



SESSION RECAP

Kentucky Lung Cancer Screening Learning Collaborative *Tapping into the Potential of Lung Cancer Screening through Communication & Outreach* October 21, 2025



Access the recording [here](#)

Access the PowerPoint slides [here](#) and [here](#)

Register for the next KY Lung Cancer Screening Learning Collaborative session [here](#)

Purpose of the session

This learning collaborative session focused on improving lung cancer screening (LCS) uptake by reducing stigma, aligning messages with what matters to Kentuckians, and increasing community partnerships. Presenters emphasized shifting from fear-based messaging to motivating strategies that highlight hope, protection, and personal control.

Speakers

Facilitator and Kentucky Presenter:

Dr. Erin Hester, Assistant Professor, University of Kentucky, Integrated Strategic Communication

Key Speaker:

Dr. Dannell Boatman, Assistant Professor, West Virginia University Cancer Institute, Department of Cancer Prevention and Control

Panelists

- Jamie Knight, Kentucky Cancer Program – University of Louisville
- Linda Dillard, Community Medical Clinic - Hopkinsville
- Mindy Rogers, Kentucky Cancer Program – University of Kentucky
- Traci Miles, Sterling Health – Owensville

Presentation Highlights:

Dr. Erin Hester — Kentucky Communication Strategy Update

Kentucky partners are making strong progress in lung cancer screening outreach, but burnout and inefficiencies remain challenges. Efforts are now shifting from basic awareness to a social marketing approach that highlights the personal value of screening and encourages people to choose it proactively.

Recent work has included:

- Gathering current outreach successes and lessons learned from organizations across Kentucky
- Listening to midstream audiences such as community health workers, navigators, and health educators to identify needs and opportunities
- Engaging individuals from priority populations to understand motivations, values, and barriers
- Beginning development of tailored strategies based on social marketing principles: product, place, price, and promotion

Three audience personas have been identified to guide communication:

- Pragmatic Provider – prioritizes control and guarded health disclosure
- Reluctant Caregiver – motivated by being needed and caring for others
- Resilient Role Model – focused on strength, confidence, and leaving a legacy

Insights gained so far:

- Kentuckians are already highly aware of the state's significant lung cancer burden and do not require additional messaging about the problem.
- A widespread misconception persists that only people who smoke are eligible for screening.
- Trust in healthcare professionals remains strong even among individuals who do not regularly access primary care.
- Lung cancer is often associated with suffering and loss of dignity, creating a need to shift the narrative toward hope and the benefits of early detection.

Key takeaway: Create positive, values-based messaging that encourages action, not avoidance

Dr. Dannell Boatman — Reducing Stigma & Increasing Screening Motivation

West Virginia research tested new person-first, hope-centered campaign messaging. Key Insights from the research:

- Fear-based campaigns backfire - increase in avoidance and shame
- Person-first language is essential:
 - “A person who smokes” instead of “smoker”
- Tested campaign messages with West Virginians:
 - Strongly increased intention to get screened
 - Improved motivation and positive perception of screening
- Messaging must emphasize:
 - More moments ahead (family events, slow dances, milestones)
 - Living life fully
- Campaign translated into multichannel materials: video, digital, print, audio
- A community-partnered launch resulted in a 23% increase in screening program engagement in just 2 weeks
- Essential to include providers and communities in message creation
- Behavior change takes time but produces durable shifts
- Fear-based campaigns often backfire (avoidance, shame, fatalism); fear is already high, so threat messages add little.
- Use person-first language: “person who smokes,” not “smoker.”
- Messages should boost self-efficacy (confidence to complete screening) and response efficacy (belief screening helps).
- Three communication strategies:
 - Gain-framed wording and visuals
 - Inoculation messaging to counter psychological reactance
 - Barrier-mitigation messaging to build self-efficacy
- Tested with West Virginians: higher intention to get screened and improved motivation/positive perception.
- Emphasize more moments ahead (family events, milestones) and living life fully.
- Multi-level intervention: community campaign plus clinic/organizational and interpersonal (patient–provider) components.
- Four conversation elements tied to screening uptake:
 - Provider initiates the conversation
 - Patient's preference is asked
 - Take-home materials provided
 - Clear recommendation given

- Provider tool: TAP (Talk; Aid/decision aid; Perspective—ask preference; Recommendation) to streamline discussions.
- Campaign assets: video, digital, print, audio.
- Real-world result: 233% increase in online self-referrals during a two-week Facebook cycle (vs. prior six months).
- Ongoing needs: clearer, lower-literacy materials and support that involves family/friends in decisions.

Key takeaway: Hope is more effective than fear in lung cancer communication

Panel Discussion Highlights:

What has worked in Kentucky communities:

- Normalizing annual screening — make it as routine as mammograms
- Partnerships with rural clinics are crucial for access
- Train staff to use person-first, stigma-free language
- Provide tailored assistance and support for each patient
- Motivation improves when plans feel personal and do-able
- Updated posters and communications are urgently needed statewide
- Systems that automate reminders improve return screening adherence

Call to Action / Next Steps

- Apply positive messaging strategies in local awareness campaigns
- Promote National Lung Cancer Screening Day (Nov 8)
- Share Erin and Dannell's work with internal teams to shift culture
- Assess materials using stigma-reduction and person-first guidelines
- Engage midstream partners (primary care, navigators, employers)
- Update clinic posters and patient materials to reflect new messaging
- Continue cross-state collaboration to amplify impact

Resources

- The Lancet Oncology: Patient first; person first – click [here](#)
- West Virginia University: Communicating for Health in Appalachia by Translating Science – click [here](#)
- National Lung Cancer Screening Day – click [here](#)
- International Association for the Study of Lung Cancer Language Guide – click [here](#)
- Lung Cancer Stigma Communications Assessment Tool – click [here](#)
- Lung-RADS adherence meta-analysis – click [here](#)
- Tennessee's Pink and Pearl Campaign – click [here](#)
- Behavior Change Campaign examples (UK seatbelt) – click [here](#) and [here](#)
- Kentucky Cancer Action Plan – click [here](#)
- Kentucky Lung Cancer Screening Learning Collaborative webpage – click [here](#)

Upcoming Events

KY Cancer Action Plan Snapshot Discussion: KY Pediatric Cancer Research Trust Fund

December 4th | 11:00 am EST | Register [here](#)

KCC Annual Meeting

December 3rd | 10:00 am EST | Register [here](#)

Markey Cancer Center Affiliate Network's Cancer Care Conference

December 11th & 12th | Lexington, KY | register [here](#)

Next LY LCS Learning Collaborative Session: Understanding the Crucial Role of Primary Care in Lung Cancer Screening

January 14, 2026 | Register [here](#)

Speaker, Panelist & Facilitator contact information:

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