

HBM4EU project

A structured approach to the HBM4EU harmonized study protocol for reference values

Ulrike Fiddicke

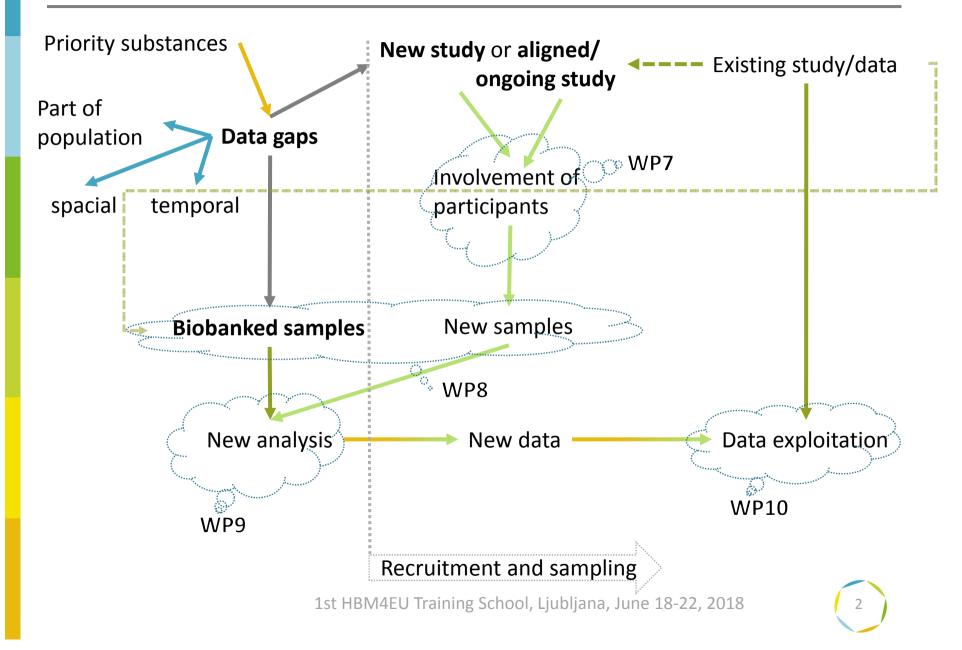
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science and policy for a healthy future

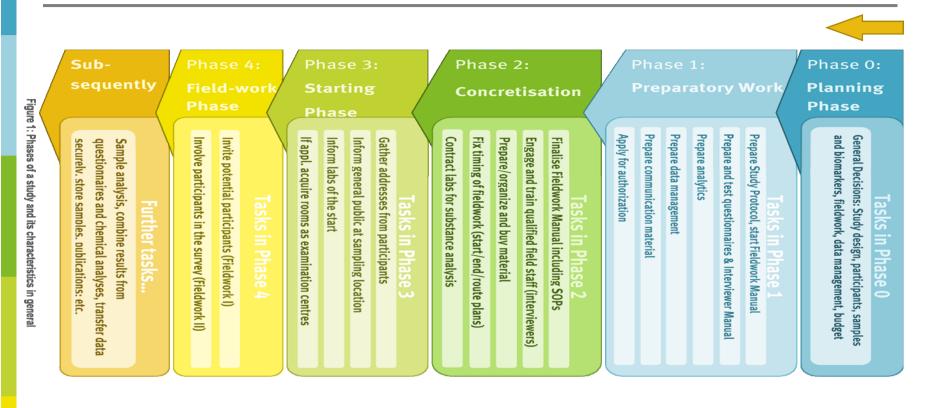
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Session 2: Orientation on the design of HBM4EU studies

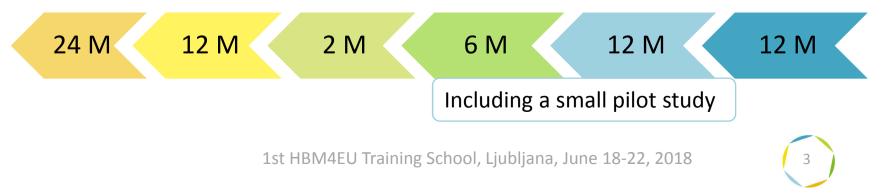
Overall strategy to fill identified data gaps



Concept for a Study Protocol for HBM studies



Timeframe for a study with 1 year fieldwork



Topics to be decided on in Phase 0

	• Aim for representativeness (sample size)	•	Session 2
	 Type (cohort, case control, cross-sectional?) 		
	 Timing, Duration, Follow up? 		
1. Study design and	Substances and their biomarkers	•	Session 4
biological	Matrices, sampling time	•	Session 4
samples	Sample volume	•	Session 4
	Biobanking	•	Session 4
	Ethics and data protection	•	Session 2
	Data management	•	Session 3
	Target population	•	Session 2
2. Selection of	Sampling frame	•	Session 2
participants	Geographical distribution	•	Session 2
	Inclusion / exclusion criteria	•	Session 3
3. Recruitment	Communication	•	(Session 7)
and Fieldwork I (individual	Approach to address holder		
recruitment)	 Method and frequency to approach participants 		
	• Instruments to be applied (Questionnaires, Samples		Session 3
	(blood, urine, indoor air, drinking water, etc.))		Session 3
	Place of direct contact to participants		
4. Fieldwork II (investigation of	 Questionnaire(s) application 	•	Session 3
participants)	• Sample collection and further processing including	•	Socion 4
	sample conservation and shipment		Session 4
	Selection of the laboratory	•	Session 4
	Incentives		

Phase 0: Decisions to be taken

Study
 design and
 biological
 samples

- Type (cohort, case control, cross-sectional?)
- Timing, Duration, Follow up?

Timing Date? Which time of the year? How many seasons?









Duration Time necessary to conduct the main instrument and all instruments?







Follow-up Will the participants be revisited?











Phase 0 - Alternatives Timing/Duration

	Alternatives	Pros	Cons
Timing	Within one season	No seasonal bias; early results	Organisational effort in case of many particpants and face-to-face interviews
Timing/ Duration of fieldwork	Covering some seasons	Organisation convenient for field staff	Seasonal bias
neidwork	Covering all four seasons	Seasonal bias can be avoided through logistic measures and a long fieldwork phase	Long lasting study; organisational effort to avoid seasonal bias
Time for answering the main	Short (30-45 minutes)	Concise questionnaire for small range of topics/substances	Hardly possible with face-to-face (F2F); no details; narrow range of topics
	Medium (60-80 minutes)	Main questions can be asked in sufficient detail	Some details and topics might not be addressed
questionnaire	Long (90-100 minutes)	Comprehensive inquiry for several topics/substances possible	Patience of not highly interested participants is stressed
Time for whole	Short (45-60 minutes)	Low participant burdon	F2F: Limited questionnaire + urine sample specifics only
participant involvement	Medium (80-100 minutes)	Concise questionnaire + urine sample specifics	Participant burden
(if not web- based)	Long (90-120 minutes)	Comprehensive questionnaire + urine sample specifics + other samples	Patience of not highly interested participants is stressed (may evoke refusal: "no time")

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Phase 0: Decisions to be taken

- 3. Recruitment and Fieldwork I (individual recruitment)
- Communication
- Approach to address holder (Sampling frame)
- Method and frequency to approach participants

Communication:

on: Flyer, Invitation, Reminder, Letter of thanks, Results letter \rightarrow Task 7.5

WP2 \rightarrow Website, Newsletter, etc.







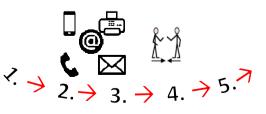
MOH-CY: Andromachi Katsonouri; D7.4

Approach to address holder: public registries, school lists Telephone directories, households of selected city quarters

Method and frequency to approach participants:



https://pixabay.com/nl/juichengelukkig-springen-mensen-297420/



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Phase 0: Recruitment \rightarrow 1. Approach to particular	t of participants rticipant address holders		
Prerequisite: Selection of samp "best list of registered units/ind	lividuals"		
Sampling frame /Address holder	Approach for first contact		
Registration offices (population registry)			
Telephone lists (internet, organisations)	Holder of list (contacted via formal letter)		
Mail address lists			
Residential telephone numbers	Potential participants		
Households (maps)	Potential participants (via visits in selected areas)		
Physicians/Doctors/Midwifes Hospital/Clinic, etc.	Contact Confidant/ Head of institution via formal letter or personal visit		
Kindergarten /School	 Education authority of the city/county Contact head of institutions via formal letter, call or personal visit 		
Work place	Contact head of entity (employer) via formal letter, call or personal visit		

Phase 0: Recruitment of participants \rightarrow 2. Contact potential participants





Sampling frame /Address holder

Registration offices (population registry)

Telephone lists (internet, organisations)

Residential telephone numbers

Households (maps)

Physicians/Doctors/Midwifes Hospital/Clinic, etc.

Kindergarten /School

Work place



https://pixabay.com/nl/juidhengelukkig-springen-mensen-297420/

Invitation of the potential participant via

Formal letter

Telephone call

Telephone call random digit dialing

Personal visit

Formal letter handed over by trusted person (physician), personal visit, (email ?), (telephone?), information event

Formal letter to parents and or child, information event for parents

Formal letter to employee, information event



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Phase 0 – Fieldwork II

4. Fieldwork II	Place of direct contact to participants
(investigation of	Incontinuos
participants)	Incentives

Place of direct contact to participants: at participants home ("in-home"), in selected examination centres e.g. rooms in schools or in the town hall; in a mobile lab











Source: Kaarsten / Fotolia.com

Source: Bernd Kreuscher / UBA

Source: Christian Schwier / Fotolia.com

Source:Lars Steffens - Würzburg

Source: UN -Mobile labs to provide HIV/AIDS tests in Abkhazia /flickr.com

Incentives: information, monetary, non-monetary, small gifts, certificates



EU Training School, Ljubljana, June 18-22, 2018 source: photo 5000 / Fotolia.com



Phase 0: Alternatives for place of direct contact to participants

Alternatives	Pros	Cons	Recommendation for different target groups	
At home or work place	Convenient for participants	At home: privacy touched (loss of participants), blood sampling not suitable	Provide always	
At examination centre/clinic	All equipment at one place, no transport needed	Inconvenience for the participants; in rural areas sometimes long distances / difficulties to reach	both options if possible	
In a mobile lab placed centrally	Good reachability for rural areas, handling of preanalytics on site	Expensive maintanance	Use, if available	



Phase 0: Incentives

Type of incentive	Organize incentives and other measures to increase the participation rate		
Information	Raise interest and awareness, offer information on study and general results, direct mailing, home visits, provide individual results and advice		
	Reimburse participants for travel costs and/or for spending time and samples		
Non-/monetary	Offer cash payments or in-kind payments (small gifts)/ certificates tailored to the study (logo!) and to target groups for taking part		
Gunnant	Choose suitable recruitment places (schools, work)		
Support recruitment	Reduce the administrative burden of address holder (e.g. GPs) to encourage them to recruit participants		
	Link HBM study to ongoing routine surveys etc.		
Staff as promotor	Sustain staff committment to the research through continuous training		
Evaluation	Identify barriers to participation, non-responder questionnaires, comparison to target population		
	Administer a reduced assessment battery		
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Phase O, Summary: Decisions related to Fieldwork II:

the personal involvement of participants

What does the study ask from the participants \rightarrow Ethics aspects are to be considered!

- samples (matrix, volume, amount),
- questionnaires (self-administered: paper/web-based; face-to-face-interview), <u>content</u>: substance specific, living conditions and habits, health, nutrition, sociodemographics, occupation; sample specifics, non-responder, satisfaction
- Additionally: medical surgeries (weight, height, blood pressure, etc.)
- Additionally: Physical condition (ECG, lung function, etc.)

How long will the participants be occupied with survey demands? Duration of fieldwork

When will the survey be conducted and the participants involved? Period of fieldwork

Where: At which site will the participant meet the study?

- At participant's home or place of productive hours (workplace, school, kindergarten)
- At an official examination center (in schools, clinics, townhall, etc.)
- At a mobile lab

What will the participants receive to compensate for their burdens?

- Information on study and general results / Individual results and advice
- Money (reimbursement for travel costs and/or for spending time and samples)
- Small gifts /Certificates for taking part



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Phase 1: Preparatory work

Tasks in Phase 1

Prepare Study Protocol, start Fieldwork Manual

Prepare and test questionnaires & Interviewer Manual

Prepare analytics

Prepare data management

Prepare communication material

Apply for authorization



Fieldwork Manual

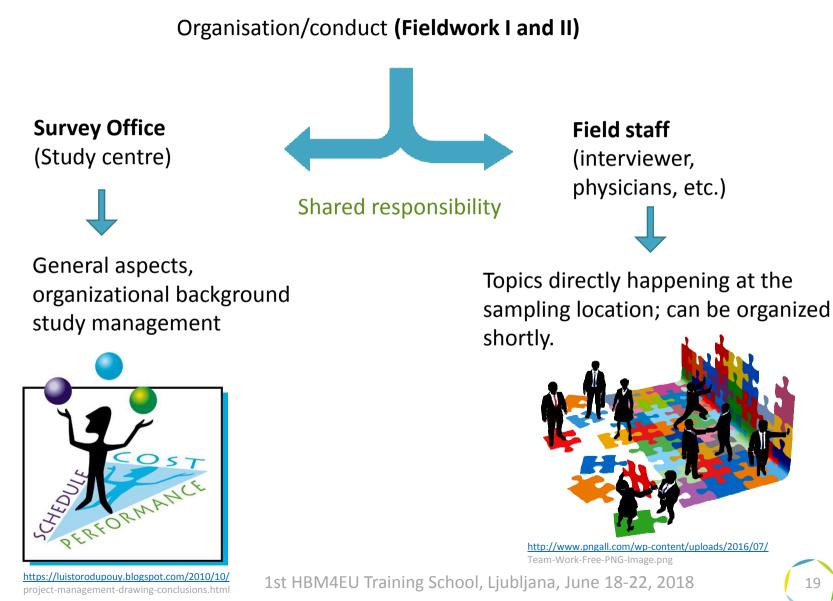
Describes all steps of fieldwork and provides papers and SOPs for all essential steps: detailed instructions are listed, and check lists for all important steps of the procedures of fieldwork are compiled.



Reference book for every day use to standardize and facilitate the work of the field staff. Table 1: Overview of the contents of the Fieldwork Manual

Se	ction I: Basic content of the Fieldwork Manual
1.	Background and Benefits
	1.1. Background of the study in the scope of HBM4EU
	1.2. Objectives
	1.3. Thematic Areas
	1.4. Benefits for the individual participant
	1.5. Benefits for the Public Health Service
	1.6. Benefits for research
2.	Study design, target population
	2.1. Selection, sampling frame, recruitment
	2.2. Inclusion and exclusion criteria
	2.3. Definition of a case
3.	Ethics
	3.1. Information
	3.2. Informed Consent
	3.3. Revocation of participation and deletion of data
	3.4. Data Protection
4.	Project management and training
	4.1. Responsibilities
	4.2. Selection and training of field staff
5.	Fieldwork
	5.1. Time schedule for fieldwork and routes
	5.2. Survey methods and instruments, e.g. all questionnaires and samples (types and handling of)
	5.3. Plan of procedures for fieldwork, including all communication material, all details of involvement of the participants and provision of incentives
	5.4. Quality assurance of fieldwork (training of field staff, field visits, quality assurance of sample handling)
6.	Communication
	6.1. Public relations
	6.2. Activities to raise participation (FAQs, additional incentives)
	6.3. Reporting results to participants
7.	Data management
	7.1. Databank for management and addresses
	7.2. Data management system
	7.3. Quality assurance of data handling and check
Se	ction II: Annex to the Fieldwork Manual
	(including check lists, master copies, pre-formulated letters, questionnaires,
1	SOPs, etc. corresponding to the themes of Section I)

Phase 1: Organisation of the study



Phase 2: Concretisation Phase

Tasks in Phase 2

Finalise Fieldwork Manual including SOPs

Engage and train qualified field staff (interviewers)

Prepare/organize and buy material

Fix timing of fieldwork (start/end/route plans)

Contract labs for substance analysis



Phase 3: Starting Phase

Tasks in Phase 3

Gather addresses from participants

Inform general public at sampling location

Inform labs of the start

If appl. acquire rooms as examination centres



Phase 4: Fieldwork Phase

Tasks in Phase 4

Invite potential participants (Fieldwork I)

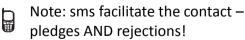
Involve participants in the survey (Fieldwork II), Including quality assurance and control measures



Phase 4, Fieldwork I: Individual approach to participants

Example for appraoch to general popoulation, starting 3 weeks prior to begin of study





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Subsequently

Further tasks...

Sample analysis, combine results from questionnaires and chemical analyses, transfer data securely for detailed data analysis, store samples in a biobank, publications; etc.



Quality assurance and control methods for fieldwork

- National study protocol
 →describes the study in detail
- Fieldwork Manual

 \rightarrow for training and every-day-use, including SOPs for essential procedures

Log-books for field staff

→to transmit experiences collected during single participant visits, to learn form each other

• Check lists

 \rightarrow listing all material for one participant

• Field visits

ightarrow according to check lists for internal and external field visits

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More information: Deliverable D7.3

Access: https://www.hbm4eu.eu/deliverables/ scroll down to WP 7: Survey design and fieldwork preparation. Scroll down to D7.3 1st prioritisation Report on survey design: Study protocols, SOPs and Guidelines, tailored and transferred questionnaires for recruitment and sampling
Annex 1: Concept for a Study protocol
Annex 2: Fieldwork Manual

Annex 2.1: Documents for the Interview

Annex 2.1.1: Basic Questionniare

Annex 2.1.2: Interviewer Manual

Annex 2.1.2.1: Additional Annexes to the Interviewer Manual

Annex 2.2: Standard Operating Procedures

Annex 2.2.1: Selection of Participants and Recruitment

Annex 2.2.2: Quality Assurance for Recruitment and Fieldwork

Annex 2.2.3: Procedure for obtaining human samples



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Co-workers of Task 7.2: ANSP: Loïc Rambaud ISCIII: Marta Esteban KI: Agneta Åkesson, Marika Berglund, Anna Bergström, Karin Leander MUW: Hanns Moshammer, Eva Schernhammer Swiss TPH: Sofie Hansen, Nicole Probst-Hensch UNIMORE: Tommaso Filippini, Marco Vinceti VITO: Eva Govarts, Gudrun Koppen, Sylvie Remy



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Thank you for your attention!

Questions?

Contacts Many thanks to my colleague Kim Pack and the co-workers of Task 7.2!

ulrike.fiddicke@uba.de kim.pack@uba.de

Speaker's information

Ulrike Fiddicke has been working for the German Environment Agency, Berlin, Germany, since 2010. She already worked within COPHES and DEMOCOPHES in the area of study design and fieldwork. She received training in nutrition science and public health. In HBM4EU she is responsible for study design and fieldwork preparation, leads WP7 and Task 7.2.