

Empower Latinx: Empowering Hispanic Patient's Lung Cancer Screening Uptake

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Introduction

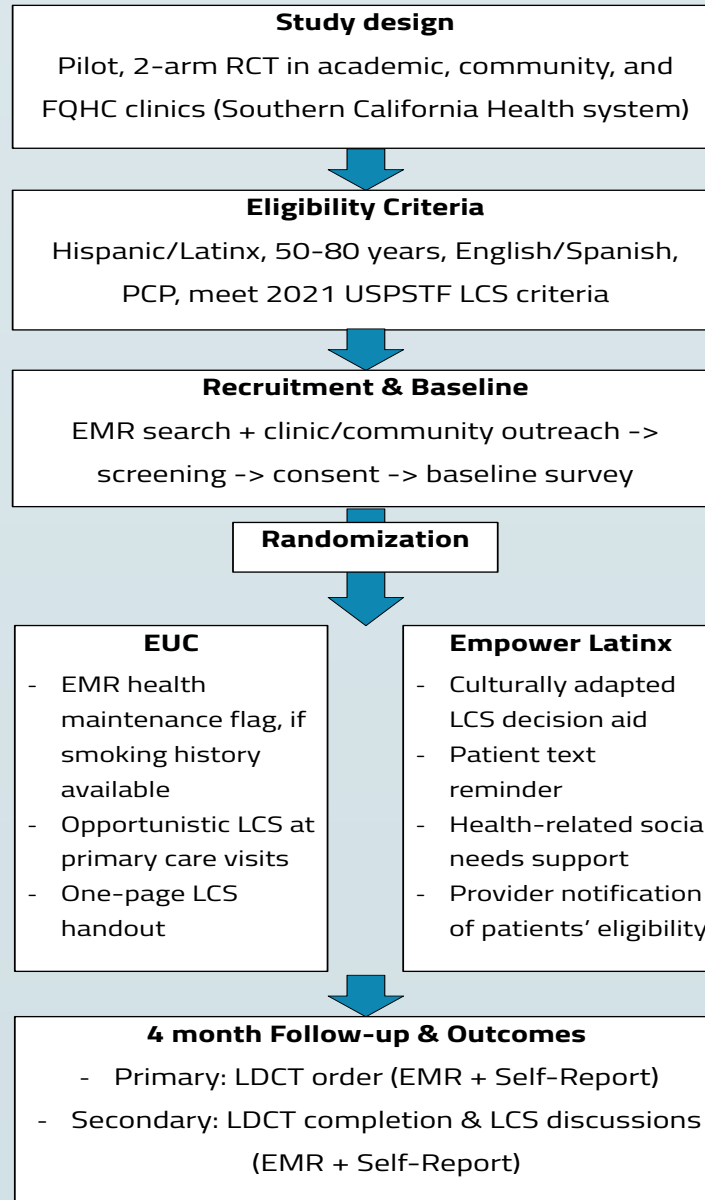
- Lung cancer is the leading cause of cancer death in the U.S. and remains a major cause of mortality in Hispanic communities despite lower smoking rates [1–2].
- Low-dose CT screening reduces lung cancer mortality, yet overall use is low and Hispanic patients are screened even less often because of financial, language, literacy, and navigation barriers [3–4].
- Despite lower incidence compared with non-Hispanic White individuals, delayed diagnosis and limited access to screening contribute to poorer outcomes in Hispanic populations [1–3].
- Culturally adapted, multi-component interventions can improve preventive services, but there is little research on lung cancer screening interventions specifically designed for Hispanic populations [5–6].

Objectives

- Primary:** To evaluate whether Empower Latinx, a culturally adapted, multi-level intervention, increases LDCT orders for lung cancer screening compared with enhanced usual care among eligible Hispanic adults.
- Secondary:** To assess whether Empower Latinx increases patient-provider lung cancer screening discussions and LDCT completion within 4 months compared with enhanced usual care.
- Exploratory:** Examine feasibility, acceptability, and changes in lung cancer screening-related beliefs and knowledge to inform future scale-up in safety-net settings.



Methodology



Results

- 4,299 patients were identified via EHR; 494 (11.5%) responded and 343 (7.9%) were interested.
- Of those interested, 100 (29.2%) were eligible and 60 (60.0%) enrolled and were randomized 1:1 to EUC (n=30) or Empower Latinx (n=30).
- At 4 months, EMR outcomes were available for 27/30 EUC and 29/30 Empower Latinx participants, and surveys were completed by 18/30 in each arm.

Table 1: Patient Demographics, Insurance, & LCS Barriers

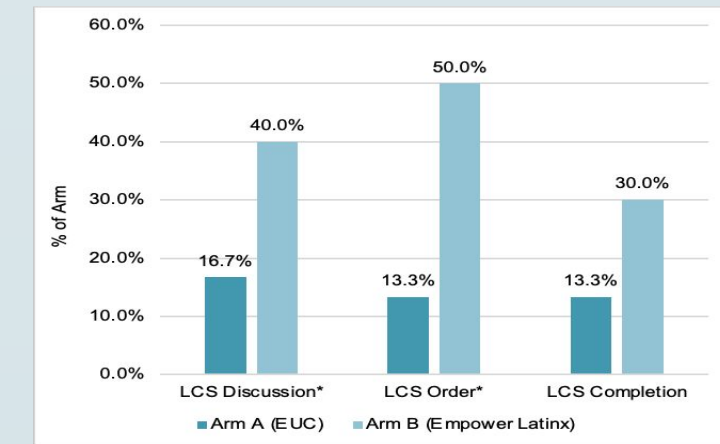
Demographics (N=60)	
Average Age (years, mean ± SD)	60.8 ± 7.4
Male, n (%)	37 (61.7)
Spanish-speaking, n (%)	21 (35.0)
Insurance	
Medicaid	39 (65.0)
Medicare	13 (21.6)
Private Insurance	4 (6.7)
Uninsured	4 (6.7)
LCS Barriers	
Worried about finding an abnormality	44 (73.3)
Worried about scan cost	27 (45.0)
Worried about costs after a positive test	22 (36.7)

Table 2: Multivariable Analysis: Empower Latinx vs EUC

Outcome	OR (95% CI)	p-value
LDCT ordered	14.8 (2.2–180.7)	0.014
LDCT completed	8.7 (1.2–119.7)	0.040
LCS discussion	7.7 (0.98–109.4)	0.053

*Models adjusted for age, sex, ADI (national quartiles), practice type, smoking status, health literacy, comorbidity, and patient portal use.

Figure 1: LCS Outcomes at 4 Months



*Significant differences were observed for **LCS discussions** ($p = 0.045$) and **LDCT ordering** ($p = 0.002$).

Conclusion

- Empower Latinx, a culturally adapted, multi-level intervention, increased lung cancer screening discussions and LDCT orders compared with EUC among Hispanic patients. Adjusted analyses also showed higher odds of LDCT completion, suggesting benefit across the screening pathway despite socioeconomic and structural barriers. Among intervention participants completing follow-up, 86.7% reported reading the decision aid and 100% of those found it helpful and easy to understand, indicating high acceptability. Overall, Empower Latinx appears feasible and potentially scalable for reducing lung cancer screening disparities in Hispanic communities.

References

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