

Implementation of a Standardized Protocol to Contact Low-Income Inner-City Populations for Community Based Research

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Introduction

- Recruitment and retention of low-income, inner-city populations into community based research is a challenge due to frequent moves, competing family demands, frequently disconnected or new phone numbers, and uncertainty regarding the research team. (1)
- The Asthma Basic Care (ABC) study targets preschoolers with asthma enrolled in Baltimore City Head Start programs. The study aims to improve knowledge and skills related to asthma management to improve asthma outcomes for the children.
- Low-income, inner-city children experience significant health disparities with regards to asthma burden and severity. This population experiences higher rates of asthma attacks, greater prevalence, greater risk of mortality, and greater utilization of hospital services. (2, 3)

Objectives

- To determine if implementing a standardized protocol for contacting research participants results in an improvement in recruitment and retention rates
- To assess the extent and types of community engagement in Head Start

Methods

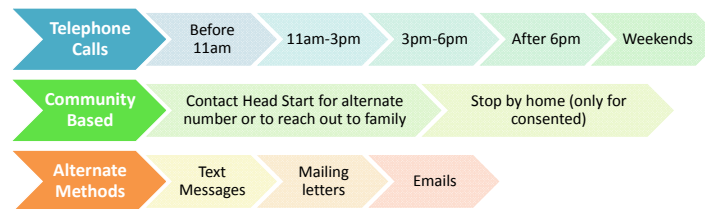
- Interest forms were completed at Head Start with the assistance and coordination of Head Start staff members. Interested families were then pursued by research staff for recruitment.
- All Head Start programs were offered staff asthma training and continuing education credits through the Maryland State Department of Education provided by research staff.
- The study team actively participated in annual health fairs, quarterly health advisory committee meetings, and other parent activities throughout the year (workshops, trainings, information tables) for all programs.
- Some programs requested more services than others, however all programs were contacted and offered resources on asthma.
- During Year 2, the research team noticed a high percentage of potentially eligible families were unable to be contacted for recruitment, so a standardized protocol for contacting families for recruitment and study retention was implemented.
- To determine if there were improvements in retention and recruitment, pre-post comparisons were done. Participants currently being pursued at these time points were removed from calculations. Participants in Year 2 were removed from Year 5 numbers so as to not skew results.

Recruitment and Retention Efforts

Table 1: Research Team Engagement Activities with Head Start, Year 1-Year 5

	Total Frequency
Health Advisory Committee	61
Asthma Training	16
Parent workshops/ Recruitment Tables	43
Health Fairs	39

Figure 1: Schematic of Participant Contact Protocol



Note: Disconnected phone numbers for participants were held onto for at least 6 weeks to include the beginning of a new month in case the participant was waiting to pay their phone bill

Results

Table 2: Recruitment Contact Comparison

Recruitment Status	Year 2	Year 5
% Consented	25%	41%
% Not Interested	19%	26%
% Unable to Contact	41%	30%

Note: Participants consented up to Year 2 were not included in the number consented for year 5.

Table 4: Follow Up Assessment and Intervention Retention Comparison

Contact Point	Year 2	Year 5
HV1 (I)	74% (26/35)	72% (105/145)
HV2 (I)	54% (19/35)	67% (85/126)
HV3 (I)	43% (15/35)	60% (66/110)
HV4 (I)	34% (12/35)	50% (51/102)
3M Assessment (P)	87% (60/69)	82% (228/279)
6M Assessment (H)	80% (41/51)	77% (209/270)
9M Assessment (P)	90% (28/31)	78% (205/263)
12M Assessment (P)	100% (13/13)	75% (189/253)

I= Intervention, P= Phone Visit, H= Home Visit
 Note: This study is in active recruitment and visits are currently being pursued and have yet to be assigned in some cases. Visits that were being pursued as of these two time point were omitted from retention rates. Overall retention rates for assessment visits are between 82-84%

Conclusion

- Implementation of a standardized protocol to contact low-income inner-city participants resulted in an increase in successful recruitment, reduction in the percentage of unable to contact participants, and an increase in intervention retention.
- Community engagement can result in successful recruitment and retention of inner-city low-income populations because it provides improved buy-in from the community, increases visibility to the target population, and can improve recruitment and retention of the study population.
- A variety of community based activities should be offered to potential recruitment partners on a regular basis to maximize opportunities for engagement and recruitment and retention of low-income, inner-city populations.
- Researchers examining health disparities issues should reach out to community groups that work with a variety of populations so that their study samples are representative of the health topic under review.
- This protocol was developed for the specific study population that this research team served. It is important that if other research groups wish to establish a participant contact protocol that they look at their participants and do appropriate problem solving.

References:

- <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3974746/>
- <http://www.nhlbi.nih.gov/health-pro/resources/lung/nacl/discover/disparities.htm>
- <http://www.aafa.org/media/Ethnic-Disparities-Burden-Treatment-Asthma-Report.pdf>