NYU Langone Health  
Office of Science and Research  
Clinical and Translational Science Institute  
Integrating Special Populations Core  
Engaging Special Populations Best Practice Brief  
Black, African American Population  
12 May 2024
Overview

Demographic Profile
New York has the fourth largest population of Black (i.e. African, African American, Afro-Caribbean, or any ethnicity of African descent) persons among all 50 states. In NYC, the Black community represents the third largest racial ethnic group, comprising of 23.1% of the population (~1.8 million) (see Figure 1 & 2). One quarter of the Black population is comprised of African and Afro-Caribbean, non-Hispanic foreign-born immigrants. The foreign-born Black population is 5% of the overall immigrant population in NYC, but despite its small percentage the Black immigrant population faces its own set of health disparities. For example, immigrant families comprise a large majority of the uninsured and low-income populations in NYC and experience challenges related to access to care, health literacy levels, limited English proficiency).

<table>
<thead>
<tr>
<th>Selected Area</th>
<th>New York City</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
</tr>
<tr>
<td>Total population</td>
<td>8,804,190</td>
</tr>
<tr>
<td>Hispanic</td>
<td>2,490,350</td>
</tr>
<tr>
<td>White non-Hispanic</td>
<td>2,719,856</td>
</tr>
<tr>
<td>Black non-Hispanic</td>
<td>1,776,891</td>
</tr>
<tr>
<td>Asian non-Hispanic</td>
<td>1,373,502</td>
</tr>
<tr>
<td>Some other race non-Hispanic</td>
<td>143,632</td>
</tr>
<tr>
<td>Non-Hispanic of two or more races</td>
<td>299,959</td>
</tr>
</tbody>
</table>

Figure 1: Race and Ethnicity in NYC from 2020 census data.

The “Selected Area” is New York City (referring to the five boroughs that constitutes New York City), which is why the data below the columns “Selected Area” and “New York City” are the same.

Figure 2: Disaggregated data table from U.S. Census Bureau 2020 data.

Health Profile
The Black community has some of the poorest health outcomes and lower overall life expectancy (highest years of life lost) compared to non-Hispanic Whites across NYC and the US.\textsuperscript{1,6} Black people have the highest prevalence rates and mortality rates for obesity, high blood pressure, heart disease, cancer, stroke and diabetes.\textsuperscript{6} Black, non-Hispanic patients have the highest mortality rates, hospitalization rates, premature birth rates, low birthweights births, infant mortality rates, maternal mortality rates, and asthma and chronic lower respiratory hospitalization rates across all demographics in NYC.\textsuperscript{6} Additionally, Black people have higher disease prevalence compared to White and overall NYC residents.\textsuperscript{6} According to the US Department of Health and Human Service’s Office of Minority Health, the national death rate for Black persons is generally higher than White persons for heart diseases, stroke, cancer, asthma, influenza and pneumonia, diabetes, HIV/AIDS, and homicide.\textsuperscript{1}
Community engaged research is the process of addressing issues affecting the target populations of a study by collaborating and involving those directly impacted by studies in the research process. The extent to which a research study requires community involvement will vary depending on the needs of the study. Thus, community engaged research exists on a spectrum (as seen in Figure 3). For a community-engaged study that moves further to the right on the spectrum, there is greater community involvement with a stronger bidirectional relationship and shared leadership between researchers and the community. Community-based participatory research (CBPR) studies are research studies formatted to incorporate community members into the research process. The CBPR approach has shown much success in conducting research within disenfranchised communities since community engaged research facilitates trust and effective communication, which can later lead to community buy-in and future study sustainability.

Community Engagement Continuum

![Community Engagement Continuum Diagram](source)

Figure 4. As study moves further to the right on the spectrum, the greater bidirectional relationship and shared leadership between researchers and the community. Source: Principles of Community Engagement Report (2nd Ed.), Clinical and Translational Science Awards Consortium, Community Engagement Key Function Committee Task Force on the Principles of Community Engagement.

**Best Practices in Engaging the Black/AA Community**

When specifically addressing the Black/AA community, there are several considerations researchers must take to successfully develop long-term, amiable relationships:

- Warm, interpersonal relationships with the community helps combat stigma and distrust of academic institutions.
- Emphasis on affiliation and cooperation of the community is a pertinent cultural value that has been shown to help increase engagement of the Black community.
- Researchers must acknowledge the fact that implicit bias, uninformed/unconsented experimentation, and systemic racism have all played a large role in mistrust between the medical/research and Black communities.
Recruitment Best Practices

Outreach

- Promote and advertise the research study in a culturally and linguistically appropriate way\textsuperscript{12}
- Utilize Black research coordinators and/or other BIPOC research staff members who can help ensure better communication with community members\textsuperscript{12}
- Disaggregate Black data from national data, then use localized data, community needs assessments and community surveys to determine needs and areas of investigation\textsuperscript{12}
- Establish community relationships with community leaders or stakeholders (e.g., partner with community healthcare providers, faith-based leaders, community health workers, patient navigators, social & community service agency directors)\textsuperscript{12}
- Create a community advisory board or panel to get direct study/project feedback, outreach ideas, and dissemination assistance\textsuperscript{12}
- Attend and participate in neighborhood events to engage with and establish a strong relationship with families and encourage families to recruit their family members\textsuperscript{12}
- Emphasize the importance of the work and the need for community involvement so families feel invested in the project and sustain research practices after study completion\textsuperscript{12}
- Consider how the social determinants of health (i.e. physical and social barriers to health equity) affect participation, such as taking time away from work, traveling to a university or hospital setting for data collection, etc.\textsuperscript{12}

Scheduling and Costs

- Incorporate flexible data collection schedules in your protocol\textsuperscript{12}
- Provide support services that would help offset participant costs (e.g., childcare, food, public transportation or rideshare vouchers, parking validation)\textsuperscript{12}
- Conduct data collection in flexible locations (e.g., faith-based centers, community centers, recreation centers, local clinics, schools)\textsuperscript{12}
- Provide fair and culturally appropriate compensation for participation (consult community members or advisory board and use recommended form of compensation)\textsuperscript{12}

Education and Language

- Provide community workshops or trainings about adverse effects and participant liability in clinical trials\textsuperscript{13}
- Be aware of health literacy levels when communicating by using plain language (7th grade reading level) or using jargon-free language\textsuperscript{13}
- Provide options for participants to complete study measures independently or with the help of a research assistant\textsuperscript{13}
- Provide options for study measures to be administered verbally\textsuperscript{13}

Cultural Sensitivity and Values

- Critically examine questions and assess whether certain questions may be alienating and only include necessary demographic questions (e.g., sensitivity to questions about education levels, addiction, housing, or income)\textsuperscript{15,16,17}
- Consider cultural norms and values (e.g., mistrust of medical system and personnel) and be conscious of any implicit bias or stereotypes when designing the study protocol\textsuperscript{15,16,17}
- Address participants with appropriate and culturally relevant language to indicate mutual respect\textsuperscript{15,16,17}
- Be mindful of differences in social and cultural practices (e.g., individualism versus collectivism framing) and communication styles in developing recruitment materials and messages.\textsuperscript{15,16,17}
References

Works Cited

## Internal & External Resources

<table>
<thead>
<tr>
<th>Research and Recruitment Resources</th>
<th>NYULH Trainings &amp; Resources*</th>
<th>Health Profiles</th>
<th>National Organizations</th>
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</thead>
<tbody>
<tr>
<td>Lessons learned for recruitment and retention of low-income African Americans (ePub journal article)</td>
<td>CDC Plain Language</td>
<td>Black/African American Population Profile (US Office of Minority Health report)</td>
<td>Black Mama’s Matter Alliance (Black Maternal Health Organization)</td>
</tr>
<tr>
<td>Strategies Addressing Barriers to Clinical Trial Enrollment of Underrepresented Populations (ePub journal article)</td>
<td>CDC Health Literacy</td>
<td>NYC Health Indicators by Race (NY State Dept. of Health report)</td>
<td>Society for the Analysis of African American Public Health Issues (SAAPHI)</td>
</tr>
<tr>
<td>Recruitment of Black Identifying Young Adults into Clinical Trials: COVID-19 (ePub journal article)</td>
<td>CDC Select Terms for Populations</td>
<td>African American Health Vital Signs Report (CDC report)</td>
<td>National Institute on Minority Health and Health Disparities (NIMHD)</td>
</tr>
<tr>
<td>A Model to Translate Evidence-Based Interventions Into Community Practice (ePub journal article)</td>
<td>FOCUS Inclusive Mindset Training</td>
<td>Health Disparities by Race and Ethnicity (Center for American Progress report)</td>
<td>African American Community Health Advisory Committee (AACHAC)</td>
</tr>
<tr>
<td>Development of “Advancing People of Color in Clinical Trials Now!”: Web-Based Randomized Controlled Trial Protocol (ePub journal article)</td>
<td>FOCUS Driving Change and Anti-Racism Training</td>
<td>Health Disparities Among African-Americans (Pfizer report)</td>
<td>African American Program (Montgomery County Dept. of HHS)</td>
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<tr>
<td>Top Black Health Resources List (Black News resource)</td>
<td>FOCUS Supporting Allyship and Anti-Racism at Work Training</td>
<td>Race and health profiles in the US: CHIS adult survey (ePub journal article)</td>
<td>The Love Land Foundation (Support for Black women and girls)</td>
</tr>
<tr>
<td>List of U.S. Minority Organizations (US Office of Minority Health resource)</td>
<td>FOCUS Discussing Racism Training</td>
<td>Improving the health of African Americans in the USA: an overdue opportunity for social justice (ePub journal article)</td>
<td>National Institute on Minority Health and Health Disparities (NIMHD)</td>
</tr>
<tr>
<td>Accrual of Black participants to cancer clinical trials following community outreach and engagement (ePub journal article)</td>
<td>FOCUS How to Speak Up Against Racism at Work Training</td>
<td>Race, Ethnicity, and Language Data: Standardization for Health Care Quality Improvement (Agency for Healthcare Research and Quality report)</td>
<td>African American Community Health Advisory Committee (AACHAC)</td>
</tr>
<tr>
<td>Minority Recruitment Websites (U of Tex San Ant, Long School of Med resource)</td>
<td>FOCUS Design Thinking, Social Innovation, and Complex Systems Training</td>
<td>Health Disparities Experienced by Black or African Americans (CDC report)</td>
<td>African American Health Program (Montgomery County Dept. of HHS)</td>
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<td>Engaging African Americans in Research: The Recruiter’s Perspective (ePub journal article)</td>
<td>FOCUS Just Ask: Discussing Race Training</td>
<td>Black and African American Health (Medline Plus report)</td>
<td>Cross Cultural Health Care Program (XCulture)</td>
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<td>Recruitment of Black Adults into Cardiovascular Disease Trials (ePub journal article)</td>
<td>FOCUS Strategies to Foster Inclusive Language Training</td>
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<td>Association of Clinicians for the Underserved (ACU - Clinicians)</td>
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FOCUS Talking About Race at Work Training

FOCUS Marketing to Diverse Audiences Training

FOCUS Creating a Culture of Collaboration Training

FOCUS Communicating Across Cultures Training

FOCUS Best Practices for Managing Projects Across Cultures Training

FOCUS Cultural Competency at NYULH Training

FOCUS Interpersonal Communication Training

FOCUS Managing a Diverse Team Training

FOCUS Diversity, Inclusion and Belonging Training

FOCUS Inclusivity in Committed Allies Training

FOCUS Leading Inclusive Teams Training

FOCUS Confronting Bias: Thriving Across Our Differences Training

FOCUS Addressing Unconscious Bias in Medicine Training

*FOCUS only accessible with Kerberos ID.