

[CAPABILITIES]

Clinical trials embedded in the communities they serve.

A community-based delivery model built to reach patients the traditional site model leaves out, and to run their visits to the same standard wherever they happen. Every figure on this page is dated, and every claim links to the page that evidences it.



COMMUNITY RESEARCH SITE | HAWTHORNE HEALTH

[COMMUNITY SITES] • [AT-HOME VISITS] • [HYBRID DELIVERY]

The traditional model concentrates research where most patients are not.

Three constraints keep trials out of reach. Each figure is attributed, because a capability claim that cannot be checked is worth less than one that can.

[01]

Geography

67% of U.S. counties host no clinical trial recruitment at all.

GoodRx Research, 2022

[02]

Trust

Patients trust a known provider 2.5 times more than a research site doctor.

CISCRP Perceptions & Insights Study, 2025

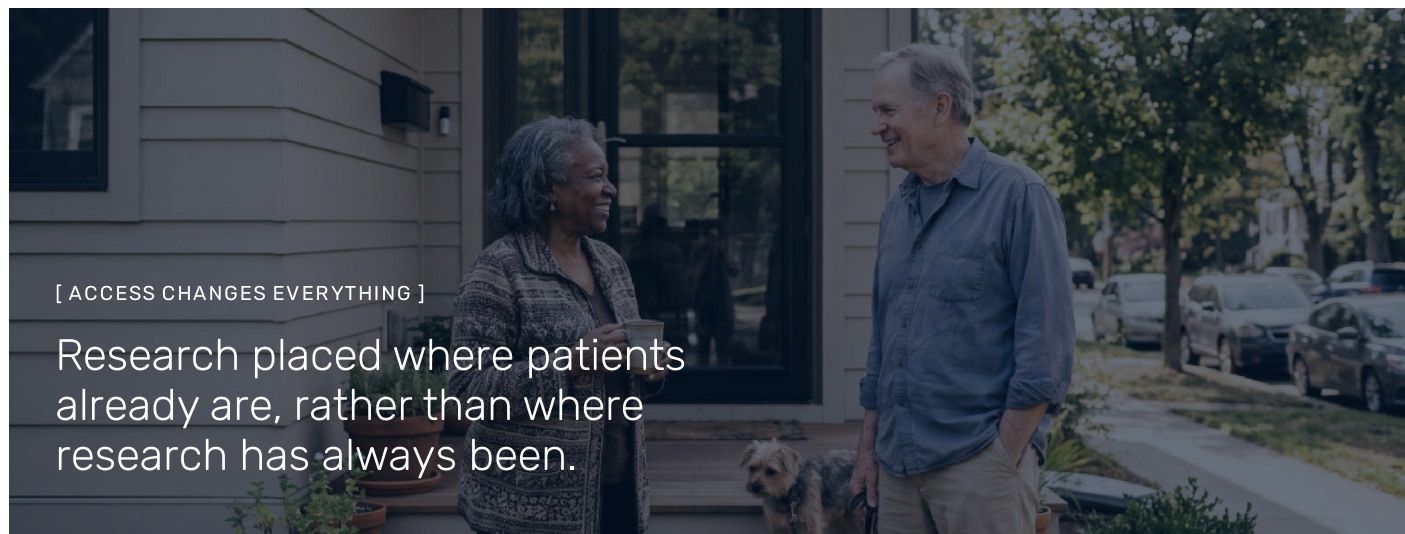
[03]

Convenience

70% of patients live more than two hours from a study site.

Sanofi, BioPharma Dive, 2019

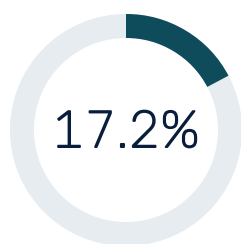
Greater access improves enrollment performance, retention, protocol adherence, and timeline predictability.



[WHO LIVES AROUND OUR SITES]

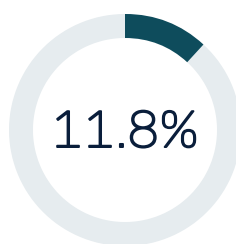
We can tell you who is within reach of each site before feasibility begins.

Our 9 site communities hold 1,155,384 residents, and 19,323,080 counting the counties and nearby cities those sites draw from. The figures below are what a sponsor is really asking about when they ask about access.



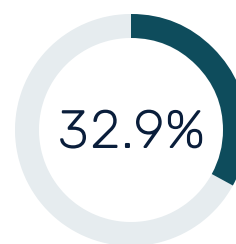
of the population around our sites is 65 or older

Population-weighted across the site areas



are without health insurance

A group conventional sites rarely reach

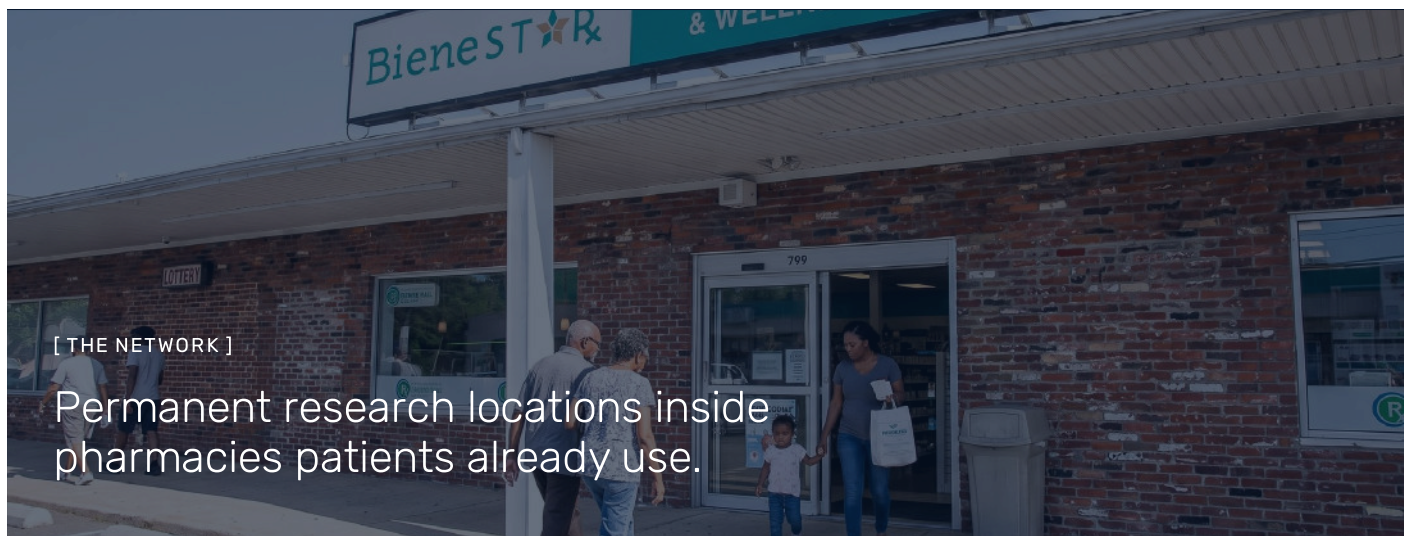


speak a language other than English at home

Which shapes consent and materials, not just recruitment

U.S. Census Bureau QuickFacts: population estimates July 1, 2025, other figures ACS 2020–2024. Percentages are weighted by the population of each site area, so a large community counts for more than a small one. Every site page carries its own breakdown.

See the community around each site →



[THE NETWORK]

One operating model, delivered three ways.

Community sites, at-home visits, and hybrid studies that use both. One contract, one project manager, one quality system across all of them.

12

pharmacy-based community sites

30+

investigators across multiple therapeutic areas

2,000

GCP-trained nurses under one quality system

50

states covered by our at-home nurse network

Network figures as of September 1, 2026.

[COMMUNITY SITES]

Research inside pharmacies patients already use.

Permanent research locations in independent community pharmacies, each led by a local principal investigator and staffed by a full-time coordinator.

[The site network →](#)

[AT-HOME VISITS]

Study visits in the home, in all 50 states.

GCP-trained nurses trained on the protocol, under Hawthorne oversight and documentation standards, delivering in-home visits since 2015.

[At-home delivery →](#)

[HYBRID DELIVERY]

Sites and homes inside a single study.

One provider covering both settings, so a participant who cannot travel is not a screen failure and the sponsor still holds one contract.

[Hybrid studies →](#)

[PUBLISHED RESEARCH]

A 3,000-participant national prevalence study whose echocardiograms were performed in participants' homes, in all 50 states.

Hawthorne Health supported the Cardiovascular Research Foundation on PREVUE-VALVE. We contacted eligible individuals to obtain informed consent and schedule the study procedures, and our sonographers performed the echocardiograms in participants' homes, in all 50 states, to the core laboratory's acquisition protocol.

An independent research organization (Hawthorne Health) then contacted eligible individuals to obtain informed consent and schedule the study procedures.

PREVUE-VALVE, METHODS

3,000

participants, each receiving a comprehensive transthoracic echocardiogram at home

50

states represented, in a cohort 14.6% non-Hispanic Black and 9.4% Hispanic

8.2%

weighted prevalence of moderate or greater valvular heart disease

4.7M

Americans aged 65 to 85 estimated to have it today, rising to 6.5M by 2060

Earlier prevalence studies drew on people who already had a clinical reason for an echocardiogram, or who were well enough to travel to a medical facility. This one went to the participants instead, and the authors conclude it establishes the feasibility of large-scale decentralized cardiovascular imaging.

The investigators thank Michael Arevelo, Ah'Shira Arana, and Caroline Callison of Hawthorne Health in the paper's acknowledgments.

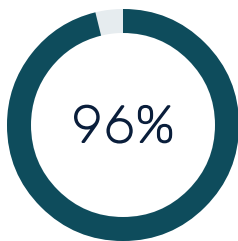
Brener MI, et al. Senior author: Cohen DJ. Population Prevalence of Valvular Heart Disease in the United States: The PREVUE-VALVE Study *Journal of the American College of Cardiology*. J Am Coll Cardiol. 2026;87(23):3227-3239. doi:10.1016/j.jacc.2026.02.5137 (NCT05357404)

[PubMed →](#) [Second paper from the same cohort →](#)

[EVIDENCE]

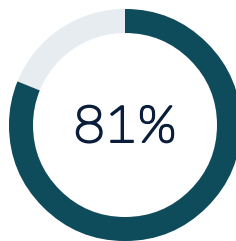
Studies we have run, and what they delivered.

Operational figures from our own records, dated and shown with the numbers behind them. Studies are identified by design and phase rather than by sponsor, the same confidentiality we extend to every program we run.



of study visits conducted
in window

Protocol-compliant visit
windows across the program



screen-to-enrollment rate

101 enrolled of 124 screened

Two results from the studies below, each carrying its denominator. Visit-window adherence is the figure a sponsor models in feasibility; screen-to-enrollment is the one that decides whether a rescue works.

[VACCINES • PHASE 3 • COMMUNITY SITES]

101 participants in five weeks as a rescue site network

101 participants enrolled • 5 weeks of active enrollment • 14 days from contract signature to first site activated

[Read the study →](#)

[CARDIOVASCULAR • DEVICE • AT-HOME AND COMMUNITY]

96% of visits in window across a below-the-knee cardiovascular program

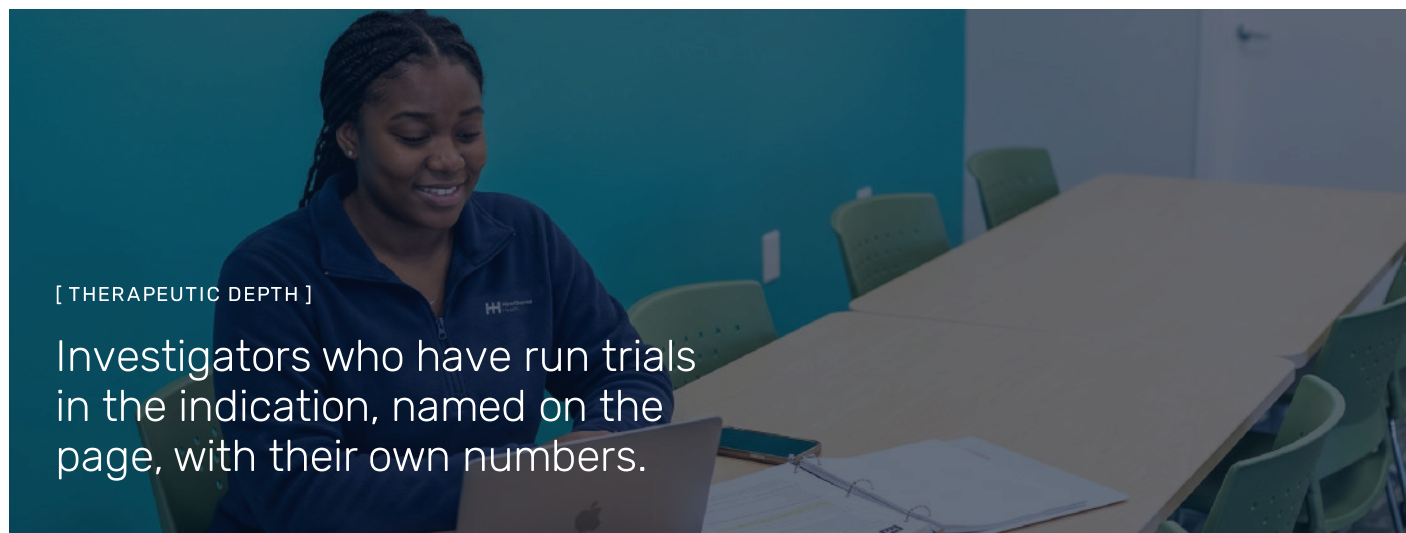
96% of study visits conducted in window • 99% reported they were very satisfied • 7 days to schedule a visit

[Read the study →](#)

[All case studies →](#)

[THERAPEUTIC DEPTH]

Investigators who have run trials in the indication, named on the page, with their own numbers.



9 therapeutic areas, each with its own investigators and its own numbers.

Not a blended corporate figure. Every area page carries the investigators who have run trials in that indication, the sites that support it, and the reach behind it.

- [Cardiology](#)
- [Neurology](#)
- [Dermatology](#)
- [Endocrinology](#)
- [Respiratory](#)
- [Gastroenterology](#)
- [Infectious Disease & Vaccines](#)
- [Rheumatology](#)
- [Rare Disease](#)

Dermatology



Respiratory



Infectious Disease & Vaccines



Gastroenterology



Rare Disease



Endocrinology



Rheumatology



Neurology



Cardiology



Trials led by the investigators who support each area, from the same records their profiles cite. An investigator who supports more than one area is counted in each, so these compare depth between areas rather than adding up to a network total.

17

principal investigator profiles, each with a full CV

80

peer-reviewed publications across 9 investigators

Investigator counts and publications are taken from the curricula vitae on file and are listed in full on each profile. [Meet the investigators →](#)

[WORKING WITH US]

One contract, one project manager, whichever way the study is delivered.

- 01 A single clinical trial agreement covers the community sites and the at-home visit network together.
- 02 Staffing is contracted before a study is awarded, so activation does not wait on availability.
- 03 Recruitment runs centrally across pharmacy referral, community outreach and digital channels rather than leaving each site to source its own candidates.
- 04 Coordinators sit on site full time, with direct authority over the pharmacy and investigator teams.

Send a protocol and we will come back with fit, coverage and a recommended delivery approach. Or write to partnerships@hawthornehealth.com.

[WHERE WE ARE]

Site pages written for a feasibility manager.

Each location page carries the community around it from Census data, the staffing model, the named investigators, the equipment actually installed, and the nearest airport for monitoring visits. 9 states with an active site today, with expansion underway.

[Research locations →](#)

[HOW IT IS GOVERNED]

One quality system across every setting.

Aligned SOPs, centralized training and delegation, investigator oversight, and source data quality-reviewed and returned to the study site within 24 to 48 hours of a visit. You are welcome to audit any of it.

[Quality and compliance →](#)

[EVALUATE THE NETWORK FOR YOUR STUDY]

Send us your protocol for a feasibility review.

We will come back with a clear view of fit, coverage, and a recommended delivery approach.

Share your protocol



See what the network delivered

partnerships@hawthornehealth.com