

Identifying effective strategies to increase recruitment and retention in community-based health promotion programs

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EXECUTIVE SUMMARY

It is well established that physical activity and healthy eating programs have the potential to improve the health and well-being of the community. A number of organisations in Australia run healthy eating and physical activity programs in the community to reduce the burden of disease resulting from poor diet and physical inactivity. However, recruiting and retaining participants into these programs is challenging. Improving recruitment and retention rates is essential to increase program reach and thus maximise benefits to the health and well-being of the community.

The purpose of this report is to identify effective and successful strategies for recruitment and retention of participants in community-based physical activity and/or healthy eating programs. This was achieved in two ways. Firstly, a literature review of programs conducted in community settings, with an emphasis on promoting physical activity and/or healthy eating was undertaken. Secondly, interviews with key informants from stakeholder organisations working in community-based programs were conducted. The combined results were used to develop recommendations for community-based programs to maximise recruitment and retention.

The literature review identified 38 articles published between January 2000 and December 2011, and three reports from the grey literature that reported on recruitment and/or retention strategies utilised. However, only a small proportion reported the effectiveness of the recruitment strategies used. No studies reported the effectiveness of single retention strategies used, as most studies combined multiple approaches.

A range of recruitment strategies were reported in the literature, including use of printed materials, newspaper advertisements, face to face and telephone contact, referrals/word of mouth, electronic and internet media, targeting relevant organisations and providing compensation/incentives. The two most popular strategies were the provision/display of printed materials and face-to-face/telephone contact. The effectiveness of these strategies varied depending on the target group for the program. For example, school newsletters were found to be effective in one program for recruiting adolescents; however targeted mail was shown to be effective for recruiting older adults. Given the limited number of programs reporting effectiveness of recruitment strategies in the literature, it is difficult to determine which strategies are most effective. Therefore, to optimise recruitment, organisations and program planners are likely to require *different approaches* depending on the population group of interest and the program.

With regard to retention strategies, four were identified from the literature: 1) encouraging a sense of community ownership, 2) generating participant interest in their health, 3) providing tangible support and flexibility, and 4) providing incentives/compensation. As most programs used multiple retention strategies and effectiveness of the various strategies was not reported, it is not possible to comment on effectiveness of the individual strategies.

In the literature review, a qualitative paper which investigated studies conducted in research-based settings was identified which reported on the effectiveness of different strategies for retention. Effective retention strategies across a range of target groups were identified as flexibility, emphasising benefits of participation, and tracking of participants. The provision of incentives, tangible support and flexibility were also reported as being effective for specific target groups.

Twenty-five interviews (18 telephone, 7 face-to-face) were conducted with key informants from 22 organisations early in 2012. Eight were state/national Non-Government Organisations (NGO's), four were local NGO's, nine were City Councils and one was a University involved in community research projects. During the interviews, the key informants were asked to identify recruitment and retention strategies that they felt were effective or less effective in community-based programs.

The most commonly reported recruitment strategy was word of mouth, which was also considered the most effective, particularly for existing programs. The provision and displaying of printed materials were commonly used to target large numbers of participants within targeted populations. Advertising through print media (newspapers) was also used for these reasons, but costs were more prohibitive for smaller organisations. Using current programs to promote new programs i.e. cross-promotion and developing links with community organisations/groups were also reported as being effective.

The key informants often discussed program delivery aspects, such as the development of social networks, having flexibility within programs, and employing qualified program leaders, as being effective retention strategies. Developing community ownership was also cited as an important factor for the ongoing retention and the sustainability of different programs.

The issue of charging participant fees elicited mixed responses from key informants with some commenting it had the potential to be an effective recruitment and retention strategy as it added a perceived value to the program. In contrast, others noted it could be a deterrent to program participation, particularly in populations such as the elderly.

While the findings from the literature review and the key informant interviews demonstrated some similarities in recruitment and retention strategies, some inconsistencies did exist. From the literature, the provision of printed materials and face-to-face contact were the most common recruitment strategies used, while word of mouth was the most common recruitment strategy used by the key informants. In terms of retention strategies, the provision of incentives was mentioned in the literature, however no key informants mentioned using incentives; rather promoting the social element of the program was mentioned as important by the key informants.

Overall, there is limited information in the literature regarding the most effective strategies to recruit and retain participants in community-based health promotion programs. Whilst various strategies are described, their effectiveness is rarely reported. What is clear from the literature is that the types of strategies used must vary depending on the target audience for the program as different strategies appear to be better suited for different sub-groups of the population.

Information obtained from key informant interviews confirmed that different strategies are required for different population groups and also highlighted the lack of evidence available around effectiveness of both recruitment and retention strategies.

Based on the literature review and the key informant interviews, the key strategies that are most commonly utilised by community organisations and appear to be the most effective are:

Recruitment:

- Word of mouth and referrals
- Printed materials disseminated through various avenues
- Cross promotion of programs
- Links with relevant organisations/groups

Retention:

- Encouraging a sense of community ownership
- Offering socialisation within the program
- Recruit a suitable leader
- Flexibility and tangible support

In order to build an understanding of the most effective recruitment and retention strategies, it is important for future community programs to describe and report on recruitment and retention strategies to determine if they achieved their goals.

OVERVIEW OF REPORT

This report is structured into four sections. The first section provides background information regarding physical activity, nutrition and health in Australia and defines the key terms used in this report (i.e. recruitment and retention).

Section two provides the results of a literature review that draws on published literature to examine strategies that have been used to recruit and retain participants into physical activity and healthy eating programs.

In the third section, the results from interviews with key informants from a range of stakeholder organisations are presented. These results reflect recruitment and retention strategies that have been employed in community-based physical activity and healthy eating programs and participant views of their effectiveness.

The final section of the report provides a summary of the key findings and provides recommendations for future practice with a view to maximising recruitment and retention in community-based health promotion programs.

SECTION 1: INTRODUCTION

1.0 Background

Although physical activity and healthy eating programs have the potential to improve the health and well-being of the community, recruiting and retaining participants in these programs is a difficulty faced by program organisers and can often prove to be the defining factor in program success.

Despite a growing understanding of the importance of physical activity and of a healthy diet, at least 40% of the Australian population are insufficiently active (1), and in 2007-8 around 50% of Australian adults were not consuming adequate fruit and over 90% were not consuming adequate vegetables daily (2). Physical inactivity and low consumption of fruit and vegetables are ranked 4th and 7th, respectively, as leading modifiable risk factors contributing to the burden of disease in Australia across all age groups (3). Physical inactivity and poor nutrition are risk factors for many adverse health outcomes including type 2 diabetes, cardiovascular disease, overweight and obesity (4).

The prevalence of overweight and obesity in Australia continues to rise with results from the 2007-08 National Health Survey indicating 25% and 37% of persons aged 18 years and over were obese and overweight respectively, as measured by BMI (5). There are substantial costs to governments (via the health care system), individuals (through ill health and reduced quality of life), and society (through less productive workforce and increased disability pensions) that result from the chronic diseases associated with overweight and obesity (6). In 2008, the financial cost of obesity in Australia was estimated at \$8.3 billion. The additional cost of lost wellbeing was valued at a further \$49.9 billion, meaning the approximate total cost of obesity in 2008 was \$58.2 billion (7).

Substantial economic gains can be derived from promoting healthy eating and physical activity within the community. For example, it has been estimated that increasing fruit and vegetable consumption by just one serve per person per day in Australia would result in direct health care savings of \$180 million per year (8). Furthermore, it has been estimated that the annual direct health care cost attributable to physical inactivity is \$377 million and that 122 deaths per year related to three diseases (coronary heart disease, type 2 diabetes and colon cancer) could be prevented through increasing the proportion of sufficiently active Australians by just 1% (1).

A number of organisations in Australia, such as the Heart Foundation, Cancer Council, YMCA, local government and community groups, offer healthy eating and physical activity programs to the community in an effort to reduce the burden of disease. Examples include the Heart Foundation's walking groups (walking groups implemented in local communities and led by volunteers), and the Stephanie Alexander Kitchen Garden Scheme (provides school children with the knowledge and skills necessary to grow and cook their own fruits and

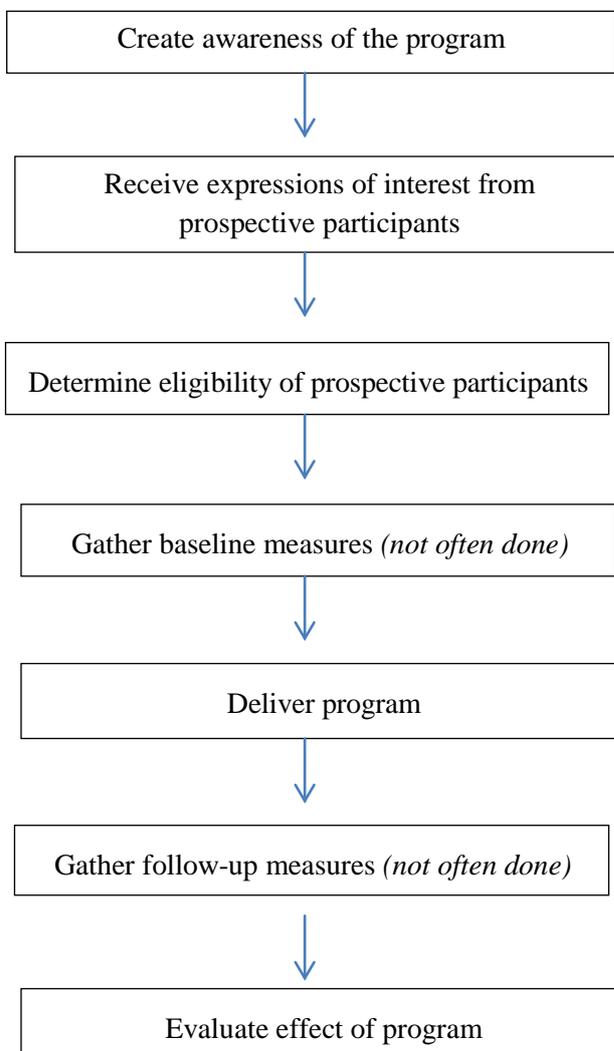
vegetables). Improving recruitment and retention rates is essential to increase the reach of health promotion programs and thus maximise benefits to the health and well-being of the community.

This report examines the effectiveness of recruitment and retention strategies employed in community-based health promotion programs to inform the development of future physical activity and healthy eating programs.

1.1 Community-based physical activity and healthy eating programs

Delivery of community based physical activity and healthy eating programs include a number of potential steps, outlined in Figure 1.

Figure 1:



(adapted from Korde *et al.* (2009) (9))

To guide the development of physical activity and healthy eating programs, a number of frameworks have been developed. One that is commonly used is the RE-AIM framework (10), which identifies the strengths and weaknesses of different approaches to health promotion, and provides key insights into what works and what may not be so effective in a number of settings and populations (see Box 1).

Box 1:

There are five elements to the RE-AIM framework (10, 11) namely:

- **Reaching** the target population;
- **Effectiveness** or efficacy of the program on the important outcomes;
- **Adoption** of the program by settings or institutions;
- **Implementation** of the program according to the program protocol; and
- **Maintenance** of program effects in individuals and/or the delivery of the program in settings over time.

While frameworks such as RE-AIM are useful for guiding the development of programs since they emphasise reach, program fidelity, evaluation and further uptake or extension of programs, details of how to effectively recruit and retain participants are often lacking. The focus is typically on evaluating the effectiveness of the program against targeted outcomes, rather than on methods of recruitment and retention.

1.2 Definitions used in this report

Recruitment: For the purpose of this report, recruitment is defined as:

The utilisation of practices and/or strategies to reach and initially involve members of the community in health promotion programs (i.e. healthy eating and physical activity).

Recruitment of participants can be a difficult task for community-based health promotion projects and is often time-consuming and expensive (12). For example, one physical activity program that yielded a total of 430 participants spent just over \$12,000 on recruitment, equating to an average cost of \$28.30 per person enrolled (12). Similar recruitment costs have been seen in other health promotion programs (13). Thus, identifying effective strategies for recruiting participants into community health promotion programs is important so as to improve the cost-effectiveness of programs and to ensure adequate program reach.

Retention: For the purpose of this report, retention is defined as:

The utilisation of practices and/or strategies to retain and ensure ongoing commitment by participants within a community health promotion program.

In community health programs participant drop-out rates are often a major concern, with many programs reporting attrition rates of more than 40% (14, 15). Since retention rates may affect programs at the individual (e.g. health benefits), organisational (e.g. funding) and community level (e.g. population health, council support), it is important that appropriate practices are identified and utilised to sustain individuals' involvement in health promotion programs. Sustained involvement in programs is necessary to maximise the effectiveness of programs in changing behaviour and to help ensure that such programs continue to be supported by funding bodies.

1.3 Purpose of this report

The purpose of this report is to identify, through a literature review and key informant interviews, effective strategies for recruiting and retaining participants in community healthy eating and physical activity programs and to develop an evidence-based set of recommendations for best-practice in recruitment and retention in community-based health promotion programs.

SECTION 2: LITERATURE REVIEW FINDINGS

2.0 Introduction

To inform the development of recommendations regarding optimal recruitment and retention strategies for community-based programs, a review of strategies reported in the published literature was undertaken.

2.1 Approach

Four online databases, Informit, ProQuest, Ebscohost, and Pubmed, were searched for relevant articles published in English between January 2000 and December 2011. Over 40 search terms were used including: 'physical activity'; 'exercise'; 'health'; 'healthy eating'; 'nutrition'; 'community'; 'program'; 'recruitment'; 'engagement' and 'retention'. Over 5000 potential articles were identified.

The following inclusion criteria were applied to the list of articles generated to identify relevant articles to include in this review: the paper reported the effects of a healthy eating or physical activity program, had some mention of recruitment and/or retention strategies, and was performed in a Westernised country. A total of 95 full papers were extracted. Of these, 57 were excluded because they did not provide adequate detail regarding recruitment/retention strategies, they were based in a research setting, and/or were not community based. A total of 38 papers were identified as providing relevant information and were reviewed.

An internet search for relevant grey literature (i.e. non peer-reviewed publications) was also conducted to inform the review. Only a few reports were identified of which three covered physical activity or healthy eating programs, and hence were included in the review.

The final review included literature reporting on community programs (i.e. applied settings), as well as published papers of community-based intervention research studies. The latter were included as there is potential for learnings from these studies to be applied to community programs, since recruitment and retention in research studies is also challenging.

2.2 Results

Of the literature that examined community-based physical activity and/or healthy eating programs, only a small percentage reported the *effectiveness* of strategies used to recruit and/or retain participants. Therefore, this review describes the most commonly utilised strategies and provides commentary (where possible) on the potential effectiveness of those strategies.

2.2.1 Recruitment strategies

A vital first step for a successful program is to maximise recruitment of eligible participants in the target population. Funding bodies consider this to be important in terms of ‘investment return’ since it increases the chances of helping as many people as possible to engage in healthy lifestyles.

There are numerous strategies used to recruit participants. Those identified in the literature review are summarised in Table 1. Table 1 highlights that a number of programs have utilised a variety of recruitment strategies, though few have evaluated the effectiveness.

Table 1. Recruitment strategies and their effectiveness (where available)

Strategy	No. of papers	Reference	Reported effectiveness (Refs)
Provision of printed materials (e.g. brochure, flyers, posters, newsletters,)	25	(12, 13, 16-38)	(12, 17, 25, 29, 30)
Newspaper advertisements	10	(12, 17, 20, 25, 28, 30, 35-37, 39)	(12, 17, 25, 30)
Electronic and internet media (e.g. TV, radio, website, email)	13	(12, 17, 23-25, 28, 30, 33, 35, 37, 39-41)	(12, 17, 25, 30)
Face-to-face or telephone contact	27	(12, 13, 16, 17, 19-24, 26, 27, 29-31, 34-38, 42-49)	(12, 17, 29, 30)
Referral/ word of mouth	25	(12, 16, 17, 21, 22, 24-27, 29, 30, 32-34, 36-39, 41, 42, 46, 48-51)	(12, 17, 25, 29, 30)
Targeting relevant organisations/program partnerships	18	(19, 20, 23, 26, 28, 31, 32, 36, 37, 40-43, 46, 47, 50, 52, 53)	N/A
Compensation/incentives	9	(13, 18, 28, 33, 34, 45, 49, 50, 54)	N/A

NOTE: Effectiveness of strategy determined after email correspondence/follow-up was conducted with authors for references 17 and 26.

The most commonly used and/or effective recruitment strategies are described below.

Provision of printed materials

From the literature reviewed, the most commonly used recruitment strategy for health promotion programs targeting healthy eating or physical activity was the provision of printed materials which advertise the program to specific individuals/target groups within the community. The delivery of printed materials varied and included, targeted and non-targeted mail outs of brochures/flyers, school and church newsletters and recruitment posters.

Out of 30 studies that provided printed materials during recruitment, only five reported the effectiveness of using the strategy (12, 17, 25, 29, 30). Overall, the effectiveness of providing print materials as a recruitment strategy was shown to be conflicting and dependent on the type and delivery mode of print material provided as well as the population group targeted.

- The effectiveness of using ***targeted mail outs*** (i.e. delivery of printed material individually addressed) was reported in three studies amongst older adults, with 9%-52% of participants enrolled through this approach (17, 29, 30). These studies utilised mailing lists from contract mailing companies, from the state department of motor vehicles, and/or from voter registration lists, which included information such as householder names, ages and addresses. In two of these studies, targeted mail outs were more effective compared to any other recruitment strategies used, including TV/radio advertisements, newspaper articles/advertisements, and word of mouth (17, 30). Both programs promoted physical activity and healthy eating, but were aimed at older adults. Thus, it is not known how effective targeted mail outs are for other population groups such as adolescents and young adults.
- ***Posters/flyers*** placed at venues/various locations was a strategy utilised by three programs (12, 17, 30) to recruit middle-aged women and older adults into health promotion programs. Although two of the articles did not specify where the posters/flyers were placed, one program recruiting women into a physical activity program placed flyers at doctors' offices, health clinics, churches, schools, community centres, day care centres, and the local recreation department. The use of posters/flyers appears to be less effective than other strategies already mentioned for recruiting middle-aged women as well as older adults since the strategy yielded 0%-6% of enrolments into the programs. This strategy was found to cost approximately \$38 per person enrolled (12).
- Information in school ***Newsletters*** was used in a physical activity and healthy eating program to recruit adolescents, resulting in 25% of participants recruited through this strategy (25). This strategy was the most effective reported for that target group (i.e. more effective than the other strategies used by the program which were radio/TV advertising, referrals by health professionals, and advertisements in local and city

newspapers). Additionally, an advertisement placed in a church newsletter was used to recruit women (aged 35-54) into a physical activity program, resulting in 6% of participants recruited through this strategy (12).

Newspaper advertisements

- The use of *newspaper articles/advertisements* was shown to yield a recruitment rate between 0%-29% (12, 17, 25). One program, which involved older adults participating in physical activity and nutrition-related counselling (17), recruited 11% of the program participants via a state-wide newspaper, whilst no participants were recruited through the use of a local newspaper. However, one community-based weight management program which focussed on healthy eating and increasing physical activity for overweight adolescents yielded a 19.9% enrolment of their participants through a local newspaper advertisement, compared to just 13.7% enrolled through the use of a larger (state-wide) newspaper (25). Although one physical activity program aimed at young to middle-aged women recruited 29% of their participants through the use of newspaper advertisements/articles, it was estimated that it cost approximately \$42 per person to use that strategy (12).

Electronic and internet media

The use of electronic and internet media such as television, radio, websites and email is a popular strategy for recruiting adolescents, young-middle aged adults as well as older adults into physical activity and healthy eating programs (12, 17, 25, 30). Although 13 programs used such strategies as their recruitment methods, just four provided details of the effectiveness of these strategies (e.g. radio/television and email). From the literature reviewed, no programs evaluated the effectiveness of websites as a recruitment strategy.

- **Radio/Television** advertising accounted for 1% to 26% of participants in health promotion programs (12, 17, 25, 30). Television advertisements (5%) were reported as less effective than radio advertisements (10%), yet cost more per person enrolled (\$69.06 vs. \$54.26) for recruiting women aged 35-54 years into a community based physical activity program (12). Among adolescents, television and radio advertising appeared to be ineffective with just 0.7% of overall participants being recruited into a weight management program through radio and 0.7% through television advertising (25).
- **Email** has shown little effectiveness in recruiting young-middle aged women into physical activity programs, with just 1% of those enrolled in a program being attributed to email recruitment (12). That program sent e-mail announcements to employees in various workplaces in the local area such as the local schools, university, city and county government, and financial institutions in an effort to recruit women. However, the effectiveness of email as a recruitment strategy for other

population groups cannot be determined as no other articles in the review reported on its effectiveness. One advantage of using email, is that it is low cost (actual cost was \$0 per person) (12).

Face-to-face and telephone contact

Providing face-to-face contact (e.g. public presentations, speaking with people at community events, and door-to-door canvassing) or telephone contact as a strategy to recruit participants into health promotion programs was the second most popular strategy found in the literature. However, of the 28 programs that utilised this strategy, only four discussed the effectiveness (12, 17, 29, 30), and reported conflicting results.

- ***Face-to-face*** contact was not found to be an effective recruitment strategy for older adults and women aged 35-54 years. One program targeting older adults recruited no participants (0%) from a public presentation (17), while only 2% of women aged 35-54 years were recruited through face to face contact at a local community event (12).
- ***Telephone contact*** was used by two programs aimed at older adults with between 4%-82% of older adults recruited using this strategy (29, 30). It should be noted that the program which managed to recruit 82% of those enrolled made just over 79,000 phone calls using an automated telephone system (like that used for telemarketing), with over 54,000 unsuccessful call attempts (e.g. no answer, disconnected or answering machine). Interestingly, within that program just 1% of Hispanic Americans were recruited via telephone, yet 72% of Caucasian participants were recruited this way (29). In contrast, another program showed 18% of Hispanic Americans were recruited via telephone, yet less than 1% of Caucasian participants were recruited the same way (30). These programs suggest that recruitment strategies may need to be tailored for different cultural groups.

Referral/word of mouth

Providing referrals and word of mouth (e.g. from friends, family members and health professionals etc.) was found to be a fairly effective strategy for recruiting participants into health promotion programs (12, 17, 25, 29, 30).

- ***Professional referrals*** by a health professional or GP were relatively effective for recruiting adolescents into healthy eating and physical activity programs (25) with nearly 19% of those recruited being referred. Another paper reported that medical referrals contributed to 7.5% of older adults recruited for a healthy eating and physical activity program (30).
- ***Personal referrals*** resulted in 17% recruitment for a walking program with older adults (29). Recruitment rates using word of mouth via family and friends were

reported to be even higher (36% and 57% respectively) in a program targeting women and another program targeting older adults, (12, 17).

Other strategies

A range of other recruitment strategies were mentioned in the literature reviewed such as targeting relevant organisations, program partnerships and incentives (e.g. use of raffles, small gifts, vouchers and cash). However, the effectiveness of these strategies cannot be determined as nothing about their effectiveness was reported in the articles included in this review.

2.2.2 Retention strategies

The retention of participants in community programs is critical to the success of health promotion programs, particularly to maximise the likelihood of positive and lasting behaviour change.

Of the papers included in our review, only 19 described a range of retention strategies and are summarised in Table 2. Table 2 highlights that although a number of programs report utilising a variety of retention strategies, evaluation of the effectiveness of such strategies is non-existent

Table 2. Retention strategies and reported effectiveness where available

Strategy	No. of papers	Reference	Reported effectiveness
Encouraging a sense of community ownership	8	(19, 21, 32, 37, 39, 47, 49, 53)	N/A
Participant interest in their health/emphasising the benefits of participation	4	(36, 38, 42, 43)	N/A
Providing transportation or other tangible support/being flexible	5	(22, 26, 28, 34, 39)	N/A
Compensation/incentives	11	(19, 21, 26, 28, 32, 34, 37, 45, 48, 49, 51)	N/A

Encouraging a sense of community ownership

Encouraging a sense of community ownership was a retention strategy employed in eight programs (19, 21, 32, 37, 39, 47, 49, 53). These programs were predominantly targeted at promoting physical activity, and included women, older adults and children. Three initiatives were community-wide. For example, one community-wide physical activity program, 'Neighbours on the move', developed a leadership committee which met monthly and comprised community residents (police officer, church pastor, school principal, businessperson, and mothers) and project personnel (project coordinator and two investigators). During the monthly meetings, committee members made decisions regarding their community's health needs and the development, implementation, operation, and evaluation of the 'Neighbours on the move' program. The retention rate of that program was not provided and therefore it is not known how effective encouraging a sense of community was as a retention strategy. Only one of these programs (47), which was targeted at women with young children, reported retention rates (79%). However, since that physical activity program encouraged community ownership (i.e. collaborating with women/participants and

community organisations) in conjunction with using other retention strategies, it is difficult to determine the effectiveness of a single retention strategy.

Generating participant interest in their health

A number of programs utilised retention strategies that focussed on emphasising the benefits of participating in the healthy eating/physical activity program, generating participant interest in their own health (36, 38, 42, 43). These programs were targeted at low income families (42), older adults (24), persons at risk of type 2 diabetes (38) or the whole community (36, 37). Just one of these programs evaluated the retention rates (38) and showed that 65% of people remained in the program. Specifically, that physical activity and healthy eating program, aimed at those at risk of diabetes within the community, provided bi-monthly group sessions whereby information on healthy lifestyle, personal discussion and written material (leaflets, etc.) were provided, focussing on disease risk in general as well as the individual's risk. An evaluation of another community-wide physical activity program found that 96% of those in the program stated that their interest in improving their own health was an important factor for their engagement (36). Thus, this may be an important retention strategy for similar programs.

Providing tangible support and flexibility

Offering program participants flexibility and tangible support was a retention strategy used within five healthy eating and physical activity programs that included new mothers (26, 34), children (39), people with diabetes (48) and the broader community (22, 28). For example, attendance was made as easy as possible in five of the programs by providing flexible program days/times which allowed participants to pick and choose the most suitable time for them. In addition, one program which was run for socioeconomically disadvantaged adults with diabetes, provided free transport to and from program sessions (48), and a walking program aimed at middle-aged to older adults was located close to public transport (22). Retention rates were provided in three program evaluations (22, 26, 48), showing 70-86% adherence. These programs were all group based and promoted social support. While delivery of a program in a group-setting is an overall attribute of the program, the social support of peers in such a setting was considered to help retain participants and therefore it is difficult to determine the effectiveness of the individual retention strategies (i.e. providing tangible support).

Compensation/incentives

The most common retention strategy used within health promotion programs was compensation/incentives. A total of 11 programs provided participants with incentives (19, 21, 26, 28, 32, 34, 37, 45, 48, 49, 51). These programs varied in the groups they targeted and included children, women, new mothers, older adults, socioeconomically disadvantaged populations and the broader community. Incentives provided throughout the programs

included gift cards/vouchers, strollers (for new mothers), swimming pool/leisure centre passes (for children), promotional products and cash. Five programs reported retention rates (21, 26, 45, 48, 51) which ranged from 70-93%. Most of these programs, however, utilised multiple retention strategies (e.g. encouraging community ownership, providing tangible support and flexibility) and therefore it is not possible to determine how effective the use of incentives are in comparison to other retention methods.

Drawing from findings of research-based interventions

In addition to the findings described above, the literature search identified a qualitative study of retention strategies used by 15 university-based behaviour change projects in the USA (54). The investigators of seven of these projects that had retention rates greater than 80% over 12-24 months, reported that the most effective retention strategies were (1) flexibility (e.g. offering home visits); (2) emphasis of benefits of participation; and (3) tracking of participants (e.g. using scheduling software/calendar; sending reminder messages to participants prior to appointments/visits). These seven projects targeted diverse populations (e.g. healthy; seniors; socio-economically disadvantaged; diseased/disabled).

However, that study found that the provision of incentives (e.g. small gifts with study logo) was considered to be the most effective retention strategy for children/adolescents; provision of tangible support (e.g. organisation of car-pooling) was most effective for participants with chronic disease; and flexibility was most effective for retention of older adults and of low-income adults (for whom incentives were also important).

It is important to note that the perceived effectiveness of these retention strategies reflects the views of those conducting the programs, rather than participants' motivations for remaining engaged (54). Further, the qualitative study only considered behaviour change programs delivered by university researchers, which may not reflect the options available and likely effectiveness of retention strategies in programs run by community groups or the public and not-for-profit sectors.

2.2.3 Overall comment

Community-based health promotion programs are delivered in the 'real-world' setting, though often without any formal evaluation, and few are described in the peer-reviewed literature. From the literature reviewed for this report, it is clear there is a lack of evaluation evidence of the effectiveness of both recruitment and retention strategies used in physical activity and healthy eating community-based programs. While it is possible that some relevant articles were missed by our search due to our inclusion criteria, the criteria were designed to optimise relevance to community-based health promotion programs delivered currently in Australia. It is also important to note that some articles reported response rates obtained, while others reported the proportion of participants recruited via specific strategies. This further complicates comparisons of different recruitment methods.

Based on the literature reviewed, the two most popular recruitment strategies used by program organisers were the provision of printed materials and face to face/telephone contact. The effectiveness of these strategies varied depending on the target group for the program. For example, school newsletters were found to be effective in one program for recruiting adolescents; however targeted mail was shown to be effective for recruiting older adults. Based on these findings, to optimise recruitment, organisations and program planners may require *different approaches* depending on the population group of interest and the program.

From the literature, it is clear that different recruitment strategies vary substantially in cost per participant recruited. This is a key consideration for program organisers, particularly those with a limited budget. Interestingly, the most expensive strategies (e.g. TV and other media advertising), were not always shown to be effective and again the key finding was that different strategies are effective for different population groups. Therefore, it is important to *further evaluate* the recruitment strategies used by programs and in particular, report on their effectiveness.

In regards to program retention, four key strategies were included in the programs reviewed and included: encouraging a sense of community ownership, generating participant interest in their health, providing tangible support and flexibility, and providing incentives/compensation. These may be promising strategies to optimise retention in health promotion programs. However, very few of these programs reported retention rates, and of those that did, most included multiple retention strategies. Therefore, it was not possible to determine how effective each individual strategy was in retaining participants in the programs.

Of the literature reviewed, only one paper reported on effectiveness of different strategies for retention. Although the qualitative paper investigated studies conducted in research-based settings, effective retention strategies across a range of target groups were identified as flexibility, emphasising benefits of participation, and tracking of participants. This same paper also reported the provision of incentives, tangible support and flexibility as being effective for specific target groups. While this study had limitations, it provides potential insight into some of the factors that may be important for retaining participants.

SECTION 3: KEY INFORMANT INTERVIEW FINDINGS

3.0 Introduction

The literature review (Section 2) identified common strategies that have been used in community-based settings to recruit and retain participants in health programs, with only a few reporting on the actual effectiveness of these strategies. Therefore, little is known as to the most successful strategies used to recruit as well as retain participants in community-based physical activity and healthy eating (health promotion) programs. To further inform the development of recommendations regarding recruitment and retention in community-based programs, interviews were undertaken with key informants from stakeholder organisations to explore their views and experiences concerning the most effective recruitment and retention strategies in community health programs. Prior to commencement, ethics approval was obtained from the Deakin University Human Ethics Advisory Group.

3.1 Aim

The aim of the interviews was to explore views and experiences regarding effective recruitment and retention strategies among practitioners involved in the delivery of community healthy eating and/or physical activity programs.

3.2 Methodological approach

Organisations with an interest in the development and delivery of programs aimed at preventing obesity and promoting healthy eating and physical activity were identified by the project team. A mix of organisations were considered including organisations with large and small (sometimes only one person) health promotion teams. Forty-four organisations were invited to participate in semi-structured interviews to discuss their experiences of using different recruitment and retention strategies in health promotion programs. These organisations were all located within a 40km radius of Melbourne's CBD for time and resource efficiency.

Organisations were initially contacted via telephone to identify a suitable contact person to participate in the interview. Follow-up phone calls and/or emails were sent until one of the following occurred: an interview was arranged, the key informant declined to participate, or the key informant did not reply after three contact attempts. Twenty-two organisations agreed to be interviewed, of which eight were state/national Non-Government Organisations (NGO's), four were local NGO's, nine were City Councils and one was a University involved in community research projects. Two separate interviews were conducted with people from three organisations due to the variety in job roles, with a total of 25 interviews conducted over a six week period in early 2012. Seven interviews were conducted face to face and 18

interviews were conducted over the telephone. All key informants provided informed consent prior to the interview taking place.

During the interviews, the key informants were asked to identify recruitment and retention strategies they use or have used, and to discuss which strategies they felt to be effective and what they felt to be less effective. Interview questions were guided by the literature reviewed in Section 2. The full Interview Schedule can be found in Appendix 6.2. The interviews were transcribed verbatim by a commercial transcription service. The transcripts were then analysed for common themes in Nvivo and coded by one researcher. These codes were then cross-checked by a second researcher. Data saturation (i.e. no new information raised in latter interviews) was reached during the interviews.

3.3 Results

The most commonly reported recruitment and retention strategies are outlined below, along with the key informant's commentary on their use and effectiveness within their programs, where applicable.

3.3.1 Recruitment strategies

Word of mouth

Word of mouth was one of the most common recruitment strategies mentioned and was considered to be the most effective, especially among key informants from small organisations. A number of organisations indicated that they did not need to undertake formal advertising through print media as word of mouth often alerted people to different programs that were running. Furthermore, they stated that personal recommendations from friends and/or family encouraged people to initially attend sessions. It was also noted that recruitment via word of mouth may be more effective in smaller communities than in large urban areas.

“We’re currently in discussions about whether it’s a deterrent to recruitment and retention, but I think word of mouth is probably one of the most powerful forms of promotion and recruitment.” Key Informant #11.

“Because we’re in a rural setting, we do tend to work off word of mouth between different people and different organisations, perhaps a bit more than what we would have done in the city, where there’s not that same level of inter-connectedness, where everybody knows everybody.” Key Informant #3.

There were however, some concerns expressed about using word of mouth to recruit participants. It was generally thought to be effective for established programs, but could not be relied upon when initiating new schemes.

“Word of mouth is believed to be the most effective [strategy], but you’ve got to get a body of people there first of all, and then show them a great time.” Key Informant #10a.

Based on the interviews, word of mouth is potentially useful for programs conducted over multiple weeks where participants can join the program at any time, but less useful for programs conducted over multiple weeks which require participants to build on skills from previous weeks. However, word of mouth can be useful in generating awareness of a program to the point of creating waiting lists for the next round of classes/sessions to start.

“We do actively seek participants for some areas. A lot of the time people call up and want to participate because they’ve heard about the program through a friend.” Key Informant #16.

Links with key organisations/groups

The creation of links with community venues/groups was mentioned by many of the key informants as being important for effective recruitment. Key informants reported that they assisted in the recruitment process by displaying advertising materials within their venues, and providing access to potential participants through existing databases, as well as via groups currently meeting at the venue.

“We had access to a lot of the Senior Citizens groups, Veterans Affairs groups, and keep in touch with them, and call representative meetings. They have databases and so on, and that’s their body of people, they have the access to advertise to people, the ability to produce their own pamphlets and things, and as well as monthly newsletters that go out to everyone in the community.” Key Informant #10a.

Referrals

Using the referral pathway was described as being an effective strategy, as well as being cost-effective.

“I guess predominantly most of our program participants are through referrals, so [relationships with others] are crucial. They are absolutely integral to that process.” Key Informant #11.

However, it was recognised that using referral as a pathway to recruitment also had limitations. For example, if the referee was not an advocate for the program, it was likely that few referrals to the program would result.

“Often it’s by referral, directly from our staff, which in some situations has worked well and in some situations has worked quite poorly. It depends on engagement of our staff with the program.” Key Informant #3.

Printed materials

Printed materials (e.g. flyers, brochures,) were commonly used to advertise programs and recruit participants. There was agreement among key informants that displaying printed materials in community venues such as libraries, churches, community halls and GP surgeries enabled organisations to target specific population groups they wished to recruit, and raised awareness of programs within the community. Of the printed materials, displaying flyers was considered by many to be an effective strategy for reaching the largest number of participants.

“We posted flyers out. I think we try to get information out wherever we can. We found libraries have been an unusual, good source of getting information out. I was surprised how many things are taken from libraries, so we post flyers at our council library, and our local council service centres.” Key Informant #9.

Cross program promotion

Cross promotion of programs was a commonly cited and highly effective strategy used by some of the smaller organisations. This strategy involved promoting new programs within programs currently running in the organisation. This allowed for fast dissemination of information to potential participants, as well as decreased project advertising costs.

“I find that the most effective or successful programs are those that are linking into existing resources and initiatives, so sort of “piggybacking” on something that’s already running.” Key Informant #19.

“It’s limited to our resources; but gradually we are working through them and saying what do we already run and could we possibly do this with?” Key Informant #16.

Face-to-face

Face-to-face recruitment was a popular strategy utilised by both large and small organisations. This strategy was often used as a one-off approach, where potential participants were targeted through community festival presentations, on the spot surveys at shopping centres and school presentations. The effectiveness of this strategy varied

depending on the target population and the type of program. For example, two key informants reported that speaking at mothers' group sessions about their programs for post-partum mothers was very effective for recruiting participants.

"You've got to actually go on your feet to one of their meetings, get a timeslot, and manage to engage them." Key Informant #10a.

Media

Using print (newspapers) media was cited as a moderately effective strategy that many organisations used to recruit participants. Television and radio advertising however were not commonly used as recruitment strategies due to the costs involved and the uncertainty of reaching the target audience. Local newspaper advertising, which has the advantage of being relatively inexpensive, was mentioned by some key informants as being effective when recruiting from within specific communities. Some organisations attempted to use media releases or advertorials to try to advertise and promote programs, despite being aware that there was no guarantee that these would result in any publicity and therefore reach the intended audience.

"In the country areas we've found that advertising in the local press was easy and cheap to obtain." Key Informant #10a.

"We're actually currently running social marketing campaigns at the moment, now, that's in print and radio. So that's where we generate interest as well." Key Informant #13.

"We've on occasion had articles in the local paper which generated a lot of phone calls after that." Key Informant #6.

The cost of media advertising prohibited many smaller organisations in particular from using it, which could directly affect the success of the program recruitment by limiting broader promotion opportunities.

"We have never used television or even radio or anything like that. It's just too expensive." Key Informant #11.

Social media

Despite many of the larger organisations using social media as a recruitment strategy, they noted that social media avenues such as Facebook, text messaging and Twitter are in their infancy, but are likely to be used more frequently in the future. Due to this, none of the key informants were able to comment on the effectiveness of social media as a recruitment strategy. Key informants reported that emphasis was on the use of Facebook and text

messaging as they are similar to word of mouth in that people comment on the program and their experience of it.

“Social media’s probably the best recruitment strategy because it creates a connection. If we advertise a program on Facebook and someone makes a comment about their success that is the type of media that really gets traction and gets people enrolling.” Key informant #17a.

3.3.2 Retention strategies

Sense of community ownership

A major theme from the interviews was the importance and effectiveness of promoting participant input and a sense of community ownership of community health projects as a retention strategy. Gathering input from participants and using this to inform aspects of the programs was mentioned by many key informants as being an effective and important element of successful retention.

“For us it’s about actually planning the project with the residents so the residents feel that they have ownership over the project, so that they do want to keep coming back, and that they will hopefully engage with the project and look at recruiting other residents to take part.” Key Informant #7.

“We worked very closely with the community in terms of some of our projects, like the community garden. We’ve had community reps on that from day one and it really has been a great partnership with the community. We have equal involvement, really. It’s all being driven equally.” Key Informant #3.

Leader

Recruiting the right person as a program leader (the person actually on the ground running the program with the participants) was a factor commonly cited on multiple occasions throughout the interviews as being very effective for retaining participants. The leader needed to have the right skills, attitude, and be able to work effectively with different people within a group. Key informants stated that the leader can be an attraction or deterrent to the program, thus the effectiveness of choosing the right leader cannot be over-emphasised.

“It really comes down to people. You can have ideas, but if you don’t have great partners or great people leading it, I reckon they can fall over just as quickly as they start.” Key Informant #9.

“From my point of view it’s just getting the right leaders.” Key Informant #21.

Social connections

Providing opportunities for socialisation was mentioned by a number of key informants as an effective retention strategy across all populations but was considered particularly effective with the older population.

“It’s creating connections with people, so your best retainer is if you can induct someone into the environment, make them feel really comfortable and introduce them to someone that has a similar interest.” Key Informant #17a.

“Because you’re targeting older adults as well, the social aspect and the networking are probably as important as the physical activity component of it.” Key Informant #6.

Flexibility and variety

Creating flexibility and variety in community programs’ content and session times were mentioned by numerous key informants as a critical component of effective retention. For example, tailoring the program session times to suit the target population was noted as important as was allowing flexibility in session attendance.

“I think a flexible approach has been really important; we try and tailor the approach we take to their needs; the amount of time they’ve got available as well as the content of the sessions.” Key Informant #3.

“The quickest way to lose someone and the quickest way to disengage people is by scheduling something in the middle of the day, when your target group are people who work.” Key Informant #3.

3.3.3 Recruitment and retention strategies

Participant fees

The majority of key informants mentioned that participant fees impacted upon recruitment and retention. Key informants expressed mixed views as to whether fees should be charged to participants, whether this attracted or deterred individuals, and whether it added value to a program. Interestingly, key informants from the larger organisations often reported charging fees for their established programs, as they felt this fostered the perception of a program’s value to potential participants and could enhance the process of recruiting and retaining individuals in programs. Some key informants also commented that charging participant fees may be useful for offsetting program costs and assisting programs to continue.

“I think it’s important to charge for programs, because if you don’t charge for them, people don’t assign value to them. You can actually use pricing as a retention strategy in a way.” Key Informant #3.

On the other hand, smaller organisations often did not wish to charge fees. They felt that fees were a deterrent to attracting new participants.

“The idea is that it’s at no cost to participants.” Key Informant 10b.

There was also discussion as to whether fees should be charged for different population groups.

“Older people do not want to pay in advance for anything because their lives are so unpredictable, and their finances are so limited.” Key Informant #10a.

Key informants also reported that most community programs have limited budgets, which can affect the success of both recruiting and retaining participants in programs depending on how much money is available for recruitment and retention strategies.

Support

Both financial and non-financial program support were mentioned by the key informants as being critical to the effectiveness of both recruitment and retention. The provision of language support (interpretation for immigrant populations), childcare (provision of childcare during programs), transportation to and from the program location, and/or financial support (concession discounts or free admission depending on the participants situation), were cited as being key elements to program recruitment and/or retention. It was noted that when such costs were budgeted into the running of the program or financed through the organisation delivering the program there was a greater chance of successful recruitment.

“Some of the programs that had the most success in recruitment had budgeted for access costs, like language support and childcare.” Key Informant #2.

“I would definitely say lack of transport is a huge issue and factor in people not participating in programs.” Key Informant #4.

3.3.4 Overall comment

There appears to be a strong need for information about effective recruitment and retention strategies and experiences in their use among program organisers. Many of the key informants were interested in participating in the present study to find out what others were doing, and to identify whether there may be other effective strategies of which they were not aware.

As stated by one key informant “*we really do wonder what else, what other advertising or promotion tactics are out there that we are missing, to be able to recruit effectively.*” Key Informant #16.

Among all reported recruitment strategies, the most common was word of mouth, and this was considered by the key informants to be the most effective strategy. Whilst its effectiveness may be limited for initiating new schemes, it was effective for existing programs and the low cost of this strategy benefited smaller organisations. Printed materials (e.g. flyers, posters) were also commonly used to target large numbers of participants, and strategic placement of such materials in community venues was effective in targeting the intended audience. A popular recruitment strategy among smaller organisations was the use of cross-promotion to advertise new programs via those that are currently running. Advertising through printed media (e.g. newspapers) was found to be moderately effective for recruiting specific populations, though the costs could be prohibitive for smaller organisations. Advertising on TV and radio was less popular due to the cost. The importance of developing links with community organisations and/or existing programs also helped to effectively recruit participants in community settings. While social media has not been widely used as a recruitment strategy to date, it is likely to play a role in future community health initiatives.

Several further recruitment strategies were identified for specific populations. For example, referrals from health practitioners (e.g. General Practitioners; physiotherapists) may help to recruit participants with a particular disease or health condition. Similarly, face-to-face meetings may help to recruit hard-to-reach populations such as first-time mothers, who could be recruited through meetings at maternal and child health centres.

When discussing effective retention strategies, key informants referred to aspects closely linked to program delivery. These included encouraging the development of social connections (which was a highly effective retention strategy for the older population), integrating flexibility and variety into the program, and employing program leaders with appropriate skills. Encouraging community ownership of programs was successfully used as a retention strategy, and was also considered to assist with the sustainability of different programs.

Contrasting views concerning program fees were expressed. A number of key informants reported that fees were a barrier to recruiting and retaining participants, particularly for some target groups such as the elderly. However, others reported that it was integral to recruitment and retention of participants, in addition to offsetting some of the costs directly associated with recruitment and retention. Decisions concerning charging participant fees will depend on a variety of factors including the target population and the sustainability of a program. Also, it must be remembered that budget will ultimately effect which recruitment and retention strategies organisations utilise and will also have an effect on their decision to charge fees or not.

SECTION 4: SUMMARY AND RECOMMENDATIONS

4.0 Final summary

Overall, there is limited information in the literature regarding the most effective strategies to recruit and retain participants in community-based health promotion programs. Whilst various strategies are described, their effectiveness is rarely reported. What is clear from the literature is that the types of strategies used must vary depending on the target audience for the program as different strategies appear to be better suited for different sub-groups of the population.

Information obtained from key informant interviews confirmed that different strategies are required for different population groups and also highlighted the lack of evidence available around effectiveness of both recruitment and retention strategies.

Based on the literature review and the key informant interviews, the key strategies that are most commonly utilised by community organisations and appear to be the most effective are:

Recruitment:

- Word of mouth and referrals
- Printed materials disseminated through various avenues
- Cross promotion of programs
- Links with relevant organisations/groups

Retention:

- Encouraging a sense of community ownership
- Offering socialisation within the program
- Recruit a suitable leader
- Flexibility and tangible support

In order to build an understanding of the most effective recruitment and retention strategies, it is important for future community programs to describe and report on recruitment and retention strategies to determine if they achieved their goals.

As discussed throughout this report, effective recruitment and retention in community-based health promotion programs is critical to the success of programs as a means of maximising reach and potential benefits to participants. Recommendations for enhancing recruitment and retention in community-based healthy eating and physical activity programs have been developed based on the results of the literature review presented in Section 2 and the results of interviews conducted with key informants presented in Section 3. These recommendations are presented in two parts: 1) recommendations for community agencies; 2) recommendations for Medibank Private Limited, and potentially other funding agencies.

4.1 Recommendations for community agencies

These recommendations are intended for community-based organisations to assist in planning health promotion programs. Every program is different in terms of target populations and program design and delivery; hence there is no “one size fits all” for recruitment and retention strategies. Therefore, it is important to use a directed recruitment and retention approach tailored to the population targeted. In addition, in order for recruitment and retention strategies to be effective, it is essential that the program on offer is of interest/relevance to the population group targeted.

4.1.1 Recruitment

Recommendation 1: Disseminate printed materials via a range of avenues.

Targeted mail-outs and the displaying/placement of fliers and posters within community venues appear to be effective for various groups within the community. Placing articles in school newsletters also appeared to be effective when targeting adolescents.

Recommendation 2: Encourage word of mouth and referrals as a recruitment strategy for all populations for existing programs.

Professional referrals as well as referrals from friends and family may assist in recruiting participants into your program.

Recommendation 3: Use current programs to promote new programs.

Use currently running programs as an opportunity to advertise and create awareness of your upcoming community program(s). If you have links with other organisations, you may also be able to do this through their current programs if permitted to do so.

Recommendation 4: Develop strong links with relevant organisations/groups.

Developing links with existing community organisations/groups provides access to community members at low cost.

Recommendation 5: Consider other strategies.

Face-to-face methods to target hard to reach populations such as post-partum mothers, telephone-based recruitment methods and print media/newspaper advertisements are other potential strategies that could be useful, depending on program budget and population group of interest.

The use of social media such as Facebook and Twitter could also be considered as they are emerging strategies and have potential for wide reach and are cost effective.

4.1.2. Retention

Recommendation 6: Foster and encourage a sense of community ownership within the program.

Involve the local community/representatives from the population group of interest in program planning and decision making to help foster a sense of ownership of the program.

Recommendation 7: Take the time to recruit an appropriate program leader.

Ensure the program leader has the right skills, is able to work effectively with different people, and can inspire the group.

Recommendation 8: Emphasise the social element of the program, especially if focussing on the older population.

Where applicable, incorporate opportunities for social connections to be made, and promote this as a benefit of being involved. Opportunities to interact with others may be particularly attractive to older adults and isolated groups.

Recommendation 9: Be flexible and provide tangible support.

Ensure that flexibility is built in to programs. Where possible, offer different days and times for people to participate, and provide tangible support such as childcare facilities, transportation and language support.

4.1.3. General

Recommendation 10: Ensure that details regarding recruitment and retention strategies adopted are documented and made available to others.

Details of recruitment and retention strategies used and their effectiveness in community-based programs, are not often reported. Ensuring that recruitment and retention strategies and their effectiveness, as well as any lessons learned are documented in all reports pertaining to the program, will allow others internally and externally to improve their practice.

4.2. Recommendations for Medibank Private Limited

To further support improved practice regarding recruitment and retention within community-based healthy eating and physical activity programs, the following are recommended:

Recommendation 11: Conduct a forum for funded organisations to discuss recruitment and retention strategies for health promotion programs.

Program organisers expressed a desire to learn from the experience of others to improve their practice and enhance the success of their programs. Whether it is web-based or face-to-face, a forum may provide opportunities for organisations to discuss and compare effective strategies that have been used in recruiting and retaining the community within physical activity and healthy eating programs, and lessons learned.

Recommendation 12: Incorporate in the funding application forms sections to describe the planned approach to recruitment and retention.

Including a specific section in funding application forms regarding recruitment and retention may ensure that principles of recruitment and retention receive adequate attention in the design and planning phases of community-based programs – and are budgeted for appropriately. Incorporating principles of recruitment and retention within criteria used to judge the quality of funding applications could also be considered.

Recommendation 13: Ensure that templates for reporting of project outcomes and lessons learned include sections on recruitment and retention (if applicable).

Including a section on recruitment and retention in final reporting forms will allow the collection of systematic information about recruitment and retention strategies employed in community-based programs and their relative success. This could then be collated and made available via the Medibank Community Fund website.

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SECTION 6: APPENDICES

Appendix 6.1 Literature review table

Note: RCT = Randomised Control Trial

Author/Date /Country	Target population	Summary of paper	Recruitment strategies used	Retention strategies used
Bazzano (2009) USA	Adults with developmental disabilities	Community-based demonstration project. Professional medical staff ran twice weekly 2 hour sessions over a seven week period focusing on healthy eating and physical activity.	1.Provision of printed materials 2.Face-to-face or telephone contact 3.Referral/ word of mouth	Not mentioned
Castro (2011) USA	Inactive older adults	12 month RCT. Peer mentors and staff delivered telephone advice on physical activity or healthy eating over a 12 month period.	1.Provision of printed materials 2.Newspaper advertisements 3.Face-to-face or telephone contact	Not mentioned
Cheadle (2011) USA	Community-wide	Community level initiative which had the goal of reducing the impact of chronic diseases through a comprehensive, co-ordinated approach as well as reducing health disparities due to chronic illness. There was a collaborative level which included making policy changes and increasing co-ordination among community based chronic disease prevention organizations. Program co-ordinators worked on expanding existing programs within the community and adding new ones. This involved policy changes, allocation of funds to schools to hire health promotion personnel, and working with the community (restaurants and organizations) to increase healthy food offerings and social support There was also a program level which included supporting chronic disease prevention activities within the community and engaging funded organizations in such policy work.	1.Targeting relevant organisations/ program partnerships	Not mentioned

Author/Date /Country	Target population	Summary of paper	Recruitment strategies used	Retention strategies used
Cheadle (2009) USA	Older adults	Consisted of networking to make connections between two or more community organizations to create new physical activity programs for seniors.	1.Targeting relevant organisations/ program partnerships	Encouraging a sense of community ownership
Coday (2005) USA	Various – this was a qualitative investigation	Consisted of several focus group meetings with the Behaviour Change Consortiums recruitment and retention committee. A detailed list of the results of these meetings consisted of 61 retention strategies, falling under 8 categories, which were then ranked according to effectiveness. These were then used as recommendations for further projects.	Not an intervention or program.	Not mentioned
Davey (2011) UK	Disadvantaged families and individuals	Community-led multidisciplinary project. Baseline data was collected through a community survey. Working groups from the community were then asked to develop specific program objectives related to lifestyle. These will then be targeted and measured over the 2 years. <ol style="list-style-type: none"> 1. Phase 1 - GIS mapping of LGA to include population density, green space, local services, land use and traffic levels. 2. Phase II included working groups and establishing intervention planning. 3. Phase III was the program development and intervention. 	1.Compensation/ incentives 2.Provision of printed materials	Not mentioned
De Silva-Sanigorski (2010) Australia	Community-wide	Community-wide multi-setting, multi-strategy intervention. It focused on increasing the capacity of Geelong and Queenscliff to promote healthy eating, active play, to decrease the consumption of high sugar drinks, and decrease the consumption of energy dense snacks.	1.Targeting relevant organisations/ program partnerships 2.Provision of printed materials 3.Face-to-face or telephone contact	1.Encouraging a sense of community ownership 2.Compensation/ incentives

Author/Date /Country	Target population	Summary of paper	Recruitment strategies used	Retention strategies used
Strunin (2010) USA	Adolescent girls	Community case-study research project. Participants met twice each week for free sessions on physical activity and health education over a three year period.	1.Targeting relevant organisations/ program partnerships 2.Provision of printed materials 3.Face-to-face or telephone contact	Not mentioned
Edward (2001) Canada	Disadvantaged families	Focus groups were conducted with parents, teachers, project staff and children to determine barriers to food programs. Project staff led the focus groups and worked in collaboration with organizations which ran food programs. Between the project staff and teachers, children and families were referred to various food programs.	1.Targeting relevant organisations/ program partnerships 2.Face-to-face or telephone contact 3.Referral/ word of mouth	Participant interest in their health/ emphasising the benefits of participation
Griffin (2010) USA	Mid-older adults	This was an evaluation paper. Two programs were examined: 'Active living every day' was delivered through 20 weekly classes of educational sessions on active living. 'Active choices' was delivered through face to face meetings as well as eight telephone counselling calls over 6 months, which consisted of education as well as goal setting and health assessments.	1.Targeting relevant organisations/ program partnerships 2.Provision of printed materials 3.Newspaper advertisements 4.Face-to-face or telephone contact	Not mentioned
Heim (2009) USA	Children in years 4-6	12 week summer camp consisting of a variety of intervention activities focusing on gardening and fresh produce for children.	1.Provision of printed materials 2.Face-to-face or telephone contact 3.Referral/ word of mouth	Encouraging a sense of community ownership
Hendrix (2008) UK	Older adults in seniors centres	Community-based fruit and vegetable intervention. Baseline data on consumption of fruit and veg was gathered through questionnaires. The intervention lasted four months, and included 16 sessions on healthy eating and physical activity.	1.Targeting relevant organisations/ program partnerships 2.Face-to-face or telephone contact	Participant interest in their health/ emphasising the benefits of participation

Author/Date /Country	Target population	Summary of paper	Recruitment strategies used	Retention strategies used
Jago (2006) USA	10-14 year old boys in boy scouts	The 'Fit for life badge' program is a 9 week RCT program covering knowledge, skills, problem solving and goal setting pertaining to physical activity and healthy eating.	1.Compensation/ incentives 2.Targeting relevant organisations/ program partnerships 3.Referral/ word of mouth	Not mentioned
Jancey (2006) Australia	Inactive older adults	RCT in which the intervention group participated in a 6 month walking group which met 2 times per week for 10-45 mins. It was led by a health or physio student. The control group participated in health surveys only.	1.Compensation/ incentives 2.Provision of printed materials 3.Face-to-face or telephone contact	Not mentioned
Kunkel (2003) USA	Low income seniors	Project staff handed out farmers market vouchers (5 vouchers of \$10 each), to seniors at a farmers market to determine if the vouchers would result in an increased fruit and vegetable intake. This was based on self-reports of income from previous surveys.	Face-to-face or telephone contact	Not mentioned
Lamb (2002) UK	Inactive middle-aged adults	RCT with a one year follow up. This project focused on increasing physical activity by creating an advice only group and an advice plus walking group.	1.Provision of printed materials 2.Face-to-face or telephone contact 3.Referral/ word of mouth	Providing transportation or other tangible support/being flexible
Lee (2011) Australia	Inactive but healthy older adults	RCT which utilised an International Physical Activity Questionnaire (IPAQ), fat and fibre barometer questionnaire and post questionnaires to gather data. The intervention group was involved in a 12 week home based physical activity and nutrition intervention designed by dieticians and physical activity specialists. The control group only completed the pre and post intervention surveys.	1.Compensation/ incentives 2.Face-to-face or telephone contact	Compensation/ incentives
Levine (2002) USA	Children Kinder-year 4	An educational and promotional initiative consisting of two components: 1) training and technical assistance provided school nutrition and foodservice personnel with skills based knowledge needed to provide healthy meals for children. 2) Curriculum modules in school consisted of multifaceted nutrition education and included home, media and community aspects to build children's nutrition skills.	1.Targeting relevant organisations/ program partnerships 2.Provision of printed materials 3.Electronic and internet media 4.Face-to-face or telephone contact	Not mentioned

Author/Date /Country	Target population	Summary of paper	Recruitment strategies used	Retention strategies used
Lyle (2008) Australia	Community-wide	12 week schedule of community-wide activities including information sessions, supermarket tours, exercise circuits and weigh-ins.	1.Targeting relevant organisations/ program partnerships 2.Face-to-face or telephone contact 3.Referral/ word of mouth	Not mentioned
Mathews (2010) Australia	Obese adolescents	A community based intervention focusing on five secondary schools in Geelong/Bellarine. Project staff provided training for students and staff and developed policies and programs within schools to promote increased physical activity and healthy eating.	1.Targeting relevant organisations/ program partnerships 2.Electronic and internet media	Not mentioned
Makrilakis (2010) Greece	Persons at high risk of Type 2 diabetes	One year intervention consisting of six sessions with a dietician at the workplace of the participant. These sessions focused on healthy lifestyle, disease risk and physical activity.	1.Provision of printed materials 2.Face-to-face or telephone contact 3. Referral/ word of mouth	Participant interest in their health/ emphasising the benefits of participation
Miller (2002) Australia	Women with preschool children	RCT consisting of 3 groups. Group 1– control group; Group 2 - given print information about overcoming physical activity barriers; and Group 3 - given print information as well as invited to discuss the development of local strategies for the promotion of physical activity amongst mums with young kids.	1.Targeting relevant organisations/ program partnerships 2.Face-to-face or telephone contact	Encouraging a sense of community ownership
Newman (2010) USA	Persons over 65 years with no disability	10 preventative health goals. The intervention consisted of 15-30 min initial consultation with health counsellor to establish prevention goals, followed by a phone call every 3 months with the health counsellor. Monthly phone calls were made to participants with BP over 160mmHg and glucose over 130mg/dL and those with risk of depression. There was a final 12 month follow up post evaluation as well.	1.Provision of printed materials 2.Face-to-face or telephone contact 3. Referral/ word of mouth	Not mentioned
O'Connor (2008) Australia	Overweight/ obese adolescents	Focused on healthy eating, increasing physical activity and decreasing sedentary behaviour. The intervention consisted of seven afternoon sessions at a community health centre with a dietician over a 5 month period.	1.Provision of printed materials 2.Newspaper advertisements 3.Referral/ word of mouth	Not mentioned

Author/Date /Country	Target population	Summary of paper	Recruitment strategies used	Retention strategies used
Ostbye (2009) USA	Overweight/ obese post-partum mothers	RCT ran for a total of 12 months. The intervention group participated in healthy eating and physical activity sessions as well as telephone counselling sessions over a nine month period. Participants also got a study notebook with exercises, recipes, a pedometer and sports stroller provided halfway through the intervention. The control group received bi-monthly newsletters with tips for postpartum mums.	1. Targeting relevant organisations/ program partnerships 2. Provision of printed materials 3. Referral/ word of mouth 4. Face-to-face or telephone contact	1. Compensation/ incentives 2. Providing transportation or other tangible support/being flexible
Parra-Medina (2010) USA	Disadvantaged African-American mothers	RCT which utilised trained nurses at community health centres to run the HHER (heart healthy and ethnically relevant) intervention. Participants were randomised to either: standard care which included counselling, goal setting and educational materials or the standard care intervention plus 12 months of telephone counselling and print materials on a healthy lifestyle.	1. Provision of printed materials 2. Referral/ word of mouth 3. Face-to-face or telephone contact	Not mentioned
Parra-Medina (2004) USA	Overweight/ obese adults with type 2 diabetes	RCT was run by Nutritionists over a 12 month period. Participants were randomised into one of three groups – the intensive lifestyle intervention (reduction in fat and calories, increased physical activity and frequent contact with a nutritionist over 12 months), the reimbursable lifestyle intervention (critical elements of the intensive lifestyle intervention administered over four sessions with a nutritionist, which were usually reimbursed through Medicare) or the usual care intervention (one meeting with a nutritionist over 12 months). The focus was on reducing fat/calorie intake and increasing physical activity with an ultimate goal of achieving and maintaining a 10% weight loss.	1. Face-to-face or telephone contact 2. Referral/ word of mouth	Compensation/ incentives
Peck (2008) USA	Inactive women 35-54 years of age	Community based participatory research project. The program co-ordinator ran the program and co-ordinated media messages to be aired on television and radio channels. This intervention promoted physical activity opportunities for women within the community.	1. Provision of printed materials 2. Newspaper advertisements 3. Electronic and internet media 4. Face-to-face or telephone contact 5. Referral/ word of mouth	Not mentioned

Author/Date /Country	Target population	Summary of paper	Recruitment strategies used	Retention strategies used
Pettman (2010) Australia	Community-wide	Community wide multi-strategy project focused on trying to get children within a healthy weight range. This intervention aimed to target the multiple influences that affect weight – neighbourhoods and communities, food supply, schools, primary care centres, workplace settings and media and marketing. Many organisations worked together to see this intervention through.	<ol style="list-style-type: none"> 1. Newspaper advertisements 2. Electronic and internet media 3. Referral/ word of mouth 	<ol style="list-style-type: none"> 1. Encouraging a sense of community ownership 2. Providing transportation or other tangible support/being flexible
Riley-Jacome (2010) USA	Adults over 18 years	Nine week program – utilising both indoor and outdoor walking routes. It was run by a program co-ordinator who was not present for all walks but checked in periodically.	<ol style="list-style-type: none"> 1. Compensation/ incentives 2. Targeting relevant organisations/ program partnerships 3. Provision of printed materials 4. Newspaper advertisements 5. Electronic and internet media 	<ol style="list-style-type: none"> 1. Compensation/ incentives 2. Providing transportation or other tangible support/being flexible
Rissel (2010) Australia	Community-wide	Community wide project focused on getting more people active through cycling. Bike maps were distributed to various organizations, skills courses were offered free of charge, and cycling events offered. Project staff or other suitable professionals ran each aspect of the intervention.	<ol style="list-style-type: none"> 1. Targeting relevant organisations/ program partnerships 2. Newspaper advertisements 3. Electronic and internet media 4. Face-to-face or telephone contact 5. Referral/ word of mouth 	<ol style="list-style-type: none"> 1. Compensation/ incentives 2. Encouraging a sense of community ownership
Rowland (2004) USA	Inactive older adults	RCT was a multifaceted staged project conducted over a 10 month period. 56 neighbourhoods were selected and divided into either a leader guided group or education only group	<ol style="list-style-type: none"> 1. Provision of printed materials 2. Face-to-face or telephone contact 3. Referral/ word of mouth 	Not mentioned
Rubin (2002) USA	Persons over 65 years from an ethnic minority and at risk of type 2 diabetes	Multi-centre RCT Designed to determine whether diet and exercise or medication can prevent or delay the onset of Type 2 diabetes in persons with impaired glucose tolerance. There was a goal of recruiting at least 50% women and ethnic minorities.	<ol style="list-style-type: none"> 1. Provision of printed materials 2. Newspaper advertisements 3. Electronic and internet media 4. Face-to-face or telephone contact 5. Referral/ word of mouth 	Not mentioned

Author/Date /Country	Target population	Summary of paper	Recruitment strategies used	Retention strategies used
Sacher (2010) UK	Obese children and their parents	RCT consisting of free swimming passes, behaviour change sessions, nutrition sessions and physical activity classes for the intervention group. The control group had a delayed (six month) intervention start.	1. Referral/ word of mouth	Compensation/ incentives
Suminski (2009) USA	Community-wide	Community based participatory research project. A trained leadership committee consisting of community residents partnered with schools, churches, parks and recreation, businesses, police and library to promote new physical activity initiatives. They met monthly to determine how to continually meet the community's needs. They took baseline physical activity surveys and tracked new initiatives over 12 months through local media and word of mouth.	1.Targeting relevant organisations/ program partnerships 2.Provision of printed materials 3.Referral/ word of mouth	1.Compensation/ incentives 2.Encouraging a sense of community ownership
Terry (2010) USA	Workplaces	RCT that tested a traditional worksite health promotion program and an activated consumer program.	1.Compensation/ incentives 2.Provision of printed materials 3.Electronic and internet media 4.Referral/ word of mouth	Not mentioned
Wilcox (2006) USA	Mid-life and older adults	A review of two different interventions. 'Active Choice's was a six month telephone based intervention. 'Active living every day' was a 20 week group based program. (Note that this paper is based on the same interventions as Griffin (2010), above)	1.Provision of printed materials 2.Newspaper advertisements 3.Electronic and internet media 4.Face-to-face or telephone contact	Not mentioned
Watson (2005) Australia	New mothers	Community-wide new mothers walking groups project. Two walking groups were conducted each work day of the facilitator at times identified by mothers via survey, as being suitable. The walking groups were run for 6 months in various locations in the Sydney area. There was non-English speaking background walking groups as well as English speaking background walking groups.	1.Provision of printed materials 2.Face-to-face or telephone contact 3.Referral/ word of mouth	1.Compensation/ incentives 2.Providing transportation or other tangible support/being flexible

Author/Date /Country	Target population	Summary of paper	Recruitment strategies used	Retention strategies used
Wen (2002) Australia	Women aged 20-50 years	Community based physical activity intervention. Various community physical activity events (e.g. walking groups, exercise classes, what else?) were conducted over the two year intervention period.	1.Compensation/ incentives 2.Face-to-face or telephone contact	1.Compensation/ incentives 2.Encouraging a sense of community ownership
Wrieden (2007) UK	Disadvantaged adults	A six month exploratory trial including 113 adults in Scotland living in areas of social deprivation. It aimed to improve food skills of participants to increase cooking confidence and improve dietary choices. It involved both practical and educational elements. This was run by local instructors and project staff.	1.Compensation/ incentives 2.Targeting relevant organisations/ program partnerships 3.Electronic and internet media 4.Referral/ word of mouth	Not mentioned
Yancey (2003) USA	Obese/ overweight African-American women	Health promotion and chronic disease prevention initiative. The intervention was three pronged : 1) Free fitness classes at various community locations. 2) Media campaign to establish community norms that supported healthy eating and physical activity 3) The promotion of physical activity and healthy eating among city staff.	1.Targeting relevant organisations/program partnerships 2.Provision of printed materials 3.Newspaper advertisements 4.Face-to-face or telephone contact 5.Referral/ word of mouth	Participant interest in their health/ emphasising the benefits of participation

Appendix 6.2 Key informant interview schedule

Interview Questions for Key Informants - Identifying effective strategies to increase community engagement in health promotion activities

General

1. Can you give me a brief overview of your role within the organisation
2. What programs does your organisation run and what focus do they have (PA or HE)?

Program development

3. Who developed the program(s)?
4. Were stakeholders involved and were the community's needs taken into account (high obesity rates in LGA)?
 - a. Was a community consultation undertaken prior?
 - b. Were focus groups conducted prior?
 - i. If yes, how were these helpful?
 - c. Any other relevant information regarding program development?
5. How were factors such as the times of day, location, number in group decided?
6. Are there any partnerships to the program?
7. Has the program been evaluated?
 - a. If yes, do you know what the consequence of the evaluation was?

Throughout the program do you collect any feedback from members/participants?

Recruitment

8. Mail/postal drops have been proven to be effective in recruiting participants; what strategies does your organization use to get people involved in your program(s)?
9. In your experience and to the best of your knowledge, which recruitment strategy is the most successful? Why? And the least successful? Why?
10. What types of media does your organization use to recruit members into community program(s)? (e.g.– newspaper, TV, Radio, Billboards)
11. What other recruitment methods does your organization use? (E.g. newsletters, presentations, notice boards, advertisements at GP clinics, hospitals or chemists, word of mouth, flyer distribution, email, telephone, SMS, stalls at key community festivals, social marketing or through existing programs).
12. Does your organisation employ different recruitment methods for different target groups?
 - i. Children:
 - ii. Adults:
 - iii. Elderly:
13. What are the key features of your recruitment method(s)?
14. Are there any other factors you can think of which are key in recruiting participants into your programs?

Engagement

15. Incentives and social support have been proven to be effective at engaging participants; what methods does your organization use to engage participants in your community program? (E.g. incentives, compensations, reduced cost, mentoring program).
 - a. If incentives are provided do you feel it increases retention of members?
 - b. What form of incentive is offered?
16. What method(s) of engagement do you find work best for:
 - a. Children:
 - b. Adults:
 - c. Elderly:
17. What are your thoughts on incentives/compensation as a strategy to continue participation in the program?

Leader/Facilitator

18. Do you think the facilitator/leader of the program enhances engagement in your program?
How?
- a. What role does the facilitator or leader of program X have? (a community member, volunteer, health professional)
19. What strategies have you seen facilitators or leaders employ to engage participants? (e.g. goal setting)

Time when program is offered

20. Do you feel the time the program is offered affects attendance?
- a. Why/How?
21. What time(s) of the day is your program offered?
22. What is the length of program
23. And the frequency
24. What time of year is it offered?
- a. Do you think these factors affect attendance rates?
 - b. Does your organisation employ any strategies to overcome these?

Costs

25. Do your participants pay for programs run by your organization?
- a. Yes_____ No_____
 - b. If yes, what factors influence decisions concerning fees? How are the fees set?
 - c. Are there refunds or discounts available for any costs which are involved?
 - d. Do you think this makes a difference in how many participants join the group?
 - i. Why/Why not?
 - e. Do you think this makes a difference in people attending each week?
 - i. Why/Why not?

Other

26. How does your organisation aim to overcome the following barriers to participation?

- a. Location- distance to travel to the program
- b. Transport to the program location
- c. Sustainability (affected by budget, feasibility)
- d. Attendance
- e. Program staffing
- f. Care of young children (if applicable)
- g. Safety concerns

Is there anything else you would like to add regarding the project – development, engagement or recruitment?

If you could make one recommendation, what would it be?

Thank you for your time today.