

Recruitment for a Comprehensive Suicide Prevention Initiative in Primary Care: Assessing Equity in Methods and Demographic Factors Influencing Participation

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BACKGROUND

Historically underprivileged groups have consistently been underrepresented in research (Ellis et al., 2021 & Robinson et al., 2016). In addition, while we know much about the demographics of individuals who participate in research, we know less about those who do not participate. This study examines potential demographic differences in outreach and participation within the context of a large research center focused on identifying and managing depression and suicide risk in pediatric primary care. By identifying correlates of approach and consent, we can inform more equitable recruitment processes across pediatric psychology research.

OBJECTIVES

1. Explore equity in those approached versus those not approached based on demographic differences.

2. Explore participant characteristics on the number of approaches it takes to reach a final disposition.

METHODS

The study included 1788 adolescents, aged 12-18 (M=14.84, SD=1.89), who were identified as at risk for depression or suicide based on universal screening during annual well visits. The sample was 69% female with a majority of the sample identifying as a racial/ethnic minority: 65% Black or African American, 16% other races, and 9% Hispanic or Latino. Continuous variables were analyzed using independent samples t-tests. Categorical variables were analyzed using chi-squared tests.

RESULTS

Chi-square analyses revealed a statistically significant difference between approached and not approached individuals in race (p=.004). Specifically, Black (66%) and other race (67%) individuals were less likely to be initially approached for participation compared to White individuals (76%). No significant differences in approach were found based on age, biological sex, or ethnicity. Additionally, there were no significant differences between those who consented for research and those who did not on these variables.

Figure 1. Demographic breakdown of those approached vs. not approached

	Not Approached	Approached	p value
N (total)	575	1213	-
Age	14.80	14.84	.690
Bio. Sex			.070
Female	379 (31%)	851 (69%)	-
Male	196 (35%)	362 (65%)	-
Race			.004
White	86 (25%)	262 (75%)	-
Black/African American	396 (34%)	760 (66%)	-
Other Race	93 (33%)	191 (67%)	-
	Not Approached	Approached	p value
Ethnicity			.775
Hispanic	56 (33%)	113 (67%)	-
Non-Hispanic or Latino	519 (32%)	1100 (68%)	-
Minority Status			.001
Minority	500 (34%)	979 (66%)	-
Non-minority	75 (24%)	234 (76%)	-
PHQ-9M Total Score	12.69	9.61	<.001
Suicide Risk			<.001
Yes	92 (8%)	1111 (92%)	-
No	483 (83%)	100 (17%)	-

Figure 2. Demographic breakdown of those consented vs. not consented

	Contacted but Not Consented	Consented	p value
N (total)	942	271	-
Age	14.86	14.82	.754
Bio. Sex (% Female)			.324
Female	654 (77%)	197 (23%)	-
Male	288 (80%)	74 (20%)	-
Race			.069
White	207 (79%)	55 (21%)	-
Black/African American	576 (76%)	184 (24%)	-
Other Race	159 (83%)	32 (17%)	-
	Contacted but Not Consented	Consented	p value
Ethnicity			.973
Hispanic	88 (78%)	25 (22%)	-
Non-Hispanic/Latino	854 (78%)	246 (22%)	-
Minority Status			.337
Minority	755 (77%)	224 (23%)	-
Non-minority	187 (80%)	47 (20%)	-
PHQ-9M Total Score	9.51	10.06	.136
Suicide Risk			.376
Yes	858 (77%)	253 (23%)	-
No	84 (82%)	18 (18%)	-

Conclusions & Limitations

The findings of this study underscore the importance of addressing systemic barriers that hinder participation in mental health research among underrepresented groups. While the differences in approaches for race can be attributed to study logistics (e.g., timing of when certain sites that see higher rates of racially and ethnically minoritized patients joined the center), it is necessary to ensure these disparities do not persist. By enhancing equity in research participation, we can move towards greater equity in the critical health outcomes we hope such research promotes.