

Lung Cancer Awareness Month Social Media Toolkit



 November 2016



Cancer Center

GW Cancer Center
CANCER CONTROL TAP
Tap into resources to control cancer

Lung Cancer Awareness Month Social Media Toolkit

November 2016

CONTENTS

ABOUT THIS TOOLKIT.....	2
WHO SHOULD USE THIS TOOLKIT?.....	2
WHAT IS LUNG CANCER AWARENESS MONTH?	2
SOCIAL MEDIA 101	2
SOCIAL MEDIA CHANNELS.....	3
TWITTER BEST PRACTICES	3
FACEBOOK BEST PRACTICES.....	3
BEST PRACTICES FOR COMMUNICATING ABOUT LUNG CANCER.....	3
Consider health literacy and numeracy	4
Promote patient-provider discussions of family history and risk.....	4
Provide information about long-term care and survivorship issues in addition to treatment information....	4
Remind providers about the importance of communication and its impact on patients' quality of life	4
Address and combat stigma	5
SAMPLE TWEETS AND FACEBOOK POSTS	6
OTHER IDEAS TO PROMOTE LUNG CANCER AWARENESS MONTH.....	9
Host or Participate in a Twitter Chat.....	9
Host a Twitterview	9
Best Practices for Engagement Events and Activities	10
MEASURING SUCCESS.....	10
ADDITIONAL TOOLS AND RESOURCES	10
GLOSSARY	11
REFERENCES	12

Quick Tip:

Viewing this PDF in Chrome?
Use "Ctrl+click" on links to get
them to open in a new tab

This work was supported by Cooperative Agreement #1U38DP004972-03 from the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention.



ABOUT THIS TOOLKIT

This toolkit is designed to help stakeholders establish a Lung Cancer Awareness Month social media strategy, manage social media accounts, implement Facebook and Twitter best practices, disseminate Lung Cancer Awareness Month messaging and evaluate their social media efforts.

Don't have the time or capacity to implement this toolkit? Don't fret! You can still engage your audience by retweeting messages from [@GWCancer](#)

WHO SHOULD USE THIS TOOLKIT?

Public health professionals, cancer control professionals, coalitions, community-based organizations and other stakeholders can use this toolkit and adapt its messaging for their unique audiences and areas of expertise.

WHAT IS LUNG CANCER AWARENESS MONTH?

Lung Cancer Awareness Month is an annual observance held throughout the Month of November. It is intended to raise awareness of lung cancer and to fundraise for research into its cause, prevention, diagnosis, treatment, survivorship and cure. "More people in the United States die from lung cancer than any other type of cancer" (Centers for Disease Control and Prevention [CDC], 2016). In 2013, over 212,000 men and women were diagnosed with lung cancer (CDC, 2016). November is also an opportunity to support those affected by lung cancer. Lung Cancer Awareness Month begins on November 1 and ends on November 30.

SOCIAL MEDIA 101

According to a 2014 Pew Research Center survey, "74% of online adults use social networking sites." (Pew Research Center, 2014). In addition, Hughes (2010) found that, "one-third of adults access social media related to health" (p. 3).

Social media represents a unique opportunity to reach a large audience of both consumers and professionals. It is more important than ever that online medical and health information is "trustworthy, engaging, and accessible to digitally empowered consumers" (Hootsuite, n.d., p. 2).

When designing and thinking about your social media strategy, consider your audience, the channel(s) you want to use, your objective(s), or what you are trying to achieve, as well as how you will measure success. Remember that your social media activities should ultimately support your organization's goals (Hootsuite, n.d.).

Looking to establish a social media strategy for your organization or make the case for why it's important? The Centers for Disease Control and Prevention offers "[SocialMediaWorks](#)," an online step-by-step tool to create and establish a social media strategy. The site also offers pre-tested and effective messages as well as evaluation strategies, tools and templates.

Remember to tailor messaging to your target audience or audiences. Your organization offers unique strengths and expertise; make sure to capitalize on them to make your campaign effective.

Looking for more in-depth info on social media channels and communication strategy? Check out our [Media Planning and Media Relations Guide](#) or our other social media toolkits.



SOCIAL MEDIA CHANNELS

Twitter, Facebook, Instagram, LinkedIn, YouTube, Pinterest and more: Social media is growing every day, along with opportunities for outreach.

TWITTER BEST PRACTICES

- Keep Tweets short, between 100-110 characters. This allows other users to Retweet while adding their own comments.
- Add photos or videos. Adding a photo boosts Retweets by 62% on average (Twitter Government and Elections Team, 2014).
- Tweet at author or organizational Twitter handles when possible. Note that Tweets that begin with a username will now reach all your followers (this means you no longer have to use the ".@" convention in order for your Tweet to be seen by all your followers).
- Twitter, Tweetdeck, Sprout Social and Hootsuite all have options to shorten links as you write Tweets. Other options for shortening links are provided under [Additional Tools and Resources](#).
- Promote engagement with other organizations by liking or Retweeting their content. You can even add your own comment before Retweeting.
- Be responsive and recognize Retweets, @ mentions and when others share your content. It doesn't take much, but a simple "thank you" goes a long way toward building engagement.
- Remember that Tweets cannot be edited once they are posted, so proofread before you post!

"CDC uses social media to provide users with access to credible, science-based information...A variety of social media tools are used to reinforce and personalize messages, reach new audiences and build a communication infrastructure based on open information exchange" (CDC, 2015)

FACEBOOK BEST PRACTICES

- Shorter posts (around 250 characters) get up to 60% more distribution than longer posts (CDC, n.d.).
- Use photos or videos to make your posts stand out. Posts with photos receive up to 50% more likes than non-photo posts (Hershkowitz & Lavrusik, 2013). However, be aware of Facebook's policies about what can be posted and identifying people in photos without consent (CDC, n.d.).
- Use a conversational tone and explain to your audience why the content should matter to them (Hershkowitz & Lavrusik, 2013).
- Posts that start conversations by asking questions and responding receive approximately 70% above-average engagement (Hershkowitz & Lavrusik, 2013).
- Vary your post type. Users don't engage the same way with every post (Hershkowitz & Lavrusik, 2013).
- Track your results and act on them. Facebook offers analytic data that you can use to find out what posts are being "liked" or shared and which ones aren't. Focus your efforts on what is working (CDC, n.d.).

BEST PRACTICES FOR COMMUNICATING ABOUT LUNG CANCER

The first step in any communication campaign is to define your audience. When communicating about lung cancer, your audience may be newly diagnosed patients, survivors, caregivers, health care providers, employers or others. All of these audiences may have different messaging needs and may be reached through different channels. However, there are some commonalities in that cancer communication must help patients: "(1) Receive bad news, (2) handle the emotional impact of a life-threatening illness, (3) understand and remember complex information, (4) communicate with multiple health professionals, (5) understand statistics related to prognosis, (6) deal with uncertainty while maintaining hope, (7) build trust




that will sustain long-term clinical relationships, (8) make decisions about treatment, possibly including participation in clinical trials and (9) adopt health-promoting behaviors” (Epstein & Street, 2007).

WHEN COMMUNICATING ABOUT LUNG CANCER...

- Consider health literacy and numeracy
- Promote patient-provider discussions of family history and risk
- Provide information about long-term care and survivorship issues in addition to treatment information
- Remind providers about the importance of communication and its impact on patients’ quality of life
- Address and combat stigma

Consider health literacy and numeracy

- Use simple language and avoid terms not often used outside of the scientific community. Explain how data influences your audience and why it’s relevant (NCI, 2011).
- Organize information so the most important points are first (U.S. Department of Health and Human Services, n.d.).
- If presenting data, use integers instead of decimals as they are more convincing and easily recalled (Witteman et al., 2011). Visual representations of data, like icon arrays are most effective ().
- Where possible, point consumers to supporting materials, visuals and reliable sources of information such as trusted websites or physicians (for example, CDC or NCI).

Promote patient-provider discussions of family history and risk

- Familial history of lung or other cancers may increase risk for lung cancer in nonsmokers (Mayne, Buenconsejo and Janerich, 1999).
- Chen and Kaphingst (2010) found that current and former smokers are not as likely to “integrate their family history into their risk perceptions” of developing lung cancer (p. 31).

Provide information about long-term care and survivorship issues in addition to treatment information

- CDC recommends that follow-up care to lung cancer survivors should focus on tobacco cessation, increased physical activity, good nutrition, ongoing vaccinations, regular cancer screenings and pain management (Underwood et al., 2012).
- The American College of Surgeons requires Commission on Cancer (CoC)-accredited programs to “provide a summary of treatment and a follow-up plan to all patients completing cancer treatments” for curative intent (American College of Surgeons, n.d.).
- Let patients know about specific resources they can request, such as survivorship care plans or long-term recommendations about screening and follow-up.
- Lung cancer survivors with metastatic non-small-cell lung cancer benefited from introduction of palliative care early in the course of treatment and reported prolonged survival, improved quality of life and mood (Temel et al., 2010).

Remind providers about the importance of communication and its impact on patients’ quality of life

- Cancer patients and survivors often face “cancer information overload” and may feel overwhelmed by information and unable to process it (Chae, Lee & Jensen, 2015).
- Patients frequently report health professionals as their most important information source, emphasizing the critical role that providers can play in addressing the information needs of patients (Finney Rutten et al., 2005).



- According to Gordon et al. (2006), black patients receiving initial lung cancer treatment recommendations tended to report their physician as “less supportive, less partnering, and less informative than white patients” (p. 907). As a result, black patients reported lower levels of trust in their physician (Gordon et al., 2006).
- Smokers and low socioeconomic status groups often report perceived barriers to lung cancer screening such as blame and stigma around lung cancer as well as the mistaken belief that lung cancer is not a treatable disease (Quaife, Marlow, McEwen, Janes & Wardle, 2016). When screening is recommended, messages should be targeted, nuanced and address these barriers.

Address and combat stigma

- Lung cancer is often socially stigmatized, which can lead to emotional distress and limited illness-related disclosure (Hamann, Ostroff, Marks, Gerber, Schiller & Craddock Lee, 2013). Providers should avoid stigmatizing the illness and be aware of the pervasive influence of societal stigma on both smokers and nonsmokers with lung cancer.
- Stigmatization can also potentially deter patients from seeking support (Chapple, Ziebland & McPherson, 2004).



SAMPLE TWEETS AND FACEBOOK POSTS

Date	Tweets	Facebook Posts
Tue 11/1	We've made progress, but #lungcancer is still the leading cause of cancer death in the U.S. Get the facts: http://1.usa.gov/22NjsPE	Tobacco use remains the single largest preventable cause of illness and death in the U.S., yet more than 42 million Americans continue to smoke cigarettes. What are the true costs of smoking? From your body to society, everyone pays. Get the facts on smoking in the U.S. as we kick off Lung Cancer Awareness Month! http://bit.ly/2ali4AF
Wed 11/2	There are actions you can take to ↓ your risk for #lungcancer: #1? Don't smoke or #quitsmoking: http://1.usa.gov/24xeDtd	November is Lung Cancer Awareness Month. Did you know that there are steps you can take to reduce your risk of lung cancer? Don't smoke or quit smoking, avoid second hand smoke and get your home tested for radon: http://1.usa.gov/24xeDtd
Thu 11/3	Each year, 150,000+ Americans die from #LungCancer. That's almost 411 deaths every day. But you can reduce your risk. Find out more: http://1.usa.gov/1Y7b4d7	Cancer is a disease in which cells in the body grow out of control. Lung cancer is the uncontrolled growth of abnormal cells because of changes in the genes (DNA) inside the lung cells in one or both of the lungs. Read more about this disease: http://1.usa.gov/1WDLygo
Fri 11/4	Some #cancersurvivors are at increased risk for #LungCancer. Survivors who smoke should call 1-800-QUIT-NOW to get help.	Rose's story highlights the dangers of smoking and its connection to lung cancer. Learn more by watching a video about the very difficult treatments needed to save her life: http://bit.ly/2aluN6z
Mon 11/7	Get your home tested! The second leading cause of #lungcancer is radon, a radioactive gas found in nearly all soils: http://bit.ly/2a36tYF	Smoking causes lung cancer. Cigarettes are dangerous because they contain nicotine, an addictive chemical. Find out if you are addicted to nicotine by taking this quick quiz and find resources to help you overcome your addiction: http://1.usa.gov/22Nlorl
Tue 11/8	Learn from Rose, who developed #lungcancer from #smoking and needed very difficult treatments to save her life: http://bit.ly/2a04qRs	When you smoke around your family, everyone smokes! The smoke from your cigarettes, called secondhand smoke, can cause lung cancer and other health problems in people who have never smoked, even kids. Take a look at this infographic on lung cancer in African-American men: http://bit.ly/2aco3pq
Wed 11/9	Hear from survivors about their fight against #lungcancer: http://bit.ly/2a36njx #shareyourvoice	New studies have shown that low-dose CT screening can save lives for people with high risk of lung cancer who meet certain eligibility criteria. Find out whether you should talk to your doctor about getting screened for lung cancer: http://bit.ly/29S232C



Date	Tweets	Facebook Posts
Thu 11/10	Make your home #smokefree to ↓ #lungcancer risk & heart disease from secondhand smoke: http://bit.ly/29WY2eR	What can you do to lower your risk of lung cancer? 1. Don't smoke. The most important thing you can do to reduce your risk of lung cancer is to not start smoking, or to quit if you smoke. Get started: http://smokefree.gov 2. Avoid secondhand smoke
Fri 11/11	Secondhand smoke is no joke. It causes more than 7300 #lungcancer deaths/yr. Protect those around you by quitting: http://bit.ly/2ayTrzk	Secondhand smoke kills people who don't smoke and makes others sick. It caused more than 7300 lung cancer deaths per year. Protect those around you by quitting: http://bit.ly/2ayTrzk
Mon 11/14	Providers: Want tools to help patients #quitsmoking? Tips here: http://bit.ly/29ZZNpZ	CDC says smoking even a few cigarettes a day can be dangerous, and e-cigs may not be an effective way to safeguard your health. More here: http://bit.ly/2aexfx4
Tue 11/15	You can ↓ your risk of #lungcancer by quitting smoking. Call 1-800-QUIT-NOW to build a quit plan w/ @SmokefreeGov: http://1.usa.gov/28ixFYI	Radon is a cancer-causing, radioactive gas. You can't see radon and you can't smell it or taste it, but it may be a problem in your home. Only smoking causes more lung cancer deaths. Get your home tested: http://bit.ly/2a36tYF
Wed 11/16	You can take steps to ↓ your risk of #lungcancer. Avoid smoking or #quitsmoking & decrease radon exposure. Learn more: http://bit.ly/2ags4e4	You can take steps to reduce your risk of #lungcancer. Avoid smoking or #quitsmoking and decrease your exposure to radon. Learn more about reducing your risk: http://bit.ly/2ags4e4
Thu 11/17	Even if you've smoked for a long time, you can greatly lower your risk of #lungcancer by #quitting. Start here: http://bit.ly/29Pa4tE	Smoking harms nearly every organ of the body and damages your overall health. However, regardless of age, smokers can greatly reduce their risk of disease, including lung cancer, by quitting. For help quitting, call 1-800-QUIT-NOW and visit http://bit.ly/29Pa4tE
Fri 11/18	A #lungcancer diagnosis can be overwhelming. Here are top 5 Qs to ask your doc to help you understand your options: http://bit.ly/29S4eTw	Being diagnosed with lung cancer can be overwhelming for patients and caregivers. Here are the top 5 questions to ask your doctor to help you understand the diagnosis and options to make decisions that are right for you: http://bit.ly/29S4eTw
Mon 11/21	Every #lungcancer patient & caregiver needs a guide. Access resources to get you on the right track: http://bit.ly/29Qlp7R	Getting news of a lung cancer diagnosis is difficult, whether you're a patient or a caregiver. Use this resource as a guide through your lung cancer journey for you and your loved ones: http://bit.ly/29Qlp7R
Tue 11/22	African Americans get #lungcancer more than any other ethnic/racial group. Access resources to help you #quit smoking http://bit.ly/29S34rd	Tobacco use is the leading preventable cause of death and disease in the U.S. A recent study found that emerging tobacco products, such as e-cigarettes and hookah are gaining popularity among middle and high school students. Learn more: http://bit.ly/2a13aOi



Date	Tweets	Facebook Posts
Wed 11/23	Hookah is still smoking! Hookah users may get the same diseases as cigarette smokers, including #lungcancer http://bit.ly/2adrbVa	Although many hookah users think it is less harmful, hookah smoking has many of the same health risks as cigarette smoking, including lung cancer, even after the smoke is passed through water: http://bit.ly/2adrbVa
Thu 11/24	#Thanksgiving is time for family! Remember: if you smoke around them, you also put them at risk for #LungCancer http://bit.ly/2adrzTF	Happy Thanksgiving! As we gather with our friends and family this holiday, remember to pass the turkey, not the secondhand smoke. If you smoke around your family, you also put them at risk for lung cancer. Learn more: http://bit.ly/2adrzTF
Fri 11/25	A woman's risk of dying from #smoking has more than tripled since 1964. Call 1-800-QUIT-NOW for help: http://bit.ly/29YAPH2	Nearly 20 million women and girls in the U.S. smoke cigarettes and more than 200,000 women die every year from smoking-related diseases. For help quitting, visit www.smokefree.gov . Learn more: http://bit.ly/29YAPH2
Mon 11/26	There were 100 million deaths worldwide from tobacco use in the 20 th century. More facts from @truthorange: http://bit.ly/2asftHJ	Tobacco hurts the LGBT community and kills more people in the U.S. than AIDS, alcohol, car accidents, homicide, suicide, illegal drugs and fires combined. Learn more from FDA's This Free Life Campaign: http://bit.ly/2a8wYak
Tue 11/27	#Secondhandsmoke kills & causes respiratory infections, asthma attacks & more: http://bit.ly/2agt3uD	Of former smokers in the U.S., 138,000 have lung cancer from smoking. Get more facts from the Truth Initiative here: http://bit.ly/2asftHJ
Wed 11/28	#Lungcancer doesn't just affect smokers. Family history may also play a role. Learn more: http://bit.ly/2aeTTqI	Did you know that lung cancer may also have a genetic component? Having a parent, brother or sister or children who have had lung cancer may increase your risk. Learn more about family history and other risk factors from CDC: http://bit.ly/2aeTTqI
Thu 11/29	Breaking the stigma around #lungcancer starts with us. Learn more: http://bit.ly/2a33SOm #LCSM	Lung cancer survivors are often socially stigmatized by friends or family members. End the silence and the stigma today. Here are some practical tips: http://bit.ly/2a33SOm
Fri 11/30	Confused about lung cancer screening? Resources from @theNCI can help: http://bit.ly/2a01T9K	Is lung cancer screening right for you? Talk to your doctor for more information and start with this helpful guide from the National Cancer Institute: http://bit.ly/2a01T9K



OTHER IDEAS TO PROMOTE LUNG CANCER AWARENESS MONTH

Host or Participate in a Twitter Chat

Twitter chats are a great way to expand your audience and promote engagement with other partners and organizations. You can organize a Twitter chat yourself or simply participate in another one. Twitter chats are live moderated Twitter conversations focused around a specific topic, using a single hashtag. They usually last an hour and involve a list of pre-circulated questions to participants. If you are organizing a chat, reach out to partners early and provide the list of questions as far in advance as possible.

Host a Twitterview

A Twitterview is an interview conducted through Tweets. A Twitterview is a form of Twitter Chat where individuals participate in a live moderated Twitter conversation focused around a specific topic using a single hashtag.

For a Twitterview, typically an interviewer asks questions directly to the interviewee and participants can follow the conversation through an event hashtag. You may also open up the interview to questions from the audience. The benefits of a Twitterview include the creation of relevant and interesting content, dissemination of accurate and evidence-based information, increased visibility of your organization and increased engagement with followers.

Pick a hashtag. Using hashtags is a way to group and organize messages together. In Twitterviews, hashtags are used to distinguish your interview from regular Tweets in the feed. Your followers will also be able to filter and track your Twitterview posts by searching your hashtag. [Symplur](#) amalgamates popular and established Tweet Chat hashtags on health care topics. If you use an established hashtag, your Tweets may reach audiences that you usually do not reach. If you would like to create your own hashtag, make sure it is short and intuitive. Don't be afraid to use abbreviations and acronyms, because your questions and answers including the hashtag must be under 140 characters.

Pick a date and time, then secure a speaker or speakers to be interviewed. Potentially influential speakers might include researchers, cancer survivors or caregivers, health care providers or other subject matter experts. Provide your speaker(s) with a list of what questions will be asked before the event, so they can prepare their answers in under 140 characters, which can take time and editing. Decide in advance whether you are going to open up the interview to your followers and let your speaker(s) know what to expect. Consider using a website to help manage the Twitterview such as [TweetChat](#) or [TWUBS](#).

Promote the event to your followers. Host the event, running it similarly to how you would host a live in-person meeting (introduce topic, speaker, your organization). Number your questions starting with a "Q" for question. For example: Q1: What questions should #lungcancer survivors ask their doc? #LCSMChat. Your speaker(s) can either "reply" to the question you Tweet or Tweet starting with an "A" and the corresponding number. For example: A1: Start w/questions about short- and long-term side effects & screening #LCSMChat.



Retweet or favorite the best questions posed by your followers and answers by your speaker(s) and be sure to share relevant links and resources. After the event, archive an event summary and share with participants and your other followers. Consider using [Storify](#) to create a visual transcript of the Twitterinterview.

Best Practices for Engagement Events and Activities

- Plan early and well
- Expand your audience and reach by partnering with another organization
- Make sure you use an original hashtag (unless it makes sense to use an established hashtag)
- Prepare as many questions and responses in Tweet format as possible in advance
- Involving well-known local figures may help raise the profile of your event(s) and increase participation and engagement

MEASURING SUCCESS

Looking to measure the success of your social media campaign? Twitter and Facebook both offer free analytic tools to allow you to demonstrate the impact of your social media efforts.

Twitter Analytics allows you to see and download detailed tracking information about Tweet activity, engagement, audience and trends over time. Log in to analytics.twitter.com/about with your Twitter username and password to learn more.

[Facebook Insights](#) allows users to track page likes, post reach, number of visits, specific posts as well as who is following your page. According to Facebook, "posts that get more likes, comments and shares show up more in News Feed and are seen by more people. Posts that are hidden, reported as spam or cause people to unlike your Page reach fewer people."

[Klout](#) tracks the influence and reach of your social media profiles and provides a score based on how others are interacting with your content across multiple networks. It also provides information on your top posts so you can see what content is generating action from your networks.

ADDITIONAL TOOLS AND RESOURCES

[Owly](#): Link shortener from Hootsuite

[TinyURL](#): Link shortener that allows for customization of URLs to make them more memorable

[Goo.gl](#): Link shortener that allows for tracking of clicks

[Hootsuite](#), [Sprout Social](#): Online platforms that allow organizations to schedule Tweets and Facebook posts, keep up with their feed (the posts of those they follow), and collect basic analytics for evaluation

[Tweetdeck](#): Platform from Twitter that allows for pre-scheduling Tweets, including pre-loading photos

[Thunderclap](#): Social networking tool that allows you to "crowdsource" your social media campaign to increase its



impact

[Periscope](#): Live-streaming video app so you can show events or videos live to your audience on social media

[Klout](#): Service that tracks your organization's level of online social influence

[Canva](#): Allows users to create visually appealing graphics and photos for social media and print materials; includes a collection of low-cost or free stock photos and backgrounds

[CDC Public Health Image Library](#) (PHIL): Free image library.

[CDC "photostream" on Flickr](#): Website designed for public image sharing. CDC images include public health photos and graphics developed for public health events that users can comment on and share.

[CDC Infographics](#): Gallery of CDC-designed infographics to visually communicate data or information

GLOSSARY

Facebook: A social networking site that allows people to create personal profiles and stay connected with others (www.facebook.com)

Feed: News feeds which you receive straight into your account

Followers: People who have agreed to receive your Tweets or Facebook posts

Hashtags (#): A form of metadata tag that makes it possible to group messages

Retweet (RT): Re-posting of someone else's Tweet

Tweets: 140-character text messages

Twitter: An online [social networking](#) and [microblogging](#) service that enables users to send and read short 140-[character](#) text messages, called "Tweets" (www.twitter.com)

Twitter chat: A live moderated Twitter conversation focused around a specific topic using a single hashtag

Twitter handle: Your Twitter name that begins with the "@" sign. For example: @GWCancer

Twittersphere or **Twitterverse**: The total universe of Twitter users and their habits

Twitterview: A combination of the terms Twitter, a popular microblogging platform, and interview. It is a type of interview for which the medium restricts the interviewer and interviewee to short-form responses

See Twitter's "[Twitter Glossary](#)" for more.



REFERENCES

- American College of Surgeons. (n.d.). *Chapter 3: Continuum of Care Services*. [Webpage]. Retrieved from <https://www.facs.org/quality%20programs/cancer/coc/standards/video/chapter3>
- Centers for Disease Control and Prevention (2016). *Lung Cancer Statistics*. Retrieved from <https://www.cdc.gov/cancer/lung/statistics/>
- Centers for Disease Control and Prevention (2015). *CDC Social Media Tools*. Retrieved from <http://www.cdc.gov/socialmedia/tools/index.html>
- Centers for Disease Control and Prevention (n.d.). *SocialMediaWorks*. Retrieved from <https://cdc.orau.gov/healthcommworks/Account/LogOn?signInArea=SocialMediaWorks#1>
- Chae, J., Lee, C., Jensen, J.D. (2015). Correlates of cancer information overload: Focusing on individual ability and motivation. *Health Communication*, 31(5), 626-634. <http://dx.doi.org/10.1080/10410236.2014.986026>
- Chapple, A., Ziebland, S., McPerson, A. (2004). Stigma, shame and blame experienced by patients with lung cancer: Qualitative study. *BMJ*, 328, 1470-1475. doi: 10.1136/bmj.38111.639734.7C
- Chen, L.S., Kaphingst, K.A. (2010). Risk perceptions and family history of lung cancer: Differences by smoking status. *Public Health Genomics*, 14, 26-34. doi: 10.1159/000294151
- Epstein, R.M., Street, R.L. (2007). A patient-centered approach to cancer communication research. In *Patient-centered communication in cancer care: Promoting healing and reducing suffering* (pp. 1-16). Bethesda, MD: National Cancer Institute.
- Finney Rutten, L.J., Arora, N.K., Bakos, A.D., Aziz, N. & Rowland, J. (2005). Information needs and sources of information among cancer patients: A systematic review of research. *Patient Education and Counseling*, 57(3), 250-261. <http://dx.doi.org/10.1016/j.pec.2004.06.006>
- Gordon, H.S., Street, R.L., Sharf, B.F., Kelly, A., Soucek, J. (2006). Racial differences in trust and lung cancer patients' perceptions of physician communication. *Journal of Clinical Oncology*, 24(6), 904-909. doi: 10.1200/JCO.2005.03.1955
- Hamann, H.A., Ostroff, J.S., Marks, E.G., Gerber, D.E., Schiller, J.H. & Craddock Lee, S.J. (2014). Stigma among patients with lung cancer: A patient-reported measurement model. *Psycho-Oncology*, 23, 81-92. doi: 10.1002/pon.3371
- Hershkowitz, S. & Lavrusik, V. (2013, May 2). *12 best practices for media companies using Facebook pages*. Retrieved from <https://m.facebook.com/notes/facebook-media/12-best-practices-for-media-companies-using-facebook-pages/518053828230111/>
- Hootsuite (n.d.). *Health care: The 4-step guide to driving greater patient engagement*. Retrieved from <https://hootsuite.com/resources/guide/health-care-guide-driving-patient-engagement>
- Hughes, A. (2010). *Using social media platforms to amplify public health messages: An examination of tenets and best practices for communicating with key audiences*. Retrieved from http://smexchange.ogilvypr.com/wp-content/uploads/2010/11/OW_SM_WhitePaper.pdf
- Mayne, S.T., Buenconsejo, J. & Janerich, D.T. (1999). Familial cancer history and lung cancer risk in United States nonsmoking men and women. *Cancer Epidemiology, Biomarkers & Prevention*, 8, 1065-1069.
- National Cancer Institute. (2011). *Making data talk: A workbook*. Retrieved from <http://www.cancer.gov/publications/health-communication/making-data-talk.pdf>
- Pew Research Center. (2014). Internet Project January omnibus survey, January 23-26, 2014. Retrieved from <http://www.pewinternet.org/fact-sheets/social-networking-fact-sheet/>



- Quaife, S.L., Marlow, L.A., McEwen, A., Janes, S.M., Wardle, J. (2016). Attitudes toward lung cancer screening in socioeconomically deprived and heavy smoking communities: Informing screening communication. *Health Expectations* [Online ahead of print], 1-11. doi: 10.1111/hex.12481
- Temel, J.S., Greer, J.A., Muzikansky, A., Gallagher, E.R., Admane, S., Jackson, V.A...Lynch, T.J. (2010). Early palliative care for patients with metastatic non-small-cell lung cancer. *New England Journal of Medicine*, 363, 733-742. doi: 10.1056/NEJMoa1000678
- Twitter Government and Elections Team. (2014). *The Twitter government and elections handbook*. Retrieved from https://media.twitter.com/gov_handbook
- Underwood, J.M., Townsend, J.S., Stewart, S.L., Buchannan, N., Ekwueme, D.U., Haskins, N.A....Fairley, T.L. (2012). Surveillance of demographic characteristics and health behaviors among adult cancer survivors - Behavioral Risk Factor Surveillance System, United States, 2009. *Morbidity and Mortality Weekly Report*, 61(SS01), 1-23. Retrieved from <http://www.cdc.gov/mmwr/preview/mmwrhtml/ss6101a1.htm>
- U.S. Department of Health and Human Services. (n.d.). Quick guide to health literacy. Retrieved from <http://health.gov/communication/literacy/quickguide/factsbasic.htm>
- Witteman, H.O., Zikmund-Fisher, B.J., Waters, E.A., Gavaruzzi, T., Fagerlin, A. (2011). Risk estimates from an online risk calculator are more believable and recalled better when expressed as integers. *Journal of Medical Internet Research* 13(3), e54. <http://dx.doi.org/10.2196/jmir.1656>

