

Development of Healthcare Provider-Centered Recruitment Strategies to Increase ADRD Research Participation of African American/Black Older Adults

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BACKGROUND

- African American (AA)/Black older adults are 2-3x more likely to develop Alzheimer's disease and related dementias (ADRD) but are less likely to participate in ADRD research.
- There is a need for evidence-based recruitment strategies to increase diverse participation in ADRD neuroimaging and biomarker research.

Research questions

- What are expected barriers/facilitators to AA/Black patient/client participation in ADRD research?
- What is the feasibility of a practice-based referral network as a strategy to increase ADRD neuroimaging and biomarker research inclusivity?

METHODS

Inclusion criteria

- Healthcare provider (HCP) in Indiana
- Works ≥ 20 hours a week

Data collection and analysis

- Semi-structured interviews: HCP demographics, perceptions of ADRD biomarker research, expected barriers and facilitators to patient/client research participation, and interest in being involved in research recruitment.
- Using a hybrid approach of deductive and inductive coding, three analysts independently coded interview transcripts, reaching consensus to inform and finalize emergent themes.

FIGURE 1. Self-reported demographics of HCP participants (N=14) and the patients/clients they care for.

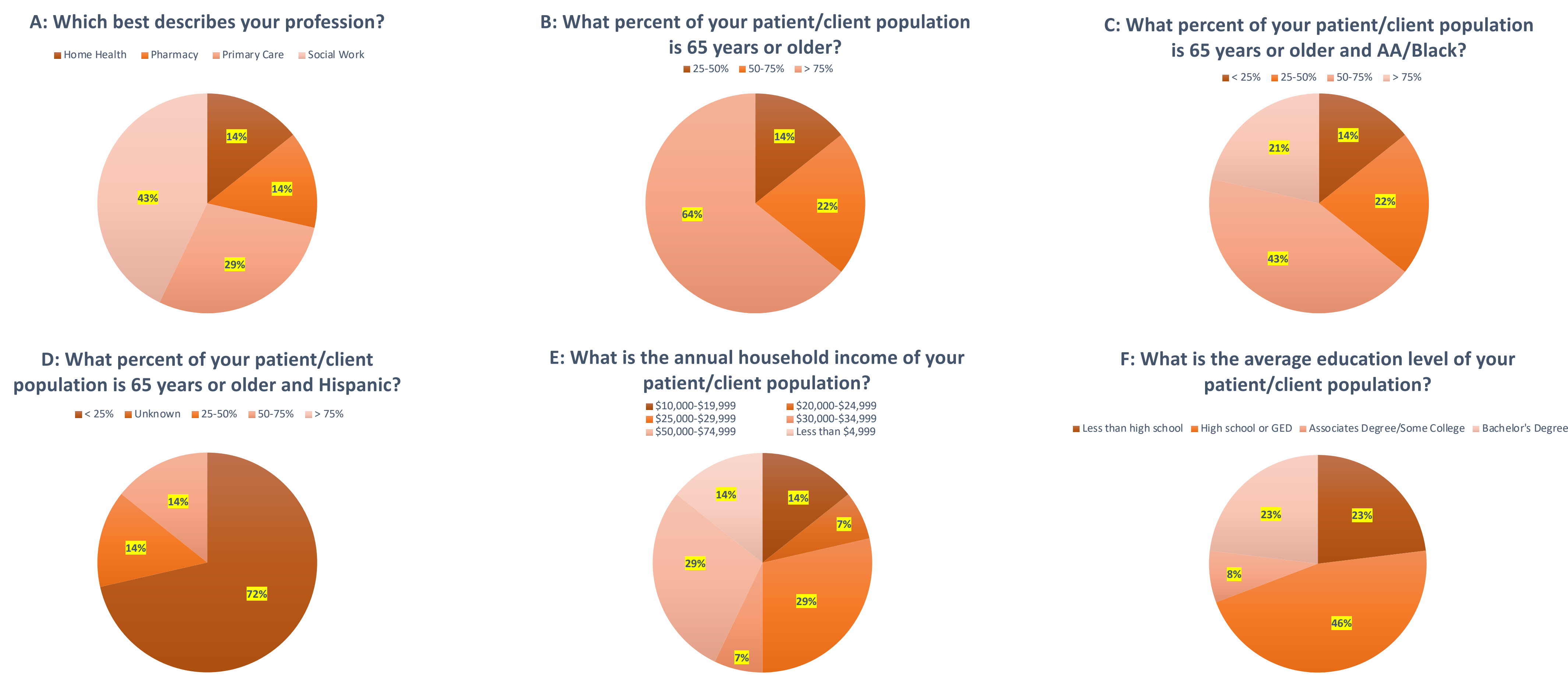


TABLE 1. Major themes and illustrative quotes

THEMES	QUOTES
Patients/clients are expected to face barriers to ADRD research participation; positivity toward research, trust in HCPs, and caregiver support facilitate patient/client participation.	"When we refer people for other places, they're like, 'Well, where do I have to go? Do I have to drive downtown? How much is this gonna cost me?' I can just imagine some of them having questions like that. 'What kind of a time commitment is this? Do I have to have a family member with me?' Transportation could be a barrier. Technology."
HCPs face barriers to ADRD research participation; trust in research, knowledge of ADRD, and comfort delivering results facilitate HCP participation.	"Yeah, I love to [share results of cognitive testing with patients]. I want to do it myself because I have that relationship with the patient. And as a primary care physician, I want to be the person talking with the patient on these topics..."
HCPs are motivated to participate in ADRD neuroimaging and biomarker research because they value the outcomes of research.	"I think just knowing what's currently going on and what newer developments are out there, right, and how it could truly benefit our current patient population. And I think a bigger part of that, too, of within those studies is if there was some type of additional support recommendations for these patients to get them better supported and to keep them healthy as long as possible."
HCPs are interested in and believe it is feasible to refer patients/clients to ADRD neuroimaging and biomarker research, especially if there is support, trust, and patient/client interest.	"You know, I would be comfortable with [referring to a study]. I think one advantage I have is that, well, in primary care, these are patients I know well, actually. And I know their families. It makes a big difference when you have that relationship. And there's a few people I think I could approach."
HCPs fulfill several roles necessary for recruiting patients/clients to ADRD biomarker and neuroimaging research including detection, education, and referral.	"Well, in terms of the role of the primary care doc in terms of screening and finding, I mean, we're usually the ones who usually diagnose [ADRD], or at least we're the ones who usually screen for it. They're usually gonna present in our office first."
HCPs want to collaborate with proactive and considerate ADRD researchers who can offer education, support, and flexibility.	"With the population I work with, I say that a lot, but I would like [researchers] to conduct their research with compassion and some empathy."

RESULTS

- HCPs foster well-established relationships with their patients/clients based on trust.
- HCPs feel responsible for connecting patients/clients with community resources and are invested in contributing to diversity in ADRD neuroimaging and biomarker studies.
- HCPs feel equipped to recruit for ADRD neuroimaging and biomarker research, address patient/client concerns, and return research results.

CONCLUSION

- HCPs are in a unique position to contribute to ADRD biomarker and neuroimaging research by recruiting AA/Black older adults.
- Establishing a practice-based referral network may be a feasible strategy to increase diverse ADRD biomarker research participation.
- Next steps:** Collect quantitative survey data informed by these qualitative findings to better understand the breadth of factors impacting referral of historically minoritized older adults to ADRD neuroimaging and biomarker studies.

Acknowledgments

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