

New Age of Participant Recruitment

Strategies that Work (or Might Work):
A Panel Discussion

Panelists

- Dolores Gallagher-Thompson, PhD, Stanford Univ.
 - Dorothy Edwards, PhD, Washington University
 - Marcie Freeman, MA, Massachusetts ADRC
 - Dan Mungas, PhD, University of CA - Davis
 - Peggy Higgins, MS, University of Texas Southwestern
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Why this panel discussion?

Because...

- As Dr. Morris pointed out, we face many new challenges and opportunities with regards to recruitment.
 - Recruitment is part of the Education Core mandate from NIA.
 - We all have expertise in this area and can learn from each other.
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Let's hear from the panelists.



Successful Recruitment Strategies for Chinese and Hispanic/Latino Families

Dolores Gallagher-Thompson, PhD, ABPP
Department of Psychiatry and Behavioral
Sciences

Stanford University School of Medicine
VA Palo Alto Health Care System

Success Rates for Three Recruitment Categories by Ethnicity

<u>Category</u>	<u>Referral</u>	<u>Chinese</u>			<u>Caucasian</u>		
		Contacted	Enrolled	%	Contacted	Enrolled	%
Media							
	Newspaper	6	5	83.33	4	2	50
	Television	9	2	22.22	3	0	0
	Web Site	1	0	0	1	0	0
	Flyer	3	1	33.33	9	4	44.44
	Mailing	0	0	0	2	2	100
	Total Enrollment: Media Sources	19	8	42.11	19	8	42.11

Success Rates (continued)

<u>Category</u>	<u>Referral</u>	<u>Chinese</u>			<u>Caucasian</u>		
		Contacted	Enrolled	%	Contacted	Enrolled	%
Professional							
	Community Health Care Agency	14	10	71.43	11	3	27.27
	Adult Day Care Center	31	16	51.61	32	10	31.25
	Senior Center Staff	4	1	25	3	1	33.33
	Nursing Home / Assisted Living	1	0	0	1	1	100
	M.D. Referral	6	3	50	29	19	65.52
	City of Fremont Social Worker	0	0	0	2	2	100
	San Mateo County Social Worker	1	1	100	0	0	0
	Total Enrollment: Professional Sources	57	31	54.39	78	36	46.15

Success Rates (continued)

<u>Category</u>	<u>Referral</u>	<u>Chinese</u>			<u>Caucasian</u>		
		Contacted	Enrolled	%	Contacted	Enrolled	%
Non Professional							
	Saw information at Church / in Bulletin	4	3	75	0	0	0
	Friend / Acquaintance Encouraged	4	2	50	10	8	80
	Support Group Member Encouraged	0	0	0	4	3	75
	Participated in Prior Research	0	0	0	14	7	50
	Attended Lecture / Presentation / Workshop	22	1	4.55	9	5	55.56
	Attended Cultural / Community Festival	10	0	0	0	0	0
	Total Enrollment: Non-Professional Sources	40	6	15	37	23	62.16
<i>Overall</i>							
<i>Totals:</i>		<i>116</i>	<i>45</i>	<i>38.79</i>	<i>134</i>	<i>67</i>	<i>50</i>

* 3 caregivers for whom a referral source was not indicated were enrolled in the study, but not included in the analysis

Reason for Non-Enrollment by Ethnicity

Reason	Caucasian	Chinese			
	N (%)	N (%)	χ^2	df	p
Insufficient hours caregiving or not a CG	10 (7.5)	<u>21</u> (<u>20.8%</u>)	3.7	1	0.05
CR or CG Not interested	35 (26.1%)	16(15.8%)	14.8	1	<0.01
Other	3 (2.2)	5 (5.0%)			0.06*
<i>Totals (N)</i>	67	71			

Underlining indicates highest percentage in the column.

CR = Care Recipient

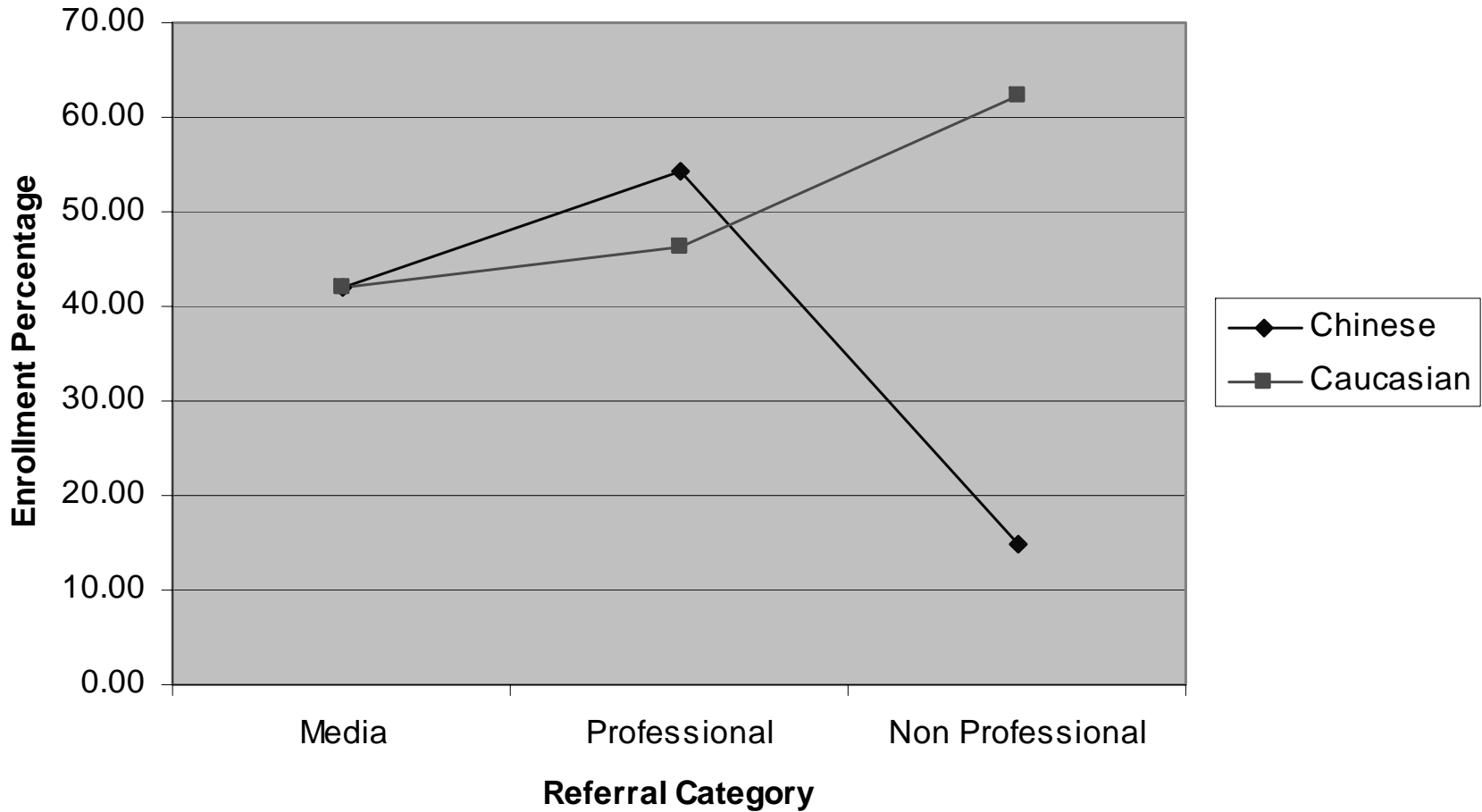
CG = Caregiver

* = 2 Sided Fisher Exact Test.

Table 2

Eligibility by Referral Source

Enrollment by Referral Category





Success Rates(participation) for Three Recruitment Categories, by Ethnicity

Recruitment Source	Latino	Caucasian
Media	41.7%	20.0%
Professional referral	45.6%	36.1%
Non-professional referral	68.6%	27.4%

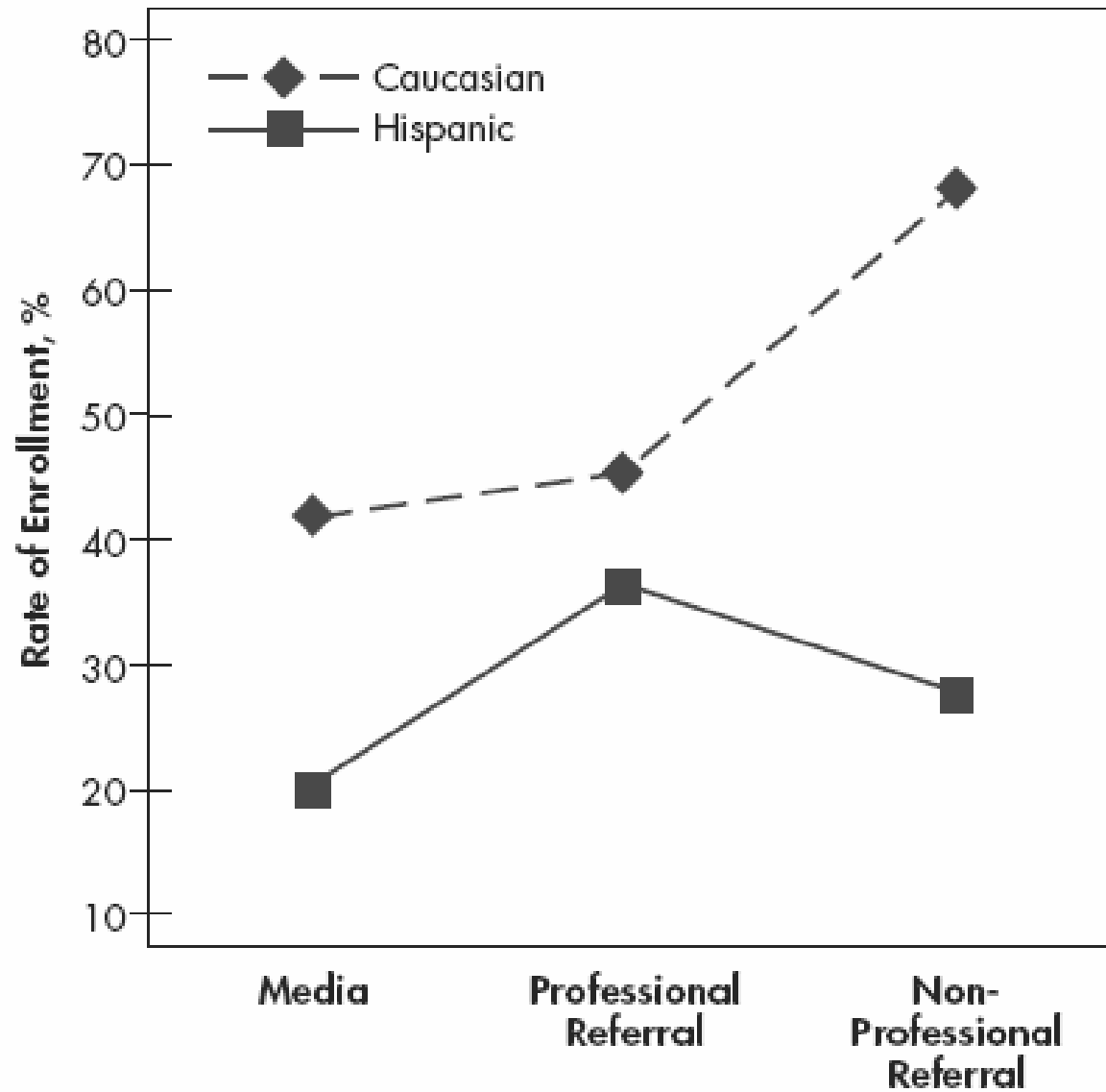
Table 1



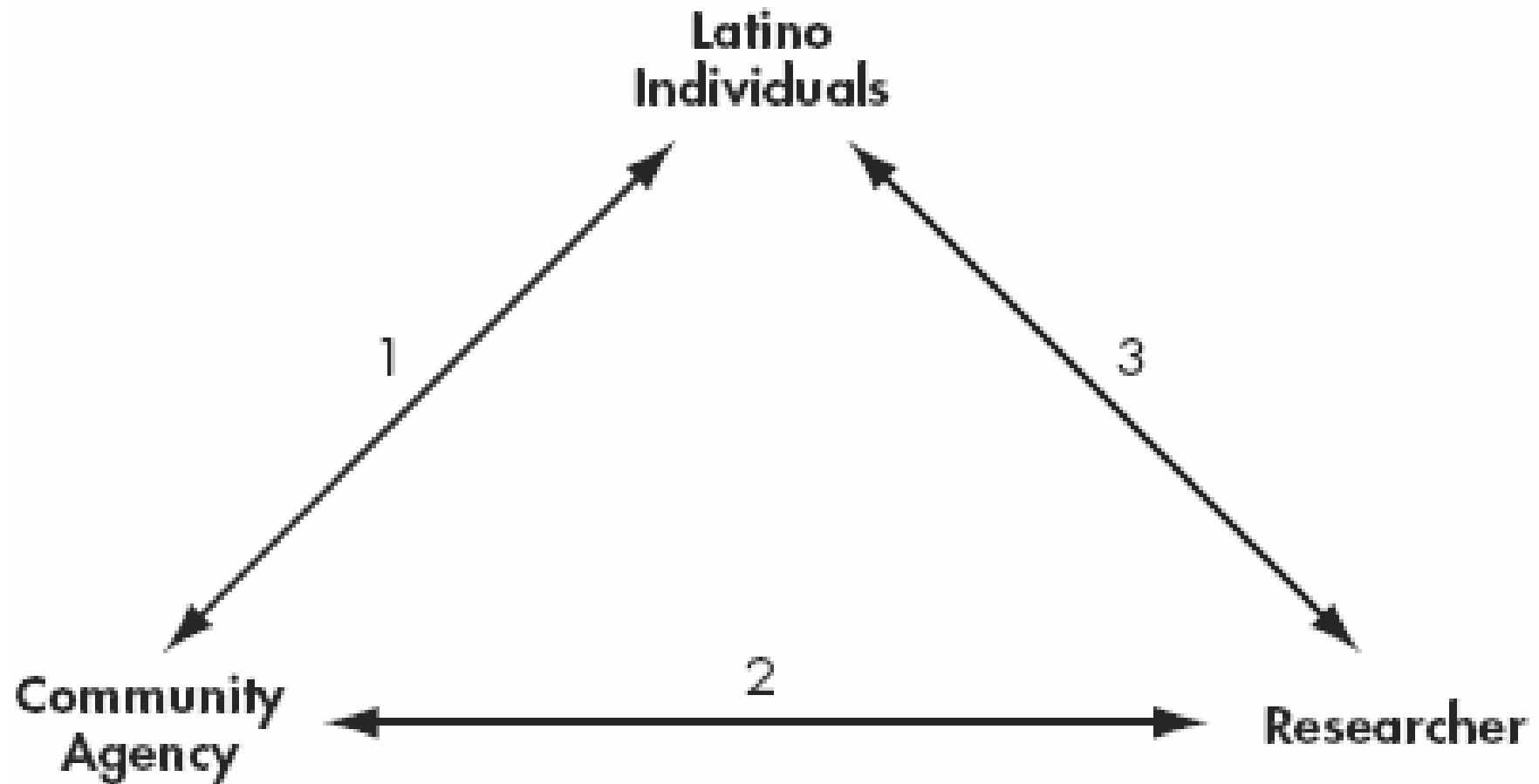
Reasons for Ineligibility, by Ethnicity

Reason	Caucasian N (%)	Latino N (%)
Not caring for a loved one with dementia	6 (26.1%)	43 (55.8%)
CR doesn't have significant memory problems	5 (21.7%)	10 (13.0%)
CG and CR not living together	8 (34.8%)	7 (9.1%)

Enrollment Success Rates for Three Categories of Recruitment, by Ethnicity



The "Confianza Triangle" of Successful Recruitment



Note: In the figure depicted,

1 A community agency first establishes trust with Latino individuals;

2 the researcher establishes trust with the agency; and

3 the researcher indirectly establishes trust with the Latino individuals.



MASSACHUSETTS ALZHEIMER'S DISEASE RESEARCH CENTER

MASSACHUSETTS GENERAL HOSPITAL
BOSTON, MA

CHALLENGES FOR COMPETENT RECRUITERS

1. Once an “expert” at recruitment, continue to listen/learn
There is no pause on the cultural learning curve.
2. Avoid contributing to the new second class citizens in the US –
people with Limited English Proficiency

Issues in Education and Recruitment of Diverse Populations

People, not recipes

*Develop relationships with local cultural partners
as your first and best resource.*

Contextual Sensitivity

Make no assumptions, each is a new story to learn.

Practice Cultural Humility

*Assume similar complexity in the lives of others as you
experience in your own.*

Partner with CBOs for Linguistic Capacity

*Invest in the agency serving the community to assist with language needs,
involving them fully in planning of events.*

MULTICULTURAL COALITION ON AGING

A 12 year Coalition of over 75 agencies working to improve the delivery of health care & social services to culturally diverse older adults

Mission:

To create a culturally appropriate agenda of social, educational, clinical, and research programs that will address the needs of the elder community in all of its diversity



MULTICULTURAL COALITION ON AGING

Education now, and groundwork for future recruitment:

- Maintain long-term (10 yrs.) community presence, trust building, investing in CBOs
- Disseminate information
- Shape perception of research/researchers
- 6 “Aging Well Together” consumer health education conferences for diverse older adults delivered in *10+ languages (English, Spanish, Cantonese, Mandarin, Vietnamese, Khmer, Russian, Haitian Kreyole, Portuguese, Cape Verdean Creole and several Sub-Saharan African dialects)*
- 2 professional education conferences

What I learned last Friday....

HELPING VIETNAMESE FAMILIES *COPE WITH DEMENTIA*

AN EDUCATIONAL PROGRAM
for Health and Human Service providers
to the Vietnamese community

Friday, September 16, 2005
Vietnamese American Community Center
42 Charles Street Dorchester, MA

Sponsors:

Massachusetts Alzheimer's Disease Research Center
Harvard Cooperative Program on Aging
Kit Clark Senior Services



with additional funding from Janssen Pharmaceutica, Inc.



Community Outreach Program
University of California, Davis

Dan Mungas, Ph.D.

History

- Satellite funding in 1993
 - African American and Hispanic emphasis
 - Traditional clinic referral based outreach and recruitment
 - Model continued through 2000
- Outcome
 - Success in terms of number of minority patients evaluated
 - Disappointing in terms of enrollment in follow-up and research

Community Based Research with Hispanics

- R01's with community based outreach and recruitment -1992 - present
 - Spanish-English neuropsychological test development
 - Sacramento Area Latino Study on Aging (SALSA)
- Successfully recruited large numbers of older community dwelling Hispanics and Caucasians
 - Broad range of cognitive function from normal to demented

Community Outreach Program

- Started in 2001
- Goal was to recruit relatively equal numbers of community dwelling African Americans, Hispanics, and Caucasians
- Broad cognitive functioning - normal, MCI demented
 - Emphasis on MCI

Community Outreach Program

- Outreach and Recruitment
 - Health care settings
 - Community agencies and organizations
 - Word of mouth
- Screening
 - Detailed cognitive testing - supported by R01
 - Stratified recruitment for clinical exam and follow-up
 - MCI emphasized

Community Outreach Program

- Approaches to reduce barriers to research participation
 - Bilingual/bicultural Hispanic staff, bicultural African Americans
 - Cognitive testing performed in home
 - Transportation to clinic for clinical exam and MRI
 - Staff who initially recruit and test participants are directly involved in clinical exam and MRI

Outcome

- Approximately 800 screened to date
 - 350 Hispanics, 250 African Americans, 200 Caucasians
- 215 have completed clinical evaluation
 - 66 African Americans, 87 Hispanics, 57 Caucasians
 - Most with quantitative MRI and research neuropsychology
- 162 Enrolled in longitudinal follow-up
 - 60 African Americans, 54 Hispanics, 40 Caucasians
 - Retention rate of about 85% for those who have come due for follow-up

Minority Enrollment in Longitudinal Cohort by Grant Cycle

