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Effective recruitment in the Melbourne Diabetes Prevention Study

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Outline of MDPS

- Randomised controlled trial
  - Effectiveness and cost effectiveness of the Life! program versus usual care
  - Referral to Life program for 6 sessions over 8 months (Intervention)
  - For intervention participants: measures are taken at baseline, 3 months and 12 months
  - For control participants: measures taken at baseline and 12 months
- Feasibility study
  - Recruitment from August 2009-June 2010

Target group

- Men and women; age ≥ 50 years
- High risk of type 2 diabetes:
  - Risk score ≥ 15 using the AusDRISK
  - 33% will get diabetes in the next 10 yrs, if no intervention
  - Ineligibility criteria include recent heart disease, other people in the household taking part in the study & diagnosed diabetes

Recruitment methods

- General Practices:
  - Mail out to known impaired fasting glucose patients
  - GP event
  - Recruiter presence in GP waiting area
  - GP referrals
- Community events:
  - gyms
  - churches
  - university of the 3rd age
  - expos

Recruitment process: First contact

Potential participant completes AusDRISK

<15: Provide general health information (no further contact required)

≥15: Recruiter introduces study

Not Interested: Refer back to GP

Interested: Provide PL&CF Appointment for clinical testing
**Recruitment process: second contact**

- Study staff and nurse
  - give participant 3 questionnaires to complete
  - measures weight, height, waist, hip
  - measures blood pressure
  - takes blood for fasting glucose, lipids, OGTT
  - describes referral process to participant
- After results are known, and diabetes has been excluded the person is then randomised & becomes a participant in the study

**Majority of participants (50%) recruited from the community setting (46 of 92)**

**GP waiting room** was most expensive method overall, however the event at the practice was the most expensive method per participant randomised.

**Direct referral from a general practitioner** was most cost effective method per participant randomised followed by GP mail out.

**Recruitment results by method**

<table>
<thead>
<tr>
<th>Method</th>
<th>Total hours</th>
<th>Total personnel costs</th>
<th>Total additional costs (catering, etc)</th>
<th>Total no. of ppl approached</th>
<th>Total no. of ppl eligible</th>
<th>Total no. of ppl undertaking clinical testing</th>
<th>Total recruitment costs</th>
<th>% yield*</th>
</tr>
</thead>
<tbody>
<tr>
<td>GP waiting room</td>
<td>116</td>
<td>$3,702.19</td>
<td>$0.00</td>
<td>217</td>
<td>120</td>
<td>21</td>
<td>$4,374.17</td>
<td>9.7%</td>
</tr>
<tr>
<td>GP mail out</td>
<td>9</td>
<td>$91.79</td>
<td>$0.00</td>
<td>34</td>
<td>13</td>
<td>1</td>
<td>$861.95</td>
<td>6.1%</td>
</tr>
<tr>
<td>Event within practice</td>
<td>11</td>
<td>$1,441.93</td>
<td>$0.00</td>
<td>383</td>
<td>10</td>
<td>10</td>
<td>$3,773.23</td>
<td>12.8%</td>
</tr>
<tr>
<td>Direct GP referral</td>
<td>10</td>
<td>$631.82</td>
<td>$0.00</td>
<td>10</td>
<td>15</td>
<td>5</td>
<td>$952.76</td>
<td>40.0%</td>
</tr>
<tr>
<td>Total</td>
<td>127</td>
<td>$4,396.74</td>
<td>$0.00</td>
<td>377</td>
<td>14</td>
<td>15</td>
<td>$11,340.72</td>
<td>53.3%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Method</th>
<th>Total no. of ppl randomised</th>
<th>Cost per participant randomised</th>
</tr>
</thead>
<tbody>
<tr>
<td>GP waiting room</td>
<td>21</td>
<td>$218.71</td>
</tr>
<tr>
<td>GP mail out</td>
<td>17</td>
<td>$57.46</td>
</tr>
<tr>
<td>Event within practice</td>
<td>49</td>
<td>$103.90</td>
</tr>
<tr>
<td>Direct GP referral</td>
<td>8</td>
<td>$317.59</td>
</tr>
<tr>
<td>Total</td>
<td>92</td>
<td>$123.27</td>
</tr>
</tbody>
</table>

Costs reported in 2010 Australian dollars ($AUD)

* Number undertaking clinical testing/number given AUSDRISK

**Limitations of recruitment**

- Small numbers of participants recruited through each method – methods not repeatedly tested in some cases.
- Difficulties associated with enlisting GP’s.
- Mail out from general practices was the second lowest cost, yet also had the lowest yield – highlighting the indirect nature of this method.