**Sarah Ibrahim & Souraya Sidani, 2014. Strategies to Recruit Minority persons: A Systematic Review**

Summary

* Proactive/Direct recruitment vs. Reactive/Indirect recruitment
  + Proactive strategies involve direct contact with potential participants to provide information about the study
    - Presentations at community centers, health fairs, churches, senior centers, street fairs, and farmers market. Informing participants about the nature of the study, inclusion and exclusion criteria, expectations of being a participant, the consent form process, and benefits and potential risks of participating in the study. Gave participants a chance to meet the research team.
  + Reactive strategies involve indirect contact with potential participants
    - Collaboration with community leaders (well respected individuals in the community such as pastors or priests), referrals by healthcare professionals (such as physicians), snowballing (word of mouth), printed material, and broadcast media (Video recordings that captured the researcher explaining the study. Played in clinics’ waiting areas or showed to persons interested in hearing more about the study).

What worked

* Employing ethnically and culturally diverse research assistants; providing compensation and incentives; having research staff who are flexible, accommodating, and able to build trust and rapport with participants of ethnically and culturally diverse backgrounds.
* Collaboration with key community leaders is reported as an effective reactive strategy. Evidence suggests that ethnically and culturally diverse persons are more inclined to participate in research when community leaders support the research being conducted and are actively disseminating information about the study to their community.
* Snowballing is found effective because this strategy may be used to locate hard-to-reach potential participants. May decrease anxiety and distrust from potential participants because they hear about the study from people who participate and are trusted.
* Newspapers or newsletters with wide readership and high acceptability by culturally or ethnically diverse populations, flyers, brochures

Discussion/New ideas

* Presentations and attendance at events such as health fairs. Goodman community center and Wil-mar neighborhood
* Video recordings played in health care clinic waiting rooms
* Libraries?

**Seaton et al., 2004. Effective Strategies for Recruiting Families Through Alcoholic Probands**

Summary

Several strategies for recruiting subjects for a large family study on the genetics of alcoholism:

* Churches: study flyers to distribute study information to their congregations
* Community flyers: AA meeting locations, recovery bookstores, and drinking establishments
* Conferences: placing flyers on ‘take one’ tables, renting booth space in exhibit halls
* Direct mail: letter of invitation personalized to recipient. Provided information about the background of the study, eligibility criteria, and participation requirements. Selected from market research lists of those indicating that they purchased a certain amount of alcohol each year. Assuring recipients that they were one of x many people in their area receiving the letter. Printing, envelope stuffing, and mailing were out-sourced to the campus printing and mailing facilities.
* Internet: web site created that provided study information, eligibility criteria, and number/email. General information on alcoholism and links to treatment and community groups included.
* Mass media: full screen ad on four movie theater screens prior to movies, a poster ad in the interior of buses, restrooms of bars, restaurants, a major sports arena, and major venues
* Personal referrals: participants were encouraged to recruit their family members, friends, and members of their self-help groups. Upon completion of the study, participants were mailed a thank you note along with study business cards to distribute.
* Press release: one page press release was designed with assistance from the University press office for release to newspapers and radio and television stations.
* Print ads: black and white ads that ranged in size. Varying sections of newspapers.
* Radio
* Recovery agencies: community outreach and education agencies provided mailing lists of their members, added recruitment materials to their mailings, or distributed study materials to their clients.
* Treatment center collaborations: Directors of hospital and community based treatment centers were contacted and asked to collaborate to the degree to which they felt comfortable: posting flyers, allowing on-site recruitment, or providing a letter of endorsement in a mass mailing to treatment center alumni. In return, offered staff training, computerization of records, educational information, and assistance with follow-up studies.

What worked:

* Looked at yield, cost, and time
* Direct mail, treatment center collaborations, and press release generated the largest number of responses
  + Direct mail solicitations yielded .6% response rate
* Probands who heard about the study on the radio had the highest enrollment rate followed by conferences, collaborations with treatment centers, and the internet.
* Strategies with the highest completed proband rate included the press release, recovery agencies, the internet, and treatment center collaborations.
* Most time effective strategies included personal referral, direct mail, radio, and internet.
* Website allowed the study to reach a large number of people with a high level of interest and motivation.

What didn’t work:

* Conferences and churches provided the lowest number of responses.
* Churches had the lowest proband enrollment rate, and flyers and treatment center mass mailings also had low enrollment rate.
* Personal referral and the radio had the lowest proband completion rates.

Discussion/New ideas:

* Press release? High rate of completed participants and cost/time effective
* Authors found that success of utilizing treatment centers to recruit participants depended heavily upon directors’ attitudes toward research in general and their specific reaction to the aims and methods of the study. Tend to respond more favorably when contacted by the principal investigator and when reciprocal contributions were offered to the treatment center, such as providing staff training, assistance with internal research projects, or financial sponsorship.
* Including recruitment materials in discharge packets
* Forging strong relationships with one or two highly motivated treatment centers with large client bases could be more efficient than targeting many smaller, passive, treatment centers

**Subbaraman et al., 2015. Multisource Recruitment Strategies for Advancing Addiction Recovery Research Beyond Treated Samples**

Summary

* 28% of individuals with a past diagnosis of dependence reported receiving any treatment
* Goals:
  + Describe multisource recruitment sources for reaching a large, diverse sample of persons in recovery from SUD
  + To determine demographic differences across recruitment sources
  + Compare the demographics across several treatment and nontreatment study samples to understand what subgroups are missed
* Collaboration with grassroots organizations and treatment programs
  + Posting announcements about the study on their websites
  + Posting the study link on their websites
  + Disseminating emails voicing their support for the study with a link to the survey to their constituents
* Partnering organizations (full list on **www.whatisrecovery.org**)
  + National Council on Alcoholism and Drug Dependence, National Alliance for Medication Assisted Recovery, Harm Reduction for Alcohol, Faces & Voice Recovery, Women for Sobriety, LifeRing, Secular Organizations for Sobriety
* Electronic media, print media, television, radio
* Recovery month events

What Worked:

* Five largest yielding sources were: Other, family and friends, Craigslist, social media, and non-12-step self-help groups
* Media sources were more successful than other sources in reaching typically untapped recovery subgroups
* Recovery organizations yielded nearly twice as many African Americans and more rural dwellers than other sources
* Social and electronic media yielded twice as many young people than other sources

Ideas/Discussion:

* Non-12-step programs:
  + SMART Recovery (4 meeting locations in Madison), SOS (need to fill out contact form), LifeRing (No WI meetings), Women for Sobriety (in Burlington, Mequon, Milwaukee)
    - Why these? AA has the 6th step that has to do with not affiliating oneself with any cause or research, so I am worried these individuals are not coming as much because maybe that got reinforced?

**Zweben et al., 2005. Recruiting and Retaining Participants in a Combined Behavioral and Pharmacological Clinical Trial**

Summary:

* The COMBINE study testing combinations of two medications and two behavioral treatments
* Loss of a sizeable proportion of participants during the course of the study can create unnecessary bias. Individuals who withdraw from the study prematurely may differ in important ways.
* Attendance is an important indicator of retention status

What Worked:

* Various recruiting sites: churches, detoxification centers, hospitals, mental health centers, physician offices, probation/parole settings
* Developed a list of local community organizations specializing in alcohol use disorder treatment to identify potential referral sources
* Pointed out that the medications serve as a mechanism to address cravings or symptoms of prolonged withdrawal, which in turn allows the therapists a greater opportunity to deal with other problems associated with dependence
* Informed providers about inclusion/exclusion criteria
* All participants received an AA brochure dealing with medications and alcohol problems. The brochure was supportive of using medications as an adjunctive treatment in people with alcohol problems.
* Advertisements placed on inner city buses and community newspapers typically emphasized the combined pharmacotherapy and behavioral intervention nature
* Participants could discuss barriers to participating and sort it out with staff
* Normalized participants embarrassment about drinking alcohol during the study

Ideas/Discussion:

* Probation / parole settings?
* Are there local community organizations that specialize in alcohol use disorder treatment?

R**osenbloom et al., 2004. Recovery of Short-Term Memory and Psychomotor Speed…**

Recruitment Strategies: inpatient and outpatient programs at a Veterans Administration Medical Center, outpatient programs at a university medical center, and community treatment programs.