

Spotlight Presentation 2-3:

Partnering With Clients and Communities to Co-Design Equitable Access to Smoking Cessation and Lung Cancer Screening

Presenters:

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Description:

To improve equity in lung cancer care, primary care providers need to provide safe and timely referrals to lung cancer screening for people experiencing stigma and discrimination. The purpose of our study was to promote equitable access to lung cancer screening by co-designing an educational intervention (an e-learning module) that will build knowledge and skills in primary care providers to deliver equity-oriented lung cancer screening.

Session objectives and learning outcomes:

- Learners will understand the importance of interdisciplinary partnerships in the co-design of patient-centered cancer care.
- Learners will understand the process of including underserved patient communities in the co-design process of patient-centered cancer care.
- Learners will be able to describe how patient-centered cancer education can improve lung cancer-related health outcomes.

Full description:

Challenge:

To improve equity in lung cancer care, primary care providers need to provide safe and timely referrals to lung cancer screening for people experiencing stigma and discrimination.

Action:

We applied the Generative Co-Design Framework for Healthcare Innovation and conducted our study processes in three phases: Pre-design (establishing a study governance structure); Co-design (identifying research priorities, gathering and interpreting data, co-developing module content); and Post-design (pilot testing the module).

1. Pre-design: As an equity-informed, patient-oriented study, this research was governed by an interdisciplinary team of provincial and national health system partners (including healthcare providers) and an advisory council of patient partners with diverse lived experiences intersecting across elements of race, gender, disability, Indigeneity, immigration, poverty and homelessness. All members of the team were equally involved in project design, conduct, analysis and dissemination.
2. Co-design: We identified research priorities and conducted qualitative interviews with primary care providers in Ontario to understand learning gaps and needs. Using the Trauma- and violence-informed (TVIC) care core competency framework, we mapped learning needs onto the following areas: 1) being trauma and violence aware in lung cancer screening discussions (TVIC Principle 1); creating safe spaces and interactions (TVIC Principle 2); and building on a person's strengths and collaborating to make realistic choices (TVIC Principles 3 & 4). We co-developed learning module content consisting of case-studies, patient

videos and knowledge checks and packaged the material into an e-module format, titled: *Creating Safe Connections: Practical Strategies to Support Lung Cancer Screening*.

3. Post-design: The Continued Medical Education (CME) accredited e-learning module is hosted on the Equipping Health & Social Services for Health Equity (EQUIP) Healthcare website and is freely available to all learners in Canada through the University of British Columbia learning platform. Pilot testing is complete. The e-module will shortly be available through the University of Toronto and Women's College Hospital learning platforms.

Impact:

We demonstrate how interdisciplinary partnerships that are inclusive of underserved patient communities can lead to the co-design of patient-centered, equity-oriented, educational tools that can improve lung cancer-related health outcomes for all people.

Trajectory:

We are currently implementing the learning module in Ontario in partnership with Ontario Health and the Canadian Partnership Against Cancer. We will apply learnings to spread and scale the e-module across Canada in parallel to the national implementation of organized lung cancer screening in all jurisdictions. We have also received sequential grant funding to co-develop a French language version of the e-module in support of national-level implementation. All work is patient-partnered.