

# Community Outreach and Engagement Dan L Duncan Comprehensive Cancer Center

## Catchment Area

The Dan L Duncan Comprehensive Cancer Center (DLDCCC) is a leading NCI-designated comprehensive cancer center in the United States. The DLDCCC's catchment area (CA) is the Houston Metropolitan Statistical Area (MSA), a geographic area that includes Harris and eight surrounding counties in Southeast Texas (figure 1). The Houston MSA represents a population of more than 7 million individuals, with 67 percent living in Harris County. Houston is the fourth largest city in the United States and one of the most racially/ethnically diverse, with racial/ethnic minorities representing over 62 percent of the population. The CA is also characterized by marked social inequalities. While Houston is home to the largest medical center in the world, it also has the highest uninsured rate in the United States (26.4 percent vs. 16.4 percent).

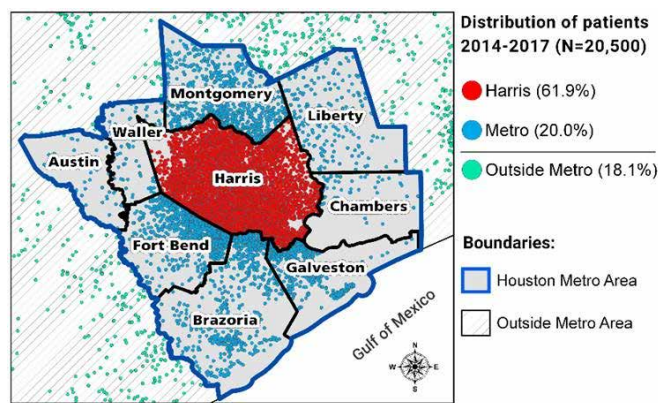


Figure 1. DLDCCC Catchment Area

## Public Health Focus

Family Eats is an existing evidence-based intervention (EBI) delivered online. It was developed and tested with funding from the National Cancer Institute. The eight-week program is designed to work directly with parents of 9–12-year-old Black/African American children to enhance nutrition and reduce risk of obesity by modifying the home food environment.

The centerpiece of the intervention is eight episodic animated vignettes that tell the story of the Johnson family and their journey to healthier eating behaviors. The animated vignettes are supported by goal setting, feedback, and a toolkit that provides additional resources (e.g., menu planning and grocery shopping tips, recipe ingredient substitutions, healthy recipes). The intervention was designed to be culturally appropriate and child-friendly.

## At a Glance

The purpose of the administrative supplement was to convene two Community Advisory Boards (CAB). The first CAB, consisting of key stakeholders (e.g., organizations, opinion leaders) in the Black/African American community located in our CA, reviewed the existing EBI to identify any needed changes to content, structure, and format to ensure that *Family Eats* would appeal to families, included information that would be important to the community, and promoted inclusiveness. They also helped identify implementation strategies. The second CAB, which included Black/African American parents, then assessed the feasibility, acceptability, and appropriateness of the adapted program.

## Collaborators

Our interdisciplinary team was comprised of investigators from the DLDBCC and the USDA/ARS Children's Nutrition Research Center (CNRC) at Baylor College of Medicine. The collaborators from the USDA/ARS CNRC are also members of the Cancer Prevention & Population Sciences Program.

Our team consisted of principal investigator Helen Heslop, MD; co-program leaders Debbe Thompson, PhD; and Jane Montealegre, PhD; and co-investigators Maria Jibaja-Weiss, EdD; and Jayna Dave, PhD. CAB sessions were led by Chishinga Callender, MS, a research coordinator with significant experience in community-engaged research. Collaborators also included key stakeholders from the CA.

## The Approach

### Research Questions

The research question guiding this project was: Can community-engaged research be used to successfully:

- adapt *Family Eats* for Black/African American families in the DLDBCC CA; and
- develop an implementation strategy to support future implementation of the program by community-based organizations?

### Hypothesis

Our hypotheses were:

(H1) Engagement among *Family Eats* CAB members will be high.

(H2) The *Family Eats* CAB will be able to provide guidance to:

- adapt the *Family Eats* program components;
- develop an implementation strategy; and
- ensure that both the adapted program and the implementation strategy will be feasible, acceptable, and appropriate to community stakeholders.

### Specific Aims

The project was guided by three specific aims:

1. Leverage the existing Community Outreach & Engagement CAB and other key stakeholders to create the *Family Eats* CAB to:
  - (a) review the existing *Family Eats* intervention to identify any needed modifications to the content, structure, and delivery format; and
  - (b) identify implementation strategies.
2. Adapt *Family Eats* components and develop an implementation strategy.
3. In preparation for a hybrid implementation R01, convene a second CAB to assess feasibility, acceptability, and appropriateness of the adapted *Family Eats* components and implementation strategies.

### Target Audience

For this phase of the research, our target audience was key stakeholders (e.g., organizations, opinion leaders, parents) from the Black/African American community in the DLDBCC CA. Ultimately, the target audience for this research will be Black/African American families with 9–12-year-old children living in our CA.

### Method

We convened two CABs. The first CAB participated in multiple sessions (Zoom, online surveys) to review the existing program components and identify potential implementation strategies.

A modified Delphi Technique was used to obtain consensus (defined as >50 percent agreement). Using both qualitative and quantitative research, the second CAB reviewed the existing program and suggested changes; recommended modifications and implementation strategies; and assessed their feasibility, acceptability, and appropriateness for families.

### Initial Outcomes:

Family Eats CAB #1 suggested adaptations to the content, structure, and format of the existing Family Eats program. Examples of suggestions included:

- Content
  - Emphasize historical context of traditional Black/African American cuisine and health disparities.
  - Change focus to a balanced diet versus a low-fat diet.
- Structure
  - Emphasize diversity and inclusiveness—that is, different family structures rather than just the nuclear family.
  - Consider changing the name of the project to be more celebratory and explicitly convey its focus on Black/African American families.
- Format
  - Consider a format to promote social connection (e.g., virtual and/or in-person).
  - Identify options if families do not have consistent internet access.

They also identified key implementation strategies:

- External facilitation by Baylor College of Medicine or the DLDOCC to support implementation.
- Networking platforms for organizations to connect with and learn from each other and for families to promote social connection.
- Each organization should have an internal program champion.
- Toolkits for various types of organizations to facilitate implementation (e.g., recruitment materials, responses for frequently asked questions).
- Co-branding of *Family Eats* to promote organizational ownership.

*Family Eats* CAB #2 assessed feasibility and acceptability of *Family Eats*, as well as changes and implementation strategies suggested by FE CAB #1. Emerging data from

the completed surveys (n=11) indicate that most liked the program purpose, topics, number of sessions, and program length. Nearly all participants thought parents would be receptive to child involvement in menu planning, grocery shopping, and food preparation. Similar to FE CAB #1, the Johnson family’s appearance was not well received. Almost all participants liked the episode content and toolbox materials (e.g., recipes, nutrition tips), although some changes were recommended. Based on evidence to date, emerging data suggest that the program, recommended changes, and implementation strategies are feasible and acceptable to community stakeholders.

## Implementation Guidance

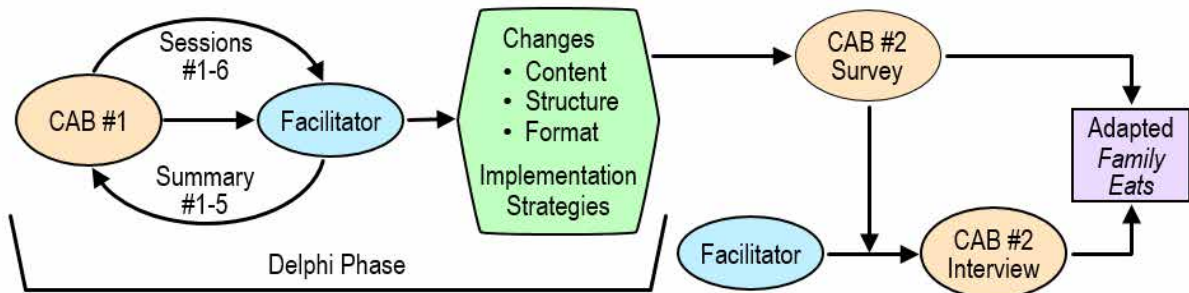
For researchers interested in working with community stakeholders to adapt and plan for the implementation of EBIs to meet the needs of CA communities, we offer these suggestions:

- Engage community stakeholders early.
- Ensure that your CAB includes “end users” of the program (i.e., the EBI’s target population), as well as organizational stakeholders who can speak to the real-world implementation of the program.

**The modified Delphi approach, whereby the moderator started subsequent sessions by reviewing the summary and notes of the previous meeting was key to making our CAB members know that we truly heard what they were saying and that we valued all of their feedback ... both positive and negative—it let them know we wanted to hear it all.**

**Jane Montealegre, PhD, Co-Project Lead**

- Limit the number of research team members at CAB meetings so that stakeholders are in the vast majority.
- Welcome both positive and negative feedback by summarizing comments in a manner that is neutral and non-reactive.
- Begin CAB meetings with a summary of key ideas from the previous meeting and confirm that the summary truly captures what was discussed.



Graphic portrayal of the iterative process used to adapt Family Eats using community engaged research.

## Find Out More

The COE program at the DLDCCC leverages over a decade of working with academic and community partners to promote cancer awareness and prevent cancer in the Greater Houston area, with a primary focus on the medically underserved and racial/ethnic minority populations. Through the years, the COE has implemented multi-pronged approaches to community outreach, education, access to cancer screening and prevention, community-engaged research, policy, and advocacy. For more information, please visit our website: <https://www.bcm.edu/academic-centers/dan-l-duncan-comprehensive-cancer-center/cancer-prevention>

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## Community outreach and engagement (COE) activities across the translational research continuum

National Cancer Institute (NCI)-designated cancer centers' COE efforts should span all cancer center programs, including basic, clinical, translational, and population research. In FY20, NCI issued a call for Cancer Center Administrative Supplements to support COE activities that focus on either basic science or the translation of evidence-based interventions into community practice. The long-term goal of the supplement initiative is to build capacity for cancer centers' COE programs to adapt and implement evidence-based programs and successfully collaborate with cancer center investigators across research programs and in partnership with community members. To learn more, visit us at: <https://cancercontrol.cancer.gov/research-emphasis/coe>