

## Domain 4: Summary of potential barriers to and solutions for engaging participants in screening



People who are eligible to undergo lung cancer screening need to be engaged with and fully informed about the procedure so that they can make an informed choice to participate. Screening programmes must be designed and delivered in a way that helps address inequities in lung cancer more broadly. People who experience these inequities and are typically underserved by health systems are among those most likely to face barriers to participating in lung cancer screening.

*Table A* provides examples of identified barriers to screening while *Table B* suggests ways to address them and improve engagement.

**Table A. Examples of barriers to participating in screening<sup>1-6</sup>**

What are some of the barriers?	How can they affect screening participation?*
Limited awareness and access to information	Being unaware of or misinformed about screening <sup>7,8</sup> Language barriers or lower health literacy <sup>7,9</sup> Difficulties accessing information and health services, including not being registered with a primary care practice <sup>9</sup>
Physical and financial barriers to access	Distance to screening centres (e.g. provision gaps in rural areas) <sup>10,11</sup> Costs associated with attending appointments (e.g. parking, public transport) <sup>3,12</sup> Availability to attend screening around work and caring responsibilities <sup>3</sup>
Psychological and social barriers	Social or cultural mistrust of healthcare services <sup>3</sup> Factors influencing motivation to engage in screening (e.g. lack of cancer literacy, forgetting to attend an appointment, denial or fatalistic health beliefs) <sup>13,14</sup> Lack of access to culturally tailored materials <sup>15</sup> Stigma around the link between lung cancer and smoking <sup>16-19</sup>

\* See *Table B* for examples of approaches to addressing barriers to screening.

**Table B. Examples of approaches to address barriers related to lung cancer screening information**

Approach	Description
Materials translated to different languages <sup>20</sup>	Developing translated materials for screening participants may help increase access to information, especially for multicultural communities.
Materials adapted to different information needs, such as for different cultures <sup>21 22</sup>	Further to translations, materials can be adapted to suit different cultural nuances – for example, ensuring that specific known concerns or barriers are addressed, or agreeing on the appropriate translation and use of key terms. Although direct translations of certain terms are not always possible, any adaptations should maintain accuracy.
Visual and audio aids (e.g. video shorts, patient online portals, social media) <sup>19 23-26</sup>	Visual and audio aids can be developed to provide alternative ways of conveying key information. This may be particularly important for individuals with low health literacy.
Community health workers <sup>27</sup>	Community health workers may support engagement in the screening programme by using translated and adapted materials and audio and visual aids to share screening messages and information with different communities.
Patient navigators <sup>28 29</sup>	Patient navigators are representatives who support and guide people through their journey in the health system. They may help people attend screening and any follow-up appointments that are needed. Patient navigators can also facilitate communication with healthcare professionals so that people get the information they need to make decisions about their care.
Training for healthcare professionals and facilitators <sup>30 31</sup>	Healthcare professionals may benefit from training on cultural competency and the use of shared decision-making tools and aids. Such training may be particularly relevant for those working with and based in multicultural communities.

Tables adapted from *Lung cancer screening: the cost of inaction* (Lung Cancer Policy Network, 2021).<sup>6</sup>

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