Baystate Health | UMass Chan Medical School

Department of Healthcare Delivery & Population Sciences

A Community Health Worker Intervention to Improve Lung Cancer Screening Uptake in Community Health Centers Serving Black and Hispanic Communities

We interviewed **Eduardo Núñez**, MD, MS, Assistant Professor of Medicine and Healthcare Delivery and Population Sciences at UMass Chan-Baystate about his recently funded NCI K08 project entitled **A Community Health Worker Intervention to Improve Lung Cancer Screening Uptake in Community Health Centers Serving Black and Hispanic Communities**.

Can you tell us the motivation for this grant?

Lung cancer screening (LCS) with yearly low-dose computed tomography (CT) can reduce lung cancer-related mortality by 20%. However, only 5-10% of eligible individuals have received an initial LCS, with Black and Hispanic individuals being over 50% less likely to undergo screening. As a result, these communities suffer delays in diagnosis and treatment, contributing to increased lung cancer mortality. Failing to achieve equitable screening will only exacerbate long-standing disparities in lung cancer mortality.

What are the goals of this grant?

The overarching goal of this grant is to test a multi-component community health worker-delivered intervention to improve LCS uptake and to mitigate disparities. The community health worker (CHW) will perform: 1) patient outreach, 2) patient-centered shared-decision making, 3) smoking cessation counseling, and 4) navigation of logistical barriers.

How will this grant benefit your research?

This 5-year K award from the NCI will allow us the time and resources to support this work. Additionally, as a career development award it will provide me the opportunity to acquire key skills in health equity research, implementation science, and clinical trial design.

What are the next steps?

We will leverage our existing community advisory board, including key partners in LCS (e.g., patients with lived experience, CHWs, LCS program and community organization members), to iteratively develop and refine the intervention via focused design sessions. We will apply the implementation science Transcreation Framework for Community-Engaged Behavioral Interventions to Reduce Health Disparities to identify relevant community infrastructure, to design an intervention prototype, and to develop CHW trainings.

What are the implications for Baystate patients?

We plan to conduct a pilot randomized controlled trial of the intervention at three community health centers operated by Baystate Health in Springfield, Massachusetts, which primarily provide care to underserved Black and Hispanic communities. We will randomize 80 LCS-eligible individuals (40 in each arm) to either the CHW-delivered intervention or to enhanced usual care (i.e., educational materials and usual LCS as per primary care provider). Primary outcomes will include feasibility of recruitment and retention, intervention fidelity, and acceptability.

What is your current progress on this grant?

We are currently in the planning phase to jointly design the intervention with our community advisory board in preparation for starting the pilot trial in 2025.