

Study demonstrates that long-term follow up in a trauma patient population is achievable

November 8 2018

Tracking assault-injured and drug-using youth for longitudinal research

349 assault-injured + 250 accident/medical patients 14-24y with confirmed 6-month drug use

Tracking techniques

Information collected



Name, social security, address/mailling address, home/cellphone, email, FB/myspace , work address/phone, school, potential incarceration, significant others, parents/siblings

Standard contact techniques



Business cards/stationery, 48 hr call, postcard/letter, thank you card, December Holiday card, reminder call

Hard to reach contact techniques



Home visit, phone call, email/text/social media, contact via jail

Incentives



Cash payment (\$30-45), interview convenience, refreshments, bus/cab fare, confidentiality


Roche doi 10.1111/acem.13495

Results

85%

Completion at 24 months

Predictors of completion

Age aOR 0.86 (0.77-0.97) 

Female aOR 2.28 (1.24-4.18) 

Non-predictors of completion

African American aOR 1.44 (0.85-2.42) 

Public assistance aOR 1.17 (0.67-2.07) 

Substance use disorder aOR 0.79 (0.45-1.37) 

Assault injury aOR 0.94 (0.55-1.6) 



349 assault-injured, plus 250 accident/medical patients, 14-24 years of age, with confirmed six-month drug use. Credit: KIRSTY CHALLEN, B.SC., MBCHB, MRES, PH.D., LANCASHIRE TEACHING HOSPITALS, UNITED KINGDOM

Achieving high follow-up rates for a difficult-to-track violently injured emergency department population is feasible. That is the finding of a study to be published in the November 2018 issue of *Academic Emergency Medicine* (AEM), a journal of the Society for Academic Emergency Medicine (SAEM).

The Flint Youth Injury (FYI) Study, a prospective study, demonstrated that tracking hard to reach, assault-injured, drug-using youth populations is possible through the use of established contact strategies and a variety of interview locations.

The lead author of the study is Jessica Roche, MPH, a research specialist at the University of Michigan Injury Center. The findings of the study are discussed in a recent AEM podcast, *Tracking Assault-Injured, Drug-Using Youth in Longitudinal Research*.

Roche, et al., suggest that future studies focusing on hard-to-reach populations should factor in the time needed to achieve successful follow-up retention and the number and types of contacts needed to ensure the continued involvement of as many participants as possible.

The authors further suggest that newer developing methods of contacting participants through advancements in technology be explored, suggesting that using these methods to reduce attrition may improve the quality of hospital- and ED-based [violence prevention](#) programs and help promote evidence-based best practices.

David G. Jacobs, MD, medical director, F. H. "Sammy" Ross, Jr. Trauma Center and chief, Trauma Section, Division of Acute Care Surgery, Department of Surgery at Carolinas Medical Center, commented:

"This important paper dashes the myth that long-term follow-up in a

trauma patient population is unachievable. Not only does it set the benchmark for what can be achieved in terms of follow-up in this difficult patient [population](#), it, more importantly, outlines the methods and resources that we all must be willing to employ as we seek to honestly evaluate the long-term impact of our own violence prevention efforts."

More information: Jessica S. Roche et al, Tracking Assault-injured, Drug-using Youth in Longitudinal Research: Follow-up Methods, *Academic Emergency Medicine* (2018). [DOI: 10.1111/acem.13495](https://doi.org/10.1111/acem.13495)

Provided by Society for Academic Emergency Medicine

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