

SUCCESS OF PROVIDER-BASED RECRUITMENT IN THE NATIONAL CHILDREN'S STUDY IN WAYNE COUNTY, MICHIGAN

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WAYNE COUNTY, MICHIGAN

- ▣ POPULATION: 1.85 MILLION
- ▣ ANNUAL LIVE BIRTHS: 24,000
- ▣ 600 SQUARE MILES WITH LITTLE PUBLIC TRANSPORTATION
- ▣ POPULATION NEARLY EQUALLY DIVIDED BETWEEN CITY OF DETROIT AND “OUT-WAYNE”
- ▣ DETROIT – 80% AFRICAN-AMERICAN
- ▣ OUT-WAYNE – 80% WHITE

CHALLENGES OF THE HOUSEHOLD-SAMPLED, PROVIDER-BASED RECRUITMENT MODEL IN LARGE COUNTIES

- ▣ Only women living in the sampled segments of a county are eligible
- ▣ These women can attend **any prenatal care practice** and **deliver in any hospital** in or outside of the county
- ▣ In Wayne county, segment women account for about 1.5% of live births
- ▣ We estimate that segment women use **150** prenatal practices and deliver in **28** hospitals.
- ▣ The average Wayne practice sees **one segment woman every four months**, and the average Wayne hospital delivers **one segment birth a month**

OUR APPROACH

- ▣ MANCS is an alliance of five institutions
 - Henry Ford Health System
 - Michigan Department of Public Health
 - Michigan State University
 - University of Michigan
 - Wayne State University
- ▣ Our organizational framework consists of “cores”, each assigned to a specific function, and each led by one of our participating institutions.
- ▣ The cores most involved in participant recruitment are
 - The **Obstetric Core (OB)** led by Wayne State University Department of Obstetrics (Robert Sokol MD, Core Director)
 - The **Sampling, Enrollment and Maintenance Core (SEM)** led by the University of Michigan Survey Research Center (Michael Elliott, PhD, Core Director)

COMMUNITY ENGAGEMENT

- ▣ The **Community Engagement Core** (jointly led by Christine Joseph PhD of HFHS and Robert E Brown of MSU Community Extension Program) supports recruitment by engaging county and segment residents.
- ▣ Study launch was on January 26th, 2011, at the Detroit Athletic Club.
 - breakfast with community partners and civic leaders
 - **evening reception for health care providers and local hospital affiliates.**
- ▣ The study launch attracted substantial media attention, including all three Detroit network news stations and much online and print publicity, all very favorable
- ▣ We received an influx of inquiries from potential participants, and invaluable community support that may explain some of our recruitment success

WHICH PRACTICES?

- ▣ To ensure offering the study to **all eligible segment women** we would need to work with virtually every practice in Wayne County.
- ▣ We therefore prioritize working in the **largest** practices
- ▣ From Wayne County birth certificates for 2007-9 (provided our **Vital Data Core**, housed in MDCH), we obtained the names of all birth attendants of segment births, which we then linked to clinic addresses to identify practice groupings and settings.
- ▣ We identified approximately 150 practices serving segment women, and rank ordered them by N of births delivered by the practice .
- ▣ We approached largest practices first, and began, on February 14, 2011, working in **25 practices**, steadily increasing to **57 practices**, covering an estimated **67% of all WC births** .

STEPS IN PROVIDER RECRUITMENT

- ▣ We ask practices for permission:
 - To recruit (brochures, posters)
 - To address-match prenatal care appointment lists
- ▣ Very few refusals for either request so far
- ▣ We identify address-eligible women, highlight their charts, and request that provider offices ask permission **in person** for our staff to discuss the study when the women come in.
- ▣ **The OB core staffer tries to be present in the practice at the time of the visit**, explains the study to women in general terms, and requests permission for the **SEM core to call the woman** to further explain the study and arrange a home visit.

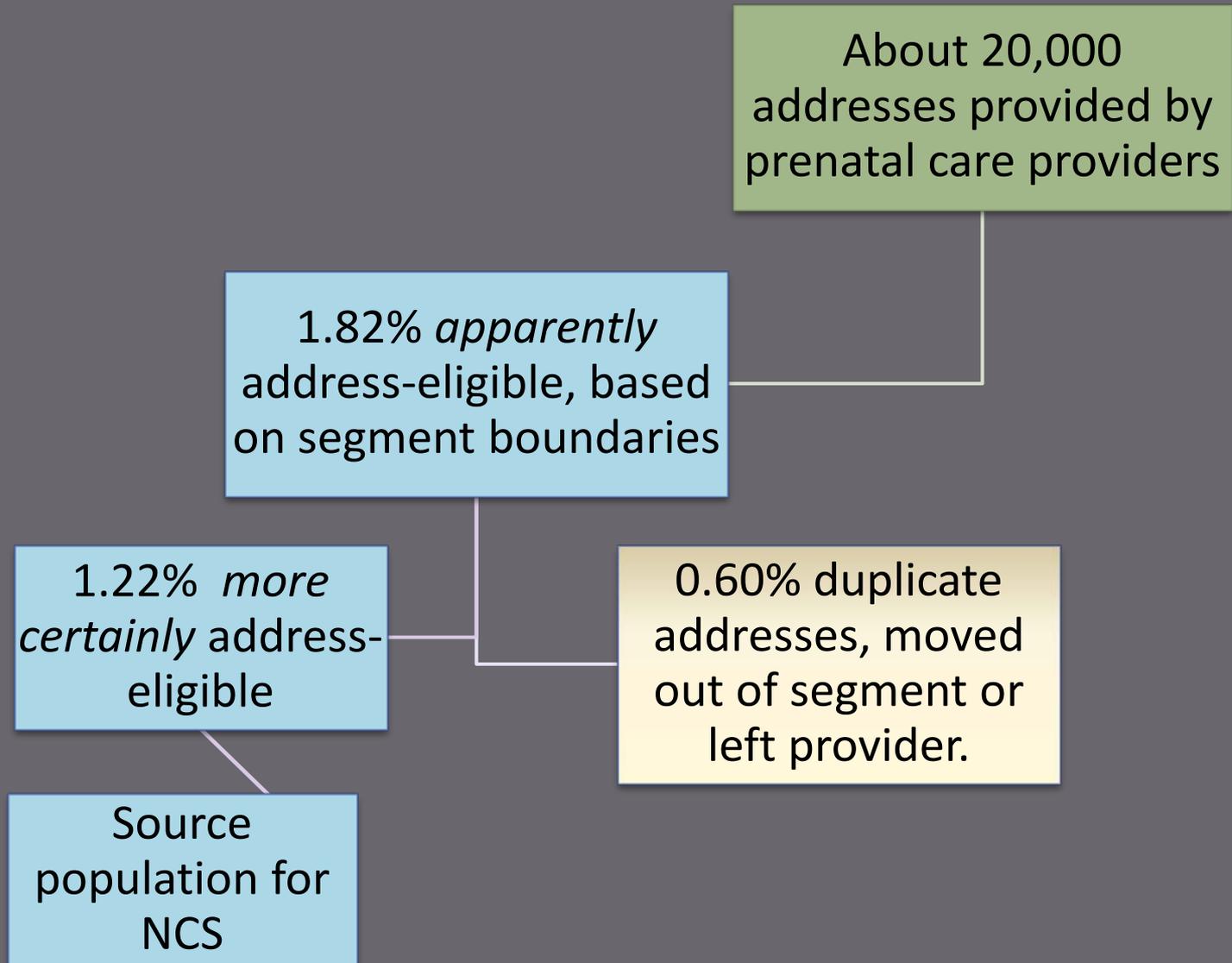
THREE RECRUITMENT STEPS

1. **PROVIDER OFFICE RESPONSIBILITY:** Getting permission from the eligible woman to have our OB staffer talk to her about the study
2. **OB CORE RESPONSIBILITY:** Make the first study contact with the woman, provide an overview of the study, and obtain contact information, and obtain permission for the SEM core to call and arrange a home visit. We emphasize that agreement to this last step does **not mean** that she has consented to the study.
3. **SEM CORE RESPONSIBILITY:** To schedule and conduct the home visit, including:
 1. Screening
 2. Consent
 3. Interview

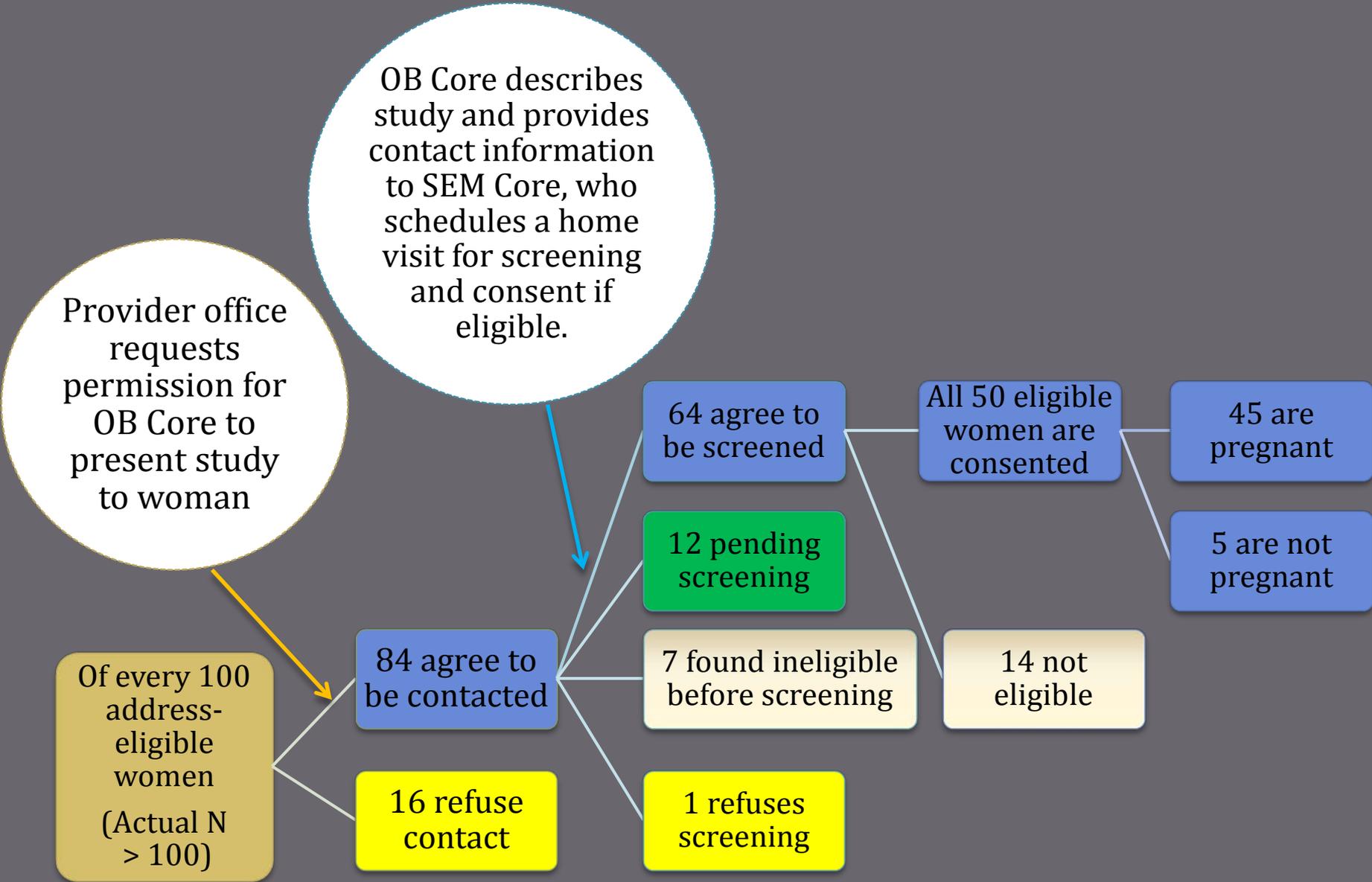
RESULTS

PERIOD OF REPORTING
FEBRUARY 14 – JULY 12, 2011
(21 WEEKS)

ADDRESS MATCHING IN WAYNE COUNTY



FROM ADDRESS-ELIGIBLE WOMAN TO STUDY PARTICIPANT



Provider office requests permission for OB Core to present study to woman

OB Core describes study and provides contact information to SEM Core, who schedules a home visit for screening and consent if eligible.

Of every 100 address-eligible women (Actual N > 100)

84 agree to be contacted

16 refuse contact

64 agree to be screened

12 pending screening

7 found ineligible before screening

1 refuses screening

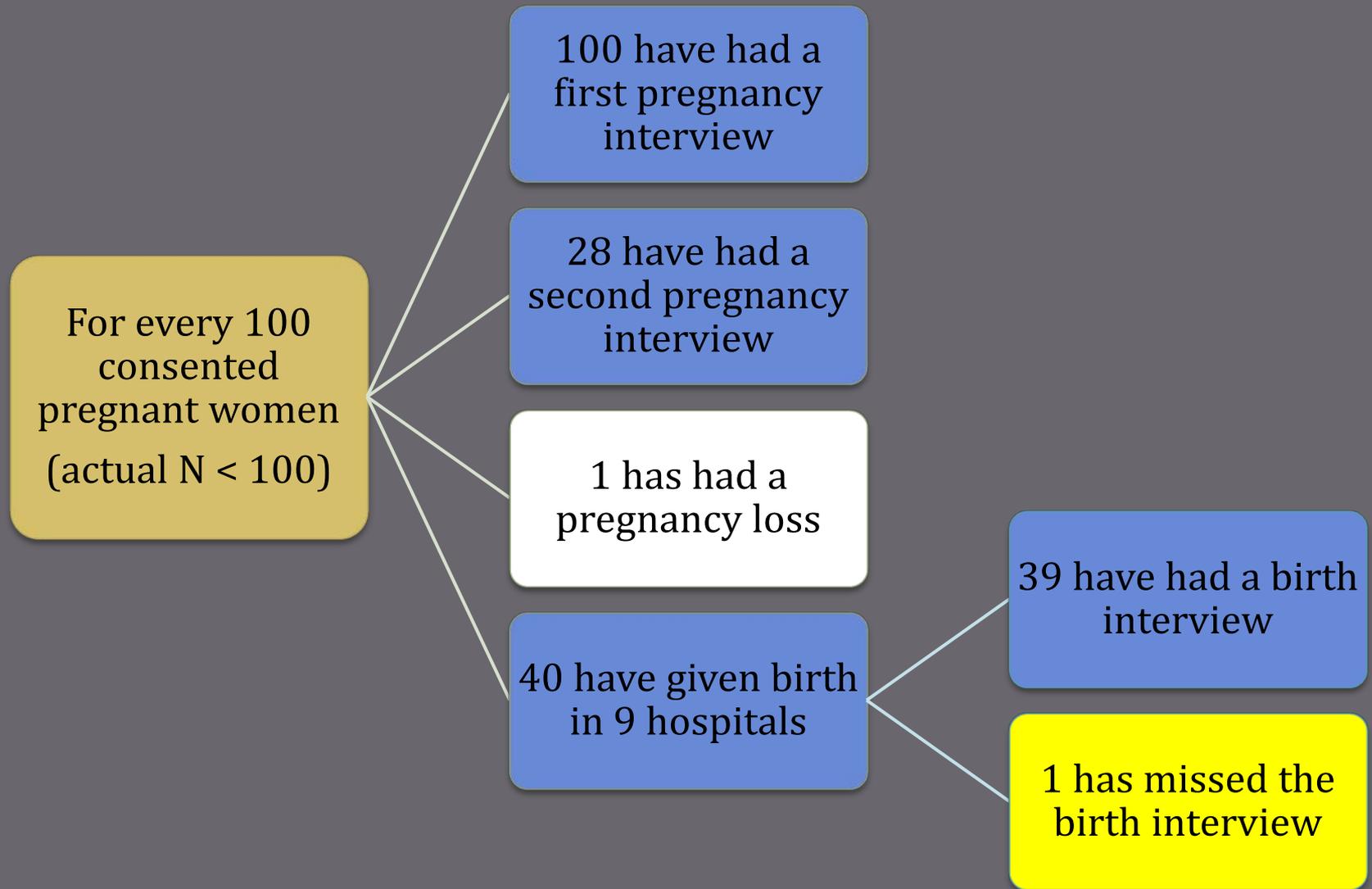
All 50 eligible women are consented

14 not eligible

45 are pregnant

5 are not pregnant

PROGRESS OF CONSENTED PREGNANT WOMEN THROUGH THE STUDY



MAJOR PROBLEMS ENCOUNTERED

- ▣ **Low yield of eligible women per practice.** None of the 90 or so remaining practices see more than 2 segment women per year.
- ▣ Difficulty in **first trimester enrollment because of address-matching** from existing records before approaching women. (mean GA at consent – 27 weeks). Sampling clinics would make it feasible to approach women at their first prenatal visit, which is usually in the first trimester, even in a large urban area like WC.
- ▣ Women who **do not show up for prenatal appointments**, making for some fruitless trips to practices

KEY STRENGTHS

- ▣ **Division of responsibilities** of study tasks, with expertise applied to each task.
- ▣ **Highly experienced OB core staff**, familiar with prenatal care settings and obstetric routines
- ▣ Well-trained and experienced **professional interviewers in SEM core** familiar with home visits.
- ▣ A **three-step recruitment procedure**, which allows the potential participant woman to gradually consider joining the study.
- ▣ Superb **integrated informatics software system (STrak)** that provides daily information on the status of every element in the system (please see our poster describing this system)
- ▣ **Community engagement operations** that support the study

PROVIDER-BASED RECRUITMENT IN THIS DESIGN IS EXPENSIVE

- ▣ The sampling frame used in the NCS (in all 3 recruitment modes) does not constrain the N of practices or hospitals. So we must work with **all practices and hospitals in a region**. Staffing and obtaining full cooperation in so many health care settings is a massive effort that is **the major reason for the high cost** of recruitment .
 - We invest major resources to **negotiating with and developing strong partnerships** with providers and hospitals.
 - Our **Regulatory Core**, (led by Virginia Delaney-Black ,MD of WSU) has spent **thousands of hours working** with hospital IRB's, each with its own distinct IRB and HIPAA requirements.
- ▣ Community engagement must span segments **distributed widely across a large county**

**THANK YOU VERY MUCH FOR
YOUR ATTENTION**

I AM HAPPY TO TAKE QUESTIONS

IF PROGRAM OFFICE PERMITS ,
THIS PRESENTATION WILL BE AVAILABLE AT
<http://www.epi.msu.edu/faculty/paneth>