

HOW CAN COMMUNITY-ACADEMIC PARTNERSHIPS ENCOURAGE DATA-DRIVEN CHANGE BEYOND STUDY PARTICIPATION? EVALUATING THE RELATIONSHIP BETWEEN RECRUITMENT AND FUTURE ENGAGEMENT OF SURVEY PARTICIPANTS

Joseph Edward Real, De'Nisha Wilson, Cynthia Newbille, Faisal Ilyas, The Seventh District Health & Wellness Initiative, and Elizabeth Prom-Wormley, MPH, PhD Division of Epidemiology, Department of Family Medicine and Population Health, Virginia Commonwealth University

Abstract

Community-academic partnerships are strongest when study participants are continuously engaged in data-driven change, even after the completion of the original research. This study was conducted to determine whether an active or passive recruitment approach would increase participant interest in future engagement. The effects of these techniques were measured in eight communities in the East End of Richmond, Virginia using a cross-sectional survey to determine community-wide health measures. Recruitment approach is not significant in generating interest in result dissemination; however, an *active* recruitment technique generated more interest in an intensive focus group about community health. Researchers interested in community-academic partnerships need to actively reach out to participants in order to strengthen their research and to engage the community.

Introduction

The Seventh District Health & Wellness Initiative Survey (SDHWS) partnered with the residents of the East End of Richmond, Virginia and the Seventh District Health & Wellness Initiative (HWI) to gather baseline data about their community's health using a Community Based Participatory Research (CBPR) approach. Understanding how recruitment techniques affect future engagement of survey participants is crucial for preserving community-academic partnerships. However, partnership alone will not encourage study participation or future engagement. Community-academic partnerships are ephemeral if study participants are not interested in future engagement, therefore community engaged researchers must establish trust and build relationships with community members in order to spur future engagement to enact data-driven change.

Study Goal

The study aims to determine whether a dual recruitment approach, using either active or passive recruitment methods, present a significant difference in future community engagement of survey participants.

Methods

Study Population

One thousand eighty three (1,083) participants ages 18-82 in the East End of Richmond, Virginia completed a base-line health survey. Two recruitment methods were created using constructive dialogue between community members and academic researchers. Data only from participants who answered the survey via active or passive recruitment were used (N = 1,071).

Statistical Analysis

Chi-square and t-test analysis assessed the relationship between recruitment type and post-survey involvement using the "car,"¹ "gmodels,"² and "polycor"³ packages in R v 3.3.0.

VIRGINIA

Measures

Passive Recruitment. Survey administrators partnered with local organizations that provide services to the community. Consequently, residents came to the survey location where research team members were located.

Active Recruitment. Survey administrators developed community events and collected door-to-door data alongside resident team members. This approach brought survey administrators to potential participants.

Future Study-Related Engagement. The survey assessed future involvement using two items: "Are you interested in learning about the overall results from health related surveys like this in the future?" and "Would you like to participate in a focus group and provide feedback on this survey?"

Results Table 1. Study Sample Demog Measure Recruitment Type Active Passive Interest in learning about study results Interest in focus group participation* Gender* Male Female Education* Less than high school High school GED Business, trade, or vocational school Some college credit, but no degree Associate's Degree Bachelor's Degree

*Significant association with recruitment type.

Master's Degree or

Higher

Methods

NWEALTH UNIVERSITY

graphics		
Ν	%	Total N
53	51.6%	1071
18	48.4%	1071
92	85.9%	921
20	26 60/	026
59	30.0 /0	920
40	32 4%	1048
70 NQ	67.6%	1040
00	07.070	1040
63	35.2%	1030
01	19.5%	1030
05	10.0%	1030
00	10.2 /0	1030
L Q	4 8%	1030
	7.070	1000
34	13.0%	1030
54	5.2%	1030
6	6.4%	1030
		1000
2	5 6%	1020
U.	0.0/0	1000

- There were significant differences in active or passive recruitment by sex $(X^{2}_{(DF=1)} = 13.87, p < 0.001), age (t = -8.77, df = 983, p < 0.001), and$ socioeconomic status ($X^{2}_{(DF=9)} = 115.56$, p < 0.001), as measured by educational attainment.
- Women, individuals with lower SES, and younger people were more likely to be recruited actively.
- There was no significant association between recruitment type and interest in receiving survey results (r = 0.09, p = 0.15).
- There was a significant association between recruitment type and interest in future participation in a focus group (r = 0.17, p = 0.002). Those who received *active* recruitment were more interested in focus group participation.
- People who received *active* recruitment indicated interest in receiving health-related information on healthier eating (r = 0.19, p < 0.001). However, these individuals were less interested in learning about dealing with anger without getting physical (r = -0.11, p = 0.028), and quitting smoking (r = -0.10, p = 0.013).
- Active and passive recruitment techniques are equally effective in generating interest for general results dissemination
- Active requirement may encourage more intensive involvement such as later focus group participation
- Researchers interested in continuing community engagement should work with established community organizations to determine the most effective form of *active* recruitment techniques
- Convenience sampling limits the extent of results therefore future studies should incorporate random sampling methodologies

Health.

socserv.socsci.mcmaster.ca/jfox/Books/Companion



Results

• Of all participants, 51.6% (N = 553) were actively recruited.

Conclusions

Acknowledgements

- SDHWS would like to extend our sincerest gratitude to all affiliate partners with HWI, the Richmond Memorial Health Foundation for their generous support, and the East End community for entrusting us. To learn more about the SDHWS and HWI, visit our blog at https://rampages.us/rvawellness.
- This project used REDcap, a software made available courtesy of the CTSA award, UL1TR000058 from the National Center for Advancing Translational Sciences. Its contents are solely the responsibility of the authors and do not necessarily represent official views of the National Center for Advancing Translational Sciences or the National Institutes of

¹John Fox and Sanford Weisberg (2011). An {R} Companion to Applied Regression, Second Edition. Thousand Oaks CA: Sage. URL:http://

²Gregory R. Warnes, Ben Bolker, Thomas Lumley, Randall C Johnson. Contributions from Randall C. Johnson are Copyright SAIC-Frederick, Inc. Funded by the Intramural Research Program, of the NIH, National Cancer Institute and Center for Cancer Research under NCI Contract NO1. CO-12400. (2015). gmodels: Various R Programming Tools for Model Fitting. R package version 2.16.2. https://CRAN.R-project.org/package=gmodels ³John Fox (2010). polycor: Polychoric and Polyserial Correlations. R package version 0.7-8. https://CRAN.R-project.org/package=polycor