

Instituto Nacional de Salud Pública
Centro de Investigación en Salud Poblacional



ESMaestras

**Investigación para mejorar
la salud de la mujer**

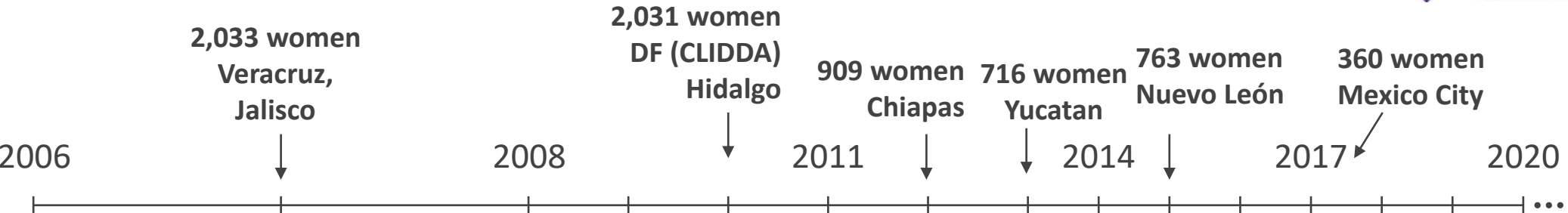
Mesa 6: Seguimiento y adherencia de participantes

Ruy Lopez Ridaura y Martin Lajous: Investigadores principales

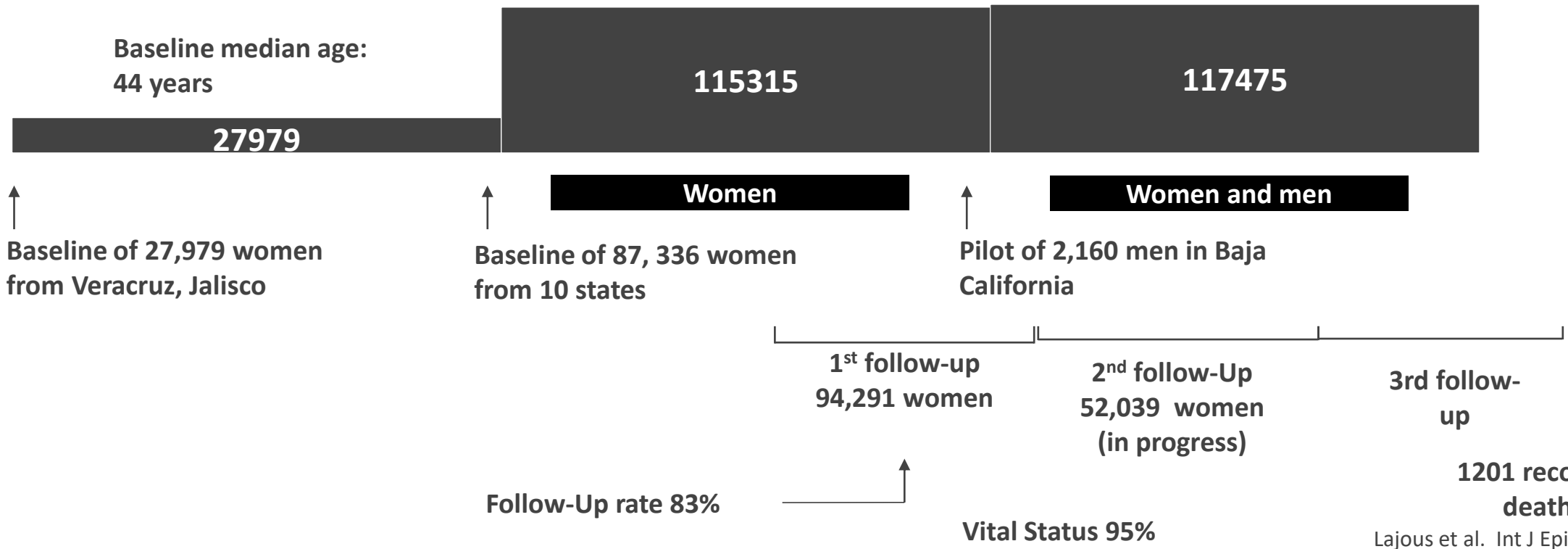
Cohort and clinical sub-cohort (Fixed cohort)



Sub-cohort



Main cohort



Data collection and follow-up

Paper questionnaire and newsletter distribution and retrieval

Documents sent and received by schools through TIP at little to no cost

Vital status and contact information through access to TIP and pension fund manager (ISSSTE)

Known vital status 95%

Contact information

Home address 84%, work address 100%, email

Call center

Short questionnaire

1st follow-up:	Paper	69.3%
	On-line	2.3%
	Telephone	11.1%

82.7%

Outcomes incidence

Every follow-up cycle we asked for medical diagnosis of more than 20 outcomes

Multiple cancer sites, CHD, Stroke, HF, PAD, Diabetes, COPD, POS, autoimmune diseases, gastrointestinal diseases, etc.

After 10 year: Breast can:393, other cancer:783, CHD:449, stroke:163, T2D; 2,768, HTA: 2,916.

Self-reported outcomes

Cancer, CHD and Stroke: supplementary questionnaire + medical record review.

Ethical and legal barriers: Who is the owner of the medical record?

Diabetes and Hypertension: supplementary questionnaire only

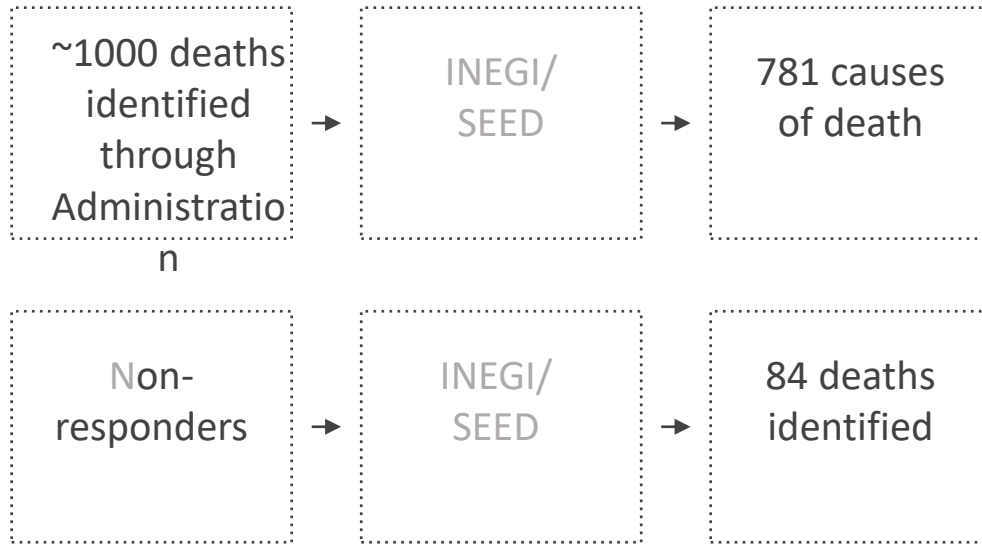
Validation in process.

Linkage with administrative data

Mortality, hospital discharges, electronic medical records, etc.

Ethical and validity issues.

Mortality follow-up



Access to non-anonymized version of the database for cross-linkage

Institutional agreements

Cross-linkage with specialized software (SOUNDEX/ LinkPlus).

Homonyms are common in Mexico, requires intensive additional manual review

Matched 90% of deaths (94% for deaths prior to 2010)

Validity of database: Evaluation comparing Mexican Death Index vs. medical record review necessary

Additional information: 66 % deaths occurred in a medical facility and 87 % the medical facility can be identified

Identification of outcomes: Provides information on diseases not previously reported by participants (up to 6 diagnoses reported)

Follow up strategies

Our main challenge is to create and maintain identification of participants with the project with no individual benefits.

Distribution of objectives and results in local education communications.

Radio interviews and podcast.

Promotional videos.

Paper and electronic bulletins with recommendations.

Social networks: Facebook, YouTube, Instagram, WhatsApp groups.

Webpage and periodic mailings.

Limited impact.

New round of focal groups.

Mass media networks.

“embajadoras” in each state.

Social marketing experts

