

**Rush
Alzheimer's
Disease
Center**



**Rush Alzheimer's Disease Core Center
(RADCC)**

Evaluation of recruitment into Alzheimer's Disease Core research projects: The NGAGE Model

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 **RUSH UNIVERSITY
MEDICAL CENTER**

IT'S HOW MEDICINE

SHOULD BE

- Describe the NGAGE model
- Provide evaluation of model in a recent effort to recruit community-dwelling older African-Americans without dementia willing to consider brain autopsy in our Clinical Core.

- Enhance research participation, especially of minorities, in studies of the cognitive spectrum

- Network
- Give First
- Advocate for Research
- Give Back
- Evaluate

NGAGE Model

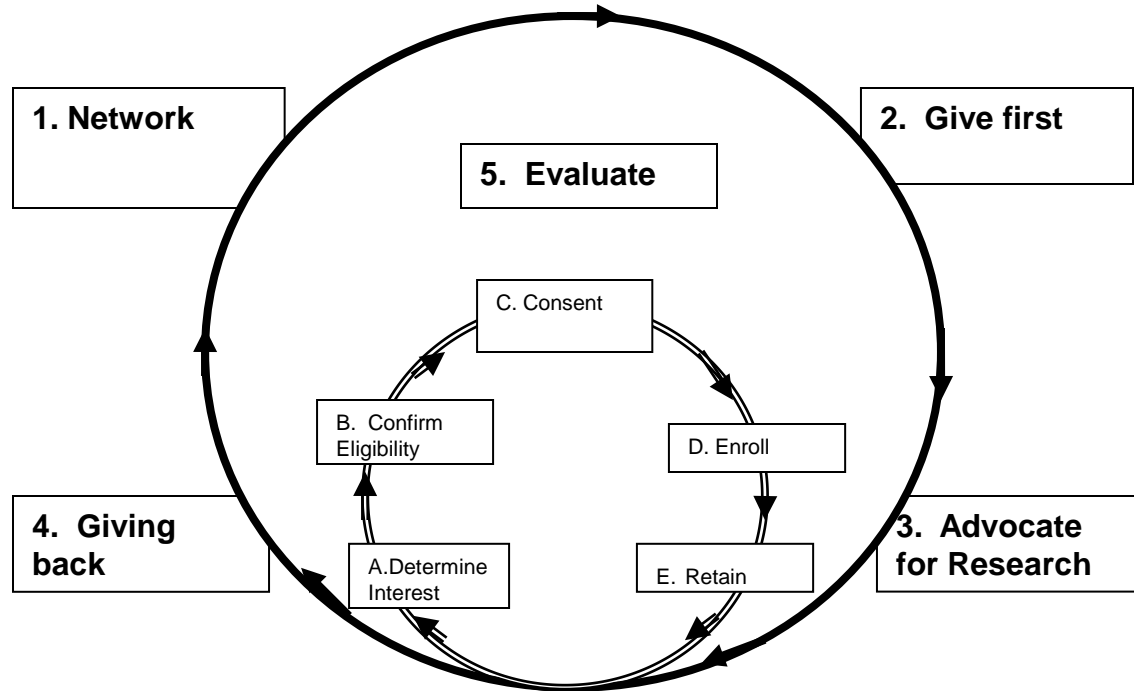


Figure 1. Integration of Activities at Community and Individual Study Levels. Outer circle represents community activities and inner circle represents individual study activities.

- January 1, 2008 – Clinical Core aim transitions to the annual assessment of older African Americans without known dementia who were willing to consider brain autopsy
- Goal: 250 new participants
- Recruitment Time – Approximately 30 months

- Utilized conservative estimates from experiences in minority recruitment in the Rush Religious Orders Study Core
 - 10% success rate from research advocacy step to interest
 - 25% success rate from interest to enrollment
- Estimated reach = 10,000
- Developed recruitment plan using format adapted from ADCS/ADNI plans
- Developed electronic education activity tracking with Data Management Core

EITC Activities 01/2008 to 08/2010

Event	Persons Reached (No.)
1. Network	2000
2. Give First	6500
3. Advocate for Research	2166
4. Give Back	500

- August 2010 – Recruited 259 persons

- Reach –
 - 2166 at research advocacy presentations needed
- Effectiveness
 - 12% of persons reached enrolled in study
 - 57% of interested subsequently enrolled
- Adoption
 - 2000 community leader contacts; 6500 persons reached in “give first” events
- Implementation
 - Flexible recruitment details based on NGAGE framework
- Maintenance
 - Supported by “giving back” events to 500 persons

Lessons Learned

- Acknowledging past unethical research experiences in the community
- Having investigators in the same room when outreach staff advocated for research participation
- Giving older adults time to talk about participation with family members or community leaders
- Being willing to take an interest in individuals and their communities even if they chose not to immediately participate in research.

Intangibles

- Years in the community building goodwill prior to new Clinical Core recruitment goals
- Nurturing an outreach team committed to diversity, having community connections, and willing to investigate and breakdown barriers

Next steps

- Supporting Clinical Core retention
- Applying model for minority recruitment in a large-scale NIA-sponsored community-based primary prevention trial (ASPIrin in Reducing Events in the Elderly)