

Feasibility of Provider Based Recruitment for the National Children's Study in Rural Northeast Texas

Study Center: UT Southwestern
Study Location: Lamar County
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Introduction

Lamar County (LC) Texas is one of 10 locations implementing the provider based alternative recruitment strategy. LC has the smallest population in the provider based group, with about 670 total births and 338 NCS eligible births/year. Approximately 30-40% of screened patients from 3 providers in the county seat (Paris, TX) are eligible for NCS. These 3 providers see about 70% of the total eligible pool from Lamar County. The recruitment challenges in this location include recruiting more than 50% of the identified eligible in Paris and contacting the 20% of eligible patients who receive obstetric care outside Lamar County.

Methods

Methods include having a convenient office location near obstetric providers, prescreening weekly appointment lists under the "preparatory to research" provision of the HIPAA Privacy Rule, sending advance letters to eligible participants, and attempting to make contact with eligible patients at the time of the appointment.

Results

We have recruited about 100 participants and are slowly but steadily increasing the recruitment rate (See Figure 1). About 1/3 of patients screened in the County Seat (Paris TX) are NCS eligible, and we make contact with about 1/3 of those at the time of the appointment (See Figure 2). About half of those screened have been flagged eligible on a previous appointment but neither consented nor refused at the first contact (See Figure 3). Most PV1 visits occur in the office, and most PV2 visits occur in the home (See Figure 4).

Conclusions

Provider based recruitment is a feasible approach in Lamar County.

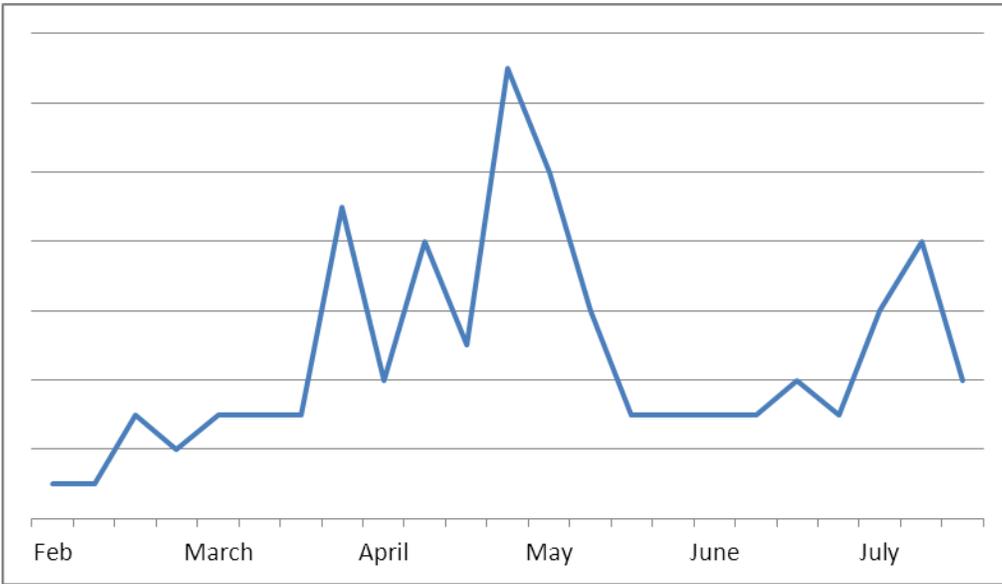


Figure 1: Variability in number consented, Feb – July, 2011. The early surge in recruitment reflects recruitment at all stages of pregnancy, or culling the prevalent cases, and the later plateau reflects recruitment of early pregnancies, or the incident cases.

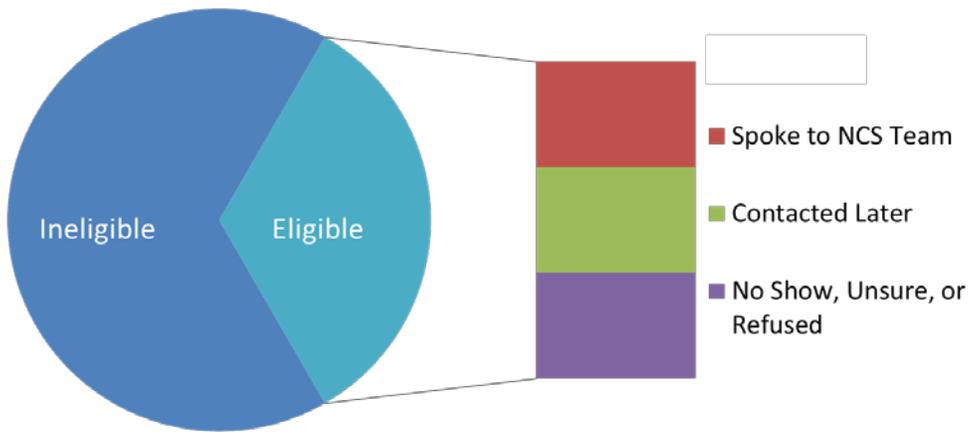


Figure 2: Appointment screening results, County Seat providers, sample week in April 2011

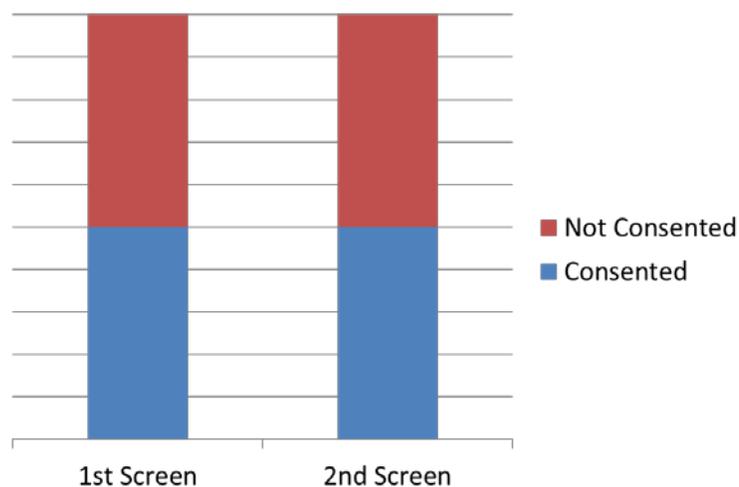


Figure 3: Average weekly results of screened appointment list. About half of the identified eligible appointments from the weekly appointment screening are a 2nd screen and receive a “second chance” flag on their chart because they were undecided or unavailable the first time the chart was flagged. About half of 1st screens and half of 2nd screens consent to the study at the time of their provider appointment.

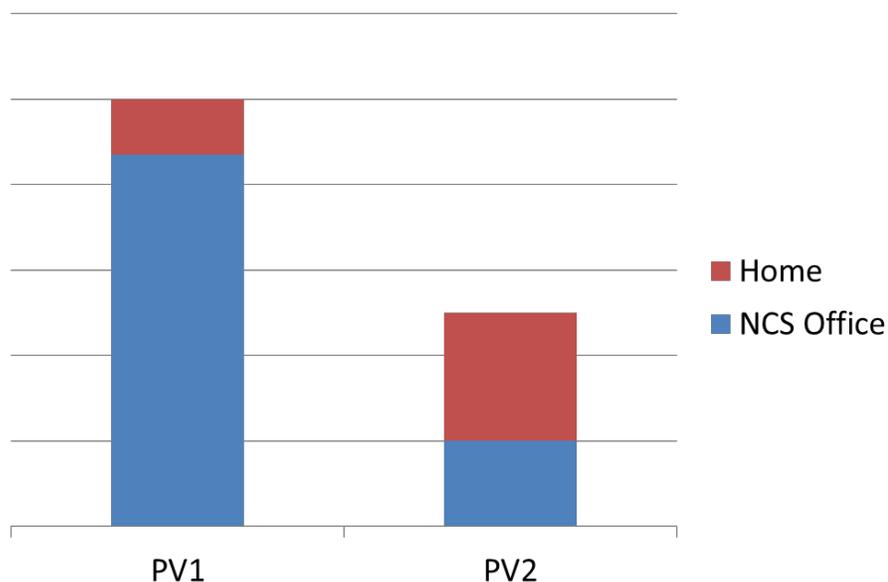


Figure 4: Most of the first pregnancy questionnaires are completed in the office, and most second pregnancy visit questionnaires are completed in the home.

Direct Labor required to enroll 3 participants in Paris:

Screen 50 addresses from 4 offices (Labor: 8 hours)

Identify 20 eligible women (10 initial, 10 second contact)

Provider staff approaches 12 (Labor: 8 hours)

Data collectors show up and wait to speak with women (Labor: 24 hours)

6 women talk with study team (Labor: 6 hours)

3 consent

Total: 46 hours, or 15 hours per participant