treats it too, and I don't know whether that's true or not.

Yeah. (The part about treatment) is ambiguous to me.

- Some respondents thought the print ads for Campaign A were somewhat negative. They were afraid that discussion of pain might discourage readers.

When I first saw (A1) "and I heard that it's painful," and I thought that was kind of negative. I don't know. That's just how I describe it first.

B. Campaign Preferences

- Some respondents were saddened by the idea that if they became ill they might be separated from loved ones.

And I really liked this one, don't miss out on the grandkids (C1).

I like C1.

- One respondent noted that only the storyboard in Campaign B included the information that 95% of all colon cancers are preventable just by getting a colonoscopy. Two respondents were struck by print ad (B2). The ad recognizes the common emotion associated with doing something that's unpleasant but which is beneficial in the long run. It's an emotion that nearly everyone can relate to.

I don't particularly like the scenes that were shown (in B) but it did have some good points, that 95% of all colon cancers are preventable by just getting a colonoscopy. That was a good point. But I think that could be incorporated maybe in one of the other skits. You don't necessarily need that skit. And then this B2...Believe me, I did not want to get that test, I'm glad I listened. I'm looking at that. And it gives you something to think about. And like I said, I've never had the test before but coming here that's one of the next things that I plan to do, go ahead and have the test taken.

"Believe me, I did not want to get that test." The whole kit here I think would reach a lot of people.

- Another respondent thought that Campaign B was just "typical advertising."

Yeah. B doesn't do it to me. This is very—B1 and 2 are very typical advertising. The doctor tells you and you do it. My doctor has never told me.

- Some respondents liked that the print ads in Campaign B were positive.

And then (Campaign B) was the next most appealing because it was I thought more people were positive in it. The first one we saw (Campaign A), I thought these things were kind of grim. Just more down than the others. The others were more positive to me.

- Some older respondents liked Campaign C because they say they still want to get some enjoyment out of life. However, one younger respondent found Campaign C to be a little "corny"—perhaps trying to make people feel guilty.

...all of them scared me. I think I liked the last one better because it was more positive and people doing the things that you think you want to do. Because I'm probably older than most of you and I still want to do these things. So that appealed to me.

It makes you think about other people besides yourself on getting that thing done.

...I thought (Campaign C) was a little corny...I don't know how to explain it. It would probably address the older people more than the younger, where this would hit everybody at some point.

I think about my grandkids.

Because that gets us out of thinking of ourselves, yeah.

Tugging at your heart strings.

C is a powerful reason to forgo those excuses because your future grandkids or whatever, you want to see those. You want to be in those events and this would give you an incentive to get out of the excuses and go ahead and to be there for them.

- One respondent liked Campaign A because the campaign manages to answer three questions that the average person probably has about colonoscopies: Can I afford it? Does it hurt? Why should I have it if I don't have symptoms? Another respondent liked ad A3 because it pointed out that one could have the disease without having any symptoms. They found it thought-provoking.

I kind of like A3 because it says, I don't have any symptoms and it kind of made me—got me to thinking because I don't have any symptoms. And maybe I ought to read up on it and get a little educated.

They're all quite interesting. They all have their own little personalities or whatever. But these three right here (Campaign A) I think are a very big impact. They answered three questions that probably the average Joe, most of us.

(I like Campaign A.) I have friends that have gone through (a colonoscopy), they are knocked out. The prep is hard on one and not so hard on the other. So I think A is more effective to me. The Screening for Life is interesting. And the symptoms and affording it would be good.

(I like Campaign A because) I kind of get the excuses sometimes. So I'll bring those up in my life for not going to the doctors for this or that. I try to keep myself in good shape or good condition, preventative medicine, preventative maintenance or whatever you want to call it.

C. How to Motivate People to Get Tested

- Fear or anxiety may work to motivate people to get tested, or to keep them from getting tested. Respondents suggested that some **may not** get tested for fear of finding they have cancer. Others **may** get tested for fear of not being around for their families.

I've never had one done before and I think a lot of people may not get it done because of fear of finding out something is wrong or that may be wrong which is bad too.

And I really liked this one; don't miss out on the grandkids (C1).

Well, the whole damn thing made me nervous. I really need to have one.

...most men don't think about getting these kinds of things tested. I know I haven't because I've never gotten a colonoscopy done but people I know that have had it done they say it's painful. And I'm looking at it as it's going to be painful and I don't have any symptoms then I'm okay, why should I go through this?

I know these screenings are expensive, I won't do it. I haven't had them done. I don't have symptoms. I find that if it says it's going to treat it, that when I'm done I'm expecting that doctor to say, "Well, you had it but we got rid of it, you're good for life." It's not going to happen. I don't like that.

- Some physicians may not be explicit enough in explaining to older patients why they need to get a colonoscopy. Just saying that “You should get a colonoscopy if you’re over 50” does not offer very strong motivation for some patients.

...yesterday when I saw the doctor he suggested that I get a colonoscopy and I was like, why? I’m fine. I’m healthy and that’s why I can kind of relate. He said I’m over fifty and I should have one done every, at least every ten years if not every five years. (All he said was) to have it done because of my age and prevention. (He did not expand the explanation to talk about polyps, etc.)

My doctor has never told me. (If he did) I’d have to ask him why he wants me to—besides of the age. I’m tired of hearing because you’re age fifty you need (this or that). Did I suddenly fall off the earth? Am I slipping down this slide that I don’t know about and I’m not feeling?

- Fear of pain is a particular barrier. Individuals listen to friends talk about how unpleasant the procedure was for them and are reluctant to have it done themselves. They aren’t sure whether they should believe the message that the procedure is not painful given what they’ve heard from friends.

I’ve never had none done either and he’s telling me he had his, he not even knocked out. So now you have better medicine and better treatment now to do things. I may get one now but I’m also down for pain. Like most people have told me that they had it, very painful.

- Some African-American respondents understood that they may be at higher risk for colon cancer than the rest of the population. Focusing on this point might be an effective way to encourage the African-American population to get tested.

But the African American is more prone to cancer anyway. That’s what it’s more geared to—more of our race but it can happen to anybody but it’s just more of the African-American race.

- For respondents who are uninsured or underinsured, the Screening for Life message is very important. If they are reluctant to get the procedure for other reasons, economic barriers tend to reinforce that reluctance.

I guess painful and it’s costly like everybody’s talking about here, some people don’t have the money. If you have insurance you’re OK; if you don’t have insurance what do you do? You have to go somewhere. And plus your doctor will tell you everything that needs to be done, you’ve got to listen to him....

- Respondents believe that the reason people don’t get screened for colon cancer is because they are afraid. They are afraid to find that they have the disease. They are afraid the procedure will be expensive.

Fear.

I think it’s fear.

It may have something that you don’t want to know.

Financials.

Yeah, financial and fear.

But most people have insurance now so it shouldn't bother them.

Most people just get that fear of going and do that. That's what it is.

I think it's the fear.

If you just have a needle or something you don't care but it's coming back out the other place.

D. Screening for Life

- Some respondents noticed Print Ad A2 was the only one that had the Screening for Life logo.

And on A2, does it have this little I guess sponsoring down here? Screening for Life logo? It kind of—I guess they've got support from another group or something?

All of them probably should have had that.

- Several respondents had heard of the Screening for Life program, and one respondent had received a free mammogram through Screening for Life. Some had seen billboards or a television advertising program. Others had heard of the program but were fuzzy about the details of the program.

Well, I've had a mammogram done from them before and it was free. I couldn't afford the mammogram and going through them. They recommended to me places that I could have it done free. So actually (the logo) probably should have been on all of them.

I have some property down in Sussex County and it seemed to me there were a number of billboards advertising (Screening for Life) and they were particularly strong about African Americans because apparently you're more prone to it. And they tend to really push that and it may have been the Screening for Life. Also they did it on the television down there on the Salisbury stations.

It's on the TV up here too; they advertise up here.

I've heard of (the) term but I'm not familiar with them.

Yes, I've heard of it, yeah.

- One respondent thought the Screening for Life logo should be more prominent. The logo and its message of providing help for the uninsured may effectively motivate people to pay attention to the message.

The Screening for Life, the only one that's down here. I had not heard about it but I think that should be a bigger logo if that's—because that would be one of my things. I know these screenings are expensive.

- Generally, respondents felt that the Screening for Life program should be promoted in association with ad campaigns such as this one rather than under a separate ad campaign. In this way, if the colon cancer screening campaign gets the attention of the respondent, discussing Screening for Life could automatically remove one objection for getting tested.

If it can go hand-in-hand it should be equal level type thing to so you know that OK, here's the test, here's what we can do to help you get through it.

You get more education about that then you know what to do before you go in there.

- Some respondents were previously aware of the Delaware Cancer Treatment Program that provides cancer treatment for eligible patients for a period of one year. One respondent thought that might be what was meant by “being treated.”

I had a friend who passed away because of cancer. And he always had me on the computer and he was always asking me to hunt for clinical trials because he was counting on last-minute straws and he would try anything. And then one time I was involved with people in a discussion and all and they were told free treatment for a year, all right.... Maybe that's what they mean by treated—they put you in a clinical trial.

E. Awareness of the Testing Process

- These respondents did not know any of the details about the preparation or execution of the procedure. Because of that, language in the ads about medications that could make the prep easier will probably not be understood. Most of them did not know what the prep was to begin with. Those who did had only a vague notion about drinking barium, having diarrhea or the urgent need to defecate.

Drinking all this stuff.

Barium or something.

Yeah, diarrhea.

You have to fast, I'm sure you have to fast before.

F. Awareness of Cancer Risks

- The group said it was generally aware that Delaware has a high cancer rate. They attribute this to the high number of chemical plants in Delaware. They rely on their personal anecdotal evidence, such as experience with friends or relatives who have died from cancer, as proof that Delaware has a problem in this area.

It's high.

Very high.

Chemical capital of the world.

For a short while I drove for Delaware Express Shuttle picking passengers up for the International Airport and bringing them down to meetings for the DuPont Company. And all the people questioned me, either they worked in Mississippi or out in the Midwest or something and they would always question me about—they were afraid that DuPont was going to transfer them to Delaware. And I think that was what the problem was. And they were always asking me about cancer and the chemical companies and all that stuff.

I'll tell you, I'm originally from Seaford where there was a DuPont plant for years. It was the nylon capital of the world. And I'm no Romeo but when I was a young guy I dated three sisters and they're all dead. They lived just west of that plant and that whole family is gone from cancer. I can't say it was DuPont but (it looks like it)....

We're the number-one breast cancer.

- Some of the respondents believe that men are more susceptible to colon cancer than women.

But as far as colonoscopy or colon cancer, isn't it more men than females?

That's what I would think of. No?

- Respondents generally knew that lung cancer causes the greatest number of deaths in Delaware because of smoking, but did not know that colon cancer was the second-deadliest cancer. They also did not clearly understand that the risk of colon cancer is so high is because by the time symptoms appear it is too late to treat the disease.

And that's the problem with what I've found, well, I don't have any symptoms. With breast cancer you feel a lump.

With lung cancer you've got the coughing...

There's only that one procedure where you can find to be screened for it too.

- Some other respondents thought they knew there might be other procedures for diagnosing colon cancer but were not sure what they were.
- Respondents suspected that everyone who undergoes a colonoscopy has a polyp detected.

Something tells me they're all going to see polyps...

There's always a polyp.

There's always a polyp somewhere.

I've never known anybody to have one without polyps being removed. Doctors say they're precancerous. So is a freckle or a mole, right? My skin, I can walk out in the sun and get cancer.

- Respondents thought that it would be a good idea if the ads provided a web address where more detailed information could be provided about the procedure, the risks and the medical procedures involved. Information should be direct and not "sugar-coated."

Or what the procedures are and having it done.

Yeah, shoot it straight.

Don't make it look like, oh, everything is just great.

No sugar-coated.

G. General Issues and Misconceptions

- Some respondents were confused by the difference between colonoscopies and sigmoidoscopies. The ads talk about colonoscopies not being painful, but respondents who had previously had sigmoidoscopies, or who have talked to people who have had sigmoidoscopies, know that that procedure is uncomfortable. Some respondents who have had sigmoidoscopies are reluctant to have a similar procedure again.

I heard that it's painful. Well, I haven't had one recently but I was in my twenties when I had one.... But back when they did it when you were awake it wasn't fun, believe me. (Yes, a sigmoidoscopy is) what I'm talking about. And that thing looked like one of those little baseball bats the kids get at the ballpark. I'm glad times have changed.

But now it's different and there's a little light and they do anesthetize you, they knock you out now.

But to go back to what you were earlier were talking about, this sigmoidoscopy. I had one of those one time and I told that doctor at the end he would never do that again as long as he lived. It was that bad. And then you hear this saying that it's not, that's good news for me.

...if they're saying it's not (painful) I'm going to take their word for it.

- Some respondents persist in believing that the procedure is painful because of what they have heard from friends and relatives

So I still didn't do it—because I say, the pain, forget the pain.

Everybody—no, they all say something is painful.

- One respondent uses nontraditional medicine—herbal colon cleanser—and believes that is keeping him/her healthy.

I use herbs cleanser, a colon cleanser and they seem to be helping me pretty well—that I know of, I've never got treated. But it's been working for me. (Even if my doctor told me to get a colonoscopy) I still wouldn't do it. I'd say I'm 66, I made it this far, it don't matter about the rest. I'm not looking to be 80 or 90. I should, I really should—the polyps are bad for you. But like I say, I don't pay no mind, so...I'm a very positive thinker and I do things to try to treat things before it even happens. So it's worked with me so far.

- The term “screening coordinator” is not clearly defined in the ads. Respondents tend to make up their own definition of what a screening coordinator is. However it was clear to respondents in this group that to reach the screening coordinator they should call the Delaware Helpline or go to their website.

(Screening coordinator will) set up a time.

Arranges your appointment.

Tell you where you can go.

Help you find a place where you can get tested.

That's close to home, I guess.

Well, I would think that if my doctor is going to want (the results). They're going to tell you, "well, you need to go to such and such a place, lab or whatever"—because that's who is going to send it back to him.

H. Other Comments and Issues

- One respondent was familiar with the Delaware Helpline and gave very high marks for general usefulness.

That is a very good line though, that 1-800 helpline. They can help you with just about anything in Delaware. I'm from Maryland and I don't know of any number like that but here in Delaware that is very helpful. You can call in for anything, not only just for getting tested but going to the doctor. Just about anything that's in Delaware you can find out from that 1-800 helpline.

- Respondents said they would not be shy about telling the doctor if they could not afford a colonoscopy. When asked, they estimated the cost of a colonoscopy at between \$300 and \$1,100.

Yeah. Oh yeah, I'd flat-out tell him. No thank you, can't afford it.

Detailed Findings

Milford Group

A. The Effectiveness of Messages

- Campaign A mentions medications that could make the prep easier. Several of these respondents are not familiar with the procedure and do not know what the prep is.

It says ask them about medications that may ease the prep period. I want to know about that.

I've heard like one person I know said, "Oh, you take 32 pills and then you go to the bathroom," and all of this. And then you go and get it done. And then another one says, "Oh, you've got to drink this stuff." And like they're talking about how gross it is and all. Maybe in the future the prep time, that's what I want to know more about.

I've heard so much about getting this. I just turned 50 so like my time is coming and I've heard friends that have had it done. One's had it done this way and one's had it done that way and the worst thing is the prep.

Yeah. And from what I understand when I took my mother, they want you at a certain consistency.

But the prep thing, they say if you drink it it's nasty, it's gross. It's sweet and then you like—and then the other person told me you take all these pills. And it's like, God, you've got to take twenty-some pills in an hour, my gosh.

- One respondent said that the mention of the prep caused her to wonder if that was something else that she needed to fear besides the colonoscopy.

I had a question about that too because in all of the ads it says ease the prep period and I don't know anything about the prep period so that kind of made me question whether the prep period is actually something that I had to fear along with the colonoscopy because it doesn't say anything—it doesn't go into any kind of detail about the prep period and that's kind of scary...

- Milford respondents were confused regarding the medicine and mechanics of the procedure. They did not know about removal of polyps, and they wanted to know if that constituted the treatment mentioned in the ads. They were pretty much completely unknowledgeable about the procedure.

Is that the treatment that they do during the test, they spoke about?

Yes. I wanted to know what the treatment would be during the test.

- The respondents in this group had different levels of awareness about the anatomy and medicine involved in screening for colon cancer. This suggests that it might be effective to target campaigns at two different levels:
 1. Those who have basic background knowledge about anatomy, symptomatology and procedures but who are reluctant for social or scheduling reasons to get the test done.
 2. Those who do not have background knowledge of anatomy, etc., and who lack the basic information about the test, its benefits and how frequently it should be performed.

(Use simple) layman terms. Sometimes the terminology that's used in relating to some people is well over their head. That's another problem.

- Respondents wonder about the effectiveness of TV ads because of the large volume of ads on television today.
- Respondents suggest highlighting statistics like “95% of cases are preventable” as the headline on either a billboard or a print ad.
- The text in the center bar running across the large headline in the print ads and Campaign A is generally not noticeable.

B. Campaign Preferences

- One respondent thought that Campaign A was particularly appropriate for men because men frequently tend to put off health-related tasks.

I'm kind of partial to (Campaign A) because you hear a lot of times how males don't want to go to the doctor. Don't want to go, they always make excuses. They won't only go to doctors if it's not only this but blood pressure or anything and they've always got an excuse. I don't have time, I'm working too much or whatever, overtime. So I think that's more appealing to a man's side of things, “what's your excuse?”

I think all three of them have their good points but I'm like Ira, I like (Campaign A)—“what's your excuse?” It's the one that I found the most appealing anyway.

I like (Campaign A). Because it makes you think, what am I waiting for? Why haven't I done this? I'm seeing if there's going to be like a lot more on the advertising about—which there is, the different cancers. What is my excuse? That makes me think about this. The other ones (Campaign C) scared me and the other one (Campaign B) just, I kind of blew it off. But this one made me think. And you get to thinking about your excuses. Are your excuses better than the effort to save your life or more important than the effort to do something that could save your life?

- Some respondents said they liked Campaign C because it reminds them of friends and family.

I like "Reasons." That's the one I like. Friends and family. That was the one that stood out, out of all of it for me.

I like the "Reasons" the best too. Because I can relate to that, I have grandchildren.

...it's telling me, if you don't go and get it checked out and if you do have cancer and you don't get it checked out then you're not going to be there for the kids on the swings, you're not going to be there for taking your grandson fishing or to have coffee with the girlfriends or everything—you're going to be gone. That's what it's telling me. I just can relate to that.

- Some of the respondents thought that Campaign C would be effective because of the fear associated with not being around for loved ones.

Well, you were talking about fear. These ads (Campaign C) to me were scary. Any ad showing someone who's no longer with us is scary enough to make me say, hey, wait a minute. Because as soon as I looked at these I thought about my mom who died of cancer and I was like, don't miss out on the grandkids you love. It made me think.

- One respondent thought that Campaign B was particularly effective for people who have a close relationship with and respect for their physicians. However, other respondents pointed out that that works only if the person has a high regard for his or her physician.

I like that one. I like it because sometimes if you get your regular checkups and all, you kind of become friends with your doctor and you trust him and you believe in him. And when a doctor tells you something, you've been with this primary care doctor for a while, he's been your mama's doctor, you daddy's doctor and you kind of care about him. And then when he tells you something like this, it kind of makes you think. If he told me this, it's something I really need to check into. And it's not that he made you do it. It's just because you trust in his word. And when your doctor tells you something, sometimes it's worth paying attention to.

Not to contradict you, but your doctor will tell you a lot of things and you determine what's important to you and what's not. I mean, a doctor will tell you to eat your carrots and he'll tell you everything. They'll tell you a lot of things. You determine what's really important to you when you walk out that office—depending on how you feel that day.

C. How to Motivate People to Get Tested

- One respondent requested additional information regarding whether certain races or sexes are more susceptible to colon cancer than others. He felt this was particularly an issue because “black men don’t like to go to the doctor.” In his opinion, African-American men need to be frightened to get them to go to the doctor. Nothing in these ads was frightening enough to motivate him to go.

I’ve been wondering—you see the ads but I’ve kind of wondered who’s the most susceptible to having colon cancer, a black male, a white male, a female, a male. I’ve heard that most African Americans are more susceptible to colon cancer but it doesn’t stress it enough because black men don’t like to go to the doctor like it was mentioned a few minutes ago. You’ve really got to make them fear things. And there is nothing—if I was reading this, there’s nothing that I’ve read so far that would make me even say, well, shit, that’s me, I need to check it out. But fear, fear in a commercial can make you wake up more than anything in the world. And that’s what you have to do. You have to touch a person’s mind and nothing here has actually captured my mind to make me even wonder. Even though I’ve seen other—I’ve heard it off the street from other people, older people that have been there, but the commercial within itself hasn’t just grabbed me and say, hey, you better think.

- One respondent suggested that the reason African-American men would be reluctant to get tested is because many grew up poor and had parents who could not afford to take them to the doctor. Also, there may be cultural taboos that make African-American men fear rectal examinations.

(Black men don’t like to go to the doctor because) on the average, our parents at our age couldn’t actually afford to take us to a doctor whenever we were sick. We always had a remedy for this or that. And we were just never used to going to the doctor. And then when you’re talking about colon and someone playing with your butt, a black man is not going to accept that at all.... We don’t understand or we haven’t understood the importance of going to a doctor.

- The cost of the test is also a problem for some people. The respondents did not have any idea of the cost of the procedure.

And if you have to spend money that’s another problem. You just don’t have it. The average (person) just doesn’t have the money to put out like that. Because things are going up higher—the prices are higher for everything, you just don’t have the money.

I have a question. If you had to really pay for one when you went to the doctor, how much is it? How much does it cost to get one done? If you had no insurance and you went to the doctor, how much does it cost? I don’t have a clue.

I saw a commercial that said \$175. And that’s this little truck that goes around. You can make a phone call. There’s a truck that they have now.

If it could save my life I think I could handle (\$175). I could but not everybody can.

- Primary care physicians may not be explicit enough in their explanations of the importance of getting a colonoscopy after age 50. One respondent said she had been told by her doctor to get a colonoscopy, but she generally disregarded the suggestion because there was no sense of urgency. The respondent suggested that the doctor should have given her more information, preferably in writing, that stresses the importance of getting a colonoscopy before symptoms appear.

Well, I recently got a new doctor and I just saw her a couple of weeks ago. She said, I want you to have a colonoscopy and I said, why? And she goes because you've missed two. You're 60. You should have had two by now. That's all she said and I didn't even schedule it. But after all this information I'm going to schedule it and I think the doctor should have been more like, why. But she just said, you should have had two by now. So it just, to me it wasn't that important.

(She should have) given me some more information, maybe a flyer or a pamphlet, about the risk of it, the importance of going before the symptoms.

Like everybody is like unknown, just like her, Sheila, she didn't know what's involved. I think if even people were educated.

Yeah, a little pamphlet from your doctor.

They tell me to do so much stuff, but that hasn't been one of them yet.

- Some respondents may feel overwhelmed by the amount of information and the number of instructions received from their doctor. This may be particular true of women because doctors may tend to concentrate on gynecological issues, and other routine testing may get less emphasis.

You know too, with women, a lot of times when a women goes to the doctor, focus is placed on gynecological things and focus is placed on getting a mammogram and women don't get this message about colonoscopies the same way a man probably would.

- Some of the respondents don't really trust their doctor. Having a doctor tell them that isn't a "gold standard"; a request from their doctor is not good enough for them to automatically get tested.
- For a certain target market (which may include African-American males), the message generating fear must be explicit. Merely using the phrase "it could save your life" would not attract their attention. They hear this message regarding smoking and drinking alcoholic beverages, and have learned to ignore it. Note the following exchange between respondents:

Show what can happen if you don't, and this is nothing here is showing me what can happen if you don't. I disagree.

On what?

On B, it says it could save your life. That's letting you know what will happen...

Well, me not smoking can save my life.

That's true.

Me not drinking can save my life.

...maybe they should emphasize you got (rectal bleeding), you better get there before this even happens...

- Respondents suggested using hard statistics—e.g., that black men are “X%” more prone to get colon cancer than others—might be a sufficient motivator. It also might be effective to talk about what portion of the population eventually dies of cancer. If someone learns that he has a 20% chance of dying from cancer, he may pay more attention to prevention.

If they put percentages like 40% of black men are more prone to get this than any other race or women, they maybe should emphasize like when you get the facts all together—emphasize that. That would be a real strong.

I'd like to know what percentage of people over 50 do get the disease.

- The use of the statistic about 95% of cases being preventable also was seen as effective.

Well, I was impressed by the 95% of cases are preventable. I only heard that mentioned in one ad though, I don't remember which one.

The one that I least liked was “My Doctor Made Me Do It.” But that was the one that has the 95% of all colon cancers are preventable just by getting a colonoscopy. I think that should be on every ad. That's strong.

Yeah, that you've got a good chance of not getting it if you just get the test. That's big, 95%.

- Respondents said they might pay more attention to the ad if it directly addressed that Delaware's cancer rate is higher than normal, and that these screenings are one way to get it back under control.
- A respondent suggested putting written information in the waiting room of doctors' offices regarding the need for colonoscopy testing, along with a discussion of the particulars.

Put more information in doctor offices.

Put more like pamphlets and you know how they have the little stories like this—something that tells you about the procedure, about the prep, about what you would need to qualify.

Because in my doctor's office I have not seen—I have quite a few doctors, and I haven't seen anything like that.

D. Screening for Life

- One respondent did notice the Screening for Life logo on Print Ad A2, and was fairly knowledgeable about the provisions of that program. She said she had learned of the program through newspaper advertising and by word of mouth. Other respondents had not heard about the program.

They offer a lot of different programs, no charge.

Mammograms, Pap smears, if you have cancer, already diagnosed—well, if you find that, they pay for—well, they pay for a year but Ruth Ann's trying to get it for two years for free.

- Respondents recommended that the Screening for Life logo be included on all the print material and that some practical information be provided about the possibility that they might receive free colonoscopies.

E. Awareness of Cancer Risk

- All of the respondents claimed that they knew that the cancer rate in Delaware is higher than national average.
- Milford respondents were not sure about which cancer had the highest mortality rate. They mentioned breast cancer, lung cancer and colon cancer. None of them was sure.

F. General Issues and Misconceptions

- It is possible that earlier cancer messages regarding the seven warning signs of cancer may have blunted the message about colonoscopies. Earlier messages talked about bleeding from the rectum. Some respondents may believe that since they do not have that symptom that they are safe.

If you catch it on time but there are not symptoms so, hey, I don't have any symptoms so how am I going to catch it on time.

- Respondents would like to know how frequently they should have a colonoscopy performed. The material doesn't cover that. Respondents also are confused by inconsistencies of recommendations they hear. One doctor may suggest getting a colonoscopy every three years while another suggests getting one every five years.

That was another thing that wasn't in any of these, was it, how often you should have it done? I didn't see that.

And then also there's one doctor, he wants you to go once every five years and then there's another doctor, they want you to go every ten years. That's two different doctors, two different areas in Delaware. Why does one say one thing and one say another? I just found that one out the other day. I thought, what, every ten years? I thought, well, everybody else I know you're supposed to get it done every five years. So why is one doctor saying one thing and another is saying something else?

- There was a big awareness among some respondents that family history is important in how frequently one should have a colonoscopy. But they aren't sure about the whole issue.

It should depend on your family history, shouldn't it?

My dad had diverticulitis and he had some surgeries for and they found polyps and removed them. Is that all in that same area? So that would that qualify as a history, family history?

- The term “screening coordinator” was particularly confusing to many of this group, and suggests to them a bureaucratic process. They are not exactly sure what the term “screening” means in this context. Many of the respondents in this cohort have had exposure to the welfare system where “screening” involves detailed review of financial assets and one’s personal situation. Not everyone in this group understood that the way to reach the screening coordinator was by calling the Delaware Helpline or going to the Delaware Helpline website.

You have to do a lot of legwork. Because first of all, who is a screening coordinator? Is that your doctor? And then somewhere else it said a nurse. And it just seems like it’s a lot of legwork you got to do to even have the test done.

It doesn’t tell you in here, who or what a screening coordinator is.

It says right here, Delaware Health and Social Services, you can do that.

And there’s a 1-800 number.

Yeah, but if you’re just reading this and you’re not—it says screening coordinators in all three counties can help you access the test where you live. So my first thought would be, OK, what screening coordinator? I see where it says all this down here but it doesn’t say, call the—it says down here call 1-800-464-HELP but it’s like screening means you’ve got to go through some stuff.

(Screening) means you’ve got to go through some stuff. Questions and if you qualify for something and you can be eligible or you can’t be eligible or you may or may not be. And it’s like to me it sounds like a bunch of stuff you got to do and you might not get what you’re looking for.

- The prospect of having to submit to screening is a big issue to many of these respondents, and may be enough to make them delay or decide against getting tested.

...it’s enough to make me put it on the back burner.

Yeah. Even though this ad scared me and made me think about getting a colonoscopy, it would after I seen the screening and prep and this and that, it kind of makes me think, OK, well, I’ve got too much going on right now. I’ll just put this aside now. It made it less important to me because there just seems to be a lot of things.

Yeah, because anybody that could actually take their time after seeing the advertisement, that would take their time to call this number for information and you threw up a screening thing, automatically you’re saying, well, am I going to get taken care of or am I not? You’re putting a person in a situation now that look, I’m trying to get help and I don’t know whether I’m going to get help or not. So they don’t know whether to say the heck with it or go further. And I think that’s what you’re trying to say, isn’t it?

...what grabbed my attention visually, after reading it, it kind of made me think, oh well, I don’t have time for this right now. It’s too involved.

Yeah, because a lot of people don’t want to go through things that involve income and household composition and all of that.

- Use of the phrase “nurse coordinator” or similar wording would lessen this problem. Respondents like the idea of being helped, but not the idea being screened.

Something other than screening because screening....

The second part of the sentence though says that it's helping you to access the test where you live. To me it seems like they're going to screen you to find out where you live to tell you where to take the test.

- The prospect of dealing with a bureaucracy may be a barrier for these respondents. They don't want to be bounced from person to person to get the necessary arrangements made.

It's like, if you call and try to make an appointment and you get an answering service, you don't want to hear all that mess. But then if you leave a message and they call you back it shows that they care.

G. Other Comments and Issues

- One respondent wanted to make sure that he knew the qualifications of the physician who is going to do the procedure.

And the most important thing, give some information on the doctor that's going to be doing it. That's an area you don't just let anybody who has a doctorate degree into.

- Seven of the eight individuals in this group said they have access to the Internet. They agreed it might be useful to have an Internet site available that talked about the details of the procedure beyond what could be included in print or TV ads. (See the pages for colonoscopy on webmd.com or Wikipedia.com.)

I'm surprised there isn't one already actually. I've never even gone on there because I've just talked to other people.

Campaign A

AB & C ALOYSIUS BUTLER & CLARK
Advertising • Public Relations • Design
A fresh perspective in marketing communications

DELAWARE HEALTH AND SOCIAL SERVICES
Division of Public Health
Health Promotion and Disease Prevention Section

“What’s Your Excuse” :30



Fade up to 50ish African-American male
Announcer (VO): What’s your excuse for not getting a colonoscopy?



Man #1 (Sheepishly): I heard that it’s “uncomfortable.”



Cut to 50ish African-American woman
Woman #1: There’s no pain at all. In fact, the procedure’s a snap!



Cut to 50-ish healthy-looking woman
Woman #2: I eat right, I exercise and I don’t have any symptoms.



Cut to physician
Physician: There are no “symptoms” when colon cancer is most treatable.



Cut to 50ish Hispanic female
Woman #3: I can’t afford it.



Cut to screening coordinator talking on headset to caller
Coordinator: You may qualify for a free test through Screening for Life.



Cut back to Man #1
Announcer (VO): No more excuses.



Cut back to Woman #1
Every Delawarean 50 or older...



Cut back to Woman #2
should get tested for colon cancer.

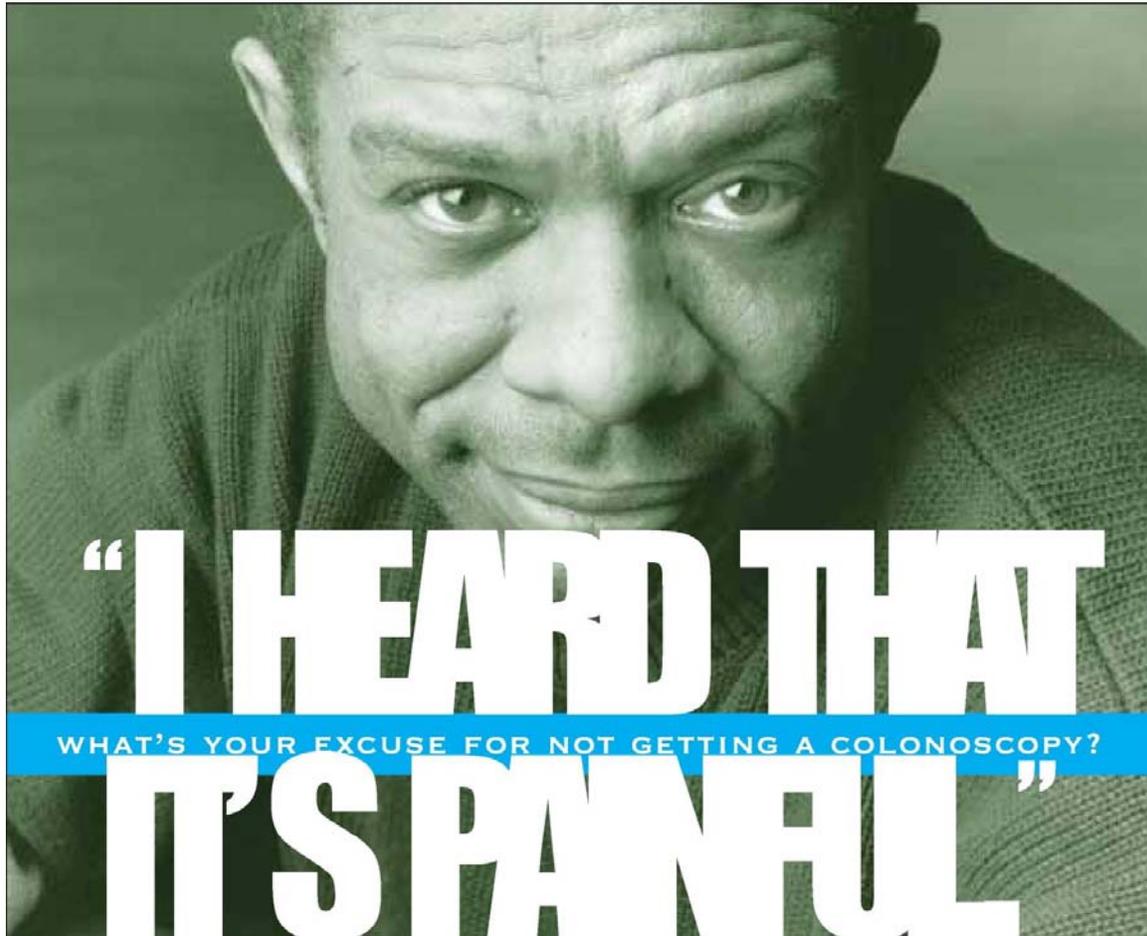
Schedule a colonoscopy.
1-800-464-HELP

www.delawarehelpline.org



VO: Talk to your doctor or call to have a nurse help you schedule your test. Do it today.

Print Ad A1



**“ I HEARD THAT
WHAT’S YOUR EXCUSE FOR NOT GETTING A COLONOSCOPY?
IT’S PAINFUL.”**

The fact is a colonoscopy is not the unpleasant experience most people think it is.

If you're 50 or older—or if you're younger and have a family history of colon cancer—you should schedule a colonoscopy today. The test can not only diagnose cancer, but treat it. Screening coordinators in all three counties can help you access the test where you live. Ask them about medications that may ease the prep period. Just one hour of your time could save your life.

NO MORE EXCUSES. GET TESTED.



DELAWARE HEALTH AND SOCIAL SERVICES

Division of Public Health

Health Promotion and Disease Prevention Section

Talk to your doctor or have a nurse schedule a test for you. Call 1-800-464-HELP or visit www.delawarehelpline.org.

Print Ad A2



The fact is you may qualify for a free test through Screening for Life. If you're 50 or older—or if you're younger and have a family history of colon cancer—you should schedule a colonoscopy today. The test can not only diagnose cancer, but treat it. Don't wait for symptoms. By then it could be too late. Screening coordinators in all three counties can help you access the test where you live. Ask them about medications that may ease the prep period. Just one hour of your time could save your life.

NO MORE EXCUSES. GET TESTED.

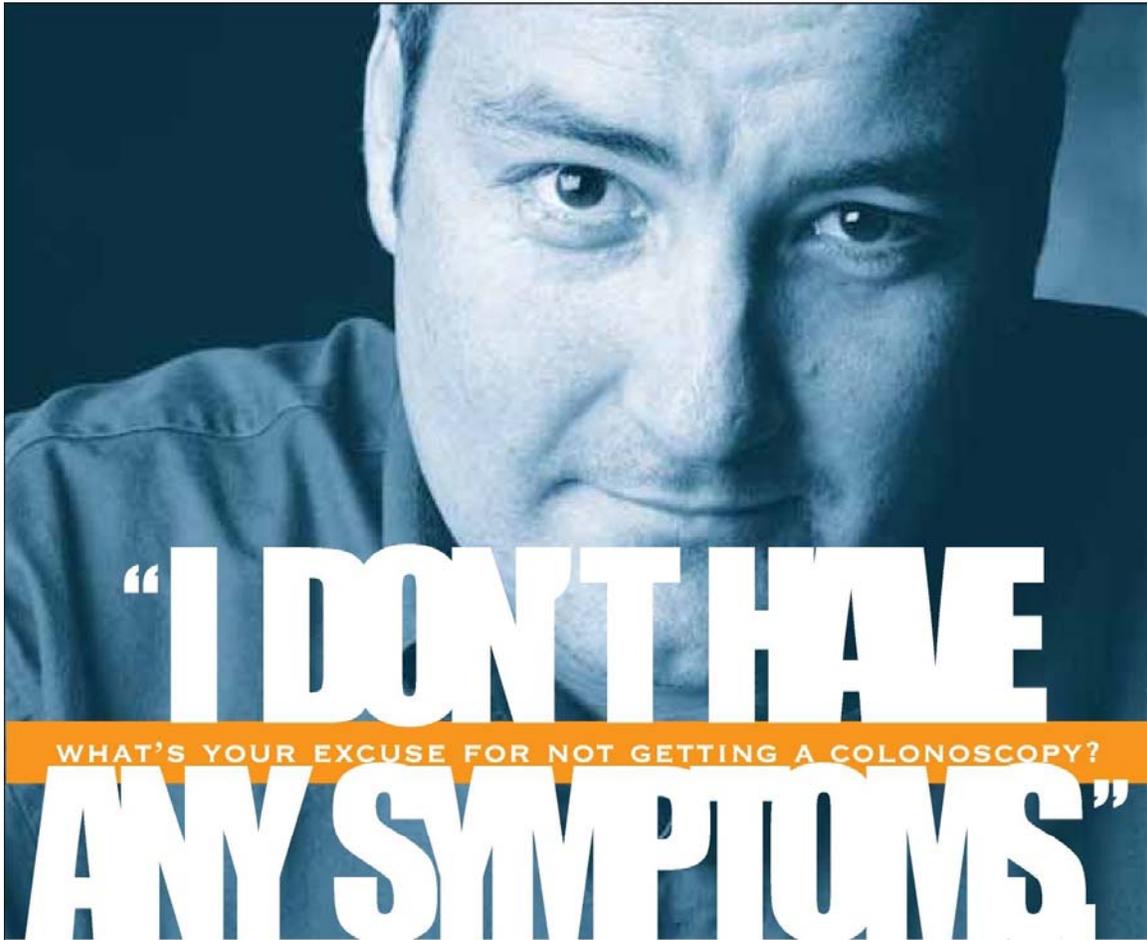


DELAWARE HEALTH AND SOCIAL SERVICES
Division of Public Health
Health Promotion and Disease Prevention Section



Talk to your doctor or have a nurse schedule a test for you. Call 1-800-464-HELP or visit www.delawarehelpline.org.

Print Ad A3



**“I DON'T HAVE
WHAT'S YOUR EXCUSE FOR NOT GETTING A COLONOSCOPY?
ANY SYMPTOMS.”**

The fact is there are no symptoms when colon cancer is most treatable.
If you're 50 or older—or if you're younger and have a family history of colon cancer—you should schedule a colonoscopy today. The test can not only diagnose cancer, but treat it. Screening coordinators in all three counties can help you access the test where you live. Ask them about medications that may ease the prep period. Just one hour of your time could save your life.

NO MORE EXCUSES. GET TESTED.

 **DELAWARE HEALTH AND SOCIAL SERVICES**
Division of Public Health
Health Promotion and Disease Prevention Section

Talk to your doctor or have a nurse schedule a test for you. Call 1-800-464-HELP or visit www.delawarehelpline.org.

Campaign B

AB & C ALOYSIUS BUTLER & CLARK
 Advertising • Public Relations • Design
A fresh perspective in marketing communications

DELAWARE HEALTH AND SOCIAL SERVICES
 Division of Public Health
 Health Promotion and Disease Prevention Section

"My Doctor Made Me Do It" :30



Open on close-up of woman painting furniture.
WOMAN: Believe me,...



WOMAN: ...I did NOT want to get that test...



Cut to doctor in his office.
DOCTOR: Sometimes it's part of my job to nag...



WOMAN: They found something called a polyp that could've become cancer...



DOCTOR: 95% of all colon cancers are preventable just by getting a colonoscopy.



WOMAN: I can not tell you how glad I am that I listened to my doctor.



DOCTOR: Everyone age 50 and older should get a colonoscopy. Just one call is all it takes.



DOCTOR: Talk to *your* doctor or call to have a nurse help you schedule your test.



DOCTOR: It could save your life.

Print Ad B1



My doctor kept telling me to get tested.

Hey, sometimes it's my job to nag.

Am I glad I listened.

Get tested for colon cancer—it could save your life.

There's a reason your doctor's been urging you to get a colonoscopy. There are no symptoms. Not until it's too late. And the test doesn't just find colon cancer. It treats it too. Screening coordinators in all three counties can help you access the test where you live. Don't forget to ask about medications that could make the prep easier. The test takes only about one hour of your time. And it could save your life.

Talk to your doctor or have a nurse schedule a test for you. Call 1-800-464-HELP or visit www.delawarehelpline.org.



DELAWARE HEALTH AND SOCIAL SERVICES
Division of Public Health
Health Promotion and Disease Prevention Section

Made possible, in part, with the cooperation of the Delaware Cancer Consortium.

Print Ad B2



Get tested for colon cancer—it could save your life.

If you've been putting off getting a colonoscopy, you should know a few things. There's a reason your doctor's been urging you to get tested. There are no symptoms. Not until it's too late. And the test doesn't just find colon cancer. It treats it too. Screening coordinators in all three counties can help you access the test where you live. Don't forget to ask about medications that could make the prep easier. The test takes only about one hour of your time. And it could save your life.

Talk to your doctor or have a nurse schedule a test for you. Call 1-800-464-HELP or visit www.delawarehelpline.org.



DELAWARE HEALTH AND SOCIAL SERVICES
Division of Public Health
Health Promotion and Disease Prevention Section

Made possible, in part, with the cooperation of the Delaware Cancer Consortium.

Campaign C



ALOYSIUS BUTLER & CLARK
Advertising • Public Relations • Design
A fresh perspective in marketing communications



DELAWARE HEALTH AND SOCIAL SERVICES
Division of Public Health
Health Promotion and Disease Prevention Section

"Reasons" :30



Open onto scene of women having tea together.



Suddenly an African-American woman dissolves into the shot next to them and joins in the conversation.

VO: For the friends you don't want to lose.



Scene changes to two toddlers playing on park swings.



Suddenly a 50ish couple dissolves into the shot and the children run up to them.

VO: For the grandchildren you'll love forever.



Scene changes to a photo of a young Hispanic couple and two children celebrating a birthday.



Suddenly a 50ish couple dissolves into the shot with them.

VO: For every memory yet to come.



Scene changes to a teenager on a small boat.



Suddenly a man about 50 dissolves into the shot with him.

VO: For the life you've planned for decades.

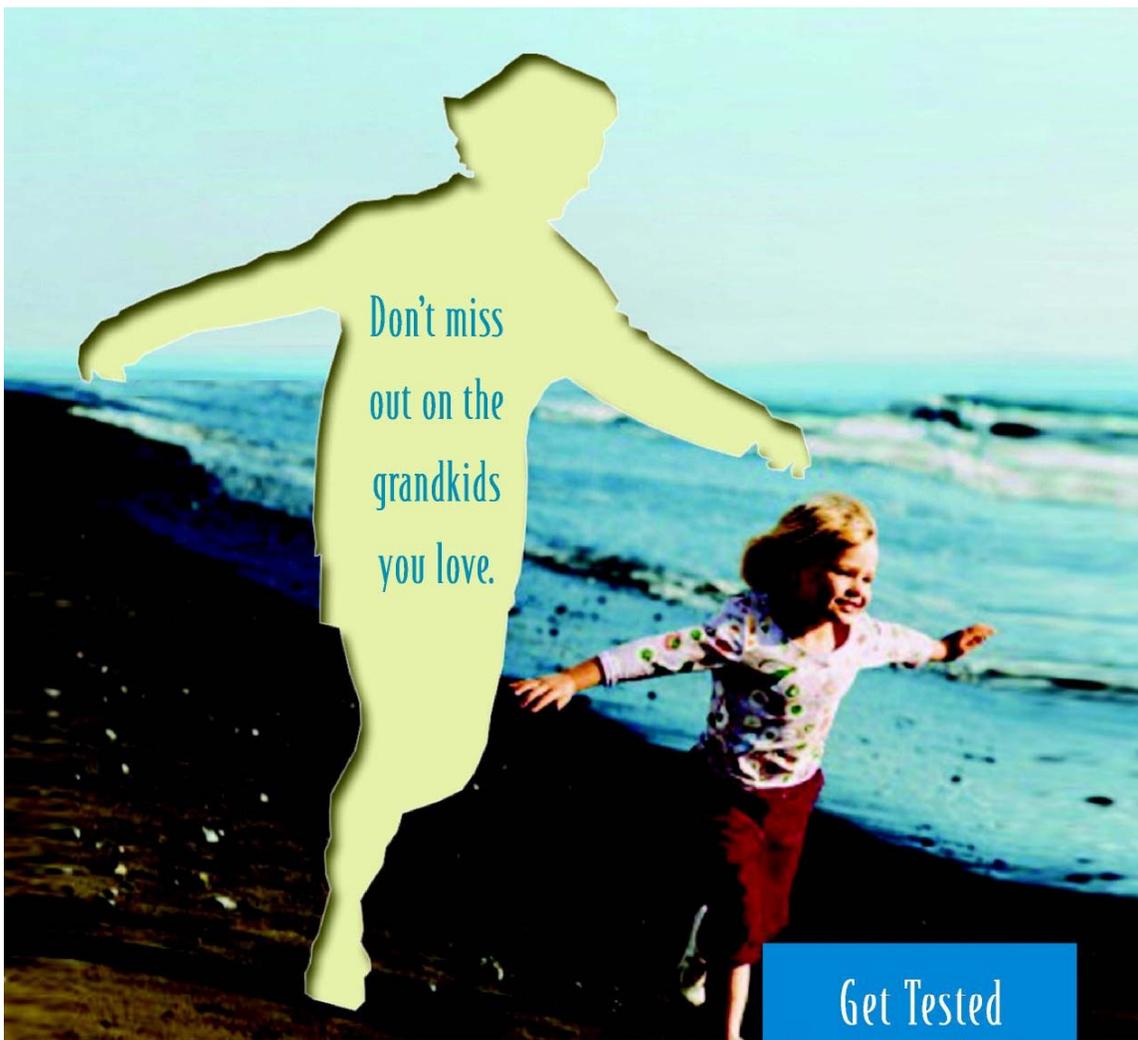
Schedule a colonoscopy.
1-800-464-HELP

www.delawarehelpline.org



VO: Talk to your doctor or call to have a nurse help you schedule your test.

Print Ad C1



Don't miss
out on the
grandkids
you love.

Get Tested
for Colon Cancer.

Call 1-800-464-HELP or visit
www.delawarehelpline.org

You have dreams. You've made the plans. Now, take a moment to make a decision that could affect them both. If you're 50 or older, get a colonoscopy. Don't wait for the symptoms. By then, it could be too late. With one simple procedure, you can be sure that any sign of cancer is not only diagnosed but treated. Screening coordinators in all three counties can even help you access the test where you live. Make sure to ask about medications that could make the prep easier. Talk to your doctor or have a nurse schedule a test for you. Just one hour of your time could save your life.



DELAWARE HEALTH AND SOCIAL SERVICES
Division of Public Health
Health Promotion and Disease Prevention Section

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Print Ad C2



Get Tested
for Colon Cancer.

Call 1-800-464-HELP or visit
www.delawarehelpline.org



DELAWARE HEALTH AND SOCIAL SERVICES
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Health Promotion and Disease Prevention Section

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You have dreams. You've made the plans. Now, take a moment to make a decision that could affect them both. If you're 50 or older, get a colonoscopy. Don't wait for the symptoms. By then, it could be too late. With one simple procedure, you can be sure that any sign of cancer is not only diagnosed but treated. Screening coordinators in all three counties can even help you access the test where you live. Make sure to ask about medications that could make the prep easier. Talk to your doctor or have a nurse schedule a test for you. Just one hour of your time could save your life.