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CASE REPORT



Leveraging community colleges for cancer prevention: aligning health communication science and higher education to reduce modifiable risk factors

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ABSTRACT

Objective: This report describes a model for integrating health communication science into cancer center-community college partnerships to promote cancer prevention initiatives and reduce modifiable cancer risk factors among emerging adults. **Participants:** The collaboration leverages the expertise of a Comprehensive Cancer Center and a Community College in partnership with a Center for Health Communication. Each partner brings an essential skillset to serve diverse populations facing elevated cancer risk factors. **Methods:** The framework uses health communication science for continuous improvement through theory-driven messaging, audience segmentation, and multi-channel campaign design. The approach supports coalition formation, capacity building, and implementation of evidence-based interventions for modifiable risk factors. **Results:** The partnership demonstrated documented improvements in modifiable behaviors and significant relationships between campaign awareness and behavioral intentions. Perceived institutional care was a critical moderator that strengthened intervention effectiveness. **Conclusions:** This collaborative model offers a replicable, theoretically grounded framework for expanding evidence-based cancer prevention to emerging adult populations through institutional partnerships.

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Cancer prevention; community college; community outreach; emerging adults; evidence-based interventions; health communication

College-aged adults represent a critical yet underserved population for cancer prevention.¹ Almost half of cancer cases could be prevented through application of current knowledge about modifiable risk factors.² This is particularly true for emerging adults (aged ~18–29 years) because their life stage presents an opportunity to delay or prevent future diagnoses by addressing declining diet quality and physical activity alongside targeted marketing of tobacco and alcohol products and harmful tanning.

As the Center for Disease Control's Division of Cancer Prevention and Control notes, patterns formed during this life stage can influence cancer risk over time.¹ The rise in early-onset cancers suggests earlier-life factors may affect carcinogenesis, emphasizing the need for targeted prevention efforts during this developmental stage.³ Emerging adulthood is also complicated by transitions: gaining independence, entering the workforce, forming identities, and managing healthcare decisions independently, all likely factors in why emerging adults demonstrate comparatively low use of preventive services.⁴

Given sizeable concentrations of emerging adults, tertiary education institutions present specialized opportunities for targeted cancer risk-behavior messaging. However,

community colleges are underutilized for cancer prevention programming compared to four-year institutions.⁵ Community colleges function as anchors that enrich community social, economic and cultural capital.⁶ They offer communities reciprocal benefits by developing a local workforce and catering resources for diverse students including first-generation, multilingual, and low-income learners.^{7,8} Community colleges also negotiate specific challenges in implementing health promotion initiatives, such as their commuter-based nature, smaller operational budgets compared to major universities, and multi-campus structures serving subpopulations with distinctive needs.⁹

Health communication science, implemented with community college student health behavior change efforts, can guide emerging adults into building healthier lifestyle habits and proactively managing cancer risks. Health communication science is an interdisciplinary field that applies systematic research methods to develop, test, and implement targeted health messages and interventions.¹⁰ The field employs theory-driven strategies to tailor messages for specific populations, channels, and contexts to maximize behavior change effectiveness.¹¹ The approach aligns with the

Community Guide recommendations of mutually reinforcing, evidence-based interventions (EBIs) such as tobacco cessation programs, community-wide communication campaigns to promote physical activity, and protective policies for educational settings.¹²

Further, Comprehensive Cancer Centers are mandated by the National Cancer Institute to support community outreach and engagement efforts to promote cancer prevention and control in local catchment areas.¹³ Since many cancer risks accumulate over time, prevention efforts must begin early, making youth-serving institutions critical collaborators in cancer control efforts. The objective of this report, then, is to describe a framework for integrating health communication science into cancer center-community college partnerships.

This framework addresses a critical need among community college populations, which serve diverse, often underserved students facing elevated cancer risk factors. Lee College exemplifies this context, serving 8,800 students (50% Hispanic, 28% non-Hispanic White, 14% Black/African American) in south Texas, where many students are first-generation, multilingual, and low-income learners who may have limited access to preventive healthcare.^{14,15}

The model showcases approaches to creating tailored health messaging and sustainable community coalitions while increasing capacity for community colleges to lead localized cancer prevention efforts. No ethics approval was required for this work as it involved no human participants or animals, and the authors report there are no competing interests to declare.

Framework of health communication science in cancer center-community college partnerships

The framework (Figure 1) demonstrates how health communication science can function as the integrative framework connecting cancer centers and community colleges in comprehensive prevention efforts.

Complementary expertise

Cancer centers contribute clinical knowledge, EBI protocols, research infrastructure, and healthcare connections. Community colleges offer direct knowledge of diverse emerging adult populations, community relationships, cultural competence with local populations, established communication channels, and educational delivery systems through classes and campus events. Health communication science provides the theoretical framework through behavior-change models (e.g., social cognitive theory) and practical tools like audience analysis and message-testing protocols in addition to translating complex health information into actionable, culturally appropriate messaging.

Coalition formation and maintenance

Health communication science supports coalition formation and partnership development by helping institutions understand the specific needs, barriers, and communication preferences of the focus populations, enacted through systematic

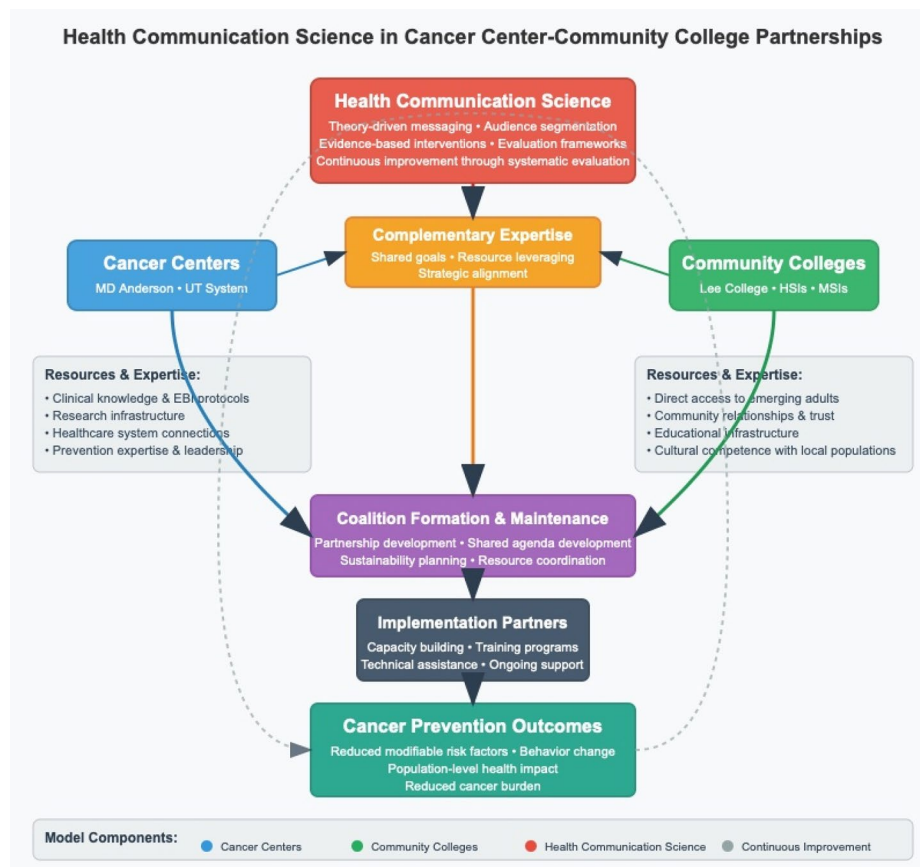


Figure 1. Health communication science in cancer center-community college partnerships.

identification of each organization's communication assets, shared goal-setting protocols, and structured feedback mechanisms. Experts from cancer centers, community colleges and health communication work together on shared agenda development, program sustainability, and resource coordination. This ensures that prevention messaging is collaborative and data-driven rather than assumption-based, incorporating principles of health literacy, cultural responsiveness, and behavioral theory.

Implementation partnerships

Communication science guides implementation by prioritizing strategies pursued based on available resources and expertise. Health communication experts can also build the capacity of community college leaders to create and maintain messaging interventions. Through coordinated technical assistance, community college leaders can engage in a reliable process for developing, testing and refining messages while maximizing communication channels. This long-term capacity-building with partners bolsters message testing, channel optimization, and evaluation frameworks. It also addresses both immediate behavioral outcomes and institutional capacity for sustained health promotion.

Cancer prevention and health communication

Effective cancer prevention requires community-wide approaches that extend beyond individual behavior change to environmental and policy-level interventions, as shown in the model. Health communication provides frameworks for coordinating messaging across multiple community touchpoints while maintaining consistency and reinforcing prevention goals.

Model implementation: the Lee College partnership

An exemplar exists in the partnership between Lee College, The University of Texas MD Anderson Cancer Center, and the Center for Health Communication at The University of Texas at Austin (CHC). All three institutions collaborate through Be Well Communities™, MD Anderson's place-based initiative for cancer prevention sponsored by ExxonMobil. Lee College, a Hispanic-Serving Institution in Baytown, Texas, partnered with Be Well™ Baytown at its launch and is an active current member on the Steering Committee. The steering committee is a multi-sector community health coalition comprised of leaders from education, healthcare, city government, and community organizations. The committee members guide planning, resource allocation, implementation, assessment of evidence-based cancer prevention interventions across the initiative, per what the group selects as community priorities.

Be Well Baytown launched in 2016 as part of Be Well Communities to support implementation of EBIs for cancer prevention in a community where residents face significant health challenges.¹⁶ Baytown is the third largest city in Harris County, with 83,000 residents (47% Hispanic, 18% African

American), 31.3% of which are uninsured.^{17,18} Adult tobacco use rates are 65% higher than the national average, over one-third of adults have obesity, and 30.3% do not engage in physical activity outside of work.¹⁹

Lee College primarily serves the Baytown area with 8,800 students, evenly split between men and women. The majority of students identify as Hispanic (50%), non-Hispanic White (28%), or Black/African American (14%).¹⁴ This demographic profile reflects broader community college populations serving diverse, often underserved populations facing elevated cancer risk factors.¹⁵

Implementation

Complementary expertise

The partnership leveraged distinct institutional strengths to create shared goals, strategic alignment, and coordinated resource planning. MD Anderson contributed clinical knowledge and intervention protocols through the Be Well Baytown initiative, providing research infrastructure, connections, prevention expertise, and leadership. Lee College contributed direct access to emerging adults through established educational systems, deep community relationships beyond campus, and cultural competence. The college also provided institutional vision supporting comprehensive student care and offered campus spaces and infrastructure for health messaging integration.

The Center for Health Communication strengthened the partnership by planning evidence-based communication strategies. The health-communication center provided theoretical frameworks (research-based strategies about how and why people change health behaviors), audience research methods (surveys and focus groups to understand the community), message testing protocols (systematic approaches to evaluate message effectiveness before implementation), and multi-channel campaign design expertise (coordinated messaging across digital, print, and person-to-person communication). Health communication science guided the co-creation of goals, creative thinking around message development, resource deployment, and strategic planning alignment, ensuring work grounded in communication best practices and maximizing each institution's unique contributions to cancer-prevention programming.

Coalition formation and maintenance implementation

Partnership development was built from health communication science's approach to stakeholder engagement and collaborative planning. The framework facilitated shared agenda development by coordinating Lee College's educational and health priorities with MD Anderson's cancer prevention goals. The coalition implemented EBIs tailored for the community college population, focusing on tobacco cessation, sun safety, and physical activity promotion. In concert with Be Well Baytown and its active Steering Committee, health communication planning enabled effective resource coordination by identifying each institution's communication assets

(i.e., media channels, signage, events) and how they could be strategically leveraged.²⁰ The Steering Committee maintained consistent engagement with 22–25 participating organizations in monthly meetings, with Stakeholder Surveys across seven years showing members widely agreed on positive coalition functioning and active participation.¹⁶

Sustainability planning operated from the outset as a key element of the framework's emphasis on shared agenda-building. This approach established systematic evaluation processes and training documents to enable Lee College to maintain prevention efforts over time. The health communication approach ensured that coalition maintenance was grounded in continuous feedback loops and data-driven improvements. The feedback processes and data focus created durable partnerships that could adapt messaging and interventions based on student responses while maintaining theoretical rigor and best practices.

Implementation partners

Capacity-building enabled the Lee College-focused team to implement evidence-based prevention programming. The CHC collaborated with Lee College leadership to create message testing and evaluation protocols for the community-college context guided by social cognitive theory,²¹ specifically applying self-efficacy and outcome expectations through message design to build students' confidence in performing prevention behaviors and highlight positive health outcomes as reasonable expectations. Communication infrastructure theory²² also guided the work, operationalized through integration with the college's existing communication channels and trusted institutional messaging systems to maximize message credibility and reach. Training programs supported staff delivery of adapted Tobacco 101 curriculum across five classes.²³ The CHC facilitated implementation of multi-channel campaigns, covering optimization of digital messaging on campus flat screens, placement of physical signage, and social media outreach of consistent prevention themes using the college's known and trusted brand. Additionally, the CHC provided ongoing evaluation support for continuous improvement, looking at effects from environmental modifications like sunscreen dispensers and point-of-decision messaging. This created sustainable systems that allowed Lee College to maintain prevention efforts while applying health communication science principles for measurable outcomes and institutional capacity development.

Implementation challenges and lessons learned

The partnership encountered implementation challenges that required strategic adaptations and provided valuable lessons for replication. The commuter nature of community college populations limited sustained campus engagement. We adapted by implementing multi-modal outreach during high-traffic times, integrating prevention content into existing coursework, and placing materials in high-visibility areas like parking lots. Initial standalone programming proved incompatible with resource constraints. We learned to integrate

prevention messaging into existing institutional infrastructure, communication channels, and student services rather than creating new systems. Coordinating messaging across three institutions initially created inconsistencies. We established shared communication calendars, standardized templates, and designated liaisons to ensure coordination while respecting each organization's protocols and brands. These challenges strengthened the partnership by requiring deeper collaboration and attention to community college-specific considerations that enhance model replicability.

Cancer prevention outcomes

Implementation of the health communication-guided partnership produced documented improvements in cancer risk behaviors among Lee College students through targeted tobacco, sun safety, and physical activity interventions.^{23–25} Campus-wide tobacco surveys demonstrated significant increases in policy awareness among students from 2019 ($M=3.17$) to 2022 ($M=4.54$, $p<0.05$), with student tobacco use decreasing 2% over the same period.²³ Sun safety surveys showed that nearly half of campus respondents (49%) reported awareness of the sun safety campaign, with 24% reporting sunscreen dispenser use and 41% stating intentions to use dispensers in the future.²⁴ Perceived institutional care—measured as students' perceptions of the college's genuine concern for their wellbeing—moderated the relationship between campaign awareness and sun safety behaviors, with awareness effects 0.27 units stronger among those reporting higher institutional care perceptions.²⁶ Population-level health changes of course require longitudinal observation, but the partnership established foundational systems for sustained impact through environmental modifications, policy changes, and institutionalized health communication practices. The emphasis on evidence-based, culturally responsive messaging created scalable approaches for long-term impact as student cohorts carry protective behaviors into their communities.

Discussion

The Lee College partnership exemplifies how health communication science can function as an integrative element to connect institutional expertise for comprehensive prevention efforts. Several factors contributed to the model's success, including health communication science's role in facilitating complementary expertise, translation of MD Anderson's intervention knowledge, and Lee College's community connections.

Intentional coalition formation and maintenance ensure partnership sustainability. Health communication can support shared agenda development by aligning institutional goals with prevention targets. Resource coordination can leverage each institution's communication assets strategically, considering channels, content expertise, and community knowledge. Community colleges' unique position as community anchors allows them to maintain trusting relationships with diverse, often medically underserved populations who might be skeptical of healthcare institutions or view prevention messages as irrelevant.

Implementation also revealed important considerations for future partnerships. The commuter nature of community college populations requires communication planning that accounts for limited campus engagement time and competing priorities in students' lives. Resource constraints at community colleges require capacity building and integration with existing institutional infrastructure rather than creating programs and evaluation methods.

Health communication evaluation frameworks prove essential for addressing these challenges through continuous improvement based on feedback. In this case, Lee College's emphasis on perceived institutional care influences intervention effectiveness and highlights the importance of authentic partnership development to demonstrate genuine commitment to student wellbeing.

Summary

The integration of health communication into cancer center-community college partnerships offers a replicable framework for expanding evidence-based cancer prevention efforts among emerging adults. This collaborative model demonstrates how health communication can function as the integrative mechanism connecting complementary institutional expertise, coalition formation and maintenance, implementation partnerships, and measurable cancer prevention outcomes.

The Lee College partnership supports the framework's practical feasibility and demonstrates potential for population-level impact through application of communication theory, audience segmentation, and multi-channel campaign design for place-based interventions. Key implementation insights include the critical role of perceived institutional care in moderating intervention effectiveness and the importance of environmental modifications that address convenience barriers specific to community college populations. This finding suggests perceived institutional care may enhance effectiveness across other community college health and engagement programming.

Recommendations for broader application include: (1) employing health communication as a coordinating tool from partnership inception; (2) investing in audience research to ensure cultural relevance and message effectiveness; (3) integrating prevention messaging with existing educational infrastructure rather than creating standalone initiatives; (4) implementing environmental supports that reduce barriers to behavior adoption; (5) fostering institutional environments that demonstrate authentic care for student wellbeing; and (6) implementing comprehensive evaluation frameworks that enable continuous improvement and demonstrate quantifiable outcomes.

This framework provides a theoretically grounded, practically tested approach for expanding cancer prevention efforts to underserved emerging adult populations through strategic institutional partnerships guided by health communication science principles.

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Ethical approval

The authors have no conflicts of interest to report. The authors confirm that the research presented in this article met the ethical guidelines, including adherence to the legal requirements, of the United States of America and received approval from the Institutional Review Board of the University of Texas at Austin.

Author contributions

CRedit: **Brad Love:** Conceptualization, Data curation, Funding acquisition, Investigation, Methodology, Resources, Supervision, Validation, Visualization, Writing – original draft, Writing – review & editing; **Margaret Raber:** Conceptualization, Methodology, Visualization, Writing – original draft, Writing – review & editing; **Lauren Kriss:** Conceptualization, Data curation, Methodology, Project administration, Resources, Supervision, Writing – review & editing; **Nadia Sesay:** Data curation, Investigation, Validation, Writing – review & editing; **Ellen Shin:** Project administration, Resources, Software, Visualization, Writing – review & editing; **Rosemary Coffman:** Conceptualization, Data curation, Investigation, Project administration, Resources, Supervision, Writing – review & editing; **Katherine Oestman:** Conceptualization, Resources, Validation, Writing – review & editing; **Haley Gardiner:** Conceptualization, Investigation, Project administration, Resources, Writing – review & editing; **Mayra Aquino:** Data curation, Investigation, Resources, Supervision, Writing – review & editing; **Ruth Rechis:** Conceptualization, Investigation, Methodology, Project administration, Resources, Supervision, Writing – review & editing.

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