**Introduction**

Subject recruitment is the most common challenge for randomized controlled trials [1], especially for studies seeking to enroll a specific patient population [2]. A barrier to clinical research participation for a metabolic indication is related to lack of disease awareness [3].

**Methods**

We attended 4 community health fairs and cultural events over a 2-month period in the greater Phoenix area. Prior to participating in the screening, subjects signed a waiver and received an explanation of the procedure as well as literature on prediabetes. All screened subjects were contacted by a Celerion Study Participant Recruiter (SPR) to assess interest in participating in clinical research. The associates made two attempts to contact the subject and documented the findings.

**Results**

The mean HbA1c was 5.4±0.2%, 5.3±0.2%, and 5.0±0.2% for the healthy, prediabetes, and type 2 diabetes groups respectively. Over 50% of subjects displayed an HbA1c ≥5.7%.

**Discussion**

The majority of subjects screened and those identified with prediabetes were of Hispanic/African American descent. Others have shown the prevalence of prediabetes is greater in disparate populations such as Hispanic/Latino, African American, and Asian groups [4].

**Conclusions**

Engaging in community-based HbA1c screening is an effective recruitment tool for special populations, such as subjects with prediabetes. With over 50% of subjects displaying an HbA1c ≥5.7%, this initiative also offers a valuable public health service and vital diabetes awareness.

**Acknowledgments**

We would like to thank our dedicated staff for supporting this initiative and all the subjects that took part in the HbA1c screening.

**References**


**Contact Information**

Sharon H. Jaycox, MPH
Metabolic and Pharmacodynamic Specialist, Celerion
sharon.jaycox@celerion.com

Celerion, Tempe, AZ USA

**Figure 1. Subject Characteristic.** (A) 65% of the 251 screenings were performed on females. (B) The majority of subjects were of Hispanic heritage, followed by African Americans then Non-Hispanic Whites.

**Figure 2. Prevalence of Prediabetes.** (A) HbA1c values ranged from 4.5-13.0%, with a mean of 6.1±1.2%. There was no significant difference between men and women. (B) Based on HbA1c values, 43% of subjects were characterized as healthy, 38% of subjects were classified as prediabetes and 19% with type 2 diabetes. The prevalence of prediabetes and type 2 diabetes observed here is similar to the national averages of ~37% and ~35% respectively [6].

**Figure 3. High Incidence of Prediabetes in Disparate Groups.** Prediabetes was highest in the Hispanic (55%) and African Americans (31%) groups.

**Figure 4. Successful Clinical Study Recruitment.** (A) 23% of subjects with prediabetes expressed interest in participating in clinical studies by signing up on a contact sheet. During a follow-up visit, 13% of these subjects expressed interest in our Celerion Study Participant Recruiter. (B) Among subjects with prediabetes, 13% remained interested in clinical research participation and the majority of these subjects with prediabetes registered within our database. Nearly 20% of all subjects contacted expressed they were interested in paid clinical research, while 28% indicated they would go online to register or call back later.

**Table 1.** Ethnicity Distribution (%) and Gender Distribution (%)

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic</td>
<td>40</td>
<td>25</td>
<td>65</td>
</tr>
<tr>
<td>White Non-Hispanic</td>
<td>35</td>
<td>35</td>
<td>70</td>
</tr>
<tr>
<td>African American</td>
<td>15</td>
<td>15</td>
<td>30</td>
</tr>
<tr>
<td>Asian</td>
<td>5</td>
<td>5</td>
<td>10</td>
</tr>
<tr>
<td>Native American</td>
<td>2</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>Other/Unknown</td>
<td>3</td>
<td>2</td>
<td>5</td>
</tr>
</tbody>
</table>

Total=251