

# Community Outreach and Engagement **Laura and Isaac Perlmutter Cancer Center at New York University Langone Health**

## Catchment Area

The Laura and Isaac Perlmutter Cancer Center at New York University Langone Health’s (PCC) catchment area includes Lower Manhattan, Brooklyn, Queens, Staten Island, and Nassau County.



The PCC catchment area is highly diverse and includes mostly non-White minorities (58 percent) and a large number of foreign-born residents (45 percent) from Africa, Asia, the Caribbean, Latin America, and Europe.

## Public Health Focus

The purpose of this project is to identify best practices in participatory approaches to engaging community partners and patient populations to develop, adapt, implement, and evaluate existing evidence-based interventions (EBIs) to meet the needs of the communities served by the PCC. We also want to assess the value of integrating implementation science, systems science, and cultural

adaptation with community-engaged approaches to identify and adapt cancer prevention and control EBIs for cancer disparity populations.

## At a Glance

There are two main aims for this project:

**Aim 1:** Use a case-study approach to assess the process by which PCC engages community partners in adapting, implementing, and evaluating the effectiveness of EBIs and identify best community engagement practices to achieve cancer equity.

**Aim 2:** Determine whether a participatory group-modeling and systems science approach can strengthen community engagement and fortify campus-community collaborations to successfully identify, adapt, and implement EBIs to meet community needs.

## Collaborators

For Aim 1, a case-study approach was implemented to evaluate four community-academic collaboration interventions: (1) MARHABA, a breast and cervical cancer intervention with Muslim women<sup>1</sup>; (2) a stomach cancer intervention with Chinese Americans<sup>2</sup>; (3) B Free NYC, a liver cancer and hepatitis B intervention with various Asian American communities<sup>3</sup>; and (4) STRIVE, a policy-, systems-, and environmental-level cancer prevention intervention focused on nutrition with Asian Americans, Native Hawaiian, and Pacific Islanders.<sup>4</sup>

<sup>1</sup> NYU CSAAH AA&NH/PI WebHub, MARHABA Curriculum materials Aanhphealth.org/marhaba. Accessed 12/3/2021.

<sup>2</sup> Kwon SC, Kranick JA, Bougrab N, et al. Development and Assessment of a Helicobacter pylori Medication Adherence and Stomach Cancer Prevention Curriculum for a Chinese American Immigrant Population. *J Cancer Educ.* 2019;34(3):519-525. doi:10.1007/s13187-018-1333-9

<sup>3</sup> Pollack H, Wang S, Wyatt L, et al. A comprehensive screening and treatment model for reducing disparities in hepatitis B. *Health Aff (Millwood).* 2011;30(10):1974-1983. doi:10.1377/hlthaff.2011.0700

<sup>4</sup> Kwon SC, Rideout C, Patel S, et al. Improving Access to Healthy Foods for Asian Americans, Native Hawaiians, and Pacific Islanders: Lessons Learned from the STRIVE Program. *J Health Care Poor Underserved.* 2015;26(2 Suppl):116-136. doi:10.1353/hpu.2015.0063

Aim 1 collaborations included the Stamp Out Cancer Brooklyn (SOCB) initiative and a coalition of community partner organizations. SOCB is a partnership between PCC, NYU Department of Population Health, NYU Family Health Centers, NYU Langone Hospital-Brooklyn, the American Cancer Society, and Brooklyn-based community organization partners. The mission of SOCB is to reduce the cancer burden and cancer-related disparities in Brooklyn through the dissemination of evidence-based solutions that span cancer prevention, early detection, care, and survivorship using an implementation science research framework. Partner organizations for Aim 2 included: Hamilton Madison House, Earth Matters, Pacific College of Health and Science, Arab American Association of New York, Project New Yorker, Korean Community Services of Metropolitan New York, Chinese American Planning Council, The Table at NYU Langone Brooklyn, Brooklyn Grange, Glynwood Regional Center for Food and Farming, the Alzheimer's Association, New York Academy of Medicine, and NYC DOHMH.

## The Approach

**Aim 1:** A case study approach was used for four exemplar cases of community-academic collaboration to identify best practices in community engagement, assessing the functioning, impact, and sustainability of the partnership.

The case-study approach was guided by the Consolidated Framework for Implementation Research (CFIR),<sup>5</sup> using mixed-method approaches to conduct a series of semi-structured, in-depth interviews of partners across each of the four case studies. Interviews for a total of 16 individuals from both the PCC and community-based organizations were completed. Qualitative data analysis will use a blended content analysis approach.

<sup>5</sup> CFIR Research Team-Center for Clinical Management Research. Consolidated Framework for Implementation Research. <https://cfirguide.org/>. Accessed 12/3/2021.

Preliminary analysis has found that community engagement permeated the entire continuum of implementation, ranging from planning and adapting EBIs to cultivating their sustainability. PCC's extensive partnership networks with diverse stakeholders, including community, clinical, and faith-based organizations, enabled the PCC COE to apply for joint funding with partners to implement EBIs in various contexts. Through these partnerships, stakeholders were engaged in the selection and adaptation of EBIs and study materials to meet their communities' needs. Their participation was formalized through structures, such as community advisory boards or community forums. The stages of readiness of partner organizations modulated the type and frequency of technical assistance and support provided by PCC during EBI implementation.

Racial/ethnic and language concordance of PCC COE staff with priority communities was a major facilitator for maintaining community partnerships and implementing EBIs, especially with community health workers.

Sustainability of EBIs was realized when building organizational capacity (e.g., training lay health workers) or embedding the EBI in partners' existing infrastructure and service delivery protocols, where possible.

**“**  
**We had pretty strong ties with individuals who are community leaders who are very good at engaging communities around health promotion and prevention. We had an infrastructure to build on, we had existing partnerships in place.**

**—MARHABA, breast and cervical cancer intervention**  
**”**

Sustainability was more challenging when funding was needed for continuity of specific services.

**Aim 2:** A pre-post evaluation survey was administered, examining the impact of group model building (GMB)—a participatory systems science method that draws on stakeholder knowledge and participation to produce a systems-level framework for action—as an approach to strengthen and fortify campus-community collaborations. The evaluation will assess the partnership process, trust, ownership, and perceived satisfaction for the partnership.

Three GMB workshops were conducted convening community stakeholders engaged in three programmatic domains: community gardening, nutrition education, and community-supported agriculture. A fourth workshop was conducted for a more exploratory discussion with existing and aspirational food-related programming that ended up aligning with these three domains; elements of food security and state/city level policies also emerged.

### **LESSON LEARNED**

**Group Model Building allows community stakeholders, who would not necessarily be at the same table, to identify similar goals and challenges, and potentially join together for collective impact.**

Each workshop produced a causal loop map (see figure 1) related to the dynamic systems context for each program. Participants were able to collaboratively identify similar goals and challenges for their communities as well as collectively discuss potential actions and solutions.

Preliminary analysis found the three program domains of community gardening, nutrition education, and community-supported agriculture aligned with three thematic community needs: hands-on engagement, education, and access, respectively. A fifth plenary workshop, with all participants from the previous three workshops as well as additional subject matter experts, will be conducted in January 2022 in order to identify system map connections among the three programs. The final post survey will be administered after the plenary workshop.

## **Implementation Guidance**

### **1. Building and maintaining community partnerships can provide the requisite infrastructure for COEs to implement EBIs to address cancer disparities.**

Semi-structured interviews observed funding and supporting community partners for their participation is key to maintaining and sustaining the partnership and the collaborative work. Community engagement ensures that the EBIs are selected to address a community priority, are adapted to align with the communities' sociocultural context, are engaging community stakeholders in the implementation, and relatedly, are sustained in existing community organizations' infrastructures.

### **2. Flexibility in research scope and activities can allow the project to align with urgent community needs.**

GMB workshops were initially designed to identify opportunities for improving obesity-related outcomes in Chinese and Mexican families in Brooklyn. However, feedback from community partners and preliminary findings from parallel needs assessment projects found Asian American and other immigrant communities were facing multiple pressing and interacting threats from the COVID-19 pandemic, including economics stress,

anti-Asian violence, and poor physical and mental health.<sup>6</sup> In light of these findings and in order to be more aligned with the pulse of the community, we pivoted our workshops to broadly focus on improved community healing through food and nutrition programs. We also expanded beyond Chinese and Mexican families in Brooklyn to be inclusive of other immigrant communities that we partner with and are still within the PCC COE catchment area, including Korean, Arab American, and other Latina/x/o-serving organizations.

<sup>7</sup> <https://www.aapicovidneeds.org/needsassessment>. Accessed 12/13/21.

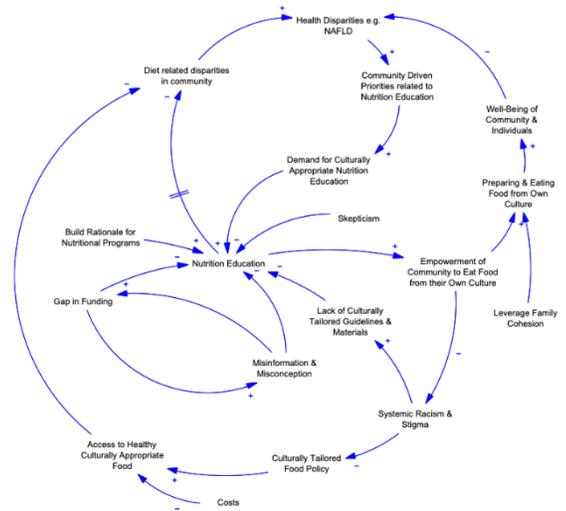


Figure 1: Preliminary Causal Loop Map Example from Nutrition Education Workshop

## Find Out More

The overarching mission of the Community Outreach and Engagement Core at the PCC is to reduce the cancer burden and cancer disparities in our catchment area through community engagement, dissemination, and translation of PCC research and evidence-based cancer prevention and control strategies. To find out more information about the Community Outreach and Engagement Core at the Perlmutter Cancer Center, please visit the **Perlmutter Cancer Center Website**.

This project was funded through an administrative supplement from the National Cancer Institute to the Laura and Isaac Perlmutter Cancer Center at New York University Langone Health 3P30CA042014-31S6).

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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>