A pilot study testing a socially differentiated recruitment strategy by the general practitioner

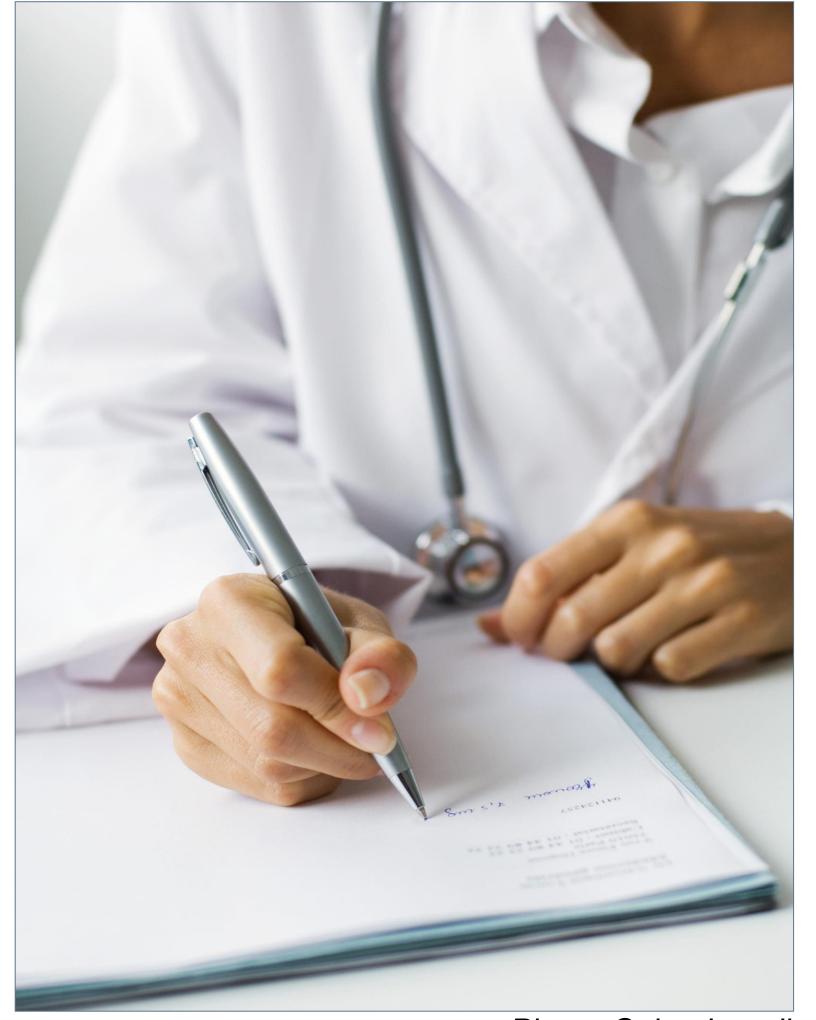
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CONCLUSION

Our recruitment strategy using the general practitioner was successful. We conclude that no changes are necessary before enrolment to the randomized controlled trial (RCT).

BACKGROUND

Most health promotion programmes and interventions do not reach individuals with low socioeconomic status. Social differentiation in recruitment can be a way to overcome this.



OBJECTIVES

We aim to test a recruitment strategy by the general practitioner.

To address this we test the following:

- If the response rate of a questionnaire sent from the general practitioner is > 40%.
- 2) If the proportion of individuals without formal education answering a questionnaire from the general practitioner is > 25%.
- 3) If the proportion of individuals
 without formal education who
 attend a preventive health after a

In Denmark every citizen is assigned to a general practitioner, and as many as 81% of persons with no or short education have visited their general practitioner within the last year. This relationship between each citizen and his or her general practitioner provides a unique basis for building an intervention.

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RESULTS

We found that:

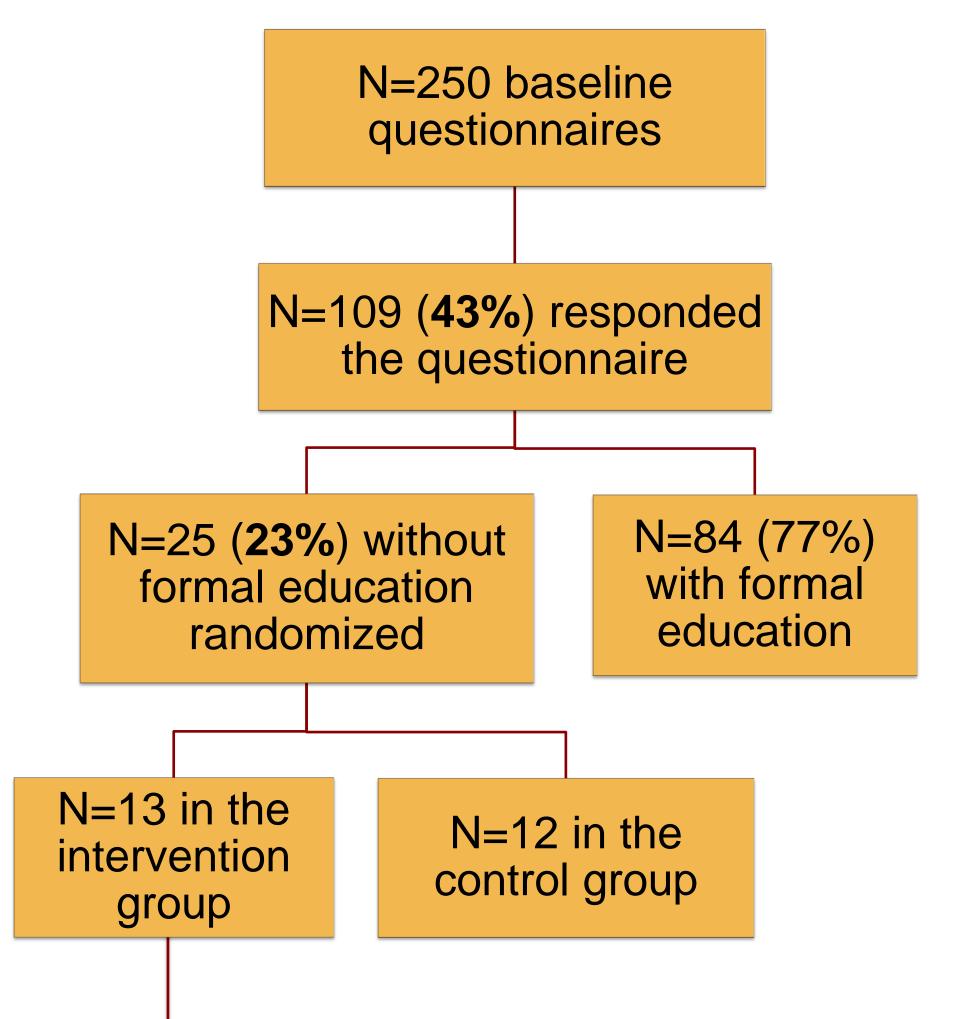
- The response rate of the questionnaire was 43%.
- 2) 23% of the individuals answering the questionnaire had no formal education.
- 3) The attended rate to the preventive

proactive action from the general practitioner is > 75%.

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health check was 98%.

Flow chart, response rate, randomization, and attended rate of the pilot study



Early detection of and intervention towards chronic diseases

This pilot study is a part of a large RCT, *Early detection of and intervention towards chronic diseases,* in which the effect of a proactive action by the general practitioner is tested.

The primary outcome of the RCT is health behaviour changes and early detection of chronic diseases.

METHODS

The pilot study was carried out in Denmark 2013, in one general practice including 250 individuals aged 45-64 years. Questionnaires with information about socioeconomic factors and health behaviour were sent to the participants.

Individuals who answered the questionnaire and who did not have any education beyond high school were randomized to the intervention group or the control group.

All individuals allocated to the

intervention group received a personal invitation to an appointed health check from their general practitioner.

N=12 (98%) attended the preventive health check at the general practitioner

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