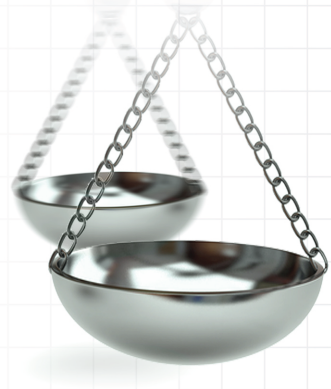
Interview



Journal of Comparative Effectiveness Research

The Familias Saludables partnership: Engaging the Latino community to address early childhood obesity

Darcy A Thompson*,[1] & Deborah A Federspiel[2]

[1]Associate Professor of Pediatrics, University of Colorado School of Medicine, Associate Medical Director, Children's Hospital Colorado Research Institute, Anschutz Medical Campus – Mail Stop F561, 12631 East 17th Avenue, Room 2605; Aurora, CO 80045, USA

[2]Senior Strategist, Child Health Advocacy Institute, Children's Hospital Colorado, 13123 East 16th Avenue, Box 080, Aurora, CO 80045, USA

* Author for correspondence: Tel.: +1 303 724 7471; darcy.thompson@childrenscolorado.org

"Engaging stakeholders in identifying the needs of families of young Latino children as well as the design of potential interventions holds the potential to enhance intervention effectiveness as well as cultural relevance."

Darcy A Thompson is an Associate Professor of pediatrics at the University of Colorado School of Medicine. Her main research seeks to address early childhood obesity in low-income children. She works in the Lifestyle Medicine clinic at Children's Hospital Colorado, a clinic focused on caring for children with obesity and related comorbidities. She is also an Associate Medical Director for the Research Institute at Children's Hospital Colorado. Her training includes a Master of Public Health degree, a medical degree (Yale University) and the Robert Wood Johnson Clinical Scholars Fellowship (University of Washington).

Deborah (Deb) A Federspiel has been leading child health advocacy and community health improvement initiatives in support of Children's Hospital Colorado's mission for the past 15 years. Her professional background includes experience developing and managing teams, programs and operations, as well as building partnerships and coalitions to drive key strategic initiatives and advance positive change on behalf of children and families. An active member of a number of community advisory committees and nonprofit boards, she has worked in the Colorado nonprofit sector since 1999. She has a Bachelor of Science in business administration from the University of Dayton.

First draft submitted: 13 November 2017; Published online: 21 February 2018

Keywords: childhood obesity • community engagement • Latino health

Could you tell us a little about yourselves & your roles at Children's Hospital Colorado?

Thompson: I am a pediatrician and I currently work in the Lifestyle Medicine Clinic at Children's Hospital Colorado. I also conduct research. My research is focused on the prevention of obesity in early childhood. Most of my work focuses on low-income Latino children. In addition, I am an Associate Medical Director for the Research Institute at Children's Hospital Colorado and I direct the Pediatric Clinical Nutrition Fellowship.

Federspiel: I am a Senior Strategist in the Child Health Advocacy Institute (CHAI) at Children's Hospital Colorado. CHAI is the hub for the hospital's community benefit and population health work. As a senior strategist, I establish strategic partnerships and programming in collaboration with community organizations and agencies in an effort to address the top health issues impacting children and families in our community.

What unmet needs does the Familias Saludables partnership aim to address?

Federspiel: Familias Saludables (FS) is a formal partnership that was established in 2015 to build capacity among community partners in order to involve stakeholders in the development of research projects aiming to better understand factors that contribute to and ways to prevent and/or treat overweight/obesity among low-income Latino children aged 0–5 years. We are focused on Latino children because Latino children are disproportionately

Future Medicine

affected by obesity compared with non-Latino white children. Obesity starts early in the Latino population, with recent findings showing that over 15% of Latino preschoolers are obese during these early years compared with about 5% of their non-Latino white counterparts (Ogden *et al.* [2016]) [1]. It is critical that this disparity is addressed. Culturally tailored interventions that effectively address early childhood obesity in this population are urgently needed.

Thompson: Engaging stakeholders in identifying the needs of families of young Latino children as well as the design of potential interventions holds the potential to enhance intervention effectiveness as well as cultural relevance. There is a particular need to engage the voice of monolingual Spanish speakers, who because of the language barrier, are so often left out of conversations aimed at improving clinical care and preventing conditions such as obesity.

What have been the main achievements of the partnership to date?

Federspiel: To date, we have been focused on three things: developing an organizational structure to support future comparative effectiveness research (CER) work; building capacity across partners to contribute to the research process; and narrowing our research focus within the field of childhood obesity. The partnership has successfully engaged Latino parents and caregivers, researchers, medical providers and professionals from Children's Hospital Colorado and other community based organizations. The organizational structure of the partnership includes three committees: Leadership; Research; and Family Leaders, each with representative membership. Parents and caregivers participate on all committees. The Leadership Committee guides the overall direction of our partnership and ensures appropriate utilization of the Family Leaders and Research Committees. The Research Committee is focused on determining the research direction of the partnership through processes involving facilitated discussions and the collection and evaluation of stakeholder input, synthesizing multiple perspectives along the way. The Research Committee will ultimately guide the development and design of a research study or studies. The Family Leaders Committee provides input on questions posed by the Research Committee to focus the potential research angles and inform CER questions to be explored. The Family Leaders Committee also supports dissemination of project information and community engagement through identification of stakeholders and execution of outreach strategies to reach more families.

In addition to this organizational structure, we have focused on building capacity across partners through the use of various methods. We started by establishing a shared understanding of the potential factors affecting a young child's weight trajectory. To accomplish this, we overcame many differences in knowledge, experiences, culture, socioeconomic status and communications, particularly since Spanish is the primary language for the parent/caregivers, but not the other partners. Through regular committee meetings, partners have exchanged ideas, shared viewpoints and made decisions, which would not have been as effective without investing the time in the front end to develop that shared understanding. We have also utilized extension activities, asking family leaders to obtain further input from community members on specific topics. Additionally, education and technical assistance was provided to all partners regarding the design and execution of research, and specifically CER. The establishment of the FS partnership provided the hospital, as the lead agency, with the opportunity to explore and refine processes related to community engagement and preresearch, such as defining where fiscal and administrative functions would live, which operational supports could be accessed to support the work and how to meaningfully engage all partners. Finally, the establishment of the FS partnership has helped Children's Hospital Colorado foster greater engagement with researchers interested in advancing research aimed at reducing childhood obesity in young Latino children, and demonstrated a model for engaging the community in research, which will help build momentum for future patient and family centered outcomes research efforts.

Thompson: We have also concentrated on identifying our research focus. The Research Committee is comprised of parents/caregivers, University of Colorado School of Medicine researchers, hospital staff and researchers and professionals from community organizations interested in the topic of reducing childhood obesity. To assist in identifying our research focus, the Research Committee utilized a process called the Delphi procedure to systematically obtain community input to help us identify pertinent areas of focus. This committee also developed questions to anonymously assess stakeholder opinions regarding factors contributing to pediatric obesity. In a parallel track, the committee collectively discussed all contributors to obesity, the evidence surrounding them and potential questions that could be explored related to each contributing factor that was prioritized by stakeholders. Furthermore, the committee queried the Family Leaders Committee multiple times on specific topics to also help

narrow the focus. Given that there are numerous researchers on the committee, the researchers were also asked to contribute their knowledge of specific topics and identify possible gaps in the evidence.

In addition to the three areas Deb and I just mentioned, a major accomplishment of our partnership has been the realization that we can have productive meetings with monolingual English and Spanish speakers – when provided adequate support. Without such support, this may have greatly hindered the progress. Critical resources to forming and sustaining a partnership in which the key partners speak two different languages (English and Spanish) have included a dedicated family engagement leader, interpreters, translation services, longer meetings and patience from all attendees.

Federspiel: As a consequence of our work, many of our family leaders now feel more empowered to speak up and advocate for issues both within Children's Hospital Colorado community as well as the community at large. Additionally, the project has fostered the interest of family leaders in coming together beyond the scope of the project, coordinating quarterly celebrations and networking events and indicating a broader interest in ongoing education and health promotion efforts. This indicates that the partnership, or some stakeholders within it, could help inform other health promotion efforts driven by Children's Hospital Colorado and other community partners in the future.

Have you encountered any unforeseen challenges?

Thompson: A major challenge, though not entirely unforeseen, is that the complex nature of the topic of childhood obesity makes it very challenging to narrow our focus to a single, or even just a couple of research questions. Not only must we decide which domain to focus on (individual, family and community) but we must also decide whether to focus on a particular age group and what contributing factor or factors to address, thus requiring an extensive amount of work to explore the evidence base surrounding each contributing factor, and to discuss the evidence base in a way that is relatable and understandable to all stakeholders involved, especially given the language barriers referenced above. In relation to CER, a particular challenge for developing CER questions on this topic is the limited amount of research focused on obesity in children aged 0–5 years old.

The project received a grant through a PCORI Pipeline-to-Proposal Tier III Award: what difference has this made to the project?

Federspiel: The funding from this award has been critical to the success of the project, ultimately serving as the catalyst that brought together individuals with diverse backgrounds that may have otherwise not interacted in such a focused way. Award funds allowed us to financially recognize stakeholders for the time they have contributed to the project, which we believe has positively impacted our retention of partners throughout the 3-year period. Providing food and child care during meetings has made it more viable for parents/caregivers to attend monthly meetings. Additionally, compensation has allowed researchers to devote the dedicated time for leading this preresearch and community engagement effort, which typically is not a supported component of a funded research study. Finally, although the hospital contributed significant in-kind staff time through CHAI staff, interpreters, volunteers and more, the fact that there were many aspects of the project funded externally made it more viable to secure the hospital's support and create the space and time to engage in this work.

What are the long-term goals of the project?

Thompson: Our long-term goals for this project are to continue to engage stakeholders in the development of research ideas and studies that address obesity in low-income Latino children aged 0–5 years old. Through this engagement, we believe the resulting research will be more likely to effectively address the disparate prevalence of obesity in this population. We also hope to be able to institutionalize the process of engaging stakeholders in research and program development going forward.

Do you have any final comments for the readers of the *Journal of Comparative Effectiveness Research*?

Thompson: Although significant time and effort is required to meaningfully engage stakeholders in the development of research, we believe doing so will lead to more effective interventions in the long run. In reflecting with our FS partnership recently, we were pleased to find that partners were able to articulate the value of each perspective. Researchers and clinicians have data and expertise on the problem of childhood obesity, but families share insight and expertise about family dynamics, culture, context and other factors that contribute to the problem.

Federspiel: Hospital and community based organizations are essential partners for sharing information and engaging families. FS provides an opportunity for all partners to see each other on a relatable level working toward a shared goal. A parent recently stated, *"I like the professionals and I like that they have listened to us"*. Others indicated that the biggest accomplishments are the respect that members feel for one another and all agreed that working together can significantly impact a child's health.

Disclaimer

The opinions presented in this publication are solely the responsibility of the authors and do not necessarily represent the views of the Patient-Centered Outcomes Research Institute (PCORI), its Board of Governors or Methodology Committee.

Financial & competing interests disclosure

The Familias Saludables partnership was partially funded through a Patient-Centered Outcomes Research Institute (PCORI) Pipeline-to-Proposal Award (#3411458), administered on behalf of PCORI by Trailhead Institute. DA Thompson received support for her work with the Familias Saludables Partnership from this award. The interviewees have no other relevant affiliations or financial involvement with any organization or entity with a financial interest in or financial conflict with the subject matter or materials discussed in the manuscript apart from those disclosed.

No writing assistance was utilized in the production of this manuscript.

References

1 Ogden CL, Carroll MD, Lawman HG *et al.* Trends in obesity prevalence among children and adolescents in the United States, 1988–1994 through 2013–2014. *JAMA* 315(21), 2292–2299 (2016).