



The effect of flexible settings on participation rates, data quality and costs in a longitudinal study of ethnically diverse young adults: the London Determinants of young Adult Social wellbeing and Health (DASH) study

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DASH is a unique study tracking the health of young Londoners. Findings show that whilst ethnic differences in cardiovascular biomarkers are emerging, related to deprivation, there is strong evidence of resilience. Ethnic minority adolescents appeared to have better mental health than their White British peers, despite more adversity.

Background

- Loss of young and disadvantaged people in cohort studies compromises representativeness and scientific and public value
- The cohort is now aged 21–23 years, an important transition phase to adulthood that influences health and wellbeing in later life

Aim

- To examine the costs and benefits of different settings on motivation for participation

Methods

- Feasibility sub-sample (N=400) from DASH longitudinal study of 6,443 schoolchildren, now aged 21-23 years
- 50 people were sampled per ethnic group to give a reasonable spread by sex and socioeconomic position
- Flexibility in settings was based on the number of interview locations available and appointment times
- Two-hour assessment with a 60-item main questionnaire, dietary recall, body size, blood pressure, pulse wave velocity, lung function, accelerometry, 25ml blood sample

Interview locations within 2km of residential postcodes & easy reach of public transport

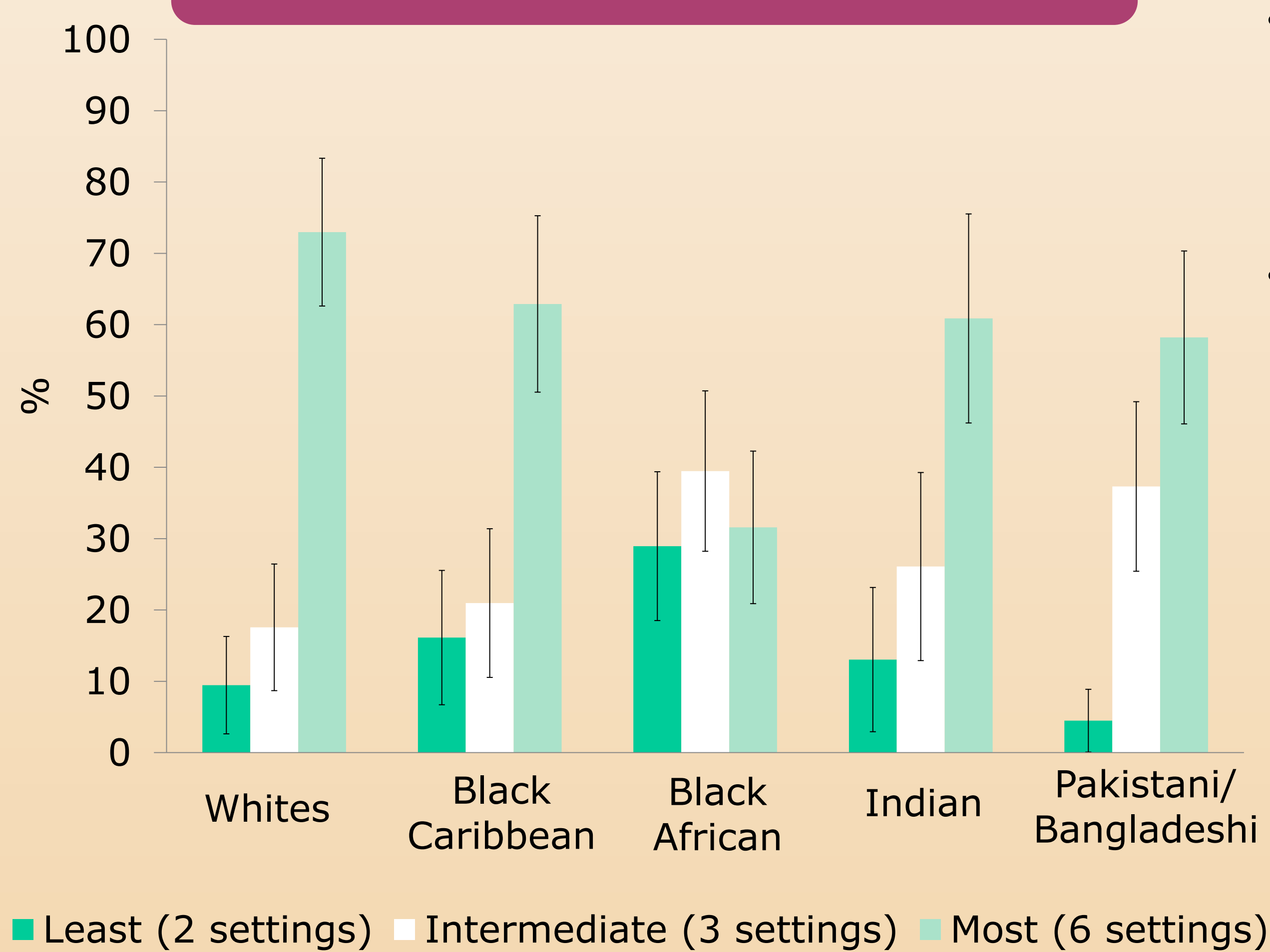
- General practice surgeries
- Community pharmacies
- Clinical Research Centre
- Clinical Research Facility
- Kings College London
- Home

Results

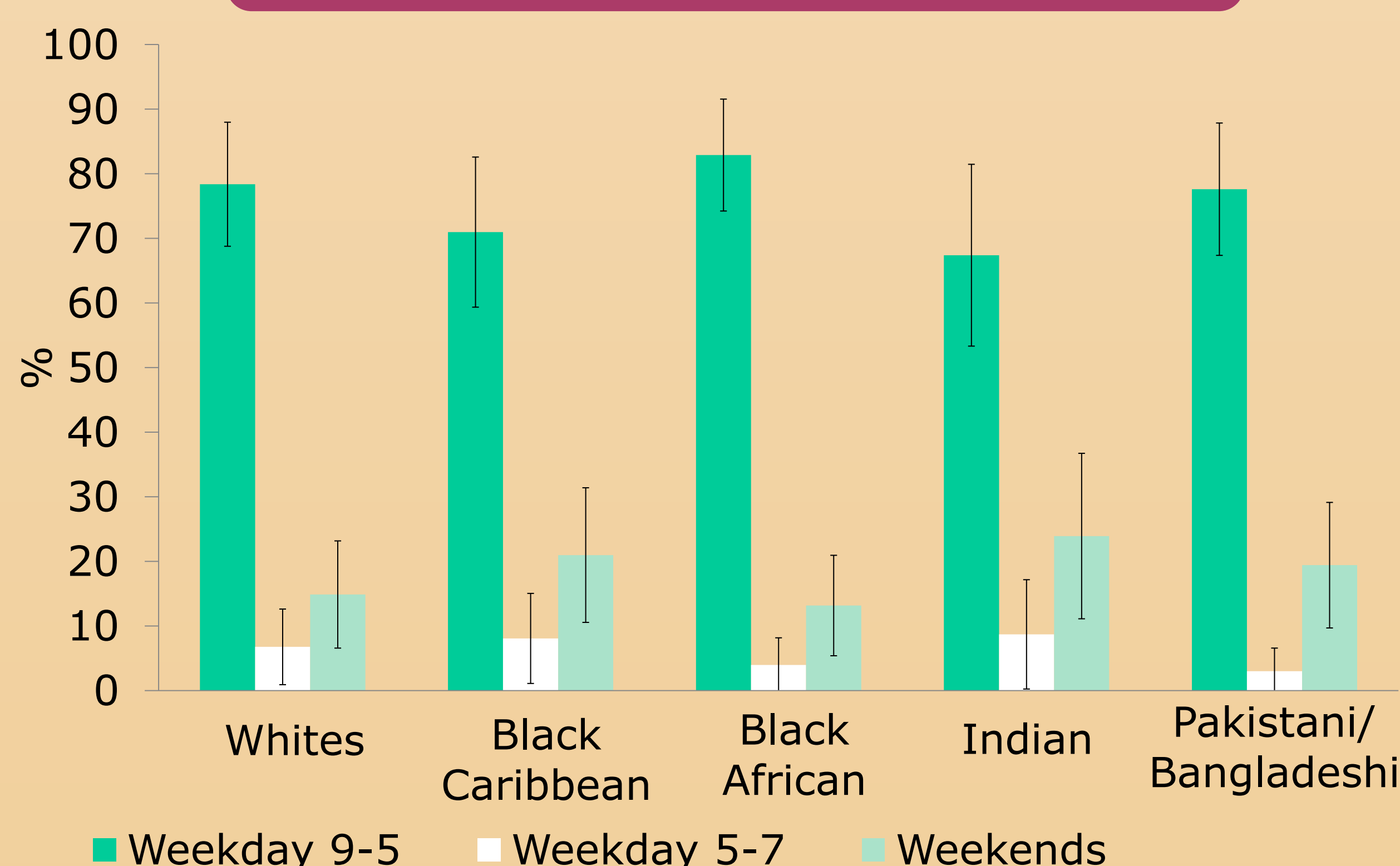
Participation rates high across ethnicities, settings and measures



Participation increased with flexibility in choice of interview location



Participation boosted by weekend and evening appointments



Cost per participant varied by setting

Cost per participant:

- varied from £229 (Kings College London) to £283 (Clinical Research Centre)
- was intermediate for surgery nurses but quality was least favourable

Busy environments of inner-city surgeries in deprived areas compromised adherence to protocol

Conclusion

- Flexibility in interview location and appointment times boosted participation rates
- The use of our own study team rather than surgery nurses was associated with lower cost per participant and better quality data
- Participants were not randomly assigned to a setting which compromised comparisons of setting-specific participation rates



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