A Comparison of In-Person and Virtual Recruitment of AA Samples

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Introduction

- ❖ Concerns about self-selection have plagued AA-based research
- ❖ Single-group longitudinal designs, characterized by in-person recruitment and statistical approaches controlling for self-selection biases, are the norm in AA research
- ❖ The goal of this study was to compare the demographic characteristics, alcohol use, and help-seeking of AA study participants recruited (1) in-person, and (2) via virtual platforms
- ❖ An advantage of virtual platform recruitment includes national sampling although the extent that early AA members recruited this way may differ from in-person methods is unknown

Method

Participants and Procedures

- ❖ Project TRACE (N = 253) and TMA (N = 130) recruited in-person (2004 - 2013), whereas ODAAT (N = 94) is ongoing and is largely recruiting via a virtual format
- ❖ Eligibility criteria were identical with the exception that ODAAT did not require alcohol use in the past 90 days
- ❖ For analyses, we removed 4 individuals from ODAAT that were recruited in-person and 38 individuals who did not report alcohol use in the past 90 days (virtual n = 52, in-person n = 381)

Measures

- ❖ **Demographics**: The 17-item CASAA demographic form was used to gather key information about participants
- ❖ **Form 90:** Collected 90-day retrospective daily **alcohol use** (i.e., PDA = percent days abstinent, DPDD = drinks per drinking day) and also frequency of **help-seeking** including number of days attending <u>AA meetings</u> and formal treatment attendance (i.e., <u>outpatient treatment</u>, <u>residential treatment</u>, <u>mental health medication</u>)
- ❖ **Alcohol Dependence Scale:** 25-item measure developed to assess alcohol dependence syndrome (Skinner & Allen, 1982)

Analyses

- ❖ Independent samples t-tests with bootstrapping were conducted to compare samples on continuous outcomes, and chi-square tests were conducted to compare samples on categorical outcomes
- ❖ Bivariate correlations were computed among baseline variables across samples with differences examined using Fisher r-to-z transformation

Results

- ❖ As shown in the Table 1, we found significant differences between the samples recruited virtually vs. in-person on several variables
- ❖ The virtual sample was significantly older (d = .566), included more females (Φ = .269), was more predominately non-Hispanic white (Φ = .214) with less Hispanic participants (Φ = .177)
- ❖ The virtual and in-person samples did not significantly differ on levels of abstinence at baseline (d = .168), levels of drinking (DPDD, d = .231), or alcohol dependence symptoms (ADS, d = .035)
- ❖ The virtual sample did report significantly higher levels of help-seeking including higher levels AA attendance (d= .747), outpatient treatment (d = .451), and higher likelihood of taking medications for mental health symptoms (d = .528)

Table 1. Comparisons between Virtual and In-Person AA Samples

Variable	In-Person (n = 381)	Virtual (n = 52)	Statistic	p-value
Demographics	M (SD)	M (SD)		
Age	38.54 (9.70)	44.23 (12.33)	t=3.83	.004*
% Female	38%	79%	χ^2=31.43	<.001*
% non-Hispanic White	35.2%	67.3%	χ^2=19.86	<.001*
% Hispanic	44.1%	17.3%	χ^2=13.59	<.001*
Paid for Work	.21 (.26)	.21 (.30)	t=.063	.955
Incarcerated	.06 (.15)	.00 (.00)	t=7.39	<.001*
Alcohol Use	M (SD)	M (SD)		
PDA	.54 (.31)	.60 (.35)	t=1.02	.291
DPDD	16.52 (11.70)	13.66 (16.78)	t=1.56	.222
ADS	48.46 (9.52)	48.79 (9.01)	t=0.24	.813
Help-Seeking	M (SD)	M (SD)		
AA Meetings	.17 (.19)	.32 (.30)	t=3.60	.005*
Outpatient Treatment	.04 (.09)	.08 (.12)	t=2.44	.020*
Residential Treatment	.02 (.08)	.06 (.13)	t=1.82	.088
Mental Health Med.	.26 (.41)	.48 (.48)	t=3.19	.004*

- ❖ As shown in Table 2, the associations among baseline variables were comparable across samples with the only exception being the association between PDA and ADS scores (p=.03)

Table 2. Bivariate Associations Across In-Person (bottom half) and Virtual (top half) Samples

Variable	AA Attendance	PDA	DPDD	ADS
AA Attendance		.229	.065	.032
PDA	.168		.226	.135
DPDD	.056	-.037		.438
ADS	.057	-.196	.377	

Discussion

- ❖ The virtual, nationally recruited sample had large demographic differences compared to in-person, locally recruited samples
- ❖ In particular, the virtual sample included more females but had lower racial/ethnic diversity (i.e., predominately non-Hispanic white)
- ❖ The in-person vs. virtual samples did not differ on baseline alcohol use variables, but the virtual sample did report higher levels of help-seeking
- ❖ Given our virtual recruitment from a recovery-oriented website, we are likely oversampling those who attend AA meetings virtually, which may be more accessible for females in particular (due to the 'Second Shift' phenomenon)
- ❖ It will be important to distinguish whether our participants are predominately attending AA meetings virtually or if they are supplementing in-person meetings with virtual meetings, which may account for higher AA attendance in the virtual sample
- ❖ Correlations among key study variables were comparable across samples at baseline, highlighting that baseline mean differences may not affect covariance differences
- ❖ Although we focused our comparisons on virtual vs. in-person recruitment, TRACE/TMA and ODAAT differed in other ways that may have impacted our results
- ❖ For example, ODAAT recruitment began during the COVID-19 pandemic 8-16 years after TRACE/TMA data collection

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