

Outreach and Recruitment

Overview

There were three phases in outreach and recruitment; each is described in this section

- **Awareness Campaign:** A sample of members of a Medicare HMO was informed about the upcoming study in an initial contact letter and the study was mentioned in a medical group newsletter.
- **Preliminary Screening by Telephone:** A telephone interview screened for preliminary eligibility and enumerated the population; eligible respondents were invited to an informational meeting.
- **Informational Meeting:** This meeting provided an overview of the program and research; persons attending the informational meeting were invited to enroll.

Theoretical Basis of Recruitment Strategies

Four theoretical perspectives inform the outreach and recruitment strategies used by CHAMPS: social marketing, social influence, the transtheoretical model, and motivational interviewing. We briefly summarize each perspective and then describe the specific strategies to recruit participants.

Social Marketing

“Social marketing is the application of commercial marketing technologies to the analysis, planning, execution, and evaluation of programs designed to influence the voluntary behavior of target audiences in order to improve their personal welfare and that of their society.”²

Social Influence

Social influence theory posits that persons of authority can effect change in individuals’ behavior because they are trusted. By following the recommendations of an authority figure, individuals may come to believe that they are making good decisions. Individuals may also influence others through building and maintaining relationships.³

The Transtheoretical Model: Stages of Change

The transtheoretical model of behavioral change⁴ is widely accepted by behavioral scientists to explain the process of behavioral change. The model suggests that individuals’ readiness to make behavioral changes recommended by an educational intervention are tied to their mental stage of

² Andreasen, A. R. (1995). *Marketing Social Change: Changing Behavior to Promote Health, Social Development, and the Environment*. San Francisco: Jossey-Bass.

³ Cialdini, R. B., & Trost, M. R. (1998). Social influence: social norms, conformity, and compliance. In D. T. Gilbert, S. T. Fiske & G. Lindzey (Eds.), *The Handbook of Social Psychology* (Fourth Edition ed., Vol. 2, pp. 151-192). Boston: The McGraw-Hill Companies, Inc.

⁴ Prochaska, J. O., & DiClemente, C. C. (1983). Stages and processes of self-change of smoking: Toward an integrative model of change. *Journal of Consulting and Clinical Psychology*, 51, 390-395. and Prochaska, J. O., Redding, C. A., & Evers, K. E. (1997). The Transtheoretical Model and stages of change. In K. Glanz, F. M. Lewis & B. K. Rimer (Eds.), *Health Behavior and Health Education* (2nd ed.). San Francisco: Jossey-Bass Publishers.

readiness. The model posits a series of stages of readiness: the *precontemplative* stage (not even thinking about changing); the *contemplative* stage (thinking about changing); the *action* stage (making efforts toward change); and the *maintenance* stage (maintaining the changes).

Understanding the stage that the patient is in at the time of intervention can assist with tailoring messages and strategies.

Motivational Interviewing

“Motivational interviewing is a directive, client-centered counseling style for eliciting behaviour change by helping clients to explore and resolve ambivalence. It is most centrally defined not by technique but by its spirit as a facilitative style for interpersonal relationship.”⁵ The technique involves asking open-ended questions, listening reflectively, and reinforcing positive statements about changing the desired behavior, and has been shown to be effective in engaging patients in treatment and facilitating behavioral change.⁶

See Appendix 1: Motivational Interviewing Principles, Strategies, and Skills

Developing Recruitment Messages and Materials

Gathering Information from Targeted Community

Five focus groups and several individual interviews with staff members at senior-service agencies, volunteers at senior centers, and health educators at the medical group were used to gather information about existing programs, community needs, and planned outreach/recruitment materials. Focus group topics included:

- Aging, active living, exercise, and physical activity
- Motivators and barriers to joining a program such as CHAMPS
- Evaluation of recruitment materials which included an envelope, an initial contact letter, a response post card, and use of a telephone invitation to an informational meeting

Developing Invitational Messages

We developed several stage-appropriate messages that were used at the end of the telephone interview to recruit new participants. A computer-assisted telephone interview (CATI) program was written to assign respondents to one of three groups: (1) individuals ready to attend an informational meeting; (2) individuals reluctant to join an action-oriented program; and (3) ineligible individuals. Subsequent conversation with each respondent was guided by his or her group assignment. The CATI program generated a script for the balance of the conversation, based upon prospective participants’ eligibility status and readiness to hear about exercise. CATI interviewers were trained in motivational techniques in order to have a dialogue with respondents in the second group.

Using Social Influence Theory to Reinforce Program Credibility

Based on the assumption of social influence theory that advice from trusted authority figures can facilitate individuals’ behavioral change, we enlisted the endorsement of the medical group and a

⁵ Rollnick, S., & Miller, W. (1995). What is motivational interviewing? *Behavioural and Cognitive Psychotherapy*, 23, 325-334.

⁶ Miller, W. R., & Rollnick, S. (1991). *Motivational Interviewing*. New York: The Guilford Press.

noted geriatrician to increase potential participants' interest in the program and establish the legitimacy and value of CHAMPS.

Phase One of Recruitment: Awareness Campaign

Defining our population as members of an HMO in a medical group enabled us to use proactive methods to reach potential participants. This took two forms: 1) an article in the monthly medical group newsletter about the upcoming study, which was mailed to billed patients and distributed throughout the medical group facilities, and 2) an initial contact letter to sampled persons from a geriatrician at the medical group. The initial contact letter was printed on the medical group's letterhead, and was signed by a well-known geriatrician.

See Appendix 2: Initial Contact Letter

Phase Two of Recruitment: Preliminary Screening by Telephone

The initial contact letter was followed up by a telephone survey, which included questions on the following topics:

- Eligibility criteria
- Health behavior and/or risk factors (e.g., exercise, smoking, weight, stress)
- Health status
- Exercise readiness
- Social support
- Transportation issues
- Satisfaction with own health and fitness
- Confidence about own physical activity ability
- Restricted activity days (health limitations in daily activity)
- Interest in learning more about various health topics
- Knowledge of current physical activity guidelines

Verbal Invitation to Invitational Meeting and Use of CATI Program

Persons who were not eligible were thanked for their participation at the conclusion of the interview. For those who were eligible, aided by the CATI program, CHAMPS interviewers customized the recruitment message based on their perceived readiness to attend the informational meeting. Motivational strategies were used particularly at this stage of the telephone interview in which invitations were being made.

Respondents were judged as "ready" if they said they had **thought about doing some physical activity AND were interested in learning more about physical activity**. These respondents were thanked for taking the survey and invited to attend the informational meeting to hear about a new health program.

Respondents that were judged as "less ready" to attend the informational meeting included those that had **thought about doing some physical activity but were NOT interested in learning more about physical activity** or that were **completely inactive**. These individuals were also invited to

learn more about the study by attending a group informational meeting, however, the conversational scripts differed to account for their possible ambivalence. An example of one of these scripts and a typical dialogue are presented below.

Example of a Motivational Script

The following script was used with respondents who indicated in the telephone survey that they were not physically active but were considering becoming more active, and **were not** interested in learning more about physical activity:

Use MI approach. Pick two or three topics to probe for further information.

We're almost finished. Thank you for being so helpful. I have just a few more questions to ask based on some of your previous answers. These are open-ended questions so I will be writing down your responses as we speak.

You mentioned that you were not currently setting aside time to do exercise such as brisk walking or swimming but you have been thinking about starting something. What can you tell me about that? (REFLECT BACK ANSWER AND CONTINUE TOPIC). If you wanted to add more physical activity to your day, what activities would interest you? (PARAPHRASE ANSWER AND EXPLORE TOPIC).

- ❖ Pick other topics from survey questions about confidence, safety issues, energy levels, time constraints.
- ❖ End conversation with invitation.

Thanks so much for giving me your time. We're looking for older adults such as you who (INSERT SOMETHING POSITIVE RESPONDENT SAID SUCH AS)

.....are willing to try new ideas

.....interested in being able to live independently

.....want to continue taking trips with grandchildren

As the letter from Dr. Bortz mentioned, we are working on a project to find ways to help older adults improve their overall health and well-being. I'd like to offer you an invitation to hear about the free program that is part of this project.

Theoretically, the extra time spent in conversation with a respondent helps to establish rapport and perhaps encourages him/her to be “more ready” to respond in a positive manner to the invitation to attend the information meeting. The conversation provides an opportunity for the respondent to think more about the possibilities for being physically active and also offers a forum to express concerns about barriers to physical activity.

Phase Three of Recruitment: Informational Meeting

Purpose

- To describe the program in detail (what to expect, who can participate, participant requirements, activities available)
- To emphasize the benefits of increased physical activity for people of all ages and functional levels
- To emphasize the individualized nature of the program
- To motivate potential participants to enroll in the program

See Appendix 3: Informational Meeting Agenda and Script

Group informational meetings were held at the auditorium of the medical group over a 5-month period. Attendance at the meetings ranged from 14 to 42 prospective participants.

Motivational Speaker and Message

The motivational speaker, Dr. Walter M. Bortz, II was well-known at the medical group as a geriatrician and is the author of several books on aging.⁷ His message emphasized these points:

- There is a link between exercise and physical functioning
- The aging process is affected by lifestyle choices
- Many health conditions are associated with aging - muscle weakness, joint stiffness, and shortness of breath – but are in part caused by disuse of the associated muscle, joint or cardiovascular system
- There is no time to waste. Anyone at any age can benefit from starting to exercise
- Participation in CHAMPS II will help answer some scientific questions.
- Participation in CHAMPS II may help maintain or improve one's ability to function as independently as possible

Slide Show

A slide show was presented of older adults participating in various physical activities. The central messages of the slide show were

- Almost everyone can enjoy exercise;
- Expensive exercise clothes are not necessary;
- A wide variety of activities is available; and
- Exercise can be done alone or in a group.

The slide show also informed potential participants about the research study design, including what the study hoped to accomplish, the scientific importance of a randomized design, and enrollment requirements, including the time commitment for data collection.

Recruitment Mechanisms

It was emphasized that individuals did not have to be ready to increase their physical activity to join the program.

"This is an individually tailored program. We will work with you to help you accomplish what you want to accomplish. We'd like you to enroll in the program whether or not you are ready to increase your levels of physical activity."

Attendees indicated their interest in joining CHAMPS II by responding "yes," "no," or "maybe" on a response card placed on each seat. Those who responded "yes" were asked to sign-up for the study and schedule an enrollment appointment. Participants who said "yes" but did not sign up were called to schedule an appointment.

⁷ Bortz, W. M. (1996). *Dare to Be 100: 99 Steps to a Long, Healthy Life*: Fireside.

Bortz, W. M., & Tennant, R. (2001). *Living Longer for Dummies*. New York: John Wiley & Sons.

Telephone interviewers trained in motivational interviewing skills called attendees that answered “maybe” on the response card. These interviewers worked with potential participants to explore their hesitation to exercise, help resolve their ambivalence about exercising, and overcome barriers to joining the study.

See Appendix 1: Motivational Interviewing Principles, Strategies, and Skills

Enrollment Folders

Staff handed out (or mailed) folders with the needed enrollment forms to each attendee who wished to enroll in the program. Staff asked attendees to complete the forms on their own and bring them to the enrollment appointment, at which time staff members would assist them with any problems they encountered with the forms. The forms included:

- Information about the study
- An informed consent form
- A medical history and a baseline questionnaire
- A physician contact form that gave permission for project staff to notify each patient’s primary care physician about the patient’s participation in the project

Participant Reactions to Informational Meetings

Program enrollees rated the informational meeting as “very helpful,” and stated that it encouraged them to start and “stick with” their individual physical activity regimens. During focus groups at the conclusion of the intervention, participants (especially men) noted that this meeting was an important motivating factor for joining CHAMPS.⁸

⁸ Gillis, D. E., Grossman, M. D., McLellan, B. Y., King, A. K., & Stewart, A. L. (2002). Participant's evaluations of program components of a physical activity promotion program for senior (CHAMPS II). *Journal of Aging and Physical Activity*, 3, 336-353.