Application

FY26 Iowa Cancer Plan Implementation Grant Cycle

Iowa Cancer Consortium
www.canceriowa.org

Applicant Information:

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Project Details:

Project Title: Enhancing lung cancer screening and smoking cessation among Latinx communities: A community approach
Total Amount of Funds Requested for FY26 (up to $25,000): $10,0000

Provide a brief description of your intended project and any relevant background information about your organization.

This initiative takes a proactive approach to address the critical need for lung cancer prevention and early detection within Iowa's underserved Hispanic/Latino communities (referred to as Latinx from here on). Cigarette smoking remains the leading cause of preventable deaths in the United States and is the principal cause of lung cancer. According to the latest CDC's Behavioral Risk Factor Surveillance System (BRFSS) 2023 survey, approximately 10% of individuals identifying as Latinx in Iowa reported smoking cigarettes. Furthermore, the 2025 Iowa Cancer Registry's "Cancer in Iowa" report highlights that lung cancer is the third most diagnosed cancer and the deadliest, accounting for 22.7% of cancer-related deaths. These statistics underscore the urgent need for enhanced prevention and screening efforts within the state.

It is well established that lung cancer screening can facilitate earlier detection of malignancies when they are most treatable. According to the United States Preventative Services Task Force (USPSTF), adults aged 50 to 80 years with a 20 pack-year smoking history who currently smoke or have quit within the past 15 years are eligible for annual lung cancer screening with low-dose computed tomography. In Iowa, only 12% of individuals identified as high risk for lung cancer were screened in 2022, according to the BRFSS 2023 survey findings. However, the most recent report does not provide lung cancer screening data by ethnicity. As a proxy, the American Lung Association's State of Lung Cancer report reveals that Latinx individuals with lung cancer were 17% less likely to be

diagnosed early, suggesting that the screening rates for lung cancer among these individuals are likely much lower.

In the first phase of this proposed project, the team plans to conduct a comprehensive community health needs assessment to identify the Latinx populations that have the greatest need for smoking cessation and lung cancer screening services in Johnson, Iowa, and Cedar counties. The goal is to engage community leaders and key stakeholders to foster collaboration on prevention and detection efforts, establish a community advisory board, and recruit Latinx community health workers, also known as promotoras, to enhance outreach and education.

Building on this foundation, the second phase will implement a community-led, evidence-based pilot program. Promotoras will provide culturally tailored education to promote smoking cessation as a prevention strategy and encourage early detection through lung cancer screening services. These combined efforts aim to improve health outcomes for Latinx populations in Eastern Iowa.

The American Lung Association (ALA) and the National Cancer Institute (NCI) have created toolkits for use in community settings with the goal of improving lung cancer screening awareness, impacting smoking cessation, and delivering quality care based on the unique needs of populations, as one size does not fit all. The ALA *Tobacco Cessation and Lung Cancer Screening Toolkit: Community-Based Organizations and Partners* guide provides specific outreach ideas to build awareness in the community, suggestions for creating teams, client education, and suggestions for provider development. The ALA additionally offers a resource for addressing tobacco use specifically in Latinx communities, the *Addressing Tobacco Use in Hispanic or Latino Communities Toolkit*. The NCI evaluates programs used for different populations on various metrics like research integrity and impact. The *Programa Latino para Dejar de Fumar* (Latino Program to Stop Smoking) is an impactful initiative aimed at helping Spanish-speaking smokers quit. This program emphasizes smoking cessation through various methods, including relational exercises and client journals. It provides resources that focus on motivating individuals to quit by highlighting the health consequences of smoking, offering alternative strategies for managing moods, and summarizing effective quitting techniques. Research has shown that this intervention leads to a higher rate of smoking abstinence. Using these toolkits and leveraging existing resources such as the Iowa Quit Line, this team is proposing a community engaged intervention that includes an in-depth community assessment, creating a community advisory team, and delivering a community led, evidence-based pilot intervention.

In ***Phase I***, the primary focus will be on conducting a community health needs assessment. This involves identifying community leaders and key stakeholders to form a community advisory board and selecting promotoras using the CHANGE model framework. The CHANGE model is a strategic framework designed to guide organizations through transitions effectively, emphasizing planning, implementing, and managing change to achieve desired outcomes while minimizing resistance and disruptions. The goal of this phase is to collect baseline data on knowledge, beliefs, attitudes, and actions related to lung cancer screening and smoking cessation among Latinx individuals, and to identify barriers to positive health outcomes. The application of the CHANGE

model will help guide the assessment process, data allocation, and the co-creation of community-led lung cancer screening awareness and prevention interventions aimed at improving health outcomes in this population. This model highlights the importance of clear communication, employee engagement, and continuous support throughout the change process. These interventions will be based on existing community toolkits as referenced previously.

Phase I of the project will begin with the Public Health Departments in Johnson, Iowa, and Cedar Counties in partnership with the Iowa City Free Medical Clinic and Proteus, Inc., which provides health care services to individuals from Johnson County as well as the surrounding counties in Iowa. Proteus provides farm workers and their families with health care services in the state of Iowa. The Iowa City Free Medical and Dental Clinic provides medical and dental services to people in Iowa City and the surrounding communities.

Phase II will involve implementing and evaluating a pilot intervention with a focus on increasing lung cancer awareness and screening rates and promoting smoking cessation among engaged community partners in Latinx communities identified in *Phase I*. This will include applying the community health assessment data to the approach and training community health leaders, or promotoras, to deliver education through home/community-based "home health parties". The effectiveness of the intervention will be assessed through pre- and post-intervention surveys, program evaluations, and health outcome measures, with a focus on community leadership, enhancing community engagement, and garnering social support.

The proposed community-led intervention model addresses barriers within the Latinx population by integrating community health workers (promotoras) into evidence-based educational programming tailored to the population. By using a phased, community-building approach, this model aims not only to increase lung cancer screening and smoking cessation rates but also to foster leadership, advocacy, and empowerment within the community. The co-creation of intervention strategies and use of the community health worker model empowers community members to take an active role in promoting lung cancer screening and smoking cessation in hopes of advancing health equity and building healthier communities. By providing tailored education and support, the project can increase awareness and knowledge while strengthening the leadership and visibility of community health partnership within the Latinx population. Phase II target locations will be informed by the needs assessment in Phase I.

The project team comprises faculty from the University of Iowa College of Nursing, public health department leaders and officials from Johnson, Cedar, and Iowa Counties, and health care providers from Iowa Health Care, the Iowa City Free Medical and Dental Clinic, and Proteus, Inc., combining their expertise in lung cancer screening and community outreach to drive impactful engagement. Team members have engaged in tobacco cessation, lung cancer screening program development, and other successful projects within Iowa Latinx communities to drive health care initiatives, improving outcomes for this population of underserved people.

Team members:

Sara Kraus, DNP, ARNP, FNP-BC, is an Assistant Professor at the University of Iowa College of Nursing. She also holds a dual role as both an administrator and healthcare provider at Iowa Health Care. Since 2018, she has served as the Associate Director of the Lung Cancer Screening Program, which she implemented and has successfully grown over the years utilizing a multidisciplinary team approach. Her primary focus is on reducing lung cancer mortality through early detection and addressing health disparities in screening for at-risk populations. As a Pulmonary Nurse Practitioner, she specializes in managing tobacco dependence and chronic lung diseases. Her expertise informs best practices in lung cancer screening and smoking cessation, while also providing valuable insights for community screening programs.

Olivia Croskey DNP, ARNP, FNP-C, CNL is an Assistant Professor at the University of Iowa College of Nursing. Her focus areas include Community and Public Health and Community Engagement. As a Nurse Practitioner, she has been providing care for the Latinx population for several years and has strong relationships with the community organizations that serve this population and is continually building relationships with the individuals themselves. She has received community engagement grants to work with this population in the past and her experience will guide community engagement best practices and support from the Latinx community and key stakeholders.

Karrey Shannon, RN, BSN, is the Community Health Nurse at Johnson County Public Health, the local public health agency serving Johnson County, IA, and surrounding counties/municipalities. Within her role, she has worked with JCPH colleagues and many community partners, organizers, and scholars to address health equity, language access and justice, vaccine justice, and the social, structural, and systemic determinants of health. Her work focuses on promoting and protecting the health of populations, particularly those who are underserved by or systematically excluded from traditional models of healthcare. She has successfully applied for and served as Project Director on two federally funded awards to address health equity in the local catchment area, one aimed at accelerating local progress to mediate the effects of the Social Determinants of Health by planning the implementation of a team of Community Health Workers (CHWs) within the local health department and the other dedicated to strengthening relationships with local community-based organizations and advocacy groups to improve vaccine availability and access for underserved populations. She has an expertise in developing strategies to collect health-related social needs (HRSN) data for analysis and interpretation.

Susan Villeta, Health Educator with Johnson County Public Health, has 17 years of experience working in tobacco prevention, control, and cessation for local public health departments in Minnesota and Iowa. She has dedicated herself to working with community leaders to eliminate or reduce the negative impact of tobacco/nicotine use and exposure. Susan has collaborated with hundreds of healthcare and social service providers and community organizations to implement evidence-based tobacco cessation interventions in Johnson and Iowa Counties. She is a connected community advocate within those counties and across the state.

Jimmy Reyes PhD, DNP, AGNP, is the Associate Director of Practice and Education at the Iowa Board of Nursing. In addition, he has served in the deanship and professorship capacity at Kirkwood

Community College and the University of Iowa College of Nursing. His research interests include the development and evaluation of community-based, family-centered, and collaborative diabetes self-management programs to treat diabetes in community dwelling Latino elders. Furthermore, he has worked on testing the efficacy of innovative training models to promote and foster the use of best practices/evidence-based diabetes practices, knowledge transfer, and sustainability. He is an experienced community-based researcher, health care provider, and educator and has served as the Interim Health Clinical Director of Proteus Inc. where he has led numerous community projects aimed at improving health for Latinx individuals.

How many individuals in Iowa do you expect to reach through your project?

Estimating the total population of Latinx individuals using tobacco and/or eligible for lung cancer screening in Johnson, Iowa, and Cedar counties is difficult due to underreporting of ethnicity, the presence of migratory workers, and limited data on eligibility and completed screening within this population. As previously mentioned, about 10% of the total Latinx population in Iowa report cigarette smoking. According to current data from the United States Census Bureau, Johnson County has approximately 10,000 individuals identifying as Latinx, with over 1,500 between the ages of 45 to 85. Cedar County has an estimated Latinx population of 474, with 159 individuals in the 45 to 85 age range. Iowa County has an estimated 552 Latinx individuals, 71 of whom are between the ages of 45 and 85.

Latinx individuals make up the majority of patients serviced by the Iowa City Free Medical and Dental Clinic, which was chosen as the starting location for this project. The clinic provides healthcare services to 849 unique individuals who identify as Latinx, representing 65% of their total patient population.

In which Iowa counties do you expect to reach people through your project?

Communities in Eastern Iowa which are serviced by the Free Medical Clinic and Proteus, Inc., beginning in Johnson, Cedar, and Iowa counties.

Please describe how your project addresses one or more of these priority areas:

- Addressing cancer disparities across the cancer continuum.
- Addressing cancer prevention and/or early detection.
- Expanding successful local projects statewide in Iowa.
- Formalizing lasting and broad change in cancer control through policy and systems change within organizations, systems, and communities. (Funds may not be used for lobbying.)

Systemic issues contribute to health disparities in the diagnosis and treatment of lung cancer, particularly in ethnic and racial minorities. According to the United States Census Bureau (2020), the Hispanic population comprise the country's second largest racial/ethnic group, behind non-Hispanic whites, and are the largest minority group in the US, accounting for 18.5% of the total population, however, this group is disproportionally represented in completion rates for lung cancer prevention, early detection, and treatment. Recommendations for low dose computed tomography (LDCT) for lung cancer screening were established after the 2011 National Lung Screening Trial showed a

significant reduction in lung cancer deaths among high-risk patients. However, over 90% of the trial participants were white, with only 1.8% Hispanic, which does not reflect U.S. demographics. Since the screening began, there has been no change in the diagnosis rate of stage I lung cancer among Hispanic individuals, who remain less likely to be diagnosed at this early stage compared to white individuals (Olazagasti & Seetharamu, 2021). This may be due to fewer screening referrals from health care providers and decreased awareness that screening for lung cancer exists among eligible individuals. A 2019 study observed perceptions and barriers to lung cancer screening among Latinx and non-Latinx populations. It found that 74.6% of Latinx individuals believed lung cancer could be prevented, compared to 48.1% of non-Latinx individuals. However, awareness of screening was lower in the Latinx group, with rates of 44.1% compared to 34.1% for non-Latinx individuals. When informed about screening, 90.7% of Latinx individuals expressed interest, compared to 67% of non-Latinx individuals (Percac-Lima, et al., 2019). These findings illustrate the need for grass roots screening campaigns within Latinx communities to increase awareness of lung cancer risks and screening.

Iowa is lagging in lung cancer prevention efforts and ranks second in the nation for the incidence of newly detected cancers, adjusted for age, as highlighted in the 2025 Iowa Cancer Registry's "Cancer in Iowa" report. Iowa is home to over 220,000 individuals who identify as Hispanic or Latino, comprising 6.9% of the state's population. This population is projected to double by 2060 (State Data Center of Iowa, 2023). As stated earlier, Latinx individuals diagnosed with lung cancer are significantly less likely to be diagnosed at early stages through screening initiatives and more likely to forgo treatment entirely, making the issue of lung cancer prevention and early detection a health priority for this population.

Rates of lung cancer screening among ethnic and minority groups have historically been challenging to estimate. Obtaining data on state specific rates of lung cancer screening by ethnicity has become even more challenging in recent weeks as the CDC Behavioral Risk Factors Surveillance System (BRFSS) Prevalence and Trends Tool has undergone revisions due to political directives. Sources like the American College of Radiology Registry only capture screening that has already occurred, and not data on those who are eligible but didn't get screened. They also only have data from the minority of hospitals that are included in the registry. These issues highlight the need for a community needs assessment to determine local knowledge and uptake of lung cancer screening in Iowa communities.

Screening high-risk individuals for lung cancer with annual low-dose CT scans plays a crucial role in reducing mortality through early detection and timely intervention. Factors such as insurance coverage, access to healthcare, and awareness of the benefits of screening influence uptake rates. It is estimated that screening rates for Latinx individuals are significantly lower due to multiple systemic barriers. The most recent report from the National Health Interview Survey showed that nearly 1 in 4 Hispanic adults ages 18-64 (24.8%) in the United States lacked health insurance in 2023, making it nearly impossible for those individuals to be screened for lung cancer. In Iowa, 12.3% of Latinx people report no health insurance coverage, which is much higher than the corresponding rate for all Iowans at 4.5%, highlighting the need for increased lung cancer prevention efforts in this underserved population.

According to the American Lung Association, approximately 90% of lung cancers in the United States can be directly linked to cigarette smoking (2024). Tobacco use stands as the foremost preventable risk factor for premature death among Latinx individuals. However, these individuals face barriers compared to non-Hispanic whites, including reduced access to healthcare, fewer opportunities to receive guidance on quitting tobacco, limited awareness of available smoking cessation resources, diminished participation in tobacco cessation programs, and underutilization of pharmacotherapy options to aid in quitting smoking. This highlights the need for efforts to develop and implement tobacco prevention and cessation interventions in Latinx communities to overall reduce the risk for lung cancer.

The proposed community-led intervention model addresses these barriers within the Latinx population by integrating community health workers (promotoras) into evidence-based educational programming tailored to the population. By using a phased, community-building approach, this model aims not only to increase awareness of lung cancer screening and smoking cessation rates but also to foster long-standing leadership, advocacy, and empowerment within the community. The co-creation of intervention strategies and use of the community health worker model empowers community members to take an active role in promoting lung cancer screening and smoking cessation in hopes of advancing health equity and building healthier communities. By providing tailored education and support, the project can increase awareness and knowledge while strengthening the leadership and visibility of community health nursing within the Latinx population.

Addressing disparities in smoking cessation and lung cancer screening among Latinx people in Iowa demands innovative, culturally tailored interventions that bridge clinical expertise with community engagement. Community-led initiatives demonstrate strong potential to improve knowledge, increase screening rates, and reduce smoking prevalence through culturally relevant, evidence-based strategies. This approach also reinforces the critical role of nurses and community health workers in advancing health equity and promoting population health. Through collaboration, leadership development, and community empowerment, these interventions can contribute meaningfully to reducing cancer-related disparities and improving overall health outcomes among vulnerable populations, formalizing sustainable and broad change in lung cancer screening and tobacco treatment for Latinx communities in Iowa. Bringing awareness of lung cancer prevention and screening to underserved communities is the first step in improving screening rates and overall reducing mortality related to lung cancer. If this model of community-engaged interventions proves to be successful, the goal of future projects will be to scale up to other counties across the state and seek funding to further support lung cancer screening initiatives in the Latinx communities.

Please indicate which type of funding you are applying for (choose one):

☐ **Single Year** (applying for one year of funding only)

☒ **Multi-Year: Year 1** (applying for the first year of a two- or three-year project with the intention of applying for Year 2 in FY27, if awarded)

☒ **Multi-Year: Year 2** (FY25 Year 1 awardees only) *

☐ **Multi-Year: Year 3** (FY25 Year 2 awardees only) *

This funding request is for Phase I and Phase II as outlined above, which will inform planning for Phase III.

Which goal(s) and strategy(ies) from the Iowa Cancer Plan will your project support/help to implement?

This project addresses several priorities outlined in the Iowa Cancer Plan, including health equity, prevention and risk reduction, and early detection and screening. It aims to provide culturally relevant health improvement strategies while prioritizing communities that are significantly at risk for health-related inequities. Specifically, the project will focus on reducing disparities in smoking cessation and lung cancer screening among Latinx people in Eastern Iowa. By implementing culturally tailored interventions, the project seeks to connect clinical expertise with community engagement to reduce inequity in prevention and screening for lung cancer.

Project Objectives:

Objective #1: By March 1, 2026, the team will identify the top three Latinx communities within the catchment area in need of smoking cessation and lung cancer screening education, engage 10 key regional stakeholders, and five community health workers (promotoras). We will create and collect baseline data through surveys, identify barriers and strategies for lung cancer screening and smoking cessation, and create a health needs database for the community, ensuring it reflects the needs of all community members and addresses disparities in health access.

Timeline and details:

1. Identification and Engagement:
    - By August 1, 2025, identify the top three Latinx communities with the greatest need and interest in promotion of smoking cessation and lung cancer screening education and awareness within the catchment area identified through the Johnson, Cedar, and Iowa Public Health Departments and Iowa City Free Medical and Dental Clinic.
    - By September 1, 2025, identify and engage at least 10 key leaders committed to participating in the project, utilizing the ALA *Tobacco Cessation and Lung Cancer Screening Toolkit: Community-Based Organizations and Partners* guide.
    - By October 1, 2025, identify five community health workers (promotoras) willing to complete culturally relevant training and engage in community-based education on smoking cessation and lung cancer screening.
2. Baseline Data Collection:
    - By November 1, 2025, create a survey for comprehensive baseline data collection on knowledge, beliefs, attitudes, and actions regarding lung cancer screening and smoking cessation.
    - By January 1, 2026, collect comprehensive baseline data on knowledge, beliefs, attitudes, and actions regarding lung cancer screening and smoking cessation from at least 100 Latinx community members in the catchment area through surveys, focus groups, and interviews. The baseline data from the assessment will help guide the

development of the educational intervention tailored to the specific needs of the target communities.

3. Barrier and Strategy Identification:
    - By January 15, 2026, identify at least five major barriers to lung cancer screening and smoking cessation and develop a list of at least five potential strategies to overcome these barriers, informed by community input.
    - By February 1, 2026, create a database of health needs in the community in relation to lung cancer screening and smoking cessation.
    - By March 1, 2026, develop specific educational strategies informed by the community needs assessment and guided by the above-mentioned toolkits and present the plan to the key stakeholders and trained promotoras in preparation for the community intervention.

- Deadline *(funding period is July 1, 2025-May 31, 2026):* July 1, 2025-3/1/2025 projected timeline for *Phase I*
- Baseline data: Knowledge, beliefs, attitudes, actions and potential barriers regarding lung cancer screening and smoking cessation among key stakeholders and participants in the Latinx community.
- Target by deadline: March 1, 2026

Objective #2: The team will **implement** a 3-month pilot program from March 1, 2026 through May 31, 2026, utilizing trained community health workers (promotoras) to conduct home-based educational sessions. The sessions will target smokers and individuals meeting criteria for lung cancer screening. The intervention will be designed using existing resources and training programs as referenced below. The aim is to increase lung cancer screening knowledge and reduce risk factors for lung cancer through utilizing existing smoking cessation resources. Measures will include attendance in the home-based sessions, number of Quit Line referrals, increased knowledge of lung cancer screening, and community resources based on pre/post knowledge surveys. The intervention will involve community health workers and ensure participation from diverse community members. It will also address disparities in access to lung cancer screening and education.

Timeline and details:

1. Community-engaged training
    - By November 1, 2025, create an individualized training program on smoking cessation and lung cancer screening for community health workers utilizing existing tobacco use tool kits, *The Programa Latino para Dejar de Fumar, Addressing Tobacco Use in Hispanic or Latino Communities Toolkit,* and lung cancer screening educational resources *in the* ALA *Tobacco Cessation and Lung Cancer Screening Toolkit: Community-Based Organizations and Partners.*
    - By December 1, 2025, deliver training to five community health workers.
2. Delivery of home-based educational sessions

- By May 1, 2026 trained promotoras will deliver educational sessions to 50 community members.
    - 100% of active tobacco users will be identified, provided with basic tobacco cessation information, and provided with information on Quit Line Iowa services.
    - 100% of participants will be screened for lung cancer screening eligibility, and eligible individuals will be provided with basic screening education along with information on how to obtain screening in a local health care agency providing screening services.
    - Participants will be given a pre and post knowledge survey on lung cancer screening, community engagement, community resources for smoking cessation and lung cancer screening, and educational preparedness.

3. Enhanced community engagement:
    - By May 31, 2026, we expect to demonstrate an increase in community engagement and social support, with at least 80% of participants reporting a stronger sense of community and mutual assistance after the session.
    - By May 31, 2026, we expect that 100% of participants will feel prepared to engage in a discussion about lung cancer screening with their family members and clinician.
    - Additional health needs will be identified and local resources provided.

- Deadline *(funding period is July 1, 2025-May 31, 2026):* March 1, 2026, to May 31, 2026
- Baseline data: Attendance in home-based sessions, referrals to the Quit Line, pre/post knowledge data on lung cancer screening and community resources.
- Target by deadline: May 31, 2026

Project Collaborators:

Collaborator #1

Name: Jennie Schmidt
Organization: Iowa City Free Medical and Dental Clinic
Mailing Address: 2440 Towncrest Drive, Iowa City, IA 52240
Phone: 319-337-4459
Email: info@freemedicalclinic.org
Please describe the collaborator's proposed responsibilities/role in the project.

Staff at the Free Medical and Dental Clinic, under the direction of Ms. Schmidt will aid in identifying community leaders and key stakeholders to form a community advisory board and select promotoras. The Free Medical and Dental Clinic will also serve as a location for project meetings and training events.

Collaborator #2

Name: Danniel Zinnel, Ed.D.
Organization: Proteus, Inc.
Mailing Address: 1221 Center St., Ste. 16, Des Moines, IA 50309
Phone: 1-800-372-6031
Email: dzinnel@proteusinc.net
Please describe the collaborator's proposed responsibilities/role in the project.

Proteus, Inc. staff under the direction of Dr. Zinnel, will support outreach efforts, assist in identifying community leaders, and help promote education sessions and screening awareness among Latinx and agricultural communities in Johnson County and surrounding areas.

Collaborator #3

Name: Stefanie Wagaman, MSN, RN, OCN
Organization: Cedar County Public Health
Mailing Address: 400 Cedar Street, Tipton, IA 52772
Phone: 563-886-2226
Email: swagaman@cedarcounty.iowa.gov
Please describe the collaborator's proposed responsibilities/role in the project.

Like Johnson and Iowa Public Health Departments, Cedar County Public Health assistance will consist of connecting project staff with Latinx community leaders and/or community health workers to conduct surveys, focus groups, and interviews. Later, assistance will also include the promotion of educational sessions and screening awareness among Latinx community members in Cedar County.

Collaborator #4

Name: Lorinda Sheeler, PhD
Organization: Iowa County Health Department
Mailing Address: 185 West Dillin Street, Marengo, IA 52301
Phone: 319-741-6422
Email: lsheeler@iowacounty.iowa.gov
Please describe the collaborator's proposed responsibilities/role in the project.

Like Cedar and Johnson County, Iowa County Health Department assistance will consist of connecting project staff with Latinx community leaders and/or community health workers to conduct surveys, focus groups, and interviews. Later, assistance will also include the promotion of educational sessions and screening awareness among Latinx community members in Iowa County.

Collaborator #5

Name: Danielle Pettit-Majewski, MPH
Organization: Johnson County Public Health
Mailing Address: 855 South Dubuque Street, Iowa City, IA 52240
Phone: 319-688-5883

Email: dpettit@johnsoncountyiowa.gov

Please describe the collaborator's proposed responsibilities/role in the project.

Like Cedar County and Iowa County, Johnson County Public Health assistance will consist of connecting project staff with Latinx community leaders and/or community health workers to conduct surveys, focus groups, and interviews. Later, assistance will also include the promotion of educational sessions and screening awareness among Latinx community members in Johnson County.

Evidence & Evaluation:

What scientific evidence is there that your project will be effective?

Self-reported race and ethnicity are linked to socioeconomic status (SES), and low SES has been associated with limited access to high-quality healthcare, lower lung cancer screening rates, delays in treatment after diagnosis of lung cancer, and reduced treatment adherence (Zavala et al., 2020). These factors help to explain the cancer health disparities observed between racial and ethnic minorities and Non-Hispanic Whites. Addressing these disparities requires more than just increased knowledge of its causes. It's essential to expand culturally and linguistically tailored programs that promote cancer awareness and education, as well as initiatives aimed at encouraging behavioral changes in "at-risk" groups to begin to address disparities in lung cancer mortality (Zavala et al., 2020).

Community-led intervention models can effectively address specific barriers within states and at-risk communities, making them an essential part of the solution (Sayani, 2023). One example is the use of community health workers, or promotoras, who are trusted members or advocates within the Latinx population, to co-create and deliver health information (Koskan et al., 2013). This approach has proven effective in increasing awareness and participation in cancer screenings.

A study by Briant et al. (2018) evaluated a culturally tailored intervention aimed at improving colorectal cancer knowledge and screening rates among Hispanics in a rural community. The intervention involved home-based health education sessions led by promotoras, where participants learned about colorectal cancer and received free fecal occult blood test (FOBT) kits. The results showed a significant increase in colorectal cancer awareness and knowledge, with screening rates rising from 51% to 80%. Additionally, participants reported a greater intention to discuss colorectal cancer screening with friends and family.

This model can be adapted to other cancer screening programs. For example, similar interventions could be used to increase lung cancer screening and smoking cessation rates, while also fostering leadership, advocacy, and empowerment within the community. Nurses, especially those in community, public health, and academic roles, are well-positioned to lead these initiatives by combining their clinical expertise with culturally sensitive outreach strategies, aligning with their professional responsibilities.

Health equity frameworks demand consideration of the determinants of health that contribute to disparities and a focus on the communities to understand and tailor these approaches to their needs. One of the first steps in this journey is a thorough community assessment (CDC, 2024).

Through this process, many of the strengths that support this population, such as a strong sense of community and reliance on knowledgeable community members, will drive the community assessment and implementation of best practices in lung cancer treatment and smoking cessation (Portillo et al., 2020). Considering the recommendations from USPSTF, the lack of movement in screening numbers, and the prevalence of smoking within the community, more information is needed to better serve this community. The community setting provides an ideal place to meet the population where they are and arm them with the knowledge and power to pursue risk reduction and care, when able. Using community-based interventions, best practices in community engagement, and culturally tailored interventions will have good potential for success in health interventions (Collins et al., 2018, Salimi et al., 2012).

How will you evaluate your project? How will you know if you have been successful?

Objective 1:

Success for this project will be measured through several key indicators. First, the identification of the top three Latinx communities with the greatest need for smoking cessation and lung cancer screening education will be confirmed, using data from local health departments and clinics. The engagement of at least 10 key leaders and five community health workers will demonstrate effective community involvement. The creation and collection of comprehensive baseline data from at least 100 Latinx community members, will provide a solid foundation for tailored educational interventions. Identifying major barriers and developing strategies will ensure the intervention addresses community-specific challenges. The creation of a health needs database and the development of educational strategies will further validate the project's responsiveness to community needs. Overall, success will be measured by the timely achievement of these milestones and the active participation and engagement of the community throughout the process.

Objective 2:

Success indicators for this project include the creation and delivery of a community-engaged training program and the implementation of home-based educational sessions. Trained promotoras will deliver educational sessions to 50 community members, ensuring that 100% of active tobacco users are identified and provided with cessation information and Quit Line Iowa services. Additionally, all participants will be screened for lung cancer eligibility and provided with education on obtaining screenings. Pre and post knowledge surveys will assess participants' understanding of lung cancer screening, community engagement, and resources for smoking cessation. Enhanced community engagement will be demonstrated by May 31, 2026, with at least 80% of participants reporting a stronger sense of community and mutual assistance. Furthermore, 100% of participants will feel prepared to discuss lung cancer screening with their family members and clinicians. Additional health needs will be identified, and local resources will be provided, ensuring comprehensive support for the community. These indicators will measure the project's success in increasing lung cancer screening rates and reducing risk factors for lung cancer through targeted, community-based interventions.

Evaluation tools

- Pre/post knowledge surveys and focus groups will be utilized to assess for change in knowledge, beliefs, attitudes, and actions and assess the effectiveness of the intervention in increasing lung cancer screening rates and smoking cessation.
- Program Evaluation: Monitoring the implementation process to ensure fidelity and identify areas for improvement.

How will you modify your project to meet the unique needs of certain populations?

Several strategies will be employed to modify this project to meet the unique needs of the Latinx population. We will ensure cultural adaptation by providing materials and sessions in the primary languages spoken by the target population and incorporating culturally relevant examples and terminology. We will engage cultural advisors or community leaders for feedback to enhance cultural sensitivity. Accessibility will be prioritized by choosing accessible locations for training and educational sessions, such as home visits or community centers, and scheduling sessions at convenient times for community members. Community involvement will be crucial, involving community leaders and members in the planning and implementation process and establishing mechanisms for ongoing feedback from participants. Health literacy will be addressed by using clear, simple language and visuals in educational materials and incorporating interactive elements like demonstrations and Q&A sessions. Trust will be built through a consistent presence in the community and transparency about the project's goals, processes, and outcomes. Tailored interventions will focus on identifying and addressing specific health needs and barriers unique to the population, customizing interventions based on these insights, and ensuring equitable distribution of resources and support to address disparities within the community. By implementing these strategies, the project will be effectively modified to meet the unique needs of different populations, ensuring greater relevance, engagement, and impact. By incorporating these strategies, we aim to create a responsive and inclusive project that effectively addresses the unique needs of the diverse Latinx population.

Budget:

- Incentives
    - Incentives are an allowable expense only if proven to be effective as part of an evidence-based intervention. The research or evidence case must be outlined.

Please explain your budget in words:

The project budget totals $10,000, divided into **Phase I** and **Phase II.** *Phase I* focuses on community assessment, including personnel costs, training, events, data collection, and dissemination. *Phase II* involves piloting interventions, covering personnel stipends, training materials, community outreach, data analysis, and dissemination. Miscellaneous expenses include transportation, administrative costs, and translation services. This budget ensures comprehensive engagement, data collection, and effective intervention implementation to address lung cancer screening and smoking cessation in the Latinx community.

Phase III will be informed by *Phase I and II* and will exceed the time limitations for this grant application. Hopefully, funding can be obtained in FY27 and beyond to scale the project to a wider audience.

Budget and Budget Justification, Total: $10,000

Phase I (Community Assessment) Budget Proposal:

1. **Personnel Costs: $2250**
    a. Costs to the community partner to support their Community Leaders' and Promotoras' Stipends: $1500
        i. Compensation for time and effort for training on and then implementing community survey collection best practices
    b. Incentives for community partners to recruit participants: $750
        i. Compensation for time and contribution of community connections
            1. 100 participants in original survey X $5 = $500
            2. 25 participants in focus groups X $10 = $250
2. **Training and Materials: $500**
    a. Training Workshops: $250
        i. Costs to the community partners for organizing and conducting training sessions for community leaders and promotoras.
    b. Educational Materials: $250
        i. Costs to the community partners: Printing reference materials to be used in training sessions and by surveyors while out in the field
3. **Community Events/Outreach: $500**
    a. Focus Group Activities: $500
        i. Costs to the community partners to support hosting and organizing focus groups to collect more information on community needs and preferences, including refreshments and supplies
4. **Data Collection and Analysis: $950**
    a. Survey Collection Hardware for the community partners to facilitate collection: $450
        i. 6 tablet computers to be loaned out to data collectors during the community assessment process, for survey administration in the field: $360
        ii. 6 protective cases for tablet computers: $90
    b. Surveys and Questionnaires: $300
        i. Printing and distribution of paper versions of community assessment survey
    c. Data Analysis Software: $200
        i. Software or tools needed for analyzing collected data
5. **Dissemination: $400**
    a. Printed materials to be distributed to civic orgs when presenting survey findings: $200
    b. Journal submission fees for publishing paper on process and findings: $200
6. **Miscellaneous: $400**

a. Transportation: $200
    i. Travel expenses for project staff to meet with community leaders and other stakeholders
b. Administrative Costs: $200
    i. Miscellaneous administrative expenses such as food for community attendees, office supplies, and communication costs.

Phase II (Intervention Pilot) Budget Proposal:

1. **Personnel Costs: $2100**
    a. Pilot Promotora Stipend: $1500
        i. Compensation for time and effort for being trained on pilot intervention implementation, administration at "home parties", debriefing with project staff, pilot findings presentations to and discussion with Phase I focus group and community leaders, and intervention revision process with project staff
    b. Pilot Participant Follow-Up Incentives: $600
        i. 30 pilot participants' pre and post survey completion X $10 = $300
        ii. 10 pilot participants' engagement with two (2) follow-up/longitudinal assessment surveys and interviews @ $10 each = $200
        iii. Additional incentive for pilot participants to permit audio/video recording of interviews, to be used in dissemination activities x $10 = $100
2. **Training and Materials: $150**
    a. Costs for printing and preparation of pilot training toolkit developed in Phase I of project, including "Train the Trainer" materials and direct intervention materials to be distributed during pilot meetings: $150
3. **Community Events/Outreach: $1450**
    a. Pilot intervention session promotions: $100
        i. Including recruitment of intervention session attendees, event reminders, and other communications needs
    b. Pilot intervention session events: $750
        i. Costs for holding three (3) pilot intervention sessions, to support pilot promotora in hosting and organizing "home party" sessions @ $250 per session, including food and refreshments for attendees, educational materials printing and preparation, miscellaneous supplies for event, and time and use of promotora's personal space
    c. Presentation of findings to community leaders and stakeholders: $100
    d. Community discussion sessions with Phase I focus group and community leaders: $250
        i. Costs for activities, to support hosting and organizing re-convening of focus group participants and any new stakeholders, including refreshments and supplies
4. **Data Collection and Analysis: $300**

a. Survey Collection Hardware for pilot intervention surveys, program evaluations, and health outcome measures: $0

    i. Team will be able to utilize hardware purchased for community assessment process in Phase I

b. Audio/video recording equipment to capture interviews and focus group sessions engaging with promotora, pilot participants, and community leaders/stakeholders: $0

    i. A/V equipment can be checked out from University of Iowa Libraries by faculty for free

c. Survey and Questionnaire printing and preparation for use in pilot intervention events and follow-up: $100

d. Survey, questionnaire, and interview data cleaning and thematic coding: $200

5. **Dissemination: $200**

    a. Presentation of pilot findings to health system stakeholders: $100

        i. Including handout printing and supplies

    b. Presentation of pilot findings to community partners, leaders, and other Phase I assessment contributors: $100

        i. Including handout printing and supplies

6. **Miscellaneous: $800**

    a. Transportation: $100

        i. Travel expenses for project staff to meet with pilot promotora for training sessions and attend outreach sessions

    b. Administrative Costs: $200

        i. Miscellaneous administrative expenses, such as office supplies and communication costs

    c. Translation Services: $500

        i. For processing of training materials, surveys/questionnaires, interview responses, promotional materials, and presentations of results

Statement of Need for Budgeted Incentives: A growing body of research has suggested that incentives, monetary or otherwise, can be effective in encouraging healthy behaviors, with promising results occurring in the field of tobacco and vaping cessation. The COVID-19 pandemic offered ample opportunities to researchers to explore behavior change and motivation around preventive care as it relates to the availability of a reward for partaking in preventive health interventions. By taking advantage of a widely accepted motivational tool to spur healthy behavior, our team will also have the chance to evaluate the effectiveness of the tool to improve cancer screening rates, for which the evidence is considerably murky.

With ongoing fluctuations in the economic security of the population, particularly in the case of rural residents, being able to offer small financial incentives to initiate conversations on healthy behaviors

will allow our team to demonstrate to these communities that we are invested in their well-being and that we value their time and want to compensate them for it.

Budget Items and Explanation	Grant Funds Requested	Other Funding	Total Funds for Project
If possible, please divide them into categories. Examples include staff support, travel, supplies, equipment, etc. If service delivery or incentives are included within the budget, please include a statement of need along with each budget item.	*Funds being requested from the Iowa Cancer Consortium.*	*Include in-kind support, volunteer hours, collaborator financial support, and other types of financial support.*	*Include requested Iowa Cancer Consortium funds + items outlined in the Other Funding category.*
Staff Support			
Phase I:			
Community Leaders' and Promotoras' stipends	$1,500.00		$1,500.00
Community partner recruitment incentives	$750.00		$750.00
Phase II:			
Pilot Promotora stipend	$1,500.00		$1,500.00
Pilot participant follow-up incentives	$600.00		$600.00
Travel			
Phase I			
Transportation	$200.00		$200.00
Phase II			
Transportation	$100.00		$100.00
Printing			
Phase I			
Training educational materials	$250.00		$250.00
Dissemination materials	$200.00		$200.00
Surveys and questionnaires	$300.00		$300.00
Phase II			
Pilot training toolkit	$150.00		$150.00
Follow-up surveys	$100.00		$100.00
Dissemination handouts	$200.00		$200.00
Supplies			
Phase I			
Data collection and analysis tools (hardware and software)	$650.00		$650.00
Training workshops at community partner locations and educational materials	$250.00		$250.00

Shipping			
Other			
Phase I			
Community events hosting	$500.00		$500.00
Journal submission fees for publishing manuscripts covering study process and findings	$200.00		$200.00
Administrative costs (food for community attendees, office supplies, communication costs)	$200.00		$200.00
Phase II			
Community events/outreach	$1,450.00		$1,450.00
Data collection, cleaning, and analysis	$200.00		$200.00
Office supplies and communication	$200.00		$200.00
Translation services	$500.00		$500.00
Totals:	$10,000		$10,000

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January 15, 2025

Dear Iowa Cancer Consortium Grant Committee,

This letter is to express my enthusiastic support for the grant application submitted by University of Iowa College of Nursing for the FY26 Iowa Cancer Plan Implementation Grant Cycle grant. The proposed project, which aims to improve smoking and lung cancer awareness, screening, and reduce smoking rates within the LatinX population, addresses a critical public health need.

65% of our patients come from the LatinX community and we have witnessed firsthand the devastating impact of smoking-related illnesses within this community. This community experiences disproportionately high rates of smoking and lung cancer compared to the general population due to health disparities which often stem from limited access to healthcare and health education. We would welcome the chance to partner with the University of Iowa College of Nursing to provide specific education and support which targets this crucial matter as our patients have benefited greatly from similar partnerships in the past.

Thank you for your time and consideration,

Sincerely,

Jennie Schmidt
Executive Director
Iowa City Free Medical & Dental Clinic

Iowa City Free Medical Clinic
Parrott-Stiles Free Dental Clinic
2440 Towncrest Drive
Iowa City, IA 52240-6622

PHONE 319-337-4459
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WEB SITE www.freemedicalclinic.org

Public Health
Prevent. Promote. Protect.
400 Cedar Street
Tipton, Iowa 52772

April 28, 2025

Iowa Cancer Consortium
PO Box 859
North Liberty, Iowa 52317

Dear Iowa Cancer Consortium Board of Directors,

On behalf of Cedar County Public Health, I am pleased to express our support for the University of Iowa College of Nursing's proposal titled *"Enhancing lung cancer screening and smoking cessation among Latinx communities: A community approach,"* submitted as part of the FY26 Iowa Cancer Plan Implementation Grant, Invitation for Proposals.

Cedar County Public Health has been engaged in tobacco control and prevention for at least 10 years and has partnerships to promote lung cancer screening and smoking cessation among people who are Latinx that live and work in Cedar County. We will collaborate with the University of Iowa College of Nursing, Johnson County Public Health, and Proteus by supporting outreach efforts. Assistance will consist of connecting project staff with Latinx community leaders and/or community health workers to conduct surveys, focus groups, and interviews. Later we will help promote education sessions and screening awareness among Latinx community members in Cedar County.

We are thankful the project team includes expertise from healthcare, public health, and nonprofit organizations. We look forward to being a connector and promoter to improve lung cancer screening rates and smoking cessation efforts within the Latinx community, ultimately reducing lung cancer mortality.

Please feel free to contact me if further information is needed.

Sincerely,

Stefanie Wagaman

Stefanie Wagaman MSN, RN, OCN Director
Cedar County Public Health
400 Cedar Street
Tipton, Iowa 52772
563-886-2226
swagaman@cedarcounty.iowa.gov

Iowa County Health Department

185 West Dillin St.
Marengo, IA 52301

April 30, 2025

Iowa Cancer Consortium
PO Box 859
North Liberty, Iowa 52317

Dear Iowa Cancer Consortium Board of Directors,

On behalf of Iowa County Health Department, I am pleased to express our support for the University of Iowa College of Nursing's proposal titled *"Enhancing lung cancer screening and smoking cessation among Latinx communities: A community approach,"* submitted as part of the FY26 Iowa Cancer Plan Implementation Grant, Invitation for Proposals.

Iowa County Health Department has worked with Johnson County Public Health's Health Educator on tobacco control and prevention for over 10 years. This project offers us more culturally relevant and inclusive approaches to collaborate and strengthen partnerships to promote lung cancer screening and smoking cessation among people in Iowa County who are Latinx. We will partner with the University of Iowa College of Nursing, Johnson County Public Health, and Proteus by supporting outreach efforts. Assistance will consist of connecting project staff with Latinx community leaders and/or community health workers to conduct surveys, focus groups, and interviews. Later we will help promote education sessions and screening awareness among Latinx community members and key influencers in Iowa County.

We are thankful the project team includes expertise from healthcare, public health, and nonprofit organizations. Iowa County Health Department looks forward to being a connector and promoter to improve lung cancer screening rates and smoking cessation efforts within the Latinx community, ultimately reducing lung cancer mortality.

Please feel free to contact me if further information is needed.

Sincerely,

Lorinda L Sheeler

Lorinda Sheeler, PhD
Health Department Administrator

Phone 319-741-6422 **Fax** 319-741-6424
Email lsheeler@iowacounty.iowa.gov
185 West Dillin Street, Marengo, IA 52301

A community where all can achieve optimal health

Johnson County Public Health

Danielle Pettit-Majewski, Director

April 30, 2025

Iowa Cancer Consortium
PO Box 859
North Liberty, Iowa 52317

Dear Iowa Cancer Consortium Board of Directors,

On behalf of Johnson County Public Health, I am pleased to express our support and partnership for the University of Iowa College of Nursing's proposal titled *"Enhancing lung cancer screening and smoking cessation among Latinx communities: A community approach,"* submitted as part of the FY26 Iowa Cancer Plan Implementation Grant, Invitation for Proposals.

Johnson County Public Health (JCPH) has been awarded state tobacco prevention and control grants for 32 years. JCPH's current Community Health Educator has 17 years of experience working in tobacco control and prevention. Her expertise, coupled with extensive community connections, will be an asset to this project. JCPH will partner with the University of Iowa College of Nursing and Proteus by supporting outreach efforts. Assistance will consist of connecting project staff with Latinx community leaders and/or community health workers to conduct surveys, focus groups, and interviews. Later JCPH will help promote education sessions and screening awareness among Latinx community members and key influencers in Johnson County.

JCPH is thankful the project team includes expertise from healthcare, public health, and nonprofit organizations and looks forward to being a collaborator to improve lung cancer screening rates and smoking cessation efforts within the Latinx community, ultimately reducing lung cancer mortality.

Please feel free to contact me if further information is needed.

Sincerely,

Danielle Pettit-Majewski, BS, MPH, Director
Johnson County Public Health / 855 South Dubuque Street / Iowa City, IA 52240
Phone: 319-356-6040
Direct Line: 319-688-5883
dpettit@johnsoncountyiowa.gov

Daniel Zinnel
Proteus, Inc.
1221 Center St., Ste. 16
Des Moines, IA 50309

April 29, 2025

Iowa Cancer Consortium
PO Box 859
North Liberty, Iowa 52317

Dear Iowa Cancer Consortium Board of Directors,

On behalf of Proteus, Inc., I am pleased to express our strong support for the University of Iowa College of Nursing's proposal titled *"Enhancing lung cancer screening and smoking cessation among Latinx communities: A community approach,"* submitted as part of the FY26 Iowa Cancer Plan Implementation Grant cycle.

Proteus is a nonprofit organization committed to serving agricultural workers and other underserved communities across Iowa by providing access to healthcare, education, and support services that address health disparities and promote equity. Through our mobile clinics, outreach teams, and partnerships with community organizations, we have seen firsthand the disproportionate burden that preventable illnesses, like lung cancer, place on Latinx and immigrant communities in our state.

This proposed initiative directly aligns with Proteus' mission and vision. We are particularly encouraged by its emphasis on:

- Community-led engagement through promotoras,
- Culturally tailored education addressing lung cancer screening and smoking cessation,
- The use of evidence-based toolkits developed by the CDC and American Lung Association,
- A phased approach rooted in community health needs assessment and empowerment.

Proteus is committed to collaborating with the University of Iowa College of Nursing on this project. Our team will support outreach efforts, assist in identifying community leaders, and help promote education sessions and screening awareness among Latinx and agricultural communities in Johnson County and surrounding areas. We are confident that the outcomes of this pilot project will lay a strong foundation for future expansion across other underserved regions of the state.

We commend the project team for their thoughtful and inclusive approach, and we are honored to be part of an initiative that has the potential to reduce cancer disparities and foster long-term, community-driven change.

Please feel free to contact me at dzinnel@proteusinc.net if further information is needed.
Sincerely,

Sincerely,



Daniel Zinnel, Ed.D.
Chief Executive Officer
Proteus, Inc.