



Recruitment of Minority Families to Behavioral Clinical Trials: Identifying Hard-To-Recruit Families

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Introduction

- Minority youth with type 1 diabetes (T1D) are at risk for poor illness management and glycemic control.
- Few clinical trials have targeted or enrolled this high-risk population.
- Information is needed to characterize the level of effort needed to effectively conduct outreach regarding pediatric clinical trials and to understand the characteristics of minority families who are hardest to enroll.

Purpose:

- 1) To describe the level of effort needed to enroll urban African American adolescents with T1D and their parents into a clinical trial testing an eHealth intervention
- 2) To investigate differences between families who were "hard-to-recruit" versus "easy-to-recruit" during initial recruitment and enrollment

Methods

Sites:

- Five Midwestern pediatric diabetes clinics in Detroit (2) and Chicago (3).

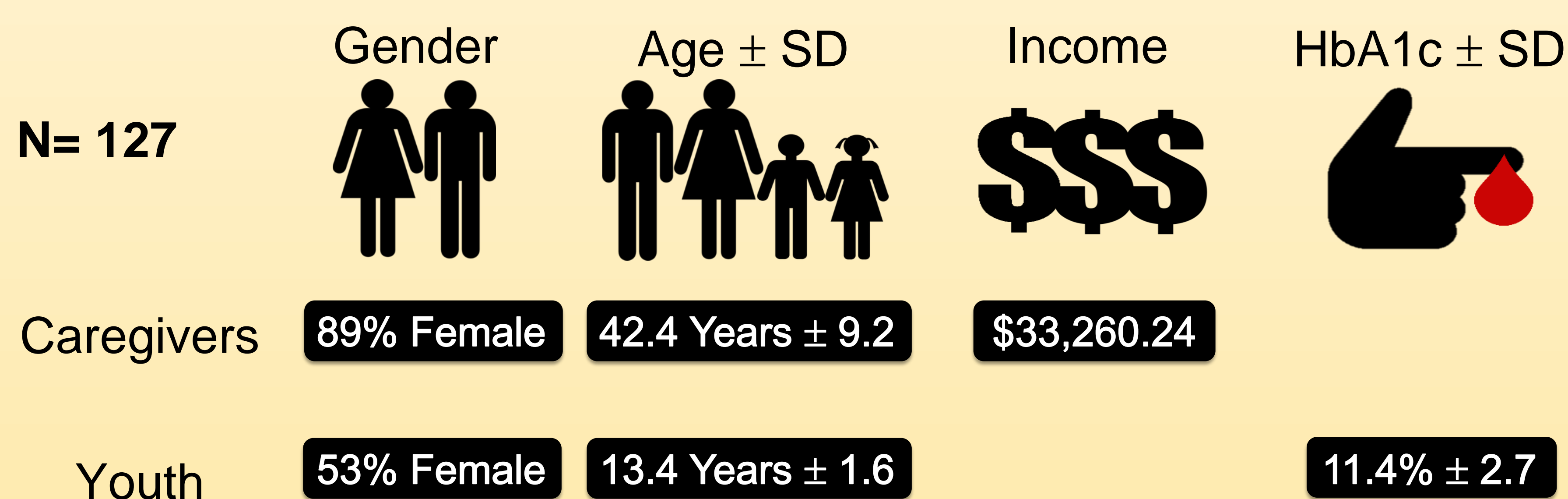
Inclusion Criteria:

- Adolescent aged 10- 15
- Diagnosed with T1D for at least six months
- African American

Data Sources:

- Study recruitment contact logs
- Baseline study measures

Demographics:



Hard-to-recruit: (must meet 1 or more criteria)

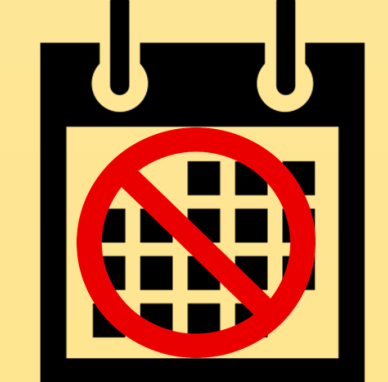
35% of sample, n=44



Initial recruitment letter was returned due to an incorrect address



A disconnected/incorrect phone number



No-showed to a scheduled recruitment/enrollment visit

- Easy-to-recruit is defined as not meeting any of the above criteria

Results

Number of Contacts Prior to Study Enrollment

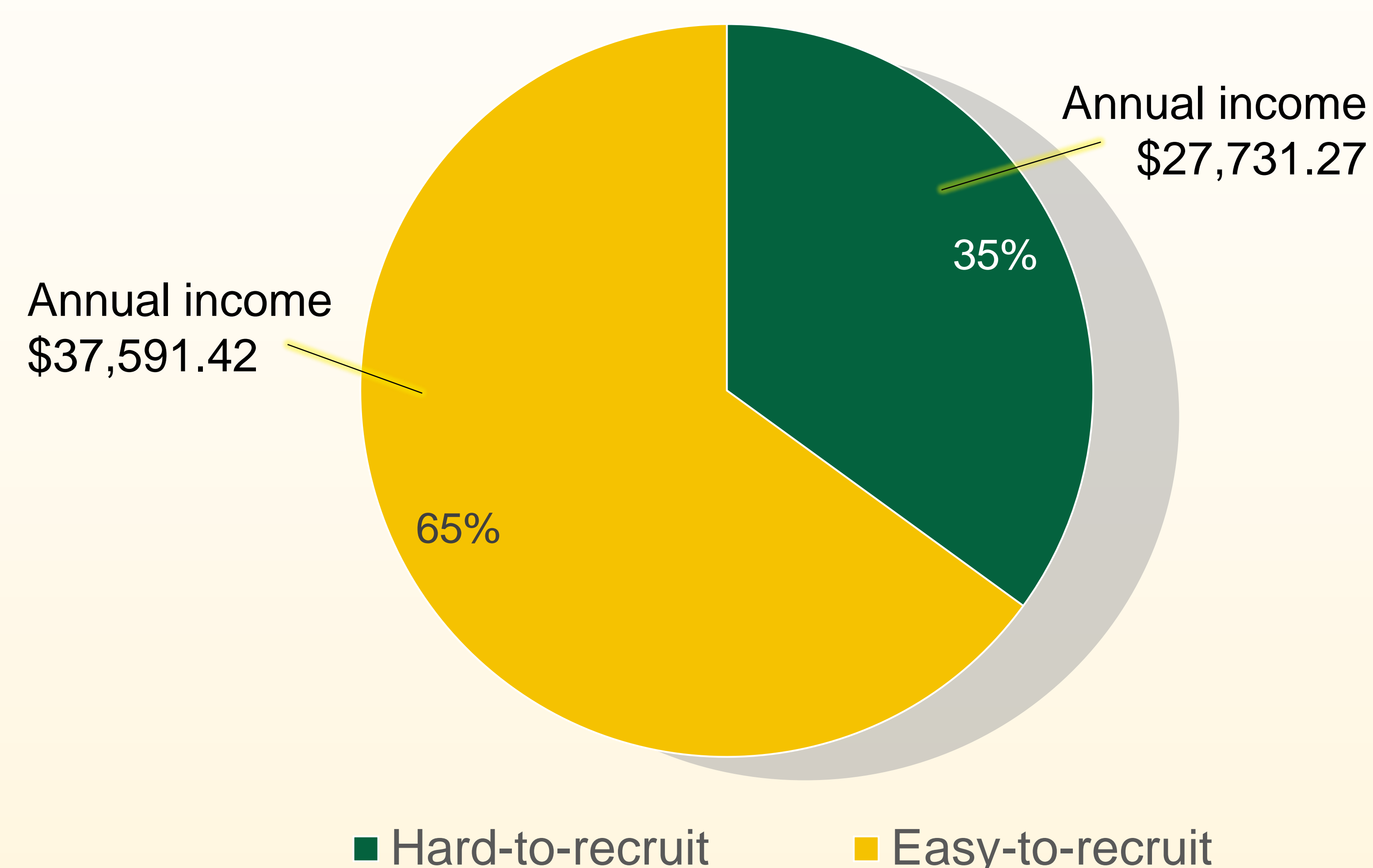


	Mean ± SD	Hard-to-recruit	Easy-to-recruit
Letter	1.1 ± 0.3	1.2 ± 0.5	1.1 ± 0.4
Phone	5.5 ± 5.6	9.6 ± 9.5	5.5 ± 6.2
Text	0.6 ± 1.5	1.4 ± 2.5	0.5 ± 0.9
Total Number of Contacts (Letter, Calls, Texts)	8.8 ± 8.4	12.1 ± 10.4	7.1 ± 6.6

Results

- Hard-to-recruit families had significantly lower annual family income ($p < .04$).
- No other demographics differed (youth age, caregiver age, or caregiver education).

Hard-to-Recruit vs. Easy-to-Recruit



	Hard-to-Recruit	Easy-to-Recruit	F	p-value
Confusion, Hubbub, and Order Scale (CHAOS)	50.6 ± 1.4	50.5 ± 0.4	3.33	0.47
Diabetes Family Conflict Scale (DFCS-R)	35.0 ± 9.4	33.1 ± 9.7	0.54	0.30
Parental Monitoring of Diabetes Care-Revised (PMDC-R)	3.8 ± 0.8	3.7 ± 0.8	0.70	0.49
HbA1c	11.6% ± 2.5	11.3% ± 2.8	1.27	0.51

- Hard-to-recruit were not significantly different from easy-to-recruit families on any diabetes characteristics (duration of illness, insulin regimen, or HbA1c).
- Baseline family characteristics including level of chaos in the home and diabetes-related family conflict also did not differentiate hard-to-recruit families.
- 17% of the sample also required a face to face contact from research staff during a diabetes clinic visit in order to successfully enroll them.



Conclusion

- Findings demonstrate a high level of outreach efforts was required to recruit urban high-risk minority families into a clinical trial.
- Repeated recruitment calls did not appear to affect family frustration or resistance to enrolling.
- The hardest-to-recruit families were characterized by lower income, an indicator of poverty, suggesting novel approaches may be required to increase their participation in research.
- Additional research is needed to examine other factors may affect participation of minority families in clinical trials.