

The P.A.T.I.E.N.C.E. Model: An Approach to Recruiting African American Fathers and Sons for Behavioral Research Studies*

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Abstract

Interest in enrolling minority participants into clinical and behavioral studies has grown due in part to the National Institutes of Health requirement that minorities and women be considered for all studies sponsored by NIH. Although the number of minorities and women in clinical trials has increased in recent years, many researchers report challenges to enrolling them in behavioral research studies. The purpose of this article is to describe the P.A.T.I.E.N.C.E. model, a recruitment approach for improving African-American participation in research. The P.A.T.I.E.N.C.E. model is a multifaceted ap-

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proach to recruitment and derives its name from the acronyms of its components: Passive recruitment, Active recruitment, Training of research staff, Involving the community, Education of research participants, Nurturing participants, Commitment of staff, and Evaluation of the recruitment procedures. The evaluation of the P.A.T.I.E.N.C.E. model indicates that with careful planning and adequate staff, the model can be successfully used for the recruitment of African Americans for behavioral research studies.

Interest in enrolling minority participants into clinical and behavioral studies has grown in recent years. One reason for this increase is the National Institutes of Health (NIH) requirement that minorities and women be considered for all studies sponsored by NIH (National Institutes of Health, 1994; Seto 2001). Researchers have taken this requirement seriously and have made considerable strides in their attempts to involve minorities and women in clinical and behavioral research. While their efforts, overall, have resulted in an increase in the numbers of minorities and women in clinical trials, researchers have noted a lack of interest among African-American men and women in participating in research (Fouad, Partridge, Green, Kohler, Wynn, Nagy, and Churchill 2000). Some of this reluctance may be due to a past history of neglect and to the unfair and unethical treatment of African Americans in medical studies, notably the Tuskegee study (Freimuth, Quinn, Thomas, Cole, Zook, and Duncan 2001). However, other barriers to recruitment of minorities in clinical trails include lack of awareness of the benefits of participation among African Americans (Earl and Penney 2001), and ineffective recruitment strategies of project staff (Brown, Long, Gould, Weitz, and Milliken 2000; Outlaw, Bourjolly, and Barg 2000).

The purpose of this article is to describe the P.A.T.I.E.N.C.E. model, a recruitment approach for improving African-American participation in research. The P.A.T.I.E.N.C.E. model is a multifaceted approach to recruitment and derives its name from the acronyms of its components: Passive recruitment, Active recruitment, Training of research staff, Involving the community, Education of research participants, Nurturing participants, Commitment of staff, and Evaluation of the recruitment procedures.

Researchers developed the model over the course of several years, and three behavioral studies have successfully employed it. Most recently, investigators used the P.A.T.I.E.N.C.E. model for recruiting and enrolling African American fathers and their sons into an HIV prevention behavioral study. This article presents a description of each component of the P.A.T.I.E.N.C.E. model, which can be used in its entity or modified to suit recruitment objectives in African-American behavioral studies. It offers examples of the implementation of the components from the R.E.A.L. MEN project.

The R.E.A.L. Men Project

The R.E.A.L. (Responsible, Empowered, Aware, Living) MEN Project was an HIV prevention intervention project designed for African-American fathers and their adolescent sons 11-14 years of age. The primary objectives of the study were to teach fathers about HIV and how to discuss HIV risks and risk reduction with their sons. The project also sought to encourage fathers to talk with their sons about changes associated with puberty and issues related to sexuality. The R.E.A.L. MEN project was funded by the National Institute of Mental Health (NIMH) and conducted in collaboration with the Boys & Girls Clubs of Metro Atlanta. The Boys & Girls Clubs operate 21 centers in the Atlanta metropolitan area and offer programs for school children 6-18 years of age. These programs include tutoring, mentoring, and enrichment classes by trained staff. Prior to the beginning of the project, the institutional review board of the researchers' institution and the Boys & Girls Clubs approved the research protocol.

The R.E.A.L. MEN project was conducted at seven Boys & Girls Clubs sites. The study included both intervention and control groups and used a research design in which Boys & Girls Clubs sites, and not individuals, were randomly assigned to the intervention and control groups. The HIV intervention consisted of seven two-hour group sessions held once per week for seven weeks. The control intervention consisted of a nutrition and exercise program, also held once per week for seven weeks. Each of the seven sessions lasted for two hours.

During a two-year period, researchers recruited and enrolled 277 fathers and their sons (554 individuals) into the project. At the

baseline assessment, 70 percent of the fathers reported living with the participating adolescent. Forty-two percent of the participating adults reported being the adolescent's biological father. Approximately 17 percent reported being a stepfather or mother's boyfriend, with an additional 23 percent indicating that they were a brother, uncle, or grandfather. The remaining 18 percent fell into the non-relative category. The vast majority of fathers (97 percent) and sons (96 percent) identified themselves as African-American. The remaining participants distributed themselves in the following categories: Caucasian, Latino/Hispanic, Asian, and other. The mean age of the father participants was 40.1 ($SD = 11.7$), with ages ranging from 18- to 80. The majority (64 percent) of father participants indicated that they had completed high school, trade school, or some college coursework, with 17 percent reporting less than a high school education, and 19 percent reporting a college degree or higher. For those reporting income ($n=253$), 21.7 percent reported income $< \$20,000$; 34.4 percent reported income between $\$20,000$ and $\$39,999$; 24.1 percent reported income between $\$40,000$ and $\$59,000$; and 19.8 percent reported income $\geq \$60,000$. The mean age for sons was 12.8 ($SD = 1.2$) with the number of participants in the age category (12-14) being relatively equal. The 11-year-old age group was slightly larger with approximately 31 percent of the participants. At baseline, 24 percent, 46 percent, and 30 percent of the sons reported being in third through fifth grade, sixth through seventh grade, and eighth through tenth grade, respectively.

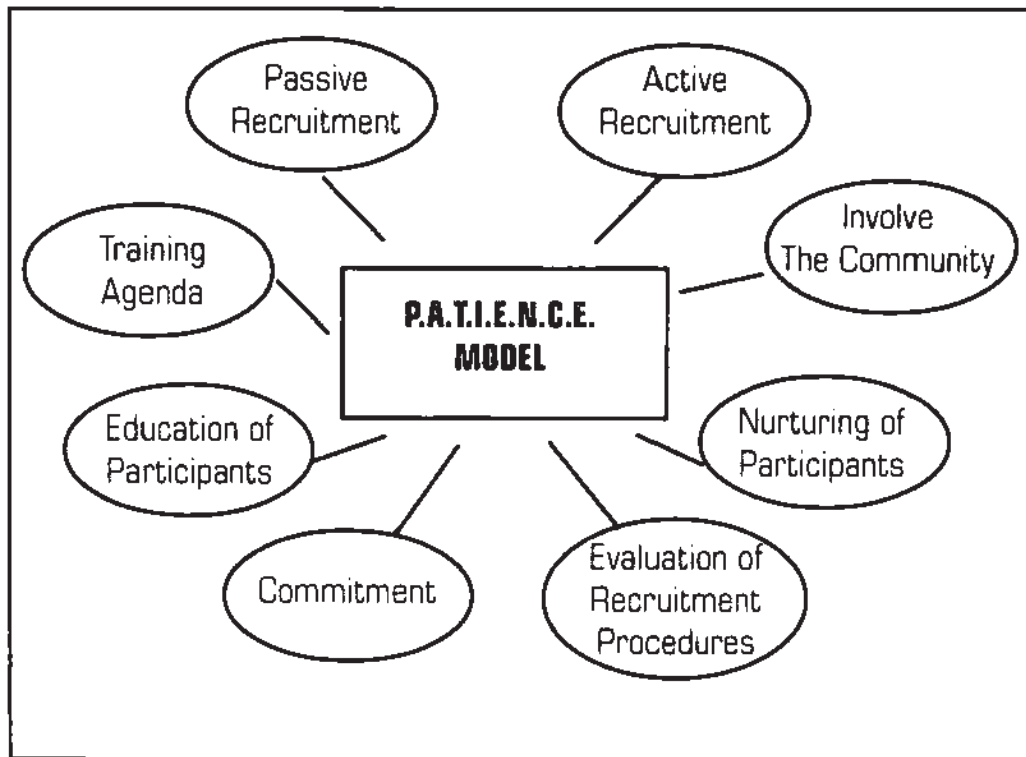
The R.E.A.L. MEN project, like other behavioral programs, presented a variety of recruitment challenges. The project sought to enroll men who, as a group, are less likely to participate in research than women are. Men are likely to maintain busy schedules with both home and work obligations, leaving little time for attending the seven required sessions. The project required men and their sons to enroll together, generating an additional challenge because many fathers did not live with their sons and failed to see them on a regular basis. In addition, the timeline of the project required 24 fathers and sons to be recruited and enrolled approximately every eight to ten weeks.

The P.A.T.I.E.N.C.E. Model

Figure 1 presents the components of P.A.T.I.E.N.C.E. A description

of the components and the model strategies as used in the REAL MEN Project follows and is summarized in Table 1.

Figure 1. The P.A.T.I.E.N.C.E. Model



The first component of the P.A.T.I.E.N.C.E. model is passive recruitment. Passive recruitment involves promoting awareness of the research to the target population through mass media and social networking (Woods, Montgomery, and Herring 2004). Woods, Montgomery, and Herring (2004) and Yancy, Miles, McCarthy, Sandoval, Hill, Leslie, and Harrison (2001) suggest that this approach ensures the dissemination of information about the project and encourages prospective volunteers to contact the investigator, therefore minimizing expenditure of staff time and effort.

For the R.E.A.L. MEN project, project staff passively recruited participants by placing posters in prominent areas in the Boys & Girls Clubs. Poster locations included the entry halls, bulletin boards, and display cabinets, where parents could see the information when they dropped off or picked up their children. In addition to posters, staff strategically placed flyers and brochures on tables inside the centers as well as in the communities where the centers were located. A flyer advertising the project was printed in black and yellow (the project

Table I
Description of P.A.T.I.E.N.C.E. Model

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|---|---|
| P | Passive Recruitment—use of Flyers, poster, T-shirt and website |
| A | Active Recruitment—being present in community, attended parent meeting, face-to-face and telephone recruitment |
| T | Training of Research Staff—provide staff training that includes information on project objective, informed consent, and recruitment process |
| I | Involving the Community—include the community partners at all phases of the development and implementation of the project |
| E | Education of Research Participants—education includes research procedures and the informed consent process |
| N | Nurturing Participants—nurturing involves listening, are flexibility, and respect for participants |
| C | Commitment of Staff—staff must be engaged in the process, knowledgeable, and supportive of the research process |
| E | Evaluation of the Recruitment Procedures—involves documentation and evaluation of the recruitment process |

colors) with a catchy phrase, “We are looking for a few good men!” The brochure, which contained a description of the project and the contact persons, emphasized that the project was exclusively for fathers “to listen, learn, discuss, and share experiences raising adolescent males.” Trained recruiters and interviewers wore black t-shirts with the project logo “R.E.A.L. MEN” printed in bright goldenrod lettering on the t-shirt. With the t-shirt and the logo, the researchers’ intent was to draw attention to recruitment staff and provide an invitation to initiate a discussion about the project. Project staff wore the t-shirt to parental sessions and community activities close to the

centers such as community health fairs and athletic events. These informal gatherings provided opportunities to describe the project and recruit participants. In addition to the passive recruitment strategy, researchers supplemented recruitment efforts with active strategies as described below.

Active Recruitment

Active recruitment begins with the identification of specific individuals or groups for whom the research is designed. Once identified, recruiters contact these individuals to explain the project and determine interest and eligibility (Prochaska, Velicer, Fava, Rosi, and Tsoh 2001). Harris, Ahluwalia, Catley, Okuyemi, Mayo and Resnicow (2003) suggested that a combination approach involving the use of both active and passive recruitment strategies may be most beneficial in recruiting participants from a broad demographic spectrum into behavioral studies.

The R.E.A.L. MEN project employed two methods of active recruitment: face-to-face recruitment, and telephone contact. The Boys & Girls Clubs gave permission for face-to-face recruitment, allowing recruiters to be present at the recruitment sites and to attend parent meetings and athletic events, where they described the project and gave parents flyers and brochures about the project. During these brief encounters, the recruiters gave potential participants information about the study, answered questions, and determined eligibility.

Because the project was designed for men, the recruiters had specific instructions to approach men. In those cases in which mothers and not fathers transported the children to the center, recruiters were required to give the same flyer to mothers asking, "If they knew of a few good men." They asked mothers to share the information with fathers.

To facilitate telephone recruitment, recruiters sent letters home with the children participating in the activities of the Boys and Girls Clubs. The letter described the project and stated that someone would follow-up with a call to the home to inquire about interest in participating. Recruiters made telephone calls in the evening between 5:00 p.m.-9:00 p.m. on weekdays, between 10:00am-noon on Saturday morning, and between 6:00 p.m.-9:00 p.m. on Sunday evening. When calling homes, recruiters introduced themselves in a manner

that quickly established rapport with potential participants. The recruiters explained how they had obtained names and phone numbers, and they reminded the parents of the letter sent home through their child. Recruiters were quick to assure parents that they were neither a telemarketer nor making "cold calls." For parents who were not home on the first call, recruiters made a follow-up call within 24 hours.

Because acceptance of the project was central to the active recruitment component of the P.A.T.I.E.N.C.E. model, recruiters emphasized the benefits of participating in the project. These benefits included opportunities to learn about topics such as adolescent development, puberty, HIV, and nutrition and exercise. Recruiters emphasized that the R.E.A.L. MEN Project was a research study and that participation included completing questionnaires four times during the year of participation. They also stressed that participation was voluntary and that participants could withdraw at any time. To enhance acceptance, recruiters listened carefully, assuring parents that they took concerns seriously.

Training of Research Staff

The third component of the P.A.T.I.E.N.C.E. model involves a detailed training agenda for the research staff. Training that conveys a sense of confidence and enthusiasm about the research project is essential for fostering commitment of the staff to the project. The literature has very little information about the efficacy of training recruitment staff. Building a successful team, however, requires ongoing training and attention to the needs of the staff (Dennis and Neese 2000; Leonard, Lester, Borus-Rotheram, Mattes, Gwadz, and Ferns 2003). In their study of older families with cancer, Neumark, Stommel, Givens, & Given (2001) also emphasized the importance of organization characteristics for the recruitment personnel.

Training for the R.E.A.L. MEN staff consisted of a five-day session covering the following key topics: (1) team building, (2) project information, (3) informed consent process, (4) recruitment procedures, and (5) participant concerns. In the team building session, trainers presented information on team development, the mission and goals, effective communication strategies, and problem solving skills. They then described the components of the R.E.A.L. MEN project and its protocol and procedures as outlined in the project

manuals, and they presented detailed information about research with human subjects and procedures to ensure appropriately obtained informed consent. Recruiters were required to read the *Belmont Report* and additional information for the IRB certification test (The Belmont Report, 1979.). Trainers and recruiters practiced all informed consent procedures using mock consent demonstrations.

The sessions on recruitment strategies included information on meeting a participant's needs in face-to-face and telephone recruitment environments using the project recruitment script as practice. Other topics included scheduling, fundamentals of data collection, conflict resolution, cultural competence, working with difficult families, violence prevention, and referrals. In addition, trainers used role-play, stories, examples, and metaphors to present information addressing potential concerns of participants. The practice exercises allowed the research staff to apply knowledge gained in the training and receive feedback from other staff members. Recruiters underwent written and oral evaluations as a final training tool, and they received retraining on skills, as needed.

Involving the Community

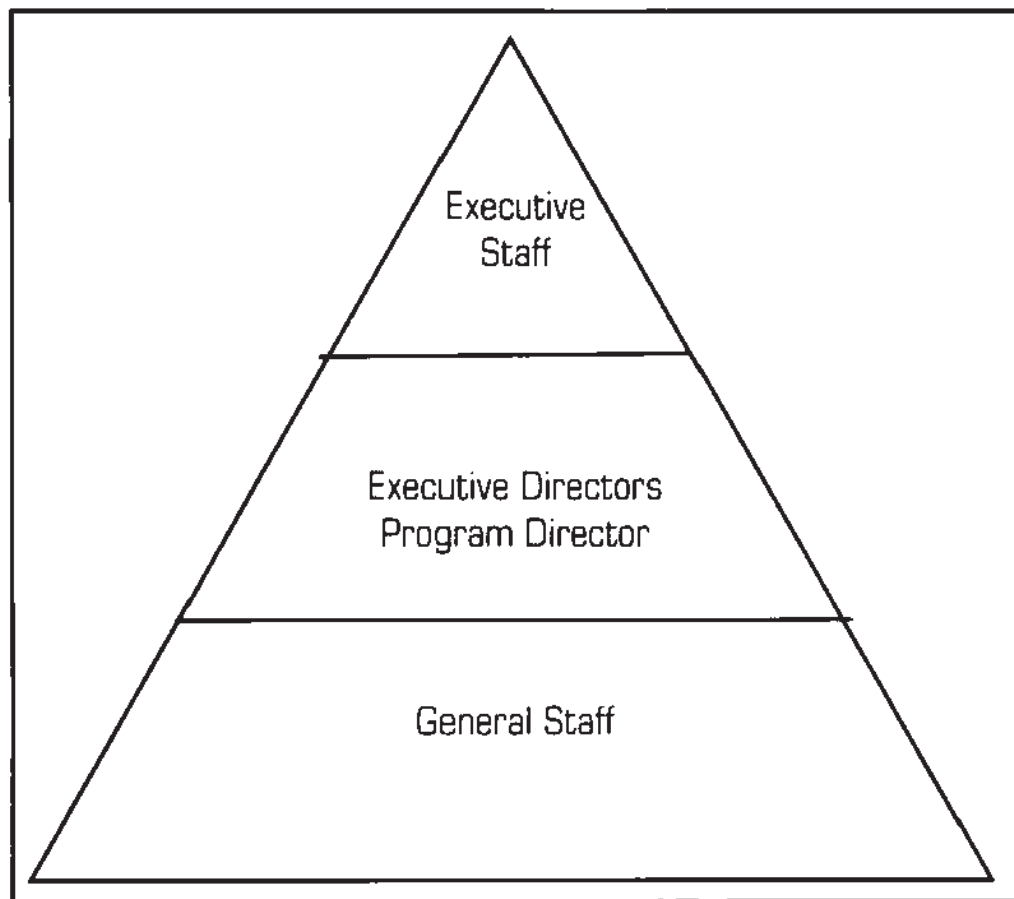
The fourth component of the P.A.T.I.E.N.C.E. model involves the community. Dennis and Neese (2000) found that failure to establish a relationship between a research team and a community was the most likely reason for inability to successfully recruit. Yancy et al. (2001) stress the importance of understanding the community, developing alliances to ensure a cooperative and collaborative environment, and using community-based organization (CBO) staff to facilitate successful recruitment.

Staff of the R.E.A.L. MEN project used a triangulation approach (Figure 2) to begin a dialogue about the project. This method involved establishing rapport first with the Boys & Girls Club's executive staff, center executive directors, and, finally, with staff at the individual club sites. This method facilitates bringing the community on board early during the developmental stages of the project and securing agreement that the project meets the real and perceived needs of all the project stakeholders.

The R.E.A.L. MEN project also involved the Boys & Girls Clubs staff as secondary recruiters to promote and encourage the partici-

pation of fathers. The Boys & Girls Clubs' staff was able to identify age-eligible adolescents and their parents to recruiters. The Boys & Girls Clubs staff also reviewed the project activities so they could give basic information about the project to interested fathers and sons. They functioned as liaisons to develop and maintain positive relationships among project staff, the community, and participants. This strong collaboration and cooperation with Boys & Girls Clubs staff encouraged parents to contact the project office or staff members about eligibility criteria, and sharing information on the research project, which also gave them ownership in the project.

Figure 2



Education of Research Participants

The fifth component of P.A.T.I.E.N.C.E. model is the education of the research participants. Dennis and Neese (2000) note that research participants often need extensive education efforts to explain what is meant by such concepts as placebo, informed consent, control group, and random sampling. Munford and Sanders (2000) discuss using media, newspapers, and education sessions to teach partici-

pants about the importance of participating in clinical research studies.

The R.E.A.L. MEN project staff arranged informational group meetings for the Boys & Girls Clubs staff and contacted each of the directors individually to discuss the project. They held additional group sessions during mandatory family meetings to give explanations about the benefits of participation and the role of the research staff, and to answer questions.

The educational session included information about the voluntary participation and the right for participants to withdraw. Recruiters approached the education of potential participants individually. However, they also made group presentations as needed. Sometimes, recruiters spent a lot of time and effort discussing the importance of participating. The effort paid off as participants considered reviewing materials about the project. Many individuals admitted that prior to the educational sessions, they were unaware of the study or its purpose.

Nurturing Participants

Nurturing is the sixth component of the P.A.T.I.E.N.C.E. model. As applied to research, the literature associated nurturing with the treatment of participants with respect, listening to participants, and addressing participants' needs (Julion, Gross, and McLaughlin-Barclay 2000). A large body of research shows that some participants require more time and effort to be recruited into research projects, and that nurturing is an important and effective recruitment strategy for African Americans (Leonard et al. 2003). For example, Woods, Montgomery, and Herring (2004), describes how one study used "personal touch" as a form of nurturing to recruit African American men for research on prostate cancer prevention.

In the R.E.A.L. MEN project, the first approach to nurturing participants was the decision to use males rather than females to recruit study participants. The developers of the study reasoned that, since they had done some recruiting by phone, it would be a bad idea to have female recruiters call homes to speak to fathers.

Because of the possibility that many individuals approached to participate in this study were unlikely to have participated in research in the past, the study designers instructed recruiters to take adequate time to explain the study in a way that potential participants would

feel fully informed. The recruitment script began with a formal introduction of the project. Recruiters addressed each father with the title "Mr." preceding his name both at the initial contact, and throughout the project. They then gave specific information about the requirements of the study.

Personal touch was also a major aspect of the nurturing process. Nurturing included listening to each father's concerns, addressing the father's need, providing flexibility in scheduling assessment time to suit the convenience of the participant, and using appointment reminder notes, reminder calls the night before assessment day, and sometimes on the day of the assessment. Occasionally, emergencies occurred, necessitating rescheduling. In this case, recruiters tried to accommodate fathers by scheduling the interview at the participant's convenience.

Commitment of Staff

The seventh component of this model is commitment. Researchers reported that patience and sincere commitment by the project staff are important to encourage people to participate in the research program and to avoid feelings of being treated like a 'guinea pig' or feeling too much like an experiment, comments often associated with a high pressure approach (Smith-Corbie, Thomas, Williams, and Moody-Ayers 1999).

Dennis and Neese (2000) maintained that project staff must be engaged in the process, be knowledgeable, and be supportive of the research process.

To promote staff commitment to R.E.A.L. MEN, researchers established a positive working environment to promote a sense of ownership among staff. They held regular staff meetings to discuss a variety of topics related to project management and implementation.

These topics included recruitment efforts, role clarification, team process, accountability, and commitment. Flexible meeting schedules, ice-breaking activities before each meeting, and the recognition of staff members' individual goals encouraged staff involvement. In addition, the team approach pooled expertise to solve problems and improve recruitment efforts.

The team celebrated birthdays before staff meetings. The project director and principal investigator kept an open-door policy for all

staff. Building on the commitment of the project staff proved to be an essential component to the recruitment process because the recruiters were often the initial contact the fathers had to the project,

Evaluation of the Recruitment Procedures

The final component of the P.A.T.I.E.N.C.E is the evaluation of recruitment procedures. An effective evaluation includes procedures to determine if recruitment efforts result in the enrollment of the projected number of participants within the projected timeframe (Prochaska et al. 2001). If recruitment goals are unmet, the plan needs some flexibility to allow for changes in strategies to meet goals (Reed, Foley-Long, Harch, and Mutran 2003).

In preparation for the evaluation component, recruiters received instructions to record each call and its outcome on a recruitment-tracking log.

Evaluators classify these recordings into the following categories: (1) problems such as a disconnected or wrong number, (2) return call necessary because either no one answered or the phone call was answered by machine, and (3) phone numbers were missing. When recruiters successfully reached a person, they gave individuals a brief description of the study and asked for permission to screen for eligibility. Following screening, they classified individuals as either agreeing or refusing to participate. They scheduled those who agreed to participate for a baseline interview.

Table 2 presents information on the outcome of phone contact attempts.

Overall, the project had 13 recruiters who made 6,209 attempts to contact 2,871 individuals. Of these attempts, the staff recorded 1,786 (29 percent) phone problems, and return calls were necessary for 3,008 (48 percent) attempts. The callers noted missing phone numbers for 294 (5 percent) attempts. Only 12 percent of the calls resulted in the opportunity to speak to an individual, describe the study, and determine eligibility. Recruiters attempted between 63 and 2,423 contacts each with a mean of 477 contacts per recruiter. On average, it took 2.1 calls (range 1-5) to enroll one participant in the study.

Of the 2,871 potential participants, 400 (14 percent) agreed to be screened for eligibility (Table 3). Of those screened, 353 (88 percent) agreed to participate and 277 (69 percent) fathers and their

Table 2
Results of Telephone Calling by Recruiter

Total Study	Number of Phone Calls	Number of Phone Problems	Number of Call Backs	Number Missing Phone Information	Number Scheduled
Recruiter 1	63	10	12	5	34
Recruiter 2	384	137	145	14	40
Recruiter 3	90	31	31	10	3
Recruiter 4	1137	302	486	123	68
Recruiter 5	74	24	32	7	3
Recruiter 6	139	35	87	9	7
Recruiter 7	458	171	194	17	32
Recruiter 8	354	105	139	13	32
Recruiter 9	180	62	96	5	8
Recruiter 10	309	119	145	11	14
Recruiter 11	21	4	4	2	9
Recruiter 12	2423	675	1321	60	125
Recruiter 13	579	111	316	18	25
Totals	6209	1786	3008	294	400

Table 3
Recruitment Outcomes by Club Site.

Site Name	Number of People	Number Phone Calls	Number Screened	Number Agreed to Participate	Number Completed Baseline
Club 1	703	2021	82	77	61
Club 2	841	1687	109	95	71
Club 3	574	1004	71	66	51
Club 4	261	538	28	28	28
Club 5	242	457	57	52	35
Club 6	146	391	35	21	15
Club 7	104	111	18	14	13
Total All Sites	2871	6209	400	353	277

sons completed a baseline interview. The number of participants per site varied from 13 at Site 7 to 71 at Site 2.

The information also was useful in evaluating the success of the recruiters in scheduling fathers and sons for a baseline assessment. We evaluated recruiters whose phone calls to schedule ratio was significantly higher than 22:1. We gave extra training to help these staff members develop recruitment skills and decrease the number of phone calls required to recruit participants.

We also conducted site visits to evaluate recruitment efforts. The project director made random visits to each site to assure that recruiters adhered to the recruitment script and that each father had a positive experience. This process reinforces the evaluation efforts of the recruitment procedures; it is also a support mechanism to assure both recruiters and study participants that administrative backup is available if needed.

Summary

By strategically employing the P.A.T.I.E.N.C.E. model in its entirety, the R.E.A.L. MEN project recruited 277 fathers and their sons into an HIV prevention intervention project within a two-year period. The evaluation of the P.A.T.I.E.N.C.E. model revealed recurring themes among the community members in response to questions on their willingness to enroll and participate in future projects. Responses were overwhelmingly positive. Fathers within the community also affirmed their willingness to participate in another study for either fathers or families. Further analysis indicated that fathers particularly were satisfied with their participation in the program. Likewise, staff agreed that, although difficult at times, the process of recruiting participants into the study was a satisfying experience. The evaluation of the P.A.T.I.E.N.C.E. model indicated that with careful planning and adequate staff, the model can be successfully used for the recruitment of "hard to reach" groups for behavioral research studies.

References

National Institutes of Health, 1994. "NIH policy guidelines on the inclusion of women and minorities as subjects in clinical

- research." NIH Guide, 23(11), March 18, 1994. Available: http://grants.nih.gov/grants/funding/women_min/guidelines_update.htm.
- The Belmont Report, 1979. "Ethical Principles and Guidelines for the Protection of Human Subjects of Research. The National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research."
- Brown, B.A, H.L. Long, H. Gould, T. Weitz, and N. Milliken. 2000. "A Conceptual Model for the Recruitment of Diverse Women into Research Studies." *Journal of Women's Health & Gender-Based Medicine* 9:625-632.
- Dennis, B. and J.B. Neese. 2000. "Recruitment and Retention of African American Elders into Community-based Research: Lessons Learned." *Archives of Psychiatric Nursing* 14:3-11.
- Earl, C.E. and P.J. Penney. 2001. "The Significance of Trust in the Research Consent Process with African Americans." *Western Journal of Nursing Research* 23:753-762.
- Fouad, M.N. \, E. Partridge, B.L. Green, C. Kohler, T. Wynn, S. Nagy, and S. Churchill. 2000. "Minority Recruitment in Clinical Trials: A Conference at Tuskegee, Researchers and the Community." *Annual Epidemiology* 10:S35-S40.
- Freimuth, V.S., S.C. Quinn, S.B. Thomas, G. Cole, E. Zook, and T. Duncan. 2001. "African Americans' Views on Research and the Tuskegee Syphilis Study." *Social Science & Medicine* 52:797-808.
- Harris, K.J., J.S. Ahluwalia, D. Catley, K.S. Okuyemi, M.S. Mayo, and K. Resnicow. 2003. "Successful Recruitment of Minorities into Clinical Trials: The Kick It at Swope Project." *Nicotine & Tobacco Research* 5:527-536.
- Julion, W., D. Gross, and G. Mclaughlin-Barclay. 2000. "Recruiting Families of Color from the Inner City: Insights from the Recruiters." *Nursing Outlook* 48:230-237.
- Leonard, N.R., P. Lester, M.J. Borus-Rotheram, K. Mattes, M. Gwadz, and B. Ferns. 2003. "Successful Recruitment and Retention of Participants in Longitudinal Behavioral Research." *AIDS Educational and Prevention* 15:269-281.
- Munford, R. and J. Sanders. 2000. "Getting to the Heart of the Matter: Making Meaning: Three Challenges for Family Researchers." *Qualitative Health Research* 10:841-852.

- Neumark, D.E., M. Stommel, C. W. Given, and B. Given. 2001. "Research Design and Subject Characteristics: Predicting Nonparticipation in a Panel Survey of Older Families with Cancer." *Nursing Research* 50:363-368.
- Outlaw, F.H., J.N. Bourjolly, and F.K. Barg. 2000. "A Study on Recruitment of Black Americans into Clinical Trials Through a Cultural Competence Lens." *Cancer Nursing* 23:444-451.
- Prochaska, J.O., W. F. Velicer, J.L. Fava, J.S. Rosi, and J.Y. Tsoh. 2001. "Evaluating a Population-Based Recruitment Approach and a Stage-Based Expert System Intervention for Smoking Cessation." *Addictive Behaviors* 26:583-602.
- Reed, P.S., K. Foley-Long, J. Harch, and E.J. Mutran. 2003. "Recruitment of Older African Americans for Survey Research: A Process Evaluation of the Community- and Church-Based Strategy in the Durham Elders Project." *The Gerontologist* 43:52-61.
- Seto, B. 2001. "History of Medical Ethics and Perspectives on Disparities in Minority Recruitment and Involvement in Health Research." *The American Journal of the Medical Science* 322:246-250.
- Smith-Corbie, G., S Thomas, M.V. Williams, and S. Moody-Ayers. 1999. "Attitudes and Beliefs of African Americans Toward Participation in Medical Research." *Journal of General Internal Medicine* 14:537-546.
- Woods, V.D., S.B. Montgomery, and R.P. Herring. 2004. "Recruiting Black/African American Men for Research on Prostate Cancer Prevention." *Cancer Nursing* 100:1017-1025.
- Yancy, A., O. Miles, W. McCarthy, G. Sandoval, J. Hill, J. Leslie, and G.G. Harrison. 2001. "Differential Responses to Target Recruitment Strategies to Fitness Promotion Research by African American Women of Varying Body Mass Index." *Ethnicity Disease* 11:115-123.