



# Provider Based Recruitment

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# Outline



- Background
  - Current strategy for sampling and recruitment
- Alternate Recruitment Strategies
  - Provider Based Recruitment
- Questions for Consideration

# Sampling – First Stage



**All Births  
in the Nation**

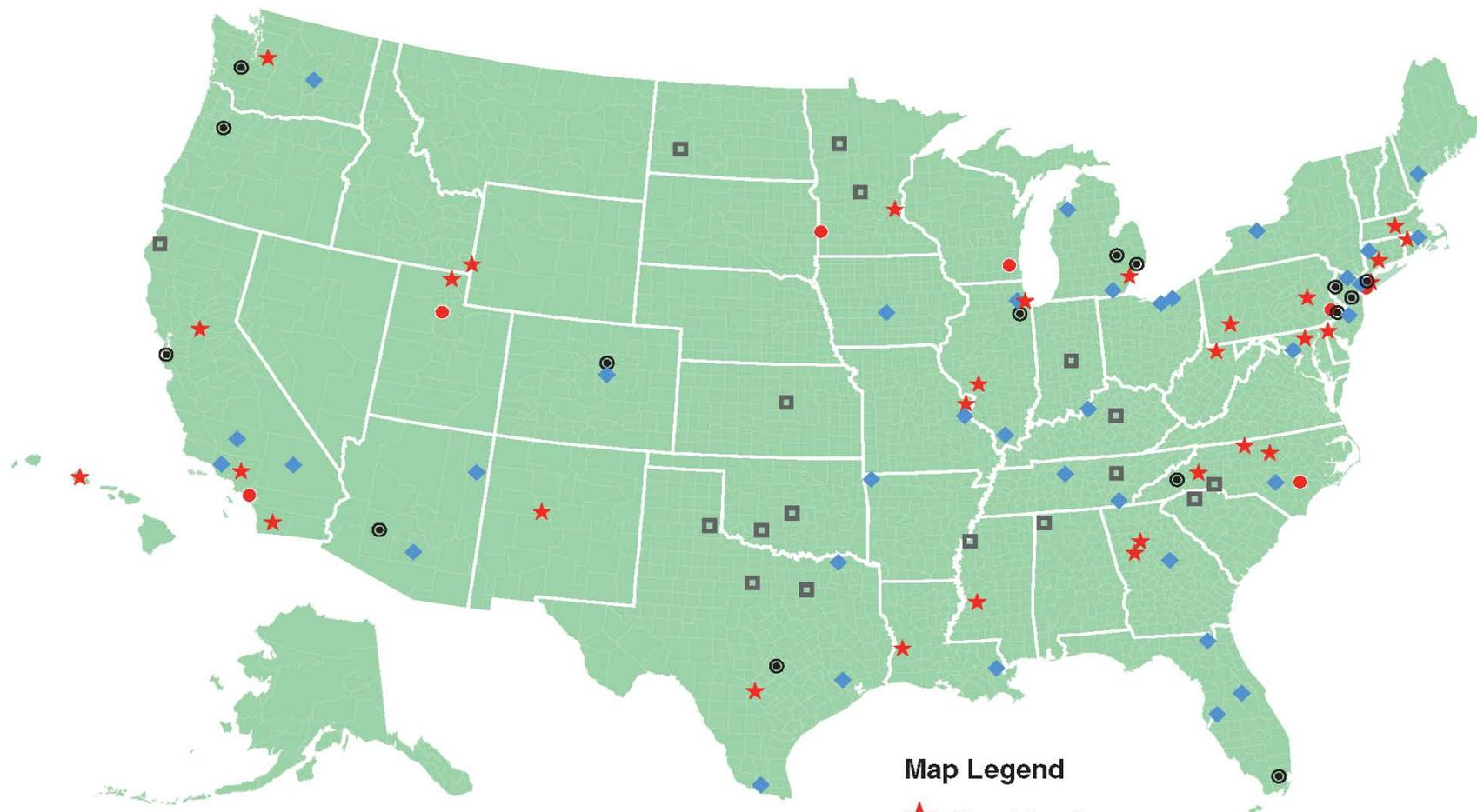
**~4 million births in  
3,141 counties**



**Sample of Study  
Locations**

**105 Locations**  
Study Location = county

# National Children's Study Locations



## Map Legend

- ★ Wave 1 Locations
- Vanguard/Wave 1 Locations
- ◆ Wave 2 Locations
- ⊙ Wave 3 Locations
- ◻ Wave 3 Locations Not Awarded



# Sampling – Second Stage

All Births  
in the Nation

~4 million births in  
3,141 counties



Sample of Study  
Locations

105 Locations



Sample of Study  
Segments

10-15 segments per  
Location

Segment = neighborhood

~ 1000 households per segment

# Summary



- First Stage: Selection of counties
- Second Stage: Selection of neighborhoods within counties
- Women are eligible for the study if, at the time of delivery, their household is in a selected neighborhood

# Initial Recruitment Strategy



- Enumeration and Pregnancy Screening (EPSC)
- Household enumeration
  - Door to door canvassing of all households in the study segments
  - 7,000 – 16,000 dwelling units per Location
  - Census of all persons in the household
- Screen age eligible women
  - 1<sup>st</sup> trimester → consent
  - 2<sup>nd</sup> and 3<sup>rd</sup> trimester or age eligible but not pregnant → phone follow-up

# Ongoing Recruitment



- Recruitment through follow-up phone calls
- Ongoing outreach with subsequent referrals
  - Self and friend referral
  - Provider referral
- Select re-enumeration of households

# Challenges



- Labor intensive, particularly in the initial recruitment phase
- Early data suggest that participation is lower than initially projected

# Alternate Strategies for Recruitment



- No change in the first and second stage of sampling
- Target sample
  - All newborns of women residing in a study segment during the enrollment period
- Alternate ways to recruit eligible women

# Planned Recruitment Strategies



- Provider based recruitment
- Enhanced enumeration and pregnancy screening (enhanced EPSC)
- High intensity/Low intensity dynamic model

# Provider Based Recruitment



- Recruit women through providers
  - Includes obstetricians, family practitioners, public health nurses, pediatricians, midwives, others
- Precedent in many other studies and research networks
  - Advantage of initial introduction by a trusted source

# Provider Based Recruitment



- Pilot designed to evaluate the feasibility of this approach across multiple diverse settings and with multiple diverse populations
- Anticipate conduct of this pilot in approximately 10 Locations

# Potential Considerations



- Participation of Providers
  - What percentage agree to participate?
  - Which specific activities are providers willing to do?
    - Recruit, inform and enroll study participants
    - Permit NCS staff to co-locate in the clinic, office, or care facility and refer interested potential participants to the NCS staff person
    - Provide NCS information to patients with a telephone number, URL or other contact information to potential participants

# Preliminary Work



- Outreach to professional organizations such as ACOG
- Input from NCS Study Centers and discussions with experts
  - Most Centers can identify the relevant providers
  - About 2/3 of providers are willing to participate
  - Most will not administer informed consent
  - This approach may be most useful in rural locations where there are fewer providers

# Potential Considerations



- Recruitment and Retention of Women
  - How many eligible women are identified?
  - What percentage of identified women agree to participate and does the percentage differ from other recruitment strategies?
  - What is the rate of retention?
  - Do recruitment rates vary by the type of Provider activity
    - Are women more likely to participate if an NCS staff member is co-located in provider offices?

# Process and Study Design



- Issued a call for Letters of Intent from Study Centers
  - The pilot protocol(s) will be largely driven by the responses received
  - Centers will need to identify providers of care for women residing in the selected study segment
  - Work with the providers to identify and recruit eligible women
  - Determine the capture rate (women recruited/women eligible for recruitment) during the pilot timeframe
  - Takes advantage of the creativity and expertise of the Study Centers