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Template for tailoring LDCT lung cancer screening to increase engagement with traditionally underserved communities

This template consists of a series of questions to support users in recognising traditionally underserved communities (members of which may be at higher risk of lung cancer, poorer outcomes from lung cancer and lower attendance to screening programmes). The document aims to assist those planning for and delivering a lung cancer screening programme by increasing understanding of the needs of those communities and providing a template for developing approaches for a lung cancer screening programme to facilitate increased awareness, engagement and participation.

**Please complete the template as appropriate to your country or region based on the best available data in your health system.**

# Identifying traditionally underserved communities within the target population

People from traditionally underserved communities may experience additional barriers to participating in screening. These communities will differ between countries, and may even differ within a country, and include populations who are, and have historically been, underserved in healthcare due to factors such as socioeconomic position, sexual orientation, gender identity, religion, ethnicity and disability. To better engage and recruit eligible screening participants from these communities, it is vital to first understand who they are.

## Identify population groups at high risk of lung cancer

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| 1.1.1 Which groups are disproportionately affected by lung cancer in your country/region, as identified using key metrics such as incidence and mortality of lung cancer, smoking prevalence and stage of lung cancer diagnosis? (See [templates for understanding which populations might be at highest risk of lung cancer](https://www.lungcancerpolicynetwork.com/app/uploads/Templates-for-understanding-populations-at-highest-risk-of-lung-cancer.docx)) |
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| a) What data exist on participation rates for lung cancer screening across population groups from trials, studies or pilots? |
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| b) What data exist on participation rates in other cancer screening programmes across population groups? |
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## Identify traditionally underserved communities in your country/region, in relation to screening programmes for lung cancer

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| 1.2.1 Has research been conducted on identifying traditionally underserved communities in your healthcare system? (yes/no) | |
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| a) If no, what type of research would aid the identification of traditionally underserved communities in relation to a screening programme for lung cancer? | b) If **yes**, what lessons can be utilised to identify traditionally underserved communities for lung cancer screening? |
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| i) Were representatives from traditionally underserved communities involved in available research? |
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| ii) If not, how can representatives be included to validate existing research and co-create future research? |
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## Develop a list of target populations to improve the inclusivity of a screening programme for lung cancer

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| 1.3.1 Using the information collected, list which population groups may be more likely to experience barriers to participating in screening. |
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# Understanding the needs of traditionally underserved communities

Traditionally underserved communities are broad groups of people with diverse lived and healthcare experiences. To improve engagement in screening programmes for lung cancer, it is essential to take time to recognise the shared and differing needs of the varied population groups that have been identified as underserved. Building a comprehensive understanding of their needs can act as a basis for inclusive programme design and delivery.

## Understand perspectives on cancer screening, including lung

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| 2.1.1 What are different groups' perspectives on lung cancer screening and the barriers to engagement with these programmes? It may help to list these in relation to the groups identified above in section 1.3.1. |
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| a) To support the above question, what are different groups' perspectives on lung cancer more broadly? |
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| b) To support the above question, what are different groups' perspectives on other cancer screening programmes and the barriers to engagement with these programmes? |
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## Develop an understanding of different populations' needs to improve access to a screening programme for lung cancer

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| 2.2.1 Having identified barriers to screening, what actions could help improve engagement with and recruitment to a screening programme for lung cancer? |
| Example: Among identified communities, raise awareness of the benefits of lung cancer screening |
| a) What are the specific needs of different communities that need to be considered when designing information on screening for lung cancer? |
| Examples: Health literacy needs, language requirements |

# Designing an inclusive screening programme for lung cancer

Applying the information collected from the previous sections in an effective and considered way will support the inclusive design and more equitable delivery of screening programmes for lung cancer. The needs of traditionally underserved communities should be considered at each stage of a screening programme, especially for engagement and recruitment. This can be supported by co-creating the programme with representatives from relevant population groups.

## Co-create an inclusive screening programme

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| 3.1.1 How will relevant stakeholders from different population groups be invited to participate in the design, communication and implementation of a screening programme? |
| Example: Focus groups and interviews that centre around how to build trust in screening programmes across different communities |
| 3.1.2 Will the screening programme be led/advised by representatives of the target population, including representatives of the population groups identified in section 1? |
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## Implement inclusive interventions and approaches in a screening programme for lung cancer

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| 3.2.1 From the answers given in section 2.2.1, which interventions or approaches could be incorporated into a lung cancer screening programme to address the barriers experienced by traditionally underserved communities? |
| Examples: Patient navigators, mobile screening, culturally appropriate screening materials (see Network resource, [summary of potential barriers to and solutions for engaging participants in screening](https://www.lungcancerpolicynetwork.com/app/uploads/Potential-barriers-to-and-solutions-for-engaging-participants.pdf)) |
| a) Which existing interventions or approaches are used to engage underserved population groups with screening programmes for other cancers? |
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| b) Can any existing approaches be leveraged or adapted to create a more inclusive screening programme for lung cancer? |
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| c) Which existing interventions or approaches are used to engage underserved groups with lung cancer screening trials, pilots and programmes? |
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## Engage and recruit traditionally underserved communities to lung cancer screening

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| 3.3.1 What will the process be for reaching out to and recruiting individuals to participate in the screening programme? Will this be adapted for different population groups? |
| Examples: Primary care recruitment, centralised programme recruitment, self-referral for screening |
| 3.3.2 Using the information collected in section 2.2.1.a, how will the format and delivery of materials used to recruit participants for screening be made accessible to different population groups? |
| Example: Personalised screening invitations in the appropriate language |
| 3.3.3 Who else could be involved in the delivery and communication of lung cancer screening to maximise attendance and impact? |
| Example: Community leaders |

## Ensure inclusive practices are built into the continuity of care

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| 3.4.1 How are traditionally underserved groups supported through onward referral and care following screening, and how can this be improved? |
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