Context Alternatives Guide to help avoid lung cancer stigma

What is the Context Alternatives Guide?

The purpose of the Context Alternatives Guide is to promote reflection and suggest alternatives to contextual elements that could transmit or contribute to lung cancer stigma. It continues the process begun in the Context Audit Tool but can also be used to inform choices when creating new materials.

This guide will help you consider strategies to convey person-centered, empathic, and effective messages about lung cancer and tobacco.

How do I use this guide?

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

1. Look at the Context Audit Tool's three sections on message, intended audience, and creators to see which yes-or-no questions you marked with a "yes" in the tables.
2. Use the guidance below, on pages 2-5, to help you consider ways to change the stigmatizing elements you found in the Context Audit Tool. The guidance is organized into the same three sections as in the Tool.

If you are developing a new material:

Use the same instructions shown above. As you finalize your new material, consider double-checking it against the guidance below.

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?[1]
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:[2]

- **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[3].

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.

Reviewing as someone who disagrees (for question 4)

Well-intended messages that do not obviously create stigma can still be harmful.

One way to identify unintentional harm involves **oppositional reading**: what is the worst way someone could interpret this message? For example, the message "not smoking cigarettes prevents lung cancer" can be read as "everyone who has lung cancer failed to prevent it by smoking cigarettes."

Messages that can be misinterpreted with oppositional reading do not always have to be scrapped entirely. However, they often can benefit from **including details that increase the impact of the intended message**. For example, focusing your message on lowering risks and mentioning other avoidable lung cancer risk factors (such as radon exposure or second-hand smoke) would:

- Round out the message
- Prevent false ideas that contribute to lung cancer stigma

Intended audience alternatives

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

5. Does this material imply that people with lung cancer are **defined by or inferior** due to their disease?
6. Is the material **inappropriate** for its intended audience, given their beliefs and resources?
7. Will this material be **interpreted differently** by various audiences, such as those with different cultural or socioeconomic backgrounds or lung cancer risk?

Guidance:

Being defined by disease (for question 5)

When translating research findings or public health objectives into communications tailored for specific groups, it is difficult to separate the population from the audience, and the data points from the people. This can result in communications that reduce their audience to a single disease and/or demographic.

When creating materials intended for, or concerning a group with a stigmatized health condition, it can be helpful to **take a strength-based approach, connecting with the pro-social interests and values shared by individuals in potential audiences.** For example, messaging related to lung cancer screening can balance information about smoking history and lung cancer risk with content related to traits or hobbies that the intended audience may share, like spending time with family or a regional sports team.

Inappropriateness (for question 6)

Targeting audiences with messages that are not appropriate to or considerate of their cultural or social conditions can increase public and self-stigma. For example, individual behavior-change messaging targeted at individuals who face structural barriers to healthy behaviors or access to medical care increases blame on the individual by suggesting that they possess more agency over their health than they do.

People without insurance face financial barriers to seeking out preventive healthcare. While tobacco companies target African American communities with their products and marketing, encouraging individuals to stop smoking has been far more difficult. [3]

Considering the broad cultural, social, and economic factors that influence health decision-making can help tailor communications and resources in ways that will make a difference without stigma.

Interpretation by different audiences (for question 7)

Tailoring a message to one audience can sometimes come at the expense of making another audience feel alienated. For example, in an effort to create "a new face of lung cancer," one organization focused materials on lung cancers survivors with no history of smoking. While this combatted the false idea that lung cancer is always tied to smoking, it also left people who had a smoking history feeling insulted. [4]

Considering the diversity of an audience does not have to mean making broad generalizations but rather making sure **many different types of people are represented and a variety of opinions are heard.** In this example, it means celebrating "the many faces of lung cancer" rather than just "the new face".

Creators alternatives

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

8. Will the **creator's relationship** to the audience affect how the intended audience and society interpret it?
9. Do the **underlying values and priorities** in this message go against those of the intended audience or society?
10. Are the **creators' assumptions** different than the evidence?

Guidance:

Creator's relationship to audience (for question 8)

Communication is at least two-sided, and the communicator is an active part of the process even after the billboard has been put up or the paper has been published. Creators must always consider their role in relation to their audience and take steps to alleviate the influence of power differentials or mutual absence of shared knowledge will on how the message is received. To do this:

- Learn about your intended audience
- Even better, include members of your intended audience in the development and distribution of your health communication

Co-creation and practices like community-based participatory research, data sharing, or focus group pre-testing invites audiences to be partners in developing communication projects and gives power to everyone as creators. This produces better, less stigmatizing materials.

Underlying values and priorities (for question 9)

Values are always being communicated, even when they are not obvious. For example, simply by promoting exercise or stopping smoking, creators communicate that they value good health and the science that defines those as healthy behaviors.

When the communicator's messages do not match the audience's, friction can arise, making a material seem out of touch. While most people value good health and agree on which behaviors support it, "unhealthy" behaviors can often be related to more important values like friends and family. For example, fast-food dinners may be looked down upon by public health officials, but they are a quick, cost-effective way to bring overworked parents and picky kids together[2].

Reflect on your own values and motivations while working with audiences to understand how values and lifestyles influence their perspectives.

Creators' assumptions (for question 10)

Incorrect assumptions can continue the spread of misinformation that drives stigma. It is important to **make sure that every assumption is supported by evidence.**

For example, when comparing populations of people who smoke to those who do not smoke for research purposes, make sure there's evidence to support that this comparison is likely to yield valuable information and is not a needless instance of "othering," implying that people who smoke are constantly different from the population at large.

Often, the assumptions that do the most damage are the ones that seem true or reasonable, so take the extra step to reflect on and research assumptions before developing your materials.

References

1. Link, B. G. and J. C. Phelan (2001). "Conceptualizing Stigma." *Annual Review of Sociology* 27(1): 363-385.
2. Brewis, A., & Wutich, A. (2019). *Lazy, Crazy, and Disgusting: Stigma and the Undoing of Global Health* (First ed.). Johns Hopkins University Press.
3. Riley, K. E., Ulrich, M. R., Hamann, H. A., & Ostroff, J. S. (2017). Decreasing Smoking but Increasing Stigma? Anti-tobacco Campaigns, Public Health, and Cancer Care. *AMA J Ethics*, 19(5), 475-485. https://doi.org/10.1001/journalofethics.2017.19.5.msoc1-1705
4. Brown, C., & Cataldo, J. (2013). Explorations of lung cancer stigma for female long-term survivors https://doi.org/10.1111/nin.12024. *Nursing Inquiry*, 20(4), 352-362. https://doi.org/https://doi.org/10.1111/nin.12024
5. Balbach, E. D., Gasior, R. J., & Barbeau, E. M. (2003). R.J. Reynolds' Targeting of African Americans: 1988–2000. *American Journal of Public Health*, 93(5), 822-827. https://doi.org/10.2105/ajph.93.5.822