

March Alkebulan Circle Recap

Africanizing the Research Paradigm



Dear Alkebulan Circlers,

The March 2026 Alkebulan Circle gathered community members, researchers, and partners for a rich conversation on *"Data Disaggregation, Representation and Health Equity."* The session covered data disaggregation and what it means to truly see African immigrant communities in health research. What emerged clearly was that data is never just data. It is a story about who is counted, how they are seen, and whether systems have made room for their realities.

Guiding Proverb

"Only when an anaconda is dead do you know what its diet consisted of." ~ Ivorian Proverb

Just as one cannot understand the contents of an anaconda's stomach by merely looking at it from the outside, one cannot understand a population's health history, conditions, or needs by looking only at broad, undifferentiated data. To know what is really there, one has to "open it up" and examine the specific parts. That framing became the perfect doorway into a conversation on why disaggregated data matters.



Dr. Emmanuel F. Koku

Here are quotes, insights, and reflections from the Alkebulan Circle.

Dr. Emmanuel Koku began by introducing himself and grounding the conversation in his own journey through immigrant life, public health work, and HIV research. He described how his experiences across Europe, Toronto, Baltimore, and Philadelphia repeatedly brought him face to face with the limitations of aggregate data, especially when he tried to find information on HIV prevalence among African immigrant communities. In many ways the realities of our communities had effectively been collapsed into a single broad category. That absence became part of what drove his long-standing work in this field.

✨ Pearls of Wisdom from the Circle ✨

“Statistics always tell a story.”

“If we are not counted, it means, in many ways, that we do not count.”

“The data may be technically accurate, but then they become very useless.”

“The data disaggregation is not merely an academic exercise. It has to represent what the community is.”

“We need to open up the Anaconda now to see what lies within, to make the invisible visible.”

Brief Summary of Key Points: A major thread throughout the conversation was that statistics are never neutral. He emphasized that numbers do not merely count people. They signal who matters, who is recognized, and how institutions choose to see communities. Dr. Koku cautioned that when African immigrants are tucked into broad racial categories, what gets lost is not only nuance, but entire histories, pathways, and disease profiles. He underscored that African immigrants are not a monolith but a richly diverse set of communities shaped by different countries, cultures, languages, migration trajectories, and lived realities.

Dr. Koku also walked attendees through the historical development of data disaggregation in the United States, tracing it from civil rights-era federal race categories to the Affordable Care Act and later policy revisions. His explanation made clear that progress has been uneven. While there have been advances, particularly in some states and in targeted areas like HIV data, the broader system still often encourages subgroup reporting without truly requiring it. This means that implementation remains inconsistent and often shaped by political will, funding, and institutional priorities.

Another powerful point in the discussion was that disaggregated data is not merely an academic exercise. Dr. Koku argued that if data is to serve communities well, those communities must help shape what is collected, how it is interpreted, and how it is governed. He pointed to community-led models, including Somali community work in Minnesota, as examples of what becomes possible when communities are not treated as passive subjects but as co-creators and trusted partners in research. He also spoke about the importance of data literacy, not just for researchers but for community members, so that communities can understand what is being collected, what rights they have, and how data can be used or misused.

What is next for the Alkebulan Circle?

Thursday, April 22, 2026
3:00 PM - 4:30PM EST

Our April Alkebulan Circle embraces the spirit of Sankofa—looking back to move forward. Together, we will celebrate 1 year of being in community and take time to reflect on a year of powerful conversations across maternal health, mental health, LGBTQ+ health, and more. Through storytelling, cultural grounding, and shared dialogue, we revisit key insights, explore how these conversations have shaped our work, and look ahead to what it means to deepen and sustain Africanized, community-led research.



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Announcements



The US Coalition for African Immigrant Health (USCAIH) and Howard University CNAHS are now accepting abstracts for the 2026 Conference, themed “Bridging Worlds: Advancing Health for the African Diaspora through Innovation, Partnership, and Policy.” The conference will take place October 2–4, 2026, at Howard University in Washington, D.C.

Submissions are welcomed across seven tracks, including Digital Health, Policy, Workforce Development, and Clinical Priorities.

The deadline to submit is April 30, 2026.

For more information:
<https://www.uscaih.org/>



National African Immigrants and Refugees HIV/AIDS and Hepatitis Awareness Day (NAIRHHA Day) is observed each year on September 9. It brings awareness to the disproportionate impact of HIV and hepatitis B on African immigrants, while uplifting community-led solutions, culturally grounded care, and the voices of those most affected.

This is more than a day—it’s a movement. And now is the time to get involved. Whether you’re a community-based organization, provider, researcher, or advocate, NAIRHHA Day is an opportunity to educate, mobilize, and take action in partnership with the communities leading this work.

For more information:
<https://www.nairhha.org>



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