

EPIDEMIOLOGY

Assessment of Interest and Resources Needed for the Development of Scalable Healthcare Professionals Facilitated Strategies to Diversify Alzheimer's Disease Research Participation

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Abstract

Background: Increasing underrepresented racial and ethnic minority group (URG) participation in early-stage Alzheimer's disease and related dementias (ADRD) research is critical to inclusive characterization of underlying pathology and testing of disease-modifying treatments. One promising recruitment strategy to accelerate URG participation is for healthcare professionals (HCPs) to facilitate referrals. The use of HCP-facilitated recruitment strategies across the Alzheimer's Disease Research Center (ADRC) network, a major referral source for ADRD multisite observational and clinical trials, has not been examined. We hypothesized that there would be interest in the development of scalable HCP-facilitated recruitment strategies to accelerate URG participation across the ADRC network.

Methods: We emailed Outreach, Recruitment and Engagement (ORE) Cores within the NIA-funded ADRC network to complete a web-based REDCap™ survey on their current HCP-facilitated recruitment strategies for URG participants, resources enhancing use of these strategies, and their interest in strategy development. We conducted descriptive statistics using SPSS 29.0.

Results: Out of 37 ADRCs, 27 (73.0%) completed the survey. Although the majority of ADRCs (66.7%, N = 18) reported HCPs referring URG participants (**Table 1**), they mostly relied on HCP faculty based at the ADRC (48.1%, N = 13) or the ADRC affiliated academic medical center (51.9%, N = 14) (**Table 2**). Nearly all (92.5%, N = 25) ORE Cores expressed interest in participating in or learning more about future efforts to develop HCP-facilitated recruitment strategies for increasing URG participation. Resources which would increase use of HCP-facilitated strategies for URG referrals included guidance on outreach and engagement strategies (70.4%, N = 19), culturally

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tailored resources for HCPs to refer participants (59.3%, N = 16), technology and informatic recruitment strategies (63.0%, N = 17), and staff effort (63.0%, N = 17) (Table 3).

Conclusions: Our survey identified key opportunities to develop novel scalable HCP-facilitated recruitment strategies to accelerate URG participation. Although most ORE Cores expressed interest in expanding their HCP-facilitated recruitment strategies to have more inclusive research participation, there is need for both higher-level strategic guidance and ready-to-use resources to implement these strategies. Future studies will need to develop and test scalable HCP-facilitated strategies and resources to systematically accelerate URG research participation.

Table 1. Whether HCPs directly refer prospective URG research participants to ADRC.

Response	N (%)
No	8 (29.6)
Does not collect data/unknown	1 (3.7)
Yes	18 (66.7)

Table 2. HCPs or healthcare organizations who refer prospective URG research participants to your ADRC. (Note: ADRCs could select more than one option.)

Referral Source	N (%)
ADRC faculty or affiliates	13 (48.1)
HCPs working at academic medical center where your ADRC is based but are not affiliated with your ADRC	14 (51.9)
HCPs working at healthcare organizations affiliated with your ADRC's primary academic medical center (e.g., catchment hospital) but are not faculty or affiliates with your ADRC	10 (37.0)
HCPs working at community-based healthcare organizations NOT affiliated with your ADRC	9 (33.3)
HCPs based at other types of organizations (e.g., social worker employed at local council of aging)	8 (29.6)
HCPs who are part of a referral network affiliated or built by your ADRC	4 (14.8)
Other types of HCPs or healthcare organizations	2 (7.4)

Table 3. Resources which would increase efforts to outreach and engage HCPs who are working with URGs

Desired resources	N (%)
Guidance on outreach and engagement strategies specifically for HCPs predominantly working with URGs	19 (70.4)
Culturally tailored resources for HCPs working with URGs to increase research referrals	16 (59.3)
Culturally tailored resources in the primary languages of bilingual and multilingual communities HCPs are working with	10 (37.0)
Technology and informatic based resources (e.g., how to integrate outreach into the electronic health record, mobile apps, social media outreach)	17 (63.0)
Database infrastructure	11 (40.7)
OREC faculty FTE	10 (37.0)
OREC staff FTE	17 (63.0)