

Kentucky **Regional Resource Lead Organization** (RRLO)

Lung Cancer Prevention and Survivorship



is Good Business



Resource Kit Development Guide

December, 2019

Provided by the Kentucky Cancer Program, Kentucky Cancer Consortium,
and the University of Kentucky College of Public Health

Kentucky Regional Resource Lead Organization (RRLO)

Lung Cancer Prevention and Survivorship is Good Business

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CDC-RFA-DP18-1808: "Networking2Save"- CDC's National Network Approach to Preventing and Controlling Tobacco-related Cancers in Special Populations (Self Made Health Network); DP13-1314 National Networks to Reduce Cancer and Tobacco Related Disparities from the Centers for Disease Control and Prevention (Self Made Health Network); Cooperative agreement number U55/CCU421880 and 1NU58DP006313 from the Centers for Disease Control and Prevention (Kentucky Cancer Consortium); Kentucky Cancer Program, University of Kentucky and University of Louisville; Behavioral and Community-Based Research Shared Resource(s) of the University of Kentucky Markey Cancer Center (P30CA177558)

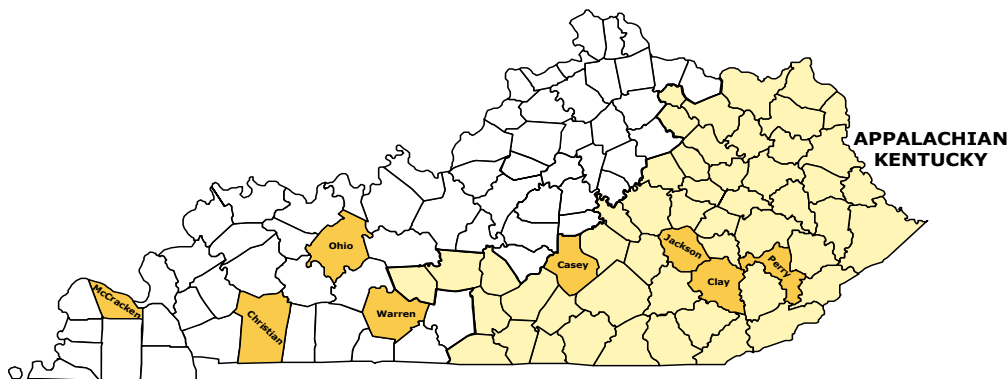
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INTRODUCTION

The Kentucky Regional Resource Lead Organization (RRLO), developed as a result of a grant from the SelfMade Health Network, consists of four organizations collaborating to reduce the burden on lung cancer in eight counties in Southern Kentucky. These organizations include: University of Kentucky College of Public Health, Kentucky Cancer Program (KCP) at the University of Kentucky, KCP at the University of Louisville and the Kentucky Cancer Consortium (housed at the University of Kentucky).

**The eight counties selected for this pilot project include:
Casey, Clay, Christian, Jackson, McCracken, Ohio, Perry and Warren**



Our overall project goal is to reduce lung cancer incidence and mortality in Kentucky through prevention, early detection and survivorship support among male populations – focused on worksites with mostly male employees in eight Kentucky counties.

This project has been supported by several funding sources, including:

- CDC-RFA-DP18-1808: "Networking2Save"- CDC's National Network Approach to Preventing and Controlling Tobacco-related Cancers in Special Populations (Self Made Health Network)
- DP13-1314 National Networks to Reduce Cancer and Tobacco Related Disparities from the Centers for Disease Control and Prevention (Self Made Health Network)
- Cooperative agreement number U55/CCU421880 and 1NU58DP006313 from the Centers for Disease Control and Prevention (Kentucky Cancer Consortium); Kentucky Cancer Program, University of Kentucky and University of Louisville
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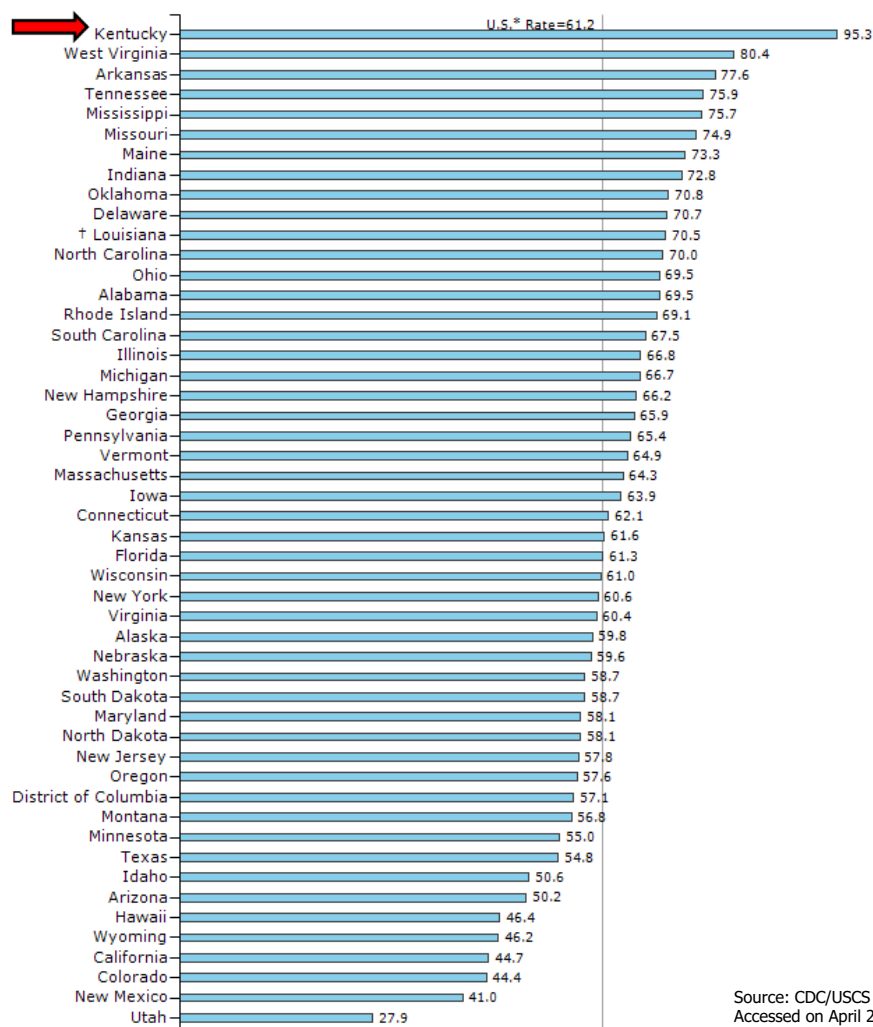
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BACKGROUND

Lung Cancer and Men's Health

Kentucky has the highest incidence and mortality rates in the United States (U.S.), and the rates are highest among males. Overall, Appalachian Kentucky has higher rates of lung cancer than non-Appalachian Kentucky. However, even in the non-Appalachian areas, the male lung cancer mortality rates among the participating counties are higher than the U.S. rates. All participating counties have a higher age-adjusted lung cancer mortality rate for males than the U.S. rate. Four of the five counties with the highest rates of lung cancer participating in this pilot are in Appalachian Kentucky.

Both Genders, Lung Cancer Incidence Rates Ranked by State (2010 – 2014)



Source: CDC/USCS Website
Accessed on April 20, 2018

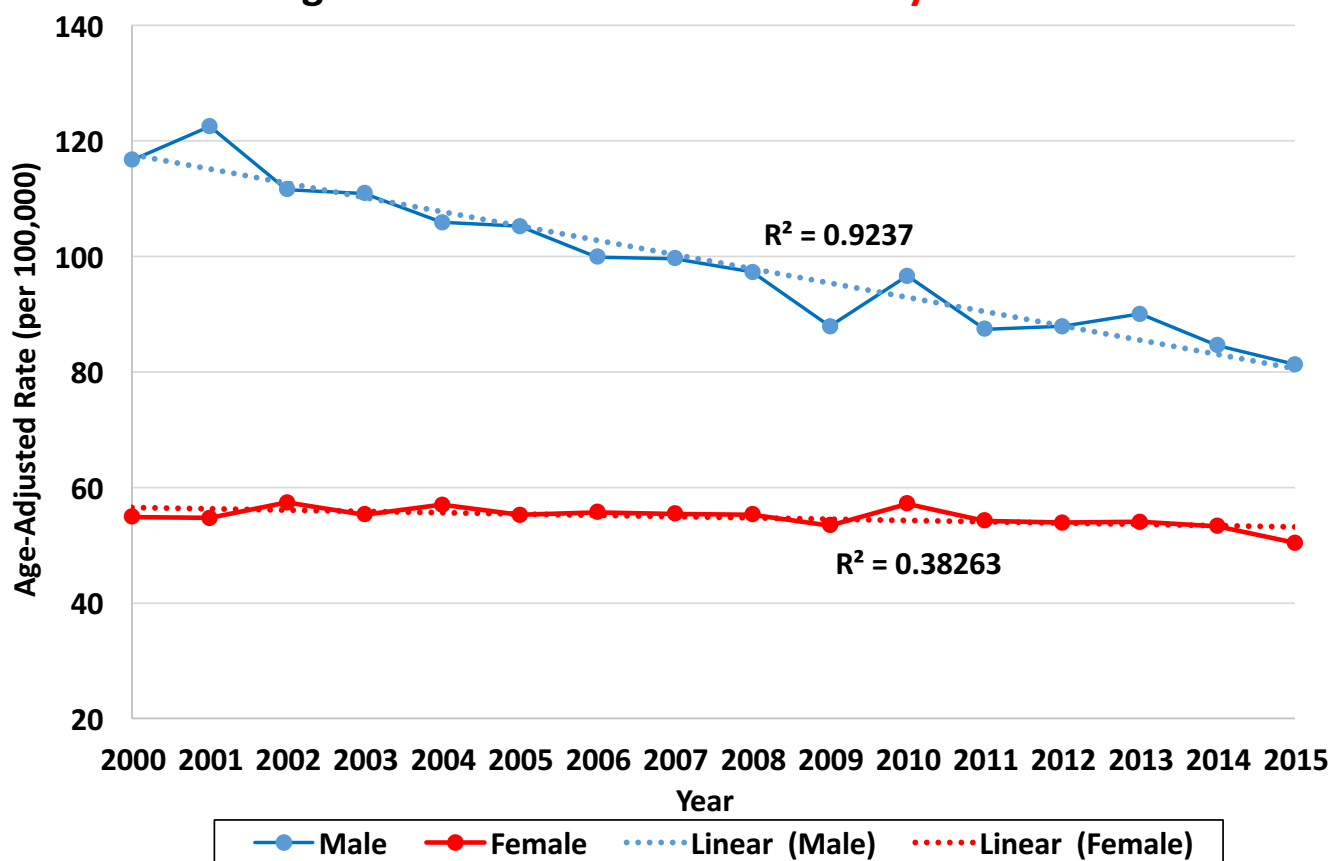
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Male vs. Female

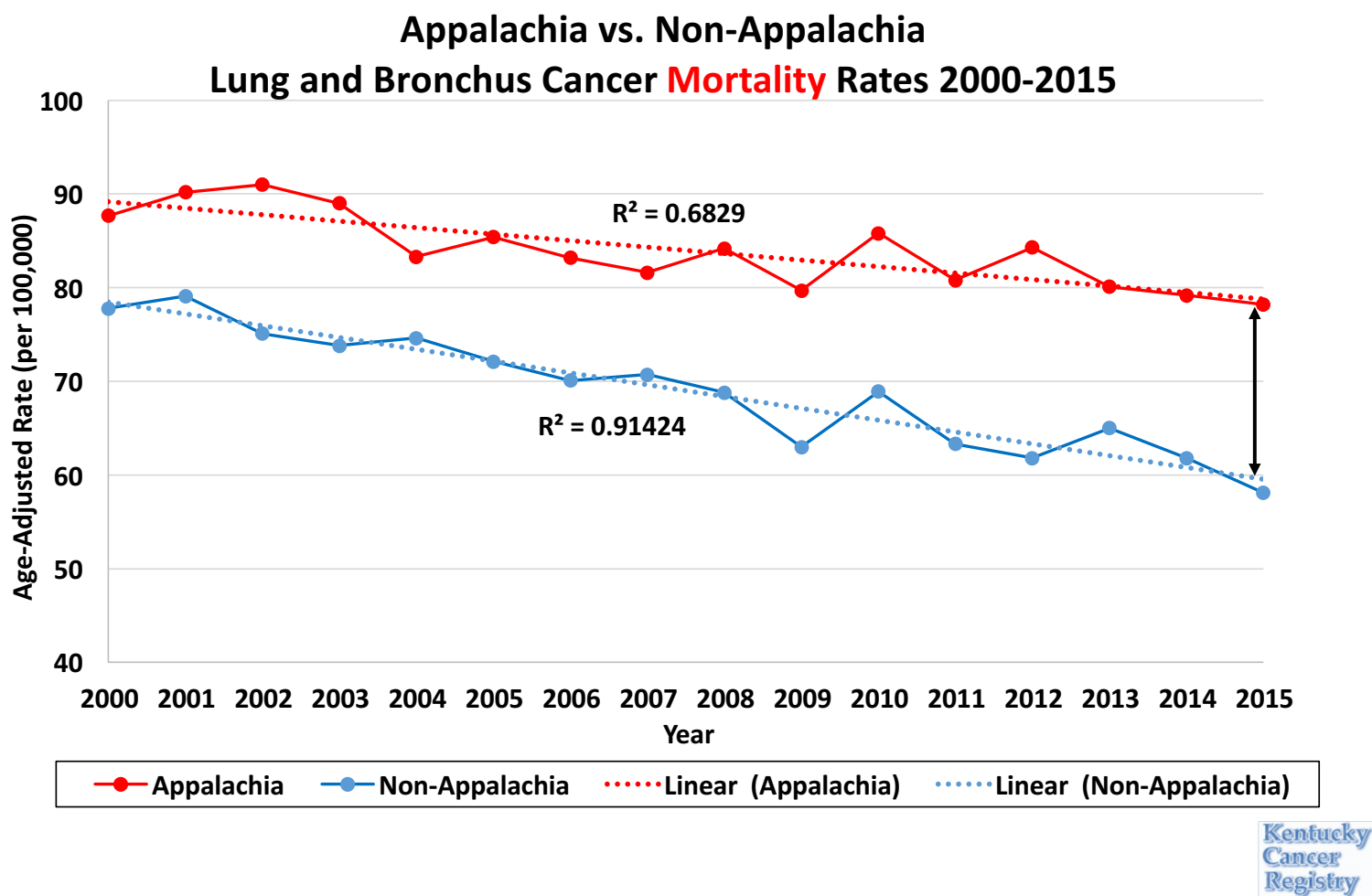
Lung and Bronchus Cancer **Mortality** Rates 2000-2015



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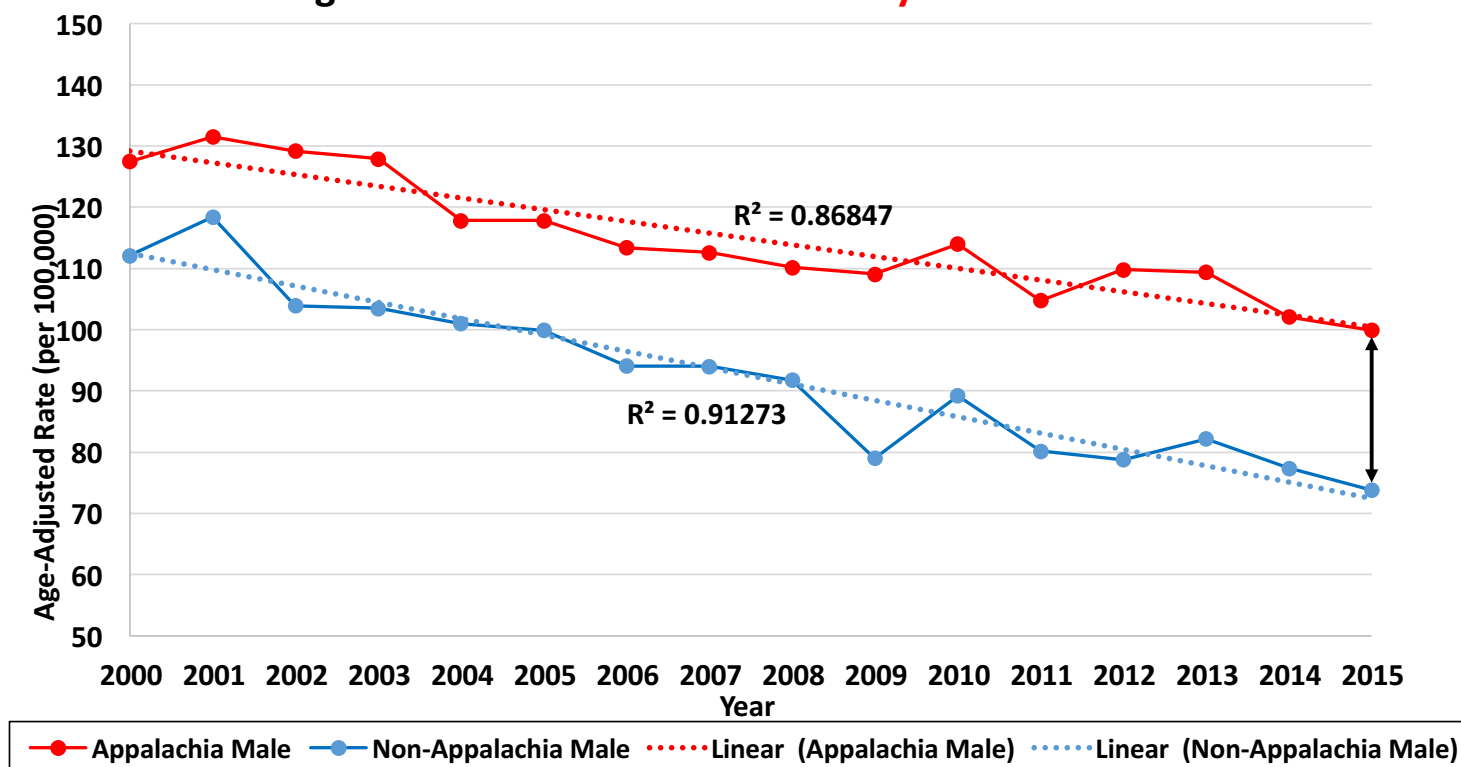


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Appalachian Male vs. Non-Appalachian Male
Lung and Bronchus Cancer **Mortality** Rates 2000-2015



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Geography	KY Workforce Participation (% of 18-64 employed, 2016) [1,2]	Unemployment Rates (Male -2016, 16 years and older) [3]	Major Industries [4]
Casey (AC)	49%	4.5%	Manufacturing, Healthcare & Social Assistance, Retail Trade
Christian (NAC)	55%	4.6%	Manufacturing, Healthcare & Social Assistance, Retail Trade
Clay (AC)	37%	11.4%	Educational Services, Healthcare & Social Assistance, Retail Trade
Jackson (AC)	44%	10.2%	Manufacturing, Educational Services, Retail Trade
McCracken (NAC)	57%	6.3%	Healthcare & Social Assistance, Retail Trade, Accommodation and Food Service
Ohio (NAC)	53%	5.8%	Manufacturing, Healthcare & Social Assistance, Retail Trade
Perry (AC)	45%	10.8%	Healthcare & Social Assistance, Retail Trade, Educational Services
Warren (NAC)	64%	4.5%	Manufacturing, Retail Trade, Educational Services
Kentucky	N/A	5.5%	Restaurants & Food Services, Elementary & Secondary Schools, Hospitals
U.S.	N/A	4.9%	Restaurants & Food Services, Elementary and Secondary Schools, Construction

AC = Appalachian County; NAC = Non-Appalachian County

Demographics & Environmental Context

In order to address the lung cancer burden in Kentucky, this project looked at a diverse group of eight counties in Appalachian and Western Kentucky. The most common types of industries in these eight counties are: Manufacturing; Healthcare & Social Assistance; Retail Trade; and Educational Services. McCracken County also has Accommodation and Food Service. The Appalachian Kentucky counties had higher service-oriented types of employment while Western Kentucky counties had higher industry.

Although unemployment rates are one way to measure county-level disparities, they do not fully account for those who are not actively participating in the workforce. Workforce participation is the percentage of people in the county, age 18-64, who are employed. Reasons for lower workforce participation may include high rates of disability, lack of employment opportunities and other barriers to employment.

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Geography	High School Education (2012-2016) [5]	Smoking Rate (2014-2016) *2014 [6,7]	Male Lung Cancer Mortality Rate (2011-2015) age-adjusted per 100,000 pop [8,9]
Casey (AC)	73%	29%	138.9
Christian (NAC)	86%	31%	73.9
Clay (AC)	63.7%	35%	73.9
Jackson (AC)	76%	33%	116.6
McCracken (NAC)	87.9%	26%	64.5
Ohio (NAC)	79.2%	33%	141.6
Perry (AC)	74.9%	29%	131.0
Warren (NAC)	87.7%	23%	67.1
Kentucky	84.6%	26%	86.1
U.S.	87%	17.1%	54.0

AC = Appalachian County; NAC = Non-Appalachian County

High school education ranges from 63.7% to 87.8%, a wide variation. Overall, the Appalachian counties have lower high school education rates than the Non-Appalachian (except for Ohio County).

Smoking rates are higher than the U.S (17.1%). Even the lowest participating county, Warren at 23%, is still much higher than the U.S. rate. Four of the counties have smoking rates above 30%.

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General Overview of Primary and Secondary Prevention-Lung Cancer

The best way to reduce risk for lung cancer is to not smoke. More than 80% of lung cancers are caused by smoking. Radon exposure is the second most common cause of lung cancer and exposure to secondhand smoke is the third most common cause. The United States Preventive Services Task Force recommends that those age 55-80 with a history of heavy smoking (one pack a day for 30 years or two packs a day for 15 years) and who are still smoking or who have quit in the last 15 years talk with their doctor about lung cancer screening through low-dose CT scanning. With Kentucky's high burden of lung cancer, survivorship resources are needed for patients and caregivers. This project focused on identifying resources to support lung cancer across the continuum in the eight participating counties. These include: tobacco treatment, radon prevention, reducing exposure to secondhand smoke and lung cancer survivorship.

PURPOSE

The purpose for providing worksites with a Lung Cancer Prevention and Survivorship is Good Business Resource Kit is to help impact the high rates of lung cancer among employees and their families in Southern Kentucky. Studies have shown that worksite wellness activities benefit both employers and employees. The result can help reduce employer healthcare costs, reduce absenteeism, increase productivity and improve employee quality of life. The Resource Kit provides ideas for implementing evidence-based activities that promote lung cancer prevention, early detection and support survivorship.

PROCESS

The Kentucky RRLO was initially funded in March 2016. The team spent the first six months in development and received University of Kentucky Institutional Review Board approval in August 2016.

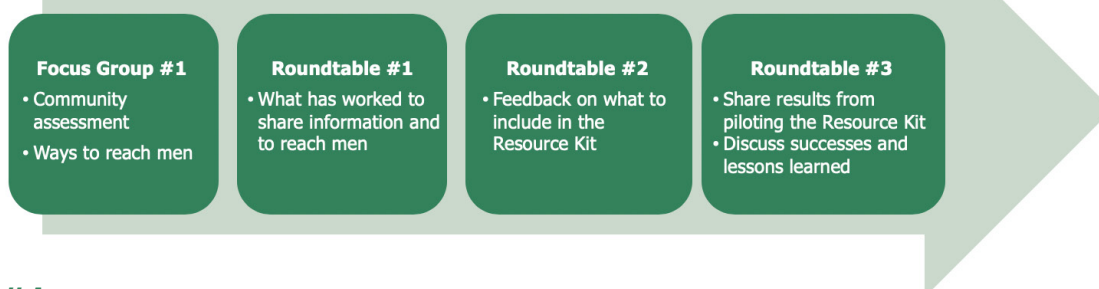
The focus of the work included partnering with community businesses and organizations to reduce lung cancer.

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Planning Steps to Develop Resource Kit



Focus Group #1

- Focus group #1 meetings in each of the eight counties occurred between October 2016 – January 2017.
- Groups convened organizations in each of the eight counties that provided health, education or social services in the communities. Many organizations had experience providing services to worksites.
- Program staff conducted needs assessment on lung cancer-related services and requested participant feedback on best ways to reach employees with lung cancer-related information in worksites that employ primarily male employees.

Roundtable #1

- Roundtable #1 meetings were held in each of the eight counties between February – May 2017.
- Roundtable participants were primarily worksites that employed mostly males in each of the participating counties.
- Discussions focused on understanding the lung cancer burden and eliciting feedback on ways they have provided health information to their employees as well as suggestions on how to reach men.

Roundtable #2

- Roundtable #2 meetings were held November 2017 – February 2018 and key informant interviews were conducted in March 2017 with those who could not attend the roundtable meetings.
- Meetings focused on gathering feedback on information to be included in a Resource Kit for worksites to use with their employees as well as sharing resources in the county related to tobacco treatment, radon prevention, reducing exposure to secondhand smoke and survivorship.

Roundtable #3

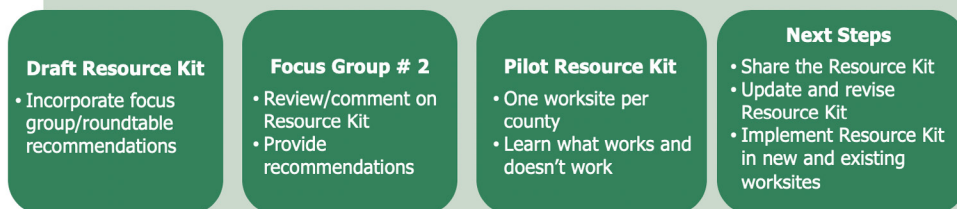
- Roundtable #3 meetings were held from October - December 2018 and key informant interviews were conducted as available for those who could not participate.
- These meetings included both Focus Group and Roundtable Participants.
- Meetings focused on sharing results from implementing the Resource Kit in pilot worksites.
- Meetings included discussion of successes and lessons learned from the project, and recommendations on how to share and implement the Resource Kit with other organizations and worksites.

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Planning Steps to Develop Resource Kit



Draft Resource Kit

- Using this feedback and previous experience with a Colon Cancer Prevention Toolkit for Businesses, the Kentucky RRLO drafted a Resource Kit.
- The first draft was finalized in March 2018.

Focus Group #2

- The team convened focus group #2 and key informant interviews in March – April 2018 for those who could not attend the focus group meetings.
- The team solicited feedback on the Resource Kit from organizations that provide health services in the communities.
- The team incorporated the feedback and recommendations to revise the Resource Kit in May 2018.

Worksite Intervention (Pilot)

- From May – August 2018, the Kentucky RRLO piloted the Resource Kit in at least one worksite in each of the eight counties.
- The KCP Regional Cancer Control Specialist worked with a designated representative of the worksite (usually human resources or wellness coordinator) to select activities from the Resource Kit to implement in the worksite.

Next Steps (February 2019 - present)

- Share Resource Kit.
- Revise and update Resource Kit.
- Develop new workplan and Institutional Review Board approval to expand efforts.
- Develop policy survey related to tobacco treatment and secondhand smoke efforts.
- Provide opportunities for worksite representatives to become Certified Tobacco Treatment Specialists utilizing the University of Kentucky BREATHE training (<https://www.uky.edu/breathe/tobacco-treatment/tobacco-treatment-specialist-training>).
- Implement the Resource Kit in new and existing worksites.

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PARTNERSHIPS

Focus groups, roundtable meetings and pilot worksite interventions were hosted in Casey, Christian, Clay, Jackson, McCracken, Ohio, Perry and Warren counties with more than 120 local businesses and organizations.

Focus Groups

- Focus groups primarily recruited existing partners in these counties who work in health and service-related organizations utilizing in-person meetings, phone and email.
- Eighty-nine percent of the focus group #1 participants had existing relationships with the KCP staff.

Roundtables

- Staff worked with focus group organizations, local Chambers of Commerce, existing relationships (particularly for those KCP staff who were from the county) and District Cancer Councils (local cancer planning and implementation groups for the KCP) to be connected to potential worksites.
- If the KCP person had an existing relationship, he/she contacted them via phone, email or in-person. If a referral was made from existing partners, KCP staff utilized email, phone and in-person visits.
- Fifty-six percent of the roundtable #1 participants had existing relationships with the KCP staff.

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WHAT WE LEARNED FROM FOCUS GROUPS AND ROUNDTABLES (Q&A)

Q: Where and how are blue-collar industry male employees learning about lung cancer (in general), risks, prevention, screening, available and affordable diagnostic services, access to healthcare to manage lung cancer diagnosis, access to health insurance to manage lung cancer diagnosis, lung cancer survivorship support resources, etc.?

A: Based on our first focus group meetings, it is through the following groups (in order):

- employers;
- mass media;
- community organizations and groups; and
- health care providers.

This reinforces the importance of partnering with worksites and businesses to provide health-related education and services.

Q: Are organizations that employ or provide services to blue-collar industry male employees currently involved in partnerships and/or activities that address lung cancer disparities (among low-income men) or lung cancer disparities-in general? How are they measuring success? Do we know? Are there additional resources that they need in order to embed lung cancer disparities (low-income men) their organizational culture?

A: Yes. These included local health departments, hospitals and cooperative extension organizations. They address the lung cancer disparities primarily through tobacco treatment/smoking cessation. We do not know how they are measuring success. After providing education on lung cancer disparities and resources throughout the continuum, the worksites were particularly interested in learning more about radon and lung cancer screening – worksites did know these existed. In Eastern Kentucky (Appalachia) counties, several organizations providing services developed partnerships with one another during the focus group meetings. In Western Kentucky counties, several of the groups already had worksite wellness-focused alliances. Organizations in the focus groups and roundtables were excited about the Resource Kit developed for this project that will help embed lung cancer disparities into their organizational cultures.

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Q: Are worksites and other organizational partners involved interested in receiving training or other forms of support to address these lung cancer disparities (among low-income/blue-collar industry men) or lung cancer disparities-in general?

A: Yes, those worksites participating in roundtables were particularly interested. A total of 82 worksites participated in the roundtables. Nine worksites have participated in the pilot worksite intervention utilizing the Resource Kit and additional worksites are interested in the Resource Kit after the initial pilot has been completed. Worksites with exiting worksite wellness infrastructure are able to incorporate the Resource Kit and training opportunities more easily than those worksites (particularly small) that do not have existing worksite wellness infrastructure. All worksites have shown interest; however, the smaller ones have less capacity for training because they have to prioritize the work of the business.

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RESOURCE KIT

Development

- Recommendations from focus groups and roundtables were incorporated into the Resource Kit, including a variety of resources and activity types that can be tailored to individual worksites.
- Factors for use included a toolkit on colon cancer prevention, the Kentucky Cancer Consortium Lung Cancer Network Communication Toolkit, roundtable feedback on preferred activities, staff expertise regarding lung cancer prevention and control, as well as staff expertise with graphic design software.
- The following table provides a list of the most preferred methods, types of activities and messages from the roundtable #2 meetings.

Method	Yes	No	Maybe	Total
In-person during existing meetings	35	2	7	44
Eye-catching posters or flyers	35	4	5	44
Calculate the cost of using tobacco products	30	3	9	42
Fact sheets/brochures	30	4	6	40
Rewards	29	2	11	42
Health and safety fairs	28	8	6	42
Cookout/free food events with lung health info	26	8	7	41
Display boards/exhibits with lung health information	26	7	8	41
Smoking Cessation Program (on-site)	25	4	9	38
Smoking cessation program held in coordination with health and wellness services/health care plans	25	3	13	41

Message	Yes	No	Maybe	Total
Help with quitting smoking	40	1	1	42
Lung cancer screening and early detection	37	1	4	42
Reduce exposure to secondhand smoke	35	2	5	42
Risk factors shared with other respiratory conditions (like COPD)	35	2	4	41
Emphasize health issues that could affect them personally	33	2	5	40
Life-changing/personal stories from local/familiar people	32	3	7	42
Benefits of quitting tobacco	32	2	5	39
Radon prevention	32	3	5	40
Focus on the "bottom line" of the subject	29	3	9	41
Lung cancer prevention overall	29	2	7	38

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Implementation

- This Resource Kit was implemented in worksites in these eight counties to educate employers and employees on lung-cancer related information.
- Collecting feedback on what did and did not work from sites that implemented the Resource Kit could be improved in an effort to continue the kit's use in the eight counties and eventually expand its use throughout Kentucky and similar states.

Organization	Topic Areas Selected	Types of Activities
Fire Department	Radon Prevention, Lung Cancer Screening (for family members)	Weekly email blasts, pop-up poster, large display posters, radon kits for each firefighter and staff member
Food Processing	Tobacco Treatment, Lung Cancer Screening, Secondhand Smoke	Large display posters, motivational messages, testimonials, Facebook, orientation, videos in lunchroom and lobby
Manufacturing	Radon Prevention, Lung Cancer Screening, Tobacco Treatment	Radon testing, lung cancer screening discussions, money savings, e-cig/vaping fact sheet, benefits of quitting smoking
Housing Authority	Tobacco Treatment, Lung Cancer Screening	Posters on bulletin boards, payroll stuffers
Full-service Inland River Repair Company	Tobacco Treatment, Lung Cancer Screening	Health fairs (worksite led), Lung Cancer Screening information in break rooms, info a clinic encouraging employees to talk with medical providers about Lung Cancer Screening
Trucking, Freight and Sales (Ranch & Farm Gates)	Tobacco Treatment, Lung Cancer Screening, Radon Prevention	Posters in break rooms, restrooms, large pop-up in kitchen, newsletter, participate in health fair
City Government	Radon Prevention, Lung Cancer Screening	Radon posters, employee cookout, Facebook posts on city's page re: Lung Cancer Screenin
Energy Cooperative	Tobacco Treatment, Secondhand Smoke	Safety meetings, emamil mesages, display posters

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LESSONS LEARNED

- Worksites with complete leadership buy-in were able to leverage support for implementation.
- Several worksites were already focused on health and interested in doing more for their employees- this existing infrastructure made it easier to implement more activities within the Resource Kit.
- The strong partnerships with community organizations and coalitions supported development and implementation of the Resource Kit.
- The Resource Kit had practical, simple, action-oriented projects that worked well for these worksites and was appreciated by leadership for the ability to choose what would work best for employees.
- When possible, KCP Regional Cancer Control Specialists participated in existing worksite health events.
- Several worksites particularly liked the large pop-up banners tailored to each county that provided information on the most common types of cancer deaths for men and women as well as information on exposure to secondhand smoke, radon, tobacco treatment and lung cancer screening.
- Worksites also liked the fact that the Resource Kit addressed multiple risk factors that relate to lung cancer – not just smoking. Some worksites had a fairly low proportion of employees who smoke, so providing information on radon prevention and reducing exposure to secondhand smoke was especially interesting. It was possible to take information on smoking and lung cancer screening to family members and friends.
- KCP staff were able to tailor interventions to worksite needs through in-person meetings.
- It is important to continue providing technical assistance and training on the Resource Kit to worksites.
- For some worksites, the technical assistance requested for implementation was beyond the KCP Regional Cancer Control Specialist's skill set.
- Time for implementation varied depending upon worksite and season. This pilot implementation took place during the summer months, both a busy time of year for employees and a popular time for leadership to be away.
- Most recommended changes were to provide additional time to implement resources and to include younger people in the Resource Kit.
- One worksite recommended flyers depicting "younger" people so the employees would know that the information applied to them directly.
- There is a need for materials in other languages such as Spanish and Burmese.
- Change in leadership at participating worksites created implementation delays.
- As a result of lack of buy-in and communication from leadership, one worksite that was initially interested eventually declined participation in the pilot intervention as new leadership believed the existing smoking cessation and wellness initiatives were sufficient.
- Additional areas of interest include vaping/e-cigarettes and smokeless tobacco.

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MEASURES OF SUCCESS

Short-term

- **New partnerships**
 - Roundtables at worksites (56 of the 82 were new partnerships)
 - Focus groups at health and service organizations (11 of the 52 were new partnerships)
- **Enhanced partnerships**
 - Focus group: 45 participated in focus group #1; 38 participated in focus group #2
 - Roundtable: 60 participated in roundtable #1; 44 participated in roundtable #2 (22 were new to the roundtable)
 - Roundtable #3, A total of 37 focus group and roundtable members combined participated. An additional three people participated in key informant interviews.
- **Knowledge of lung cancer and impact on men**
 - Pre-post survey for roundtable #1 participants
- **Understanding of lung-cancer related services in each county**
 - Assessed during focus group #1 and presented at roundtable #2
- **Supportive environment of worksites to implement the Resource Kit**
 - Nine of 10 invited worksites participated in the pilot; additional worksites are interested; roundtable #3 will convene in October/November 2018
- **Requests for services and resources (continuing implementation of Resource Kit)**
 - Nine worksites participated; all have shown interest in future implementation

Medium-term – not yet evaluable

- **Linkage between community and worksites**
- **Worksites referring employees to evidence-based tobacco treatment**
- **Worksites considering smoke-free/tobacco-free policies**
- **Worksites referring employees to radon testing**
- **Worksites referring employees to high-quality lung cancer screening programs**
- **Worksites referring employees to survivorship programs (resources)**

Long-term – not yet evaluable

- **Worksite integration and sustainability of practices and policies**
- **Increased tobacco treatment counseling for employees who are smokers**
- **Increased number of worksites/employees covered by indoor smoke/tobacco-free policies**
- **Increased radon prevention awareness/employees testing their homes for radon**
- **Increased proportion of men eligible for lung cancer screening counseled about lung cancer screening consistent with current guidelines**
- **Increased awareness/access/availability/utilization of lung cancer survivorship resources**

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APPLICATION FOR OTHERS INTERESTED IN REPLICATING THIS WORK

If you are a State Cancer Prevention and Control Program or a State Tobacco Prevention and Control Program or partner...

- Conduct a needs assessment to determine areas of your state, tribe or territory that have the greatest burden of lung cancer as well as an interest in participating in worksite-related interventions.
- Convene health and service-related partners to assess needs and opportunities for lung cancer-related resources for worksites.
- Consider convening groups of worksites to allow for sharing with one another.
- One-on-one interviews with worksites are particularly helpful to tailor what is needed for the worksite.
- Provide flexibility and options for interventions.
- Allow time to build trust and develop relationships before the intervention.
- Provide education and training opportunities related to lung cancer, risk factors, screening and survivorship to health and service-related organizations as well as worksites and businesses.
- Relationships lead to all kinds of requests – so be ready!

If you are an employer (including small businesses like auto shops) or worksite with low-income/seasonal/temporary/part-time employees...

- Assess your own worksite to determine what types of interventions would be appropriate based on your employee preferences and worksite culture.
- Consider convening groups of employees to allow for sharing among one another on how to implement interventions to reduce lung cancer disparities.
- Look for opportunities to partner with health-related community organizations and services.
- Allow time to build trust and develop relationships before the intervention.
- Provide flexibility and options for interventions.
- Educate employees about lung cancer, risk factors, screening and survivorship.

If you are a Chamber of Commerce or Small Business Association...

- Look for opportunities to partner with health-related community organizations and services.
- Consider convening groups of members to allow for sharing among one another ideas on how to implement interventions to reduce lung cancer disparities.
- Educate members about lung cancer, risk factors, screening and survivorship.

If you are a lung cancer survivor network and advocacy group...

- Look for opportunities to partner with health-related community organizations and services.
- Consider developing, implementing and evaluating resources tailored to worksites in order to address lung cancer disparities, particularly related to survivorship.
- Educate members and partners about lung cancer, risk factors, screening and survivorship.

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CONFERENCE AFFILIATION AND PUBLICATIONS

Preliminary results related to this project have been presented at the following conferences (National and Kentucky)

- Knight, J. R., Williamson, L. H., Armstrong, D. K., & Westbrook, E. A. (2019). Understanding Lung Cancer Resources and Barriers Among Worksites With Mostly Male Employees in Eight Rural Kentucky Counties: A Focus Group Discussion. *American Journal of Men's Health*. <https://doi.org/10.1177/1557988319882585>
- Knight, J.R., Armstrong, D, Westbrook, E., Rogers, M., Williamson, L., Everett, J., Lang, J., Lunsford, J., Padgett, W., Teague, A. Lung Cancer Prevention and Survivorship among rural, low-income, primarily male worksites in Southern Kentucky: Recommended Communication Strategies. Poster Presentation. National Tobacco or Health Conference, Minneapolis, MN. August 27-29, 2019.
- Knight, J.R. Armstrong, D, Westbrook, E., Rogers, M., Williamson, L., Everett, J., Lang, J., Lunsford, J., Padgett, W., Teague, A. Recommended Communication Strategies. Poster Presentation. Kentucky Rural Health Association Conference, Bowling Green, KY. November 15, 2018.
- Knight, J.R., Armstrong, D, Westbrook, E., Williamson, L., Rogers, M.. Lung Cancer Prevention and Survivorship among low-income primarily male worksites in Southern Kentucky: Recommended Communication Strategies. Oral Presentation. American Public Health Association Conference. San Diego, CA. November 13, 2018.
- Knight, J.R., Armstrong, D, Westbrook, E., Williamson, L., Rogers, M.. Lung Cancer Prevention and Survivorship among low-income primarily male worksites in Southern Kentucky: Recommended Communication Strategies. Poster Presentation. Appalachia Translational Research Network, Lexington, KY. September 20, 2018.
- Knight, J.R., Armstrong, D, Westbrook, E., Williamson, L., Rogers, M.. Lung Cancer Prevention and Survivorship among low-income primarily male worksites in Southern Kentucky: Recommended Communication Strategies. Poster Presentation. Markey Cancer Center Research Day, University of Kentucky. Lexington, KY. May 9, 2018.
- Knight, J.R., Paul, K., Armstrong, D, Westbrook, E., Rogers, M., Williamson, L., Bathje, K. Lung Cancer Prevention and Survivorship is Good Business: Unifying Communities and Industries for Better Health. Poster Presentation. Kentucky Public Health Association Conference. Covington, KY. April 26, 2018.
- Knight, J.R., Paul, K., Armstrong, D, Westbrook, E., Rogers, M., Williamson, L., Bathje, K. Lung Cancer Prevention and Survivorship is Good Business: Unifying Communities and Industries for Better Health. Poster Presentation. Appalachia Research Day. Hazard, KY. April 18, 2018.

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Kentucky Regional Resource Lead Organization (RRLO)

Lung Cancer Prevention and Survivorship is Good Business

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