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Partnering to Enhance Clinical Trial Retention of Black Men

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PROBLEM

Clinical trial representation is critical to generalizable research outcomes, yet racialized and marginalized populations (e.g., Black Americans) are often underrepresented in research — while also bearing the greatest burden of disease and the highest mortality.

INTERVENTION

By leveraging partner resources, establishing trust with well-respected community organizations, cultivating safe spaces for dialogue, capitalizing on spirituality, and centering on brotherhood, clinician–scientists curated trusting relationships (allyship) that facilitated recruitment and retention of Black Americans in a clinical trial.^{1–3}

INSTITUTION

Ohio State University.

DESCRIPTION

Working as equal partners, clinician–scientists at the Ohio State University, the African American Male Wellness Agency, and community members codesigned “Black Impact,” a community-based participatory-research trial of a lifestyle-change intervention (based on the American Heart Association’s Life’s Simple 7 framework) for Black American men with less-than-ideal cardiovascular health.⁴ The clinician–scientists contributed expertise in clinical medicine, motivational interviewing, evidence-based health-behavior frameworks as a basis for the Black Impact curriculum, and grant writing. The agency (a 20-year-old community organization promoting wellness, most notably through an annual walk that includes health screenings) provided expertise in relationship building, marketing, community connections, and social networks to recruit and maintain engagement with Black men throughout the study. As trusted members of the community, agency staff also offered expertise in identifying community assets and strengths that were used to tailor the

intervention. Government agencies provided intervention sites, along with staff to deliver intervention content.

The partners codesigned the Black Impact intervention to engage Black men over the course of 24 weeks in weekly health education with a health coach (a clinician–scientist or visiting government staff), physical activity with a personal trainer (agency staff), and focus on social needs with a community health worker (agency staff) at convenient community recreation sites. Central to engagement were the relationships fostered by the multisector partners with and among the participants, which resulted in social support from racially concordant participants and study staff, accountability within teams (among brothers), and shared ownership of the clinical trial experience.⁵

RESULTS TO DATE

The Black Impact intervention improved cardiovascular health, but the greatest success has been in cultivating trusted academic–community–government partnerships by centering on community. The community-centered process of engagement enabled the recruitment of 100 Black American men. After a pause during the Covid-19 pandemic, 74 of the recruited participants began the intervention; 90% of them were retained in the trial until its completion.⁴ The engagement and empowerment of the community as a result of clinical trial education and participation have also enhanced support for future research to test the intervention in a larger cohort of Black men. And the process built the capacity in the agency that transformed its staff from partners to leaders in research focused on engaging Black populations in health-promoting behaviors. Centering on community and building trusting relationships is thus a promising approach to supporting clinical trial enrollment and ultimately advancing health equity.

“Relationships are built at the speed of trust.” — Jennifer Bailey

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