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Recruiting Filipino Immigrants in a Randomized Controlled Trial Promoting Enrollment in an Evidence-Based Parenting Intervention

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Abstract

Filipinos, the second largest Asian subgroup in the U.S., experience significant youth behavioral health disparities but remain under-represented in health research. We describe lessons learned from using the Matching Model of Recruitment to recruit 215 Filipinos to participate in a large, randomized controlled trial of a culturally tailored video aimed at increasing enrollment in the Incredible Years® Parent Program. We recruited participants from schools, churches, clinics, community events, and other community-based locations. Facilitators of participation included: partnership with local community groups, conducting research in familiar settings, building on existing social networks, and matching perspectives of community members and researchers. Findings suggest recruitment success occurs when there is a match between goals of Filipino parents, grandparents and the research community. Understanding the perspectives of ethnic minority communities and effectively communicating goals of research studies are critical to successful recruitment of hard-to-reach immigrant populations in randomized controlled trials.

Keywords

Filipino; Recruitment; Disparities; Asian; Immigrant

Introduction

Approximately 5% of the U.S. population identifies as Asian American, amounting to more than 17 million people. Of the Asian subgroups, Filipinos are the second largest in the U.S. at 3.4 million, with the majority living in California [1]. Compared with non-Hispanic whites and other Asian subgroups, Filipino families experience higher rates of behavioral

health problems, such as depression, suicidal behavior, anxiety, and substance abuse [2–6], yet are less likely to participate in health research [7–9].

Filipino American populations are under-represented in research studies due to barriers at different levels, including participant, researcher, and community levels. Among these are cultural mistrust, linguistic mismatch, time constraints, and lack of knowledge regarding research in general [10–13]. This study aimed to offer helpful strategies for successful recruitment of Filipinos in community-based research studies employing the Matching Model of Recruitment developed by Levkoff and Sanchez [14].

Conceptual Framework

The Matching Model of Recruitment in minority populations categorizes three levels of social context that dynamically interact with the perspectives of ethnic minority groups and researchers in the decision-making process to participate in research or not: macro or institutional level; mediator or gatekeeper level; and micro or individual level. The macro level consists of the recruitment site staff, study collaborators, and community agencies. Strategies at this level involve establishing long-term relationships with community leaders, working in partnership with local community advisory groups, and conducting research in familiar settings. The mediator level reflects the research team and its characteristics in successful study recruitment. This includes matching of research team ethnicities or cultural backgrounds to participants being recruited and approaches assuring that research activities do not interfere with normal agency workflow. The micro level considers characteristics of the research participants themselves. Flexibility of the research team is recommended in the model to address micro level concerns, such as scheduling conflicts, which may be a significant barrier for participants. At this level of social context, written materials and the purpose of the research design should be easily understood by those participants with a wide range of levels of educational attainment. We review how these principles were applied to address recruitment challenges within the context of a community-based randomized controlled trial involving Filipino parents and grandparents.

Methods

Participants

A total of 567 parents were screened at schools, primary care clinics, churches, community-based organizations (CBOs), and other sites to assess eligibility for participation in the Filipino Family Health Initiative, a 4-year NIH-funded study focused on engagement of Filipino immigrants in the Incredible Years® Parent Program (IY), a well-established evidence-based parenting intervention. A Filipino community advisory board (CAB) assisted with recruitment strategies and interpretation of findings. The CAB included health and mental health providers, church leaders, leaders from CBOs, teachers, parents and grandparents.

Data Collection

Recruitment took place over 17 months from August 2014 to January 2016. Inclusion criteria included self-identification as Filipino or Filipino American residing in Los Angeles

County and being the parent or grandparent of a child between ages 6 and 12 years without a diagnosed developmental disability. Eligible parents ($n= 215$) participated in a 45-min interview and completion of a baseline survey, followed by randomization to view either a control or intervention video and completion of a post-video survey. The control video was the standard promotional IY video, and the intervention video was a culturally tailored video created by the CAB for this project. The intervention video included testimonials from Filipino parents who had previously participated in IY. Upon completion of the post-survey, participants in each arm of the study received a \$20 gift card and invitation to enroll in free IY parenting workshops.

Sixteen research *assistants* recruited participants from five different categories of sites: elementary schools, primary care clinics, churches, CBOs, and other recruitment sites that included health fairs, cultural festivals, community children's programs, the Philippine Consulate for Los Angeles, and word-of-mouth referral. Community leaders (e.g., pastors, principals, physicians) from their corresponding recruitment sites met with the principal investigator or a member of the research team prior to recruitment. Methods of recruitment involved approaching potential participants in clinic waiting rooms, staffing tables at fairs and festivals, holding information sessions at schools or announcing the study at previously scheduled school events. When approaching participants, research assistants were trained to use the following recruitment script:

Hello, my name is __. I work with Dr. Joyce Javier, a Filipina pediatrician at Children's Hospital Los Angeles and the University of Southern California Keck School of Medicine. We are doing an important study about Raising Kids in the U.S. and how to bridge the cultural gap. Can I ask a couple questions to see if you are in the group we need to interview? It will take only a couple minutes, your answers are strictly confidential, and you will receive a \$20 gift card if you participate.

Research assistants were primarily undergraduate and graduate students who self-identified as Filipino or Filipino-American, of whom 56% were bilingual English and Tagalog speakers. Nineteen percent were male and 81% were female. This study was approved by the Institutional Research Board of Children's Hospital Los Angeles. All consent forms and written materials were available in English and Tagalog.

Results

Of the 567 persons screened, 221 were not eligible. Of the 374 persons who were eligible, 217 agreed to participate in the study. An additional two people were excluded due to them dropping out after the pre-assessment (see CONSORT diagram in Fig. 1).

Demographic characteristics of the sample are reported in Table 1. A majority of the participants were females born in the Philippines, had some college education or higher, and worked full-time. The primary languages spoken at home were English (42%), Tagalog (35%), Ilocano (3%), Bisaya (3%), and other Philippine dialects (17%).

In comparison to Filipino-Americans in Los Angeles County, California, or the United States, study participants were more likely to be female (76.3 vs. 55–56.8%), married (76.7 vs. 47.7–50.5%), employed (74.4 vs. 63.3–65.1%), foreign-born (87.9 vs. 49–59.9%), have a college degree or higher (61.9 vs. 37.4–45.5%), and have public insurance (38.9 vs. 25.1–30.2%) [15]. In contrast, study participants spoke more English at home than Filipinos in Los Angeles County (42.3 vs. 34.8%), but less than those in the United States (42.3 vs. 47.5%) [15].

Recruitment results across the five site categories are illustrated in Fig. 2. Clinics yielded the highest number of individuals screened. Fifty-seven percent of those screened in clinics were eligible, and 27% participated. The three sites with the fewest participants screened (churches, schools, and CBOs) had the highest percentages of eligible parents and grandparents participate in the study. Figure 3 displays the categories of participating recruitment sites and the percentage of participation from those eligible by recruitment site with schools and churches yielding similar results at 89 and 88%, respectively. CBOs also exhibited rates nearly as high with an 80% participation rate among those eligible.

Recruitment for this study took place at a total of 23 sites, all of which had high levels of Filipino community involvement. Most screenings were completed in clinics (58%), followed by the “other” category (23%), churches (10%), CBOs (5%), and schools (3%). Figure 2 displays recruitment site categories in descending order of percent participating relative to the number eligible at those sites.

To illustrate the application of the Matching Model of Recruitment, we describe each level of social context and list strategies used at each level to address barriers and enablers to successful recruitment. Table 2 displays these similarities and differences at the macro, mediator, and micro level of social context.

Level I

The macro level emphasizes working in partnership with community leaders and conducting research in familiar settings. The following enabling strategies outlined in the Matching Model of Recruitment were used to support successful recruitment of the target population: conducting research in familiar settings, working in partnership with a local community advisory group, establishing long-term relationships with community leaders, using networking tools with existing social support, and becoming familiar faces in the community. Strategies used to address barriers included:

1. The research team recognized time as a major barrier and chose to recruit at sites where parents would be readily found with their children: pediatric clinics, schools, churches, community organizations, and community events. Scheduled surveys were also conducted at nearby and convenient locations if not done at the recruitment site.
2. A Community Advisory Board (CAB) was formed and meetings were also held to inform the community leaders and to identify which doctors, churches, and schools would most likely help with recruitment.

3. Some of the research team had previous and current involvement with leaders or organizations in some of the recruitment sites (churches, schools, and CBOs), which facilitated obtaining site permission and logistics for carrying out the recruitment.
4. Successful recruitment in churches with affiliated schools can be attributed to the use of networking tools within these establishments. Letters were sent to parents, public announcements were made, and at one site, the principal personally contacted parents regarding the research opportunity.
5. Constant presence and becoming familiar faces at sites such as churches and community organizations were enabling factors, which resulted in employees or church staff recommending persons who might qualify for the study and introducing potential participants to the study team.
6. A previously identified barrier of the Matching Model of Recruitment that differed from our interaction with the Filipino community was the perception of academic institutions as an elite authority that may not place the welfare of the community as a priority. Quite the contrary, many parents followed up with questions regarding the education pathway of research assistants involved in the study.

Level II

At the mediator level, the Matching Model of Recruitment maintains that it is essential that the research recruitment team reflect the population being sought, in addition to adapting research activities around the work flow of recruitment sites. Enabling factors for our recruitment were the similarity in appearance, cultural background, and gender of the research team to the target population. Although varying in nativity and age at emigration to the U.S., the majority of the research recruitment team were Filipino-American or of Asian descent, similar in culture, appearance, and gender to prospective participants. Of the 16 members on the research team who recruited participants, 14 were Filipino-American and included both Tagalog and non-Tagalog speakers.

There were fewer barriers at the mediator or gatekeeper level. However, one barrier was more challenging to overcome. This was identified in the gatekeeping response of the leadership at one of the predominantly Filipino churches. In this instance, initial recruitment efforts were met with hesitation by the pastor due to a previously negative experience of the church when participating in another research study. The pastor's need to protect parishioners based on the pastor's previous experience was a barrier to recruitment. The strategy used to address this barrier was the facilitation of an informational meeting with the pastor to address the pastor's concerns. This meeting also resulted in matching the objectives of the church with the purpose of the larger study, which led to permission being granted by the church leadership to recruit at their site.

Level III

The micro level refers to the individual, whether it is the prospective participant or the interviewer. In our study, it was important to culturally-tailor recruitment materials in order

to improve recruitment. Also stressed was the need for strategies to overcome barriers such as limited time and a lack of knowledge or understanding of the purpose for using a particular research design.

1. Scheduling conflicts are a commonly cited barrier to recruitment studies. Research assistants addressed this by being flexible in setting up interview times and locations with participants.
2. Fear and/or distrust in regard to confidentiality, especially related to immigration status or potential loss of governmental benefits (8) were barriers to recruitment for some prospective participants. Many participants questioned if credit card information was needed for involvement. When recruiting at the Philippine Consulate, most hesitation in consenting to participate was due to concern over immigration status.
3. Research materials such as consent forms and surveys were available in both English and Tagalog. Research team members would also read materials aloud, including surveys, if participants requested that approach or appeared to have low educational attainment. Written materials sensitive to multiple levels of education that were clear and easy to read were also available to participants.
4. A clear description of the study's time commitment and the activities involved were facilitators to the recruitment process. The time commitment required and the interview process were disclosed to each potential participant prior to obtaining consent to participate.
5. Informing potential participants that their participation in the study might benefit the Filipino community by helping to inform future programs motivated some participants to consent to screening procedures.

Discussion

We applied the Matching Model of Recruitment to the process of recruiting 215 participants to evaluate the acceptability and utility of a culturally tailored video vs. a generic promotional video in the engagement of Filipino-Americans to participate in the Incredible Years® Parent Program. This model of recruitment explained a number of factors that influenced the decision-making process of a number of prospective Filipino-American participants to decide to participate or to decline to do so. Our experience with using the Matching Model of Recruitment with this population was mixed; in some ways similar to and different from previous research studies.

At the macro level, we found that participation was influenced by the social context of participants, their community agencies, and the researchers themselves. Constant presence and becoming familiar faces in recruitment sites were essential to gaining the trust of the Filipino-American and Filipino immigrant communities. This is consistent with prior studies using the model with Filipinos and other populations [12–14, 16]. Social ties have also been described as critical to maximizing participation in research studies [6, 12, 13, 17].

An understanding of the values and beliefs of the Filipino community was essential to successful recruitment. Deeply held core values among the Filipino-American community include *kapwa*, education, faith, and social ties. *Kapwa* in particular is a core Filipino value of community and togetherness, a sense of connectedness and shared identity among Filipinos. Nadal described the cultural implications of *kapwa*, writing that it “implies that Filipinos will feel intrinsically connected to each other interpersonally, spiritually, and emotionally: these connections may be with their family members, friends, acquaintances, or even Filipino strangers who they do not know (p. 38–39)” [18]. The promotion of *kapwa* is believed to be a protective factor supporting the mental health of immigrant Filipinos through meaningful relationships with others in this diverse group. Sharing these core values with potential participants is believed to have increased their willingness to participate in the screening process with higher rates of participation in schools and churches where a sense of *kapwa* is further enhanced by the high value Filipinos place on education and religious faith [5, 6, 8].

The importance Filipinos place on education for their children was apparent, in contrast to prior studies of the Matching Model of Recruitment, in our finding that the study team’s affiliation with an academic institution was not a barrier to recruitment but rather a support to the recruitment process. Historically, Filipinos place an emphasis on higher education and strong family ties, raising their children in hopes they would provide for the family in the future. In achieving this, parents often push their children to pursue higher education in effort to bring these hopes to fruition [4, 18–20]. As experienced in this study, education is an important value in the Filipino community, and may be highlighted in future outreach efforts to appeal to the target community. Another possible reason why the research team’s affiliation with an academic institution was valued was that the children’s hospital that it was associated with was a trusted health care provider in the community. This is consistent with a prior study in which Filipino parents recommended trusted health care providers as endorsers of community interventions, none of whom necessarily had to be Filipino [7].

Strategies enabling successful recruitment and overcoming barriers outlined in the Matching Model of Recruitment at the mediator/gatekeeper level were similar to the research team’s experience. Having a research team that reflected the same or similar background to the target population as well as matching linguistically were certainly helpful to recruiting participants for the study. An effective strategy for addressing reluctance to provide permission to recruit by the leadership of a religious organization was to find shared purpose between the objectives of the religious organization and the aims of the research study in a face to face informational meeting with church leaders. These meetings also provided opportunities for building trust between church leaders and the research team and offered an avenue for recruitment of the pastor to the CAB for the study. Our findings were consistent with the literature suggesting that likeness in appearance of research staff and the selection of recruitment sites that align with cultural values, such as faith and higher education, enhanced recruitment efforts among minority populations [12, 14, 19, 21, 22]. The importance of communicating a clear study purpose, the extent of participant involvement, and obtaining informed consent aided in finding shared values with the reluctant leadership of the religious organization to provide permission to recruit participants at their site [5, 14, 23–25].

At the individual level, we found that having culturally-tailored materials enhanced recruitment by anticipating concerns that prospective Filipino immigrant families might have about participating in a research study. These materials helped overcome barriers such as limited time and a lack of knowledge or understanding of the purpose of our research study. This is consistent with a study among Native Hawaiian/Pacific Islander/Filipino populations [25, 26] that suggested a clear description of the study's time commitment and activities involved were facilitators to participation. Another individual level enabling factor was participant altruism. Similar to a previous study among African Americans [27], our study found that participants were interested in participating in research because it may help the Filipino community in general.

In contrast to previous studies, a unique barrier identified was fear and/or distrust in regards to confidentiality of participant information. This may be related to Filipinos' preference to assimilate into mainstream U.S. culture and hesitance to be identified as a community in need. This is consistent with prior studies that describe colonial mentality and shame and stigma [4, 7, 11] as barriers to participation in mental health care and parenting interventions.

New Contribution to the Literature

The Matching Model of Recruitment [14] for minority populations is an effective strategy for recruiting Filipinos in a large, community-based randomized controlled trial. In contrast to prior studies of the Matching Model of Recruitment, we found that the study team's affiliation with an academic institution was not a barrier to recruitment but rather a support to the recruitment process with prospective Filipino participants. It is uncertain, however, whether this finding will extend to other immigrant groups pursuing better lives in the U.S. through higher educational attainment. Another unique barrier identified that has not been addressed in the Matching Model of Recruitment was fear and/or distrust in regards to confidentiality of participant information. Future studies involving the Filipino community may benefit from recognizing and addressing these facilitators and barriers in their recruitment strategies.

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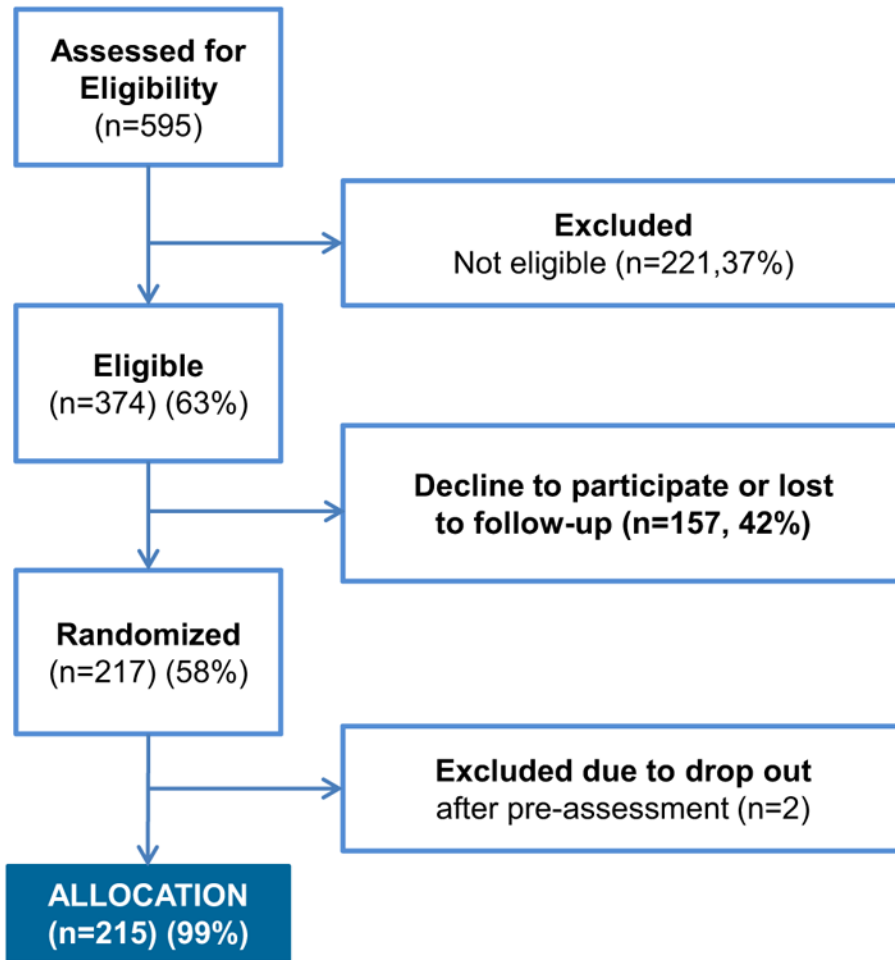


Fig. 1.
Consort diagram

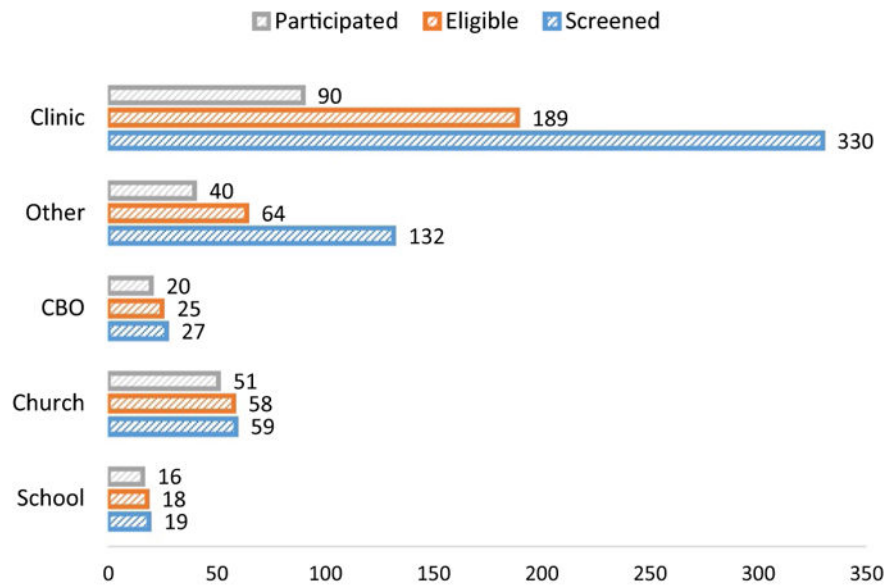


Fig. 2. Recruitment at multiple sites. This chart displays the total number of people screened, eligible and participated in the FFHI study, based on category of recruitment site. Number of locations per category: clinic (5), school (4), church (5), community based organization (3), and other (6). “Other” group includes a government facility, shopping center, health/cultural fairs, and word of mouth referral

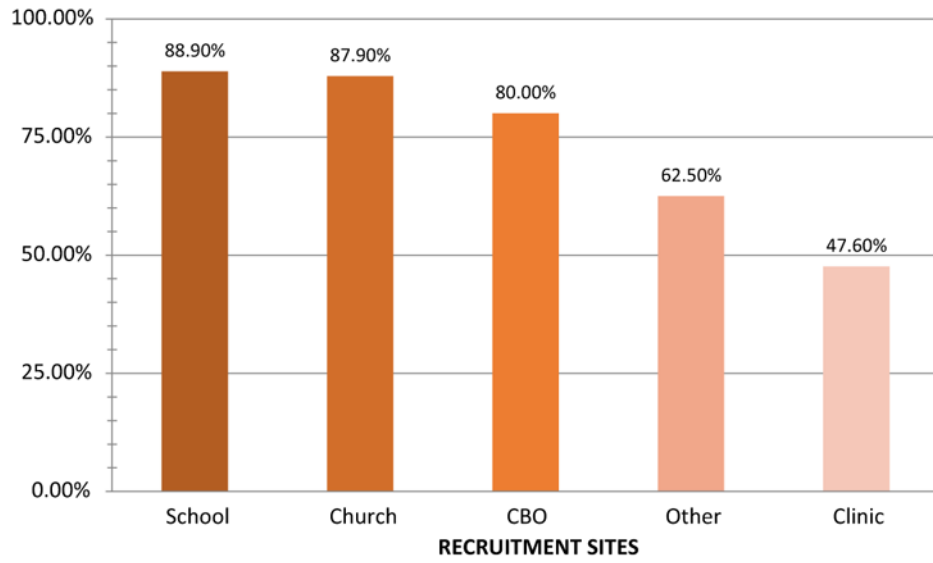


Fig. 3. Percent of eligible participants who participated by recruitment site. “Other” group includes a government facility, shopping center, health/cultural fairs, and word of mouth referral

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Table 1

Participant characteristics (N = 215)

Variable	n (%)
Parent gender	
Male	51 (23.7%)
Female	164 (76.3%)
Relationship to child	
Biological mother	129 (60.0%)
Biological father	39 (18.1%)
Adoptive father	1 (0.5%)
Stepparent	2 (0.9%)
Parent's partner	8 (3.7%)
Other adult relative	6 (2.8%)
Other	30 (14.0%)
Marital status	
Single, never married	17 (7.9%)
Living together as if married	3 (1.4%)
Married	165 (76.7%)
Separated	6 (2.8%)
Divorced	15 (7.0%)
Widowed	9 (4.2%)
Child's gender	
Male	101 (47.0%)
Female	114 (53.0%)
Gross income	
< \$20,000	49 (23.0%)
\$20,000–\$49,999	73 (34.3%)
\$50,000–\$99,999	64 (30.0%)
> \$135,000	27 (12.7%)
Birth country of child	
United States	170 (79.1%)
Philippines	42 (19.5%)
Other	3 (1.4%)
Parent highest level of education	
Grades 0–8	1 (0.5%)
Grades 9–11	1 (0.5%)
High school or GED	14 (6.5%)
Some college	41 (19.1%)
College graduate	133 (61.9%)
Post-college degree	25 (11.6%)
Parent employment	
Yes, full time	126 (58.6%)

Variable	n (%)
Yes, part time	34 (15.8%)
Working at home	7 (3.3%)
Seeking employment	20 (9.3%)
Not employed by choice	28 (13.0%)
Parent birth country	
United States	24 (11.2%)
Philippines	189 (87.9%)
Other	2 (0.9%)
Parent years living in the U.S.	
Less than 1	2 (1.0%)
1	6 (3.1%)
2	3 (1.6%)
3	4 (2.1%)
4	3 (1.6%)
5 or more	173 (90.6%)
Parent region of birth in Philippines	
Region 1	14 (7.4%)
Region 2	8 (4.2%)
Region 3	39 (20.6%)
Region 4A	29 (15.3%)
Region 4B	1 (0.5%)
Region 5	5 (2.6%)
Region 6	6 (3.2%)
Region 7	7 (3.7%)
Region 8	3 (1.6%)
Region 9	3 (1.6%)
Region 10	2 (1.1%)
Region 11	2 (1.1%)
Region 13	1 (0.5%)
National Capital Region	69 (36.5%)
Primary language spoken at home	
English	91 (42.3%)
Tagalog	75 (34.9%)
Ilocano	7 (3.3%)
Bisaya	7 (3.3%)
Other	35 (16.3%)
Child insurance coverage	
Yes	198 (92.1%)
No	9 (4.2%)
Type of health insurance	
Medi-Cal	62 (31.3%)
Kaiser HMO	38 (19.2%)

Variable	n (%)
Other HMO	33 (16.7%)
Healthy families/healthy kids	15 (7.6%)
PPO	31 (15.7%)
Other	19 (9.6%)

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Table 2
Application of Matching Model of Recruitment (MMR) to the Filipino Family Health Initiative (FFHI)

Level	Barrier/enabler according to MMR	MMR strategy	Experience (similar/different from MMR)	FFHI strategy and experience
Macro				
Community agencies/academic institutions	Barrier	Academic institution viewed as an elite authority that is not to be trusted—may not have the best interest of the community in mind	Different	Mention of university affiliation seemed to be viewed more favorably. Parents asked questions regarding education pathways
	Enablers	Establishing long-term relationships with community leaders; researchers live in community themselves	Similar	Previous and present involvement with home church of research team members facilitated recruitment logistics
		Working in partnership with a local community advisory group	Similar	Community Advisory Board (CAB) meetings informed team as to which doctors would most likely help with recruitment
		Researchers become familiar faces in the community	Similar	Constant presence at a grocery plaza several times a week allowed time for employees to approach study team. Soon after, recommendations for who would qualify to participate followed
		Conduct research in familiar settings	Similar	Interviews conducted at child's school, pediatric clinic, church or nearby coffee shop
Mediator				
Gate-keepers/research team	Barrier	Use networking tools with existing social support within an organization	Similar	Success at church with affiliated school - sent letters to parents, made announcements, principal called parents
		Protect clients	Similar	Initial recruitment at a church was met with hesitation from the pastor due to previous experience with a research group. Q&A meeting helped gain acceptance
	Enabler	Research team multicultural and included individuals with same or similar cultural backgrounds as target population	Similar	Research team made of both Tagalog and non-Tagalog speakers, also varying in birth country and age when emigrated to US
Individual				
Participants/interviewers	Barriers	Fear/distrust in regards to confidentiality	Different	Some thought we would ask for credit card information, or that we were affiliated with an insurance company when we would ask for contact information. More concern with regards to money than confidentiality
	Enablers	Scheduling conflicts	Similar	Research interviewer flexible in setting up interview with participant
		Linguistic matching and attention to specific wording used	Different	During screening, most questions raised with self-identifying of race/ethnicity - responses included American, Asian, Filipino, Ilocano
		Clear description of research design	Similar	Timing and interview process disclosed before participants agreed to participate

Level	Barrier/ enabler according to MMR	MMR strategy	Experience (similar/ different from MMR)	FFHI strategy and experience
		Participant altruism	Similar	After saying individuals' participation can help offer programs to the Filipino community, regardless of their willingness to use such programs, more people were willing to get screened