

BUILDING AND SUSTAINING A COMMUNITY ADVISORY BOARD OF AFRICAN AMERICAN OLDER ADULTS AS THE FOUNDATION FOR VOLUNTEER RESEARCH RECRUITMENT AND RETENTION IN HEALTH SCIENCES

Jamie Mitchell, PhD¹; Tam Perry, PhD²; Vanessa Rorai, MSW³;
Joan Ilardo, PhD⁴; Peter A. Lichtenberg, PhD, ABPP⁵;
James S. Jackson, PhD⁶

Older African Americans' participation in health-related research is severely limited; they are not involved in sufficient numbers to ensure the applicability of advancements in medical and behavioral health. This research participation gap exacerbates older African Americans' vulnerability to poor health outcomes and disparities. The Michigan Center for Urban African American Aging Research employs a progressive community-based participatory model that utilizes a structured community advisory board (CAB) of African American older adults in metro Detroit, Michigan to oversee the research recruitment and retention of fellow minority older adult research participants. CAB members develop and support community health programming that provides free resources to older adults and also serves as fertile ground for recruiting participants in a volunteer research registry. CAB members are also provided ongoing training on social and behavioral health research and are supported in acting as a consultancy to outside researchers where they can be compensated for their expertise and engagement. This community-engaged model of sustaining a CAB of African American older adults offers key lessons learned on building relationships and trust, valuing and leveraging community members' expertise and time, sharing decision-making, and fostering genuine community all while promoting research recruitment and retention among underserved populations. *Ethn Dis.* 2020;30(Suppl 2):755-764; doi:10.18865/ed.30.S2.755

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¹ School of Social Work, University of Michigan, Ann Arbor, MI

² School of Social Work, Wayne State University, Detroit, MI

INTRODUCTION

Generally, older African Americans have poorer overall health, greater impaired functioning, and higher morbidity and mortality rates from chronic diseases compared with older Whites.^{1,2} The root causes of these health disparities are multi-faceted and systemic.³⁻⁷ While medical and behavioral clinical trials that investigate broad-ranging health disparities are critical to improving the longevity and well-being of African Americans as they age, these research endeavors are often ill-suited to engage with African American communities in a way that effectively engenders trust.⁸ Subsequently, older African Americans in particular, are not involved in health-related research in adequate numbers to ensure that innovative

advancements in medical and behavioral health care are applicable and accessible to this population.⁹

A legacy of government-sanctioned research exploitation is one potential barrier to research participation, but historical abuses are no longer cited as a primary driving factor in research underrepresentation among African Americans.¹⁰ African Americans are a diverse population; many of whom face competing life demands and a lack of time that can make research engagement untenable. Some are wary of research participation out of a fear that it could confirm negative racial stereotypes.^{11,12} Overall, African Americans express a broad interest in research participation with higher education and exposure to prior research predicting higher interest in participating in future studies.¹²

³ Healthier Black Elders Center and the Institute of Gerontology, Wayne State University, Detroit, MI

⁴ Michigan State University, College of Human Medicine, Lansing, MI

⁵ Institute of Gerontology and Merrill Palmer Skillman Institute, Wayne State University, Detroit, MI

⁶ Institute for Social Research, University of Michigan, Ann Arbor, MI

Address correspondence to Jamie Mitchell, PhD, School of Social Work, University of Michigan, 1080 S. University Avenue, Ann Arbor, MI 48109; Mitchj@umich.edu

Still, researchers across the biomedical and socio-behavioral health spectrum continue to report challenges in implementing the types of community outreach, partnership, and trust-building that are necessary to recruit and retain African American research participants to their studies.¹³⁻¹⁶ The Michigan Center for Urban African American Aging Research (MCUAAAR) has demonstrated success with recruiting and retaining thousands of older African Americans into research studies^{17,18} by fostering an active community advisory board (CAB), engaging in frequent and targeted community outreach, and partnering with stakeholders invested in the health of African American older adults. Our objective for this article is to describe these strategies with an emphasis on the defining role that the CAB plays as gatekeepers of community-engaged research efforts.

CABS: A KEY STRATEGY FOR ENGAGING AFRICAN AMERICAN COMMUNITIES IN RESEARCH

Employing community advisory boards (CABs) in the recruitment and retention of older African American research participants is a key community engagement strategy for addressing the representation gap in health research. CABs often comprise trusted and well-connected community stakeholders who are invested in sharing the benefits of research participation and dispelling research-related myths among their various peer, civic, and religious net-

works.¹⁹ CAB members also serve as liaisons between researchers and community members to ensure that research is ethical, mutually beneficial, transparent, and sustainable beyond the short-term.¹⁹ Implementing CABs to drive research partnerships in African American communities is one strategy that is well-aligned with community-based participatory research (CBPR).^{20,21} CBPR has been defined in the sphere of public health as “a partnership approach to research that equitably involves, for example, community members, organizational representatives, and researchers in all aspects of the research process, in which all partners contribute expertise and share decision making and responsibilities.”²²

The MCUAAAR CAB is enhanced by applying certain CBPR principles to the work of engaging African American communities in research activities. Specifically, the MCUAAAR and its CAB form collaborative community relationships and academic-community partnerships, employ innovative techniques for community outreach, and involve community members in decision-making at select junctures of the research process.^{11,18,23,24} While CAB members at MCUAAAR are not routinely involved in the conceptualization or analysis phases of research, they do consult with academic researchers on how to amend research designs to better benefit and engage African American older adults at the outset of projects, provide an important layer of ethical review when researchers sample older African American participants from an existing registry,^{17,18} and encour-

age researchers to widely disseminate findings to community audiences at the conclusion of studies.

CABs also hold the potential for reducing power differentials between researchers and participants by elevating community members to a position where they can shape and correct problematic research-driven narratives specific to the actions and experiences of African Americans.²¹ CABs are also intended to empower community stakeholders to take a consistent and active role in raising research-related issues relevant to the health of African American communities. In this role, CABs may monitor and provide guidance on the perceived impact of research while ensuring that research findings are appropriately interpreted and disseminated in accessible forms to maximize the benefit to African American research participants.²¹

THE FOUNDATION AND STRUCTURE OF THE MCUAAAR CAB

MCUAAAR offers a compelling case study for employing a CAB within their Healthier Black Elders Center (HBEC); it is a collaborative research and administrative effort shared between the University of Michigan, Wayne State University, and Michigan State University. The mission of MCUAAAR is to promote high-quality scholarly research and community-based interventions focused on health and health promotion among older racial and ethnic minorities. It is one of several Resource Centers on Minority Aging Research focused on physical and

cognitive health disparities among older adults. The HBEC is the physical location and community-serving hub of the MCUAAAR, located within the Institute of Gerontology on the campus of Wayne State University. HBEC shares a collaborative relationship with the Claude D. Pepper Older Americans Independence Center at the University of Michigan and is so named (eg “Healthier”) to promote inclusivity and improved health among community members.

MCUAAAR was initially funded by the National Institute on Aging in 1997 and has been continuously funded since then. When the program was founded, program leaders organized a CAB, which represented multiple diverse interests among African American older adults in and around Detroit, Michigan. Initially, we made use of the Neighborhood City Hall model created by then Detroit Mayor Dennis Archer²⁵ to invite CAB members who served as older adult representatives for 10 neighborhood city halls through a program of the prior senior citizens department of Detroit. Next, MCUAAAR program leaders leveraged their connections to community aging consortiums and prominent aging agencies to attract attendees to newly launched MCUAAAR and HBEC community programming.

EVOLUTION OF THE CAB INFRASTRUCTURE AND ADMINISTRATION

Over time, the CAB worked in collaboration with MCUAAAR program leaders to institute more for-

malized procedures for operating. MCUAAAR provided two faculty liaisons to attend meetings and directly support CAB functions. At least four in-person CAB meetings are held per year. CAB members agreed to attend a minimum number of the community ‘Lunch and Learn’ events each season as a condition of ongoing participation and MCUAAAR also hired a full-time community outreach specialist tasked with being

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the primary contact person for CAB members. The community outreach specialist’s role evolved over time to include executing ‘Lunch and Learn’ events and conferences with input from CAB members, serving as a liaison to community partners, and providing administrative and research support to maintain the volunteer research registry for which CAB members serve as gatekeepers. This key staff member is now as-

sisted in the HBEC office by two older adult part-time staff members.

A main responsibility of the community outreach specialist is to enact MCUAAAR’s ‘high touch’ approach to maintaining contact with CAB members and volunteer research registry participants. This approach includes producing and mailing quarterly program updates via a newsletter as well as birthday, get well, and holiday cards to all members. HBEC staff also regularly contact both CAB and volunteer registry members by phone to check in on their wellbeing, confirm their attendance at upcoming events, and answer any questions they may have. The specialist also coordinates quarterly CAB meetings. CAB meeting agendas are developed based on current and upcoming programmatic needs and announcements, status updates and reviews of research applications to the registry, and research toolkit training for CAB members. CAB meetings are intentionally centered around soliciting and integrating CAB members’ feedback for each agenda item.

As founding CAB members moved on, the CAB expanded from the original 10 members to 18 African American older adults. New members are now invited to participate based on their leadership and/or membership in local aging organizations, churches, and civic groups. Some CAB members are retired business and non-profit leaders with deep community connections who were referred by previous CAB members or community partners. Others are long-standing members of the volunteer research registry,

who have expressed a deep interest in being more involved in research activities and have the capacity to fulfill CAB roles and responsibilities. When a position on the CAB becomes available, the community outreach specialist adds a discussion item to the next CAB meeting so that current members can provide input on and referrals for potential candidates. While there is no formalized vetting process, CAB members along with the outreach specialist and faculty liaisons work to find a consensus on a short list of potential candidates and then the community outreach specialist invites those who are available and willing to serve.

Within the last four years, CAB members have worked with faculty liaisons and staff to make several changes that have improved the organization and functioning of the CAB. These changes include developing an improved onboarding process for new CAB members, including an updated orientation procedure that provides a thorough historical overview of the program. Approximately once a year, the outreach specialist and faculty liaisons also conduct an orientation refresher session for all ongoing CAB members during one of the meetings. The goal here is to smooth the transition process for new CAB members while maintaining institutional history and continuity. There are currently no term limits on CAB participation, and program faculty and staff are now working to establish an annual review process that reaffirms ongoing members' commitment to CAB roles and responsibilities. The CAB is also actively strengthening

partnerships with community organizations who can refer trusted stakeholders to the CAB who may serve as potential future members. In addition, the outreach specialist is continually integrating CAB member feedback into refining the process by which CAB members are trained on evaluating research applications seeking a participant sample from the volunteer research registry.

CAB-DRIVEN COMMUNITY ENGAGEMENT

Events titled 'Lunch and Learns,' along with two annual community-based conferences, are at the center of the MCUAAAR's efforts to serve the community. These events are held in senior and community centers and faith organizations eight to ten times a year. In addition to guest speakers sharing health information, CAB members also make presentations about their experiences with research. In doing so, CAB members are recruiting for a large volunteer research registry of African American older adults managed at the HBEC.¹⁷ CAB members are involved in every aspect of the planning and execution of these community events including the selection of 'Lunch and Learn' and aging conference venues and menus, planning event agendas, and selection of guest speakers.

CAB members decided early on that 'Lunch and Learn' events would focus on educating the public about key health concerns using a positive and celebratory tone. We believe that this choice attracted more older African American attendees who were

looking for both health information and social connection, and that this approach encourages repeated engagement with HBEC programming. Event feedback forms indicate that attendees are highly satisfied with 'Lunch and Learn' events in particular because they provided: opportunities to dialogue directly with health professionals and researchers; opportunities to engage in continual learning on topics of interest; and opportunities for seeing the same audience members at several events a year, thus developing a sense of shared community in being a part of HBEC programming and its registry. At each event, CAB members assist with event registration, distributing handouts, and signing up new community members for future Healthier Black Elders programming. The community outreach specialist publicly recognizes CAB members' presence at these events and invites them to share their CAB and research registry participation experiences with attendees. This is an intentional feature that encourages co-teaching between CAB members and attendees about research participation.

Attendees have also provided positive feedback about aging-related vendors invited to set up resource tables during each event. Vendors are from non-profit organizations serving older adults in the city; they provide up-to-date information on community events and services and offer free health screenings such as blood pressure readings and vision tests to 'Lunch and Learn' attendees. After the first year of successful community engagement programming directed by the CAB, MCUAAAR hosted the

first annual Healthier Black Elders Health Reception that drew more than 900 people, including several hundred African American older adults.

Participant satisfaction and experience is evaluated on a brief feedback form at the end of each 'Lunch and Learn' and conference event. On the whole, this community feedback indicates that the high attendance numbers in the first and subsequent years of the Healthier Black Elders Health Reception were owed in large part to the consistent efforts of the CAB and HBEC staff to offer tangible and trustworthy educational and social benefits to older African Americans in the community year after year.

Over 20 years, the CAB and HBEC staff have offered community programming on more than 40 health-related topics including nutrition, heart disease, positive aging, Alzheimer's, dementia and brain health, emergency preparedness, caregiving, diabetes self-management, men's health, Medicare, and financial literacy. CAB members typically suggest topics of interest based on their understanding of community needs and the popularity and usefulness of topics covered in prior years. Often, in the final board meeting of each quarter, CAB members select topics for 'Lunch and Learn' events to be held in the following quarter. The community outreach specialist then connects with local senior-serving community centers and organizations to secure venues and free lunches for attendees, and begins advertising the events in the Healthier Black Elders newsletter to volunteer registry members and community partners. CAB members have also formed sub-committees

tasked with leading special 'Lunch and Learn' events of particular interest to the CAB or in response to current events. For example, in 2019, a CAB sub-committee developed special programming on the 'Senior Vote' with support from the faculty liaisons and the outreach specialist. CAB members gathered well-vetted information on local voting access and procedures and developed a comprehensive non-partisan presentation and handouts on how to understand upcoming ballot initiatives for 'Lunch and Learn' attendees.

It is important to note that when public health or weather concerns necessitate canceling CAB meetings and community events, MCUAAAR faculty and outreach specialist have replaced in-person programming with additional written correspondence, virtual webinars, and conference calls that provide relevant health and safety information. CAB members also participate in a telephone outreach program coordinated by the outreach specialist to reduce social isolation and provide support for fellow CAB members and volunteer registry participants who cannot leave their homes.²⁶ CAB members view these efforts as another important strategy in strengthening the fabric of our collective community of older adults who are connected to and served by HBEC and MCUAAAR.

TRAINING AND SUPPORTING CAB MEMBERS AS RESEARCH GATEKEEPERS

The CAB at the HBEC is specifically tasked with overseeing a volunteer research registry comprising ap-

proximately 1300 African American older adults in the metro Detroit, Michigan area. The registry supplies research participants to non-invasive social, behavioral, and clinical health research studies being conducted at four surrounding universities. Approximately 20 studies are actively utilizing the registry at any time. Prior studies on the development and sustainability of the volunteer research registry at the HBEC indicate that the registry significantly increased older African Americans' participation in research over a seven-year period¹⁷ and that 80% of registry participants in metro Detroit were retained between 2012 and 2015.¹⁸ An additional study on this registry validated that its CBPR approach to recruiting African American elders in health research, including tailored outreach activities and educational efforts, is potentially generalizable to other cities.²⁷

As previously stated, the HBEC is the community engagement hub of the MCUAAAR, and the CAB helps to direct the activities within the HBEC. Specifically, CAB members serve an essential role as community gatekeepers over the volunteer research registry of African American older adults. CAB members provide consistent feedback on the process of managing access to the volunteer research registry. For instance, CAB members provide guidance during quarterly meetings on needed refinements to the application materials and process required of researchers. CAB members have led the charge in requiring researchers to use more accessible jargon-free language in their application materials, and to include

additional information that clearly delineates any risks and benefits specifically for older adults. When a researcher submits an application to utilize a sample of participants in the registry for their study, they include a cover letter, IRB approval from their host institution, a research proposal or protocol, and a statement on how their proposed research will benefit the community. This strategy is in line with other community-level ethical protections known to foster trust for research participation in marginalized communities.²⁸ The community outreach specialist then assigns two CAB members on a rotating basis to review each research application using an evaluation form. The form is grounded in the following criteria: 1) clarity of research proposal (ie, sampling, methods, dissemination etc.); and 2) assessment of risks and benefits to individuals and to the community.

There are rare instances whereby two independent CAB member reviewers are not unanimous in their approval or disapproval of the study under review. In this case, first, the outreach specialist will find out if additional clarifying information from the researcher could resolve CAB reviewers' concerns. If the disagreement persists, the CAB has established a guideline such that a third member of the CAB will independently review the application. If the third member approves, then the study will be approved. If the third CAB member does not approve, MCUAAAR faculty liaisons and one program leader will also review the application. The faculty would only ever intervene in a CAB review deci-

sion if they come to a consensus that CAB disapproval of an application is rooted in deeply inaccurate information or assumptions (ie, that a certain age participant in otherwise good health is not capable of consenting to participate in research), or a lack of understanding about clearly established research approaches and ethical research methods.

While it should be noted that the depth of documentation on CAB decision-making was more limited in the earliest years of volunteer research registry, to the best of our collective knowledge, the faculty has only intervened once in CAB decision-making on a research application. In all but a single instance, CAB members have had complete authority to approve, reject, or question a research application. While the exact number of rejected applications over the years was not tabulated, most rejected applications result from incomplete submissions that are missing key components such as IRB approval. These applications are returned to researchers prior to a full review. It should also be noted that the community outreach specialist works extensively with researchers interested in submitting an application to use the registry. The specialist answers any of their questions about the application process, ensures that they know what CAB members expect in terms of documentation and that they expect CAB members to pose follow up questions if additional information is required. Finally, the specialist has redirected applications that are not a good fit for sampling from the volunteer registry, due to sample size demands, the

scope or invasiveness of the proposed study, or other factors that would likely result in a denied application. The extensive pre-application support provided by the outreach specialist likely contributes to a lower number of denied applications that complete a full CAB review process.

In the single instance where faculty liaisons intervened, there was a split decision after two rounds of review by four CAB members. Faculty liaisons were mindful of the power dynamics in this situation and they wanted to avoid even the appearance of undermining CAB members' authority in 'spirit' or in practice. Therefore, in an effort to strike a delicate balance between empowering CAB members and ensuring that research decisions are evidence-based, the faculty opted to bring the application before the entire 18-member CAB for a collective review alongside faculty liaisons to determine a final outcome. The CAB expressed a high degree of satisfaction with this process and ultimately resolved the case affirmatively, together. In response to this rare instance, the faculty liaisons developed a training curriculum on research methods and ethics specifically for CAB members to better support their capacity and comfort level with independent research review.

For additional context, more than half of the applications submitted to the volunteer research registry result in follow-up questions from CAB members. A back-and-forth dialogue between CAB reviewers and PIs can continue via email until the CAB reviewers are sufficiently satisfied to make a decision. Although the questions CAB members pose to

researchers during the review process vary by study, most reference the need to clarify terms and study procedures in succinct straightforward or plain language. Once a study is approved by the CAB, the outreach specialist provides the researcher with secure access to the names and contact information for active registry members in accordance with study needs and inclusion criteria.

Owing to the substantial responsibility CAB members undertake in reviewing research studies, and given the prior case study on disagreements in the review process, MCUAAAR faculty liaisons developed a research toolkit curriculum to support CAB members in their ability to evaluate the basic aims, methodology, risks and benefits, and other features of social behavioral health research. The faculty pulled from and adapted several available sources to develop the "HBEC Research Toolkit." The faculty liaisons now present a portion of the curriculum as part of the agenda at quarterly in-person or virtual CAB meetings. Over the first two years of the toolkit implementation, presentation topics and discussion have covered deductive vs inductive logic, methods of measurement, basic components of theory, the use of genetic information and biological data collection in research, and several case studies and practice sessions on reviewing registry applications. With recent funding from the National Institute on Aging, a CAB faculty liaison and MCUAAAR co-investigator are leading an effort with extensive input from the CAB, to develop a website that shares best practices

for community-engaged health research recruitment and retention of African American older adults. This website will include a downloadable version of the CAB research toolkit and it will be widely disseminated once the website is finalized.

Since instituting the research toolkit in late 2017, CAB members have developed their own mutually agreed upon strategies for improving how they rate aspects of research application pertaining to research design and ethics. Faculty liaisons also discuss broader topics relevant to understanding key scientific processes and outcomes with CAB members as a part of the research toolkit. For instance, after some CAB members expressed frustration with the lack of generalizable findings resulting from pilot studies utilizing the research registry, the CAB and faculty had a productive and enriching conversation about incrementalism in social and behavioral research. Specifically, the CAB and faculty discussed how smaller pilot studies that are designed to confirm existing findings or to test hypotheses that are seemingly small in scope, are necessary to advance larger discoveries in aging and health research. The broad realities of academic research are also discussed, such as how limitations in funding, time, and the career development stage of early career researchers could potentially pose barriers to larger-scale research discoveries when researchers apply to use the volunteer registry.

The research toolkit contributes to community-engaged research efforts by including community (CAB) perspectives at key junctures

of the research engagement process. The CAB and faculty liaisons have also initiated several creative and multi-pronged approaches to maintaining a dissemination feedback loop with participating researchers. For example, the CAB has added an email-based reporting form requesting researchers' publications and policy implications if they have used the volunteer registry. Further, researchers with both active and completed studies are also invited to CAB meetings and 'Lunch and Learn' community events to share updates about their research. Finally, the community outreach specialist highlights researchers' findings in quarterly print newsletters and online for CAB and registry members as well as the general public. In all of these efforts, CAB members along with faculty and staff at HBEC seek to democratize the process of engaging older African American adults in research participation.

The next step for the HBEC and CAB is to share more widely what we have learned over more than 20 years regarding best practices for community-engaged research with African American older adults. While MCUAAAR faculty and CAB members present information at local and national conferences each year, efforts are currently underway to provide more opportunities for CAB members to share their experiences with a broader audience, while also sharing in any proceeds provided through honoraria usually reserved for faculty speakers. This 'consultancy' model is in the early stages, and the CAB has met initially only to outline what guidelines should be

established for this model to serve the needs of the group. For example, the CAB is developing plans and guidelines for how often and which CAB members will accompany faculty members on invited speaking engagements, the amount of honorarium that should be requested for CAB members to sit on panels or host workshops, and the revenue-sharing model between the CAB representatives and the general CAB fund that supports refreshments and amenities for the entire CAB body. Thus far, the CAB has expressed that a consultancy model has significant potential for both disseminating key information on recruiting and retaining older African Americans into research registries, and affirming the value of CAB members' time and expertise when representing the HBEC.

CAB LESSONS LEARNED

We draw on more than 20 years of experience in sustaining an active CAB of African American older adults to provide oversight for a research recruitment infrastructure and community programming. Even as the CAB membership, procedures, and reach continue to evolve, we continue to learn key lessons in supporting this approach to community-engaged research. First, from this CAB experience, we strongly advocate for maintaining meaningful and consistent relationships with CAB members both individually and collectively. The community outreach specialist and HBEC staff reach out intensively to CAB members for small matters and big life transitions, and make ev-

ery effort to show genuine regard for the members of our CAB. Second, we maintain an open-door policy for CAB members who move on from active status but would like to periodically call into meetings and offer insight. These members hold valuable institutional memory and remain cherished emeritus members of the CAB community. Third, we have also learned the importance of equitably valuing the time and personal and profes-

We have learned that one of the most important strategies for building and sustaining trust with community members is to continually practice explicit transparency about intentions, processes, and decision-making.

sional expertise of all CAB members. Again, we do this by ensuring that any meetings or events required of CAB members have agendas that are purposeful and action-oriented. We demonstrate that CAB members were heard, and their input is taken seriously during meetings by providing regular updates on how discussions have been translated to actions and we record and review any feedback and decisions in the meeting minutes.

Next, we ensure that communication between CAB members and their faculty liaisons and program staff is transparent and frequent, and that all questions and input are welcome and open for discussion under an open-door policy at any time. We have also learned that CAB members should feel supported in their outreach efforts to represent the HBEC in the community. For example, when CAB members show up at 'Lunch and Learn' events, their presence is always acknowledged. The outreach specialist and or faculty liaisons are present at each event where any CAB member is representing the program or discussing their experience with reviewing and participating in research. We believe that these efforts show respect for CAB members' role and contributions, and helps individual CAB members feel supported in sharing the mission and goals of MCAAAR in the community. Finally, we have learned that one of the most important strategies for building and sustaining trust with community members is to continually practice explicit transparency about intentions, processes, and decision-making. We strive to practice this principle with CAB members, participants in the volunteer research registry, and members of the broader community of African American older adults and partnering organizations that we serve, interact with, and represent.

CONCLUSION

Given all that we have learned, we continue to collectively reflect on how to improve upon our relation-

ship with and support of CAB members. We believe that we still have a ‘ways to go’ in perfecting our implementation of CBPR focused on the recruitment and retention of African American older adults in health sciences research. Through meaningful and strategic engagement that has been driven by CAB members’ contributions, we have been fortunate to avoid any major pitfalls that would threaten our hard-earned progress on this journey. However, we acknowledge that in order for this model to continue to sustain a thriving CAB and research infrastructure, we must be just as vigilant as ever in adhering to the shared power structure, ‘high-touch’ engagement, and community partnerships that have yielded the first two decades of relative successes.

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CONFLICT OF INTEREST

No conflicts of interest to report.

AUTHOR CONTRIBUTIONS

Research concept and design: Mitchell, Perry, Lichtenberg, Jackson; Acquisition of data: Mitchell, Perry, Lichtenberg, Jackson; Data analysis and interpretation: Mitchell, Perry, Rorai, Ilardo, Lichtenberg, Jackson; Manuscript draft: Mitchell, Perry, Rorai, Ilardo, Lichtenberg, Jackson; Acquisition of funding: Mitchell, Ilardo, Lichtenberg, Jackson; Administrative: Mitchell, Perry, Rorai, Ilardo, Lichtenberg, Jackson; Supervision: Mitchell, Perry, Lichtenberg, Jackson

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