
Abstract

Remote Participant Recruitment for Pediatric Research During the COVID-19 Pandemic

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Abstract

Background: The COVID-19 pandemic exposed significant vulnerabilities of traditional in-person recruitment methodology in the context of limited access to clinical facilities. Remote recruitment is a potential solution, but its yield and efficiency are unknown.

Objective: This study aimed to determine remote recruitment and enrollment rates for a pilot feasibility trial of an electronic monitoring device (EMD) for asthma in the pediatric population.

Methods: Children aged 4-18 years with persistent asthma receiving inhaler medications compatible with an EMD were screened for enrollment in a feasibility and acceptability trial. The emergency department (ED) and inpatient wards were identified as initial in-person recruitment locations prior to the pandemic. Owing to the COVID-19 pandemic, recruitment sites transitioned from exclusive ED or inpatient enrollment to outpatient primary care or pulmonary clinics in an attempt to increase enrollment rates. Study staff called families to determine their interest in the study. Patient age, race and ethnicity, insurance, contact attempts, and reasons for enrollment or refusal were recorded. e-Consent was obtained through the REDCap database, and baseline surveys were administered by telephone.

Results: Since November 2019, the study staff reached 147 out of 278 (52.3%) eligible families by telephone. In total, 37 (13%) families contacted were enrolled in the study. It took the study staff a mean of 2 attempts to reach individuals for initial enrollment but a mean of 4 additional attempts to complete consent forms. Of the families approached, 47% were Hispanic or Latino, 26.5% were Black or African American, 24.5% were White, and 2% were Asian. Among patients approached, 20% Asian, 16% White, 14.5% Hispanic or Latino, and 12% Black patients were enrolled in the study.

Conclusions: Telephone recruitment had a low yield across all racial and ethnic groups, averaging approximately 1 successful enrollment per 8 candidates approached. A substantial number of contacts was required to obtain e-consent forms and complete survey questionnaires after participants agreement to enroll. The study findings suggest that when there are barriers to in-person recruitment, remote recruitment is a feasible alternative, but the yield is relatively low, and enrollment requires persistent, repeated follow-up contact.

Conflicts of Interest: None declared.

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KEYWORDS

pediatric; asthma; COVID-19; remote recruitment; race; ethnicity

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