



Impact of Community Partnership in Recruitment for Nonalcoholic Fatty Liver Disease Clinical Studies in Persons with HIV

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BACKGROUND

Indiana University is currently participating in a multicenter, NIH-funded, observational study to understand the prevalence, predictors and consequences of nonalcoholic fatty liver disease (NAFLD) in persons with HIV. The site's enrollment goal was 5 participants/month and recruitment started July 2021.

After 10 months of traditional, clinic-based recruitment, enrollment was slow and no-show rates were high. This led to a partnership with Damien Center – a community AIDS Service Organization (ASO).

We hypothesized that this partnership would increase overall recruitment as well as recruitment of underserved populations.

METHODS

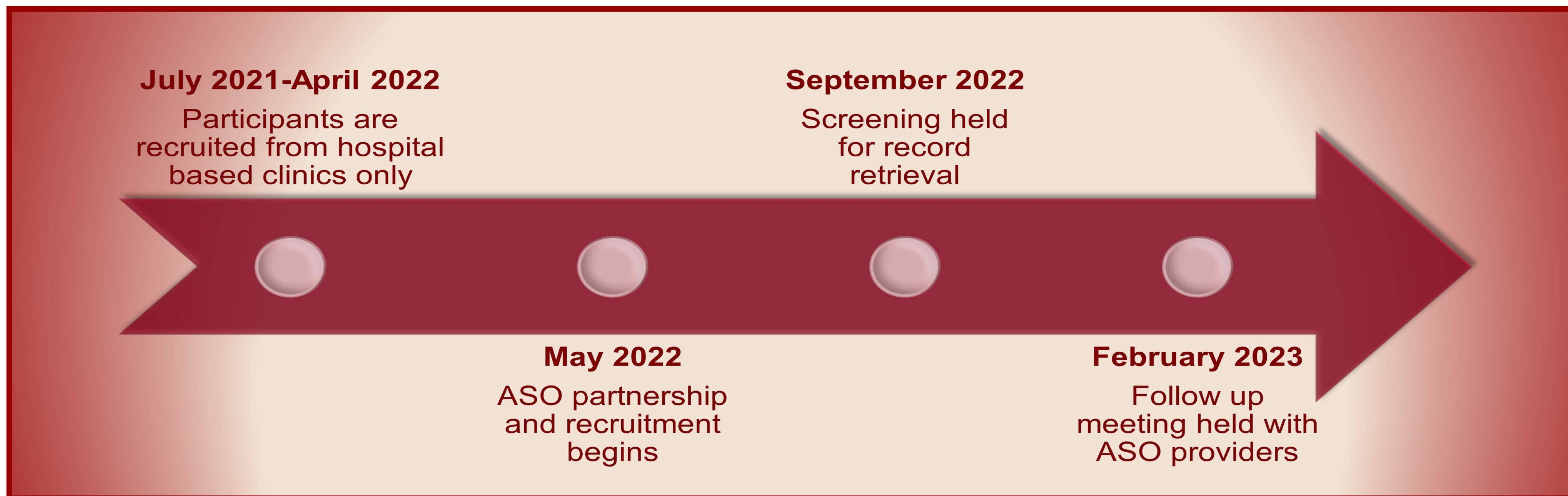
Initial State

- Participants are recruited from hospital-based clinics
- Coordinators have easy access to participants' records through hospital EMR
- Most participants were approached in clinic, then needed to return at a later date due to time and space limitations

Post Partnership Initiation

- ASO was provided with flyers and posters about the study
- Study coordinators met with ASO providers who were encouraged to mention the study in their patient visits
- Participants contacted study coordinators to request to participate
- Study coordinators developed process for obtaining outside records

TIMELINE



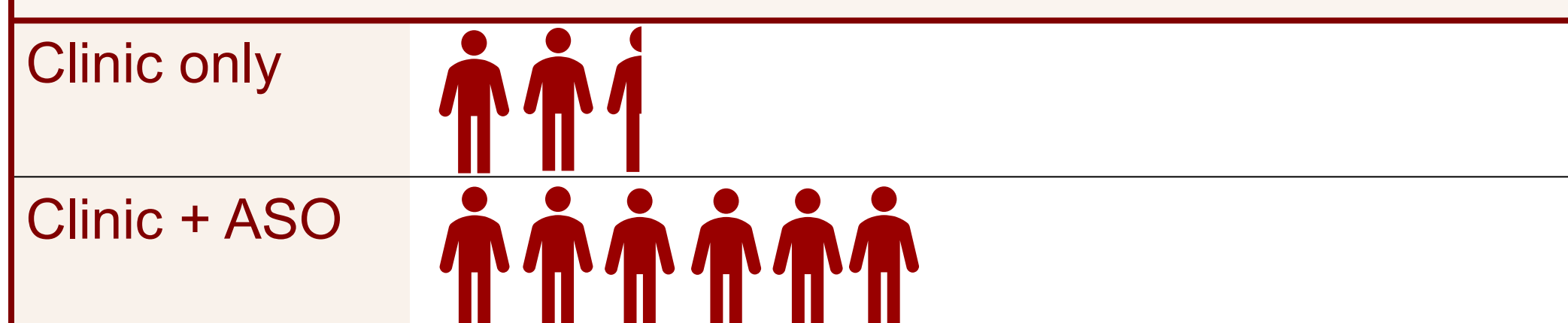
SUMMARY

- For the first ten months of enrollment, 23 participants were screened with an average screen number of 2.3 participants/month and no-show rate of 30%.
- From initiating the partnership until April 2023, 72 participants were screened. Of those, 43% were from the ASO. There was an average screen number of 6 participants/month and no-show rate of 20%.
- From the opening of enrollment through April 2023 there were 12 screen fails. 50% were from subjects recruited from clinic, 25% from the ASO, 25% from other sources.
- After initiating the partnership with the ASO, study staff had to pause screening for one month due to difficulty getting records from providers outside the affiliated health care system.

MONTHLY RECRUITMENT



Average # of participants screened per month



RECRUITMENT OF UNDERSERVED POPULATIONS

Participant Socioeconomic Status Comparison

| | Clinic | ASO | P-value |
|-----------------------|--------|-----|---------|
| Income below \$25,000 | 54% | 72% | 0.008 |
| Food insecure | 38% | 64% | 0.0002 |

72% of participants enrolled from the ASO had a household income below \$25,000, compared to 54% who were enrolled from clinic (P=0.008).

64% of ASO pts enrolled reported low to very low food security compared to 38% of participants enrolled from clinic (p=0.0002).

CONCLUSIONS

Outcome

Partnering with an ASO was a successful intervention to increase the enrollment of an underserved population with a different socio-economic dimension.

Lesson Learned

Gathering records from the ASO was challenging initially and, in future partnerships, this should be pre-planned to prevent enrollment delays.

THANKS TO

