

# Community-Engaged Cancer Screening Research

Marvella E. Ford, Ph.D.

Professor, Department of Public Health Sciences

Associate Director, Community Outreach and Engagement

Endowed Chair, Cancer Population Health Research, South Carolina State University



**Hollings Cancer Center**

An NCI-Designated Cancer Center



# Grand Challenges for Social Work

- **The Grand Challenges for Social Work**
  - A major initiative launched in 2016 by the **American Academy of Social Work and Social Welfare**.
  - Goal: To address the nation's most pressing social problems powered through science.
  - Modeled after the National Academy of Engineering's "Grand Challenges,"
    - Aims to focus social work's efforts on measurable, transformative change over the next decade.

# Grand Challenges for Social Work



# Grand Challenges for Social Work



## Individual and family well-being

- > Ensure healthy development for youth
- > **Close the health gap**
- > Build healthy relationships to end violence
- > Advance long and productive lives



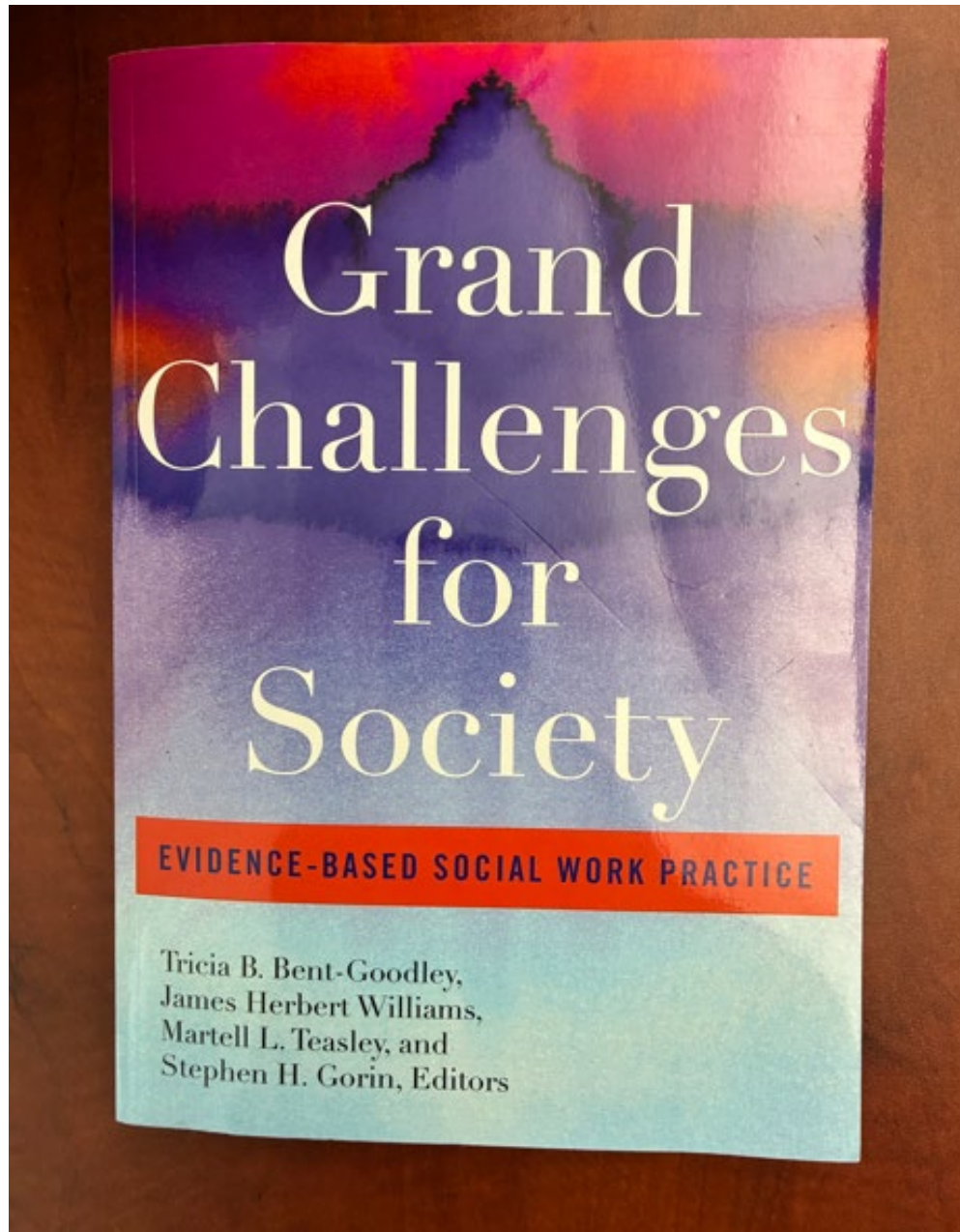
## Stronger social fabric

- > Eradicate social isolation
- > End homelessness
- > Create social responses to a changing environment
- > Harness technology for social good
- > Prevent gun violence



## Just society

- > Eliminate racism
- > Promote smart decarceration
- > Build financial capability and assets for all
- > Reduce extreme economic inequality
- > Achieve equal opportunity and justice



# Unequal Burden of Disease, Unequal Participation in Clinical Trials: Solutions from African American and Latino Community Members

*Marvella E. Ford, Laura A. Siminoff, Elisabeth Pickelsimer, Arch G. Mainous, Daniel W. Smith, Vanessa A. Diaz, Lea H. Soderstrom, Melanie S. Jefferson, and Barbara C. Tilley*

African Americans and Latinos are underrepresented in clinical trials. The purpose of this study was to elicit solutions to participation barriers from African Americans and Latinos. Fifty-seven adults (32 African Americans, 25 Latinos) ages 50 years and older participated. The Institute of Medicine's *Unequal Treatment* conceptual framework was used. Six racially/ethnically homogenous focus groups were conducted at five sites in three counties. Themes within groups and cross-cutting themes were identified. The NVIVO program was used for data classification. The data were reviewed for final coding and consensus. Shared solutions included addressing costs, recruiting in community contexts, conducting community and individualized patient education, and sharing patient safety information. Participants were unanimously in favor of clinical trials navigation recruitment interventions. Solutions specific to African Americans included diversifying research teams, recognizing past research abuses, and increasing community trust. Solutions specific to Latinos included providing low-literacy materials, providing Spanish-speaking clinicians and advocates, and clarifying that immigration status would neither be documented nor prevent participation. Solutions from African Americans and Latinos reflect their cultural backgrounds and historical experiences. The results suggest the importance of developing a tailored, barriers-focused navigation intervention to improve participation among diverse racial and ethnic populations.

The results suggest the importance of developing a tailored, barriers-focused navigation intervention to improve participation among diverse racial and ethnic populations.

KEY WORDS: *African American; clinical trials; Latino; solutions; underrepresentation*

# The Cancer Burden and Risk Factors in SC



## Sociodemographic Characteristics, U.S. vs SC

	U.S. (331.8M)	SC (5.3M)
Female	51%	51%
White	75%	69%
Black/African American	14%	26%
Latine	20%	8%
Two or More Races	3%	2%
Median HH Income	\$78,538	\$66,818
Per Capita Income	\$43,289	\$37,993
Population Below Poverty Level	11%	14%
Rural (RUCC ≥ 4)	20%	14%
Uninsured	10%	11%

### In Addition:

- 14% living in rural counties (RUCC 4+)
- 43% of counties include areas designated as rural
- One of fastest growing veteran populations in the U.S.
- Latine population has doubled in size in last 20 years
  - Median age of Latine population is 26 years
  - Median age of total SC population is 36 years
- Unique Sea Island population

**Underuse of Surgical Resection  
among Non-Hispanic White  
People and Black/African  
American People in  
South Carolina**

**Independent Predictors of Surgical Resection in Patients With Localized, Non-small Cell Lung Cancer (N=2,506 NHW, 550 AA; Funded by an NIH/NIA Pilot Grant, PI: Esnaola, Mentor: Ford)**

<b>Variable</b>	<b>OR (95% CI)</b>	<b>p Value</b>
<b>Age 70-79</b>	<b>0.48 (0.28-0.82)</b>	<b>0.0078</b>
<b>Age &gt; 80</b>	<b>0.18 (0.10-0.32)</b>	<b>&lt;0.001</b>
<b>AA race</b>	<b>0.43 (0.34-0.55)</b>	<b>&lt;0.001</b>
<b>Separated or divorced</b>	<b>0.71 (0.52-0.97)</b>	<b>0.029</b>
<b>Widowed</b>	<b>0.60 (0.48-0.76)</b>	<b>&lt;0.001</b>
<b>Comorbidity</b>	<b>0.69 (0.62-0.78)</b>	<b>&lt;0.001</b>
<b>Living in poverty</b>	<b>0.67 (0.51-0.88)</b>	<b>0.005</b>
<b>HMO</b>	<b>0.47 (0.26-0.85)</b>	<b>0.013</b>
<b>Medicare</b>	<b>0.53 (0.39-0.72)</b>	<b>&lt;0.001</b>
<b>Medicaid</b>	<b>0.37 (0.22-0.64)</b>	<b>0.0003</b>
<b>Self-pay</b>	<b>0.41 (0.25-0.67)</b>	<b>0.0004</b>

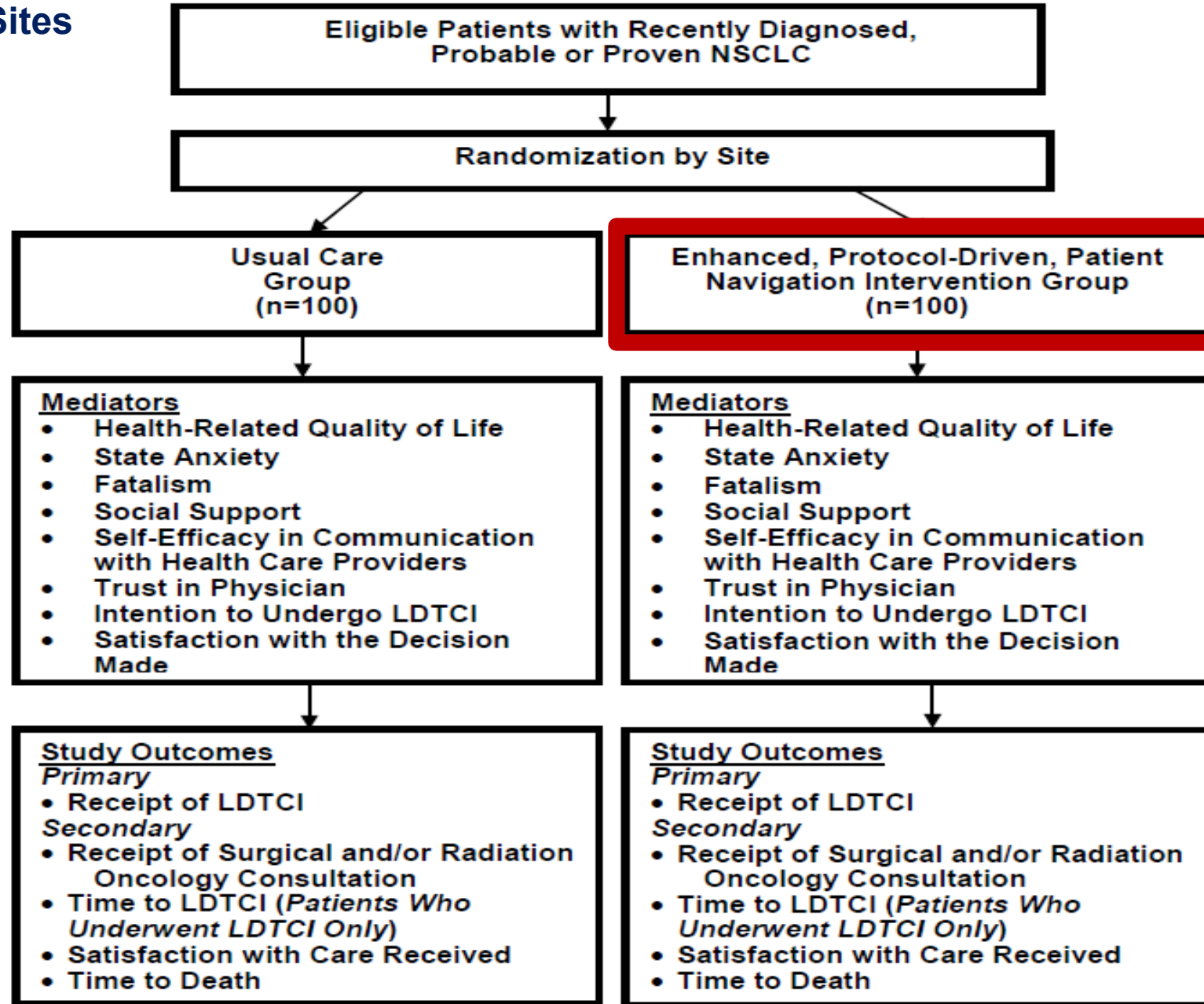
Esnaola NF, Gebregziabher M, Knott K, Finney C, Silvestri GA, Reed CE, Ford ME. Underuse of surgical resection for localized, non-small cell lung cancer among whites and African Americans in South Carolina. *Annals of Thoracic Surgery* 2008;86:220-6; discussion 227.

# Southern Lung Cancer Study (SLCS)

- **NIH/NIMHD:** R01MD005892
- **Multiple PIs:** Marvella E. Ford, PhD, Nestor F. Esnaola, MD, MPH, MBA
- **Study Coordinator:** Kendrea D. Knight, MSPH
- **Study Biostatistician:** Elizabeth Hill, PhD

# SCHEMA

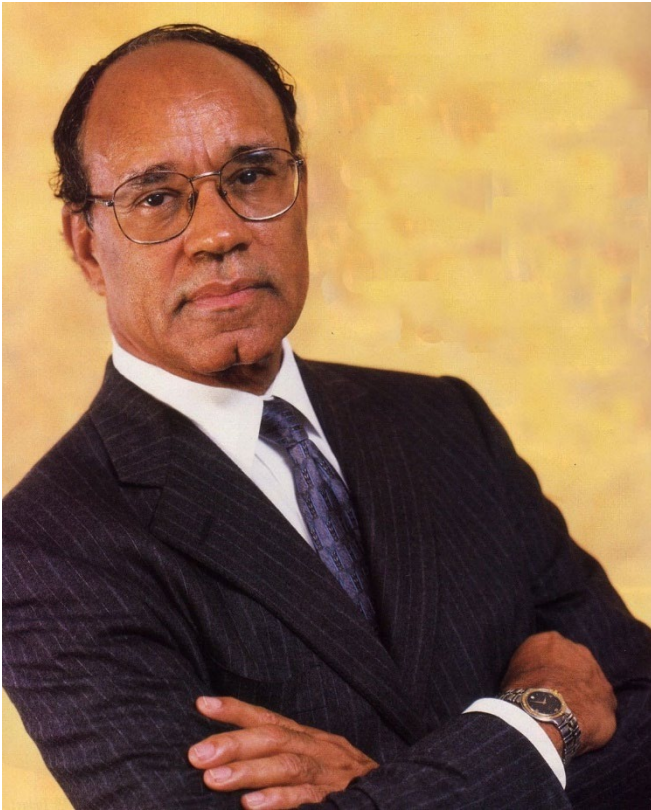
Initial Number of Study Sites  
= 5 (4 in SC and 1 in GA)





# The Origin of Patient Navigation

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- Dr. Harold Freeman-Report to the Nation on Cancer in the Poor (1989)
- Harlem Cancer Education and Demonstration Project at Harlem Hospital (1990)
- Voices of a Broken System (2001)





# Freeman's Report to the Nation on Cancer and the Poor, 1989



- Poor people meet significant barriers when they attempt to seek diagnosis and treatment of cancer.
- Poor people often do not even seek care if they can pay for it.
- Poor people experience more pain, suffering, and death because of late stage disease at diagnosis





# Freeman's Report to the Nation on Cancer and the Poor, 1989 (cont'd)



- Fatalism about cancer is prevalent and prevents many people from seeking care
- Patient and their families must make personal sacrifices to obtain and pay for care.
- Current cancer education programs are culturally insensitive and irrelevant to many poor people.





# Patient Navigator, Outreach, and Chronic Disease Prevention Act of 2005



- Signed into law by President George W. Bush on June 29, 2005
- Recognizes the challenges facing many Americans in obtaining the health care they need
- Established a 5-year, \$25 million demonstration program



# What Is Patient Navigation?

- Evidence-based approach
- Based on adult learning theory, social cognitive theory, social support theory and competency evaluation
- A barrier-focused intervention
- Includes active listening techniques

## Navigators:

- Focus on identification of potential participants
- Identify barriers to care/needs of patients
- Implement a plan to actively address these barriers to care/needs

# What Is Patient Navigation?

## Patient Navigation: Joint Prioritization

- “What is of most concern to you, in terms of things that may be keeping you from getting screened?”
- Deal with those items most important to the patient first.

# What Is Patient Navigation?

## Patient Navigation: Action Plan

- ASK- “How do you think we can overcome this issue/concern/situation/barrier?”
- Share the responsibility for resolving issues and concerns
- Determine who will do what and by when

# What Is Patient Navigation?

## Patient Navigation: Family/Caregivers

- Involve the family to the extent desired by the patient (not all are helpful)
- Who is the main contact for the patient- a caregiver may be a non-family member
- Family meeting?
  - “Who can I talk to if you are unavailable?” (need permission)
- What type of support does the caregiver need?

# What Is Patient Navigation?

## Patient Navigation: Follow Up

- At the end of the session, finish by taking an action:
  - model asking for information: phone call or leaving a message
  - scheduling an appointment
  - check if Spanish/other language speakers are available at agencies
  - complete an assistance application.
- Agree on when next contact will be
- Follow through or the patient will lose confidence!



# Who are Patient Navigators?



- Assist patients with addressing barriers to care
- Support patients in need of assistance
- Move patients through the health care system
- Work within the organization and through services to eliminate barriers to health care





# Who are Patient Navigators?



- Empathetic individuals with a sincere desire to help people
- Understanding of financial, cultural, educational, and social barriers
- **Effective communicators to their patients, their families, and healthcare providers**
- Organized, highly resourceful and creative problem solvers



# Patient Navigators Identify and Eliminate Patient's Real and Perceived Barriers to Care

Barrier	Examples
Acceptance/Refusal Barriers: Financial and Economic Issues	Inadequate insurance coverage/funds
Acceptance/Refusal Barriers: Lack of Transportation	Inability to get to & from appointments
Acceptance/Refusal Barriers: Assumptions	Inaccurate beliefs regarding cancer
Awareness Barriers: Communication and Language	Difficulty telling desires/needs
Opportunity Barriers: Health care system	Fragmentation of care
Acceptance/Refusal Barriers: Bias based on race/age/culture	Fear, mistrust and cultural beliefs May lead to delay or refusal of care

***May lead to delay or refusal of care***

Modified from Freeman HP, Reuben SH. *Voices of a Broken System*. Bethesda, Md: NIH, NCI; 2001.

## **II. Identification and Recruitment of Study Participants**

**Step 1.** Academic detailing to identify referring physicians

**Step 2.** Contact potential referral sources to:

- Inform them about the SLCS
- Give them your contact information
- Ask them for assistance in identifying potential study participants
  - Letters may be mailed or emailed to the referring MDs to describe the study
  - Flyers may also be mailed or posted in strategic work spaces/offices, such as:
    - Physician's offices
    - Clinics
    - Radiology Reading rooms
    - Bronchoscopy suites

# Academic Detailing

## Reaching Out to Referring Physicians:

- PCPs
- Diagnostic Radiologists
- Lung Cancer Screening Programs
- Nuclear Medicine
- Pulmonologists
- Bronchoscopy Suites
- Pathologists
- Cancer Registries
- General Surgeons
- (Cardio)thoracic Surgeons
- Medical Oncologists
- Radiation Oncologists

# National Cancer Institute Community Oncology Research Program



## Purpose

- NCORP brings cancer prevention clinical trials and cancer care delivery research (CCDR) to people in their communities

<https://ncorp.cancer.gov/>

# National Cancer Institute Community Oncology Research Program

## The NCORP Network

- Includes 7 Research Bases and 32 Community Sites
  - 14 of the Community Sites are designated as Minority/Underserved Community Sites
    - These sites have a patient population comprised of at least 30% racial/ethnic minorities or rural residents
- <https://ncorp.cancer.gov>

# Southern Lung Cancer Study: Study Sites

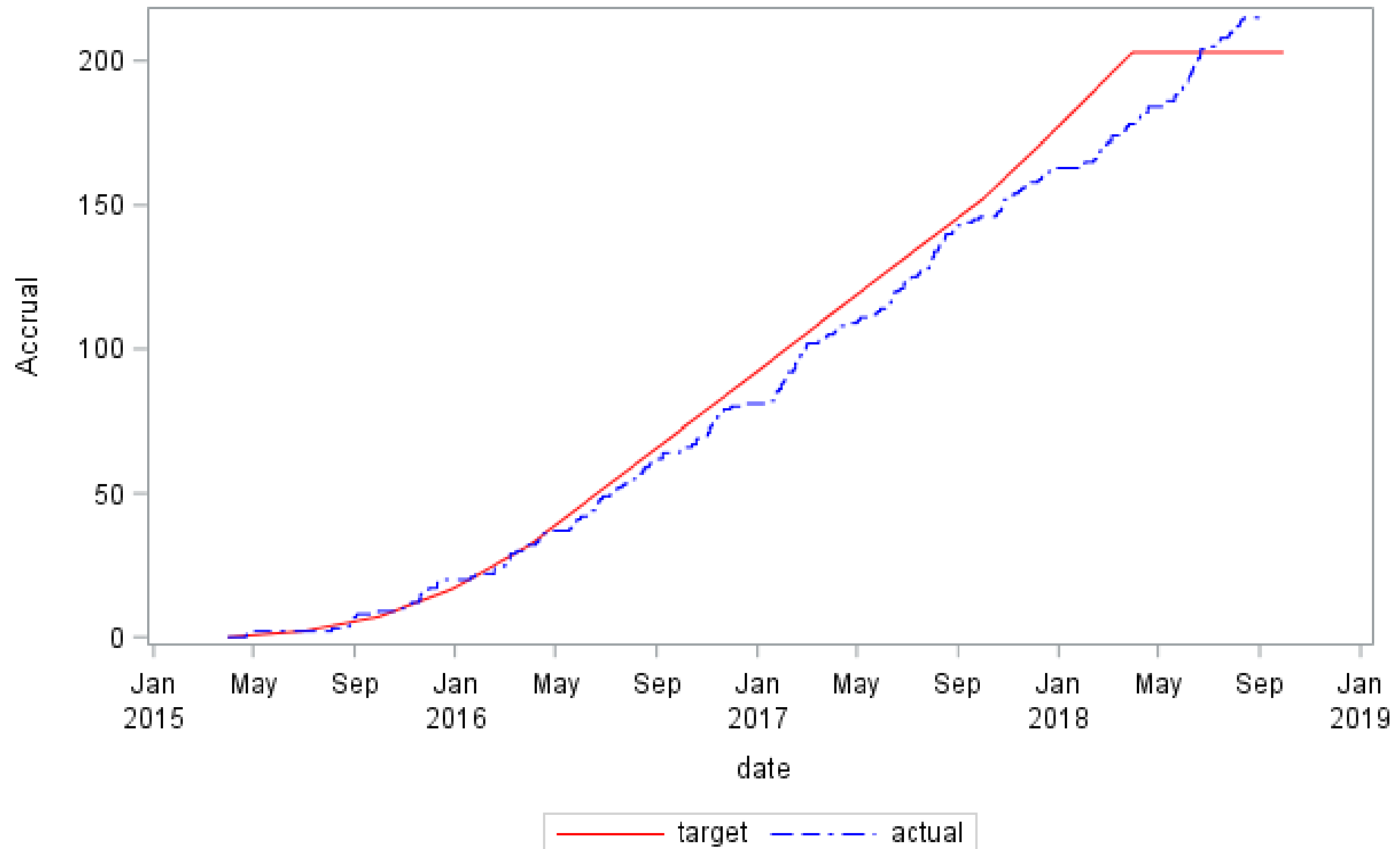
STUDY SITE	LOCATION
Abbott Northwestern-Metro-Minnesota Oncology Research Consortium (Abbott)	Minneapolis, MN
Baptist Memorial Hospital-Memphis	Memphis, TN
Cancer Institute – Greenville Health System (GHS)	Greenville, SC
Fox Chase-Main Hospital Campus (Fox Chase)	Philadelphia, PA
Fox Chase-Temple (Temple)	Philadelphia, PA
Gibbs Cancer Center & Research Institute-Spartanburg Regional Healthcare System (Spartanburg/GCC)	Spartanburg, SC
Health Shreveport (LSU-Shreveport)	Shreveport, LA
Helen F. Graham Cancer Center at Christiana-Care (Christiana)	Newark, DE
Hennepin County Medical Center (Hennepin)	Minneapolis, MN
McLeod Cancer Center for Treatment & Research (McLeod)	Florence, SC
Medical University of South Carolina Hollings Cancer Center (MUSC/HCC)	Charleston, SC
Nancy N. and J.C. Lewis Cancer & Research Pavilion at St Joseph's/Candler (St. Joseph's/Candler)	Savannah, GA

# Southern Lung Cancer Study: Study Sites

STUDY SITE	LOCATION
North Memorial Health Care (North Memorial)	Robbinsdale, MN
Ochsner Cancer Institute-Ochsner Health System (Ochsner)	Jefferson, LA
SECU Cancer Center-Mission Health (Mission Health)	Asheville, NC
Self Regional Healthcare Cancer Center (Self)	Greenwood, SC
Stanley S. Scott Cancer Center-Louisiana State University Health New Orleans (LSU-NO)	New Orleans, LA
Stroger Hospital Cook County MUNCORP (Stroger)	Chicago, IL
The Comprehensive Cancer Center of Wake Forest University (WFU)	Winston-Salem, NC
Virginia Commonwealth University Massey Cancer Center (VCU)	Richmond, VA
Wichita NCORP (Wichita)	Wichita, KS
William Beaumont Health System	Royal Oak, MI; Troy, MI; Grosse Pointe, MI

**To Recruit 200 Black  
Patients with Stage I-II  
NSCLC:**

- **Pre-NCORP: 5 Study Sites**
- **Post-NCORP: 22 Study Sites**



# Southern Lung Cancer Study Enrollment (2/20/2019)

<b>Study Arm</b>	<b># Pre-Screened</b>	<b># Potentially Eligible for Enrollment</b>	<b># Eligible</b>	<b># Enrolled*</b>
<b>Usual Care Arm</b>	<b>5,071</b>	<b>307</b>	<b>143</b>	<b>100</b>
<b>Navigation Arm</b>	<b>4,192</b>	<b>419</b>	<b>147</b>	<b>102</b>
<b>Grand Total</b>	<b>9,263</b>	<b>726</b>	<b>290</b>	<b>202</b>

**\*Consent Rate ≈ 70%**



LINEBERGER  
COMPREHENSIVE  
CANCER CENTER



Hollings Cancer Center

# Southeastern Consortium for Lung Cancer Health Equity



# Collaborative Team History



## Addressing Disparities in Lung Cancer Screening Eligibility and Healthcare Access

### An Official American Thoracic Society Statement

1 M. Patricia Rivera, Hormuzd A. Katki, Nichole T. Tanner, Matthew Triplette, Lori C. Sakoda, Renda Soylemez Wiener, Roberto Cardarelli, Lisa Carter-Harris, Kristina Crothers, Joelle T. Fathi, Marvella E. Ford, Robert Smith, Robert A. Winn, Juan P. Wisnivesky, Louise M. Henderson\*, and Melinda C. Aldrich\*; on behalf of the American Thoracic Society Assembly on Thoracic Oncology

THIS OFFICIAL STATEMENT OF THE AMERICAN THORACIC SOCIETY WAS APPROVED SEPTEMBER 2020

**Background:** There are well-documented disparities in lung cancer outcomes across populations. Lung cancer screening (LCS) has the potential to reduce lung cancer mortality, but for this benefit to be realized by all high-risk groups, there must be careful attention to ensuring equitable access to this lifesaving preventive health measure.

**Objectives:** To outline current knowledge on disparities in eligibility criteria for, access to, and implementation of LCS, and to develop an official American Thoracic Society statement to propose strategies to optimize current screening guidelines and resource allocation for equitable LCS implementation and dissemination.

**Methods:** A multidisciplinary panel with expertise in LCS, implementation science, primary care, pulmonology, health behavior, smoking cessation, epidemiology, and disparities research was convened. Participants reviewed available literature on historical disparities in cancer screening and emerging evidence of disparities in LCS.

**Results:** Existing LCS guidelines do not consider racial, ethnic, socioeconomic, and sex-based differences in smoking behaviors or lung cancer risk. Multiple barriers, including access to screening and cost, further contribute to the inequities in implementation and dissemination of LCS.

**Conclusions:** This statement identifies the impact of LCS eligibility criteria on vulnerable populations who are at increased risk of lung cancer but do not meet eligibility criteria for screening, as well as multiple barriers that contribute to disparities in LCS implementation. Strategies to improve the selection and dissemination of LCS in vulnerable groups are described.

**Keywords:** lung cancer screening; disparities in lung cancer screening; barriers to lung cancer screening



## Robert A. Winn, MD



**Team Lead (VCU/MCC)**  
Director, Massey Cancer Center

## Marvella E. Ford, PhD



**Team Co-Lead & Community Engagement Leader  
(MUSC/HCC)**  
AD, Pop. Sciences & COE

## Louise Henderson, PhD



**Team PI (UNC/LCCC)**  
Co-Lead, Cancer Epidemiology



**UNC/LCCC**  
**Jason M. Long, MD**  
Senior Investigator



**VCU/MCC**  
**Patrick Nana-Sinkam, MD**  
Senior Investigator



**VCU/MCC**  
**Vanessa Sheppard, PhD**  
Community Engagement Leader



**MUSC/HCC**  
**Gerard Silvestri, MD**  
Senior Investigator

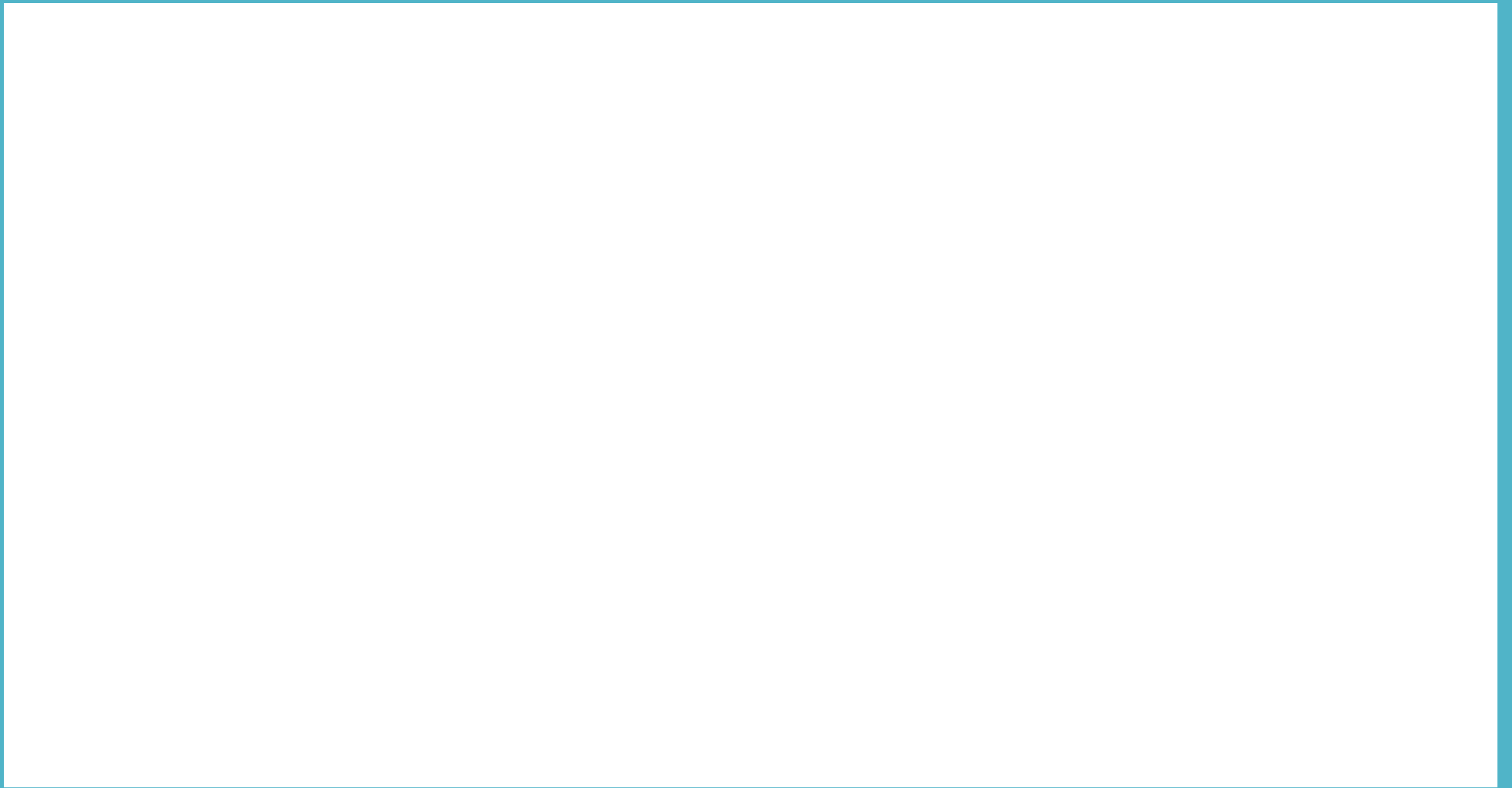


**UNC/LCCC**  
**Xiaming Tan, PhD**  
Biostatistician



**UNC/LCCC**  
**Stephanie Wheeler, PhD**  
Senior Investigator &  
Community Engagement Leader





# Background: Southeastern Consortium For Lung Cancer Health Equity (SC3) Catchment Area Demographics



Catchment area population	Over 19 Million
Black	22-28%
Counties HRSA-designated MUAs	Majority
Residents living in rural counties (RUCA 4+)	12-23%
Adult cigarette use (% Black Men)	14- 18.5%
Medicaid Expansion	Yes- VA/NC No- SC



# Specific Aims



## AIM 1

- To initiate and evaluate a high-impact, multimodal, and multilevel navigation intervention to promote LCS among Black individuals from both rural and urban medically underserved communities in VA, NC and SC

## AIM 2

- To develop a robust, shared population-based cohort and biorepository to further support research in understanding biological determinants or risk factors for poor lung cancer outcomes among Black men

# SC3's FQHC Partners

Massey/VCU



Lineberger/UNC



Hollings/ MUSC



# Aim 1: Navigation Intervention



- **Two new FQHC Partners Added**

## Eau Claire Cooperative Health



- Columbia, SC
- Extensive healthcare network providing primary and specialty medical services
- More than 80 highly qualified providers
- Provide services to more than 61,000 individuals annually
- List of potential study participants in January 2026

## Central Virginia Health Services



- Over 22 locations in Central Virginia
- Provide services to more than 50,000 individuals annually
- List of over 2,300 potential study participants provided in late November 2025
- Team is currently contacting potential participants

# Navigation Aim- Projects in Progress



## • Optimization of recruitment

- Promotional flyers
- Increased presence of the community health workers at FQHCs
- Optimization of referrals list from our FQHC partners
  - IT teams– optimization of algorithm
  - Example: Current UNC FQHC partners not close geographically
    - Conduct initial contact for the team, introduce the study, complete a very preliminary inclusion/exclusion criteria screen and request permission for study team contact them
  - Highly curated list of potential participant referrals

**Health Education Approach to Lung Screening (HEALS)**  
A Lung Cancer Screening Navigation Program Conducted by UNC  
in Collaboration with Kintegra Health and  
Roanoke Chowan Community Health Center  
Sponsored by Stand Up to Cancer (SU2C)

**UNC**  
LINEBERGER  
COMPREHENSIVE  
CANCER CENTER  
UNC IRB # 23-1853

### Why are we contacting you?

You are receiving this information because you may be eligible to participate in a **lung cancer screening navigation research study (the HEALS project)** that is being conducted by the University of North Carolina at Chapel Hill (UNC).

### Why is this important? → Lung Cancer Screening Saves Lives

**Lung Cancer is #1 Cause of Cancer Deaths**

1 in 16 Black Men  
1 in 20 Black Women

**will be diagnosed with lung cancer in their lifetime.\***

\*American Lung Association, NCI/NIH SEER Cancer Statistics Review, \*CDC MMWR 2020

**Screening with low dose CT\* can detect lung cancer early and save lives**

### What's involved if I participate?

**1** Answer survey questions and discuss your questions about lung cancer screening with the UNC study staff.  
No need for you to travel to UNC

### What's in it for me?

Participation may or may not benefit you right now, but your participation allows researchers to learn things that may help people in the future.

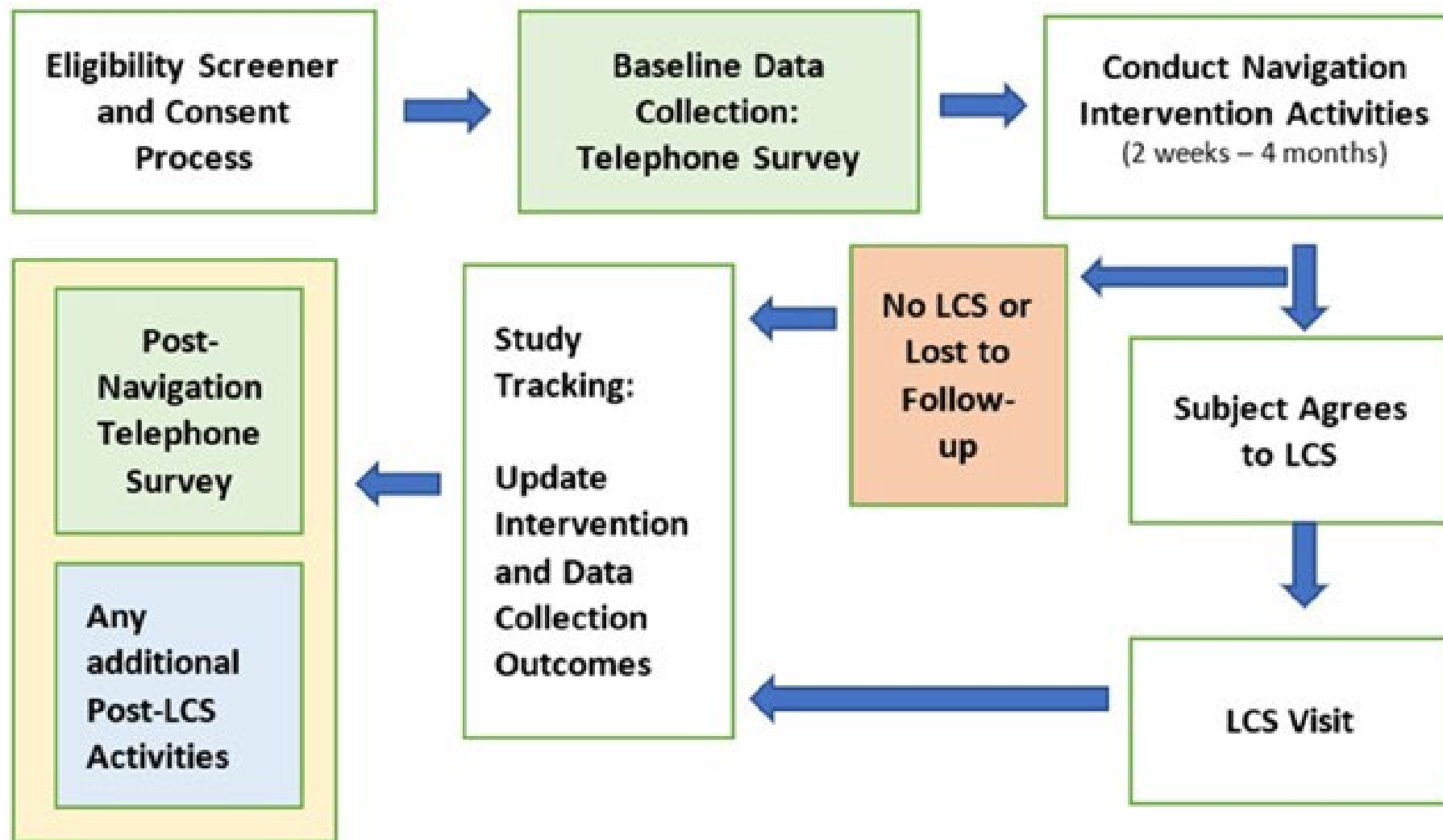
You will be compensated for your participation and completion of study activities.

### How to contact the study?

Our study staff can tell you if you are eligible to participate and answer your questions.

Louis Murphy: (984) 974-8848  
[louis\\_murphy@med.unc.edu](mailto:louis_murphy@med.unc.edu)  
Hannah Mignosa-Martin: (919) 843-1670  
[hannah\\_mignosa@med.unc.edu](mailto:hannah_mignosa@med.unc.edu)

## Schematic Flowchart of the Study Design





Barrier List	
Code	Description
NB	Check -in Call / No Barrier
AP	Attitude Towards Providers
CC	Citizenship Concerns
CP	Communication with Medical Personnel
D	Distance from Healthcare Facility
FC	Family / Community Issues
F	Fear
FP	Financial Issues
H	Housing
I	Insurance/Uninsured/Underinsured
LI	Language Interpreter
LI	Literacy
MM	Medical and Mental Health Co-Morbidity
O	Out of Town/Country
PD	Patient Disability
PB	Perceptions/Beliefs about tests/Treatments
SP	Social/Practical Support
SS	Systems Problems with Scheduling Care
T	Transportation
W	Work Schedule Conflict
Other	

# Examples of Expanded Categories of Barriers Within the Patient Navigation Intervention



Specific Issues: AP	
Code	Description
AP1	Felt disrespected/treated rudely by staff in the past
AP2	Doesn't believe what doctors say
AP3	Felt rushed by doctor
AP4	Other
Specific Issues: CC	
Code	Description
CC1	Unaware of eligibility
CC2	Believes not eligible for service because of immigration status
CC3	Fear of immigration officials
CC4	Other
Specific Issues: C	
Code	Description
C1	Can't find a babysitter
C2	Can't afford a babysitter
C3	Other
Specific Issues: CP	
Code	Description
CP1	Doesn't understand cancer
CP2	Didn't understand what was asked to do
CP3	Doesn't understand what tests are about
CP4	Unaware that needed to go in for appt.
CP5	Medical form too complicated
CP6	Other
Specific Issues: D	
Code	Description
D1	Uncomfortable leaving neighborhood
D2	Uncomfortable where hospital/clinic is
D3	Hospital/clinic too far away
D4	Other

## Examples of Expanded Categories of Barriers Within the Patient Navigation Intervention (continued)



Specific Issues: FC	
Code	Description
FC1	Couldn't find eldercare
FC2	Couldn't afford eldercare
FC3	Other
Specific Issues: F	
Code	Description
F1	Fear of unknown/doesn't want to know results
F2	Fear of test
F3	Fear of resection surgery
F4	Fear of radiosurgery
F5	Fear of treatment elements other than surgery
F6	Fear of doctors/nurses
F7	Fear of hospitals/clinics
F8	Fear of dying
F9	Other
Specific Issues: FP	
Code	Description
FP1	Can't afford housing
FP2	Can't afford food
FP3	Can't afford utilities
FP4	Can't afford clothing
FP5	Other
Specific Issues: H	
Code	Description
H1	Homeless
H2	Unstable housing: move from place to place a lot
H3	Moved and no forwarding address
H4	Other

# Categories of Actions Taken by the Study's Patient Navigators to Address the Barriers Identified by Each Participant



Action Taken	
Code	Description
LM	Left message
AC1	Accompany to other healthcare services
AC2	Accompany to other services
AR1	Arrange for transportation
AR2	Arrange for interpreter language line
AR3	Arrange for housing
AR4	Arrange for childcare/eldercare
AR5	Arrange for financial assistance
AR6	Arrange for medication assistance
AR7	Arrange for equipment and supplies
AR8	Enroll in public assistance programs
E1	Educate verbally
E2	Practice talking to providers with patients
E3	Distribute print and or audio-visual materials
E4	Translate written/verbal for patient
E5	Translate written/verbal for other than patient
PN1	Appointment/info verification, or info seeking/gathering
PN2	Correcting systemic, i.e. scheduling, error
PN3	Educating staff of patients special needs
R1	Helping patient complete paperwork
R2	Request records/imaging-organize health info
R3	Provide documents to healthcare providers
R4	Consent/Exit patient
RD1	Call patient
RD2	Make referral for social services
RD3	Make referral for health care services
RD4	Directly contact social service agencies
RD5	Directly contact family
RD6	Directly contact other support system
RD7	Direct contact other healthcare providers
SA1	Schedule/reschedule appointment
SA2	Call to remind patient of appointment
SA3	Mail letter/postcard to patient
S1	Provide emotional support , active listening
S2	Provide motivational counseling
Other	

## Characteristics of Current SC3 Study Cohort, as Compared to the NLST Cohort



Characteristic	SC3 Study Cohort (N = 170)	NLST LDCT Arm [32] (N = 26,723)
<b>Age Group, years</b>		
50–54	7.65%	0.01%
55–64	44.12%	73.38%
65–74	34.70%	26.60%
75–79	8.82%	0.00%
Missing	4.71%	0.01%
<b>Sex</b>		
Female	37.06%	40.99%
Male	62.94%	59.01%
<b>Race</b>		
Black	100.00%	4.48%
<b>Marital status</b>		
Married/living with partner	15.29%	66.66%
Divorced	11.18%	19.44%
Separated	5.29%	1.26%
Widowed	11.76%	7.43%
Single	30.59%	4.70%
Don't know/unsure	25.89%	0.51%

## Characteristics of Current SC3 Study Cohort, as Compared to the NLST Cohort



<b>Education</b>		
Less than high school	40.00%	6.14%
High school or GED	25.29%	23.48%
Post-high school training (No college)	0.00%	14.10%
Some College / Associate's degree	18.82%	23.43%
Bachelor degree	5.89%	16.86%
Graduate School	0.00%	14.70%
Other	0.00%	0.85%
Don't know / unsure / missing	10.00%	0.44%
<b>Smoking status</b>		
Current	83.53%	48.16%
Former	16.47%	51.84%
<b>Among those who quit, time (years) since quitting smoking</b>		
Within 4 years	6.47%	14.75%
4–9.9 years	4.11%	17.21%
10–15 years	3.53%	19.67%
Missing	2.36%	0.21%
<b>Median pack years</b>	<b>28</b>	<b>48</b>

Abbreviations: Southeastern Consortium for Lung Cancer Screening study = SC3; National Lung Screening Trial = NLST; Low-Dose CT = LDCT; General Educational Development High School Equivalency Diploma = GED.



## ***Aim 1: Multimodal Navigation Preliminary Findings***

Common Reasons for Declining Participation	Common Concerns/Obstacles to Engaging in Lung Cancer Screening	Satisfaction with the Multimodal Navigation Approach
<ul style="list-style-type: none"><li>• Hearing the word “cancer”</li><li>• Not interested in study participation or in getting screened</li><li>• Not comfortable enrolling in the study, citing the injury language in the informed consent form</li><li>• The study is not a good fit</li><li>• Too busy, no time, no interest in answering questions</li><li>• Already decided to get lung cancer screening</li><li>• Unwilling to go through the consent process</li><li>• Currently dealing with other health problems</li><li>• No reason provided – hung up</li></ul>	<ul style="list-style-type: none"><li>• Cost concerns</li><li>• Insurance coverage issues</li><li>• Recent medical history that prevents receiving lung cancer screening</li></ul>	<ul style="list-style-type: none"><li>• The majority of participants would recommend others to participate</li><li>• No changes to quality of life post-screening</li></ul>



# Navigation Aim 1: Accomplishments



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NATIONAL ACADEMIES *Sciences  
Engineering  
Medicine*

Proceedings of a Workshop—in Brief

Convened September 23–24, 2024

## Advancing Equity in Diagnostic Excellence to Reduce Health Disparities

Proceedings of a Workshop—in Brief

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To explore opportunities for improving equitable diagnosis to reduce health disparities in the United States,

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Patient Safety noted that 800,000 individuals either die or suffer permanent harm each year from diagnos-

# Navigation Aim 1: Accomplishments














**Ford ME, Henderson L, Brenner A, Sheppard VB, Wheeler SB, Collins T, Williams M, Vélez Acevedo R, Lyu C, Summers C, Scott C, Polite-Powers AR, Slaughter SJ, LaForte D, King D, McCoy AS, Zserai J, Hill SS, Slan M, Bradley-Bull S, Valmond N, Malek AM, Gomez E, Ellison MR, Winn RA.** *Cancers* (Basel). 2025 Nov 12;17(22):3633. doi: 10.3390/cancers17223633.PMID: 41301000



*Article*

## Design and Interim Recruitment Outcomes of a Multi-Modal, Multi-Level Patient Navigation Intervention for Lung Cancer Screening in the Southeast U.S.

Marvella E. Ford <sup>1,2,3,\*</sup>, Louise Henderson <sup>4</sup>, Alison Brenner <sup>4,5</sup>, Vanessa B. Sheppard <sup>6,7</sup>, Stephanie B. Wheeler <sup>4,8</sup>, Tiffani Collins <sup>6</sup>, Monique Williams <sup>6</sup>, Rosuany Vélez Acevedo <sup>6</sup>, Christopher Lyu <sup>4</sup>, Chyanne Summers <sup>4</sup>, Courtenay Scott <sup>2</sup>, Aretha R. Polite-Powers <sup>9</sup>, Sharvette J. Slaughter <sup>9</sup>, Dana LaForte <sup>9</sup>, Darin King <sup>9</sup>, Amber S. McCoy <sup>2</sup>, Jessica Zserai <sup>2</sup>, Sherrick S. Hill <sup>6,7</sup>, Melanie Slan <sup>2</sup>, Steve Bradley-Bull <sup>4</sup>, Neusolia Valmond <sup>6</sup>, Angela M. Malek <sup>1,2</sup>, Ellen Gomez <sup>2</sup>, Megan R. Ellison <sup>2</sup> and Robert A. Winn <sup>6,10</sup>

# Summary

Patient navigation is an excellent approach to address the Social Work Grand Challenge of closing the health care gap and ensuring access to cancer screening for all.