

Community Health Workers Can Help Reduce Cancer Care Disparities

Pairing low-income and minority cancer patients with community health workers improved quality of life.

October 25, 2021 By [Liz Highleyman](#)

An intervention that paired community-based health workers with low-income and minority cancer patients improved quality of life and may be a sustainable way to ensure more equitable cancer care, according to a study presented at the recent American Society of Clinical Oncology (ASCO) Quality Care Symposium.

A growing body of research shows that Black, Latino and other minority groups have a higher burden of cancer and poorer outcomes, including later diagnosis, less engagement in care, [lower likelihood of participation in clinical trials](#) and shorter survival. These disparities are related to multiple social determinants of health—that is, social, economic and physical factors that have a direct impact on health and health care outcomes.

“Strategies that provide patients with support and resources within their communities may provide an opportunity to improve quality of life and improve patient engagement in their own care among minority and low-income patients with cancer and may help reduce care disparities,” ASCO chief medical officer and executive vice president Julie Gralow, MD, said in a [press release](#).

Lead researcher Manali Patel, MD, of Stanford University, and colleagues evaluated a program known as LEAPS (Lay health workers Engage educate and Activate Patients to Share), in which people with newly diagnosed cancer were partnered with community-based health workers. The study ([NCT03699748](#)) was funded by the National Institutes of Health.

The analysis included 160 participants who were members of a hospitality worker employer/union health fund in Atlantic City, New Jersey. Three quarters were nonwhite or Latino, more than half were women and the average age was 57 years. All participants had household incomes at least 200% below the U.S. federal poverty level. The most common diagnoses were breast cancer (31%) and lung cancer (21%); nearly two thirds were diagnosed with late-stage disease.

The participants were randomly assigned to receive six months of standard cancer care or an intervention involving community health workers trained to encourage and support patients to engage in their own care and to discuss advance care planning and symptom management with

their doctors. The health workers also connected patients with culturally relevant community resources to help overcome barriers related to social determinants of health.

Four months after enrollment, participants who partnered with community health workers reported significantly greater improvement in quality of life and were more engaged in their care than people who received standard care. What's more, those paired with community health workers made fewer hospital visits and used the emergency department less over the course of a year.

"Integration of community-based interventions into cancer care for low-income and minority populations may be a more effective and sustainable way to ensure equitable cancer care," the researchers concluded.

"The intervention is an example of how collaborations with communities, employers and health plans can yield novel approaches to overcome inequities in cancer care delivery," Patel said. "Such interventions can be expanded to other communities in collaboration with community-based cancer clinics and health plans—such as state-based Medicaid organizations and local employers."

The researchers next plan to conduct a larger multisite randomized controlled trial of the program.

Click here to read the [study abstract](#).

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