

A Community-Engaged Research (CER) Approach For Disproportionately Impacted Population Enrollment In The CLARiTI Study



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BACKGROUND

The Consortium for Clarity in Alzheimer's Disease-Related Dementias (ADRD) Research Through Imaging (CLARiTI) study aims to collect standardized imaging data and plasma biomarkers from 2,000 participants enrolled in Alzheimer's Disease Research Centers (ADRCs) nationwide.

The study goal is to recruit >25% from populations disproportionately impacted by Alzheimer's Disease/Alzheimer's Disease and Related Dementias (AD/ADRD): rural residence, ≤12 years of education, and ethnoculturally minoritized groups.

The CLARiTI Access Core deploys a community-engaged research (CER) model to reach potential participants and study partners.

OBJECTIVE

The Access Core's comprehensive CER approach emphasizes trust-building, bidirectional learning, and sustained partnerships to improve recruitment and engagement of populations disproportionately impacted by AD/ADRD. We describe key CER components and associated enrollment.

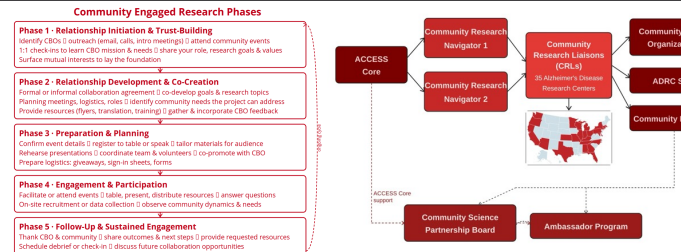
METHODS

The Access Core provides ongoing CER training to 35 sites. Each site receives funding for a Community Research Liaison (CRL) who collaborates with community-based organizations (CBOs), community members, and ADRC staff to foster relationships, participate in community events, and assess local needs.

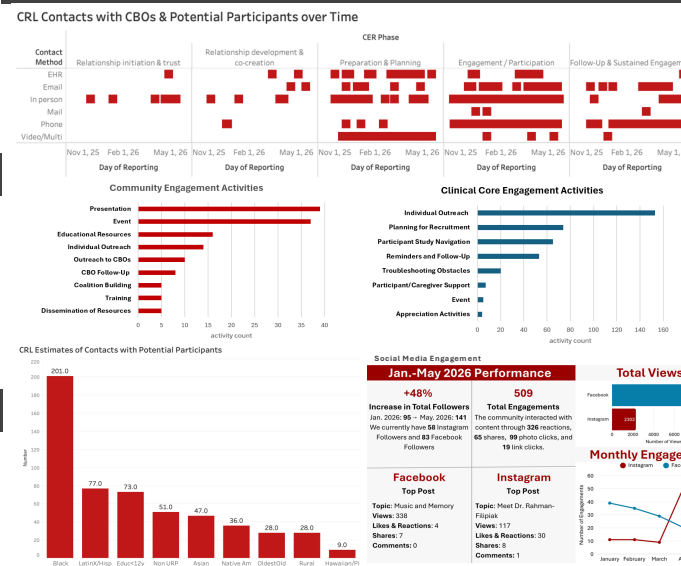
Two centralized Community Research Navigators (CRNs) remotely support CRLs through training, troubleshooting, and mentorship.

Additional centralized efforts include social media and print outreach, a website, a Community Science Partnership Board leveraging community perspectives to inform study approaches, and an Ambassador Program utilizing participant and community member testimonials for engagement.

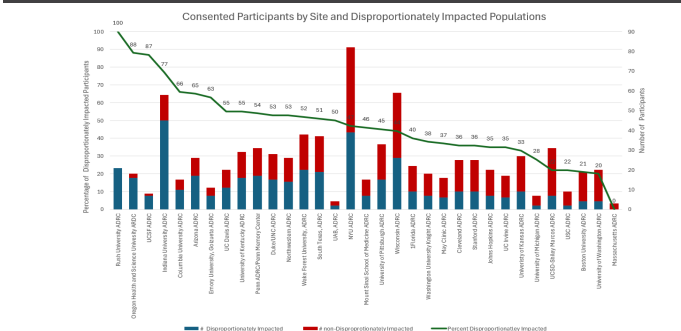
PARTNERSHIP INFRASTRUCTURE



ENGAGEMENT ACTIVITIES



IMPACTS



RESULTS

Utilizing this CER approach, CLARiTI's sample (N = 821) is 49% from at least one disproportionately impacted population.

This includes 59 (7%) rural residents; 97 (11%) with ≤12 years of education; and ethnoculturally minoritized groups [216 (26%) Black American, 72 (8%) LatinX, 35 (4%) Asian, 16 (1%) American Indian/Alaska Native, 2 (0%) Native Hawaiian/Pacific Islander].

Between July 2024 and June 2026, 40 CRLs performed engagement activities across sites supported by two centralized CRNs who completed 16 CRL trainings.

72% of CRL efforts engaged participants enrolled in ADRC Clinical Cores consistent with study goals; 28% targeted community-based outreach.

Challenges reported by CRLs included travel coordination and transportation barriers for rural and mobility-limited participants.

CONCLUSIONS

Preliminary findings indicate that the Access Core's centralized and local CER practices support engagement across ADRCs, exceeding the goal for recruitment of populations disproportionately impacted by AD/ADRD.

Our approach is a potential model for successful community engagement in multi-site AD/ADRD studies.

ACKNOWLEDGMENTS

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Questions or feedback? Reach out to us at clariti-access@medicine.wisc.edu

