



C.H.A.I.N. REPORT

Tri-County CHAIN

Report 2002-4

Field Notes: Recruiting a Longitudinal Cohort

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Tri-County CHAIN Project

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Background

Understanding the needs of people living with HIV presents a unique challenge. Given privacy concerns and the relative rarity of the condition, one cannot simply poll the general population. Focus groups are useful, particularly in identifying areas of concern, but the views expressed by participants may not represent the views of all HIV+ individuals in an area. Similarly, one could survey local area providers as to the needs of their clients, but this too suffers from a lack of specificity. The “gold standard” for such evaluation research is to conduct a randomized sampling among the full universe of HIV+ individuals living in an area. This random cohort, if recruited equitably, then fairly represents the full population of interest.

In 2001, the Planning and Evaluation Subcommittee of the New York HIV Health and Human Services Planning Council authorized the Westchester Department of Health and the Medical and Health Research Association of New York City to contract with researchers at Columbia University’s Mailman School of Public Health to develop a longitudinal study of Tri-County residents living with HIV, similar to one the researchers had been conducting in New York City since 1994. The CHAIN project in New York City established its baseline cohort of 700 HIV+ adults by the summer of 1995; the Tri-County CHAIN study began enrolling clients on Oct. 31, 2001, and closed enrollment in to the cohort on Nov. 1, 2002. The objective of the Tri-County CHAIN study was to establish a baseline cohort of 400 HIV+ adults in the three-county region. At the end of the period of enrollment, 398 individuals were recruited and interviewed.

The overall purpose of the Tri-County CHAIN Study is to assess the impact of the full continuum of services delivered to HIV positive adults living in Westchester, Rockland, and Putnam counties, and to identify their needs for services. The interviews for this study present quantitative profiles of respondents' needs for health and human services, their encounters with health care and social service organizations, their satisfaction with services, and their current health status. The people who participated in the baseline survey are being re-interviewed at annual intervals for a projected five-year study.

The CHAIN studies – whether in New York City or the Tri-County region – are intended to be planning and evaluation tools for providers, policymakers, and consumers involved in HIV service and research activities. This report describes the strategies employed by the research team to enroll a representative cohort of HIV+ adults in the Tri-County region.

Sample Design

One of the major goals of this study is to assemble a cohort that is broadly representative of all Tri-County residents living with HIV. The simplest strategy for achieving this goal, drawing a random household sample, is not feasible because persons with HIV are relatively rare in the population, and many are, for good reason, reluctant to disclose their HIV seropositive status. In New York City, where there are over 800 HIV service providers (by site of service), a multi-stage stratified sampling strategy was developed in which agencies were first randomly

selected according to specific criteria. In Tri-County, however, there were too few agencies to consider such a probability sample. The decision was made, instead, to draw respondents from the full universe of HIV service agencies, using proportional sampling techniques. To be eligible for the study, a client had to be at least 20 years old, a resident of one of the three counties (although not necessarily a legal citizen), and have been diagnosed with HIV for at least six months. Clients participating in the study were provided with a choice of incentives worth \$25 (e.g., ShopRite coupons, mall or department store gift certificates, movie ticket packs, or phone cards), as well as a service in which we researched and responded to their requests for information about specific services. Two client sampling strategies were devised – a random recruitment protocol and a sequential recruitment protocol. The following sections describe the efforts to first engage the HIV service agencies, and then to carry out the client recruitment. Each recruitment strategy will be described in detail. The full recruitment protocol is reprinted in the Appendix.

Engaging HIV service agencies

To begin with we needed to establish a sampling frame of all HIV service providers in the region, by sites of service. Since it would not be efficient to recruit clients at agencies with too small a caseload, we restricted the sampling frame to agencies in the Tri-County region with client populations of 12 or more HIV+ adults. An initial list of agencies was provided to us by the Westchester Department of Health. This list of agencies was circulated to members of the Tri-County Title I Steering Committee and the Title II Network for their review and suggestions. A final list of 39 agencies was agreed upon.

Eighty-one packets introducing the Tri-County CHAIN study were mailed to executive directors and key project staff at each of the thirty-nine agencies. This mailing was followed up by a telephone call to a contact person at each agency and a brief 15-minute screening interview was conducted. The purpose of the screening interview was to identify appropriate contacts, as well as to fully enumerate the programs, sites, and client caseloads at each potential agency. Information on the hours of operation was also assessed during these telephone interviews, as was a general interest and willingness to participate in the study. Based on these screening interviews, 29 of the 39 agencies met our eligibility criteria of being located in Westchester, Putnam or Rockland County and serving at least 12 HIV+ adults. Of the 29 eligible agencies, one agency declined to participate and one agency could not be reached. Part way through the enrollment year, two additional eligible agencies were identified, bringing the total number of eligible agencies to thirty-one. Although both agreed to participate, one ultimately withdrew from the study. Therefore, of 31 eligible agencies, 28 (90%) conducted client recruitment.

Site visits were conducted at each interested agency. The initial meetings were primarily with agency directors and program management staff. These meetings were designed to explain the project's purpose, to describe the client recruitment protocol, and to identify the appropriate strategy and tactics for maximizing client recruitment at each agency. Subsequent meetings were held with additional staff members in order to acquaint as many service providers as possible with the Tri-County CHAIN Project, and to train staff on the recruitment protocol.

Among the 28 eligible agencies we identified 32 independent sites of service in the three counties from which to draw the sample. As expected, Westchester County had the most sites of service with 25, followed by Rockland County where 4 sites were identified and Putnam County where 3 service sites for HIV+ adults were identified. Based on information gathered during site visits and telephone interviews regarding client caseloads and patient flow patterns we identified an appropriate recruitment strategy for each site. We classified 21 sites as random recruitment sites and 11 sites as sequential recruitment sites.

Table 1. Agency Recruitment Sites

Geographical Area	Random	Sequential	TOTAL
<i>Southern Westchester</i>	10	6	16
<i>Northern Westchester</i>	6	3	9
<i>Rockland</i>	3	1	4
<i>Putnam</i>	2	1	3
TOTAL	21	11	32

Table 1 illustrates the geographical breakdown and type of recruitment strategy used at the identified sites. We anticipated that most sites of service would be located in lower Westchester County, that is below Interstate 287, and in areas of dense population. In Southern Westchester there were ten random recruitment sites and six sequential sites identified. In Northern Westchester, defined as north of I-287, we identified six random and three sequential sites, for a total of nine sites. Rockland County presented three random and one sequential site, and in Putnam, two random sites and one sequential site were identified.

Client Recruitment Strategies

Random recruitment

Random enrollment of clients involved a systematic random sampling of an agency's list of all its active clients, as expressed as a client ID number. No personally-identifying information was used. The research team randomly selected client ID numbers, without any knowledge of the identities of the actual individuals. This strategy was intended to minimize the tendency of agencies to refer their most satisfied, vocal, or accessible clients. The decision to conduct a random recruitment was based on the determination that there were few opportunities to locate a sufficient number of eligible clients in a given period of time, either because of low client caseloads, or because of the nature of the interaction between the agency and its clientele. A variety of agencies comprised this group. Random sites included social service programs where providers might see clients once per month, or where services were provided for clients in their homes. The random recruitment strategy was employed for both medical and social service providers as well as support groups.

The random recruitment lists consisted of cases with whom the providers had contact during the last year. A proportional sampling design provided for a selection of fewer clients at smaller agencies and greater numbers at larger agencies. We sampled 15 numbers from agencies with 10-40 clients, 20 ID numbers from agencies with 41-100 clients, and 25 numbers from agencies with greater than 100 clients. For each list a sampling interval was determined based on the total number of clients on the list and the desired number in the sample. Then a random seed number was selected as a starting point and client ID numbers were selected at the sampling interval. Additional ID numbers were selected to serve as replacement numbers in the event that the original client sampled was ineligible. The list of sampled clients was then presented to the agency.

A designated agency coordinator from the service provider's staff then contacted each sampled client and described the project to the prospective respondent. A standard script, called the "Consent to Contact", was read to each sampled client. The objective was to enlist the client's agreement to be contacted by someone from the CHAIN project staff. Agency coordinators were trained in ways to respond to the most commonly cited barriers offered by clients (e.g., concerned about confidentiality, don't have the time, need a clear incentive to participate). Additional documentation used by the agency coordinators included a "Client Page," which contained crucial contact information for each person sampled, and a "Client Activity Page" describing the coordinator's effort to reach and persuade the client. Once a client agreed to be contacted by CHAIN, all documentation was forwarded to the research team. Periodically, clients sampled off the agency lists had to be replaced due to ineligibility. Criteria for replacement of a client ID number included residence outside the three counties, a client not being HIV+, or the client was deceased. Any one of these circumstances would qualify for automatic replacement of a client number. As the recruitment process progressed, the criteria for automatic replacement expanded to encompass cases closed six months prior to their selection for recruitment.

The random recruitment process was time consuming for both the agency coordinators and the Tri-County CHAIN staff. Agency coordinators made attempts to contact all sampled clients, and reported intermittently on their progress. When a client was reached and consented to be contacted, all documentation was faxed to the Tri-County CHAIN office and processed for interviewing. Agency staff made numerous attempts to reach clients who were hard to find, and these attempts included phone calls, letters, and identifying when clients were scheduled for appointments with a provider at the agency.

Best practice models of random enrollment

Agencies which were most successful in recruiting clients through random enrollment used a team approach, and made attempts to match the recruiter to the client. Prototypes for random enrollment involved several co-located service providers. For example, agencies which offered case management, in addition to medical and mental health components of care at the same site, were well-suited for random recruitment. Service providers who were capable of reaching all of their sampled clients identified an agency coordinator who was effective in

contacting each potential respondent. For the random enrollment process, success was dependent upon the client's relationship with the agency coordinator, and optimal recruitment was achieved when several agency coordinators were working together to recruit each client.

Sequential enrollment

Sequential enrollment was designed to recruit all eligible clients visiting a site of service on a given day. Agencies involved in this enrollment strategy were primarily busy medical clinics or large support groups, where on any given day a minimum of 10-15 HIV+ adult clients might be present. The primary elements of sequential enrollment were to identify possible recruitment periods and to assign an agency coordinator to work with Tri-County CHAIN staff. Days and hours of operation were ascertained for each potential sequential recruitment site, and with the help of agency staff various recruitment periods were selected. Although we were able to quickly identify potential recruitment periods we did not schedule the site visits much in advance. This was done purposefully, as to assure the greatest possible randomness of clients (and discourage any potential "steering" of clients in to the study if the recruitment period was known sufficiently in advance).

As with the random recruitment, the agency coordinators were instructed to present the study to every eligible client, and to read the "Consent to Contact" verbatim. At a number of sites, a Tri-County CHAIN invitation describing the study was distributed to all clients entering the clinic area, so that clients had some knowledge of the study prior to being approached by the agency coordinator. Additionally, at each sequential enrollment site the agency coordinator was asked to maintain a recruitment roster. This roster was intended to list all eligible clients present during the recruitment period, and the agency coordinators were asked to indicate each client's age range, gender and race/ethnicity regardless of whether the client agreed to participate. These data were essential in exploring the selection bias and the representativeness of the sample cohort. If the client agreed to speak with someone from CHAIN the agency coordinator would facilitate the introduction. At this point, the CHAIN staff would further explain the project, collect contact information from the client, and schedule the interview.

Best practice models of sequential enrollment recruitments

An ideal prototype for sequential enrollment would be a medical model where a minimum of ten patients per day are seen at the facility. Exemplary sequential sites had several service providers co-located to address various client needs. For example, having a case manager, social worker, and medical provider located at the same facility was an optimal setting for sequential enrollment. Agency coordinators at sequential sites tended to be from the case management staff, and models of care which provided maximum contact with case management providers tended to produce the most recruits. Clinics that provided a variety of medical and social services, and that stipulated a structured appointment with each service provider, were often the most effective recruitment sites. For example, a routine appointment would involve patient registration, meeting with a case manager who documents the patient's status. The case manager completes their assessment and the patient might then meet with a dietitian

/nutritionist, then with their medical provider. Finally, the client re-connects with the case manager to specify their needs and to set future appointments. This model provided the most opportunities for enrollment as the patient had ample contact with agency staff and therefore, sufficient time to be recruited into the project.

Table 2. Sequential enrollment site visits

<i>Total # sites visited for sequential enrollment</i>	11
<i>Total # site visits</i>	58
<i>Avg. # site visits per agency</i>	5
<i>Total # clients recruited at sequential enrollments</i>	219
<i>Avg. # sequential clients recruited per site visit</i>	3.8

Table 2 illustrates the effort expended in recruiting clients at sequential site visits. A total of 58 visits were made to eleven sites of service. The recruitment period for a sequential enrollment would begin shortly after the first appointment was scheduled and it ended when the last patient had registered for their appointment. Most recruitment periods lasted between two and three hours, however some recruitment periods continued for up to six hours. The recruitment periods varied greatly in the number of patients available for enumeration. The largest number of clients available on any given day was 14, while there were several recruitment periods where no eligible clients were available.

A total of 219 HIV+ adults, who knew their status for six months or more and who were residing in one of the three counties were recruited at these eleven sites. On average, site visits yielded approximately 3.8 respondents in to the project; between four to six participants, on average, were available for potential recruitment at each visit. These numbers of potential respondents were far lower than expected. When the agencies in the Tri-County area were originally approached as potential recruitment sites, senior executives and managers estimated that an average of ten to twenty eligible individuals would be seen during an average recruitment period. As it turned out, based on the 58 site visits we made to these agencies, a number of individuals present at a clinic were either ineligible because they lived out of area (often in New York City), or because they had been recruited by CHAIN at another agency. The number of individuals seen at two different agencies (and at three, four, five, and even six different agencies) suggested to us that the total pool of individuals in care was smaller than we originally estimated. Based on our initial screening interviews we had estimated the number of HIV+ adults engaged in the care system to be approximately 1,500-2,000 individuals. These estimates were based on the sum of the estimated caseloads of all the primary medical providers, since we assumed that generally individuals will have only one primary medical provider. In retrospect, given the number of clients residing beyond Tri-County, and the number of duplicated cases, we believe the total number in care may be smaller than our initial calculation of 1,500-2,000 HIV+ adults. (It is important to add, though, that our sample does *not* include individuals who may be receiving private medical care, and who have no need for other social services.)

Bias analyses – is the cohort representative of people in care?

In order to assure that there were no systematic biases in how we recruited individuals in to the study, we examined three potential “threats” to sample validity. The first, a *strategy bias* analysis, explored the comparability of the recruitment strategies. In this analysis we were looking to see whether individuals recruited by one strategy (random or sequential) differed in any systematic way from those recruited through the other strategy. The second analysis explored *recruitment bias* to determine if those individuals who consented to participate are generally similar to those individuals who were eligible but did not consent to participate. The final analysis involved *enrollment bias*, in which we assessed whether the individuals who agreed to participate and who were interviewed are comparable to those who agreed to participate but were not interviewed.

Strategy bias: Comparing sequential and random client pools

It is worth noting that the data pool from which the bias analyses were derived was large enough to confidently draw our conclusions. Bias analyses for recruits vs. non-recruits and interviewed vs. non-interviewed are based on data from a minimum of 89% of potential respondents. For bias analyses on gender, data were available for 694 of 714 cases, 97% , of all eligible potential respondents. The small number of missing cases were dispersed across 12 agencies indicating that all agencies which were sampled supplied most if not all data necessary for these analyses. Data collected for race/ ethnicity represent 93% (662/714), of all potential participants and information on age category was obtained for 89% (639/714), of all potential respondents. Again the missing cases from these two groups were also dispersed throughout the sample providing a sufficient distribution for proper analyses.

Table 3 compares the composition of individuals in the random recruitment pool with the sequential recruitment pool. As with all the bias analyses we have examined whether groups differ along one of three characteristics – gender, age group, or race/ethnicity. Ideally, if there was no bias present the groups would appear to be relatively equivalent. As it happens, among all eligible clients from random and sequential strategies there were no statistically significant differences between the pools of clients. The pools of potential respondents were relatively similar along gender, age, and racial lines. This suggests that using either strategy for recruitment would yield a similar sample for the cohort.

Recruitment bias: Comparing recruits versus non-recruits

Table 4 illustrates some of the findings from the recruitment bias analysis, which compared individuals who were recruited by agency coordinators to eligible individuals who were not recruited by agency coordinators. Overall, as with the strategy bias, there are no significant differences between the groups being compared, which suggests that the individuals who were recruited “look the same” as those who were not recruited.

Table 3. Strategy Bias – Comparing the Potential Respondent Pools

Client characteristic	Random Recruitment	Sequential Recruitment
Gender (n)	425	269
<i>Men</i>	54%	51%
<i>Women</i>	46%	49%
Age (n)	389	250
<i>20-34</i>	13%	11%
<i>35-49</i>	63%	62%
<i>50+</i>	24%	27%
Race/Ethnicity (n)	400	269
<i>White</i>	22%	20%
<i>Black</i>	52%	56%
<i>Latino</i>	24%	22%
<i>Other</i>	2%	2%

* p < .05

** p < .01

*** p < .001

Furthermore, this recruitment bias was conducted by recruitment strategy as well (data not shown). This analysis examined recruits versus non-recruits *within* each recruitment strategy. The only statistically significant difference was found in the random enrollment rates of men and women. According to this analysis, men were “under-recruited” in the sequential recruitment effort, in that the proportion of men who were recruited was 47% (102/219) whereas the proportion of men who were not recruited at sequential enrollments was 68% (34/50). However, since the proportion of individuals recruited at sequential enrollments was 81% of all eligible clients, the impact of such compositional differences is negligible.

Overall, as illustrated in Table 7, the combined recruitment rate for the project was 62.0% indicating that slightly less than two thirds of all eligible clients signed a consent to be contacted through either random or sequential strategies. Our data suggest that the pool of recruited respondents generally represents the population of HIV+ adults in care in Westchester, Putnam, and Rockland counties. Although both recruitment strategies were capable of sampling a representative cohort of HIV+ adults, examining the rates for each strategy demonstrates differences in the efficiency of sequential and random enrollment. As noted above, the recruitment rate for sequential enrollment was 81% whereas the recruitment rate for random enrollment was considerably lower, in that only 48% of those sampled were recruited by agency coordinators. Despite these differences in the net yield of clients from their respective pools, the recruitment bias analyses suggest that the individuals who were recruited by the agency coordinators are reasonably equivalent in terms of gender, age, and race/ethnicity to those eligible individuals who were not recruited.

Table 4. Recruitment Bias – Comparing Recruits versus Non-Recruits

Client characteristic	Recruited	Eligible, Not Recruited
Gender (n)	434	260
<i>Men</i>	52%	55%
<i>Women</i>	48%	45%
Age (n)	424	215
20-34	11%	15%
35-49	62%	65%
50+	27%	20%
Race/Ethnicity (n)	428	229
<i>White</i>	22%	21%
<i>Black</i>	53%	58%
<i>Latino</i>	25%	21%

* p < .05

** p < .01

*** p < .001

Enrollment bias – Comparing interviewed and non-interviewed clients among the recruited

Despite considerable field efforts to contact, enroll, and interview every individual who agreed to be contacted by CHAIN, a certain proportion of these individuals either refused to participate, were unable to participate due to physical or logistical limitations or continued broken appointments, or could not be found. At the end of the enrollment period we had interviewed 398 of the 443 individuals who consented to be contacted by CHAIN (89.8%). An examination of differences between those individuals who were interviewed and those who were not interviewed found no statistically significant differences along gender or age categories, although there was a statistically significant difference in the racial/ethnic composition of those who were interviewed and those who were not interviewed. However, this difference is minimized by the relatively few numbers who declined to be interviewed. As a way of assuring the validity of the cohort's composition, it is possible to look at the racial/ethnic distribution illustrated in Table 5, showing that 21% of the interviewees are white, 53% are black, and 25% Latino, and comparing that with the distributions reported in tables 3 and 4 above. Clearly, this racial/ethnic distribution is essentially the same as that among all clients recruited, and among all clients identified as potential recruits. The difference seen in Table 5 is attributable to the small number of non-interviewees, and thus may be disregarded as a threat to the over sample representativeness.

Finally, as illustrated in Table 7 the refusal rates among individuals who were either approached by agency coordinators or by CHAIN research staff was remarkably low. Only 58 of 714 eligible clients (8.1%) refused to participate in the study.

Table 5. Enrollment Bias – Comparing Interviewed versus Non-Interviewed Among Recruited Clients

Client characteristic	Interviewed	Not Interviewed
Gender (n)	398	36
<i>Men</i>	51%	58%
<i>Women</i>	49%	42%
Age (n)	398	26
20-34	11%	4%
35-49	61%	73%
50+	28%	23%
Race/Ethnicity (n)*	393	35
<i>White</i>	21%	29%
<i>Black</i>	53%	66%
<i>Latino</i>	26%	6%
* p < .05	** p < .01	*** p < .001

Table 6. Disposition of Cases

Total number of cases identified by agencies		923
<i>Total number ineligible (deceased, not HIV+, not in area, duplicate)</i>		(209)
Total number of eligible cases		714
[Among clients contacted by agency]	<i>Unable to participate (institutionally inaccessible, physically or mentally unable, temporarily out of town)</i>	(12)
	<i>Unable to be reached by agency coordinator</i>	(226)
	<i>Refused to agency coordinator</i>	(33)
Consented to contact by CHAIN		443
[Among clients contacted by CHAIN]	<i>Unable to participate (institutionally inaccessible, physically or mentally unable, temporarily out of town)</i>	(9)
	<i>Unable to be reached by CHAIN</i>	(11)
	<i>Refused to CHAIN</i>	(25)
Interviewed by CHAIN		398

Table 7. Survey Rates

	Definition	Numbers	Rate
Recruitment rate	<i>Total consented / total eligible</i>	443 / 714	62.0%
Enrollment rate	<i>Total interviewed / total consented</i>	398 / 443	89.8%
Refusal rate	<i>Refused to agency or CHAIN / total eligible</i>	58 / 714	8.1%

APPENDIX: Tri-County CHAIN Recruitment Protocol

Version 1.1

August 28, 2001

Protocol for Sequential Enrollment into Tri-County CHAIN Project

1. The Tri-County CHAIN study staff will work with agency executives, managers, and staff to identify optimal times and places for recruiting patients and clients into the CHAIN study. Agencies will identify an Agency Coordinator(s) to serve as liaisons with Tri-County CHAIN study staff. CHAIN staff and agency personnel will identify one or more potential “recruitment periods” in which to enroll clients in to the study. A recruitment period is defined as a block of time, from several hours to a full day, in which CHAIN staff will be present at a site to enroll clients in to the study.
2. The Agency Coordinator or designee (e.g., social worker, triage nurse, case manager) will enumerate all HIV-positive adults who present at the recruitment site during a recruitment period by completing the **Tri-County CHAIN Recruitment Roster**. This roster includes such patient or client information as a patient ID, age group, gender, and race/ethnicity.
3. Every patient or client present during a recruitment period will be provided with a **Tri-County CHAIN Invitation**. This invitation will include a basic introduction to the Tri-County CHAIN study as well as ways of entering the study.
4. During the individual’s clinical encounter the Agency Coordinator or the provider will briefly introduce the Tri-County CHAIN Study and read the **Permission to Contact** form. This permission allows CHAIN staff to speak directly with the individual about participating in the study. It does not obligate the individual to participate in any way. The individual will sign the Permission to Contact form. One copy remains with the patient, the other copy is collected by CHAIN staff.
5. After signing the Permission to Contact form, the client will be directed to the CHAIN site coordinator, who will determine the client’s eligibility and assure that the client has not been previously enrolled in the study. In order to be eligible, a client must be: (a) HIV positive for at least 6 months, (b) at least 20 years of age, and (c) a resident of Westchester, Rockland, or Putnam county. The CHAIN site coordinator will obtain basic contact and provider information from the client and schedule an interview. If possible, interviews will be scheduled for that day at the clinic or agency (provided space is available). If the client is willing to be interviewed immediately, he or she will be introduced to the interviewer.
6. If the client consents to being contacted but leaves prior to being seen by CHAIN, then CHAIN staff will follow-up with the individual as soon as possible, preferably within 24 hours.
7. At the end of each recruitment period at the site, the CHAIN site coordinator will review the Tri-County CHAIN Recruitment Roster with the Agency Coordinator to make sure that the roster is complete (i.e., all numbers should be accounted for, in that the total number rostered should match the total number of HIV-positive patients or clients seen that day; furthermore, all clients who consented to be contacted should be on the roster).

Protocol for Random Enrollment into Tri-County CHAIN Project

1. Agency will provide a list, either paper-based or electronic, of all Client ID's of individuals who are (a) active clients, (b) diagnosed with HIV at least six months, (c) over 20 years old, and (d) residents of Westchester, Rockland, or Putnam counties.
2. CHAIN will randomly select a proportional list of clients to be recruited.
3. CHAIN will generate a Recruitment Roster with several additional contact fields (process: Contact attempted, Contact made, Accept/refusal, Contact mode [in person, by phone], Ineligible).
4. Agency Coordinator will contact all sampled clients, report on recruitment progress, replace ineligible or refusals as necessary.
5. CHAIN staff will review status of recruitment and maintain a Recruitment Process Log.
6. If a sampled client consents to contact (using Permission to Contact form, which may have verbal agreement as noted by Agency Coordinator), Agency Coordinator will fax consent and contact information to CHAIN.
7. CHAIN will then process the case – make contact, check for eligibility and duplication, and schedule the interview.