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# Health Experiences Catalyst Films: Smoking, Cancer, and Tobacco Cessation



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HealthExperiencesUSA  
*Bringing patients' voices to American healthcare*



Center for Patient Partnerships  
*Research, Education, Advocacy. Justice.*



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## Use of the Toolkit



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The Catalyst Films about Health Experiences: Smoking, Cancer, and Tobacco Cessation Toolkit exists for the benefit of the health care community. These materials are available free of charge and can be used without permission; however, we ask that you register with HIPxChange prior to using the toolkit so that we may provide information on usage to our funders. It is acceptable to link to this Web site without express permission. If you decide to use these materials, we ask that you please credit the University of Wisconsin – Madison Department of Family Medicine and Community Health, the UW-Madison Center for Patient Partnerships and the UW Health Innovation Program.

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## Background

Tobacco cessation among people living with cancer is a vexing challenge in cancer care, despite strong evidence that quitting improves survival, treatment response, and quality of life (Toll et al., 2013; Shields et al., 2015; Ditre et al., 2011). Half of patients who smoke continue to do so through cancer treatment, and many who quit resume smoking after treatment ends (Toll et al., 2013, Lucchiari, et al., 2016; Ramaswamy et al., 2016; NCI, 2018). Racial and ethnic minority groups have lower abstinence rates and use cessation aids/pharmacotherapy less often than White people who smoke (Leventhal et al., 2019; Garrett et al., 2015).

The NCI Cancer Moonshot-funded Cancer Center Cessation Initiative (C3I) has engaged 52 NCI-designated Cancer Centers (CCs) in integrating tobacco cessation services into clinical care. Over the past 4 years, reach – the percentage of patients who engage in any tobacco treatment service – has roughly doubled (D’Angelo et al., 2021). Despite strong gains, many patients are still being left behind.

This toolkit includes a catalyst film which summarizes findings from research about diverse patients' experiences with smoking, cancer, and tobacco cessation at C3I cancer centers. The toolkit also includes materials to guide this film's use with various audiences. If you are new to using a catalyst film, you might find it valuable to review our introduction to catalyst films guidebook available at: <https://www.healthexperiencesusa.org/CatalystFilms>.

## Who should use this toolkit?

This toolkit is intended to be used by patients and families; clinicians, including oncology clinicians and tobacco cessation specialists; researchers; and health program and system leaders and administrators.

## What does the toolkit contain?

This toolkit contains the following:

1. **Catalyst film:** Health Experiences Catalyst Films are short films that summarize key findings from interviews with people discussing their experiences with health and health care. This catalyst film is about peoples' experiences of smoking, cancer, and tobacco cessation. The film can help patients feel support from others like them; *clinicians and researchers* develop and deliver more effective cessation interventions; and *health systems leaders* appreciate the challenges of tobacco cessation and the need for investment.
2. **Facilitation guide:** The toolkit contains facilitation materials including a draft agenda for an educational session with clinicians and administrators using the catalyst film. This agenda can be adapted for sessions with other audiences such as patients and families.
3. **Reflection worksheet:** This toolkit contains a list of reflection questions that can guide conversation after viewing the film.

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## How should these tools be used?

This film and accompanying toolkit are intended to increase understanding and empathy for all people who smoke or have smoked by exploring their experiences, personal histories, motivations and messages for others. They are also intended to increase the chances that health care providers and patients can make decisions together without the interference of shame or judgment.

More specifically, the materials in this toolkit can be used to:

1. Inform oncology clinicians and tobacco cessation specialists about dimensions of peoples' diverse experiences with smoking and tobacco cessation that may not always be readily available in clinical settings.
2. Develop or hone empathic support for people with cancer who have experiences of smoking and tobacco cessation
3. Spark conversations about enhancing or changing certain clinical practices in oncology and tobacco cessation settings
4. Garner support for further investment in tobacco cessation resources for people with cancer or high cancer risk

The catalyst film can be viewed in full or in sections. Sections can be combined to meet the needs of different audiences. In addition to the Introduction and Credits sections which we recommend be included on any viewing, available sections include:

1. Reasons for Smoking
2. Smoking and Cancer
3. Cessation Specialists
4. Clinician Interactions
5. Stigma
6. Quitting or Not Quitting
  - a. Motivations for Quitting
  - b. Reasons Not to Quit
  - c. Effects of Quitting
  - d. Strategies for Quitting
7. Messages to other Patients
8. Messages to Family and Friends
9. Messages to Clinicians

## Development of this toolkit

The Catalyst Films about Health Experiences: Smoking, Cancer, and Tobacco Cessation was developed by researchers and clinicians (Principal Investigator: Rachel Grob) at the University of Wisconsin-Madison School of Medicine & Public Health – Department of Family Medicine and Community Health.

This film was created from interviews with 18 people with experiences of smoking, cancer, and tobacco cessation, which includes people who have quit smoking and those who haven't.

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Participants were recruited all over the United States through the following cancer centers: City of Hope; Fox Chase Cancer Center; Memorial Sloan Kettering; The Medical University of South Carolina; Yale; Oregon Health Sciences University; Fred Hutchinson; Duke; University of California-Davis; and Stanford.

All who shared their stories for this project identified themselves as belonging to groups identified in this study's context as historically marginalized. This includes being part of a racial and ethnic minority group; from a household that has little income or wealth to buffer against the negative impacts of an adverse health event; living in a rural location (outside urban area, <50,000 people); part of a sexual or gender minority group (people who identify as a member of the LGBTQIA+ community); disabled; part of an underrepresented religious group; an immigrant or refugee; formerly incarcerated; retired; a veteran; living with and/or after substance use disorders; or living with mental illness.

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Please send questions, comments and suggestions to [gherlab@fammed.wisc.edu](mailto:gherlab@fammed.wisc.edu).

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## Catalyst Film

This health experiences catalyst film about smoking, cancer, and tobacco cessation was created through an engaged process with members of the C3I Diversity, Equity, and Inclusion Working Group, as well as partner cancer sites in the C3I network. 18 people with a history of current or past smoking and experience of cancer or high cancer risk were interviewed virtually to create footage for this film. All interviewees identified as belonging to groups that are historically marginalized. Participants in interviews decided whether they wanted their video or audio only included in the film. A filmmaker added animations to audio clips.

The methodology used to develop this catalyst film is further described in the Health Experiences Catalyst Films Guidebook Toolkit available at <https://www.healthexperiencesusa.org/CatalystFilms>.

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## Facilitator Guide and Reflection Worksheet

We include a facilitator guide for viewing and discussing the film with clinicians and administrators in a 90-minute session. A facilitated group viewing is recommended when the purpose of the film is to enhance team-based care and/or clinical quality improvement.

When this guide was first piloted, the session took place virtually. Although the guide offers instructions for virtual engagement including the use of recording and chat functions, the overall content of the guide can be easily adapted for in-person sessions. We also offer a reflection worksheet for session attendees with questions that can be discussed in small groups or a large group during the session.

We recommend at least three research team members be present for the session – one facilitator, one back-up facilitator, and (if virtual) one team member to manage the recording if applicable, chat, and troubleshoot any technical issues.

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