

Healthier Black Elders Center Participant Resource Pool: Partnering with the Community on Aging and Health Research

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Director, Merrill Palmer Skillman Institute and Institute of Gerontology

Wayne State University, Detroit MI



Presentation Overview

1. Brief history of the MCUAAAR and CLRC leaders
2. MCUAAAR today
3. Introducing the Healthier Black Elders Center
4. Science of Recruitment and Retention
5. Applying the science to enhancing African American participation in Alzheimer's research: MADRC, HBEC partnership
6. New directions for HBEC
7. Take away messages



Recognition of those who contributed to the leadership of MCUAAAR Community Core



We also recognize
Dr. Diane Brown and
Dr. Daphne Nedd



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Our Mission and Goals

“The MCUAAAR’s mission is to promote high-quality scholarly research & community-based interventions focused on health & health promotion among older racial & ethnic minorities.”

Goals:

1. To promote high quality, scholarly research and community-based interventions focused on health disparities and health promotion among older racial and ethnic minorities.
2. To provide health education that is relevant to the needs of older minority community members in Detroit and provides community-based training for young minority health science scholars



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MCUAAAR Accomplishments

- More than 60 scientists have completed the program, 70% of them African American
- Two-thirds of these scientists are now tenured university professors
- They have published hundreds of research papers and won 92 grants totaling \$60 million in funding



Normative Health Research Experiences Among African American Elders

Table 1
Demographic Characteristics of Those Contacted for Research and Those Never Contacted

	<i>Contacted (n = 245)</i>	<i>Never Contacted (n = 1,045)</i>
Age	69.8 (6.5)	72.0 (7.8)**
Income	1.6 (0.49)	1.4 (0.48)**
Education	8.9 (10)	7.0 (8.0)**
Self-reported health	3.1 (1.1)	2.9 (1.1)*

Note. Income: 1 = < \$20,000 household income, 2 = ≥ \$20,000 household income. Education: 1 = < 5th grade; 2 = 5th-8th grade; 3 = 9th grade; 4 = 10th grade; 5 = 11th grade; 6 = 12th grade, no diploma; 7 = high school graduate or General Equivalency Diploma; 8 = some college but no degree; 9 = associate's degree; 10 = bachelor's degree; 11 = master's degree; 12 = doctorate. Health: 1 = excellent, 2 = very good, 3 = good, 4 = fair, 5 = poor.

* $p < .05$. ** $p < .005$.

Table 2
Demographic Characteristics of Those Who Participated in Research Versus Those Who Chose Not to Participate in Research

	<i>Participated (n = 185)</i>	<i>Did Not Participate (n = 64)</i>
Age	69.7 (6.3)	70.1 (7.1)
Income	1.6 (0.48)	1.4 (0.50)*
Education	8.9 (9.5)	8.9 (11.4)
Self-reported health	3.1 (1.2)	3.2 (1.0)

Note. Income: 1 = < \$20,000 household income, 2 = ≥ \$20,000 household income. Education: 1 = < 5th grade; 2 = 5th-8th grade; 3 = 9th grade; 4 = 10th grade; 5 = 11th grade; 6 = 12th grade, no diploma; 7 = high school graduate or General Equivalency Diploma; 8 = some college but no degree; 9 = associate's degree; 10 = bachelor's degree; 11 = master's degree; 12 = doctorate. Health: 1 = excellent, 2 = very good, 3 = good, 4 = fair, 5 = poor.

* $p < .05$.

Table 3
Research Participation Experiences

<i>Study Types</i>	
Health survey	57 (23%)
Cancer treatment	69 (28%)
Heart disease treatment	52 (21%)
Diabetes treatment	20 (8%)
Arthritis treatment	8 (3%)
Unknown	17%

Note. Some participants were in more than one research study; thus, 185 people made up 209 participants in various studies.

Table 4
Research Participant Satisfaction and Attitudes Means and Standard Deviations

<i>Participant Responses (n = 185)</i>	
Satisfaction with study	4.0 (1.2)
Fair treatment of participants	5.3 (1.7)
Protect participants from harm	5.4 (1.7)
<i>Entire Sample Responses (N = 1,290)</i>	
Does health research improve care	0.8 (0.4)
Like to be notified of future research studies	0.73 (0.44)

Note. Satisfaction with study: 1 = very dissatisfied, 2 = dissatisfied, 3 = neither satisfied nor dissatisfied, 4 = somewhat satisfied, 5 = very satisfied. Fair treatment: 1 = not at all careful to treat participants fairly, 7 = very careful to treat participants fairly. Protect participants: 1 = not at all careful to protect participants from harm, 7 = very careful to protect participants from harm. Health research improves care: 0 = no, 1 = yes. Future notification of research: 0 = no, 1 = yes.

Lichtenberg, P. A., Brown, D. R., Jackson, J. S., & Washington, O. (2004). Normative health research experiences among African American elders. *Journal of Aging and Health, 16*(5_suppl), 78S-92S.

Community Liaison and Recruitment Core

From 1997 until today

U-M Institute for Social
Research and WSU Center
of Urban Studies

Moved to Institute of
Gerontology at WSU, expanded
the program to increase
community engagement

1997

1998

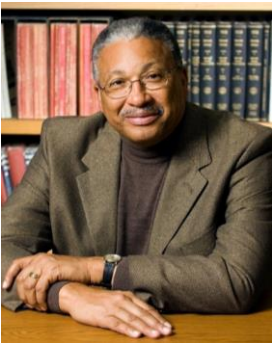
2003

2005

Community Advisory
Board created

Participant Resource
Pool created

MCUAAAR Co-Principal Investigators



1997 - today
James S. Jackson, PhD
University of Michigan
Institute for Social
Research



1998 - today
Peter Lichtenberg, PhD
Wayne State University
Institute of Gerontology and
Merrill Palmer Skillman Institute

Community Core Co-Directors

- 1997 – 2002: Dr. Diane Brown and Dr. Margaret Scisney-Matlock
- 2002 – 2012: Dr. Olivia Washington and Dr. Letha Chadiha
- 2012 – 2017: Dr. Letha Chadiha and Dr. Carmen Green



2018 – 2023 MCUAAAR Cores

Research Education Component



Dr. Robert Taylor
University of Michigan



Dr. Amanda Woodward
Michigan State University

Analysis Core



Dr. Vicki Johnson-Lawrence
Michigan State University



Dr. Briana Mezuk
University of Michigan



Dr. Wassim Tarraf
Wayne State University

Community Liaison and Recruitment Core



Dr. Tam Perry
Wayne State University



Dr. Jamie Mitchell
University of Michigan



Dr. Vicki Johnson-Lawrence
Michigan State University



Community Liaison and Recruitment Core (CLRC)

Co-Directors



Dr. Tam Perry
Wayne State
University



Dr. Jamie Mitchell
University of
Michigan



Dr. Vicki Johnson-
Lawrence
Michigan State University

Institute of Gerontology Outreach and Engagement Team



Catherine Blasio
Digital Media &
Marketing



Cheryl Deep
Director of Communications

Healthier Black Elders Center Staff



Vanessa Rorai
Community
Outreach Specialist



Patricia Watkins
HBEC Staff



JoAnn Smith
HBEC Staff &
CAB Member



Donna MacDonald
Director of Outreach &
Continuing Education



LaToya Hall
Director of SAFE &
Community Outreach
Specialist

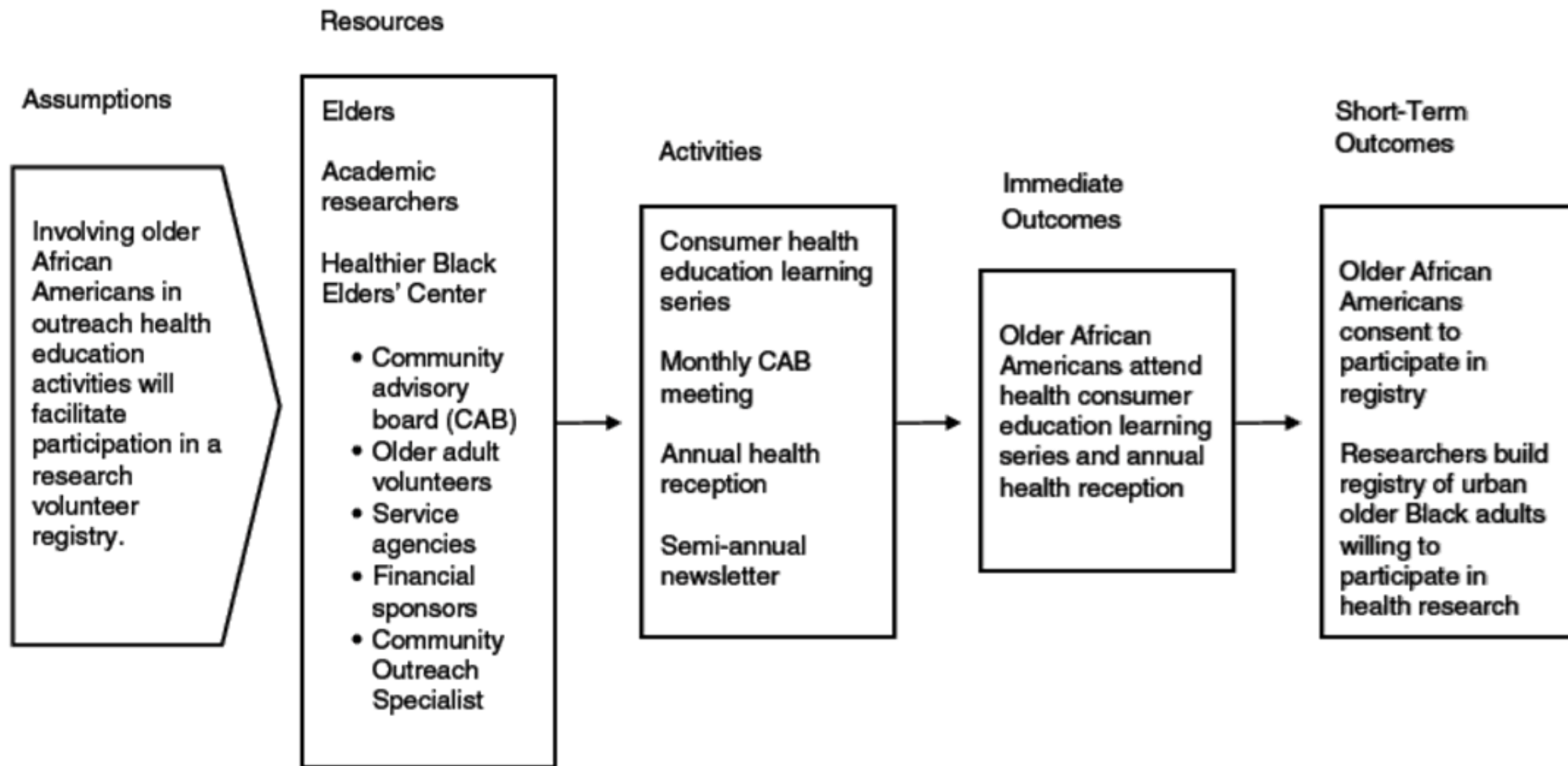


Figure 1. Logic model illustrating the recruitment process for building a volunteer registry within the Healthier Black Elders Center.

Healthier Black Elders Center (HBEC) Goal

To address and reduce health disparities through research and education:

1. Encourage older African American adults to consider participating in research
2. Provide community education events on health-related issues



The name of the program was intentionally chosen to be inclusive in that anyone can get healthier



HBEC Activities

- Health Reception & Art of Aging Successfully
- CAB
- L&L
- Newsletter
- Resource tables at Community Events
- Participant Resource Pool (PRP)
 - Follow Up re-surveys every 18 months



HBEC Community Advisory Board members Mr. James Bridgforth and Ms. Wilma Stringer, CLRC Co-Director Dr. Tam Perry, and HBEC Coordinator Vanessa Rorai attending the Karmanos Community Engaged Research Symposium in Detroit June 2019.



HBEC Annual Health Reception

Annually held from 2003 until 2014, then transitioned into 8-10 smaller community events scheduled throughout the year.



HBEC Annual Health Reception



HBEC Annual Health Reception



Annual Art of Aging Successfully



Event sells out every year!
Attendance numbers reflect maximum capacity of venue space:

2015 = 492

2016 = 428

2017 = 441

2018 = 350

2019 = 397



Annual Art of Aging Successfully





Community Advisory Board

The Community Advisory Board consists of local citizens who:

- Are interested in improving the health of local seniors impacted by health related disparities
- Are willing to contribute to and support the research, outreach, and education efforts and activities of the HBEC

CAB Requirements

PRP membership

CAB Responsibilities

- Attend 4-6 CAB meetings annually
- Contribute to planning the Lunch and Learn series, and bi-annual Newsletter
- Attend at least 2 Lunch and Learns, promoting HBEC programs, and recruiting PRP membership
- Promote HBEC programs, and distribute HBEC materials throughout the community
- Provide information from the community at large on issues relating to the health and well being of seniors, that will help in shaping our programs
- Reviews prospective research request



HBEC Lunch & Learn Events



- Free Educational Events on Various Topics in Aging
- Box Lunches Provided
- Free Health Screenings Performed
- Opportunity to Sign Up for Research Projects
- Offered 8 – 10 Times a Year



Lunch & Learn attendance since 2015 to date = 2281 older adults

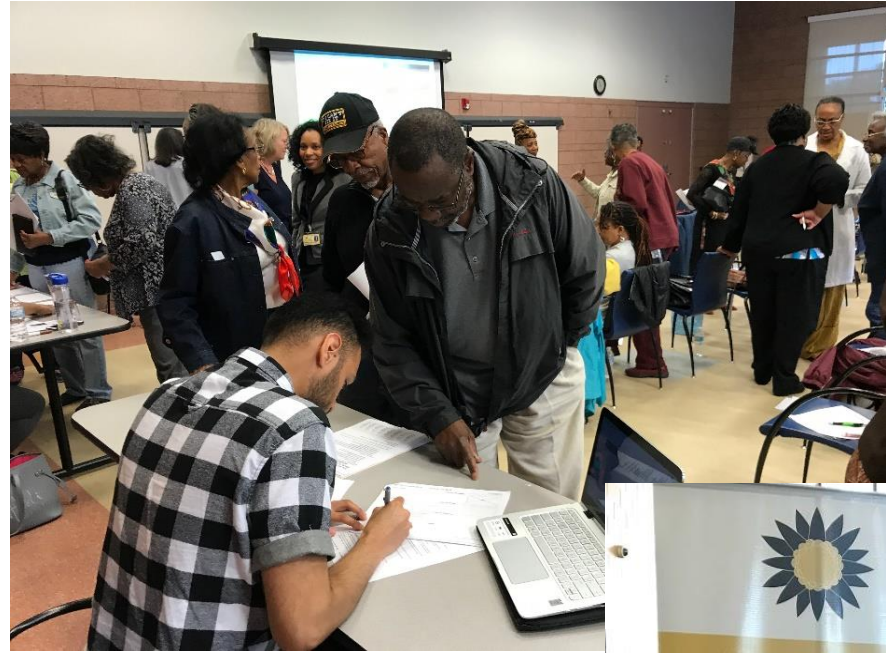


The Michigan Center for Urban African American Aging Research.
Funded by the National Institutes of Health, P30 AG015281.

HBEC Lunch & Learn Events

All lunch & learns include the following components:

- Free health screening
- Introduction of HBEC and the PRP
- Introduction of the CAB
- Researcher presence
- Accessible venue space
- Evaluations



HBEC Newsletter


Every newsletter includes:

1. An article on a study that used the PRP for recruitment to explain why that research focus matters, what were the results, and next steps for the researchers

The HBEC encourages older African Americans to participate in research with the goal of addressing health disparities

FALL 2019

Connecting Older Adults to Research



HEALTHIER BLACK ELDERS CENTER

How You Can Help

Research is critical to understanding why African Americans are at much higher risk of developing certain diseases, and why these diseases have a greater impact on their health and longevity. If you agree to be part of the Participant Resource Pool (PRP), we guarantee that:

- The research projects meet the highest quality federal, state and university standards.
- Your information will be handled with the strictest confidence.
- You will be considered for research that is of interest to you.
- You have the right to decline a research project for any reason at any time.

If interested, contact the HBEC Program Coordinator at 313-664-2604

The Healthier Black Elders Center is part of Michigan State University's, University of Michigan's and Wayne State University's Michigan Center for Urban African American Aging Research: A National Institute on Aging Grant Program


Research Update




Stress and Health among Older Adults Living in Detroit

Dr. Samuele Zilioli at Wayne State University is dedicated to understanding how a person's environment and personal relationships affect stress and health. Since 2017, he and the Biopsychological Health (BPSH) Lab he directs, have used the Healthier Black Elders Center Participant Resource Pool to recruit for their study, *Health among Older Adults Living in Detroit* or HOLD. HOLD is specifically investigating the environment and relationships in Detroit's older African Americans, trying to isolate the key factors that impact stress and overall health. The research team includes Daniel Saleh (lab manager), Russell Houpt (data manager), Jacqueline Rodriguez-Stanley (first-year graduate student), and several undergraduate research assistants. The HOLD team is still collecting data, but a preliminary analyses shows a connection between education and depression. Participants in HOLD who reported lower levels of education also reported higher levels of depression. These persons with more depression also had higher levels of systemic inflammation, as determined by levels of

SEE STRESS PAGE 2

Thanks to all the research participants who signed up for studies at our HBEC Lunch & Learn held at Farwell Recreation Center.





GLAUCOMA Pg. 3

GAB SPOTLIGHT Pg. 4

PARTICIPATE IN STUDIES Pg. 6

CAREER AWARD Pg. 7

HBEC FALL 2019 NEWSLETTER | PAGE 3

Glaucoma Treatments Prevent Eye Damage

Glaucoma is a complex disease in which damage to the optic nerve can lead to progressive, irreversible vision loss. It is linked to a buildup of pressure inside your eye. The increased pressure, called intraocular pressure, can damage the optic nerve, which is responsible for transmitting images to your brain. Normally fluid flows out of your eye through a mesh-like channel.

However, with glaucoma the channel gets blocked which causes the liquid to build up. This build-up of liquid results in the increased pressure and eventual damage to the optic nerve. If the damage continues, glaucoma can lead to permanent vision loss. With treatment and regular check-ups, though, glaucoma can be controlled and the damage slowed or stopped.


Glaucoma is the second leading cause of blindness. African Americans, people aged over 60, having a family member with glaucoma, older aged Hispanics, Asians, and those who have sustained an injury to their eye are at a higher risk for developing glaucoma. Early detection, through regular and complete eye exams, is the key to protecting your vision from damage caused by glaucoma. Although it is important to have your eyes examined regularly, anyone with high risk factors should be tested every year or every two years.

A comprehensive eye exam for glaucoma includes tests for examining the inner eye pressure, shape and color of the optic nerve, complete field of vision, angle in the eye where the iris meets the cornea, and the thickness of the cornea. A regular glaucoma check-up includes examining the inner eye pressure using eye drops to numb the eye and applying a small amount of pressure with a puff of air, and examining the shape and color of the optic nerve with drops to dilate the pupil and a light to magnify the optic nerve.

You are at high risk of glaucoma, if one or more of these applies to you: you have diabetes, you have a family history of glaucoma, you are African American and age 50 or older, and/or you are Hispanic and age 65 or older. Medicare Part B (medical insurance) covers glaucoma tests once every 12 months if you are at high risk. Be proactive and get tested. With early treatment and regular exams, your vision can be saved.


This article was written using information from the Glaucoma Research Foundation at <https://www.glaucoma.org/>

Normal



Drainage canal allows fluids to flow out

Glaucoma



Pressure damages the optic nerves

Drainage canal blocked, fluid builds up in eye

Groups at a higher risk for developing glaucoma:

- African Americans**
After cataracts, glaucoma is the leading cause of blindness among African Americans and people of African descent. Glaucoma is six to eight times more common in African Americans than in Caucasians.
- People Over 60**
Glaucoma is much more common among older people. You are six times more likely to get glaucoma if you are over 60 years old.
- Eye Injury**
Injury to the eye may cause secondary open-angle glaucoma. This type of glaucoma can occur immediately after the injury or years later. Blunt injuries that "bruise" the eye (called blunt trauma) or injuries that penetrate the eye can damage the eye's drainage system, leading to traumatic glaucoma. The most common cause is sports-related injuries such as baseball or boxing.
- Family Members with Glaucoma**
The most common type of glaucoma, primary open-angle glaucoma, is hereditary. If members of your immediate family have glaucoma, you are at a much higher risk than the rest of the population. Family history increases risk of glaucoma four to nine times.

2. A health-focused information or resource article.

Previous articles include; hearing loss, Alzheimer's resources for Metro-Detroit, metabolic syndrome, diabetes, cognitive health, how to talk to your Doctor, high cholesterol.



HBEC Newsletter

HBEC 2019 SPRING NEWSLETTER | PAGE 4

New Michigan Center for Urban African American Aging Research (MCUAAAR) Scientists



Lenwood Hayman, PhD

Assistant Professor, Public Health, University of Michigan - Flint
Project Title: *Mindful Approaches to Nurturing Lives in Flint (MANLI-Flint)*

Dr. Hayman earned his Ph.D. from Wayne State University in psychology with specializations in social and health psychology. Overall, Dr. Hayman works to engage students in research on health issues in the communities from which they come. His goal is to inspire social-justice minded scholars to join him in addressing the social, psychological, structural, and environmental influences of emotional arousal in under-privileged populations. He recently completed a study on mental health and coping in adult Black men living in Flint. His current project continues that work by focusing on fostering and enhancing resilience in Flint's adult Black men to reduce negative mental and physical health outcomes.



Lenette M. Jones, PhD, RN, ACNS-BC

Assistant Professor, Dept. of Health Behavior and Biological Sciences, School of Nursing, University of Michigan
Project Title: *Neurocognition Self-Management in African American Women with Hypertension and Type II Diabetes*

Dr. Lenette M. Jones is an assistant professor of nursing at the University of Michigan. Her research interests include health information behavior used to support self-management, and the neurobiological mechanisms underlying self-management. She uses imaging (fMRI) to explore the neuroprocesses associated with self-management behaviors, such as diet, exercise, and taking medication. She also examines how health information behavior (seeking, sharing, and use) can be enhanced to support blood pressure self-management. In her current study, Dr. Jones is designing and pilot-testing interventions to improve self-management of blood pressure among African American women.



Elham Mahmoudi, PhD, MBA, MS

Assistant Professor, Family Medicine, University of Michigan
Project Title: *Predicting 30-day Hospital Readmission among Older African Americans*

Dr. Elham Mahmoudi is a health economist, mixed methods researcher, and research assistant professor at the University of Michigan in the Department of Family Medicine. Prior to that role, Dr. Mahmoudi worked in the U-M Department of Surgery (2014-2017). She earned her PhD in economics from Wayne State University. During her doctoral work, she gained extensive experience working with large datasets. As a fellow, she gained further experience in grantsmanship and multidisciplinary, collaborative research. Most of her work to date has been devoted to determining the underlying factors associated with racial and ethnic disparities in healthcare.



C.A.B. Member Spotlight



Eugene Odom with Shirley McKee at a Healthier Black Elders Reception.

HBEC Benefits From Long Serving Board Member

Mr. Eugene Odom has been a Community Advisory Board member since 2003. Born in Ohio, Mr. Odom came to Detroit at age 4 and continues to live there today. His career was interesting and varied. He first worked at Cadillac Motor, then served as a court liaison for 10 years in the Wayne County Substance Abuse Department, and then transitioned to a career in life insurance for several years before retiring.

As one of the longest serving Advisory Board members, Mr. Odom has brought great wisdom and leadership to the Healthier Black Elders Center. He was inspired to join when a former member told him about the board's important activities and invited him to consider being a part of it. "I really enjoy the variety of events and activities we do to help the seniors," Mr. Odom said. The Healthier Black Elders Center is deeply appreciative of the many years Mr. Odom has dedicated to board service and thanks him for all of his support.

3. Introduces the new cohort of MCUAAAR Scientists and their studies

4. Spotlight on a Community Advisory Board member

5. A list of actively recruiting studies including the research purpose and researcher contact information

6. The schedule for upcoming lunch and learn events for the Spring or Fall



The Michigan Center for Urban African American Aging Research.
Funded by the National Institutes of Health, P30 AG015281.



Volunteers Needed for these Research Studies

These projects have been approved by the HBEC Community Advisory Board to recruit through the Participant Resource Pool. Please call the contact listed to learn more.

08/05/19

University of Michigan Memory and Aging Project (UM-MAP)
Understanding the cognitive and behavioral symptoms that develop over time in persons as they age, including those with **Alzheimer's and related disorders**.
Contact Kate Hanson at 734-936-8332

Reliability and Validity of a Financial Decision-Making Rating Scale
Determining an older adult's capacity to **make financial decisions** using the Financial Decision Making Rating Scale. Contact Rebecca Campbell or Evan Gross at 313-664-2635

The Role of Individual Differences and Cognitive Capacity on Oral Discourse Processing
Detecting mild cognitive and **language impairments** that can negatively influence everyday behavior to improve overall quality of life. Contact Nancy Naperaia at 313-577-3339

I-CONNECT
Understanding how **social interactions** affect the mind and brain, and how to prevent memory decline and dementia. Contact Alexis Ellis at 734-647-2676

Searching for Health Information with Digital Assistants
Investigating how older adults search for information and use **voice-based assistants** (i.e. Google Home). Contact Robin Brewer at 734-615-1299

Balance and Mobility in Persons with Early Stage Dementia
Investigating the use of functional fitness tests to **reduce falls** and maintain independence in people with early stage dementia. Contact Rosanne DiZazzo-Miller at 313-993-3970

The Effects of Yoga on Motor Control Processing in Individuals with Parkinson's Disease
Examining the effects of a 6-week **yoga program** on the progression of Parkinson's disease symptoms. Contact Alicia Jones at 313-408-1669

Measuring Affective Processing in Traumatic Brain Injury (TBI)
Improving measures used by psychologists to **understand and treat individuals with TBI** by comparing them to those without TBI. Contact Eva Keatley at 313-745-1129

SUPPORT Study
Understanding sources of resilience and approaches to reducing **frequent and unnecessary hospitalizations** among older adults with changes in memory. Contact Andrea Gilmore-Bykovskiy at 608-262-3057

Effects of Different Cognitive Loads on Gait Performance among the Elderly
Assessing the impact of performing memory and attentional tasks on **walking ability**. Contact Elsie Rashed at 313-977-0465

SHAPE Study
Testing a habit formation intervention to assist building **frailty** protective behaviors. Contact Heather Fritz at 313-664-2627

Will Optimized Written Instructions be as Effective as Audiological Service for OTC Hearing Device Users?
Studying the effectiveness of using a personal sound amplifier for adults with **mild-to-moderate hearing loss**. Contact Hua Ou at 313-577-4143

Psychosocial and Vascular Mechanisms of Cognition in Diabetes
Determining associations between **Type 2 diabetes**, depressive symptoms, environmental factors, cardiovascular disease risk factors, and cognition. Contact Vicki Ellingrod at 734-615-4728

Community-based Approach to Early Identification of Transitions to Mild Cognitive Impairment and Alzheimer's Disease
Identifying the **first signs of dementia** in older at-risk African Americans with subjective memory complaints. Contact Sarah Shar at 313-577-1276

Health among Older Adults Living in Detroit (HOLD)
Understanding how older adults use daily psychological and biological processes to deal with **environmental stressors**, and how these processes affect physical health. Contact Daniel Saleh at 313-577-3334

Thank you so much for participating in our studies!

We value your time and do our best to compensate you for your participation.



Michigan Center for Urban African American Aging Research | <https://mcuaaar.wayne.edu/about>

Lunch & Learns Events are **FREE** but you must **R.S.V.P.** by calling **313-664-2616**

10 am registration and health screenings | **10:30 am - 12:20** presentations | **12:30 pm** Lunch

Help with Hearing Loss
Thurs., Sept. 12, 2019
Regency Heights
19100 W Seven Mile Rd, Detroit, 48219
Join us to learn all about hearing loss and receive a free hearing screening!

Taking Care of the Ones We Love
Tues., Oct. 1, 2019
Farwell Recreation Center
2711 Outer Dr. E, Detroit, 48234
A resource-focused presentation by Annie Lepkowski from the Luella Hannan Foundation to discuss what it means to be a caregiver, and what kind of help is available.

Make Good Health a Habit
Thurs., Oct. 24, 2019
Community Social Services of Wayne County
9851 Hamilton Ave, Detroit, 48202
Occupational therapist Dr. Heather Fritz will share simple tricks to help us change our habits so we make healthier decisions every day.

Sleep, Stress & Brain Health
Thurs., Nov. 7, 2019
Ernest T Ford Recreation Center
10 Pitkin St, Highland Park, 48203
How do sleep and stress affect your brain health? Learn fun and easy ways to relax and reduce stress, get the right amount and type of sleep, and how better sleep and less stress can improve brain function and reduce your risk of Alzheimer's.



Wayne State University Board of Governors

Kim Trent, Chair

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Mark Gaffney

Anil Kumar
Sandra Hughes O'Brien
Dana Thomson

Participant Resource Pool (PRP)

- Database of older African American adults willing to participate in research (55 years and older)
- No medication trials
- All projects previously Internal Review Board (IRB) approved and then reviewed by HBEC Community Advisory Board (CAB)



HBEC Participant Resource Pool Application Form

Institute of Gerontology
87 E. Ferry, 232 Knapp Bldg.
Detroit, MI 48202

(313) 664-2604 Office

<http://mcuaaar.wayne.edu>

Healthier Black Elders Center (HBEC)

ALL HBEC SUBMISSIONS MUST BE TYPEWRITTEN

Section A: Principal Investigator (PI)

1.	Name of PI	PI's Signature
2.	Department/University	Fax
3.	Address	Pager
		E-Mail
		Telephone
4.	Form Completed By	Date Completed
	Telephone	E-mail

Section B: Protocol Information

5.	Project Title:	
6.	Abstract (250 word limit):	
7.	Will research personnel be accessing in-patient and/or outpatient medical records or databases created from in-patient and/or outpatient medical records? (If yes, HIC may require completion of the HIPAA Summary Form)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Previously Submitted
8.	IRB Protocol Number:	

Participant Resource Pool (PRP)

- Approximately 1300 active PRP members in the database
- All PRP members complete a survey when they join and then re-surveyed every 18 months
- Between 20-25 studies actively recruiting from the PRP on a continuous basis
- Two methods of recruitment available to researchers:
 1. Researchers sent a contact list of potential participants based on their inclusion/exclusion criteria
 2. Researchers attend community lunch and learn events to recruit from attendees

PRP Stats

- Number of PRP members referred to studies:
2012 – 2015: 3,524
2016 – 2019: 5,891
- Number of new surveys and re-surveys completed:
2015 = 173
2016 = 215
2017 = 429
2018 = 471
2019 to date = 325



Participant Resource Pool (PRP)

Recruitment Strategies

- Attending community events as a resource table
- Partnering with community organizations to host lunch and learns
- Partnering with community organizations that have existing groups of older adults to invite to events
- Community presentations on HBEC to community organizations and various groups of older adults
- CAB members function as program ambassadors to share information to the community

Retention Strategies

- Re-survey all PRP members every 18 months
- Mail birthday card and holiday card
- 8-9 lunch and learn events a year
- Bi-annual newsletter
- Community Advisory Board members
 - Introducing and identifying them at every lunch and learn
- Referring PRP members to studies equally to avoid over-sampling



Participant Resource Pool Publications

Publications by researchers that used the PRP for their research

Since 2014 to date:

- 26 publications
- 10 of which are dissertations
- 3 currently in-press or under review



Participant Resource Pool Publications

Publications about the PRP

The Gerontologist
Vol. 51, No. 51, S106-S115
doi:10.1093/geront/gnr034

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Building a Registry of Research Volunteers Among Older Urban African Americans: Recruitment Processes and Outcomes From a Community-Based Partnership

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Received July 13, 2010; Accepted March 11, 2011
Decision Editor: Anna M. Nápoles, PhD, MPH

**Promoting Retention: African
American Older Adults in a
Research Volunteer Registry**

Gerontology & Geriatric Medicine
Volume 2: 1-9
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sagepub.com/journalsPermissions.nav
DOI: 10.1177/2333721416677469
ggm.sagepub.com
SAGE

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The Gerontologist
Vol. 51, No. 51, S116-S124
doi:10.1093/geront/gnr021

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The Generalizability of a Participant Registry for Minority Health Research

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Received April 12, 2010; Accepted February 22, 2011
Decision Editor: Johanna R. Sood, PhD

Conclusion

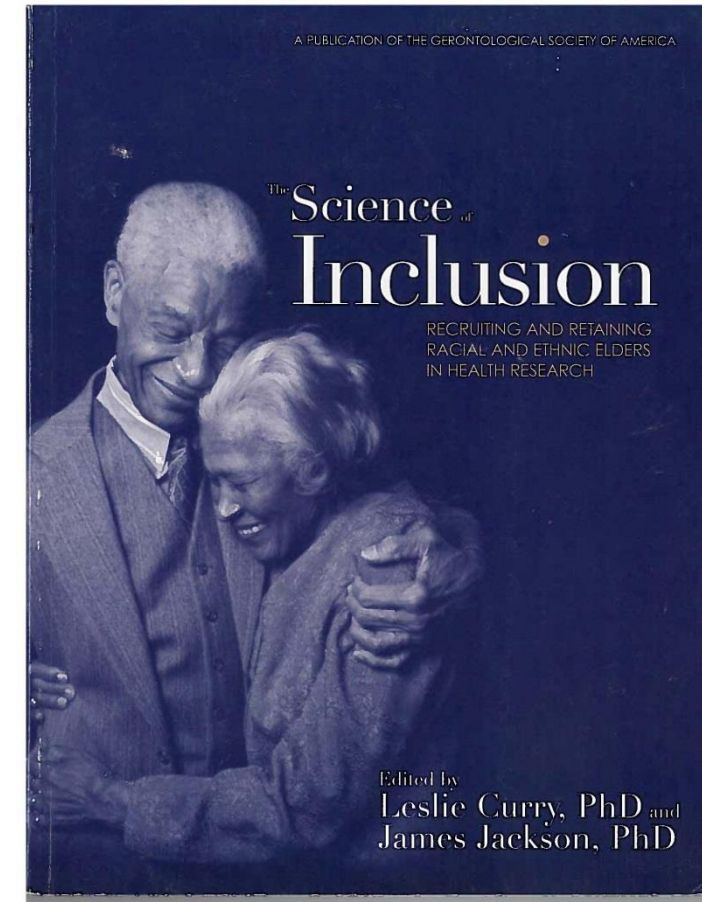
The Gerontologist
Vol. 51, No. 51, S142-S146
doi:10.1093/geront/gnr019

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Advancing the Science of Recruitment and Retention of Ethnically Diverse Populations

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WAYNE STATE
UNIVERSITY

Building a registry of research volunteers among older urban African Americans: Recruitment processes and outcomes from a community-based partnership.

Chadiha, L. A., Washington, O. G., Lichtenberg, P. A., Green, C. R., Daniels, K. L., & Jackson, J. S. (2011). *The Gerontologist*, 51(suppl_1), S106-S115.

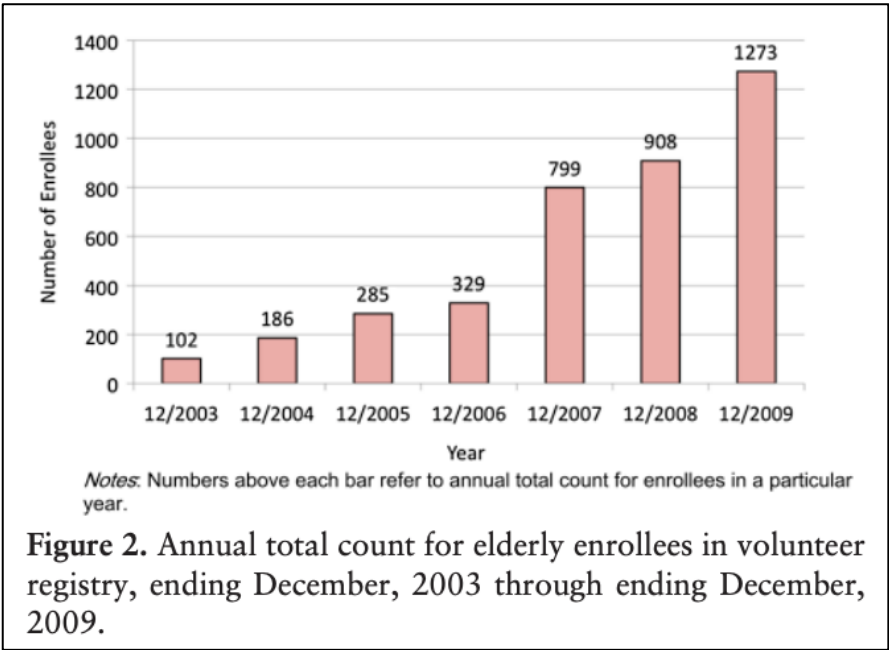


Table 1. Utilization of the Volunteer Registry of Older Urban African Americans by Year, Study Title, and Participants Accessed and Used

Year	Study title	Participants	
		Accessed	Used
2005	Hypertension and Heredity: Genetic Polymorphisms in Three Generations of Urban African American Women	180	45
2006	Aerobic Functioning and Mobility Performance in Older Adults	49	47
2006	Health Disability and Cognitive Functioning in Urban Black Older Adults	215	49
2007	Assessment of Screening for Colon Cancer in the Elderly	41	10
2007	Exploring Health, Ancestry, and Lung Epidemiology (EXHALE)	300	144
2008	Comparing Health Trends of Older African Americans in Detroit with National Data	130	51
2008	Memory Training: Factors Underlying Success and Transfer with National Data	52	1
2009	Promoting Healthy Aging Among African American Elders Study	20	7
2009	Michigan Alzheimer's Disease Research Center (MADRC) Study	6	3

Note: Accessed = number of potentially eligible cases; used = number of cases reported as consented participants.



Promoting retention: African American older adults in a research volunteer registry.

Hall, L. N., Ficker, L. J., Chadiha, L. A., Green, C. R., Jackson, J. S., & Lichtenberg, P. A. (2016). *Gerontology and Geriatric Medicine*, 2, 1-9.

Table 1. Participant Characteristics: Univariate Analysis (N = 1,730).

	Total PRP database % (n) or M (SD)
Age	74.8 (8.8)
Sex	
Male	13.7% (237)
Female	86.3% (1,493)
Marital status	
Married	23.5% (406)
Widowed	35.2% (605)
Divorced/separated	29.5% (507)
Never married	8.7% (149)
Single	3.1% (53)
Employment status	
Retired	87.4% (1,501)
Employed	7.6% (131)
Unemployed	5.0% (86)
Education	
Less than high school	5.9% (102)
High school graduate	24.2% (415)
Some college	41.1% (706)
College graduate	28.8% (495)
Self-reported general health	
Excellent	5.5% (95)
Very good	21.0% (361)
Good	44.3% (763)
Fair	24.7% (426)
Poor	4.5% (77)
PRP status	
Active	78.5% (1,358)
Inactive	21.5% (372)
Number of months in registry	51.6 (31.1)
Number of studies referred	0.8 (1.0)
Medical problems total	2.8 (1.7)
Mobility conditions scale	17.6 (8.0)
Self-reported general health	3.0 (0.9)
Follow-up survey count	2.5 (1.2)

Table 3. Logistic Regression Predicting PRP Status (Active vs. Not Active).

	β	SE	Wald	OR
Marital status				
Married	Ref.	Ref.	4.38	Ref.
Widowed	-0.04	0.44	0.01	0.97
Divorced/separated	0.04	0.43	0.01	1.04
Never married	-0.25	0.43	0.33	0.78
Just single	-0.46	0.47	0.96	0.63
Employment status				
Retired	Ref.	Ref.	6.07	Ref.
Employed for wages	0.66	0.29	5.19*	1.94
Unemployed	0.33	0.37	0.82	1.40
Sex				
Female	Ref.	Ref.	Ref.	Ref.
Male	-0.02	0.22	0.01	0.98
Education	0.08	0.09	0.79	1.08
Self-reported general health	0.19	0.09	4.57*	1.20
Age	-0.05	0.01	24.17***	0.95
Number of studies referred	1.00	0.12	66.21***	2.73
Mobility problems scale	-0.03	0.01	7.89**	0.97
Medical problems total	0.25	0.05	19.96***	1.28
Number of months in registry	-0.05	0.01	123.86***	0.95
Follow-up survey count	2.23	0.16	197.24***	9.27

Note. Full Retention Dataset Logistic Regression: The logistic regression model was statistically significant, $\chi^2(15) = 575.754$, $p < .05$. The model explained 45.2% (Nagelkerke R^2) of the variance in PRP Status and correctly classified 86.4% of cases. PRP = Participant Resource Pool; OR = odds ratio.

* $p < .05$. ** $p < .01$. *** $p < .001$.

Today's MCUAAAR

MCUAAAR Co-Principal Investigators



James S. Jackson, PhD
University of Michigan
Institute for Social Research



Peter Lichtenberg, PhD
Wayne State University
Institute of Gerontology and
Merrill Palmer Skillman Institute



Joan Ilardo, PhD
Michigan State University
College of Human Medicine



What is the Healthier Black Elders Center?



Participant Research Pool (PRP)

A database of older African Americans open to participate in research studies on aging. When you become a member of the HBEC, you are added to the Participant Resource Pool.
Web: <https://mcuaaar.wayne.edu/participant>
Ph: 313-664-2604

Healthier Black Elders Center (HBEC)

The community outreach program of MCUAAAR responsible for educating seniors about health and promoting research on older African Americans.
Web: <https://mcuaaar.wayne.edu/healthier>
Ph : 313-664-2604

Michigan Center for Urban African American Aging Research (MCUAAAR)

One of the RCMAR centers jointly run by WSU, U-M and MSU to train scholars in African American aging research to reduce health disparities faced by minority older adults. Principal Investigators are James S. Jackson, PhD, U-M; Peter Lichtenberg, PhD, ABPP, WSU; and Joan Ilardo, PhD, MSU.
Web: <https://mcuaaar.wayne.edu>

Resource Centers for Minority Aging Research (RCMAR)

Created and funded by the NIA, RCMAR coordinates and supports 18 centers across the country, each focusing on a particular population and/or disease. The Michigan Center for African American Aging Research is one of those centers.
Web: <https://www.nia.nih.gov/research/dbsr/resource-centers-minority-aging-research-rcmar>

National Institute on Aging (NIA)

A governmental agency that is part of the National Institutes of Health. It funds scientific research to understand the nature of aging and supports centers including MCUAAAR.
Web: <https://www.nia.nih.gov>

It Starts Here

MADRC and MCUAAAR Partnership to increase older African American participation in Dementia research

1. Statewide center linking three major research universities with an emphasis on the study of underrepresented minorities
2. Non β -amyloid theme



Michigan Alzheimer's Disease Research Center
(MADRC) Team



MADRC Collaboration with HBEC

Since June 2013...

- MADRC has attended **31** HBEC Lunch and Learns
 - Information tables at **31**
 - Completed memory screenings at **15**
 - Presented at **7**
- In August 2016, University of Michigan with its collaborators at Wayne State University and Michigan State University was designated 1 of 32 NIH/NIA ADRC's



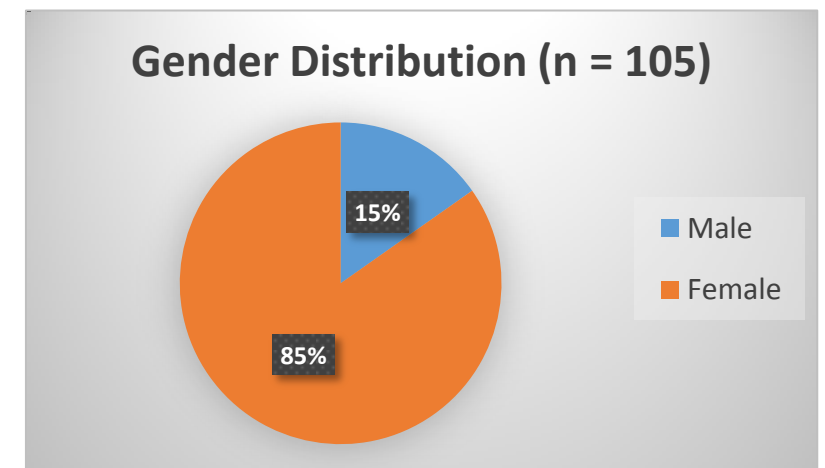
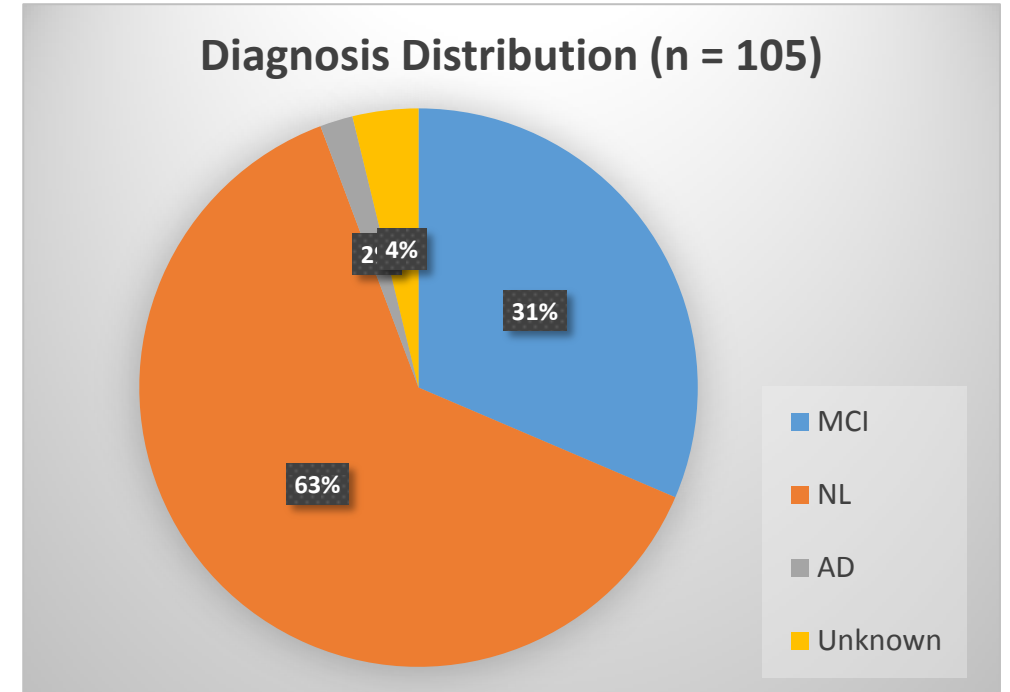
Enrollment of HBEC Members into University of Michigan Memory and Aging Project (UM-MAP)

- To date, **143** HBEC members have been enrolled into the MADRC MINDSet Research Registry.
- **105** have been enrolled into the longitudinal cohort (UM-MAP) and contributed research data to the National Alzheimer's Coordinating Center (NACC).
 - UM-MAP – N = 427
 - 161 African American (38%)
 - 105 (65%) referred from HBEC



Breakdown of 105 HBEC Members in UM-MAP

- Mean age – **73**
- **85%** female
- **Diagnosis**
 - 63% normal cognition
 - 31% MCI
 - 4% unknown
 - 2% AD



WSU-UM joint NIH/NIA Funded Projects

- 2 joint projects with UM and WSU
 - R21-CUES Study – Kavcic/Giordani/Lichtenberg
 - N=127 (African Americans, 49 co-enrolled into MADRC longitudinal cohort)
 - This R21 led to funded R01-ELECTRA Study – Kavcic/Giordani/Lichtenberg that will co-enroll 200 cognitively intact participants into the MADRC longitudinal cohort



New Directions and Initiatives

Research Toolkit with the CAB



Plans for Flint

Efforts focused on developing:

- Relationships with Flint organizations
- Flint-based lunch and learns
- A Flint CAB



Sean Knurek, MA, MPH
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WAYNE STATE
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Take Away Messages

1. Rather than emphasize deficits, we celebrate the opportunities to improve
2. We focus on a wide variety of health and aging topics
3. Recruitment and retention in diverse communities is “high-touch” with multiple points of contact



Thank you to our community sponsors!



GREATER MICHIGAN CHAPTER



OAK
STREET
HEALTH