TRIO STUDIO: Recruitment For Promoting Healthy Lifestyles Study
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# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Topic of Studio: Recruitment For Promoting Healthy Lifestyles Study</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attendees:</td>
<td>3</td>
</tr>
<tr>
<td>Summary:</td>
<td>3</td>
</tr>
<tr>
<td>TRIO Studio Problem Description:</td>
<td>4</td>
</tr>
<tr>
<td>Main problem for the studio participants to solve:</td>
<td>6</td>
</tr>
<tr>
<td>Studio Methodology</td>
<td>6</td>
</tr>
<tr>
<td>Design Science Method</td>
<td>6</td>
</tr>
<tr>
<td>Design Thinking Based Solutions:</td>
<td>7</td>
</tr>
<tr>
<td>Problem visualized with Insights</td>
<td>7</td>
</tr>
<tr>
<td>High level insights:</td>
<td>8</td>
</tr>
<tr>
<td>Solutions Generated by Design Thinking Approach Team:</td>
<td>9</td>
</tr>
<tr>
<td>Appendix 1:</td>
<td>11</td>
</tr>
<tr>
<td>Appendix 2:</td>
<td>11</td>
</tr>
<tr>
<td>Appendix 3:</td>
<td>14</td>
</tr>
<tr>
<td>Addendum 1-30 Day Follow up:</td>
<td>15</td>
</tr>
<tr>
<td>Addendum 2-90 Day Follow up:</td>
<td>16</td>
</tr>
</tbody>
</table>
TRIO STUDIO: Recruitment For Promoting Healthy Lifestyles Study

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Research Assistants: Divya Jain and Luciano Annes Nunes

Attendees:
Denise Voskuil-Marre, RUMC; Gian Pal, RUMC; Janis Sayer, IIT; Mary Harris, UChicago; Jessica Shore, Loyola; Sonya Ballentine, IIT; Cynthia Tom-Klebb, Loyola; Laura Magda, UChicago; Adrian Melendez, RUMC; Siqi Zhang, RUMC; Gosia Labno, ITM UChicago; Keiichi Sato, ITM IIT; Gerald Stacy, ITM UChicago; and Sherry Robison, ITM UChicago.

Summary
Patrick Corrigan, Ph.D., of Illinois Institute of Technology introduced his study as a single-center, three-arm, randomized controlled trial. Subjects who will be asked to participate will be African American with serious mental illness and obesity with a BMI of 30 or over. They also want to lose weight. Dr. Corrigan and his team are currently in year two of recruitment plan to enroll 30 subjects by March 4th, 60 by early April and 90 by early May. Dr. Corrigan requested the studio audience to ideate solutions on recruitment problems.

Design Thinking Methodology approach was used to solve the problems faced by Dr. Corrigan and his team.

Top 3 Actions Proposed by the Studio Participants to Dr. Corrigan:

1. Immediate Gratification: Increase incentives to cover overall engagement and not just visits. Use a punch card system for subjects who attend sessions and participate in monthly phone calls. Give incentives on a sliding scale for what subjects participate. Re-use raffle funds as raffle is not effective.

2. Loosen Eligibility Criteria: Decrease BMI and remove restriction of living within 40 minutes of commute time to site. Provide transportation (for example an Uber rideshare) and enable people to come other areas. Reach will increase but time of travel remains same.

3. Network Growth: Visit food pantry in the area and attend community events within the catchment area you’re attempting to recruit. Look for post-partum support groups for recruitment. Reach out to the VA, Rush and Stroger Cook County Hospital for recruitment.
TRIO Studio Problem Description:

Patrick Corrigan, Ph.D., Illinois Institute of Technology introduced his study. He explained that there are high rates of physical illness and shortened life span among people with serious mental illness. Obesity contributes to health problem and the rates are higher among African Americans. Existing interventions do not address food, activity and other barriers. Peer navigators have been shown to help reduce barriers to meeting healthy needs. He explained the hypothesis where peer navigators will lead to a greater weight loss and enhanced health behaviors over a controlled group or Behavioral Weight Loss Intervention. Dr. Corrigan’s study is a single-center, prospective, three arm study. Subjects will be randomized into one of three groups:

1. Integrated Care (control)
2. Integrated Care plus Behavioral Weight Loss Intervention (BWLI)
3. Integrated Care, Behavioral Weight Loss Intervention and Peer Navigators (PN)

Subjects that will be asked to participate in the study are African American adults with a serious mental illness and obesity with a BMI of 30 or over. They must live within 40 minutes of class locations, obtain medical permission to participate and must not have an eating disorder, undergone weight loss surgery, are pregnant or plant to become pregnant. Subjects enrolled in the BWLI arm will have weekly healthy lifestyle (1 hour) sessions and physical activity (45 minute) classes for 8 months. These sessions will be conducted at ACCESS Community Health Network in Englewood or Trilogy Behavioral Healthcare in Rogers Park. Subjects randomize to BWLI and PN will have a peer navigator assigned to them to address weight loss goals. Data collection is taken in person at baseline, 4, 8 and 12 months at IIT. Health behavior data is collected by phone call at baseline and monthly for 12 months.

Dr. Corrigan and his team plan to recruit 270 participants over 3-years. Year two they plan to enroll in three sections which include 30 by March 4th, 60 by early April and 90 by early May. Current recruitment efforts are slow. Dr. Corrigan and his team currently have 17 participants scheduled for baseline; 101 potential participants expressed an interest in the study, and 66 have completed phone screening. The primary reasons for ineligibility include 21% live too far away, 20% do not have a serious mental illness, 11% are not obese, 5% not interested, 5% do not want to lose weight and 5% do not want to attend classes.

Dr. Corrigan requested the studio audience to ideate solutions on recruitment. Their current efforts include partnering with behavioral health and primary care organizations. They are talking to providers, recruiting in waiting areas, attending events, distributing flyers and online recruitment targeting participants.
Figure 1. Patrick Corrigan presenting his study
Main problem for the studio participants to solve:
Year two recruitment is slow. Dr. Corrigan would like to recruit 30 subjects by March 4th, 60 by early April and 90 by early May.

Dr. Corrigan’s call to action: “How do we increase recruitment in year two?”

**Studio Methodology**
Design Science approach was used to solve this problem.

**Design Science Method**
We used the Design Science approach with five steps:

1. Created a free form mind map of the problem and identification of issues – Mind Mapping technique
2. Actionable insights were identified
3. Generated ideas to address issues
4. Synthesized solutions from the smaller ideas – Creative integration of smaller ideas led by Design Thinking Expert facilitator was done using white boards.
5. Solutions were proposed and were rated by the team on implement-ability (0-4 scale)
Design Thinking Based Solutions:

Problem visualized with Insights

The group first discussed the problem and its context yielding the following context diagram:

![Mind Map of Issues]

*Figure 2 Mind Map of Issues*
High level insights:
Following the context discussions, insights were generated as follows:

**Insights**

Below are a few observations and insights based on the discussion in the workshop, which also translate to certain barriers for study recruitment

1. **Intervention** needs to be more attractive to participants

2. **Proximity/commute** needs to be a smoother, easier process to motivate participation across all seasons and areas

3. **Eligibility criteria** seem to be stringent

4. Participants do not see a long term non monetary returns in terms of feedback from the study

5. Target looks to be restricted to a few neighborhoods which affects recruitment

6. **Communication pieces** (flyers)-- wording might make participants not identify with

7. Further opportunity of **snowball recruitment** is lost

8. **Target age group** is ultimately restricted to middle aged people

Figure 3 Insights Generated during Discussion
Solutions Generated by Design Thinking Approach Team:
Six relatively implementable solutions were created to solve the issues of recruitment. They are as follows:

1. **Immediate Gratification**: Increase incentives to not just visits. Use a punch card system for subjects who attend sessions and participate in monthly phone calls. Give incentives on a sliding scale for what subjects participate. Stop the raffle and concentrate those incentives on long-term participation.

2. **Loosen Eligibility Criteria**: Decrease BMI and living within 40 minutes of site. Provide transportation for example an Uber if they live outside the 40-minute inclusion/exclusion criteria.

3. **Network Growth**: Visit food pantry in the area and attend community events within the area you’re attempting to recruit. Look for post-partum support groups for recruitment. Reach out to the VA, Rush and Stroger Cook County Hospital for recruitment.

4. **Flyer Update**: Re-word the flyer to “Mental Health Challenges Holding You Back in Life?” Also put flyer on ITM letterhead to be distributed at all ITM institutions.

5. **Flexibility**: Bundle classes for increased efficiency. Add online classes which will eliminate the need to attend some of the sessions.

6. **Phone Screens**: When phone screening participants, ask about family or friends who might be interested.
Winning solutions

1. Immediate Gratification
   Increase incentives for interventions - not just visits - and the returns over time of study.
   - Long term feedback;
   - Examples of solutions: punch card, sliding scale.

2. Loosen Eligibility Criteria
   In difficult recruitment situations, adjust eligibility criteria to facilitate access and get enough participants.
   - BMI reduction;
   - Offering Uber for people that travel longer distances;
   - Offering non-financial incentives.

3. Network Growth
   Reach a larger number of potential participants by expanding network of partners.
   - Food Pantry;
   - PN from Community;
   - Rush;
   - Cook County;
   - VA.

Other solutions

- **training**
  Online Training for PN
  Increase participation on trainings by offering an online alternative class, eliminating or at least reducing the visits.

- **Bundle of Classes**
  Possibility of bundling classes in modules to increase efficiency of trainings for PNs.

- **communication**
  Raffle Redefined
  Redirect resources to long term participation. Effective communication should be clear and visually appealing to engage new participants.

- **recruitment**
  PN as ‘Street Recruiter’
  Leverage community participation by the “use” of the PN as a recruiter in his/her neighborhood.

- **research**
  Online Research
  Experiment tools and methods of online and remote user research when physical interaction is not required.

Figure 4 Solutions as visualized on whiteboards

<End of Document. Thank you.>
Appendix 1.
Slides used by Patrick Corrigan, Ph.D., Illinois Institute of Technology.

Appendix 2.
Session Pictures
TRIO STUDIO: Recruitment For Promoting Healthy Lifestyles Study

- How might we increase potential participants engagements by a clear and transparent communication?
- Is there a better tool to get the yes done?
- How could we use partner institutions to expand our access?
- Rush who else?

- Problem frame: Is this a mental health challenge?
- "What is is there something else?"
- "There is so much stigma on this."

- Communication wording problem?

- Classes

- How might we make the best use of PN time?

- Are they our "street recruiters"?

- Team-based incentives

- Increase the efficiency of PN class
Appendix 3.
Actual pictures of white board from the studio session.
Addendum 1 - 30 Day Follow up
Solutions Generated by Design Studio

1. **Immediate Gratification**: Increase incentives to not just visits. Use a punch card system for subjects who attend sessions and participate in monthly phone calls. Give incentives on a sliding scale for what subjects participate. Stop the raffle and concentrate those incentives on long-term participation.

**Implementation and Results**: Since TRIO Design Studio on February 13, 2019, Punch cards have been received and are being used with subjects on study.

Peer navigators are all hired, in place, and trained. The study team is currently doing team building opportunities with the peer navigators. The peer navigators are engaged, excited and dedicated to the study.

2. **Loosen Eligibility Criteria**: Decrease BMI and living within 40 minutes of site. Provide transportation for example an Uber if they live outside the 40-minute inclusion/exclusion criteria.

**Implementation and Results**: Since the TRIO Design Studio on February 13, 2019, eligibility criteria was updated. These updates include the BMI has been lowered from to 28 from 30 and the distance of travel has been increased to an hour, from 40 minutes. Subjects are also getting support and rides to where the study is taking place from either family members or friends.

3. **Network Growth**: Visit food pantry in the area and attend community events within the area you’re attempting to recruit. Look for post-partum support groups for recruitment. Reach out to the VA, Rush and Stroger Cook County Hospital for recruitment.

**Implementation and Results**: Currently working with Adrian from Rush who has given the study team 2 solid leads; 1 within a women’s clinic and the VA Road to Home initiative.

The study team will be active within the community and will reach out to other community events to get the study promoted.
Addendum 2- 90 Day Follow up

1. **Immediate Gratification**: Increase incentives to not just visits. Use a punch card system for subjects who attend sessions and participate in monthly phone calls. Give incentives on a sliding scale for what subjects participate. Stop the raffle and concentrate those incentives on long-term participation.

**Implementation and Results:**

Since the 30-day follow-up, Pat Corrigan and his team added an incentive for study participants for when then meet with the peer navigators. This will go into effect in January of 2020.

2. **Loosen Eligibility Criteria**: Decrease BMI and living within 40 minutes of site. Provide transportation for example an Uber if they live outside the 40-minute inclusion/exclusion criteria.

**Implementation and Results:** The inclusion/exclusion criteria was updated at the time of the 30-day follow-up which included the BMI was lowered from to 28 from 30 and the distance of travel was increased to an hour, from 40 minutes.

**Network Growth:** Visit food pantry in the area and attend community events within the area you’re attempting to recruit. Look for post-partum support groups for recruitment. Reach out to the VA, Rush and Stroger Cook County Hospital for recruitment.

**Implementation and Results:** Since the 30-day follow-up, the study team has been in contact with Maria Torres, M.D., at Stroger who is very interested in the study.

Pat and his study team are being put back in to contact with Adrian at Rush regarding assistance with recruitment.

3. **Flyer Update**: Re-word the flyer to “Mental Health Challenges Holding You Back in Life?” Also put flyer on ITM letterhead to be distributed at all ITM institutions.

**Implementation and Results:** Since the 30-day follow-up, the flyer has been put on ITM letterhead and TRIO has distributed to all ITM institutions.

4. **Flexibility**: Bundle classes for increased efficiency. Add online classes which will eliminate the need to attend some of the sessions.

**Implementation and Results:** This has not been done as of yet.

5. **Phone Screens**: When phone screening participants, ask about family or friends who might be interested.
Implementation and Results: Since the TRIO Studio, Pat Corrigan and his study team is asking potential participants if they have friends or family that may be interested in the study.

Misc.: Pat Corrigan and his study team is looking for a facility, on the westside of Chicago, to do the educational seminars for study participants. TRIO has shared their contact at Hatchery with Pat and his team.

About the Institute for Translational Medicine (ITM)

The ITM is a partnership between the University of Chicago and Rush in collaboration with Advocate Health Care, the Illinois Institute of Technology (Illinois Tech), Loyola University Chicago, and NorthShore University HealthSystem that’s fueled by about $35 million in grants from the National Center for Advancing Translational Sciences at the National Institutes of Health through its Clinical and Translational Science Awards (CTSA) Program.

We’re part of a network of more than 55 CTSA Program-supported hubs across the country working to slash the time it takes to develop and share new treatments and health approaches. We work with you and for you to make participating in health research easy, so that together we improve health care for all.

Join the movement and learn more about how we help researchers, physicians, community members, industry, government organizations, and others. Visit us at chicagoitm.org and connect with us on Facebook, Twitter, Instagram, YouTube, and LinkedIn @ChicagoITM.

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