

From Screening to Consent: Converting Passive Refusals in the NCS
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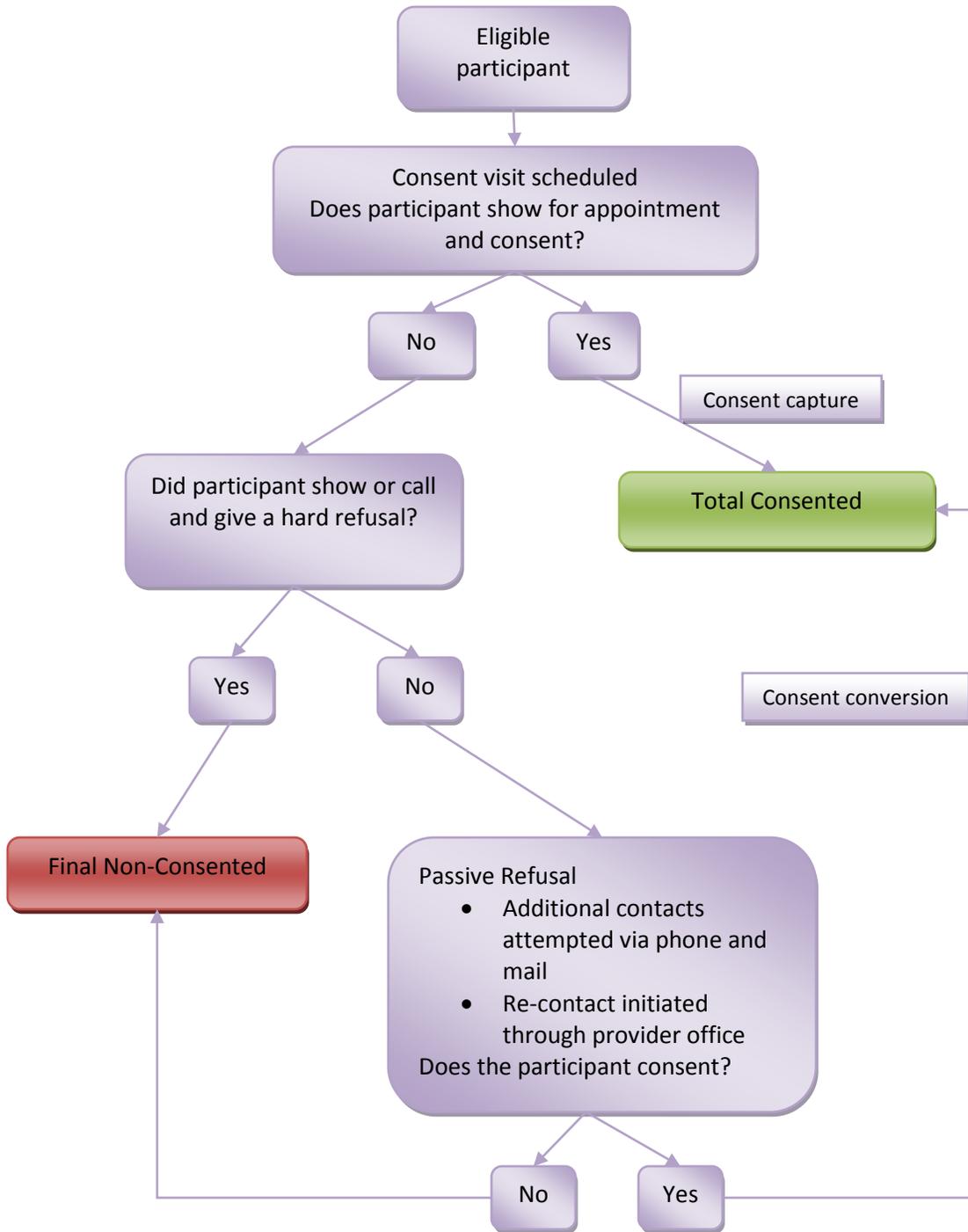
Hinds County MS Study Location
University of Mississippi Medical Center National Children's Study Center

Introduction: Maximizing consent of eligible women is crucial to the success of the National Children's Study. In our provider-based recruitment approach, potential study participants are identified and screened in provider offices by a recruitment team; a follow-up home visit is scheduled with the clinical team to finalize enrollment. We identified undesirable participant loss between eligibility screening and consent with too many passive refusals evidenced by inability to contact and frequently rescheduled appointments. Enhanced relationship building interventions were instituted to enhance conversion of passive refusals to consented participants.

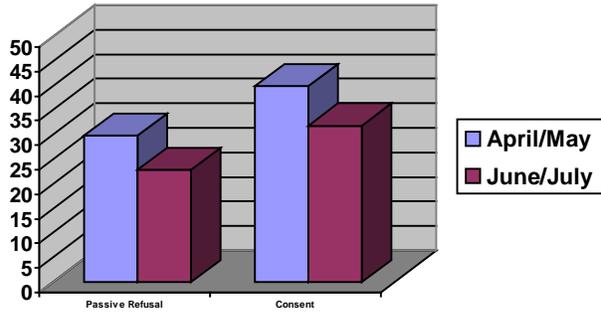
Methods: Interventions included obtaining supplementary contact information on participants, initiating in-office telephone contact with clinical team personnel and additional re-contact by the recruiter in the provider office if unable to confirm consent visit. Consent rates were tracked prior to and after initiation of relationship-building interventions. The consent rates for June and July of 2011 (post-intervention) were compared to the baseline consent rate for a similar period of time (April and May of 2011).

Results: Complete data was available for the pre-intervention group. Passive refusals prior to intervention (30%) included 14% no-show and 16% unable to contact. Post-intervention passive refusal rates (23%) included 10% no show and 13% unable to contact. Pre-intervention consent rates were 40% compared with 32% in the post-intervention group with 30% of the cases still in progress.

Conclusions: To date, passive refusal rates have declined by 7%. Data collection is ongoing, but we anticipate these interventions will improve the conversion of passive refusals to consented participants.



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Passive Refusal Types

