

# Recruitment Innovation Unit (RIU)

What we do and how we  
can help!

Cassie Lewis-Land MS, CCRP  
Asst Director RIU

Tosin Tomiwa MPA  
Research Data Manager

# Accelerating Clinical Research Through Innovative Recruitment



***Our Mission: The Recruitment Innovation Unit (RIU) supports research teams in both technology-driven and community engaged recruitment strategies and outreach.***



We are dedicated to enhancing diversity and inclusion in clinical research by supporting teams in implementing various recruitment strategies to engage diverse populations.

# The RIU Approach



## Core Principles:

**Customization** of services based on trial characteristics and target populations

**Mitigating recruitment risk** through diverse and inclusive strategies

**Collaboration** with investigators, community partners, and stakeholders



## Goals:

Raise awareness of clinical research opportunities

Provide consultation and resources to study teams

Foster community engagement

# Research Strategy Consult Service



## What It Is:

End-to-end recruitment strategy support throughout the trial lifecycle



## Key Components:

Protocol review & design input

Referral for community consultation

Evaluation and feedback on recruitment methods

Guidance on social media campaigns



## Impact:

Over 35 research teams supported in the past year

# MyChart Recruitment Service Overview

## Recruitment Impact

- 163 studies have utilized the EMR recruitment service

## Messaging Reach

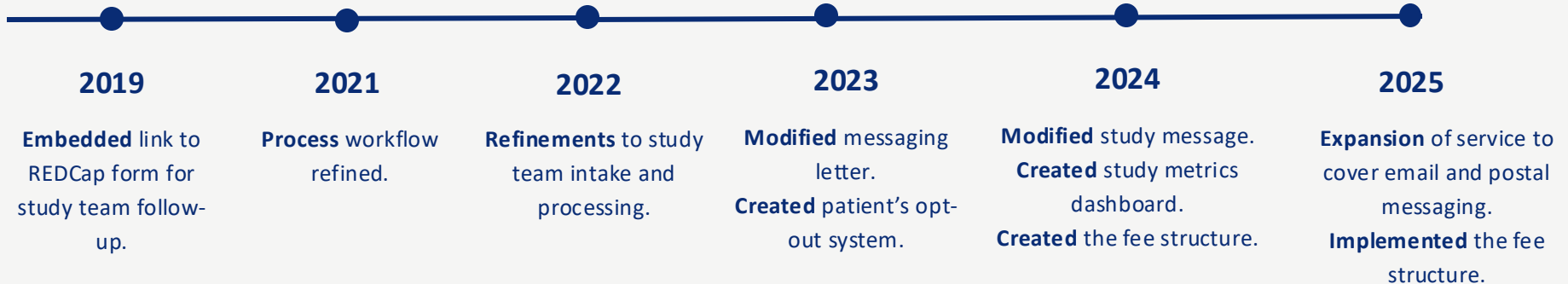
- 1,071,736 messages since 2016.
- 1,221 opt-outs.
- 55 actively recruiting studies

## Active Recruitment Areas

- Chronic & General Health
- Cardiovascular Health
- Respiratory Health
- Neurological & Cognitive Health
- Infectious Diseases
- Musculoskeletal Health
- Sleep Health
- Rare & Genetic Disorders
- Reproductive Health
- Skin Conditions
- Addiction & Behavioral Health



# 2016-2025 MyChart Recruitment Service



# Honest Broker Services

---

## Direct-to-Patient Recruitment Honest Broker Services

1

MyChart  
Messaging

2

Email  
Outreach

3

Postal Mail  
Outreach



# Governance Council



## Who We Are:

---

- Seasoned Clinical Researchers: Aligning recruitment with study goals.
- Proficient Data Analysts: Ensuring accurate patient identification.
- Recruitment Methodology Experts: Optimizing outreach strategies.

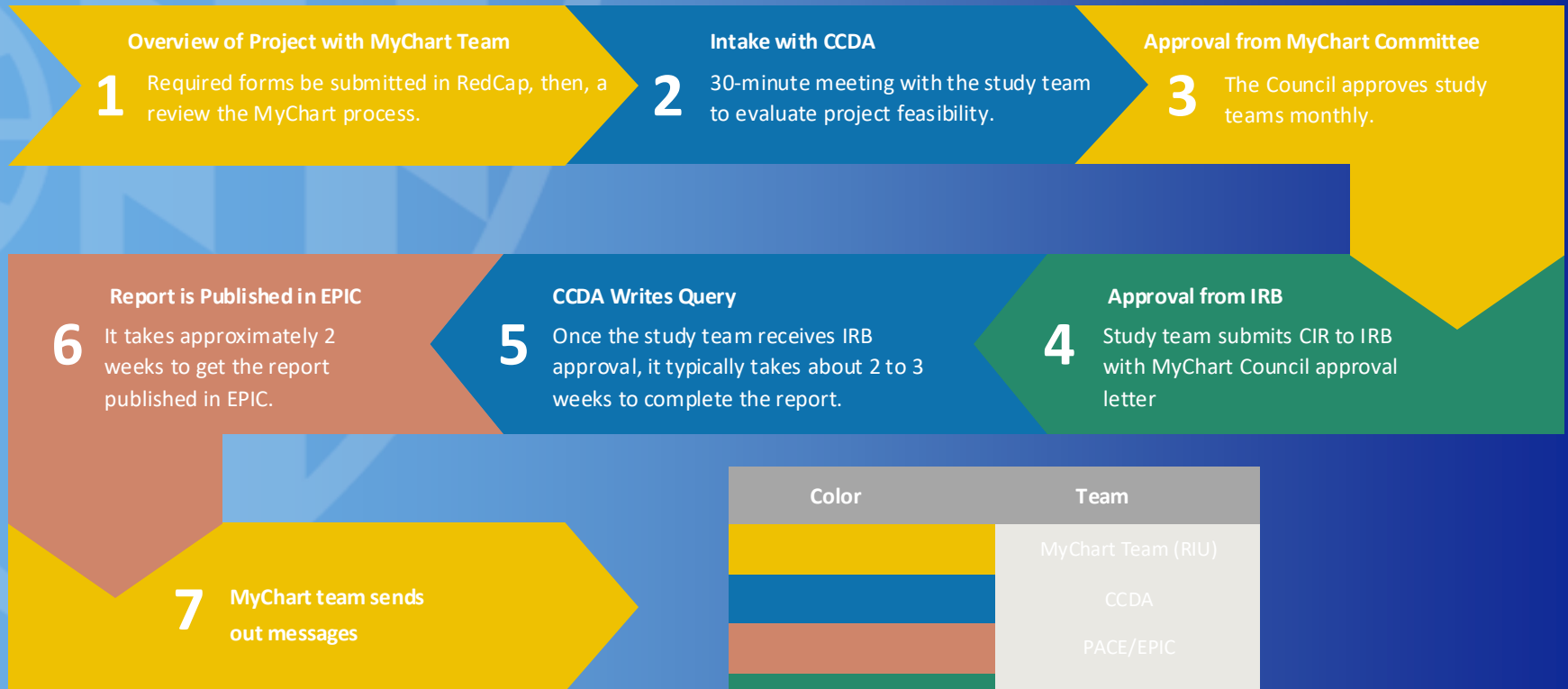
## Our Role:

---

- Special Considerations: Addressing the unique needs of target populations.
- Computational Phenotype Criteria: Refining eligibility parameters.
- Messaging Content: Ensuring clear, ethical, and IRB-compliant communication.



# 7-Step Recruitment Workflow



## Demographic Comparison of JHH System Patient and MyChart Users

### MyChart User Representativeness:

- 36% of JHHS patients were active MyChart users.
- Slightly similar to the JHHS population in terms of age.
- More likely to be **female, white, and non-Hispanic.**

### Metrics of Service Usage

- Message sizes range from **1 to 1,000** messages.
- The frequency of messaging ranges from **daily to monthly.**
- The average response rate is **6.07%**.
  - Before March 2020: **1.87%**.
  - After March 2020: **7.04%**.
- The response rate among teams who have entirely online studies is **8.66%**.
- The response rate for studies seeking healthy volunteers is **2.60%**.

Characteristics		Health System (%)	Active MyChart Users (%)
<b>Total Number</b>		4847333 (100)	1768397 (36.48)
<b>Sex</b>	Female	2614726 (53.94)	1048150 (59.27)
	Male	2229366 (45.99)	719259 (40.67)
	Unknown	2534 (0.05)	529 (0.03)
	Nonbinary	517 (0.01)	374 (0.02)
	Other	161 (0)	78 (0)
<b>Race</b>	White	2626299 (54.18)	1066684 (60.32)
	Black or African American	1088533 (22.46)	371760 (21.02)
	Other	405906 (8.37)	126244 (7.14)
	Asian	135857 (2.8)	46517 (2.63)
	Other Asian	46427 (0.96)	32824 (1.86)
	Choose Not to Disclose	27829 (0.57)	15107 (0.85)
	Hispanic	25210 (0.52)	308 (0.02)
	Asian Indian	23074 (0.48)	18399 (1.04)
	Chinese	13490 (0.28)	11864 (0.67)
	American Indian or Alaska Native	10947 (0.23)	5768 (0.33)
	Korean	7417 (0.15)	6210 (0.35)
	Unable to Obtain	6408 (0.13)	2103 (0.12)
	Filipino	5914 (0.12)	5208 (0.29)
	Vietnamese	2539 (0.05)	1923 (0.11)
	Other Pacific Islander	2501 (0.05)	1654 (0.09)
	Two or More Races	2136 (0.04)	35 (0)
	Native Hawaiian or Other Pacific Islander	1824 (0.04)	530 (0.03)
	Japanese	1546 (0.03)	1329 (0.08)
	Native Hawaiian	495 (0.01)	300 (0.02)
Guamanian or Chamorro	180 (0)	116 (0.01)	
Samoan	46 (0)	29 (0)	
<b>Ethnicity</b>	Not Hispanic or Latino	2979607 (61.47)	1349374 (76.3)
	NULL	1320074 (27.23)	233610 (13.21)
	Hispanic or Latino	239893 (4.95)	61172 (3.46)
	Unknown	196751 (4.06)	62128 (3.51)
	Yes, another Hispanic, Latino, or Spanish origin	53771 (1.11)	33983 (1.92)
	Yes, Mexican, Mexican American, Chicano/a	6179 (0.13)	4218 (0.24)
	Yes, Puerto Rican	3861 (0.08)	3160 (0.18)
Yes, Cuban	1214 (0.03)	885 (0.05)	
<b>Age in years</b>	0-17	865883 (17.86)	286202 (16.18)
	18-39	1242266 (25.63)	473234 (26.76)
	40-59	1170184 (24.14)	480798 (27.19)
	60-79	1225303 (25.28)	449752 (25.43)
	80+	343697 (7.09)	78411 (4.43)



# Study Team Experience

IRB00123456 - MyChart Messaging

[Draft] ✎ 🗑  
This message hasn't been sent. Saved: Wed 2/19/2025 4:20 PM

Hello Team,

Thank you all for your patience throughout this process. The CCDA/PACE team has completed the report development and deployment, and the patient list is now available in EPIC for messaging. As of this morning, the report includes approximately **49,999 patients**.

## Messaging Rollout Plan

- To start, we recommend sending an **initial batch of 25-50 messages** to ensure the report correctly includes patients with the appropriate diagnoses and that everything is functioning as expected.
- Once confirmed, we can adjust the batch size based on your preferences until we either reach the end of the list or meet your recruitment targets.

## Next Steps

- [@Tosin Tomiwa](#), (included in this email) will handle the messaging on behalf of the team.
- Attached are:
  - The **study message**—please review and confirm that it's correct so we can proceed.
  - A **document outlining the team's responsibilities**—kindly review and reach out with any questions.

## Metrics Reporting

Once messaging begins, your team will need to submit a **monthly metrics report** to track outreach effectiveness. Below is the link for the initial submission:

**Metrics Report Link:** <https://mrprbcw.hosts.jhmi.edu/redcap/surveys/?s=YCELATTXK8J4WHML>

At the end of the first month of messaging, please complete this form for **study IRB00369594**. Each month's data must be submitted separately, and after your first submission, we will provide links for subsequent reports.

**Metrics Report Link:** <https://mrprbcw.hosts.jhmi.edu/redcap/surveys/?s=YCELATTXK8J4WHML>

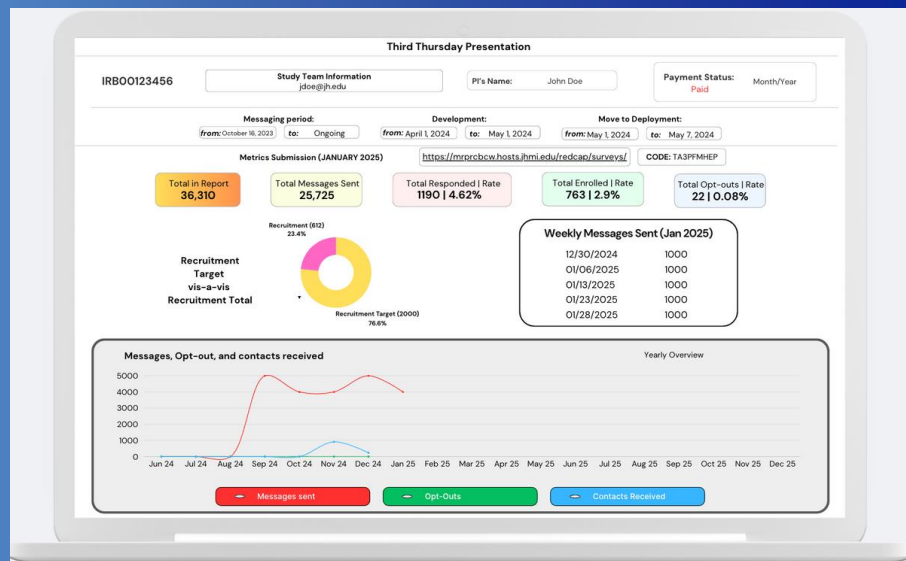
At the end of the first month of messaging, please complete this form for **study IRB00369594**. Each month's data must be submitted separately, and after your first submission, we will provide links for subsequent reports.

I'm happy to schedule a **quick 5-10 minute call** to review the process again if needed, please let me know.

## Messaging Cost Breakdown

- Cost Per Batch:** \$13 (everytime messages are sent)
- Annual Total (on weekly messaging frequency):** \$676
- Quarterly Payment:** \$169
- Payment Schedule:** Quarterly payments of **\$169**, totaling **\$676 annually if messages are sent every week**.

Thank you again for your collaboration. Please let me know if you have any questions.



# Study Team Experience

IRB00123456 - MyChart Messaging

[Draft] ✎ 🗑  
 This message hasn't been sent. Saved: Wed 2/19/2025 4:20 PM

Hello Team,

Thank you all for your patience throughout this process. The CCDA/PACE team has completed the report development and deployment, and the patient list is now available in EPIC for messaging. As of this morning, the report includes approximately **49,999 patients**.

### Messaging Rollout Plan

- To start, we recommend sending an **initial batch of 25-50 messages** to ensure the report correctly includes patients with the appropriate diagnoses and that everything is functioning as expected.
- Once confirmed, we can adjust the batch size based on your preferences until we either reach the end of the list or meet your recruitment targets.

### Next Steps

- @Tosin Tomiwa, (included in this email) will handle the messaging on behalf of the team.
- Attached are:
  - The **study message**—please review and confirm that it's correct so we can proceed.
  - A **document outlining the team's responsibilities**—kindly review and reach out with any questions.

### Metrics Reporting

Once messaging begins, your team will need to submit a **monthly metrics report** to track outreach effectiveness. Below is the link for the initial submission:

**Metrics Report Link:** <https://mrprbcw.hosts.jhmi.edu/redcap/surveys/?s=YCELATXK8J4WHML>

At the end of the first month of messaging, please complete this form for **study IRB00369594**. Each month's data must be submitted separately, and after your first submission, we will provide links for subsequent reports.

**Metrics Report Link:** <https://mrprbcw.hosts.jhmi.edu/redcap/surveys/?s=YCELATXK8J4WHML>

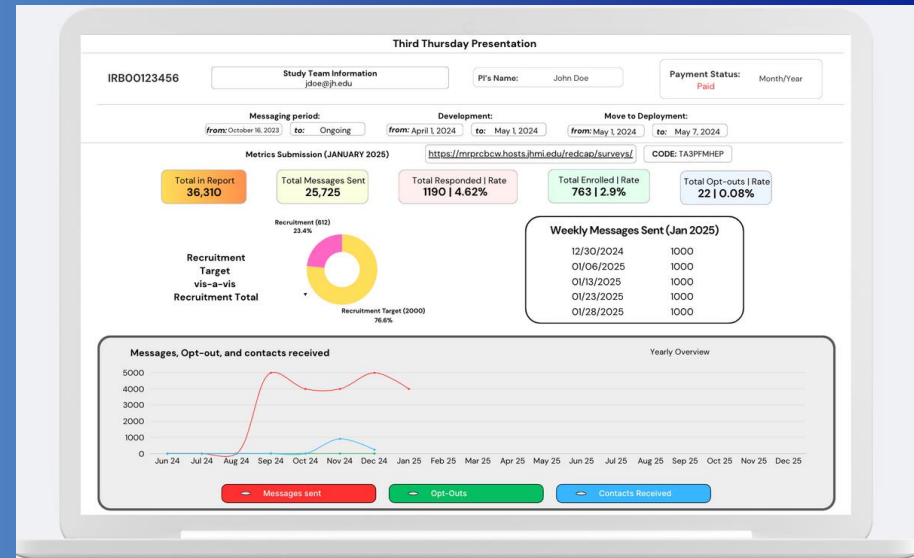
At the end of the first month of messaging, please complete this form for **study IRB00369594**. Each month's data must be submitted separately, and after your first submission, we will provide links for subsequent reports.

I'm happy to schedule a **quick 5-10 minute call** to review the process again if needed, please let me know.

### Messaging Cost Breakdown

- Cost Per Batch:** \$13 (everytime messages are sent)
- Annual Total (on weekly messaging frequency):** \$676
- Quarterly Payment:** \$169
- Payment Schedule:** Quarterly payments of **\$169**, totaling **\$676 annually if messages are sent every week**.

Thank you again for your collaboration. Please let me know if you have any questions.



**MyChart**

Your health. Your knowledge. Your connection.



**JOHNS HOPKINS**  
MEDICINE

## Terms and Conditions

To proceed, you must agree to the following conditions governing the use of this Web site.

Information maintained on Johns Hopkins Medicine MyChart presents unique security and privacy issues as addressed below. Therefore, certain necessary measures for protecting the security and privacy of such information are the responsibility of the user as detailed below.

The information from your medical record available through Johns Hopkins Medicine MyChart may not constitute your entire medical record. The scope of medical record information accessible through Johns Hopkins Medicine MyChart is determined at the discretion of Johns Hopkins. You will continue to have access to your complete medical record by contacting the office of your health care providers directly. THEREFORE, YOU ACKNOWLEDGE THAT JOHNS HOPKINS MEDICINE MYCHART SHALL NOT BE USED TO MAKE HEALTHCARE DECISIONS OR DIAGNOSIS AND JOHNS HOPKINS SHALL NOT BE LIABLE FOR ANY PERSONAL INJURY, INCLUDING DEATH, ARISING FROM YOUR USE OR MISUSE OF JOHNS HOPKINS MEDICINE MYCHART OR ANY INFORMATION OR CONTENT THEREIN. Remedies under these Terms of Service are sole and exclusive and are limited to those expressly provided for in these Terms of Service.

Johns Hopkins MyChart may be used to send invitations for studies you may be eligible to participate in. For more details on this feature and how to opt out, please [click here](#).

You are not required to utilize Johns Hopkins Medicine MyChart and may discontinue usage at anytime. You acknowledge that Johns Hopkins Medicine MyChart is being provided to you without charge. Therefore, Johns Hopkins reserves the right to terminate your access to Johns Hopkins Medicine MyChart at any time, with or without cause.

Please do not show this page next time

ACCEPT

DECLINE

# Patient Experience

Research Messaging  
Opt-In



**JOHNS HOPKINS**  
INSTITUTE for CLINICAL &  
TRANSLATIONAL RESEARCH

Hello,

Johns Hopkins provides high-quality medical care and supports medical research. Our goal is to improve the health of the people in our community and around the world. Medicine and patient care would not be where they are today without advances made through medical research that included people like you. We invite everyone to learn about the research that is happening at Johns Hopkins. I am reaching out today to share some information about a specific research study that may be interesting to you.

#### What is this study about?

This is where you can include the title, purpose of the study/why it is necessary, etc. (Please make sure the description is at a 4<sup>th</sup>-grade reading level or lower).

We are looking to identify people who XXXXXXX and were seen at a Hopkins facility in the past year. Participants will be compensated for participating in this study. (Make sure to include the amount, and you may remove this if your study is not compensating)

**Who may be eligible to take part?** (this criterion must match what your EHR report is querying for):

- Eligibility 1
- Eligibility 2
- Eligibility 3

**Other factors that could determine if you can join the study include:** that were not part of the medical record search (if applicable):

- Eligibility 1
- Eligibility 2

#### What happens during the study?

- Describe study activity 1 (include duration)
- Describe study activity 2 (include duration)
- Describe study activity 3 (include duration)

#### How to Get in Contact with the Research Team:

If you want to learn more, and think you may want to take part, please complete this brief survey, and a member of our research team will contact you: [here will be inserted a unique REDCap study-specific link for tracking of participant interest and follow-up.]

Please feel free to contact our study team at [email or phone number](#) with any additional questions or concerns.

#### Joining A Study Is Always Voluntary

Participation in this study is voluntary. If you are not interested in this study, it will not change the medical care you receive.

#### Why You Received This Message

We are sending you this message because a computer search of our medical record shows that you may have seen a doctor (diagnosis).

We have tried our best to send this to the right people, and we are sorry if you got this message by mistake. If you would like to speak with one of our team members about this, please feel free to contact our team at [email or phone number](#).

Thank you for your understanding.

For more information about how we protect your privacy and frequently asked questions (FAQs) related to research recruitment through MyChart, please visit: [https://bit.ly/mychart\\_messages](#)

Johns Hopkins welcomes you to visit this website: [https://bit.ly/learn-about-research](#) to learn about the importance of medical research, how research is conducted, and how you can become involved in research.

If you want to learn more about what people think about their experience of being in a study at Johns Hopkins check out the results from our Research Participant Satisfaction Survey: [https://bit.ly/rpsr\\_johnshopkins.edu.org](#)

To unsubscribe from all future MyChart research recruitment messages, please visit: [study-specific link for tracking of participant opt-out request.]

Provide feedback on MyChart messaging here: [https://bit.ly/HUMyChart\\_research\\_recruitment\\_feedback](#)

Sincerely,

PI Name:

IRB Number:

Study Title:

Daniel E. Ford, MD, MPH  
Director, Institute for Clinical and Translational Research  
Recruitment Innovation Unit

## Online Shopping Trend

- Minimal monthly message: Keeps communication brief and focused.
- Study language: 4th-grade English comprehension level.
- Inclusion criteria
- Embedded links (study interest, opt-out, and feedback).



JOHNS HOPKINS  
INSTITUTE for CLINICAL &  
TRANSLATIONAL RESEARCH

## Query Development and Deployment

### Query Development - CCDA Team

- \$130 - Writing and developing study query.
- Time is determined by the complexity and requirements of the specific query.



### Query Deployment - PACE/EPIC Team

- Flat Fee: \$250
- This covers the query initial deployment, documentation, testing, maintenance, and retirement.

## Messaging Fee - MyChart Service Team

### Batch Messaging

- **Cost per Batch:** \$13
- **Quarterly Payment:** \$169 (making an annual total of \$676 if messaging is weekly).



### Customized Messaging

- **Cost per Batch:** \$26
- **Quarterly Payment:** \$338 (making an annual total of \$1,352 if messaging is weekly).

## Service Team

Weekly schedule update.

Alerting study teams to messages sent.

Tracking and reporting study changes.

Tracking and opting out patients.

Updating metrics for study teams.



# Important Links

## About MyChart/EPIC Recruitment:

<https://ictr.johnshopkins.edu/service/recruitment/mychart-epic/>

About MyChart Message: <https://ictr.johnshopkins.edu/community-engagement/participate-in-clinical-research/mychart-messages/>

User Access to Epic: Open a ticket with the helpdesk and have them route it to the *“Research, Epic team”*.

- **EPIC Helpdesk Link:** <https://tegriaservices.service-now.com/jhm>

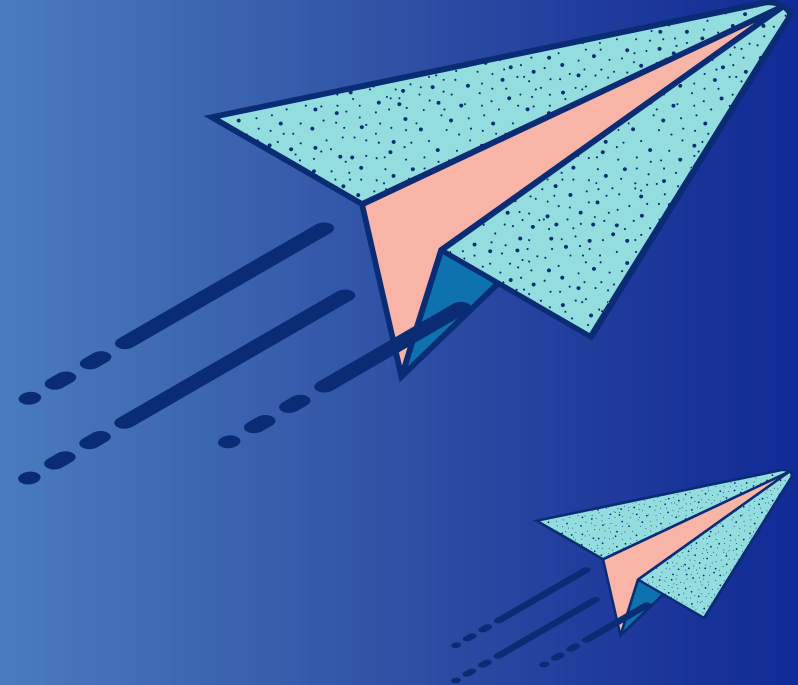




# Do you have any questions?

---

Tosin Tomiwa  
otomiwa1@jhu.edu



# Community Engagement and Outreach

## Farmers Market Presence:

- RIU hosts a space at metropolitan Baltimore Farmers Markets
- Opportunity for direct community engagement and recruitment
- Over 5,000 community members engaged and 25+ teams recruitment materials displayed

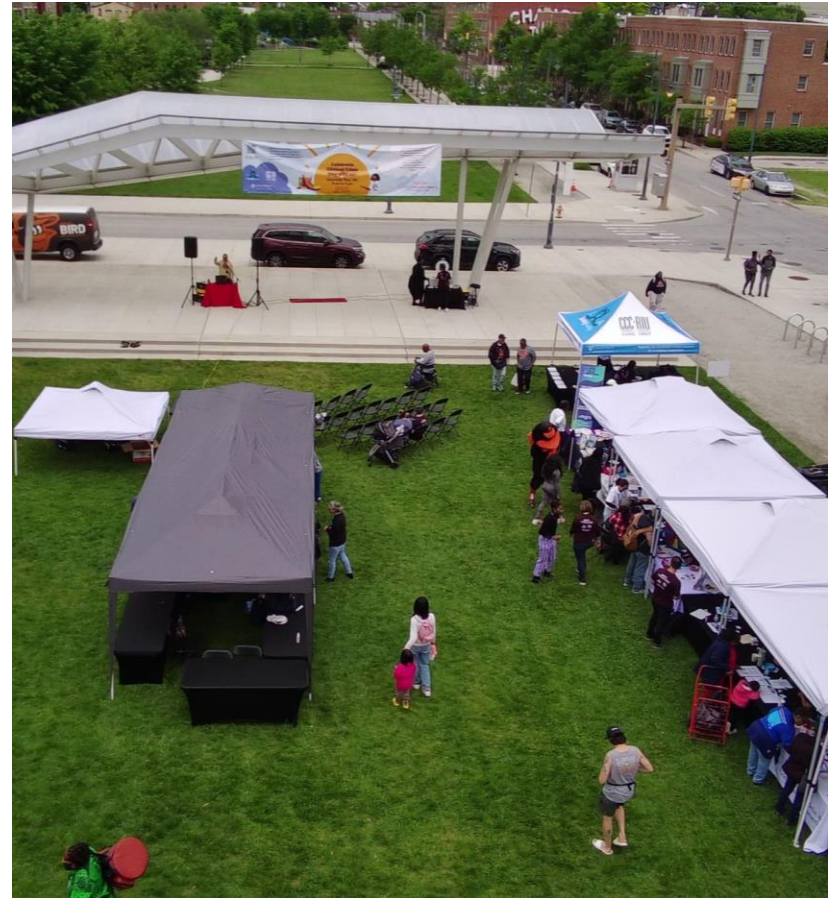


# Farmers Market Outreach



# Clinical Trials Day Celebration

- Annual community-facing event at Eager Park
- 40+ research teams participate to recruit & share findings
- 250+ community members attended in 2024, fostering positive community-research relationships



# CTD Day 2024



# CTD 2024



See more information here on ICTR website:  
[https://ictr.johnshopkins.edu/news\\_announce/clinical-trials-day-2024/](https://ictr.johnshopkins.edu/news_announce/clinical-trials-day-2024/)

Join us this year May 17, 2025, at Eager Park  
[Clinical Trials Day Registration](#)

# Recruitment Material Design & Feedback



## Service Highlights:

Partnership with a graphic design artist for professional recruitment materials

Guidance on readability and comprehension



## Who Benefits:

Teams needing new or improved marketing and outreach materials

# Education

“Digital & Community Engaged Approaches to Support Research Recruitment” hosted by RIU

- 250+ attendees across the CTSA



The poster features a dark blue background with white and light blue text. On the left, there are two circular images: the top one shows a group of people in a meeting, and the bottom one shows two women looking at a laptop. The text on the right side of the poster provides details about the event, including the dates and location. At the bottom, there is a line of text describing the event's focus and the attendees.

**JOHNS HOPKINS**  
INSTITUTE for CLINICAL & TRANSLATIONAL RESEARCH

2 DAY IN-PERSON SYMPOSIUM  
**Digital & Community Engaged Approaches to Support Research Recruitment**

**WEDNESDAY, SEPTEMBER 11**  
**& THURSDAY, SEPTEMBER 12**

Johns Hopkins East Baltimore Campus

**CTSA** Clinical & Translational Science Awards Program

Learn and share tools, strategies and insights on increasing diverse participation in clinical trials and research.  
Attendees will include researchers, recruitment teams, and recruitment / engagement specialists!





What is CONNECT? ▾

Meet the Team ▾

Our Community ▾



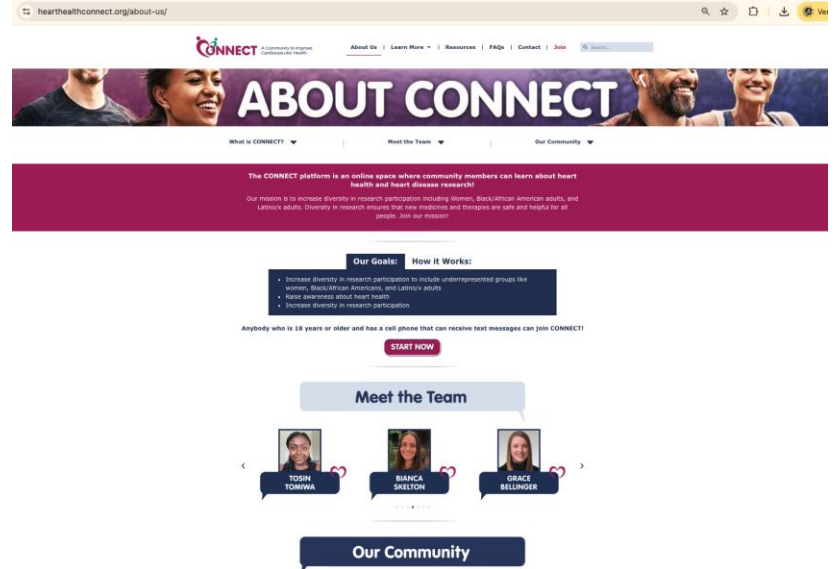
Engages diverse populations in cardiovascular research



1,028 adults reached, with over 60% identifying as Black or African American



Bilingual approach (English and Spanish)



Visit the CONNECT SITE:

<https://hearthealthconnect.org/about-us/>

# Impact & Reach

## Participant Reach

- 5,000+ individuals engaged through Farmers Markets
- 40+ research teams active at Clinical Trials Day

## Improved Outreach

- MyChart, email, postal mail expansions
- Average response rate: 3%-12%

## Community-Centered Growth

- Emphasis on reaching marginalized populations
- Over 71% of participants in CONNECT had never participated in research before

# Challenges & Areas of Improvement



## Challenges:

Ensuring materials appeal to diverse populations

Encouraging research teams to plan realistic recruitment budgets from the start



## Actions/Plans:

Training on inclusive and strategic recruitment planning

Continued collaboration with communities to refine outreach tactics

# Looking Ahead

## Future Goals:

- Expand honest broker services (e.g., email, postal mail, digital campaigns)
- Grow in-person engagement at community events (Farmers Markets, Clinical Trials Day)
- Launch a virtual educational series for study teams to boost recruitment success
- Create quarterly newsletter to JH research community
- Roll out the pilot website development service to enhance online presence

## Closing Thoughts:

- The RIU remains dedicated to bridging the gap between research teams and the communities they serve

# Reach Out



<https://ictr.johnshopkins.edu/service/recruitment/riu-consult/>



Cassie Lewis-Land [\\_clewis4@jhu.edu](mailto:_clewis4@jhu.edu)



[Research\\_recruitment@jh.edu](mailto:Research_recruitment@jh.edu)

Please take our survey here:

<https://t.jh.edu/vQxSq>

