NAPCRG 52nd Annual Meeting — Abstracts of Completed Research 2024.

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Title

Combining evidence and experience for research recruitment and participation among patients in US community health centers

Priority 1 (Research Category)

Research Capacity Building

Presenters

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Abstract

Context: Researchers and funders are recognizing the urgent need for more inclusive and representative clinical research to advance health equity. Community health centers (CHCs) are recognized as trusted care providers with unique potential to support more effective recruitment and participation approaches. Evidence, resources, and investment are needed to develop this capacity in alignment with CHC priorities.

Objective: Identify evidence and practical experience to support CHC's in building research recruitment capacity. Study Design and Analysis: We conducted a targeted scan of available evidence to identify studies of interventions, barriers, and facilitators to recruitment and participation among patient populations served in CHC settings. We prioritized systematic reviews that indicated strategies and tools specific to CHCs. We are using the review with CHC partners to: 1) identify gaps, 2) inform CHC capacity assessments, 3) align experiential expertise across partner networks with available evidence, and 4) initiate co-development of recruitment tools, strategies, and infrastructure. Setting: The Network for Community-engaged Primary Care Research (NCPCR), part of the NIH CEAL initiative, includes four established, geographically, and structurally diverse CHC networks. Population Studied: CHC organizations across the 23 overlapping states and territories of the NIH CEAL and NCPCR networks. Intervention: Initially partnering with 5 CHCs, we are co-developing minimal burden engagement and technical strategies and infrastructure to facilitate more representative research participation with CHC organizations. Results: Of 171 full text studies, 80 met initial inclusion criteria (11 qualitative and 69 quantitative papers) including 11 systematic or scoping reviews. Themes included: multipronged, flexible, community-engaged and participatory approaches; incentives and benefits; cultural sensitivity and diversity; long-term engagement; expanding outreach; and encouraging positive attitudes toward research among patients, CHC staff, and clinicians. Insights were incorporated into a preliminary Menu of Strategies to be further developed with partner CHCs. Conclusions: Through network and CHC engagement, we are developing core NCPCR infrastructure to integrate evidence with the unique expertise and experience of CHC partners to support network- and CHC-level capacity to equitably support more representative patient participation in clinical research.