



Strategies for engaging Black male caregivers in family-based research

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ABSTRACT

Black men are less likely to participate in research studies due to historical abuses and mistrust, which has consequences for various health issues, including research to improve the sexual health and well-being of young girls and women. This paper aims to present strategies from research staff on how to engage Black male caregivers in family-based research. After our five Black research team members (i.e., researchers, recruiters, facilitators, and community liaisons) recruited 30 Black male caregivers into one-on-one interviews, ten into focus groups, six into theatre testing of an intervention, and 20 more into the pilot intervention, interviews explored their experiences engaging the targeted population in research. Interview questions included asking what strategies were successful, what challenges occurred, and future recommendations to engage Black male caregivers in research. Audio recordings and written response data were analyzed using thematic analysis. Themes included: 1) empowering Black communities through fatherhood initiatives, 2) utilizing culturally sensitive and respectful recruiters, 3) highlighting the value of Black men, and 4) implementing study materials enhancing positive representations of Black men. Implementing strategies to include Black men in family-based health research has the potential to reduce health disparities in the United States and increase their representation across the literature. These strategies will equip researchers to engage in research with minority and structurally-systemically disadvantaged groups.

1. Introduction

Recruitment for research among Black communities in the United States (US) can be challenging due to the historical mistreatment of participants (Crooks, Donenberg, & Matthews, 2021; George, Duran, & Norris, 2014). Mistrust of academic and research institutions is the most significant barrier to research participation reported by Blacks (Brandon, Isaac, & LaVeist, 2005; Crooks et al., 2021; Scharff et al., 2010). There is still a high skepticism, particularly among Black men, about participating in research due to previous exploitation (Brandon et al., 2005; Crooks et al., 2021). For example, the Tuskegee syphilis study started in 1932 and aimed to understand the natural consequences of untreated syphilis in the Black community (Centers for Disease Control and Prevention, 2021). Scientists discovered Penicillin in 1943, which cured this infection; however, they refused to treat Black participants, resulting in more than 100 Black men needlessly suffering and dying

until 1972 (Brandon et al., 2005; Centers for Disease Control and Prevention, 2021; Urell, 2022). In response to the Tuskegee study, the National Research Act was signed to protect every human subject when participating in biomedical and behavioral research (Urell, 2022). Although this act was signed into law in 1974, Black men remain hesitant and cautious about participating in research studies today. The additional layer of COVID-19, police brutality, and social injustice has amplified this mistrust of Black communities and continues to highlight the systematic oppression of Blacks within the healthcare system (Bailey et al., 2020; Crooks et al., 2021; Laurencin & Walker, 2020).

Black men are less likely to participate in research studies due to these historical abuses and mistrust, which has implications for research directly related to Black men's health and well-being. However, lower participation rates of Black men in research also have implications for a range of interventions to improve family functioning and health outcomes among children. For example, the engagement of Black male

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caregivers in family-based programming has positively affected Black boys' sexual health and socialization (Caldwell et al., 2010; Doyle, Cryer-Coupet, & McLeod, 2022; Randolph, Cary, Johnson, & Gonzalez-Guarda, 2019; Stahlschmidt, Threlfall, Seay, Lewis, & Kohl, 2013). Recent research has identified Black male caregivers' impact in protecting Black boys from experiencing societal violence and racial socialization (Johnson & Briggs, 2021; Johnson, Dorsey, Rich, & Brooks, 2020). Black male caregivers share similar lived experiences as Black boys (e.g., police harassment and brutality, racism, violence, incarceration); therefore, boys regard them as trustworthy and vital figures in developing protective strategies (e.g., how to speak to law enforcement) that ensure their safety (Johnson & Briggs, 2021; Johnson et al., 2020). Active presence and communication between Black male caregivers and their boys about prevalent societal threats, emotional regulation, emotional engagement, navigation, and negotiation when engaging with law enforcement, gangs, or dangerous entities have increased positive social and health outcomes and safety for Black boys (Johnson & Briggs, 2021; Johnson et al., 2020). Additionally, Black male caregivers' interactions with their boys have shown refinement in the quality of communication and relationships and act as a protective factor against Black boys' risky sexual choices (e.g., using condoms during sex) (Dilorio, McCarty, Resnicow, Lehr, & Denzmore, 2007; Guilamo-Ramos et al., 2012; Johnson & Briggs, 2021; Randolph et al., 2017, 2018; Wight & Fullerton, 2013). Engagement of men is critical in improving sexual health research.

However, most family-based sexual health programs are designed for Black female caregivers [55,56], and male caregivers are notably missing, yet sexual health for children is strengthened by their involvement [57]. While Black male caregivers are engaged in family-based interventions with boys, they can participate similarly in research with girls. Research has shown that Black male caregivers' presence and increased involvement are related to the delayed sexual debut and increased condom use among Black girls (Burns, 2008; Guilamo-Ramos et al., 2012; Wight & Fullerton, 2013). However, there is a lack of literature on engaging Black male caregivers in family-based research with girls. Therefore, this study aims to explore strategies and lessons learned to engage Black male caregivers in family-based research for programming designed to protect Black girls' sexual health.

There is a finite amount of research describing strategies to engage Black men in research studies (Julion, Sumo, & Bounds, 2018; Kikut et al., 2022; Randolph, Coakley, & Shears, 2018; Stahlschmidt et al., 2013). One of the most used methods to recruit Black communities into research studies is through media (Randolph et al., 2018; Stahlschmidt et al., 2013). Often, Black men receive health information from media, social networks, community resources, and technology (Randolph et al., 2018). Findings from a previous qualitative study with Black male caregivers suggest they prefer more traditional methods for recruitment via word-of-mouth or snowballing from organizations that support fathers (Stahlschmidt et al., 2013). Additionally, targeted recruitment with flyers displaying imagery of Black men and utilizing various forms of advertisement for the study (i.e., TV, radio, commercials, and newspapers) and collaborating with community partners are critical for Black men. Randolph et al. (2018) suggest strategies such as building trust with participants, being transparent, using gatekeepers, and ensuring that your team is culturally sensitive. Yet, the research team's role (i.e., researchers, recruiters, facilitators, and community liaisons) is significant. It could be further examined to explore their unique perspectives of recruiting Black men into research.

Additional structural and systemic barriers limit Black male caregivers' engagement in research with children. Some of these barriers include poverty, lack of transportation or incentives, co-parenting relationships, and prioritizing a job over spending time with children to make ends meet (Caldwell et al., 2010; Doyle et al., 2022; Johnson & Briggs, 2021; Randolph et al., 2019; Stahlschmidt et al., 2013; Summers, Boller, & Raikes, 2004). A critical structural factor driving Black girls' adverse sexual health outcomes is the harm committed against Black

men due to inequitable social, political, and economic factors that reduce opportunities to protect and support their children (Adimora, 2005; Crooks & Frazier, 2020). Disproportionate incarceration rates, police brutality, and lack of economic prospects contribute to the myth and misconception of the "absent Black father" stereotype (Cooper, Smith, Burnett, McBride, & Supple, 2021). Yet, research shows that Black male caregivers (i.e., fathers, grandfathers, uncles, brothers, cousins) are present in girls' lives (Scott, 2018). Additionally, as 67 % of Black children are raised by their mothers or female caregivers in single-parent households (Casey Foundation, 2011), it is suggested that mothers may serve as gatekeepers or limit access to children with Black male caregivers (Bloomer, Sipe, & Ruedt, 2002). There may be several reasons, including co-parenting relationships and stereotypical gendered social roles that ascribe male caregivers as financial providers (Bronte-Tinkew, Moore, & Carrano, 2006; Lundahl, Tollefson, Risser, & Lovejoy, 2008; Moore & Kotelchuck, 2004) and female caregivers as the more reliable, responsible, and involved parents (Campbell, Howard, Rayford, & Gordon, 2015).

An additional structural barrier is that minimizing or ignoring the role of Black fathers and male caregivers is equally vital as mothers and female caregivers. However, the conceptualization of male caregivers has shifted to viewing fathers as powerful influences in the development and health of their children (Bronte-Tinkew et al., 2006; Lundahl et al., 2008; Moore & Kotelchuck, 2004); there has been increased awareness and interest in involving male caregivers in child health services (Fabiano & Caserta, 2018). Single fathers are a growing public research priority, rising from 1.7 million in 1990 to 3.3 million in 2020 (Wingood & DiClemente, 2008), and a recent Centers for Disease Control and Prevention report revealed that 70 % of Black fathers were most involved in caring for their children (Scott, 2018). Despite these challenges, children experience more positive outcomes and fewer adverse outcomes when they experience positive male caregiver-child relationships (Stahlschmidt et al., 2013). One strategy to enhance male caregiver-child relationships is through male participation in family-based interventions. Although family-based interventions benefit male caregivers and their children, recruiting Black male caregivers into such programs remains particularly challenging.

This paper describes recruiting and engaging Black male caregivers in the development and pilot testing of a family-based sexual health intervention targeting Black girls throughout the COVID-19 pandemic and race-related social injustices. The unique perspectives of the research team were explored at various phases of engaging and recruiting Black male caregivers into sexual health research. Successful recruitment strategies, as well as challenges experienced in recruiting Black male caregivers in the study, are described. These strategies used for community-based recruitment provide significant guidance as researchers seek to maximize participant benefit of community-based participatory research (CBPR) while increasing an equitable exchange of ideas (Singer, Crooks, Abboud, & Patil, 2022; Wallerstein et al., 2020).

2. Methods

2.1. Community-based participatory research (CBPR) framework

CBPR was used to engage Black male caregivers in our study processes. CBPR is an approach that promotes equality by involving community members with researchers and other members who help make up a research team (Singer et al., 2022). CBPR is a beneficial framework to engage vulnerable or "invisible populations" (i.e., Black male caregivers)—individuals who are not well integrated into research (Singer et al., 2022). Tenets of CBPR guided the intentionality of the community-academic partnership (Kerstetter, 2012). CBPR encompasses equality by acknowledging that community knowledge provides unique perceptions of data, and this shared knowledge from community members allows us to learn from them and follow their lead in executing

a successful research program (Wallerstein et al., 2017, 2020). We ensured our family-based program was culturally tailored and addressed the needs of our community partner, the Chicago North Lawndale AMACHI Mentoring Program (LAMP). LAMP provides opportunities for positive youth development by building partnerships and providing space for young people and their families to express themselves and thrive, which was the pillar of our programming (Chicago Lawndale Program, 2022). LAMP was heavily involved with adaption process and development of the family-based program to promote collaboration and empowerment. An individual was hired from LAMP to serve as a liaison between the University of Illinois Chicago and LAMP to ensure the voices and perspectives of LAMP families were represented.

Additionally, all study team members were hired from the community. Approaches like this ensure that the rights and dignity of community members are protected and valued (Wallerstein et al., 2017, 2020). LAMP has a long-standing relationship with the research team and has been involved in this project from development through dissemination and are included as authors of this paper. This iterative process demonstrated how CBPR can help create and sustain community-academic partnerships.

2.2. Study design

Descriptive qualitative methods allow researchers to uncover the voices and experiences of vulnerable populations (Creswell, 2012; Forman, Creswell, Damschroder, Kowalski, & Krein, 2008; Glaser & Strauss, 2009). For this study, qualitative methods provided our team the foundation to empower Black men regarding the best way to engage and tailor their needs to the research program. Black male caregivers are defined in this study as mentors, fathers, brothers, uncles, and grandfathers involved in Black girls' socialization and welfare. Institutional Review Board approval was received in September 2021. 30 Black male caregivers were interviewed via Zoom from September 2021- May 2022 to gain insight into their comfort in discussing sexual health topics with Black girls.

Focus groups were conducted to gather information about how to develop a sexual and reproductive health program for Black male caregivers and girls, allowing participants to participate in person or via Zoom due to the COVID-19 pandemic that limited in-person contact. A total of 10 Black male caregivers participated in focus groups (five in-person and the other five via Zoom). Participant feedback was integrated into the program curriculum to create IMARA for Black Male Caregivers and Girls Empowerment (IMAGE) (Crooks et al., 2023). IMAGE emphasizes Black male caregivers' desire to participate in girls' lives and protect and support them. The IMAGE curriculum focuses on sexual and reproductive health education, sexual violence, objectification of Black girls and women, relationships, and how to be a positive role model for Black girls. IMAGE engages Black male caregivers and single-father homes in HIV/STI prevention for girls, thereby increasing its relevance to Black communities and community-based organizations (Crooks et al., 2023).

Once the curriculum was finalized, the IMAGE program was theater-tested (Crooks et al., 2023). Theater testing is used to test interventions with the intended audience and how they respond to the intervention, with six more dyads of Black male caregivers and girls (Wingood & DiClemente, 2008). At the end of the IMAGE program, we collected survey and verbal feedback from the Black male caregivers and girl dyads. One of the strengths of theater testing is the opportunity to obtain reactions to concepts and materials in a relatively short period that closely resembles the intervention (Wingood & DiClemente, 2008).

2.3. Participants

After the successful recruitment of 56 Black male caregivers into the adaption processes to develop IMAGE concluded, our five-member research team was asked to describe their experiences engaging Black

male caregivers in family-based research. The research team was based in the community and included the roles of recruiters, interviewers, community liaisons, and facilitators. The team members identified as Black, with four females and one male between the ages of 26 and 42 years old. The research team served in various capacities, such as mothers, mentors, dance instructors, and community advocates—educational levels from high school diplomas to graduate degrees.

2.4. Data collection

The first author conducted interviews. Each research team member responded to the following questions (see Table 1) via an audio-recorded interview and/or written response. Once consented, the structured interview began. Confidentiality was ensured by interviews occurring individually in private spaces.

2.5. Data analysis

Thematic analysis by Braun and Clarke (Braun & Clarke, 2006) was used to analyze study research team responses. It is important to note that this study occurred during the COVID-19 pandemic and times of social unrest. Data analysis was conducted by the first and second authors using Braun and Clarke's Qualitative Thematic Analysis framework consisting of (a) familiarizing self with data, (b) generating initial codes, (c) searching for themes, (d) reviewing themes, (e) defining themes, and (f) producing a report (Braun & Clarke, 2006). The validity and credibility of the findings were assured by using a research team to analyze and discuss the meaning and interpretation of the data (Morse, 2015). The coding team (NC and LY) achieved an inter-rater reliability of 0.90 across all codes. More specifically, prolonged engagement with the data and peer debriefing ensured credibility. A sufficient description of the methodology and contextualization of participants' experiences supported the transferability of the findings (Morse, 2015). Confirmability was demonstrated through discussions of potential biases and reflexivity, as many research team members shared characteristics of our target population (Lincoln & Guba, 1985; Reed, Miller, Nnawulezi, & Valenti, 2012). Peer debriefing was also used to ensure an accurate presentation of the data (Lincoln & Guba, 1985; Reed et al., 2012).

3. Results

Findings resulted in four strategies to engage Black male caregivers in sexual health research for Black girls. These strategies included: 1) empowering Black communities through fatherhood initiatives; 2) utilizing culturally sensitive and respectful recruiters; 3) highlighting the value of Black men; and 4) implementing study materials that enhance positive representations of Black men. Additionally, four barriers are described: 1) COVID-19 pandemic and mistrust; 2) transportation; 3) creating a cohesive team; and 4) research training and Institutional Review Board (IRB).

Table 1
Interview Questions.

1. What worked for you throughout our study? (i.e., community outreach, trainings, etc.)
2. What didn't work for you? or what was challenging for you?
3. What recruitment strategies worked for you?
4. What barriers or challenges did you experience in recruiting Black men?
5. What expectations should be in place for staff working with Black men?
6. What should the relationship between the recruiter and the interviewer look like?
7. What advice would you have for me moving forward? How could I, as the I, have better supported you?
8. Would you be interested in g?
9. Is there anything else I didn't ask about that you would like to share?

3.1. Successful strategies to engage Black men in research

3.1.1. Empowering Black communities through fatherhood initiatives

The research team collaborated with multiple community organizations in the Chicago area that supported Black families and fatherhood initiatives. The study principal investigator (PI) initiated early outreach with the community leaders of these organizations in hopes of developing sustainable collaborative relationships. It was essential to establish these relationships early to provide time to spread study information and increase participant enrollment. Another reason this community involvement was so imperative is that the team has witnessed that these platforms have an ever-growing database that they are happily ready to share with empowering, educational, and paid positive research programs. Black male caregivers are likely to be more attracted to participating in programs when they hear it from another Black man, which is why the team was selective in partnering with agencies supporting Black fatherhood initiatives. These collaborations were vital because they allowed the research team to ask participants for “direct referral.” Previous participants in various phases of our studies were usually excited to talk others into volunteering their time to participate. Excitement and immediate contact encouraged participants to attend the research study and not cancel abruptly.

“By applying direct recruitment efforts, I can maximize recruitment and outreach...I can directly clarify the research project and goals and paint the bigger picture of the importance of the research and the potential participants’ vital role in the research project...During this time, strong reports are also being built, and it’s important to be professional, vivaciously engaging, yet humble, politically correct, and honest about the purpose of the research study.” (Lead female recruiter, 42 years old)

The research team also empowered Black male caregivers by selecting qualitative research methods (i.e., interviews and focus groups) so their voices could be heard, and their stories could be told. The focus groups allowed Black male caregivers to come together and engage in a shared experience. Black male caregivers throughout the focus groups expressed the desire and need to create more spaces for Black men, such as the focus groups we facilitated. Our team intentionally did the interviews first to get ideas from male participants about which topics to include in the program and their comfortability of discussing these topics with girls to ensure this program was culturally and gender-tailored to their needs. The research team recognized the values of Black male caregivers so that they felt more comfortable participating. It was also essential to use networks of Black fathers as men converse with one another and can empower other men to participate in research. Our 42 year old, lead female recruiter acknowledged the power of fatherhood and utilization of their social network: *“Participants are excited about the program and the content they learned and are eager to get their friends and family enrolled in the program.”*

3.1.2. Utilizing culturally sensitive and respectful recruiters

Another critical tactic the team utilized was to have recruiters be attentive to culture and respectful of participants’ time. In addition to the matching of race and culture between the study research team (i.e., recruiters, interviewers, researchers) and participants, it was important that the language of participants. A 29-year-old female facilitator stated: *“Identifying and supporting Black culture/language/norms is essential when trying to engage Black men and girls in research.”* This was believed to increase their likelihood of speaking more openly and honestly when sharing their perspective. Representation is critically important when engaging Black communities in research. The PI embodied this representation in the selection of the research team as she intentionally hired an all-Black team familiar with the greater Chicago area. Black male caregivers stated during programming that our recruiters reminded them of their sisters and aunts, and one of our recruiters was a dance instructor, which established a sense of likability, trust, safety, and cultural understanding. Another strategy used was that one recruiter

attended the organizational meeting of our community partners in person and via Zoom to respect and value their time and work. Direct and transparent conversations about expectations around participation were crucial for engaging Black male caregivers. One of our recruiters was also a facilitator, contributing to the continuity of programming and gaining participants’ trust. Additionally, a research team member working at our partnered community-based organization was hired to serve as the liaison between the PI and the community organization. Our liaison engaged in recruiting, consenting/assenting participants, and even attended programs, which was critical in establishing trust.

Another piece of being culturally sensitive was having trauma-informed training. Our female community liaison, 38 years old, described the importance of acknowledging what participants may bring into the space with them as they engage in research:

“When working with Black men, the research team should expect that men have experienced trauma differently; this will make the group diverse in character and strong personalities, causing the unexpected to be expected. Men can be very vulnerable to sharing true feelings, and this space can be a comfortable space for them.”

The research team noticed that when going out to different areas of the city, many Black male participants wanted to do interviews right then and there. Sometimes, the research team could do this if the interviewer was available. However, research team members often could not adopt this method, as recruiters and interviewers were trained separately and not required to be with each other in the field. Moving forward, the research team suggested that the recruiter conduct interviews or have an interviewer with a flexible schedule and availability to conduct interviews shortly after they were requested. Often, Black men hold multiple jobs and are the family’s sole caregiver, limiting their availability for other activities. Therefore, it would have been crucial to take advantage of interviewing them upon initial contact.

3.1.3. Highlighting the value of Black men

There is an implicit assumption that Black men are not interested in participating in research; however, the research team has learned after engaging with them that this was a false narrative. After conducting an interview, the 26-year-old female interviewer recounted asking a participant why he had never participated in research before, and he responded, *“We’re around willing to do research, but no one comes to us.”* When asked why this may be the case, the 26-year-old female interviewer mentioned that this might be because *“The voice of Black men is not strongly recognized in this [research] environment.”* However, the research team found various ways to celebrate the value of Black men. Some included a simple “thank you” for listening to study information or participating in interviews, focus groups, or the IMAGE program. Another strategy was ensuring that the research team followed-up with them within 72 hours of our initial contact and asked them how they were doing before discussing any aspect of the research study. At the end of each program session, participants were given a certificate of completion and applauded for committing to protect their girls. The research team found it critically important to *“give men their flowers”* by acknowledging the value of Black men and their contributions to the girls’ lives. Our lead female recruiter, 42 years old, stressed the importance of nurturing and handling Black men with care:

“Our main objective...is to provide support and insight to...Black male caregivers so that these men become responsible creators of more harmoniously flourishing, trusting, nourishing, engaging, accepting, and protecting environments conducive for their young Black girls to feel safe, loved, respected and cherished.”

3.1.4. Implementing study materials enhancing positive representations of Black men

Face-to-face recruitment was the most effective way to speak to the importance of engaging Black men in research. When asking our

recruiters about their experience with recruiting this population, our lead male recruiter, 38 years old, initially described it as “*pulling teeth*.” When beginning our recruitment process, the research team took advantage of this word-of-mouth approach and contacted people we knew first. Our lead male recruiter had a dance studio with a large enrollment of girls, making it accessible to reach out with information regarding the research while asking that they pass it on to their male caregivers. Recruiters found that the study message was more potent through word-of-mouth rather than reading about it from a poster. When asking men about their comfort levels about the intervention topics (girls’ sexual and reproductive health), the research team learned that multiple participants reported feeling more comfortable conversing about girls’ sexual health in person and with a female facilitator. They mentioned preferring a female facilitator since females have more knowledge and lived experience surrounding this topic than men.

Our recruitment materials positively represented Black men and girls to promote this relationship. Additionally, the logo for the IMAGE program, is an image of a Black man holding up a girl and surrounded by other girls representing a Black family, was created. The logo increased the likeness of our program, as many participants saw themselves in the image. Although the literature states that social media or the use of media is more commonly used, our research team found that word-of-mouth or posting flyers in high-volume work areas like grocery stores, barbershops, gas stations, and even local restaurants is most effective for this community and population. Our lead female recruiter, 42 years old, states:

“Passing out flyers and posting advertisements regarding the research project in high volume areas work well in recruiting. Places like grocery stores, bodegas, barbershops, game rooms, gas stations, car washes, and local restaurants can effectively recruit male volunteers. In the Black community, there is a plethora of potential volunteers of all ages who are frequent patrons of these places. For example, I have had interest from young, middle-aged, and older men who have come across a study advertisement posted at their local barber shop.”

Locations, such as barbershops, are often viewed as safe or sacred places for men to have open conversations about social or sexual matters that some may deem taboo. Additionally, the research team attempted to contact participants at least three times at different points of the day to connect with participants and establish rapport. When Black male caregivers were asked about their motivation to participate in family-based intervention with their girls in hopes of informing attendance and study retention, many of them stated they “*wanted to spend more time with their girls*.” Speaking to Black men in the streets or via other family and fatherhood organizations may increase participant engagement.

3.2. Challenges in engagement

3.2.1. COVID-19 pandemic and mistrust

The COVID-19 pandemic was the most significant barrier encountered by the research team. Recruiters could not meet as many participants as expected in high-volume areas due to the COVID-19 pandemic’s decreased in-person attendance or engagement.

“Many Black men, particularly middle-aged and older men, are reluctant to attend places they’d usually frequent before the pandemic due to fear of catching COVID or transmitting COVID to a loved one.” (Lead female recruiter, 42 years old)

The fear of contracting COVID-19 further complicates recruiting efforts since conversations will likely be few and rushed. Social intrusiveness translated from participants to female recruiters was another barrier experienced in some instances when potential participants expressed an attraction to female recruiters. Experiences with this created a sense of hesitance when scouting men due to the potentiality of this reoccurring. COVID-19 can make the first act of engagement very precarious and often uncomfortable for some people. Given the validity

of these concerns, we encourage recruiters/researchers not to generalize this fear against all men. Strategies to reduce this hesitance among female recruiters are to always dress professionally in business-casual attire, remain poised, grounded, and authentic, and yet be sternly empathetic and professional. COVID-19 also caused cancellations in programming as facilitators and participants often got sick; therefore, it was critical for all research encounters to be maximized since time is extremely valuable. Due to research vicissitudes, researchers should try to allot more time than expected to complete the project.

Although participants did not explicitly mention mistrust as a barrier when approached, some men scoffed or laughed at the mention of research. Many men hadn’t heard of research conducted in their communities and were unfamiliar with our project. Our research team was aware of Black communities’ historical mistrust and how this may influence their perception of research and working within a university system. One of our 29-year-old female facilitators stated:

“Some of the most significant barriers include convincing people to be engaged in research when there has been a lack of trust and understanding within the Black community for many years. Since the COVID-19 pandemic, there have been fewer in-person events and meetings, and recruiting through virtual platforms has been very challenging.”

3.2.2. Transportation

A common problem that arose was transportation for participants. Participants usually have multiple obligations to fulfill, and spending money on transportation to come to a study created hesitancy. One of our collaborating community partners offered to compensate participants who attended our program for transportation. Our research team noted that transportation reimbursement and offering an incentive for participating can make a difference in the decision to participate. Additionally, researchers should support the transportation needs of the study research team, which may include gas cards, reimbursement for transportation or last-minute research items, and masks/safety precautions while using transportation methods.

3.3. Creating a cohesive team

Another challenge that occurred during the recruitment process was developing a cohesive team. Recruiters would speak with potential participants one day, and our interviewer would reach out sometimes days later to complete the interview. Our research team learned the delay in communication between the interviewer and participant must be minimal. Unfortunately, conflicts in the recruiter and interviewer schedules decreased engagement from the men and created tension within the team. To prevent conflict, the recruiter and interviewer must meet before the study begins to review their schedules and expectations, or the recruiter and interviews could be the same person. However, this method was not implemented in our study because these two roles are very taxing and require immense work for one person. Dividing it into two positions helped alleviate team stress and allowed each member to focus more on and manage their assigned tasks. Another pathway that could have been pursued is having a recruiter select the interviewer they wanted to work with since this might strengthen working relationships and possible outcomes.

The PI noted the importance of engaging the research team in ice-breakers or having gatherings to build rapport and unite as a team. This rapport leads to more consistent and cohesive communication and scheduling. Another effective strategy used by the team was having a group chat to connect or create doodle pools to see the availability and interest of others more easily. Emails could be a potential way to interact, but our research team did not check their emails as frequently, so it is better to create a group text chat. This consistent communication between the research team should lead to a more cohesive team. In addition to being culturally sensitive, the research team should be exposed to various sexual and gender identities and appropriate

language due to the stigmatizing nature of sexual health research. Multiple training sessions may be necessary to build rapport, team communication, and self-efficacy and reduce conflict.

4. Research training and Institutional Review Board (IRB)

Creating a team inclusive of the community has many challenges. Engaging community partners as co-investigators in CBPR requires certification in the rules, ethics, and research principles. All the research team members working on the current project completed the required Collaborative Institutional Training Initiative (CITI) and Health Insurance Portability and Accountability Act (HIPAA) training. However, the lengthy amount of time it takes and the density of the content in the module are highly burdensome to the research team resulting in failure to complete and termination. Although most of our research team was highly educated, most human research ethics training programs are geared toward individuals with prior research experience and high literacy levels.

The IRB was another major hurdle for the research team engaging in research with Black girls and men. Due to the study engaging Black girls starting as young as nine, any modifications/requests were needed from the IRB before approval, specifically regarding language. The language the IRB requested was not age appropriate or culturally sensitive. It sometimes discouraged participants from wanting to take part in the study. Recruitment flyers and consent/assent forms had to use specific language which was not often appealing to participants, such as “sexual behaviors,” “Masterlist,” and “breach of privacy.”

Additionally, the assent and consent forms were extensive, dense, and often redundant, which led to the loss of participants’ attention midway through the documents. The IRB requires the research team to complete the CITI and HIPAA training before beginning contact. However, training takes a long time to complete, resulting in delays. The IRB process often causes delays in recruitment and program start dates, which is disadvantageous when many researchers are on tight grant funding deadlines.

5. Discussion

Despite these challenges, our team successfully found ways to engage Black male caregivers in research on girls’ sexual reproductive health. Important information was gleaned from the study research team that can be used to enhance recruitment and research efforts for this population. The analyzed data from interviews with the research team, a critical part of the CBPR team, was crucial for identifying strategies to further engage Black men in research. Common themes emerged from the interviews: 1) empowering Black communities through fatherhood; 2) culturally sensitive and respectful recruiters; 3) highlighting the value of Black men; and 4) study materials enhancing positive representations of Black men.

5.1. Effective strategies to engage Black men in research

Previous research suggests that a primary motivation for Black men to participate in research studies is to improve the care of the Black community (Kikut et al., 2022). This sentiment was echoed widely among participants in our study as they communicated a strong desire to participate in research and programming to support and increase knowledge within their communities. Our findings demonstrate the importance of empowering participants through research and program participation. These strategies lend themselves to further inclusion and representation of Black men by discharging societal and cultural assumptions that this demographic has limited interest or value associated with family-based programming.

Another critical tactic stated in the literature was to engage Black fathers in research is having effective recruiters (Julion et al., 2018; Kikut et al., 2022; Randolph et al., 2018; Stahlschmidt et al., 2013;

Tchouankam, Estabrooks, Cloyd, Notice, Teel-Williams, & Smolsky, 2021). This research would not have been possible without having a Black research team, as they were relatable, approachable, and representative of the targeted communities. A research team that is aware and knowledgeable about the cultural considerations of their target audience are more likely to pass overbearing challenges in recruitment (Julion et al., 2018). It has also been noted that racial and cultural concordance between researchers and participants promotes trust and enhances communication, which we also found to be confirmed throughout our study (Randolph et al., 2018). Additionally, our findings highlight language as an essential determinant in engaging Black male caregivers in research. Utilizing language in person and on flyers that is familiar to participants helped to gain their interest in programming.

Another way to establish trust in Black communities is through strong community partnerships. Singer et al. (Singer et al., 2022) claim that if the research team does not aim to develop community partnerships and decides not to involve community members, they will likely have unfavorable outcomes. Our research team intentionally engaged community organizations, including attending meetings and showing up at community centers. It was essential to engage in these community relationships relatively early, as our PI did, to give ample time to spread study information and gain participant interest and enrollment in the IMAGE program. This early outreach can also lead a community leader to believe that the relationship is genuine and transparent (Tchouankam, Estabrooks, Cloyd, Notice, Teel-Williams, & Smolsky, 2021).

We found it critically important to highlight the value of Black men and their voices in research, especially to combat historical mistrust. Additionally, our team was sincere and transparent about expectations relating to participation in the IMAGE program. Findings by Randolph et al. (Randolph et al., 2018) stress the importance of transparency, specifically about the research process and stating the value of individual involvement and experiences. Explaining to participants the life-long and mutually beneficial impacts for their participation and their children can spark “curiosity to participate” (Randolph et al., 2018). They vocalized this directly to participants and allowed the research team to communicate the nuances and importance of the research and their contribution to themselves and this target community. This idea is similar to the CBPR method discussed earlier and could be strengthened when admitting participants are experts in their knowledge (Singer et al., 2022). Male caregivers may be reluctant to seek parenting advice from “a formal source,” so having informal sources, such as a focus group or programming, to share their thoughts may be highly beneficial (Stahlschmidt et al., 2013). Our study team encouraged Black men’s participation and sharing of stories during focus groups and programming.

Researchers have acknowledged the importance of advertising a research study. Effective advertisement should include language the population can relate to, as it is more appealing than standard wording (Stahlschmidt et al., 2013). Findings from our study suggest that this language should be culturally and developmentally sensitive to increase the representation of the target population. We also needed to include Black men in the study logo and on study flyers to increase their representation. Results from a qualitative study, with interviews from 500 fathers, noted that they believe that parenting programs are targeted only at the mother (Summers et al., 2004). As our research demonstrates, it is imperative to engage Black male caregivers with maximum efforts because they want to be a part of the research- they simply are not asked nor know that they can be a part of the research study.

5.2. Challenges in the engagement of Black men in research

Recruiters who understand and are aware of the cultural considerations of their target audience are more likely to overcome challenges in recruitment. Consideration of the populations’ psychosocial needs and barriers to engagement in research should inform recruitment initiatives to optimize participation and alleviate research-related stressors for

participants. A reasonable incentive can make all the difference in their desire to allocate time to engage in a study (Stahlschmidt et al., 2013). Findings from an HIV/STI prevention intervention study suggested they had a low response rate because people are uncomfortable talking about sexual and reproductive health (Coker-Appiah et al., 2009). Therefore, expressing the importance of one's research and the potential implications for the target population is imperative to engage participants (Coker-Appiah et al., 2009). This a strategy our team found useful, as the team noted how their participation would lead to developing a program to protect Black girls' sexual and reproductive health. Historically, Black men were not recognized and commended early on as vital components to necessary research that is traditionally created, aligned, supported, and led by our white counterparts (Jaiswal, 2019; Scharff et al., 2010). Changes are needed to make research more relatable, appealing, and enjoyable to Black men.

Other researchers have noted the training issues, such as CITI and HIPPA, and the need to create training programs tailored to CBPR. CIRTification is a human research ethics training program for community research partners (Anderson, 2015). Efforts have been made to promote acceptance of these more accessible, flexible, and engaging processes to teach human subjects research and obtain IRB certification (Yonas et al., 2016). Nevertheless, uptake of these community-centric training programs by university IRBs has been limited. Increased advocacy is needed to educate IRB panels about the need for and effectiveness of programs to educate community members about the ethical principles and practices associated with research (Anderson, 2015). As noted in our study, the lengthy and content-dense modules of the training were burdensome to team members, resulting in study delays. These barriers contribute to decreased retention rates for research and the research team and subsequently impact the progression of research initiatives.

6. Limitations

There were unique challenges in recruiting Black men into the study because of COVID-19. As noted widely throughout the literature during the COVID-19 for participant-related research, recruitment, engagement, and retention of participants were observed (Mourad, Bousleiman, Wapner, & Gyamfi-Bannerman, 2020). The infectious nature of the virus posed a significant barrier for team members doing face-to-face recruitment. This limitation was also observed through expressed preferences for virtual interviews and focus groups to limit their exposure to the virus by participants. Additionally, there was a monkeypox outbreak during the pilot study, which also influenced the recruitment and retention of participants. Therefore, conducting participant research and intervention-based programming throughout the COVID-19 pandemic must consider alternative means of conducting interviews through virtual platforms, adapting intervention materials for online modulation and facilitation, and practicing and enforcing health safety precautions for research team members and participants for in-person interactions.

7. Conclusion

To improve the health disparities in Black communities, efforts are needed to increase Black men's representation in health research. Researchers will be better equipped to recruit and engage Black men in their studies if they know how cultural, social, and environmental factors affect the population's likelihood of participating. Researchers must acknowledge the well-documented barriers to minority participation in research since there is a critical need to engage Black men in family-based research as they are a vital part of Black families and communities. Lastly, the assumption and structural-systemic removal of Black men from research due to individual and social biases held amongst researchers must be addressed to progress the representation of Black men in research and intervention-based programming.

CRediT authorship contribution statement

Natasha Crooks: Conceptualization. **Latrice Yates:** Writing – original draft. **Wuraola Sosina:** . **Juquita Johnson:** Validation of data analysis, Writing- Reviewing, and Editing. **Alexis Strong:** Validation of data analysis, Writing- Reviewing, and Editing. **Brianna Griggs:** Validation of data analysis, Writing- Reviewing, and Editing. **Kentrelle Shipp:** Validation of data analysis, Writing- Reviewing, and Editing. **Betty Green:** Supervision. **Alicia Matthews:** Supervision. **Waldo Johnson:** Supervision.

Declaration of competing interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper. National Institutes of Health U54MD012523 Chicago Center for Health Equity Research.

Data availability

Data will be made available on request.

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