

# NRG Health Care Access (HCA) Committee

## Recruitment/Retention Strategies

*Important questions for Study teams to consider improving recruitment of populations most affected by challenges in health care and access to cancer clinical trials, with generalized strategies to consider.*

### Considerations for Initial planning

**Review HCA Consult template/review questions early in planning.**

- What are the priority recruitment and retention goals?
- What populations need to be represented in the study?
- What potential concerns have been identified during concept and protocol development related to health care access challenges and recruitment/retention for the study?

**Identify Patient, Researcher, Clinician, Site, and Other barriers to recruitment/retention.**

- What are the recruitment/retention results for preceding trials in this space? What recruitment/retention strategies were applied to obtain those results?
- What centers opened those trials and accrued successfully?
- What sites have expressed interest in opening this protocol? What are their patient demographics? Consider opening trials in areas with large populations most affected by health care access early; then roll it out to other sites to enhance recruitment of those different groups.

### Considerations in developing the Recruitment/Retention Plan

**Identify the communities most likely to be impacted by the trial findings. How are these communities represented in the study design? In the projected sample?**

- Obtain early and ongoing input on trial designs which may be challenging due to culture or group values, accessibility or related health care access and find ways to overcome barriers (offering low or no-cost transportation assistance, providing childcare). Addressing trial or treatment approaches and activities which make trials more accessible can help to remove barriers that may prevent populations affected by health care access challenges from participating in clinical trials.
- Examine existing collaborations between researchers and community-based organizations, advocacy groups, and other stakeholders—those that are in place and those which need to be developed to increase the representation of different groups in clinical trials. How will these partnerships be engaged to inform the study implementation and strategies to overcome recruitment/retention challenges that arise?

**Describe outreach strategies that will be applied. How will your study team ensure that the projected enrollment and retention goals for populations affected by health care access in the study can be met?**

- Engage with community-based organizations and leaders within the communities who should be included to build understanding and trust among populations affected by health care access.
- Educate members of populations affected by health care access and their communities about the importance and benefits of clinical trials; create compelling materials (brochures/trial videos/advertising in culturally important spaces with clear representation to enhance a sense of belonging)
- Identify and set important goals to enroll specific populations most affected by health care access challenges to increase their participation in clinical trials. Monitor progress and seek support to meet these goals at important, predetermined accrual milestones. Consider developing a health care access enrollment dashboard to track affected populations.
- Utilize social media and other technology-based platforms to effectively reach different patients and provide information about clinical trials in a way that is easily accessible.
- How are patient advocates and community members involved in and informing outreach and retention strategies?

**What training/education needs are required to successfully enroll and retain the populations affected by health care access have been identified for this study?**

- Cultural competency or health care access training for clinical trial and other provider staff can facilitate their ability to effectively communicate with and recruit populations affected by health care access. (see NRG resources; consider [Access & Opportunity Committee \(AOC\)](#) committee support)
- Language and interpretation services can help to ensure that members of populations affected by health care access challenges are able to understand and participate in clinical trials. Include, wherever possible, appropriate language translations, cultural reviews for study materials.
- Understanding how to tailor and message recruitment materials and study designs in ways that are congruent with the cultural backgrounds of populations affected by health care access challenges can help improve participation (consider engagement with NRG HCAC, Patient Advocates, and Communications committees).

### **What are the structural/resource/support needs for sites and patients/families to participate?**

- What sites have expressed interest in opening the study? Which have not? What are the facilitators and barriers to participation? Are there opportunities to create incentives for sites to open the study and enroll patients?
- What incentives for populations affected by health care access challenges or opportunities to reduce the financial burden can be provided to enhance participation?
- Examining/expanding health care access and representation among research staff can help to improve the participation of populations affected by health care access challenges. For example, do enrolling sites have trial navigators? If site navigators are present, how will their involvement in recruiting and retaining study participants be supported (e.g., educational materials, engagement in study communications/feedback)?

### **Considerations in Reviewing Recruitment/Retention Success or Challenges**

- What consultations/expertise are important in successfully launching this study? What resources can be enacted early if recruitment and retention fall below anticipated levels.