



# Enhanced Household-Based Recruitment

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# Current approach



- Household-based recruitment ongoing since early 2009, 7 Vanguard locations
- Primary mode of recruitment to date
- Some methods from other studies while other methods are new (for example pregnancy screener)

# Current approach



- Offers the possibility of reaching people who would not normally seek out participation
- One way to meet goal of a nationally-representative, probability-based sample
- Labor-intensive
- People may be challenging to reach

# Future plans



- Enhance the current approach
  - Best practices gleaned from experience
  - Additional recommendations from other studies (for example NHANES, Census)
  - Adding new components expected to boost participation
  - Data collection proceeds as before
- Goal: optimize the household-based approach to ensure that it presents a resource effective recruitment strategy with predictable performance

# Future plans



- Involve 10 study locations
- Begin mid-2010
- Consider the use of alternate strategies to the current approach of each center selecting its own methodology and staff. For example a central professional organization with full time and experienced staff hired and trained centrally could travel to the study locations augmented by local personnel with area knowledge

# Raise awareness



- Ensure community outreach activities are targeted to increase awareness at the doorstep
- Religious institutions, schools, clubs, teams (enlist help of large, visible organizations)
- Mass media campaigns
- Social media and electronic platforms

# Gaining Cooperation



- Strategies to deal with respondents' limited time, potential resistance and availability to complete the instruments
- Working with some women's wishes to include other family members in the decision about whether to participate, yet not losing touch with women and also ensuring the consent material is clearly understood
- Further equipping data collectors to work with cultural and language barriers

# Gaining Cooperation



- Emphasize the rise in diabetes, obesity, asthma; involvement of the community; what the study can do to further our knowledge about children's health and community health
- Extra efforts to reach out to households with eligible women but no children
- Highlight the role of local university/hospital
- Consider small incentives for completing the enumeration, pregnancy screener

# Gaining Cooperation



- Neighbors can be helpful for support in cohesive communities
- Refine approach for selecting field staff to ensure characteristics that facilitate cooperation
- Refine training to enhance local knowledge and expectations

# Training and equipment



- Continue to tailor training based on dynamic field feedback and data
- Continue to improve functionality of tablet PC's or other data gathering platforms and software

# Timeline



- Now
  - Requesting NCSAC advice on approach and plan
  - Receiving feasibility/cost info from Study Centers
  - Planning implementation
- Spring 2010
  - IRB/OMB Approval
  - Instrument/Infrastructure development

# Timeline



- Summer 2010
  - Initiation of startup activities
  - Outreach and Engagement, media
- November 2010
  - Initiation of participant recruitment
- August 2011-November 2011
  - Completion of pilot data collection

# Questions for the NCSAC



- What should be the target response rate for the study locations involved in the household-based approach?
  - Reaching hard-to-reach individuals vs. diminishing returns in going back to the house many times
- In selecting study locations to participate in this approach, what criteria do you think are most important to consider?
  - E.g., urbanicity, population diversity, experience with this approach, inexperience?