

NYU Langone Health
Office of Science and Research
Clinical and Translational Science Institute
Integrating Special Populations Core
Engaging Special Populations Best Practice Brief
Older Adult Population
12 April 2022

Overview

Demographic Profile

The US population is experiencing two major demographic shifts: an increase in life expectancy and an increase in diversity. The population of older adults (65+ years) is expected to increase from 15.2% in 2016 to 23.4% by 2060.¹ According to the US Census projections, almost 17% of the US population is 65 years of age and older in 2020.² Older adults over the age of 65 make up 13% of the NYC Population, accounting for 1.1 million people.³ The race and ethnicity of the NYC older adult population varies - 44% percent of older adults identify as White, 22% as Black, 21% as Latino and 12% as Asian/Pacific Islander.³ Half of the older adult population in NYC is foreign-born, only 66% is English proficient and 60% has a high school diploma or less.³ 32% of older adults in NYC live alone, whereas 33% live in multigenerational households.³ Only 3% of older adults in the NYC live in nursing homes.³ The older adult population makes up a large and significant demographic of the NYC population and is important for inclusion in population health research.

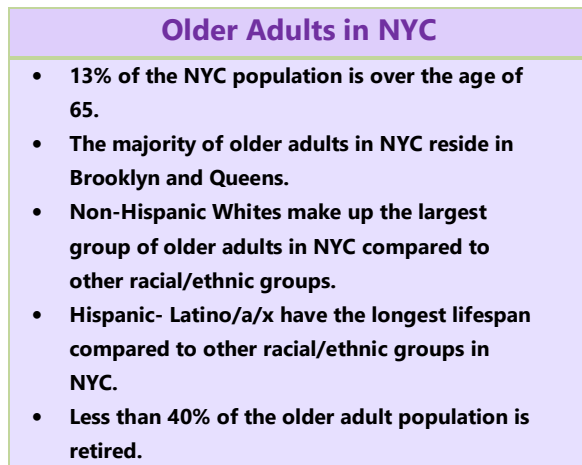


Figure 1. Demographic data on the older adult population in NYC provided by the NYC Office of Health and Mental Hygiene & the NYC Comptroller's Office.^{3,4}

NYC residents by age group (years)

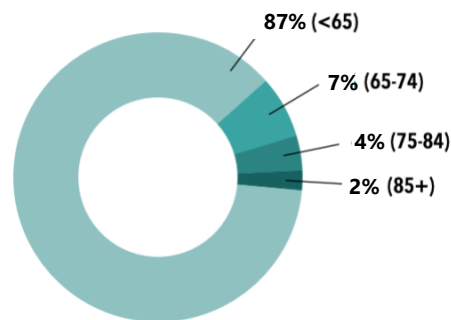


Figure 2. Residential data on the older adult population in NYC provided by the NYC Office of Health and Mental Hygiene.³

Health Profile

Older NYC adults have the third highest life expectancy in the US.⁵ The US average life expectancy is 78 years old, however, in NYC it is 81 years old.⁶ NYC older adults are living longer than most other states, yet many older adults live with multiple co-morbidities.³ 27% and 36% of the older adult population in NYC is considered obese or overweight, respectively.³ 28% of older adults suffer from diabetes, 65% have hypertension, 51% have joint pain (arthritis) or limited mobility, and 13% have memory loss.³ Older NYC adults are also at high risk for cancer and carcinogen exposure, with risk increasing with age. Latino/a/x and Black men and women have the highest rates of disease compared to non-Hispanic White NYC older adults.³

Older Adult Engagement in Research

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 process⁷. 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 community⁷. Community-based participatory research (CBPR) studies are research studies formatted to incorporate community members into the research process.⁷ 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.⁷

Community Engagement Continuum

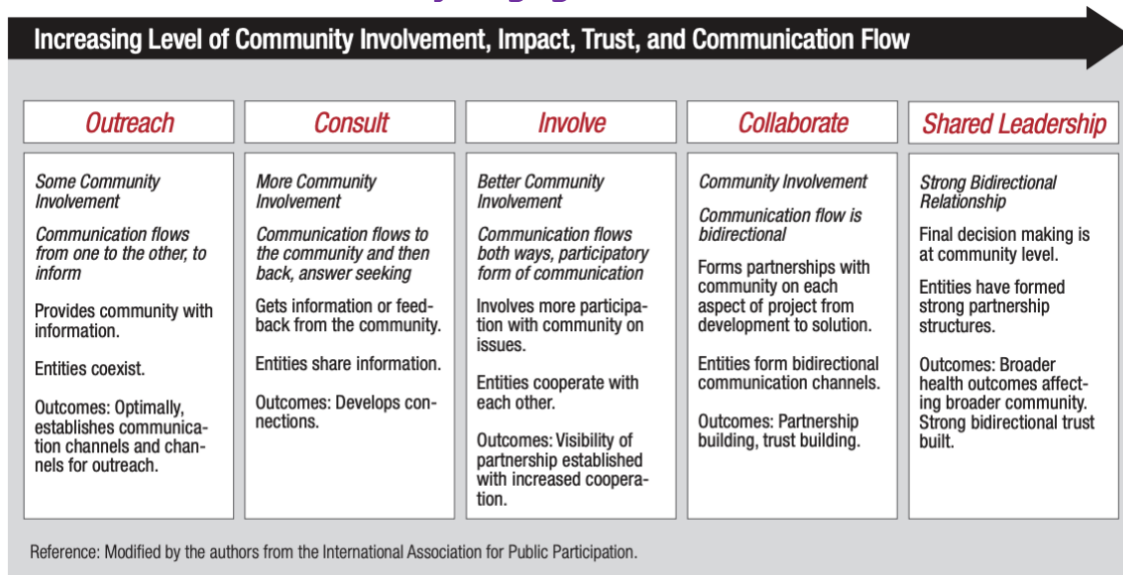


Figure 3. As study moves further to the right on the spectrum, the greater bidirectional relationship and shared leadership between researchers and the community. Source: Principles of Community Engagement Report (2nd Ed.), Clinical and Translational Science Awards Consortium, Community Engagement Key Function Committee Task Force on the Principles of Community Engagement⁷

Best Practices in Engaging the Older Adult Community

When specifically addressing the older adult community, there are several specific considerations for an effective community engaged approach:

- Establish a strong relationship with community members by helping to address barriers to care that already exist for the aging community (e.g., lack of interaction with medical staff, perception of helplessness in care settings, understanding consent process)⁸
- Emphasize consistent consultation, asking participant perceptions on topics, and interpersonal relationships helps combat stigma and distrust of academic institutions⁸
- Understand the population’s needs and motivations then provide resources and tools to aid the community⁹
- Consider physical, digital, and social barriers to giving consent and to overall participation and help to overcome feasibility challenges using institution or study resources⁹

Recruitment Best Practices

Outreach

- Establish a respectful partnership between investigators, participants, families and caregivers, funding agencies, regulators, institutions, providers, and study stakeholders¹⁰
- Determine strategies to reach the most vulnerable members of the aging population¹⁰
- Broaden your study inclusion criteria to determine outreach population¹⁰
- Partner with communities by developing community advisory boards to promote and advertise the research study in a culturally applicable and linguistically appropriate way¹⁰
- Train researchers and staff on the cultural and social practices of the aging community by speaking with community members and families, participating in community events, hosting interactive gatherings, and attending groups for the aging¹⁰
- Utilize research coordinators and/or other research staff members that can help ensure better communication with visually- or hearing-impaired community members¹⁰

Scheduling and Costs

- Incorporate flexible data collection schedules in your protocol¹⁰
- Involve participant's family in planning/logistic stages¹⁰
- Provide accessibility services or other support services¹⁰
- Conduct study in flexible locations (e.g., acute care or long-term care facilities, assisted living, public housing, retirement homes, hospitals, support groups, and nursing facilities)¹⁰
- Consider transportation needs and resources for your study participants¹⁰
- Consult advisory board to determine fair and culturally appropriate compensation for participation¹⁰
- Allocate funds for extra resources to provide rigorous follow up and technical assistances for participants¹⁰
- Measure time and cost of participation to provide to participants during the consent process¹⁰

Education and Language

- Create marketing materials using plain language and larger fonts ([see plain language guidelines](#))^{11,12}
- Explain research objectives, protocols, PI contact information and follow up procedures with consideration for personal literacy and organizational health literacy (see health literacy guidelines)¹³
- Implement transcreation approach, the process of translating intervention material messaging using language that resonates with the community/target population¹⁴
- Provide options for participants to complete study measures independently or with the help of a research assistant or family member¹⁵
- Provide options for study measures to be administered verbally¹⁵

Cultural Sensitivity and Values

- Aim to maintain a familiar lifestyle for older adults instead of creating study environments that may inconvenience the participants¹⁵
- Consider cognitive activity and overall interests and motivations of study participants¹⁰
- Address participants with appropriate language to indicate mutual respect⁷
- Providing peer interaction and in-person assistance when introducing new topics or technology to older adults (e.g., using grandkids to help with facilitation)¹⁵
- Think of ways to utilize existing features to address and alleviate the needs of older adults instead of delivering new ideas or innovative features¹⁵

References

Works Cited

1. U.S. Census Bureau. (2021). An Aging Nation: Projected Number of Children and Older Adults. U.S. Dept of Commerce. <https://www.census.gov/library/visualizations/2018/comm/historic-first.html>.
2. U.S. Census Bureau. (2021). 2017 National Population Projections Tables: Main Series; Projections by age and sex composition of the population. Table. US Dept of Commerce. <https://www.census.gov/data/tables/2017/demo/popproj/2017-summary-tables.html>
3. Greer S, Adams L, Toprani A, Hinterland K, Dongchung TY, Brahmabhatt D, Miranda T, Guan QX, Kaye K, Gould LH. (2019). Health of Older Adults in New York City. NYC Health. 1-32. <https://www1.nyc.gov/assets/doh/downloads/pdf/episrv/2019-older-adult-health.pdf>
4. Stringer S. (2017). Aging with Dignity: A Blueprint for Serving NYC's Growing Senior Population. Office of the New York City Comptroller Scott M. Stringer. Report. <https://comptroller.nyc.gov/reports/aging-with-dignity-a-blueprint-for-serving-nycs-growing-senior-population/#endnotes>
5. NYCDOHMH. (2013). Increased Life Expectancy in New York City: What Accounts for the Gains?. NYC Health Epi Research Report. <https://www1.nyc.gov/assets/doh/downloads/pdf/epi/epiresearch-lifeexpectancy.pdf>
6. NYSHealth. (2020). Life Expectancy by Census Tract in New York State. New York State Health Foundation. Report. <https://nyshealthfoundation.org/resource/life-expectancy-by-census-tract-in-new-york-state/#introduction-key-findings>
7. CTSA Community Engagement Key Function Committee Task Force. (2011). Principles of Community Engagement (2nd Ed). NIH Clinical and Translational Science Awards Consortium. Report. https://www.atsdr.cdc.gov/communityengagement/pdf/PCE_Report_508_FINAL.pdf
8. Davis, S.F., Silvester, A., Barnett, D., Farndon, L., Ismail, M. (2019). Hearing the voices of older adult patients: processes and findings to inform health services research. *Res Involv Engagem*: 5, 11. <https://doi.org/10.1186/s40900-019-0143-5>
9. Zhang, X.; Xu, X.; Cheng, J. (2021). WeChatting for Health: What Motivates Older Adult Engagement with Health Information. *Healthcare*, 9, 751. <https://doi.org/10.3390/healthcare9060751>
10. Mody, L., Miller, D.K., McGloin, J.M., Freeman, M., Marcantonio, E.R., Magaziner, J., Studenski, S. (2008). Recruitment and Retention of Older Adults in Aging Research. *Journal of Am Ger Soc*: 56(12), p. 2340-2348. <https://doi.org/10.1111/j.1532-5415.2008.02015.x>
11. Age-Friendly DC. (2017). Reaching Adults Age 50+ More Effectively Through Print: An Age Friendly DC Guide for Creating Readable Material. Government of the District of Columbia, Office of Mayor Muriel Bowser. https://agefriendly.dc.gov/sites/default/files/dc/sites/agefriendly/publication/attachments/AgeFriendlyDC-Effective_Print-2.3.17-v2-PRINT.pdf
12. Plain Language Action and Information Network. (2022). Federal plain language guidelines. U.S. General Services Administration. <https://www.plainlanguage.gov/guidelines/>
13. CDC. (2022). What is Health Literacy? Health Literacy. Centers for Disease Control and Prevention. U.S. Department of Health & Human Services. <https://www.cdc.gov/healthliteracy/learn/index.html>
14. Nápoles AS, Stewart AL. (2018). Transcreation: an implementation science framework for community-engaged behavioral interventions to reduce health disparities. *BMC Health Serv Res*. 2018; 18: 710. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6134771/>
15. Lee, L., & Maher, M. L. (2021). Factors Affecting the Initial Engagement of Older Adults in the Use of Interactive Technology. *International journal of environmental research and public health*, 18(6), 2847. <https://doi.org/10.3390/ijerph18062847>

Internal & External Resources:

Research & Recruitment Resources	NYULH Trainings & Resources*	Health Profiles	National Organizations
Challenges and practical recommendations for recruiting older adults study	CDC Plain Language	NYC Department for the Aging (DFTA) Profile of Older New Yorkers	AARP
Recruitment and Retention of Older People in Clinical Research study	CDC Health Literacy	Life Expectancy Report of Older Adults in NYC	American Society on Aging
Lessons on Recruitment and Retention from Elders Report	CDC Select Terms for Populations	Healthy People 2020 – Older Adults Report	National Council on the Aging
Evidence for strategies to improve recruitment and retention of older adults study	FOCUS Inclusive Mindset Training	US Census Bureau – Older Population and Aging Report	Administration for Community Living
Evaluation of Recruitment of Older Adults of Color into Self-Management Pathway Program study	FOCUS Design Thinking, Social Innovation, and Complex Systems Training	US Dept of Health and Human Services, Administration for Community Living Profile of Older Americans Report	Elder Justice - Elder abuse prevention resources
Guidance for Recruiting Older Adults in Clinical Research study	FOCUS Instructional Design: Adult Learners Training	Population Reference Bureau - Aging in the US Factsheet	FDA – Tips for Seniors
Guidelines for Evaluating Recruitment in Diverse Populations. Studies systemic review	FOCUS Strategies to Address Unconscious Bias Resource	Social Isolation and Loneliness in Older Immigrant Adults study	National Institute on Aging at NIH
Representation of Underrepresented Populations in Clinical Trials systemic review	FOCUS Strategic Resources and Support Services for Investigators & Study Teams		The Senior Corps - network of programs for older adults
“Let him speak:” roles and behaviors of family companions in primary care visits study	FOCUS Marketing to Diverse Audiences Training		Social Security Administration
	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		

Research and Recruitment Resources	NYULH Trainings & Resources*	Health Profiles	National Organizations
	FOCUS Strategic Resources and Support Services for Investigators & Study Teams		
	FOCUS Interpersonal Communication Training		
	FOCUS Managing a Diverse Team Training		
	FOCUS Diversity, Inclusion and Belonging Training		

* FOCUS only accessible with Kerberos ID