Holly Crandall1, Montreca Releford1, Nadine Horn2, Juan Carlos Venis2, Erin Weah2, Samer Gawrieh1, Naga Chalasani1
1 Indiana University School of Medicine, Indianapolis, Indiana
2 Damien Center, Indianapolis, Indiana

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

**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**

**MONTHLY RECRUITMENT**

**RECRUITMENT OF UNDERSERVED POPULATIONS**

<table>
<thead>
<tr>
<th>Participant Socioeconomic Status Comparison</th>
<th>Clinic</th>
<th>ASO</th>
<th>P-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Household Income below $25,000</td>
<td>74%</td>
<td>12%</td>
<td>0.008</td>
</tr>
<tr>
<td>Food insecurity</td>
<td>39%</td>
<td>64%</td>
<td>0.0002</td>
</tr>
</tbody>
</table>

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).

**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.

**CONCLUSIONS**

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

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

**THANKS TO**