

Strategies for recruiting older Black men into aging and Alzheimer's research

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Submitted 14 August 2022, revised 11 January 2023, accepted 26 April 2023.

Declarations

Funding: This work was supported by grants to MAG from the National Institutes of Health-National Institute on Aging (1R01AG053961), the New Jersey Health Foundation, and several private donors and foundations.

Conflicts of interest/Competing interests: The authors declare no conflicts of interest.

Availability of data and material: Not applicable

Code availability: Not applicable

Authors' contributions: All authors contributed to the study's conception and design. Literature search and the first draft of the manuscript was written by Darlingtina Esiaka. MAG and GBW critically revised previous versions of the manuscript. All authors read and approved the final manuscript.

Ethics approval: Not applicable

Consent to participate: Not applicable

Consent for publication: Not applicable

Acknowledgements

The authors would like to thank our community partners and the hundreds of Very Important Participants (VIPs) who have enrolled over the years in our research studies at the *Aging & Brain Health Alliance* at Rutgers University-Newark.

Abstract

Background: Despite their high risks for Alzheimer's disease, older Black men are minimally represented in Alzheimer's research and clinical trials. The absence of older Black men in Alzheimer's research limits our ability to characterize the changes associated with cognitive impairments in older Black men—a key health disparity concern.

Method: Drawing on lessons we learned from years of community-based participatory research in Newark, NJ, we highlight recruitment strategies developed alongside community partners to guide our enrollment and retention efforts for Black men.

Result: We identified seven recruitment strategies: provide indirect health education through social programming, target older men through the younger men in their lives, go beyond Black churches, utilize older Black men as trained community ambassadors, enlist the women in Black men's lives, frame research participation as a legacy to leave their sons, and use past and current Black men participants as role models.

Conclusion: These recruitment strategies help us address many barriers to recruiting older Black men. They can be easily implemented by researchers conducting aging and brain health research or interested in working with older Black men and under-represented populations.

Keywords: Research study recruitment, Black men, older men, community health partnership, brain health.

Despite evidence that older Black Americans have twice the risk for Alzheimer's Disease as white Americans,¹⁻³ there is limited data on Alzheimer's risk or prevalence in older Black men versus women. Research on Alzheimer's disparities has progressed rapidly. In Alzheimer's research, eliminating disparities in enrollment and retention of Black men versus women is crucial to advancing our understanding of sex differences in Alzheimer's among Black Americans. Past studies done primarily on white Americans report that mild cognitive impairment (MCI) is more common in older men than older women,^{4,5} and men have a more rapid progression from mild cognitive impairments to Alzheimer's.⁶ Also, certain risk factors (e.g., detrimental health behaviors, head trauma/injuries, chronic conditions) are more common in men compared to women. Since past research was done primarily on white men, we do not know if the findings apply to Black men. Consequently, this limits our ability to characterize the changes associated with cognitive impairments in Black men—a key health disparity concern.

Prior research utilized focus groups, systematic reviews, and cross-sectional design to identify several reasons for the lack of participation in scientific research by Black Americans,⁷⁻¹¹ particularly Black men. The identified reasons include the fear associated with the history of medical malpractices and harmful research in Black communities^{7,8} and stigma or shame associated with illnesses.⁹ Additional reasons are hesitancy to participate in research studies focused on specific illnesses^{9,10} and lack of community involvement in the research process.^{10,11} Existing programs on increasing the participation of Black men in clinical trials/research focused on diseases such as cancer, diabetes, and heart disease risk¹² or self-reported health outcomes of Black men.¹³ In 2022, the Black Men's Brain Health (BMBH) registry was launched nationally to curate a list of Black men who signed up to participate in brain-related research projects.¹⁴ To contribute to the development and dissemination of best practices for recruiting older Black men

into Alzheimer's disease research, we describe our community-engaged research project in Newark below and summarize lessons we have learned from our experiences.

Partnership: Aging & Brain Health Alliance

The *Aging & Brain Health Alliance* (ABHA) at Rutgers University-Newark builds on 17 years of university-community collaboration promoting brain health and Alzheimer's awareness among older African Americans in the Newark, New Jersey. The Alliance partners with churches, local community organizations, and regional governmental agencies to address risk factors for cognitive decline and Alzheimer's disease in older African Americans. With government and private funding support, we are serving African-American seniors from Greater Newark. The ABHA, alongside community partners, hosts regular community outreach events, often several a month, through which we reach a net total of about 1200 attendees each year. At the outreach events, we offer brain health education and a presentation on the benefits and importance of research participation by African Americans. The presentations are done by members of the community whom we have trained as *Brain Health Ambassadors*. At each event, some of the attendees agree to complete research participation cards requesting we contact them to participate in our research. We have enrolled over 500 older Black Americans in our longitudinal studies investigating genetic and lifestyle factors associated with cognitive function and progression to Alzheimer's disease in older African Americans.

In the earliest years of our study, between 2015 and 2017, Black men made up a tiny percentage of our research enrollees, about 5%. To increase the enrollment of men into our studies, we embarked on a project to promote Alzheimer's Disease awareness, risk reduction, and research participation in older Black men. The Black men's project is led by the senior

author as the Principal Investigator. He is a Professor of Neuroscience and the director of the ABHA. He has been active in community-engaged research in Newark, New Jersey, for almost 2 decades. The Black men's project is co-led by the second author as the Community Partner and a co-Principal Investigator. He is a Pastor at one of ABHA's partner churches and oversees the implementation of the various community engagement activities under the project. Also, he serves as the ABHA's Director of Church Relations. The first author is a post-doctoral fellow and a co-investigator on the Black men's project. She served as the community engagement coordinator and the liaison between ABHA and the community partners (For additional information on CBPR partnerships, see Table 1). The three main goals of the project are

1. to increase awareness of Alzheimer's (what it is and what causes it),
2. to promote understanding of how Black men's risk for Alzheimer's can be cut in half through changes in behaviors and lifestyles (especially diet, sleep, and physical fitness), and
3. to address the critical lack of biomedical research data on the risk factors and progression of Alzheimer's among Black men.

Since 2017 and the implementation of our targeted engagement programs for men, the enrollment has slowly climbed so that now, as of 2023, about 20% of our new enrollees are men. Our goal is to reach 30 to 35%, which is in accord with the proportion of older Black men vs. Black women in Newark.

Below, we offer recruitment strategies that were developed alongside community partners to guide our enrollment and retention efforts for Black men.¹ These strategies help us address many barriers to recruiting older Black men. They can be easily implemented by researchers conducting aging and brain health research or interested in working with older Black men and other under-represented populations. It is important to note that these strategies require a long-term commitment of time, effort, and financial resources to build trust and partnerships with local community organizations and community members.

Provide indirect health education through social programming.

We recognized that health information dissemination at health-related events might not be appealing to the men nor draw the men to the events. Thus, we created additional programs primarily focused on men’s social interests, such as sports, music, and cars. The programs include hosting community-wide events such as classic car shows at partner churches, athletic competitions for seniors, ‘Soul Brain!’ Motown/R&B dances at subsidized housing units and men’s ministry breakfasts at various partner churches. These events were tailored to reflect men’s general interest primarily—and the health education component secondarily.

Target older men through the younger men in their lives.

Despite our target age of men being 60 and over, we recognized that younger men are mediums to reach the older men in their lives—fathers, uncles, brothers, in-laws, and friends. We show up at events around Newark that target younger men with our information booth/table.

¹ In our program, the execution of these strategies co-occurs sometimes. For example, when we hosted the “Classic Car Show,” we (1) provided indirect health education through social programming, (2) targeted older men through the younger men in their lives when we created awareness for the program, (3) we shared information about the programs beyond Black churches such as retirement homes, activity centers, barbershops, and hospitals, (4) on the day of the event we utilized older Black men as trained community ambassadors to deliver the AD health information, and (5) past and current Black men participants were present to answer specific questions regarding their experiences taking part in the research.

Then, we have conversations with the younger men who come to our booth/table about the health of their older folks. Through these conversations, we get them curious enough to learn about the aging brain and motivate them to encourage their older folks to contact us for study enrollment and participation.

Go beyond Black churches.

In and around Newark, Black women ages 55 and older outnumber men by more than two to one, and the ratio is more extreme within the community and church groups from which we typically recruit. When recruiting older Black men, most Black churches have the same problem that researchers face—fewer men attend churches than women. First, we expanded our focus to include working with mosques and the Muslim communities around the greater Newark area. Although there are fewer mosques than churches, mosques have a higher ratio of men to women than churches. Second, we expanded our outreach program to other community-based organizations such as senior centers, low-income housing providers, private medical practices, men's lodges, and state offices for health and aging. More recently we have begun a fruitful partnership with the Returning Citizens Support Group, which offers support programs for men returning to society after long prison sentences.

Utilize older Black men as trained community ambassadors.

Men in the community are more likely to trust researchers/health services who are older Black men. For the past 16 years, we have hired and trained older Black Men to serve as community brain health educators. These have included local Pastors as well as retired school teachers and other interested men from the community. During planned events such as the men's

breakfast ministry, the trained educators deliver lessons on brain health, healthy aging, and opportunities for research participation to other older Black men.

Enlist the women in Black men's lives.

The influence of Black women on their men's health behaviors is extensively documented,¹⁵⁻¹⁸ where women are typically the caregivers and health care decision-makers within their families.^{19,20} From mothers, wives to daughters, Black women support the men in their lives as they strive to be healthy. Additionally, Black men consider the involvement of women in their health-seeking behaviors to be essential.²¹ As such, we often rely on women to get the message across to the men in their life by making our outreach open to men and women while targeting men. Many of the women are our current participants, patients at partner primary care providers, church attendees, and occupants of subsidized housing units. We share information about our research, the benefits of research participation for their families and communities, and the importance of increasing the participation of Black men in research. We explicitly reach out to the women in our program and encourage them to bring the men in their lives to our programs. We have witnessed an increase in the number of men referred to our program by women in their lives, most of whom are, themselves, already long-time participants in our studies.

Frame research participation as a legacy to leave their sons.

Convincing men that participation in health research will provide any benefits to them can be a daunting task. Similarly, it is difficult to assure men that researchers view them as valuable partners in health research. We have found that framing research participation as a legacy that men leave to benefit of the next generation of Black men (and their sons in

particular)—that will improve their lives and experiences— motivates them to participate in our program. To sustain the motivation, we make the research requirements very transparent while emphasizing the long-term benefit to the individuals and their communities.

Use past and current Black men participants as role models.

Potential participants need to know (or see) someone who went through the research program who can attest that they are not experiencing any negative impact from their research participation. In addition to reassuring them of their safety, it motivates them to participate—"*if this person could do it, so can I.*" We rely on our past and current participants to serve as outreach ambassadors to new enrollees. When we offer brain health education, including a presentation on the benefits and importance of research participation by older Black American men, we include first-hand testimonies from those who have participated in our research.

Conclusion

There are currently critical knowledge gaps regarding the causes of health disparities in older Black men compared to Black women. The critical underrepresentation of older Black men in Alzheimer's research obstructs our ability to understand Alzheimer's in men as well as our ability to provide appropriate services to them. Therefore, we must expand aging and Alzheimer's research focusing on older Black men.

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Table 1: Key components of the Black Men’s Outreach Project collaborations

Components	Churches	Community Partners		
		SHA*	LCOs*	LGOs*
Target Participants ^a				
Predominantly low income	X	X	X	X
Lower levels of education	X	X	X	X
Under resourced neighborhoods	X	X	X	X
Black/African Americans	X	X	X	X
Members/Organizational representatives involved in Community Stakeholders Board (CSB) ^{b,c}	X	X	X	
Frequency of meetings with community partners				
Bi-weekly	X			
Monthly	X	X		
Bi-monthly		X	X	
Quarterly			X	
Semiannually				X
Annually				X
Location of meetings/project activities				
Partner organizations	X	X	X	X
Virtual meetings	X	X	X	X
Frequency of project activities such as Lunch & Learns, Classic Cars Shows, and Luncheons				
Monthly	X	X		

PROGRESS IN COMMUNITY HEALTH PARTNERSHIPS: RESEARCH, EDUCATION, AND ACTION (PCHP). FORTHCOMING. ALL RIGHTS RESERVED.

	Bi-monthly	X	X		
	Quarterly	X	X	X	
	Semiannually		X	X	X
	Annually	X			X
Meeting facilitators					
	Project staff	X	X	X	
	Researchers/faculty members	X	X	X	X
	Community members	X	X	X	X
Role of community partners in different stages of project activities					
	Defining initial project priorities	X			
	Grant application	X		X	
	Development/design of project activities/recruitment strategies	X	X	X	
	Implementation of project activities		X	X	X
	Recruitment of participants to longitudinal studies	X	X	X	X
	Retention of participants	X	X	X	
	Evaluation of activities	X	X	X	
Dissemination					
	Creation/distribution of quarterly newsletters	X	X	X	X
	Co-author journal article	X			
	Co-author educational materials	X			
	Development of additional project ideas	X	X	X	X
CBPR/guiding principles					
	Operating norms/ground rules	X	X	X	

Community partner compensations

Honorarium to organizations ^d	x			
Reimbursement to individuals	x		x	
No compensation				x
				x

*SHA = Subsidized Housing Authority; LCO = Local Community Organization; LGOs = Local Government Offices

^aThe target participants are representative of demographics of older adults in the Greater Newark area

^bCSB composed of 32 churches, 13 public housing sites and other community organizations

^cExamples of local community organizations are hospitals, non-governmental agencies, and businesses

^dHonorarium are provided to organizations that host outreach event