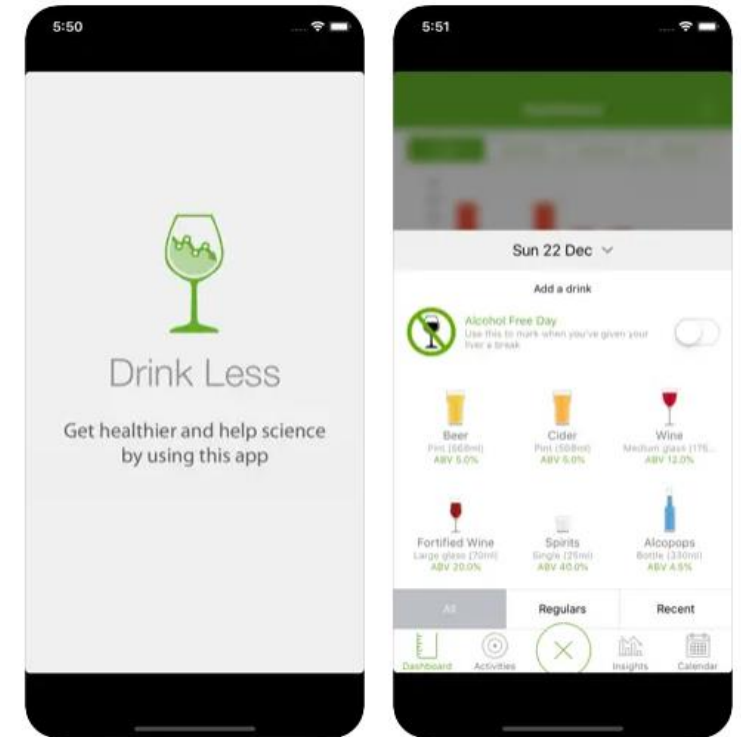




Methodological insights from a remote randomised control trial examining the effectiveness of an alcohol reduction app

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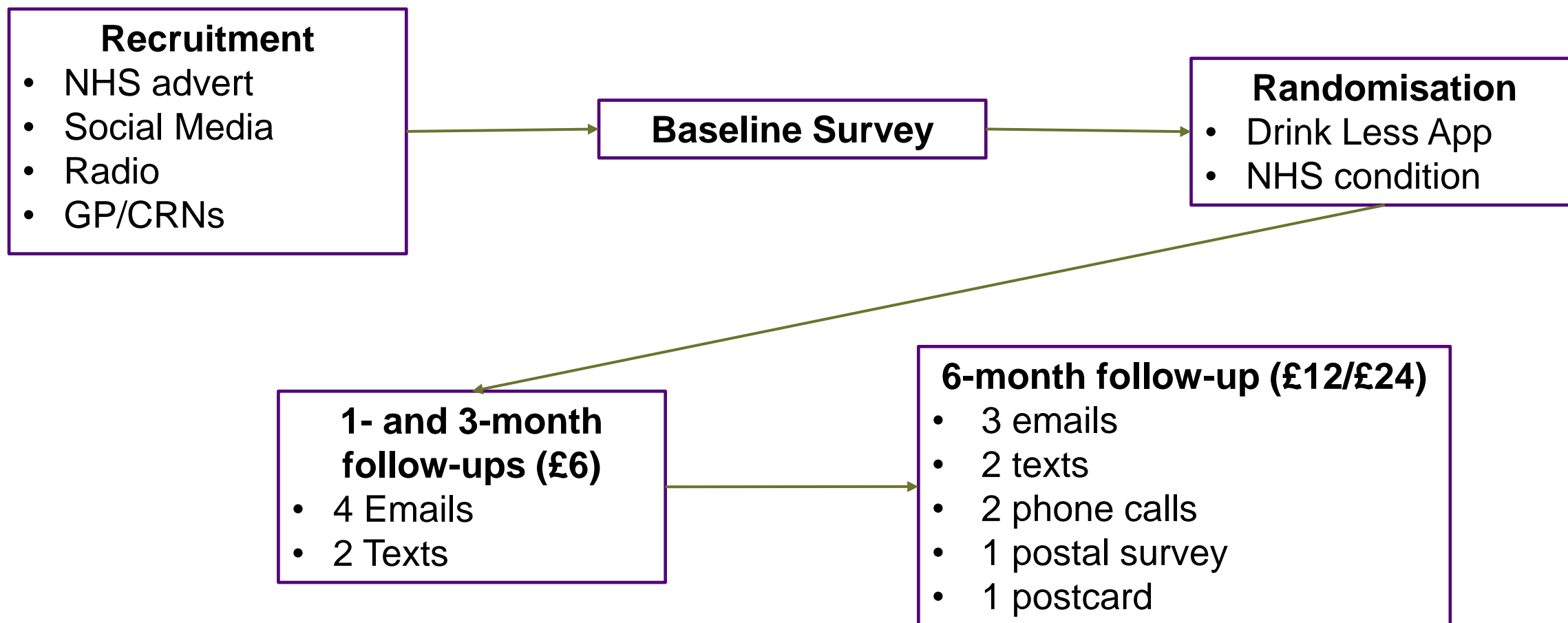


FUNDED BY

NIHR | National Institute for Health and Care Research

iDE@S

IDEAS trial



Aim

Compare different sources of remote recruitment in terms of;

- % recruited
- sociodemographic diversity
- cost per recruited participant
- data quality

Recruitment Sources

Recruitment Source	% of sample	N Recruited
Untargeted Social Media	38%	2,121
Targeted Social Media	6%	364
NHS Website	35%	1,960
Radio/Newspapers	13%	744
Word of Mouth	3%	143
Google	3%	162
Smoke Free Email	1%	55
Health Care Provider/GP	.5%	26

Cost Per Randomised Participant

Recruitment Source	N Recruited	Total Cost	Cost per Ppt
Untargeted Social Media	2,121	£6,750	£3.18
Targeted Social Media	364	£690	£1.90
NHS Website	1,960	£0	£0
Radio/Newspapers	744	£8,203	£11.03
Word of Mouth	143	£0	£0
Google	162	£1,247	£7.70
Smoke Free Email	55	£375	£6.82
Health Care Provider/GP	26	£61	£2.35

Recruitment Sources by Demographics

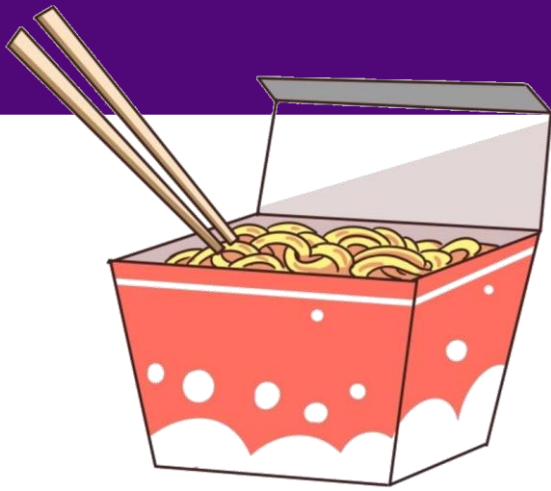
Recruitment Source	%(n) of sample	%(n) Men	%(n) BAME	%(n) Low SES
Untargeted Social Media	38% (2,121)	31% (651)	7% (147)	24% (508)
Targeted Social Media	6% (364)	97% (353)	4% (13)	25% (90)
NHS Website	35% (1,960)	32% (628)	4% (76)	29% (570)
Radio/Newspapers	13% (744)	79% (591)	4% (27)	22% (167)
Word of Mouth	3% (143)	52% (74)	6% (9)	29% (42)
Google	3% (162)	28% (45)	4% (7)	31% (50)
Smoke Free Email	1% (55)	24% (13)	6% (3)	20% (11)
Health Care Provider/GP	.5% (26)	19% (5)	12 (3)	15% (4)

Cost by Demographics

Recruitment Source	Total Cost	Cost per Ppt	Cost per Male Ppt	Cost per BAME Ppt	Cost per low SES Ppt
Untargeted Social Media	£6,750	£3.18	£10.37	£45.92	£13.00
Targeted Social Media	£690	£1.90	£1.95	£53.08	£7.67
NHS Website	£0	£0	£0	£0	£0
Radio/Newspapers	£8,203	£11.03	£13.88	£303.81	£49.12
Word of mouth	£0	£0	£0	£0	£0
Google	£1,247	£7.70	£27.71	£178.14	£24.94
Smoke Free Email	£375	£6.82	£28.85	£125	£34.09
Health Care Provider/GP	£61	£2.35	£12.20	£20.33	£15.25

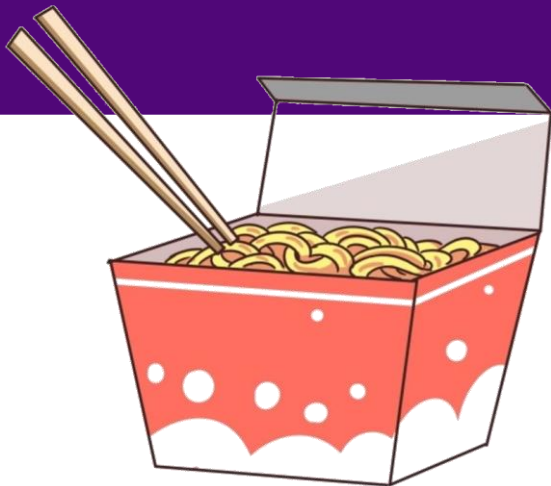
Exclusions by Recruitment Source

Recruitment Source	n of sample	Total Removed	% Fraudulent Responses
Untargeted Social Media	2,485	1,027	29%
NHS Website	1,960	123	6%
Radio/Newspapers	744	19	3%
Word of Mouth	143	11	7%
Google	162	9	5%
Smoke Free Email	55	10	15%
Health Care Provider/GP	26	16	38%



Takeaway Messages

- The majority of our sample came from adverts on the NHS website, social media and other media (e.g. radio/newspaper adverts)
- The free methods were cheapest (e.g. NHS website)
- The next cheapest methods were social media and advertising in GP surgeries/through healthcare networks
- Much more expensive to recruit men, those of BAME ethnicities and more disadvantaged backgrounds



Takeaway Messages

- Most sources overrecruited women - targeted advertising on social media and radio advertising was a cheap and effective way of targeting gender
- All sources under-recruited those of BAME ethnicities little success in targeted media approaches. Recruiting through GP surgeries and local healthcare providers resulted in the highest proportion of participants from BAME groups (12%) but recruited a small proportion of respondents in total (.5%)
- The NHS website, word of mouth and Google all recruited around a third of respondents that were of lower SES. However, both Google and word of mouth were generally poor in terms of the overall proportion recruited (both 3%)
- Social Media could result in poorer data quality..

Acknowledgements



This study is funded by the NIHR (Public Health Research Programme, #127651). The views expressed are those of the author(s) and not necessarily those of the NIHR or the Department of Health and Social Care.

iDEAS Trial Team: Claire Garnett, Jamie Brown, Gemma Loebenberg, Melissa Oldham, Larisa Dinu, Susan Michie, Emma Beard, Elena Pizzo, Marcus Munafò, Matt Field, Matthew Hickman, Eileen Kaner, Colin Angus, Felix Greaves, Robyn Burton



Declarations of interest

EP, MM, MF, GL and SM have no conflicts of interest in undertaking this research.

CG and MO are paid scientific consultants for the behaviour change and lifestyle organization, One Year No Beer, and provide fact checking for blog posts.

JB and EB have received unrestricted funding related to smoking cessation research. JB sits on the scientific advisory board for the SmokeFree app.

MH has received unrestricted speaker fees in the last 5 years from MSD, Gilead, Abbvie unrelated to this project.

EK led two Cochrane Collaboration reviews in the field of screening and brief alcohol interventions including digital interventions and is currently leading an NIHR School of Public Health Research project which involves a network meta-analysis bringing together both bodies of evidence. Outside the submitted work, EK has previously co-authored papers that analysed raw market research consumer-based data provided to Newcastle University under a direct contract with Kantar Worldpanel at no cost to Newcastle University. Kantar Worldpanel received reimbursement from AB InBev to cover the costs of the data, Kantar WordPanel having similar commercial relationships with other customers who pay to have data collected on food and non-food items available for sale in supermarkets and other retail outlets covered by the WorldPanel.

MF received funding from Alcohol Change UK in 2019 to conduct a rapid evidence review of digital interventions for the reduction of alcohol-related harm.

FG is employed by both National Institute for Health and Care Excellence and Imperial College London.

RB is a visiting researcher at King's College London and the University of Southampton, and has done consultancy for WHO Europe.

CA has received funding for commissioned research from Systembolaget, the Swedish government-owned alcohol retail monopoly, and Alko, its Finnish equivalent.

