# Patient Barriers to Lung Cancer Screening Assessment

# Client Name:

# Date:

# Patient Navigator Name/Clinic:

# How to use this tool: This tool can guide conversations with individuals who are eligible for lung cancer screening to help the patient navigator identify potential actions and opportunities to reduce barriers to care and increase screening rates.

# *It is not intended to be used as a stand-alone or self-administered tool but instead to guide a patient-centered visit or discussion.*

# When having a guided conversation with clients:

# Client should be informed about how the information will be stored and used.

# Client should be informed that they can skip any questions they feel are sensitive or private.

# Patient navigator should use active listening and empathetic communication, utilizing this tool as a guide for gathering helpful information.

# Personal Assets and Barriers to LCS

1. What language are you most comfortable speaking? Check all that apply.

|  |  |  |
| --- | --- | --- |
| * English
 | * Language other than English:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 | * I choose not to answer
 |

1. Do you have difficulty with any of the following? Check all that apply.

|  |  |  |  |
| --- | --- | --- | --- |
| * Hearing someone explain something
 | * Understanding written information about health
 | * Seeing small print
 | * Remembering what was said
 |

1. Who do you trust for your healthcare needs? Check all that apply.

|  |  |  |  |
| --- | --- | --- | --- |
| * My doctor
 | * Close friends and family
 | * CDC
 | * My insurance
 |
|  ☐ Patient Navigator | * Internet
 | * Facebook
 |  |

1. Do you have resources such as friends, family, religious or community organizations, or your own sense of purpose and confidence that you feel support you in working toward your health goals?

|  |  |  |  |
| --- | --- | --- | --- |
| * Yes
 | * No
 | * It wouldn't matter
 | * I am on my own
 |

1. What is the highest level of school that you have finished?

|  |  |  |  |
| --- | --- | --- | --- |
| * Less than a high school degree
 | * High school diploma or GED
 | * More than high school
 | * I choose not to answer
 |

**Money and Resources as Barriers to LCS**

1. What is your current work situation?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| * Full time work
 | * Part time or temporary work
 | * Unemployed and seeking work
 | * Unemployed but not seeking work
 | * Retired
 |

1. Can you take off from work to get a lung cancer screen?

|  |  |  |  |
| --- | --- | --- | --- |
| * I have paid leave
 | * I have unpaid leave
 | * I cannot take off from work
 | * I choose not to answer
 |

1. What is your main insurance?

|  |  |  |  |
| --- | --- | --- | --- |
| * None/uninsured
 | * Medicaid
 | * CHIP Medicaid
 | * Medicare
 |
| * Other public insurance (Not CHIP)
 | * Other Public Insurance (CHIP)
 | * Private insurance
 |  |

1. In the past year, have you been unable to pay for the following? Check all that apply.

|  |  |  |
| --- | --- | --- |
| Phone  | * Yes
 | * No
 |
| Utilities  | * Yes
 | * No
 |
| Child Care  | * Yes
 | * No
 |
| Health Insurance | * Yes
 | * No
 |
| Health Care*(medical, dental, mental, vision)* | * Yes
 | * No
 |
|  Insurance Copays | * Yes
 | * No
 |
| Medicine or drugs | * Yes
 | * No
 |

 Other (please write)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Has a lack of transportation kept you going from medical appointments?

|  |  |  |
| --- | --- | --- |
| * Yes
 | * No
 | * I choose not to answer
 |

1. If we need to get in touch with you, is there anything in your living situation that would make it difficult for us to find you?

Please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#

#  Awareness & Attitudes as Barriers to LCS

1. Did you or someone you know ever had a lung cancer screen?

|  |  |
| --- | --- |
| * No
 | * Yes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |

1. Are you concerned about the cost (including co-payments) for lung cancer screening?

|  |  |  |  |
| --- | --- | --- | --- |
| * Not at all
 | * A little
 | * Moderately
 | * Very/Extremely
 |

1. Are you concerned about radiation exposure during a lung cancer screen?

|  |  |  |  |
| --- | --- | --- | --- |
| * Not at all
 | * A little
 | * Moderately
 | * Very/Extremely
 |

1. Are you worried about what a slung cancer screen could reveal?

|  |  |  |  |
| --- | --- | --- | --- |
| * Not at all
 | * A little
 | * Moderately
 | * Very/Extremely
 |

1. Would your beliefs interfere with cancer screening or getting treatment?

|  |  |  |
| --- | --- | --- |
| * No
 | * My traditional culture would interfere
 | * I have religious objections
 |

 ☐ Other (please describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Attitude towards Smoking as Barrier to LCS

1. How do you feel about talking about your smoking history?

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Do you think you have to be ready to quit smoking before you are eligible for lung cancer screening?

|  |  |  |  |
| --- | --- | --- | --- |
| * Not at all
 | * Not necessarily
 | * Probably
 | ☐ Very likely |

1. How ready are you to get screened for lung cancer?

☐0 (not interested) ☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8 ☐9 ☐10 (definitely getting screened)

1. What stands in the way to being ready to get a lung cancer screen?
2. What are some things you are already doing that could help you feel confident about getting lung cancer screening and achieving your health goals? What else could help you feel more confident?

*\* This worksheet was adapted from the PRAPARE resource. PRAPARE was developed and is owned by the National Association of Community Health Centers, Inc. (NACHC) Association of Asian Pacific Community Health Organizations, and Oregon Primary Care Association. PRAPARE and its resources are proprietary information of NACHC and its partners.
For more information about this tool, please visit* [*www.nachc.org/prapare.*](http://www.nachc.org/prapare)

# Optional Questions

1. Do you feel physically and emotionally safe where you currently live?

|  |  |  |
| --- | --- | --- |
| * Yes
 | * No
 | * I choose not to answer
 |

1. Do you identify as male, female, or other?

|  |  |  |
| --- | --- | --- |
| * Male
 | * Female
 | * Non-binary/non-conforming
 |

1. Are you Hispanic or Latino?

|  |  |  |
| --- | --- | --- |
| * Yes
 | * No
 | * I choose not to answer
 |

1. Which race(s) are you? Check all that apply.

|  |  |  |  |
| --- | --- | --- | --- |
| * Asian
 | * Native Hawaiian
 | * Pacific Islander
 | * Black/African American
 |
| * American Indian/Alaskan Native
 | * White
 | * Other (please write)
 | * I choose not to answer
 |

1. Have you been discharged from the armed forces of the United States?

|  |  |  |
| --- | --- | --- |
| * Yes
 | * No
 | * I choose not to answer
 |

1. How many family members, including yourself, do you currently live with?
* I choose not to answer
1. What is your housing situation today?

|  |  |  |
| --- | --- | --- |
| * I have housing
 | * I do not have housing (staying with others; in a hotel, shelter, or car; or outside)
 | * I choose not to answer
 |

1. Are you worried about losing your housing?

|  |  |  |
| --- | --- | --- |
| * Yes
 | * No
 | * I choose not to answer
 |

1. During the past year, what was the total combined income for you and your family members you live with? This information will help us determine if you are eligible for any benefits.
	* I choose not to answer

*[NOTE: For organizations that already collect income for other purposes (sliding fee scale, insurance eligibility, other benefits), please map that data such that patients are not asked about their income multiple times. Please report percent of patients by Federal Poverty Level or FPL for PRAPARE reporting purposes.]*