

ACS Webinar Series for Cancer Coalitions



Overcoming Stigma as a Barrier to Equitable Lung Cancer Care

July 10, 2024

Brought to you by the ACS Comprehensive Cancer Control Initiatives Team. ACS is proud to be a training & technical assistance provider for grantee coalitions within the CDC National Comprehensive Cancer Control Program.





1. Today's seminar will be recorded. The link to view the recording will be shared with all who have registered.
2. If you have any issues during today's seminar or have any questions for our presenters, please use the chat.
3. To ensure that there are no disruptions during the presentation, all participants have been muted by the host.
4. We will have a Q&A portion at the end – so please put your questions in the chat.
5. We would like to launch a short poll before beginning our webinar...

Today's webinar is supported by the **Centers for Disease Control and Prevention** of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$750,000 with 100 percent funded by CDC/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CDC/HHS, or the U.S. Government.

ACS Webinar Series for Cancer Coalitions

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JUN 13 | 1-2 PM EST

Advancing HPV
Vaccination Equity



JUL 10 | 1-2 PM EST

Overcoming Stigma
as a Barrier to Equitable
Lung Cancer Care



AUG 14 | 1-2 PM EST

Promoting Non-invasive
CRC Screening





We hope you will learn more about....

1. The importance and rationale of a person-centered approach to lung cancer screening.
2. How to engage diverse community partners into the lung cancer community.
3. Recommendations for changing the public discourse around lung cancer to create more equitable lung cancer screening, treatment, and survivorship.



1. Brief pre-survey



Overcoming Stigma as a Barrier to Equitable Lung Cancer Care

PRESENTER



Dr. Jamie L. Studts, PhD, FSBM

Professor of Medical Oncology

Scientific Director of Behavioral Oncology

Co-Leader of Cancer Prevention and Control

Co-Director of Population Health Shared Resource

University of Colorado School of Medicine

Member, Thoracic Oncology Research Initiative

Overcoming Stigma (and Nihilism) as a Barrier to Equitable Lung Cancer Screening

– Dr. Jamie L. Studts –

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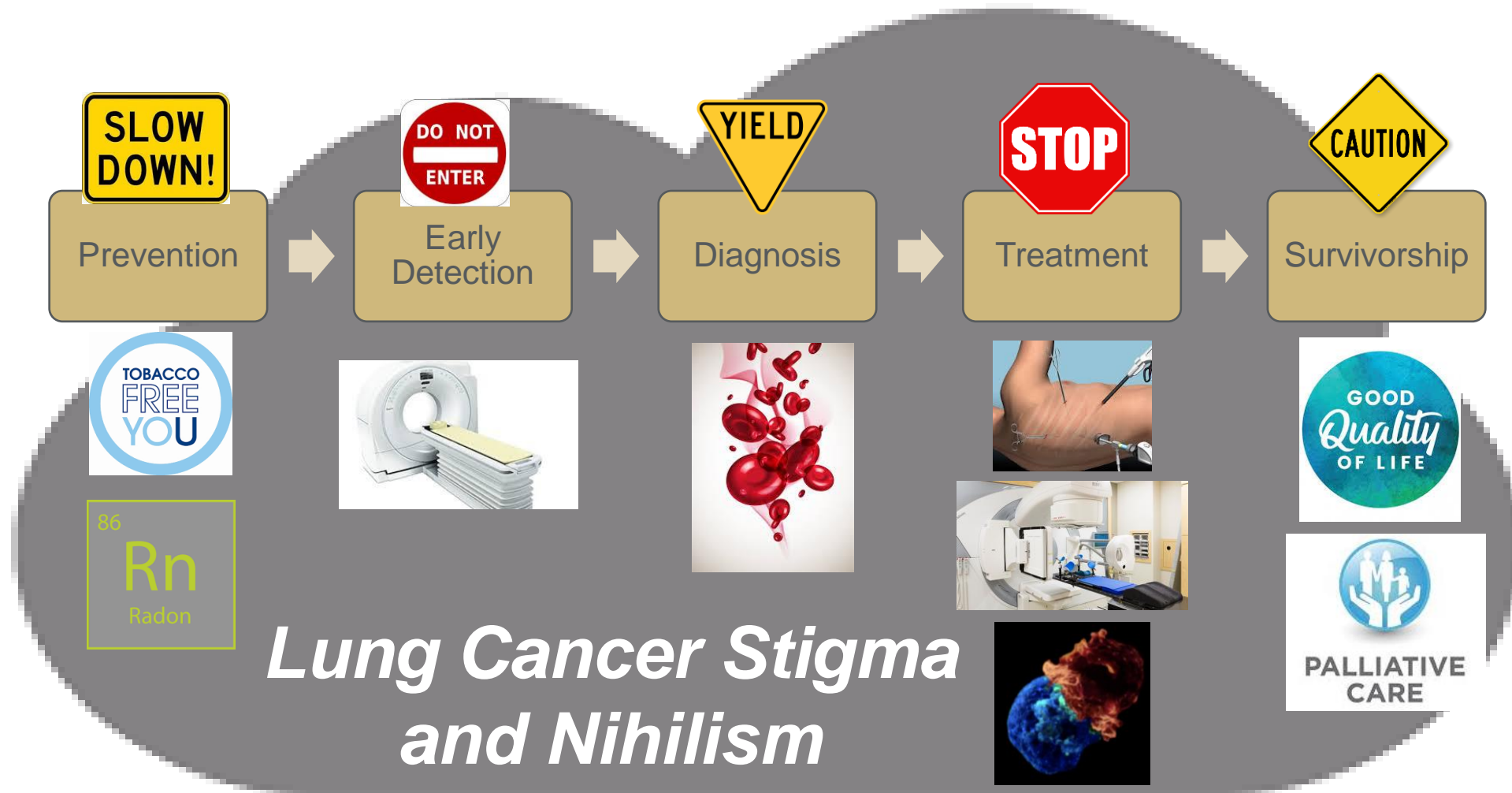


State of Lung Cancer – Reality Check of Hope

- ❖ Smoking rates are declining to the lowest levels measured
- ❖ Radon-related risk awareness is increasing.
- ❖ Lung cancer screening and early detection is accelerating.
- ❖ Late-stage lung cancer diagnosis is declining.
- ❖ Lung cancer incidence is declining.
- ❖ Lung cancer mortality is declining.
- ❖ Lung cancer survivorship is increasing.
- ❖ Palliative care and symptom management are improving.
- ❖ Lung cancer quality of life is increasing.

No time for “victory laps,” but these improvements must be highlighted!

Lung Cancer Control Continuum

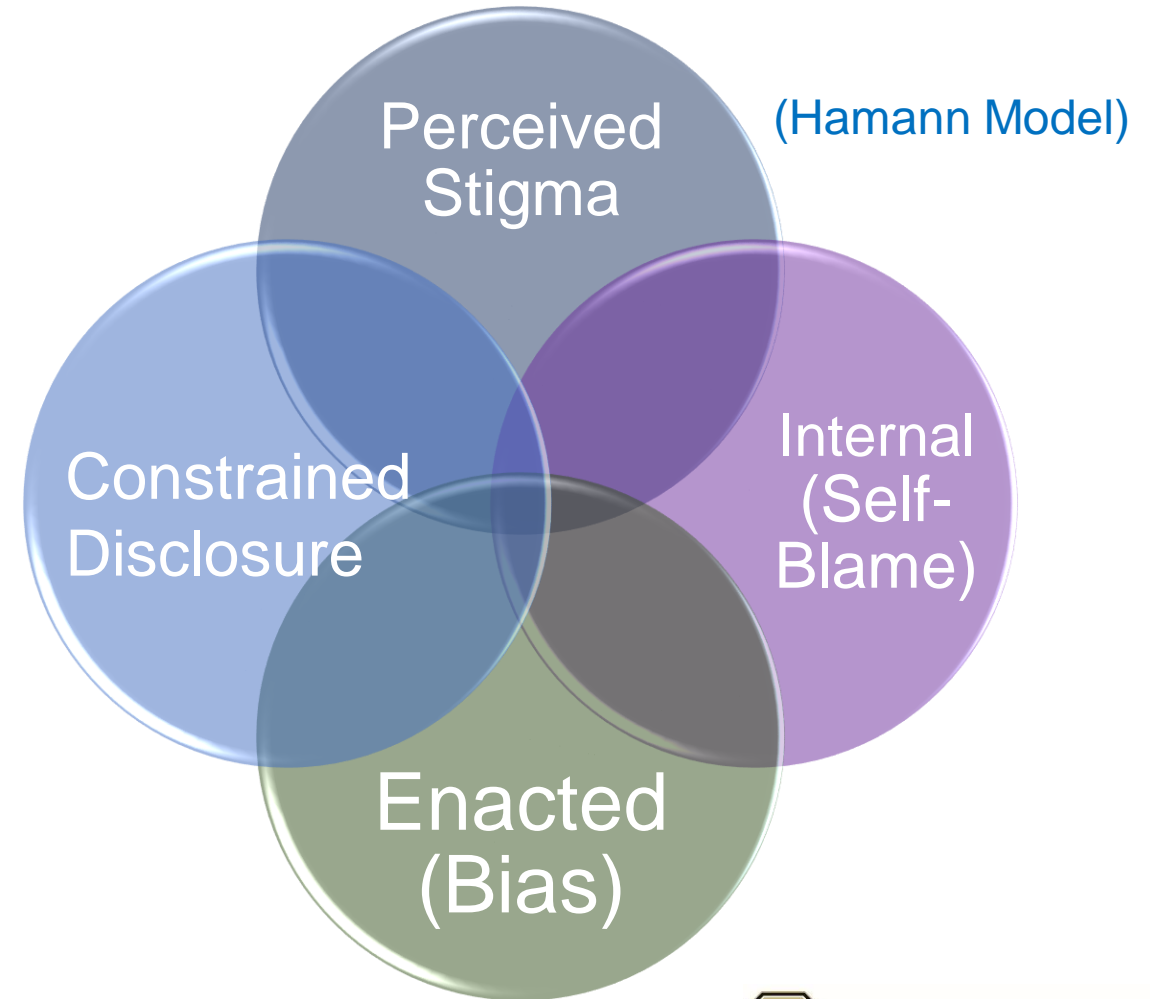


What is Lung Cancer Stigma?

... a mark of shame or discredit

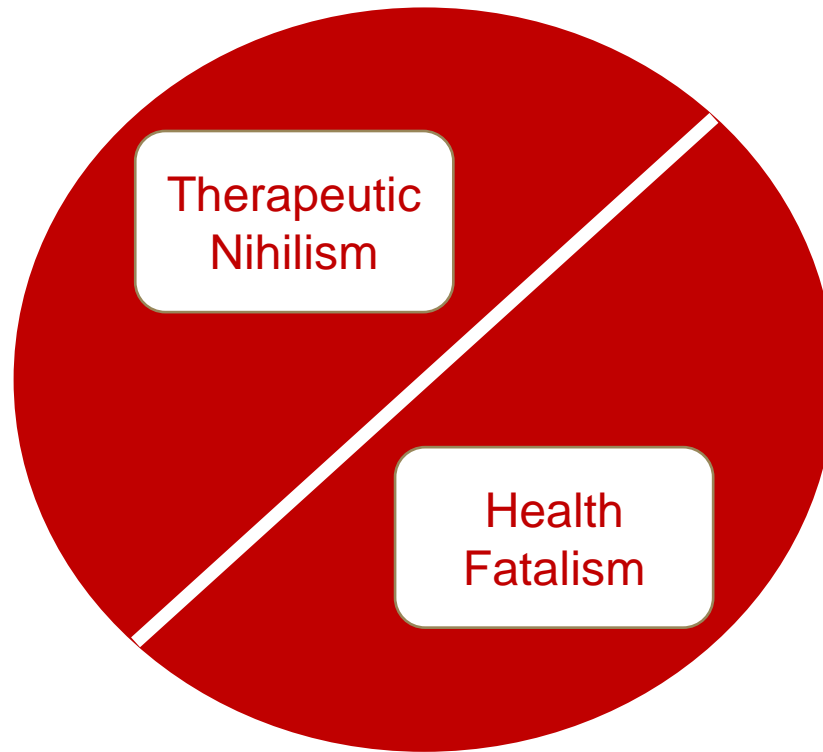
...an attribute that is deeply discrediting that turns an individual from a whole and usual person to a tainted, discounted one. (Goffman, 1963)

“othering”



Therapeutic nihilism and fatalism also constitute cardinal threats to achieving optimal lung cancer outcomes.

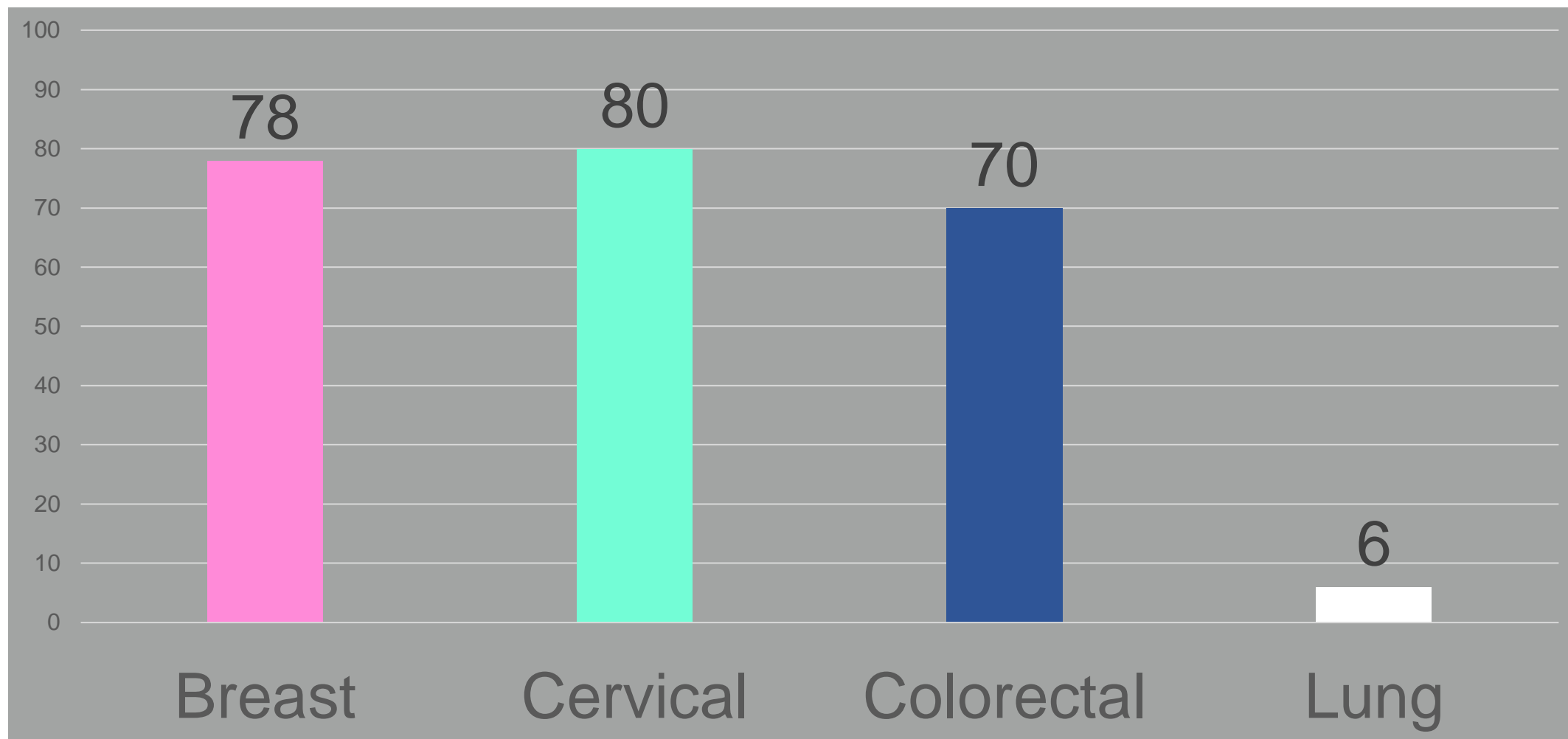
Therapeutic nihilism involves skepticism regarding the worth of therapeutic agents especially in a particular disease.
(clinical side)



Health fatalism refers to a sense of lack of control and powerlessness over health and illness.
(patient and community side)

Relative to lung cancer stigma, therapeutic nihilism and fatalism have received substantially less research attention but present a formidable challenge to lung cancer care and optimal outcomes.

The Opportunity: Cancer Screening Implementation



Lung Cancer Screening

“Lung cancer screening continues to be the greatest missed opportunity to reduce cancer mortality throughout the US—not just lung cancer mortality, but overall cancer mortality.”

-- J. L. Studts (just now and every day)

WHY SO LOW?

- **New**, translation takes time!
- **Field of Dreams Fallacy:**
 - “If you build it, they will come.”
- **Awareness: Nonexistent**
 - Community
 - Organizations
 - Healthcare systems
 - Clinicians
 - Screening-Eligible Individuals!!!
- **Engagement Approach: Wrong**
 - Fear Appeal
 - Stigma Appeal
 - Rational Appeal
- **Screening Perspective/People: New**



Socioecological Model of Lung Cancer Screening



- Public/Society
- Policy Organizations
- Advocates
- Healthcare Systems
- Lung Cancer Screening Programs
- Primary Care Clinicians
- Family and Friends
- Candidates

Socioecological Perspectives on Lung Cancer Screening

- **Public/Society** – undeserving, self-inflicted, should quit smoking
- **Policy Organizations** – favorable policies, but apprehensive
- **Advocates** – full speed ahead, “*Why isn’t this happening?*”
- **Healthcare Systems** – mixed, revenue stream? unaware?
- **Lung Cancer Screening Programs** – full speed ahead, but...
- **Primary Care Clinicians** – busy, not worth my time, nobody wants it
- **Family and Friends** – largely unaware
- **Candidates** – largely unaware, skeptical, self-blame/undeserving

Getting
the
PEOPLE
Part
Right



Placing
LCS
Candidates
and
Participants
at the
CENTER
of the LCS
Process

Lung cancer screening implementation must start with understanding the community of individuals who are eligible.

Without adopting stereotypes, to reach the community and achieve person-centeredness, we must understand the opportunities and challenges of the community we wish to serve.

Fundamental/Core Concept

Trust

Mistrust

Distrust

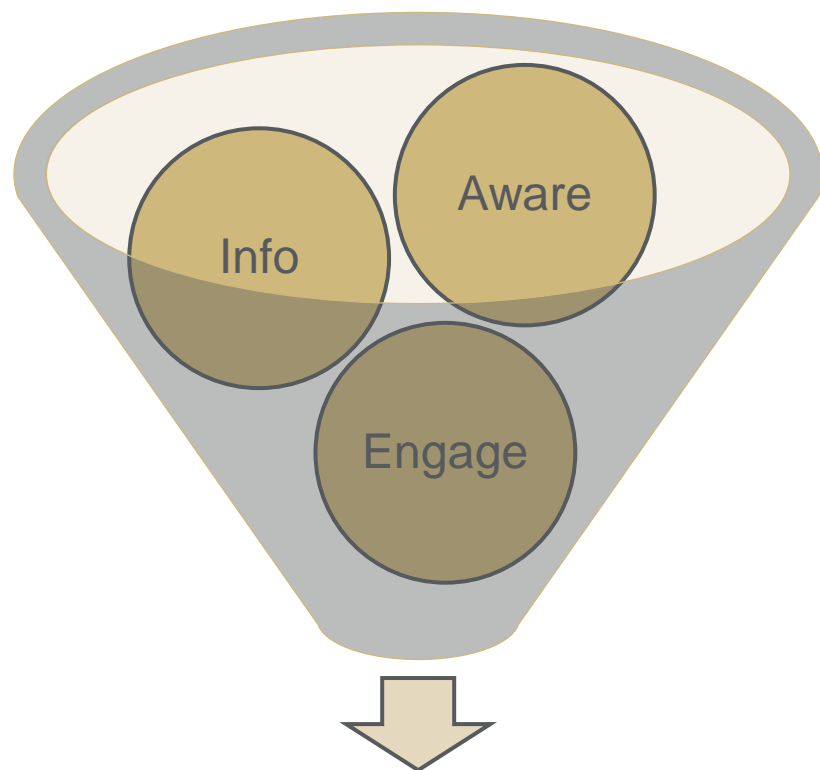
Institutions

Trustworthiness

Individuals



Health Communication Regarding LCS



Informed Choices

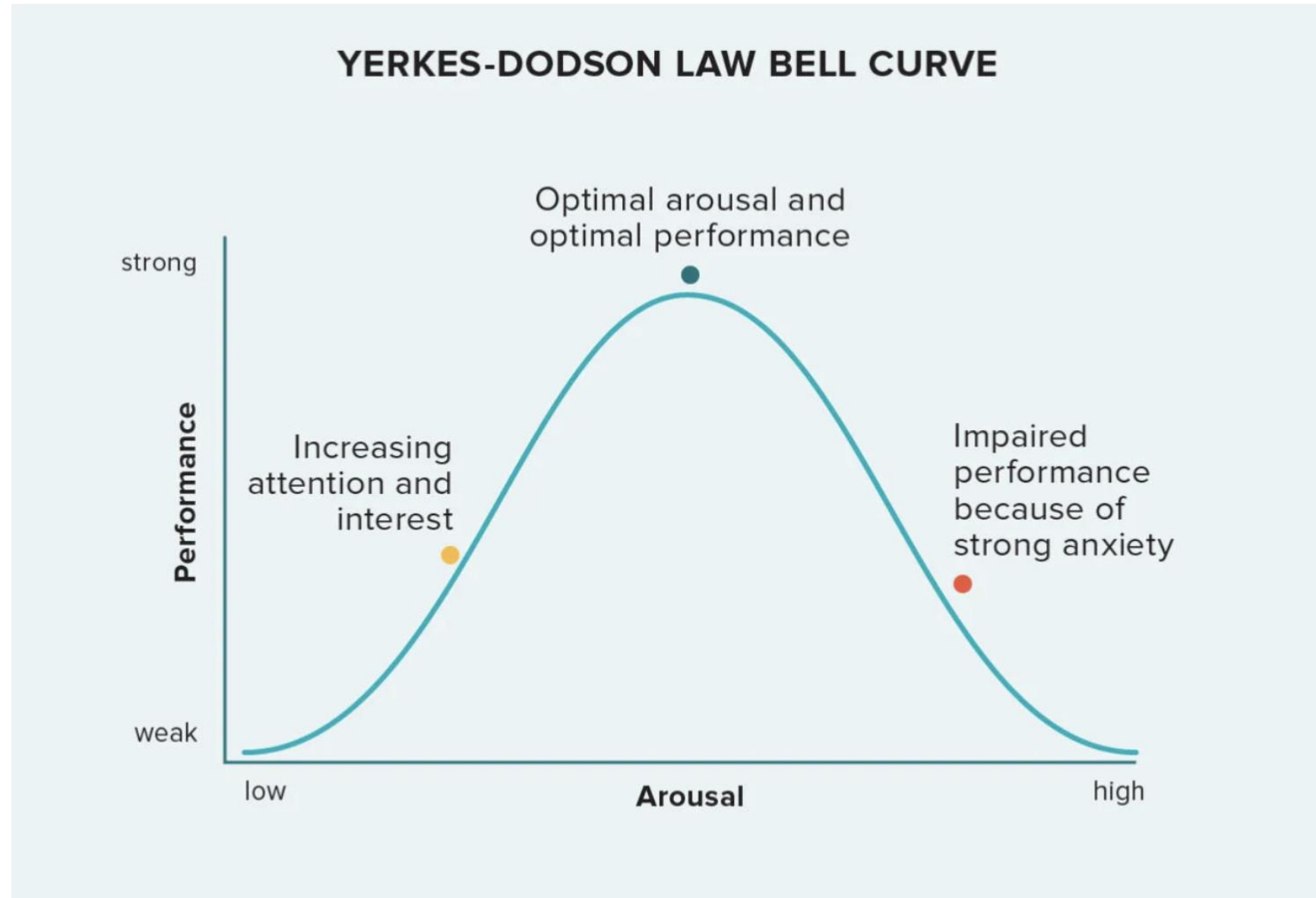


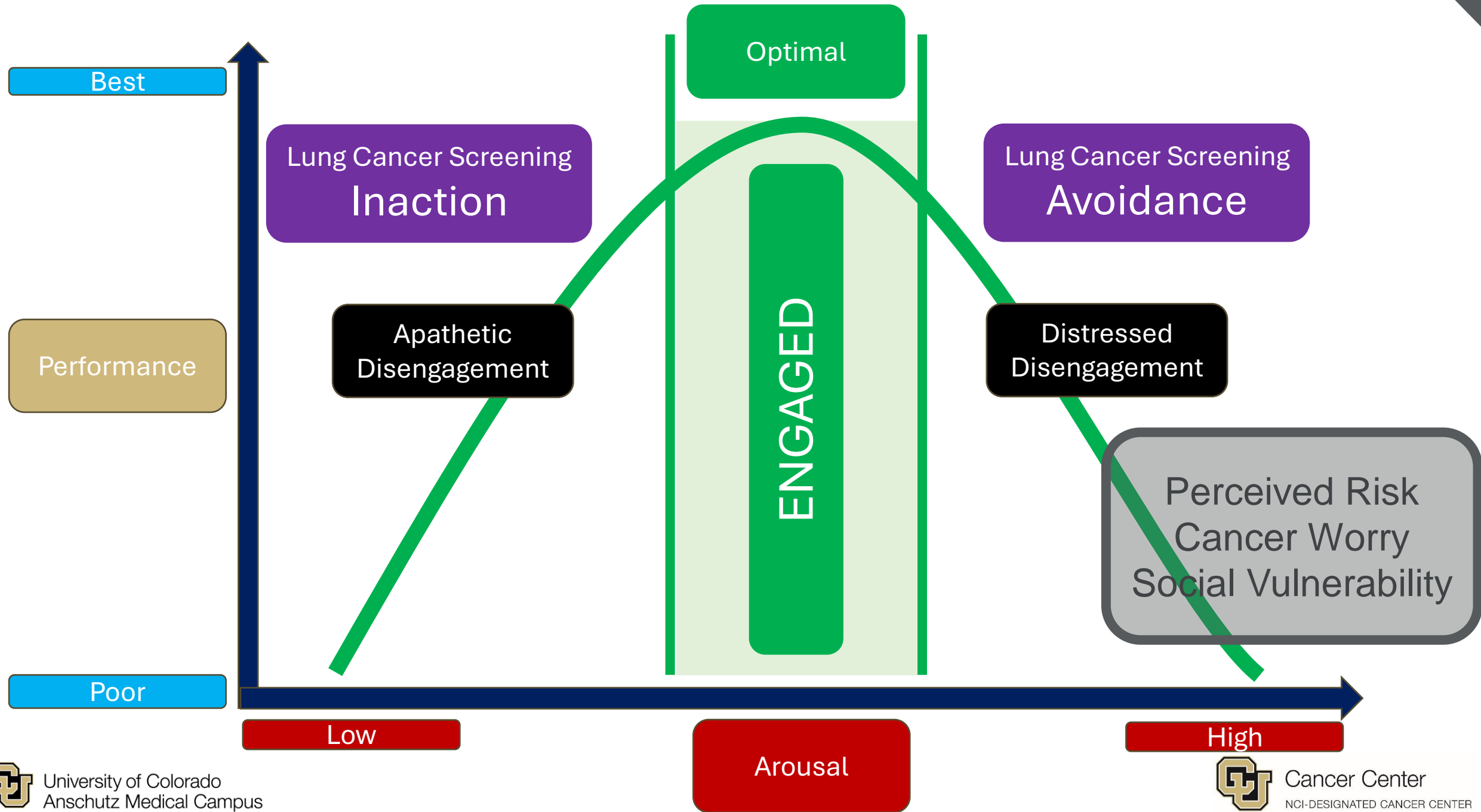
Useless without TRUST

Remember back to Psychology 101



There is an optimal level of arousal associated with optimal performance of any task.





Equitable Implementation of Lung Cancer Screening

- 1) Assume stark and distressing disparities are emerging even without documentation
- 2) Consider targeted outreach and engagement opportunities to collaborate with specific communities
- 3) Explore community as well as clinician-focused efforts
- 4) Mitigate likely exacerbation of known disparities in lung cancer outcomes
- 5) Diverse communities, diverse methods, diverse levels of intervention

Community Outreach Opportunities





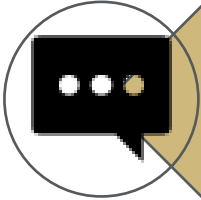
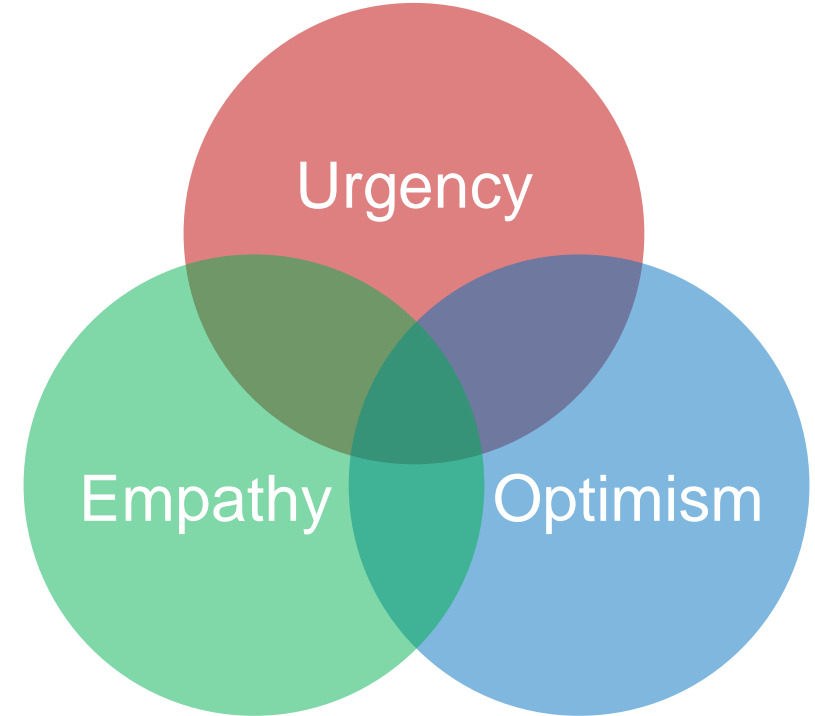
NLCRT
NATIONAL LUNG CANCER ROUNDTABLE



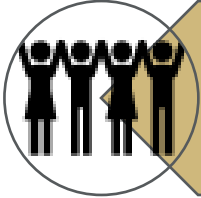
**CAMPAIGN
TO END LUNG
CANCER STIGMA**



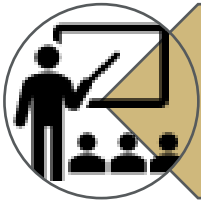
Overarching Themes



Reframe Lung Cancer



Improve Survivorship



Enhance Understanding and Empathy



Amplify and Expand Research



University of Colorado
Anschutz Medical Campus

<https://nlcrt.org/>



Cancer Center
NCI-DESIGNATED CANCER CENTER

The Engaged Approach to Lung Cancer Screening



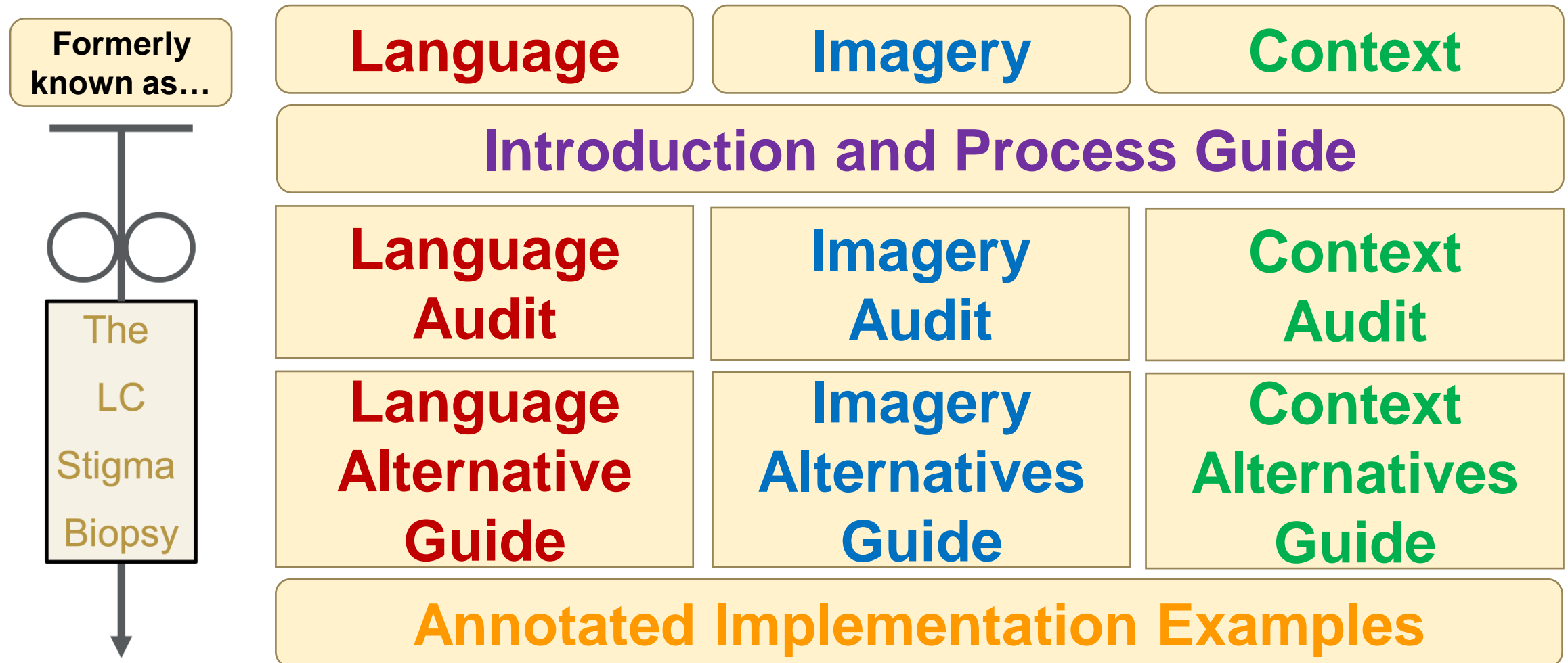
- ▶ A person-centered approach to supporting implementation of high quality lung cancer screening, regardless of institutional resources

Essential Elements

- 1) Places candidate at the center of process
- 2) Emphasizes relationship and engagement
- 3) Reinforces and centralizes sustained communication
- 4) Empowers LCS program staff/clinicians
- 5) Utilizes technology/digital tools to deliver resources
- 6) Builds a learning community with other LCS staff
- 7) Maintains minimal budget impact with high returns
- 8) Employs de-stigmatizing and supportive messages



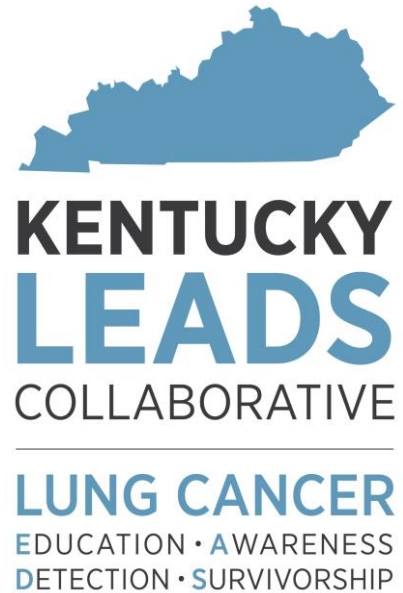
Lung Cancer Stigma – Communications Assessment Toolkit (LCS-CAT)



Health Communication and Marketing Best Practices for Lung Cancer Screening

■ Recommendations:

- 1) Convey accurate information about lung cancer screening (hard)
- 2) Encourage engagement with a health care clinician (call to action)
- 3) Seek unbiased presentation of LCS benefits/harms/unknowns
- 4) Avoid messages and imagery that stigmatize or induce fear



Some Final Thoughts

Perspective for Consideration

- For no other cancer is there a greater socioeconomic and cultural gap between the individuals who are eligible for screening and the clinicians and public health experts implementing screening.

Humility

- Working to understand and experience the perspective of others
- Replacing paternalism with empathy and support

Stigma, Nihilism, and Lung Cancer Screening

- 1) Lung cancer screening is currently the most significant missed opportunity in cancer prevention and control.
- 2) Lung cancer screening should be considered a health disparity area as compared to utilization of other evidence-based cancer screenings.
- 3) Lung cancer stigma and nihilism/fatalism play direct and indirect roles in dampening implementation of lung cancer screening.
- 4) Lung cancer stigma and nihilism/fatalism impact every level of the social ecology of implementing lung cancer screening.



Overcoming Stigma as a Barrier to Equitable Lung Cancer Care

Thank You



Overcoming Stigma as a Barrier to Equitable Lung Cancer Care

PRESENTER



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Director, Cancer Prevention Precision Control Institute
Center for Discovery & Innovation at Hackensack Meridian Health
Director, Community Outreach & Engagement, John Theurer Cancer Center
Professor of Medicine, Hackensack Meridian School of Medicine
Professor of Oncology, Georgetown University School of Medicine

The Pursuit of Person-Centered Lung Cancer Screening and Care How Do We Shift the Status Quo?

~ Dr. Lisa Carter-Bawa ~

The Pursuit of Person-Centered Lung Cancer Screening and Care

How Do We Shift the Status Quo?

Lisa Carter-Bawa, PhD, MPH, APRN, ANP-C, FAAN

Director, Cancer Prevention Precision Control Institute

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We cannot treat the lung cancer screening community as a 'one size fits all' community



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3 Ways to Engage the Lung Screening Eligible Community

1. Leveraging Your Community
2. Novel Community-Based Interventions
3. Comprehensive Assessment of Public Facing Communication



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Community Advisory Boards

- Do not underestimate the power of your community
- Leverage your community to create spaces to develop trustworthiness between your health system and the people you are serving



Community



Tailored Outreach Interventions

- Consider culturally-tailored interventions specific to the community you serve
 - Potential to address medical mistrust and stigma in a vulnerable patient population head on
 - Fosters patient engagement by leveraging components of outreach that are personally relevant
 - Provides another avenue toward building trustworthiness with lung screening-eligible individuals

Tailored Outreach Intervention: Witness Project® Lung



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- Comprehensive educational program
- Leverages the cancer and cancer screening experience of Black Americans through testimonials and ‘witnessing’ to community members in faith- or community-based settings
- Each Witness Project® Lung program is conducted by a Witness Role Model and supported by a Community Health Worker from the community-based health system
- Uses visual, audio and video, and text components



Lung Cancer Screening Communication Assessment Tool (LCS-CAT)

Designed to assist content developers:

- Reduce the prevalence of stigmatizing language and imagery in lung cancer screening and treatment information
- Reduce stigmatizing language and imagery in tobacco cessation material
- Complete a language audit of existing print and digital lung cancer and tobacco-related information to identify and remove stigmatizing language

Lung Cancer Screening Communication Assessment Tool (LCS-CAT)

Addresses 3 Components of Communication:

- Language
- Context
- Imagery



Lung Cancer Screening Communication Assessment Tool (LCS-CAT)

Language Audit Tool for creators of lung cancer materials



What is the Language Audit Tool?

This Language Audit Tool helps you find and remove words and phrases in existing materials that stigmatize lung cancer and tobacco. You can also use it to inform choices when creating new materials.



The tool helps you assess a material for words and phrases in these 4 categories:

- **Labels** that focus on the disease and not the person
- **Blaming language** that uses words and phrases that show negativity and judgment
- **Oversimplifications** that reduce people to a single word (i.e., smoker) and do not reflect the complexity of lung cancer risk and diagnosis
- **Other stigmatizing** words and phrases you identify that you think may be stigmatizing

How do I use this tool?

- 1 Collect the material you plan to review – you may use an electronic or a hardcopy version. An electronic version allows for automated word search, but **the material should still be reviewed in full for language that may not be identified using an automated search.**
- 2 Write the name of the material at the top of page 2. Search the material for each word and phrase listed in the left-hand column of the Language Audit table below.
 - If using a **digital** version of your material, use the “Search” function in your document. Highlight each stigmatizing word or phrase in yellow.
 - If using a **hardcopy** of your material, circle or highlight each stigmatizing word or phrase you find as you read through it.
- 3 For each instance of a stigmatizing word or phrase, make a tally mark in the right-hand column of the Language Audit table below. In the middle column, write the page or section where the word or phrase appears.
- 4 At the bottom of the form, add the total number of instances from the 4 categories to get a Total Language Audit Score.
- 5 If the Total Language Audit Score is 1 or more, proceed to the Language Alternatives Guide to learn how to change the stigmatizing words and phrases you found in this Language Audit Tool.

Imagery Audit Tool for creators of lung cancer materials



What is the Imagery Audit Tool?

This Imagery Audit Tool is to help you assess existing materials for images that may convey lung cancer stigma. The Imagery Audit Tool helps you inform content choices when creating new materials.



How do I use this tool?

- 1 Write the name of the material you are assessing at the top of page 2.
- 2 In the Imagery List table on pages 1-2, list all of the images (such as photos, illustrations, or icons) in the material.
- 3 Use the Imagery Audit table on pages 3-4:
 - Write a tally mark for each instance you see a stigmatizing element (such as a color or setting) in any of the images. At the bottom, add the tally marks to get a Total Imagery Audit Score.
 - If the Total Imagery Audit Score is 1 or more, go to the Imagery Alternatives Guide to consider options to replace the potentially stigmatizing imagery you identified in the audit process.

Imagery Audit

Material I am assessing: _____

Imagery List

Images	Location in material (page, section)	Brief description of image
1		
2		

Context Audit Tool for creators of lung cancer materials



What is the Context Audit Tool?

This Context Audit Tool helps you assess the “context” of your materials for potential lung cancer stigma, prejudice, or discrimination. The three contextual elements to assess are the material’s **message**, **intended audience**, and **creators**. This tool can help you assess an existing material or create a new material. For new materials, it’s most helpful when you use it early in the development process.



If you identify and reflect on these three elements, you can avoid writing or distributing materials that may contribute to lung cancer stigma. Example: If you develop material to prevent smoking among teenagers but it conveys disgust, the message would be “smoking is disgusting” rather than “teens shouldn’t smoke.”

How do I use this tool?



If you are assessing an existing material:

Read the material and look at its visual elements to get a full understanding of the material and its intended goal. Next, use the questions on pages 2-3:

- 1 At the top of page 2, write the name of the material you are assessing. Then move through each section on pages 2-3.
- 2 First, answer the context questions (write your answers on a piece of paper or in a blank Word document).
- 3 Then, answer the yes-or-no questions in each section. Add a “Yes” in the white boxes for any yes answers.
- 4 In the blue bar on page 3, add the total number of “Yes” answers from pages 2-3 to get the Total Context Audit Score.
- 5 If the Total Context Audit Score is 1 or more, proceed to the Context Alternatives Guide. It has questions to help you decide if and how you can change the material so it doesn’t create or spread lung cancer stigma.



If you are creating a new material:

Follow the same instructions given above. This can help you avoid including any stigmatizing elements in your new material.



Lung Cancer Screening Communication Assessment Tool (LCS-CAT)

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How do I use this tool?



If you are assessing an existing material:

Read the material and look at its visual elements to get a full understanding of the material and its intended goal. Next, use the questions on pages 2-3:

- 1 At the top of page 2, write the name of the material you are assessing. Then move

Lung Cancer Screening Communication Assessment Tool (LCS-CAT)

Language Alternatives Guide to help avoid lung cancer stigma



What is the Language Alternatives Guide?

The Language Alternatives Guide is to help you use language in your lung cancer materials that does not contribute to stigma, prejudice, or discrimination. It continues the process begun in the Language Audit Tool but can also be used to inform choices when creating new materials.



This guide offers specific word substitutes to consider using in your messages about lung cancer and tobacco. It is not a complete list of possible alternatives.

How do I use this guide?

If you are changing an existing material you assessed with the Language Audit Tool:

- 1 See which **labeling, blaming, oversimplifying, or other stigmatizing language** you identified in your material. If you used a digital version, you highlighted them in your document. If you used a hardcopy, you circled or highlighted them.
- 2 Check the tables below, which offer words and phrases as possible replacements for stigmatizing language you may have found in your material.

If you are creating a new material:

- 1 Consider using the words and phrases in the right column of the tables below, while avoiding those in the left column.
- 2 As you finalize your new material, consider double-checking it against the tables below for language that may contribute to stigma.

Imagery Alternatives

Material I am assessing: _____

Color scheme

Color is a powerful tool for communicating emotions and capturing attention before viewers even engage with any of the written content of a material.



⊗ Avoid these color schemes

Combinations of red and black, which can draw mental associations with smoking, even in lung cancer materials that are not related to smoking.

⊙ Consider these color schemes instead

Bright colors like yellows, greens, and blues, which capture attention and can support positive emotions.

Setting or implied setting

The setting of images conveys the creator's personal ideas about those images and may sway the audience's opinions about lifestyle, financial and social status, etc.



⊗ Avoid these settings

Messy scenes or unhealthy settings, which suggest that's how creators view the lives of those they are portraying.

⊙ Consider these settings instead

Medical or "healthy" and people-based settings (such as parks or social gatherings).

Interactions between people

Social exclusion and "othering," treating someone as if they are not part of a group, are key aspects of stigma commonly reported among lung cancer patients that can be visually represented in imagery.



⊗ Avoid these images

Images that show people feeling isolated and alone.

⊙ Consider these images instead

Images showing groups of people mingling in a positive way can help tell a story of belonging and support.



Context Alternatives

Material I am assessing: _____

Message alternatives

Yes-or-no questions you reflected on in the Context Audit Tool:

- 1 Does the material use **components of stigma** (labeling, stereotyping, separation, status loss, and discrimination) to convey this message?²
- 2 If this material achieves its **purpose**, could it also lead to more public stigma or self-stigma in people with lung cancer or who use tobacco?
- 3 Are **fear, blame, or disgust** used as tools to achieve the intended message in this material?
- 4 Does interpreting this message from an **oppositional/antagonistic perspective** increase its stigmatizing potential?



Guidance:

■ Components of stigma and purpose (for questions 1 & 2)

When considering how to avoid the components of stigma in your material, it can be helpful to look at it like this: if you're not working against stigma, you're working for it. In other words, **the best way to avoid stigma is to actively combat it.**

Your intended message does not have to be to "eliminate lung cancer stigma" for anti-stigma strategies to be helpful in your materials. See the list below, adapted from Brewis and Wutich's work on stigma, for strategies that can support an anti-stigma message:³

- **Reframe:** Avoid blame, focus on biological and social contributors to health
- **Reeducate:** Include facts that challenge common misinformation or misconceptions about stigma
- **Build self-esteem:** Confront and argue against contributors to self-stigma
- **Advocate:** Share information to build a stronger community around lung cancer

■ Fear, blame, or disgust (for question 3)

There are mixed findings on how well fear-arousing communication strategies work in reaching public health goals. Still, there is little doubt that the fear and disgust conveyed in lung cancer messages have contributed to lung cancer stigma.⁴

In place of messages that incite powerful negative emotions, we suggest aiming to **convey a message of hope, reassurance, and solidarity within the lung cancer and cancer survivorship communities.** New examples include:

- Early detection and new treatments offer hope
- People who have a higher risk of lung cancer can get emotional relief from screening tests that show they don't have cancer
- Stories from people who formerly smoked and their caring healthcare clinicians who have skill in tobacco treatment offer a feeling of collaboration

Develop and test lung cancer messages not only to combat stigma but also to reflect the changing reality of lung cancer risk, diagnosis, and survivorship.



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Meridian Health

KEEP GETTING BETTER

Start 

*Welcome to
Lung Talk!*



About You...

Welcome

Introduction

Your Lungs

About You...

Please tell us if you currently smoke or have quit smoking?

I currently smoke

I quit smoking





Cigarette Smoke: What It Does

Welcome

Lung Diseases

Cigarette Smoke

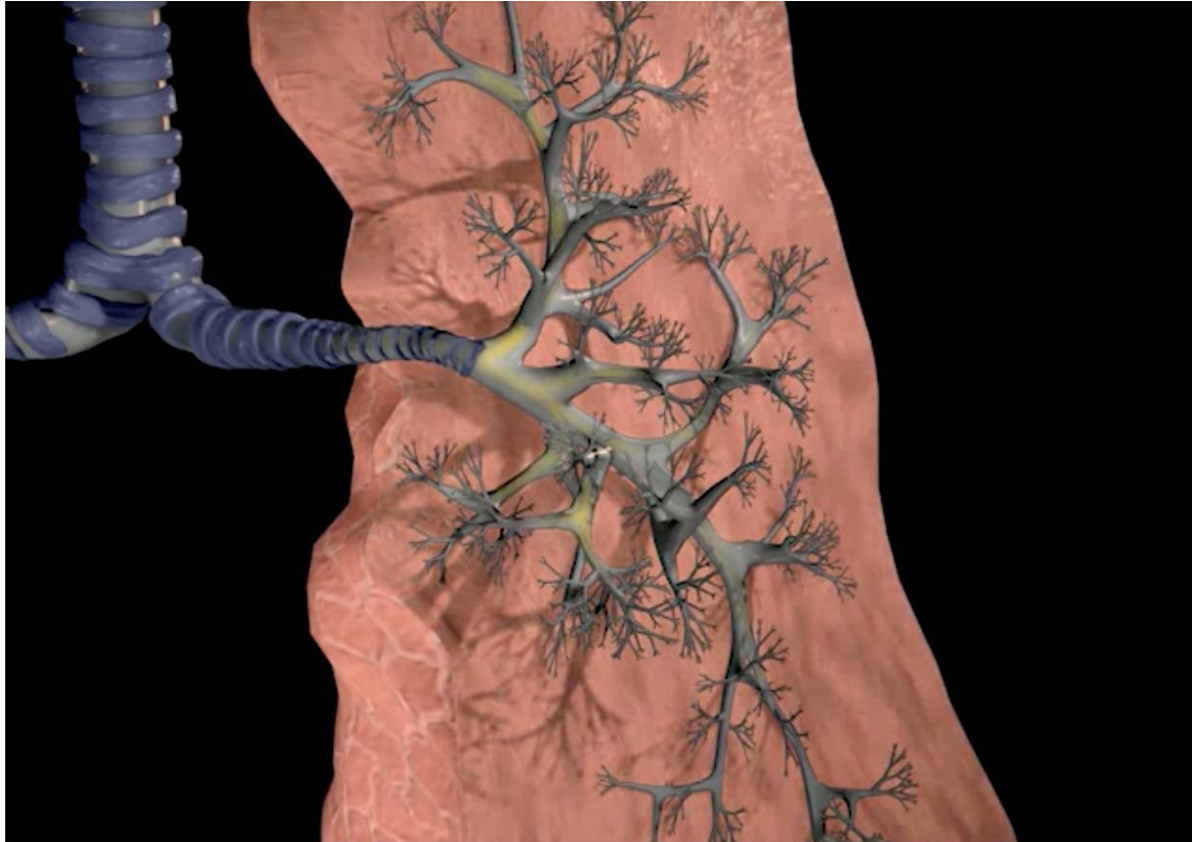
Lung Cancer

No Symptoms

Symptoms

Talk About It

Summary



- Increases heart rate
- Reduces blood flow
- Lowers body temperature



Welcome

Lung Diseases

Talk About It

Summary

To Talk About

LungTalk Printout

More Information

What I Would Like To Talk About



I would like to talk about (choose up to 3):

- ☐ My personal risk of lung cancer.
- ☐ More information about the lung scan.
- ☐ Benefits of lung screening.
- ☐ False positives, over-diagnosis, and radiation exposure.
- ☐ What my doctor recommends for me.
- ☐ How long I would have to do yearly lung scans.
- ☐ Ways to stop smoking.
- ☐ Other

Please click the right arrow when you are ready.



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Meridian Health

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Lung Cancer Screening Communication Assessment Tool (LCS-CAT)

Language Audit Tool for creators of lung cancer materials

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Imagery Audit Tool for creators of lung cancer materials

What is the Imagery Audit Tool?
This Imagery Audit Tool is to help you assess existing materials for images that may convey lung cancer stigma. The Imagery Audit Tool helps you inform content choices when creating new materials.

How do I use this tool?

1. Write the name of the material you are assessing at the top of page 2.
2. In the Imagery List table on pages 1-2, list all of the images (such as photos, illustrations, or icons) in the material.
3. Use the Imagery Audit table on pages 3-4:
 - Write a tally mark for each instance you see a stigmatizing element (such as a color or setting) in any of the images. At the bottom, add the tally marks to get a Total Imagery Audit Score.
 - If the Total Imagery Audit Score is 1 or more, go to the Imagery Alternatives Guide to consider options to replace the potentially stigmatizing imagery you identified in the audit process.

Context Audit Tool for creators of lung cancer materials

What is the Context Audit Tool?
The Context Audit Tool helps you assess the "context" of your materials for lung cancer stigma, prejudice, or discrimination. The three contextual elements to assess are the material's **message**, **intended audience**, and **creators**. You can help you assess an existing material or create a new material. For new materials, it's most helpful when you use it early in the development process.

How do I use this tool?

If you are assessing an existing material:
Review the material and look at its visual elements to get a full understanding of the material and its intended goal. Next, use the questions on pages 2-3 to answer the context questions (write your answers on pages 2-3 to answer the questions).

If you are creating a new material:
Follow the instructions given above. This can help you avoid including any elements in your new material.

Images	Location in material (page, section)	Brief description of image
1		
2		

Table 1. LCS-CAT Summary of Findings

Audit Domain

Language		Imagery		Context	
Labels	9—Current smoker	Image #1	Black background, lung disease	Intentions	In some instances, the following terminology is used, “cigarette smoking is responsible for 90% of all lung cancer”. Although true, the language could be softened to “exposure to cigarette smoke is responsible ...” and other causes of lung cancer could be included.
	9—Former smoker	Image #2	Cigarette in ashtray	Audiences	Possibility that someone who currently smokes navigates to the section meant for people who no longer smoke and feels bad about the positive tone of this messaging in contrast to the one meant for those who currently smoke. Tricky but something to consider.
Blame language	0	Image #3	Potentially off-putting stock lung photos	Values	No concerns
Oversimplification	2—Quitting	Image #4	Animation of burning cigarette in ashtray with chemicals in smoke		
	2—Do you/did you smoke?				
Other	1—Lung cancer kills ...				

#, number; LCS-CAT, Lung Cancer Stigma Communications Assessment Tool.

Again...We cannot treat the lung cancer screening community as a 'one size fits all' community



It's time to think outside the box and create a person-centered toolbox that addresses lung cancer screening with **empathy**, **empowerment**, and **hope**.

ONE SIZE
DOESN'T FIT ALL



Hackensack
Meridian *Health*

KEEP GETTING BETTER



Overcoming Stigma as a Barrier to Equitable Lung Cancer Care

Thank You



Overcoming Stigma as a Barrier to Equitable Lung Cancer Care

Q & A

The series continues!



ACS Webinar Series for Cancer Coalitions
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Logo	Date & Time	Topic
 	JUN 13 1-2 PM EST	Advancing HPV Vaccination Equity
 	JUL 10 1-2 PM EST	Overcoming Stigma as a Barrier to Equitable Lung Cancer Care
 	AUG 14 1-2 PM EST	Promoting Non-invasive CRC Screening

ACS CCC brings you this series through a cooperative agreement with the CDC National Comprehensive Cancer Control Program. Our goal is to provide quality trainings and technical assistance to NCCCP's 66 grantee coalitions across the country.

Promoting Non-Invasive CRC Screening



62

August 14, 2024, 1 - 2 p.m. ET

On Aug. 14, the ACS Comprehensive Cancer Initiative team, in partnership with the ACS National Colorectal Cancer Roundtable, will examine how the promotion of non-invasive cancer screening addresses multiple challenges in CRC screening completion.

ACS Webinar Series for Cancer Coalitions



**Register
Today!**

bit.ly/3yhwgBA



AUG 14 | 1-2 PM EST

Promoting Non-Invasive
CRC Screening



NATIONAL
**LUNG
CANCER**
SCREENING
DAY

Saturday, November 9, 2024

<https://www.lungcancerscreeningday.org/>

**Promotional toolkits and resources are
available upon registering at the website.**



**RADIOLOGY HEALTH
EQUITY COALITION**





Overcoming Stigma as a Barrier to Equitable Lung Cancer Care

Thank You!

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