

# RECRUITMENT and **ENGAGEMENT** of Low-income Populations:

Service Provider and Researcher Perspectives

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# Examples of Recruitment and Engagement of Low-Income Populations

Dr. Wilkins has just been notified that she will receive funding for a randomized controlled trial study testing how best to provide recreation to 1000 low-income families. She hired a team of research assistants and has partnered with two government programs to recruit the families. They have sent letters to the families and her research assistants have distributed posters all over the city. Each family receives an honorarium for their time and free recreation. After 2 months, participant uptake is one-third of her recruitment target and she is running out of time and money. How can she increase family participation?

Healthy Teens, Healthy Babies is a community agency that provides services for teenage parents and their children. In the past, the majority of services were geared toward supporting the mothers and babies. Recently, Brian Ho has been hired to create a new program for teen dads. After many weeks of hard work advertising in community agencies and schools, the program was launched. Only four dads signed up, while classes for the moms are consistently full. How can Brian increase his engagement with the teen dads?

Engagement is a fundamental challenge among community program planners, policymakers, and researchers who work with low-income populations—connecting with an individual or family in order for them to participate in a program or research project. Often, recruiters give little thought to the process of recruitment or engaging families, assuming that “needy” families are desperate for help and will be eager to participate in programs or intervention research. However, low-income populations have significant barriers to participation in programs and research such as economic stress due to lack of resources. What is lacking in the literature is an understanding on the part of the “recruiter” about the time, resources, and strategies needed to recruit a low-income family. Researchers and program planners develop strategies to reach families, but these strategies are rarely documented and are bound, often unintentionally, by organization policies and practices. The goal of this research project, entitled *Exploring System Barriers and Enablers in Recruiting Low-Income Populations (RLIP)*, was to document service provider and researcher (a) methods of recruitment, (b) assessment of what works and what does not work, (c) barriers, (d) resources needed for success, and (e) retention strategies.

In this report, we will:

- (a) Review the current literature on barriers for low-income individual or family participation in programs and research studies and recommended recruitment and retention strategies;
- (b) Share the results of two surveys created for service providers and researchers that asked them to provide us with their experiences of recruitment and retention strategies;
- (c) Quantify the resources needed to implement these strategies;
- (d) Compare differences between researcher and service provider approaches; and
- (e) Summarize learnings and provide implications.

# RATIONALE: WHY IS ENGAGEMENT IMPORTANT?

Understanding recruitment and engagement is important for researchers, community program planners, and service providers. For researchers, recruiting enough participants has implications for key research design issues such as populating the sampling framework and statistical power. Most studies are unable to enrol the target sample size within the original recruitment timeline, leading to either an extension of the recruitment period, an expansion of inclusive criteria, addition of recruitment strategies or locations, or termination of the study (Hunninghake, Darby, & Probstfield, 1987; Lovato, Hill, Hertert, Hunninghake, & Probstfield, 1997). For community program planners, programs are sometimes undersubscribed and program policies and guidelines are implemented that may be detrimental to family participation. For both researchers and community program planners, recruiting low-income families is time consuming, which has huge implications for allocating resources.

Recruitment strategies include direct mailing, mass telephone calls, media (newspaper, brochure, flyer, poster, TV, radio, internet, mass-transit, etc.), community outreach (church, connecting with ethnic or community leaders, community events, etc.), and “word of mouth” referrals. Although researchers have documented both family barriers to participation and recruitment strategies, there is still little consensus as to recruitment “best practices.” Nacif de Brey and Gonzalez (1997) advised that to have successful recruitment it is necessary to use multiple approaches that reach the targeted individuals and communities and that are both focused (e.g., labour-intensive and individually tailored) and broad (e.g., blanket approach that covers the maximum number of relevant connectors and potential participants). There is, however, very little in the literature about the role or ability of the recruiter to adapt to the nature of the low-income population in creating his or her strategies. For example, when recruiting adults with very low literacy or English as a Second Language (ESL), mailing text-heavy information letters creates a needless barrier.

The idea for this research on recruitment and engagement arose from work on a large, community-based research project entitled Families First Edmonton (FFE; Drummond, Mayan, Schnirer, & So, 2007; see [www.familiesfirstedmonton.ualberta.ca](http://www.familiesfirstedmonton.ualberta.ca)). FFE is a 10-year-old research partnership that is conducting a longitudinal, randomized controlled trial of four models of delivering health and social services to low-income families. Funded by several agencies, FFE includes 16 funder, community, university, and government partners. By developing the partnership (2001–2005) and implementing the interventions (2006–2009), FFE is developing extensive information in three critical areas:



- The health and well-being of over 1100 children and their families over 3 years, including information on over 1400 variables reflecting demographic characteristics, Social Determinants of Health<sup>1</sup>, and health outcomes;
- Service delivery dynamics for FFE families<sup>2</sup>; and
- Service integration practices<sup>3</sup> and collaboration<sup>4</sup>.

Although the FFE research partnership developed a very detailed recruitment plan that included a process for sending information letters through our government partners to all low-income families on social assistance (welfare) and child health benefits (“working poor”), after 3 months of recruitment our uptake was significantly less than our targets. As a result of low recruitment, we added more resources and were able to meet our goal of 1159 families randomized into the four groups (it took 2 years, instead of target of 6 months). It was through this experience that Schnirer began to spend more time examining the process of recruitment and engagement. This report is focused on the surveys that were developed and implemented in the fall of 2009. FFE data and learnings will be used as illustrations.

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1 e.g., ethnicity, immigrant/aboriginal status, educational attainment, training programs, labour market attachment, housing, community participation, social support, use of services and community programs

2 e.g., family strengths and challenges, awareness and knowledge of health and social programs, and engagement with preventive health and social services

3 e.g., working from a strengths-based, family-centred, and diversity perspective

4 e.g., leadership, governance

# LITERATURE REVIEW <sup>3.0</sup>

Children and adults in low-income families are less likely to participate in research studies and community programs as compared to families with higher income (Heinrichs, Bertram, Kuschel, & Hahlweg, 2005; Lee, Scott, & Floyd, 2001). Actual participation and frequency of participation in activities, such as dance/gymnastics, art/drama/music lessons, and day camps, increases with rising incomes (The Canadian Council on Social Development, 2001). In their detailed literature review of barriers to participation in recreation activities, The Canadian Council on Social Development (2001) stated that socio-economic constraints limit families' ability to become engaged. Thus, low-income families' participation in research and community programs is partially dependent on researchers', service providers', and policy makers' ability to develop ways to effectively conduct research and run community programs while accommodating the needs of these families (Heinrichs et al., 2005).

We have combined evidence from studies of both research projects and community programs focused on low-income populations because it was difficult to assess whether the study was of one or the other. For example, a journal article (study) might be of a community program within an intervention study. In the section that follows, we provide a summary of barriers that may prevent low-income families and individuals from engaging in research studies and programs/services.

## **3.1 Low-Income Barriers to Recruitment and Retention**

Simply providing community programs and research study opportunities does not guarantee that low-income families and individuals will or can become engaged. Coping with daily life can prevent those with low incomes from participating in activities other than those that are necessary for meeting their needs. The current literature points to key barriers found to hinder participation for low-income families and individuals (e.g., Heinrichs et al., 2005; Ooms & Wilson, 2004; Spoth, Redmond, Hockaday, & Shin, 1996; see Hogue, Johnson-Leckrone, & Liddle, 1999, for a review of challenges for recruiting high-risk families into preventive interventions). We grouped these key barriers into sections: (a) access barriers to research and community programs, (b) time demands and scheduling conflicts, (c) participation concerns, and (d) demographic characteristics. Although the barriers discussed provide a summary of those found in the peer-reviewed and grey literature, they are not exhaustive.

### **3.1.1 Accessing Research and Community Programs**

A key barrier to successfully recruiting low-income families into research studies and community programs is families' lack of awareness of available services and subsidy policies (The Canadian

Parks and Recreation Association, 2005; Redmond et al., 2007). Knowledge barriers prevent people from engaging in programs and services, namely, not realizing they need the service, not knowing that a service exists, and not knowing how to obtain the service (Yeatts, Crow, & Folts, 1992). Low-income families and individuals are also less likely to participate in community programs when they are unable to afford the cost of program fees or equipment (The Canadian Parks and Recreation Association, 2005; Yeatts et al., 1992). Although some community programs offer fee supports, the social stigma often associated with asking for financial assistance can prevent potential participants from becoming engaged (Purdon & Hanington, 2008; Redmond et al., 2007).

A further barrier to participation is “out-of-pocket” costs to engage in research studies or community programs. Low-income families and individuals are less able to participate in programs located a distance from their residence or if transportation or child care is not available (Brewster et al., 2002; The Canadian Parks and Recreation Association, 2005; Purdon & Hanington, 2008; Yeatts et al., 1992). In a study examining the effectiveness of offering fee supports to access recreation programs, recreation practitioners cited limited transportation or equipment as the number one barrier to program participation (Redmond et al., 2007).

### **3.1.2 Time Demands and Scheduling Conflicts**

Families across all income levels are busy. Scheduling conflicts and not having enough time are often cited as participation barriers (e.g., The Canadian Parks and Recreation Association, 2005; Dumka, Garza, Roosa, & Stoerzinger, 1997; El Khorazaty et al., 2007; Velott, Baker, Hillemeier, & Weisman, 2008; Yeatts et al., 1992). For example, families who chose not to participate in a parent training program reported that the most frequent barriers for them were scheduling conflicts and time demands (Heinrichs et al., 2005). Similarly, in a family-focused prevention study, families who declined to participate frequently cited scheduling conflicts as a participation barrier. They stated that meeting for 5 or 7 consecutive weeks was a challenge or that they could not attend because of weeknight meeting times (Spoth et al., 1996). Further, some adults with low incomes combine part-time jobs or work variable hours each week which prevents families from being able to plan beyond a few days (Purdon & Hanington, 2008), making it difficult for them to commit to regular programming schedules due to work conflicts (Brewster et al., 2002).

### **3.1.3 Participation Concerns**

Additional participation barriers include participation interests or concerns by the family or individual. Some people with low incomes have been found to either lack interest in participating or do not feel they need the help that the research study or program may offer. El Khorazaty et al. (2007) found that the most common reason for potential participants to refuse to sign consent was the denial of the need for help. Privacy may also be a concern for many low-income families. Families may mistrust outside individuals—based on beliefs or experiences—(Demi & Warren, 1995; Ooms & Wilson, 2004) and be reluctant to participate (Brewster et al., 2002). For instance, families who refused to participate in family-focused prevention studies stated that they did not want someone to come into their homes, invade their privacy, videotape them, or have their family studied (Heinrichs et al., 2005; Spoth et al., 1996). Focus groups with primary care providers mirrored families’ trust concerns (Frayne,

Mancuso, Prout, & Freund, 2001). Frayne et al. (2001) found that experiences with researchers who do not give back to the community after conducting research creates lack of trust and commitment issues both for study participants as well as for those who support the research being carried out. Participants deemed researchers who demonstrated ongoing community commitment to be trustworthy (Frayne et al., 2001).

### **3.1.4 Demographic Barriers**

Other barriers that may prevent low-income families and individuals from participating in research and community programs involve characteristics of themselves or family members. Some activities may require families to participate as a unit; however, this may not always be possible. For example, in the initial assessment of a family-focused prevention study, Spoth et al. (1996) noted that family members not wanting to participate was a frequent reason for nonparticipation of other family members in the study. Further, language and literacy demands can be a participation barrier. Specifically, individuals unable to read, write, and/or speak English may be discouraged from engaging in a program or service because of the language and literacy demands of enrolling (Yeatts et al., 1992). Health and life stresses may also deter participation. For instance, parents who chose not to participate in a parent training intervention noted that health and personal problems were a main reason for their nonparticipation (Dumka et al., 1997). Tolan and McKay (1996) cited additional barriers to ongoing involvement in a family prevention program of inner-city children with elevated risk for later serious antisocial behaviour: (a) within-family stress (e.g., marital conflict, alcoholism), (b) family difficulties associated with poverty (e.g., limited education of adults), and (c) stressful events (e.g., death or arrest of family member). Limited communication tools (e.g., phone, computer) or unstable housing can also prevent low-income families and individuals from both initiating and sustaining research and program participation (Blumenthal, Sung, Coates, Williams, & Liff, 1995). For instance, Tolan and McKay (1996) reported that in their study, 40% of families did not have telephones and 35% moved before the end of the study. In a recent study, Eakin et al. (2007) reported that they were unable to make initial phone contact with 37% of potentially eligible participants despite numerous call attempts because contact information changed within a 6-month period.

## **3.2 Low-Income Recruitment Strategies**

How do we reach low-income individuals or families? Numerous studies have documented the recruitment strategies used to recruit participants into research and community programs (see UyBico, Pavel, & Gross, 2007, for a systematic review). In this section, we focus on strategies targeted specifically toward recruiting low-income families and individuals into community programs and research. Although the strategies are grouped for organizational purposes, many studies cited used multiple recruitment strategies when recruiting their target sample.

### **3.2.1 Print and Broadcast Advertising**

Advertising is helpful in making individuals aware of the need for a service, the existence of a service, and how to obtain it (Redmond et al., 2007; Yeatts et al., 1992). Print advertising using bro-

chures often includes distributing program flyers at community events and fairs (e.g., Eakin et al. 2007); placing flyers in local community businesses, churches, mental health and free clinics, and public housing projects (e.g., Blumenthal et al., 1995; Brewster et al., 2002; Lindenberg, Solorzano, Vilaro, & Westbrook, 2001); and sending information home with students for their parents (e.g., Dumka et al., 1997). Announcements in local, community, and regional newspapers and magazines are also frequently used (e.g., Areán, Alvidrez, Nery, Estes, & Linkins, 2003; Brewster et al., 2002; Eakin et al. 2007), with some recruiters advertising in multiple languages (e.g., Lindenberg et al., 2001). Broadcast advertising includes television spots, radio programs, and websites with information provided in English or preferred languages of target groups (e.g., Areán et al., 2003; Brewster et al., 2002; Lindenberg et al., 2001; Redmond et al., 2007). In a cervical cancer prevention study, Brewster et al. (2002) found that the proportion of women who were eligible and agreed to participate was higher when they used media recruitment (i.e., community and regional newspaper ads and fliers distributed to local businesses) than those recruited from a clinic registry.

“Women are very isolated. Many have not had ESL classes because they were sponsored by their husbands and aren’t eligible, and it’s difficult for them to leave the house to learn anything, with many children. Some women have been here for seven years and cannot even make a phone call. It’s a very big problem. We need some way to have a program especially for these women. To be accessible, it needs to be adapted to their realities. They need transportation, and child care, and the location must be nearby. And then they must be home to give the children lunch.” (Ball, 2008, p.15)

Sabar Tahir, Kurdish/Iraqi communities

### **3.2.2 Mail, Telephone, and Door-to-Door Recruitment**

Mailing can include mass mailing of study information or personal mailing directed at specific individuals pre-selected from mailing lists, clinic logs, and other ways of identifying potentially eligible participants (Areán et al., 2003; Blumenthal et al., 1995; Brewster et al., 2002). Often letters are accompanied by postcards or telephone numbers so interested individuals can contact researchers or service providers. Similarly, telephone calls may be initiated from randomized lists or through follow-up procedures based on responses received from previously mailed letters (e.g., Blumenthal et al., 1995). Home visits to potential participants (i.e., door-to-door recruitment) are used less often and are more resource intensive than other recruitment strategies (Blumenthal et al., 1995; Hogue et al., 1999). Some studies use a combination of these methods. For example, using a clinic database, Eakin et al. (2007) mailed letters signed by primary care providers describing the study and recommending participation. If patients did not return the stamped, self-addressed postcard within a week to decline participation, they received a follow-up phone call.

### **3.2.3 Word-of-Mouth and Community Leaders**

Word-of-mouth as a recruitment strategy is commonly used by municipalities to communicate fee reduction programs to families and individuals (Redmond et al., 2007). To increase engagement in

community programs, parents have suggested that program recruiters approach families face-to-face (Dumka et al., 1997). Individuals from community programs and research projects frequently attend community events, such as parent–teacher organization meetings (Dumka et al., 1997) and social gatherings (Yeatts et al., 1992), to inform potential participants of the opportunities available to them in person (Areán et al., 2003). In a recent prevention intervention study focused on cross-cultural participants, word-of-mouth worked most efficiently when recruiting fathers into the study, followed by social events at the family resource centre, and staff presence at community events (Pruett, Cowan, Cowan, & Pruett, 2009).

The use of individuals respected in the community and agency staff often help people learn about existing services and ways to obtain them (Patterson & Kelly, 2005; Yeatts et al., 1992). Lindenberg et al. (2001) noted that “working through community leaders, groups, and institutions that are committed and organized to serve” (p. 135) was essential for effective recruitment. Specifically, they enlisted community health and social service providers to distribute recruitment materials to target populations. Within the FFE research partnership, we found it difficult to recruit some of the low-income families in small, emerging refugee and immigrant communities. To better reach those families, a collaborative model was created in partnership with service providers, government partners, and cultural community leaders:

The model integrates the key elements of partnership/collaboration, cultural responsiveness, and capacity building, with collaborative dialogue and reflective practice methods, to generate knowledge sharing and knowledge mobilization, potentially leading to real change. The model is catalyzed, or put into motion, by means of a cultural broker or the brokering practice. (Ball, 2008, p. 15)

Many medically-based interventions use clients’ doctor appointments as an opportunity to inform them about a study and gain consent for screening. In El-Khorazaty et al.’s (2007) study, researchers approached potential participants while they were in the waiting room for an appointment to inform them about the study. Further, gaining cooperation from clinic or agency staff is important for ensuring their support throughout the study. For instance, El-Khorazaty et al. found that informing clinic staff of their involvement in the recruitment process and providing information so they understood the study’s purpose helped them become informed when interacting with clients.

### **3.2.4 Referrals**

Almost half (44%) of the municipalities surveyed in Redmond et al.’s (2007) study reported communicating fee reductions to families and individuals through other organizations. Health-oriented studies often use medical referrals to recruit participants. This may include receiving referrals from potential participants’ primary care providers (e.g., Areán et al., 2003), as well as recruiting through clinic registries (e.g., Brewster et al., 2002) and medical centre patient registration logs and medical records (e.g., Blumenthal et al., 1995). Areán et al. (2003) found that provider referrals—compared to media advertising—resulted in more participants qualifying for and agreeing to participate in a study examining psycho-social interventions for treating depression. Similarly, in their study evaluating the effectiveness of a social service model of care delivered in a geriatric clinic, Areán et al. found that provider referrals

resulted in a greater number of eligible participants as well as a greater number who agreed to participate compared with face-to-face and targeted mailing methods.

### 3.3 Recruitment and Retention Incentives

Many low-income families and individuals experience barriers that prevent them from engaging in research and community programs. Ways to help eliminate these barriers include the use of recruitment and retention incentives. Spending time understanding the targeted population will benefit researchers and service providers in their recruitment efforts and will help participants engage easier in activities. Within our own research program, Families First Edmonton (FFE), we implemented almost all the incentives that are forthcoming. We have only highlighted a few unique examples.

#### 3.3.1 Accessing Research Studies and Community Programs: Resource Barriers

Programs that charge a fee may consider offering spots at a reduced cost or no cost to those who are unable to afford program fees. Wright, John, Alaggia, and Sheel (2006) found that youth from low-income communities committed to an intensive arts program once obstacles, such as cost and lack of transportation, were removed. Making the enrolment and payment process easier by limiting paperwork or proof of income may create fewer stigmas for participants. In FFE, we accepted proof of income (or lack of) from other programs to meet the eligibility of “low income.” For example, if participants/the family already had a current Leisure Access Card from the City of Edmonton<sup>1</sup> they automatically met the income requirement. This prevents the family from having to tell their story repeatedly and jump through documentation hoops that can be imposing. Providing people with a choice of contributing what they can afford may also help low-income families and individuals accept reduced cost services. Programs that rely on client donations should consider making the donation process private so those who cannot give as much do not feel ashamed of their financial situation (Yeatts et al., 1992). Receiving compensation for their time when participating in research can also help those with low income. Many research studies and community programs offer some type of honorarium or support for low-income families and individuals in the form of a monetary reward, gift cards, or other prizes (e.g., Areán et al., 2003; El Khorazaty et al., 2007; Spoth, Goldberg, & Redmond, 1999). These honoraria are an important sign that we value participants’ time and contributions. In FFE, we offered a \$30 honoraria to families at each data collection point (e.g., baseline, year 1, year 2, year 3).

Providing transportation and offering community programs or research studies at sites (e.g., in churches, halls, schools) close to potential participants’ homes help increase people’s attendance (Areán et al., 2003; Dumka et al., 1997; Yeatts et al., 1992). For example, parents of youth in a community-based arts program reported that they appreciated the transportation provided to and from the program (Wright et al., 2006). Some researchers make participating convenient for participants by having the intervention and data collection coincide with regular doctor’s appointments so trips specific to the study are not required (e.g., El Khorazaty et al., 2007). Visiting families in their home is another way to reduce the need for transportation (Spoth et al., 1999): “Conducting in-home recruitment visits is a powerful demonstration of the program’s commitment to serving families and flexibility in meeting families’

1 [www.edmonton.ca/for\\_residents/programs/leisure-access-program.aspx](http://www.edmonton.ca/for_residents/programs/leisure-access-program.aspx)

needs” (Hogue et al., 1999, p. 343). Further, providing child care as part of the intervention allows parents to focus on their reason for being at the program (e.g., Dumka et al., 1997; Pruett et al., 2009; Spoth et al., 1999). In FFE, we collected data at places of families’ choosing (e.g., homes, community centre) and provided funds or support for families to participate in focus group meetings (e.g., paid for transportation, child care, meal).

### 3.3.2 Time Demands and Scheduling

Offering community programs and research studies at times that work with participants’ schedule is likely to increase participation as well as providing meals or snacks so participants can attend during mealtimes (Dumka et al., 1997; Yeatts et al., 1992). For instance, interviewers in Evans, Mejía-Maya, Zayas, Boothroyd, and Rodriguez’s (2001) study brought pizza for families to share if interviews were completed during mealtime hours, whereas Senturia et al. (1998) and Spoth et al. (1999) offered flexible timing of interviews, such as evenings and weekends, to accommodate participants’ busy schedules.

### 3.3.3 Language or Literacy Demands

For many low-income families, especially in immigrant or refugee populations, English or French is not their primary language although it is often needed to gain access to programs. Language demands needed to enrol in a service or program can be overcome, for example, by providing an enrolment or consent form in the person’s first language or having a bilingual service provider

assist with the forms (Yeatts et al., 1992). In order for participants to be able to communicate with staff in English as well as their mother tongue, researchers may hire recruiters and program staff who are similar to participants in socio-demographic characteristics and are bilingual (e.g., Dumka et al., 1997; Eakin et al., 2007). Conducting interviews in multiple languages can also help with language demands. For instance, in one study (i.e., Evans et al., 2001) interviews were conducted in English with African American and Caucasian respondents and in Spanish or English with Hispanic respondents, and in another (i.e., Pruett et al., 2009), interviews were conducted in English or Spanish, depending on participants’ preference. Ball (2008) described the strategies that FFE used to engage and recruit refugee and immigrant participants from emerging cultural communities (see inset).

#### STRATEGIES FOR RECRUITING REFUGEES AND NEW IMMIGRANTS

1. Create community profiles
2. Work with community leaders to find the community resource people (e.g., other leaders, language interpreters, cultural brokers) in place to promote and support engagement
3. Orient the community resource people about your community program or research study and provide extensive training
4. Monitor, Reflect, Problem Solve, and Knowledge Share
5. Knowledge Mobilization (acting on what we learn from each other)

Literacy demands can also impact participants’ overall understanding of a study and what is required of them. For instance, Flory and Emanuel (2004) found that participants with higher reading levels had significantly higher understanding scores around consent and study expectations compared to their counterparts. When examining the use of multimedia and enhanced consent forms they found



that person-to-person interactions may be more important to participants' understanding. Along this line, Yeatts et al. (1992) suggested that literacy demands can be overcome by having a service provider assist in filling out forms with participants. Providing recruitment materials at literacy levels appropriate to target participants can also help accommodate participants' literacy demands. For example, although many Spanish participants in Lindenberg et al.'s (2001) study were expected to read at a secondary school level, they realized that this was not the case and adjusted recruitment materials to a Grade 5 level to make materials more accessible to a greater number of individuals.

### **3.3.4 Programming Considerations**

Specific strategies implemented when developing and running programs may help participants engage and stay involved. For example, youth program participants and their parents appreciated program staff that made the program relevant and practical by listening to the concerns of families and incorporating their ideas into the program (Tolan & McKay, 1996) and who were open, patient, and took the program and supervision seriously (Wright et al., 2006). Offering referrals to families in need of food, clothing, and health care help participants meet their needs while remaining in the program (Dumka et al., 1997).

Keeping in contact with participants throughout the program has also been found to be helpful. Community aides in Dumka et al.'s (1997) study contacted parents who attended a program session to ask about their reactions to the session and visited the homes of parents who did not attend the session to deliver handouts and explain what they missed. The day before a session, parents received a reminder phone call. Mailing project newsletters to families can help researchers remain in contact with participants between assessments (Spoth et al., 1999). To make it easier to track participants during follow up phone calls, Eakin et al. (2007) asked for alternate telephone numbers from participants at the time of baseline data collection in case their contact information changed during the duration of the study.

# 4.0 RECRUITING LOW-INCOME POPULATIONS METHODS

For this study, *recruitment* or *engagement* was defined as including all activities undertaken to connect a family or individual to a program or service (e.g., raising awareness about the program, generating initial contacts, screening participants, and any other efforts to facilitate participation or “sign ups”). Retention was defined as including all activities, protocols, and/or processes (e.g., reminder phone calls) that are used to keep families or individuals involved in a program. Rather than defining *low income* on the survey, we asked researchers and community program providers to tell us how they typically defined low income.

## 4.1 Survey Development

Two surveys were created using SurveyMonkey, an on-line survey tool: one for researchers and one for service providers. The surveys included both rating scales and open-ended questions. Table 1 provides an overview of the content of the surveys<sup>1</sup>. Both the researcher and service provider surveys asked similar questions with the exception of asking specific questions to better understand the research projects or community programs. For example, program-specific questions were asked to get a better understanding of which programs service providers were involved; the types of families or individuals that participated in their programs/used their services (e.g., single individuals, children, unemployed or under-employed); a program description; eligibility requirements; and length of the program (i.e., hours and weeks). In addition, service providers were asked whether they set targets for the number of or types of program participants; the percentage of time program targets are met (i.e., program is filled/at capacity); whether the program was voluntary or not; and what participants pay for program services. Researchers were asked similar specific questions (e.g., type of research, study description). Researchers were also asked about institutional barriers such as ethics. Both the researcher and service provider surveys are available upon request to authors. Survey completion was expected to take participants 20–25 minutes. Data were collected over 5 weeks.

## 4.2 Data Collection

Participants (service providers and researchers) were recruited through local, provincial, national, and international email mailing lists. Email mailing lists were targeted with the criterion of par-

<sup>1</sup> Surveys are available. Please contact Dr. L. Schnirer at the Community-University Partnership for the Study of Children, Youth, and Families (CUP), University of Alberta at [schnirer@ualberta.ca](mailto:schnirer@ualberta.ca) or 780.492.6173 for permission.

**Table 1. Overview of Survey Content**

<b>Content Area</b>	<b>Variables</b>	<b>Questions On</b>
Demographics		<ul style="list-style-type: none"> <li>* Definition of low income</li> <li>* Frequency of population in program or study</li> <li>* Specific questions regarding program and research</li> </ul>
Recruitment	<ul style="list-style-type: none"> <li>• Strategies</li> <li>• Incentives</li> <li>• Policies and practices impacts</li> </ul>	<ul style="list-style-type: none"> <li>* Types and frequency</li> <li>* Effectiveness</li> <li>* # of contacts</li> <li>* Frequency</li> <li>* Effectiveness</li> <li>* Recruitment time</li> <li>* Barriers (e.g., privacy legislation)</li> <li>* Ethics (researcher survey only)</li> </ul>
Cost Analysis	<ul style="list-style-type: none"> <li>• Staff</li> <li>• Other costs</li> </ul>	<ul style="list-style-type: none"> <li>* Time devoted to recruitment</li> <li>* E.g., mass media, honoraria</li> </ul>
Retention	<ul style="list-style-type: none"> <li>• Strategies</li> <li>• Communication</li> <li>• Policies and practices impacts</li> </ul>	<ul style="list-style-type: none"> <li>* Types and frequency</li> <li>* Effectiveness</li> <li>* Types and frequency</li> <li>* Effectiveness</li> </ul>

Participants' likelihood of engaging low-income families and individuals through programs and research studies. Examples of these groups include social workers, parks and recreation, children's mental health, family health services and research, family and community support services, social and community planning, and campus–community health research. Individuals in charge of sending out email messages were contacted to see if they would send out a message providing information about the study and a link to the on-line survey on the researchers' behalf. After receiving confirmation, an email and link to the survey were sent to these email managers who then delivered the message to members in their association or group. Those interested in completing the survey then could click on the link.

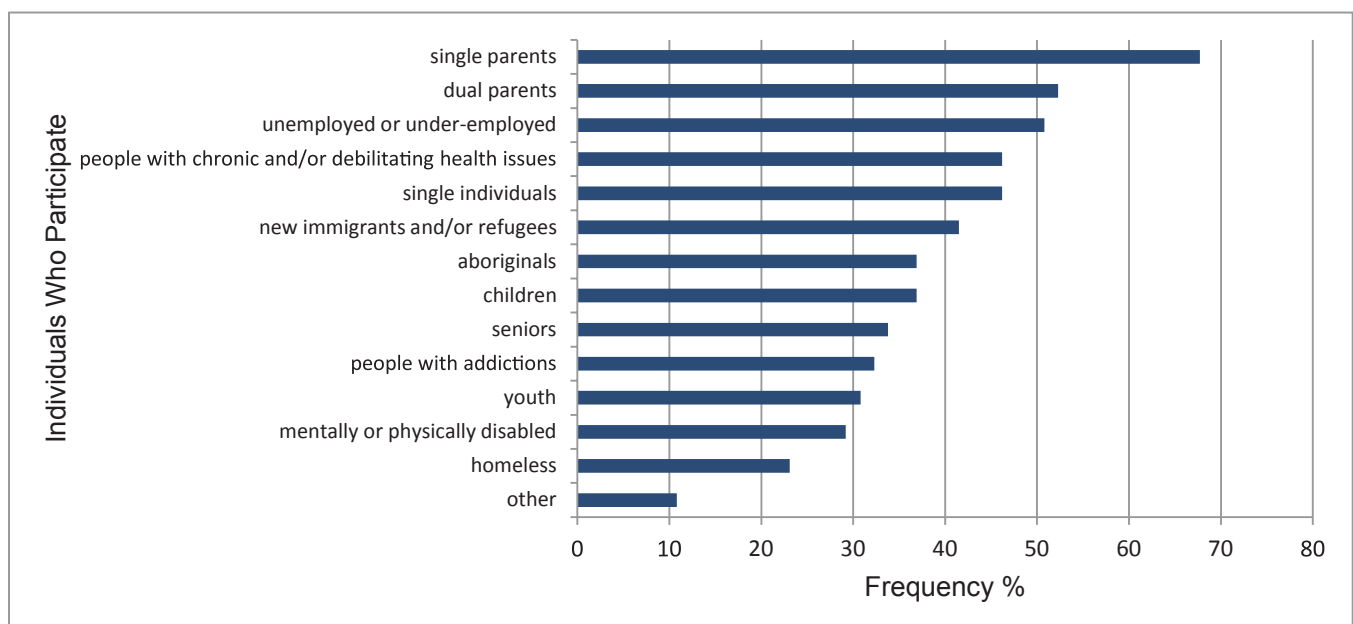
### 4.3 Data Analyses

Descriptive and univariate statistics were performed on appropriate rating scales using a statistical software package, Statistical Package for the Social Sciences (SPSS), version 17. Open-ended questions were reviewed and compiled into common themes. More information about specific analyses can be found in the results.

# 5.0 RESEARCHER SURVEY RESULTS

Sixty-five researchers (52.3% from Canada, 46.2% from the United States, and 1.5% from outside North America) who recruit low-income families or individuals for their research provided consent and completed an on-line survey. Of these researchers, 61 provided a description of their study (e.g., purpose, hypotheses). The focus of each research study was grouped: health (54.1%), basic needs (18%), child development and parenting (14.8%), physical recreation (9.8%), literacy (1.6%), and multiple areas (1.6%). Researchers ( $n = 64$ ) selected from a list of items that best described the type of research they conducted: 46.9% conducted community-placed research (CPR; i.e., research where “the community” is the site of the project or where participants are recruited); 20.3% conducted community-based research (CBR; i.e., research where “the community” participates in the development and implementation of the project); 17.2% conducted a combination of CPR and CBR; 9.4% conducted CPR, CBR, and a randomized controlled trial (RCT); 3.1% conducted RCT; and 3.1% selected “other” to describe their research study. Researchers indicated that individuals who participate in their research studies are most often single parents, dual parents, and unemployed or under-employed (see Figure 1).

**Figure 1. Researchers' Targeted Populations**



## 5.1 Defining “Low Income”

Researchers were asked how they typically defined low-income status—53 researchers responded, providing 66 responses. Responses were grouped into five categories:

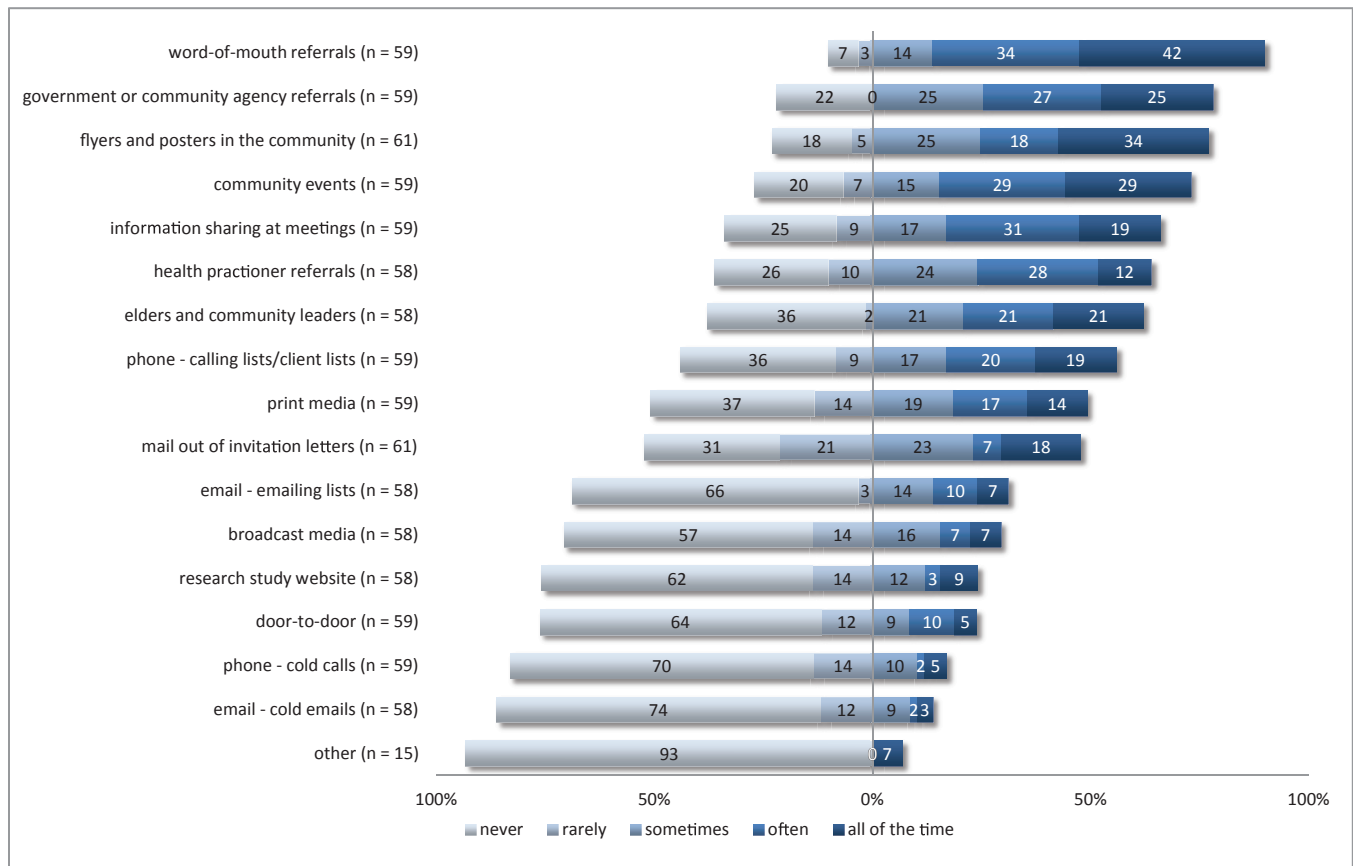
- **Cut-off scales/standards** ( $n = 33$ ) Researchers who reported using an established measure or standard when defining low-income status referred to qualifying incomes based on a set federal poverty level (e.g., “Less than 200% of the US federal poverty level”), Statistics Canada’s Low Income Cut-Off measure, and the Market Basket Measure.
- **Recipient of financial assistance** ( $n = 13$ ) Researchers considered families and individuals who received financial assistance (e.g., child or adult health benefits, disability or employment benefits, income support/ social assistance, qualifying for housing supports, and children qualifying for free lunches) to be low-income.
- **Ability to meet basic needs** ( $n = 10$ ) Researchers also defined low-income status as a family or individual’s ability to sufficiently meet their monthly needs. This means that low-income families and individuals struggle to pay bills, cannot afford extras, and may not have permanent housing.
- **Income cut-off** ( $n = 6$ ) Some researchers defined low-income status by an income cut-off, either by providing numerical cut-offs (e.g., “Family income under \$30,000”) or noting general indications of income status (e.g., “Typically by reported SES”).
- **Referrals** ( $n = 4$ ) Several researchers received participant referrals from community agencies. These referring agencies identified families and individuals as being low-income. Researchers working with partner programs made use of the standards used to admit families and individuals into programs.

## 5.2 Recruitment

### 5.2.1 Strategies

Researchers were asked what strategies they used and how effective these strategies were in recruitment. In this study, effectiveness referred to how well each strategy contributed to recruiting families or individuals into research studies. As can be seen in Figure 2, the five most used recruitment strategies based on summation of *sometimes*, *often*, and *all of the time* were (a) word-of-mouth referrals, (b) government or community agency referrals, (c) flyers and posters in the community, (d) community events, and (e) information sharing at community or interagency meetings. The five most effective recruitment strategies based on a summation of *effective* and *very effective* were (a) word-of-mouth

**Figure 2. Researchers' Frequency of Use of Recruitment Strategies**

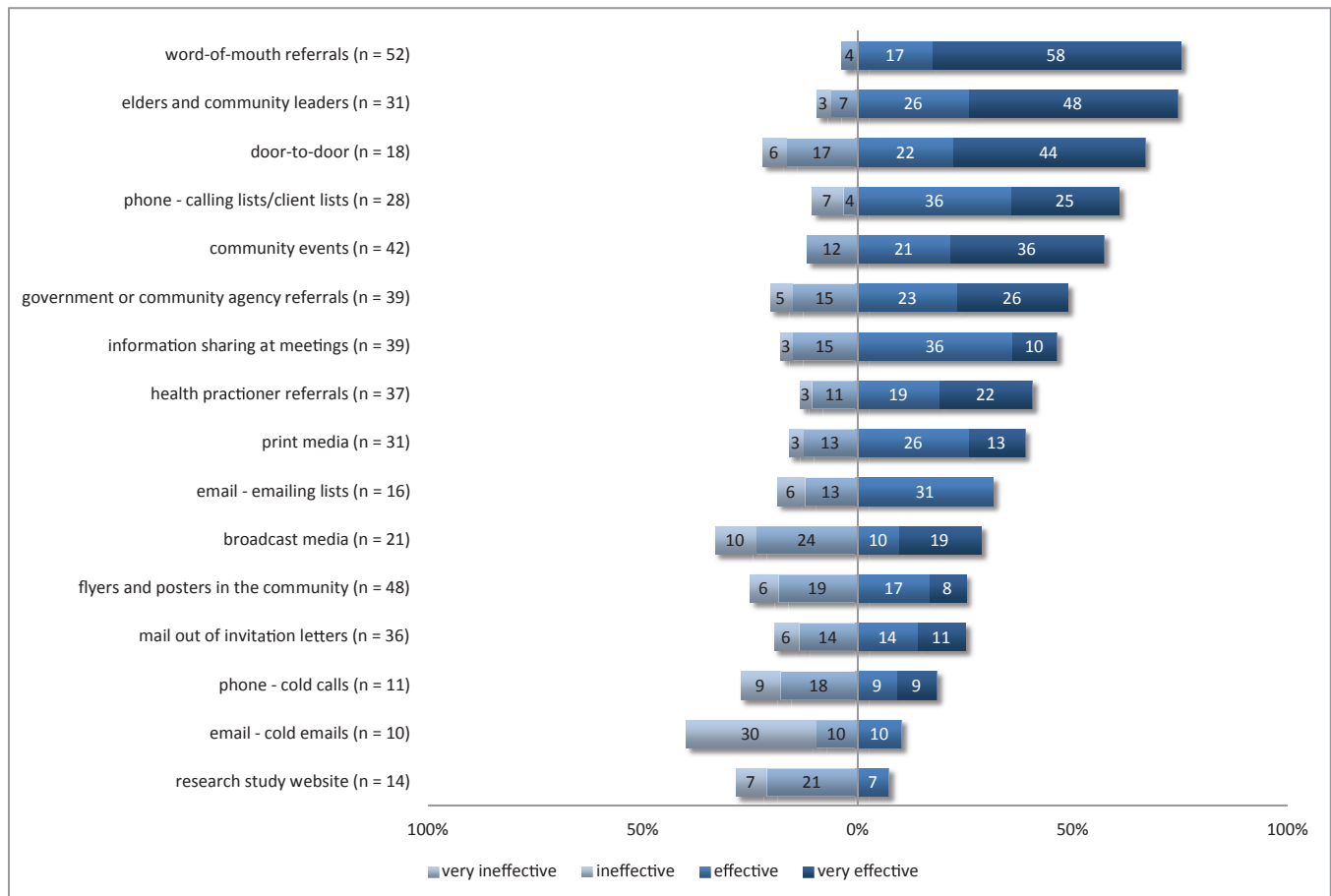


**HOW DO I READ THESE FIGURES?**

The frequency figures are a representation of data collected using a 5-point rating scale and each point has a frequency (e.g., 64% of researchers never use door-to-door to recruit). It is divided into a top-3/bottom-2 configuration. The top 3 responses (sometimes, often, all of the time) are to the right of 0% on the abscissa, and the bottom 2 responses (never and rarely) are to the left of 0% on the abscissa. For example, the majority of responses for word-of-mouth referrals are either “sometimes,” “often,” “all of the time” (in this case, 90%), whereas only 10% of the responses to this item were “rarely” or “never.”

The effectiveness figures are a representation of data collected using a 5-point rating scale and each point has a frequency (e.g., 7% of researchers reported that a research study website is very ineffective for recruitment). It is divided into a top-2/bottom-2 configuration for visual purposes (“somewhat effective” is not shown). The top 2 responses (effective and very effective) are to the right of 0% on the abscissa, and the bottom 2 responses (ineffective and very ineffective) are to the left of 0% on the abscissa. For example, the majority of responses for word-of-mouth are either “effective” or “very effective” (in this case, 75%), whereas 4% of responses to this item were “ineffective,” leaving the remaining responses in the “somewhat effective” category. Because the “somewhat effective” rating is not shown, percentages on each item will not add to 100%. Only responses of participants who actually used the strategy were included in the effectiveness ratings.

**Figure 3. Researchers' Ratings of Effectiveness of Recruitment Strategies**



referrals, (b) elders and community leaders, (c) door-to-door, (d) phone (calling lists/ client lists), and (e) community events (see Figure 3). Appendix A provides a summary table of researchers' frequency of use and effectiveness of recruitment strategies. Three additional strategies were added to the recruitment strategy list by grouping similar responses noted in the "other" category: blind public recruitment, honorariums, and web communication.

Although we did not directly ask researchers about recruitment strategy use or effectiveness in an open-ended question, the responses below related to recruitment strategies were supplied when researchers were asked to tell us anything else about their recruitment and retention efforts.

- Make participating in research convenient and enjoyable for participants (n = 6)** When conducting research with low-income families and individuals, researchers recommended making the consent process easy to understand; using fun ways to engage participants and collect data; and providing a non-judgmental, respectful environment based on families' strengths. Having participants complete multiple tasks within one data collection session and conducting parallel data collection or intervention sessions with multiple family members may make participating in research more convenient for low-income participants.

“Make consent verbal or have brief, point-form consent forms. Read everything to participants.”

“Need a non-judgmental environment that is based on the families’ strengths.”

- **Ensure that participants understand and experience benefits of research** ( $n = 5$ ) Researchers suggested that explaining how participants’ participation would impact those in their neighbourhood, how their involvement would benefit them, and providing valued honorariums would encourage research study engagement. Further, offering participants opportunities to experience positive outcomes from the research, such as increased self-confidence, tools to manage stress, as well as clearly explaining how the data will be used, may help participants become interested.

“Offer decent honorariums, such as gift certificates to a grocery store. Give it to people at the beginning of the interview so they truly can leave at any time.”

“Tell participants HOW you will USE the research. Don’t just do research to get a publication. Collaborate with organizations who commit to taking action on the issues raised in the research. Follow up with participants to tell them what has happened as a result of their participation. Offer feedback to participants in presentations or gatherings with food and a chance to talk to other participants (instead of just a report).”

- **Build trusting relationships with community members** ( $n = 5$ ) Building relationships is an important component to engaging community members. Researchers noted that developing relationships with participants over time, using face-to-face recruitment by staff with previous contact with participants, and drawing on connections to community through diverse staff contacts are effective ways to recruit and retain participants. Building trustful relationships between lead researchers and community co-researchers also helps make a research study more successful.

“Ongoing outreach at specific sites at regular times and developing a relationship with the participant over time has been the most effective way to attract and retain participants.”

“I’ve found that the telling indicator of a successful and sustained participation in CBPR projects is whether or not a trustful relationship is visible between the ‘lead’ researcher and her/his co-researchers in the community.”

- **Have researchers from the community be part of the research team** ( $n = 4$ ) Researchers’ recommended that people who conduct research with low-income families should belong to that community. This would allow participants to better relate to people collecting data as well as gives people with low income an opportunity to develop research skills and experience. Moreover, including people with diverse backgrounds into research advisory roles, such as a nurse working in the target community and community residents, ensures that input is coming from multiple perspectives.

“I can’t stress enough how important it is that the people who DO the research should be people who belong to the community or demographic that you are trying to engage. Find



existing or train low-income community members who are interested and engaged in their communities. Develop training for these community members in community-based research. Provide support, mentoring, and supervision for them while they recruit and do interviews.”

“...it is important to be realistic about the level of participation in true CBPR projects. Seeking out small, but established, groups within the community are excellent ways to build a foundation for a great project.”

### 5.2.2 Incentives

Researchers were asked what incentives they used and how effective they were in meeting their recruitment goals. The five strategies used most often were (a) flexible hours, (b) how others will benefit from their participation, (c) convenient location, (d) honorariums, and (e) meals or snacks provided during study (see Figure 4). Researchers rated the five most effective incentives as being (a) honorariums, (b) flexible hours, (c) meal or snacks provided, (d) how others will benefit from their participation, and (e) convenient location (see Figure 5). Appendix B provides a summary table of researchers’ frequency of use and effectiveness of incentives.

### 5.2.3 Challenges

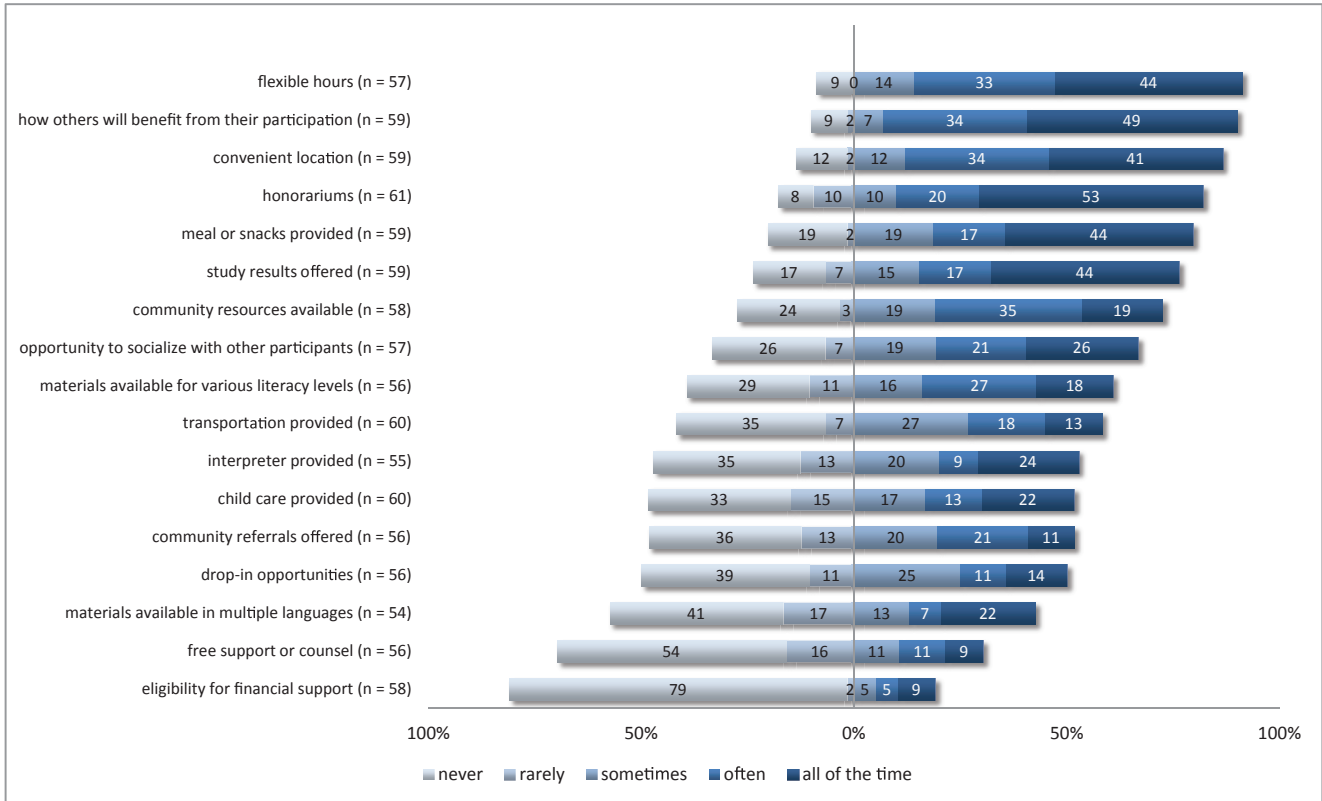
Researchers responded to questions about challenges to recruiting low-income families or individuals into studies. Researchers ( $n = 51$ ) rated how challenging it is to recruit low-income families or individuals into their research: very challenging (34.4%), challenging (31.3%), somewhat challenging (26.6%), and not at all challenging (7.8%). Researchers indicated which groups of individuals they found to be hard to reach, with 64.7% selecting more than one group. The top five hardest to reach groups, as rated by researchers, are illustrated in Figure 6. They include new immigrants and/or refugees, people needing an interpreter, people with addictions, people who are homeless, and people with mental or physical disabilities.

Researchers were also asked to rate how challenging barriers were in hindering families and individuals from participating in their studies. The highest rated challenges were (a) negative experiences with institutions/professionals, (b) nervous about participating, (c) time, (d) transportation, and (e) child care (see Figure 7).

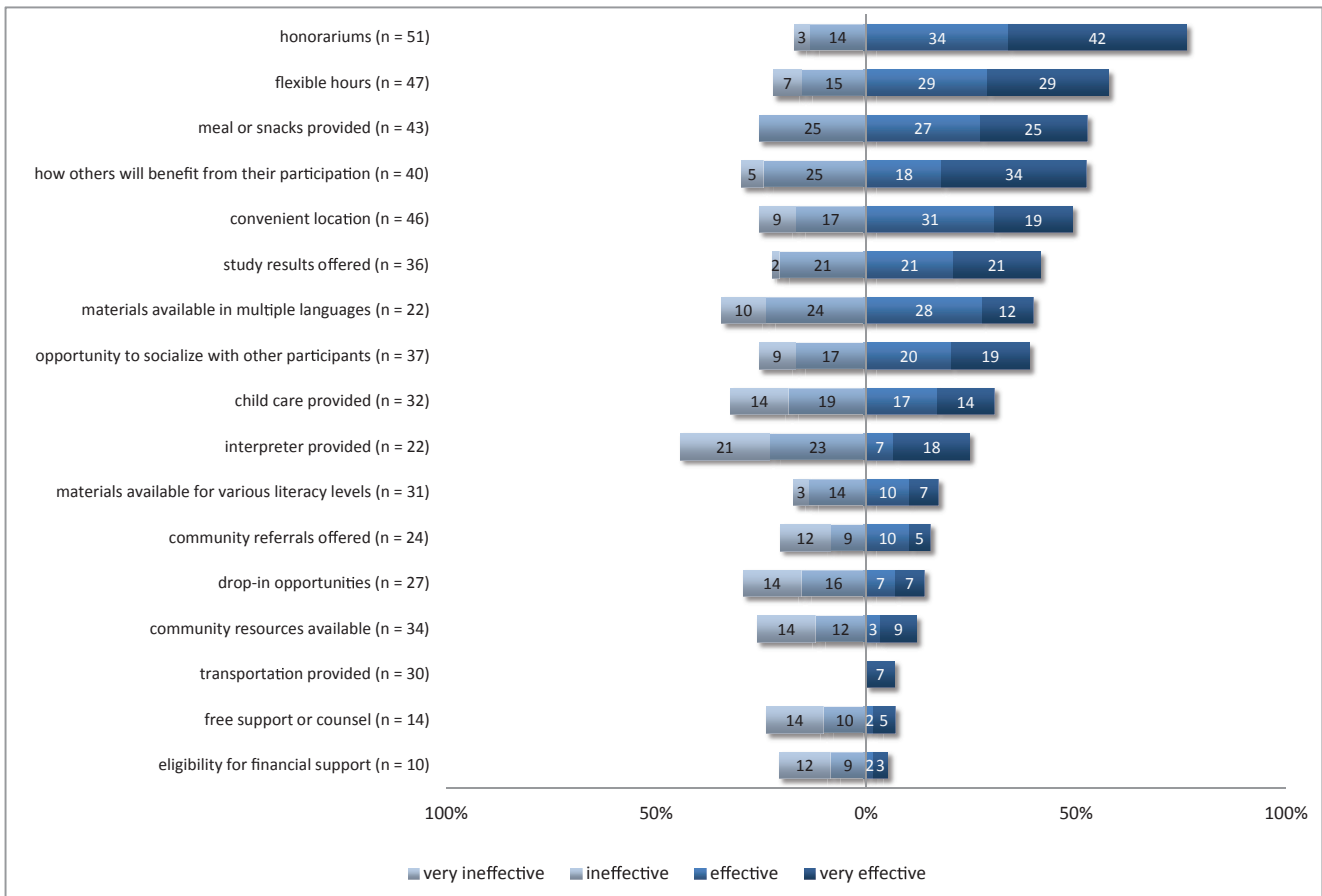
When asked to explain why they thought recruitment is a challenge, six themes emerged from the researchers’ responses: competing priorities, hard to find/contact, basic needs, feelings of mistrust, need to see the benefits, and appropriate recruitment strategies.

- **Competing priorities** ( $n = 21$ ) Low-income families and individuals are reported to have a large number of competing priorities in their lives and are often stretched for time and energy because of full-time employment or working multiple jobs, leaving little room for new activities. Research may be seen as a low priority in lives that have numerous life stressors and a lot going on.

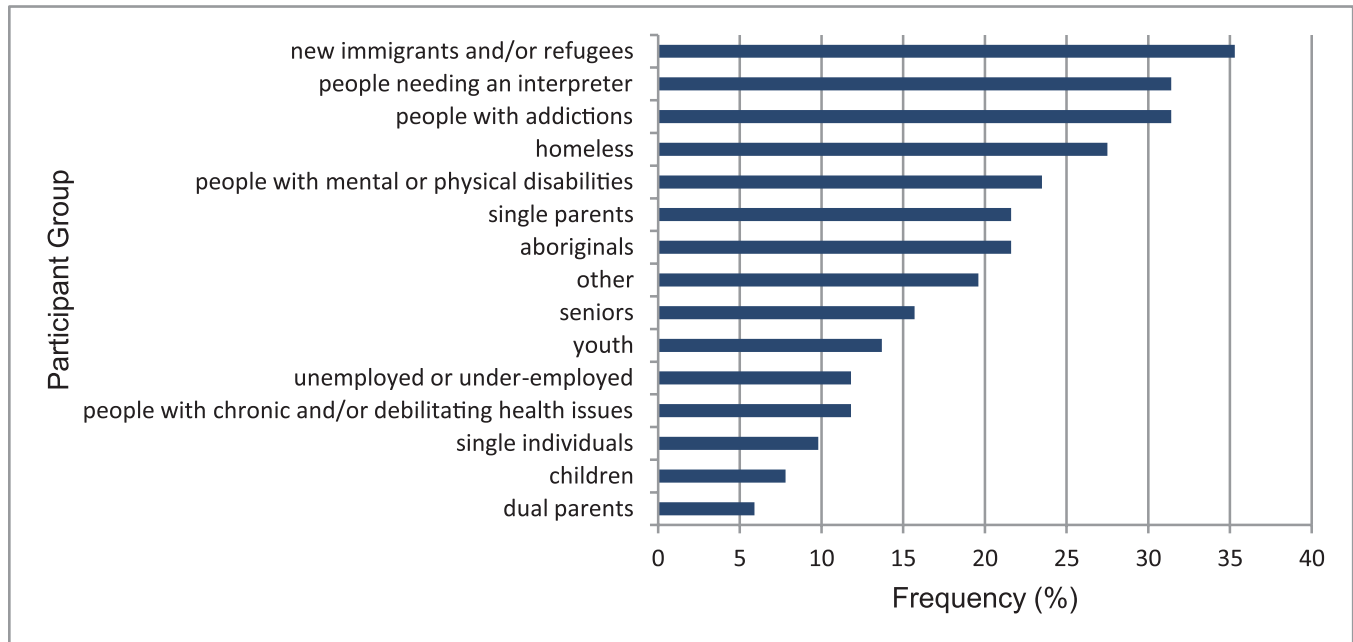
**Figure 4. Researchers' Frequency of Use of Recruitment Incentives**



**Figure 5. Researchers' Ratings of Effectiveness of Recruitment Incentives**



**Figure 6. Hard-to-Reach Groups According to Researchers**



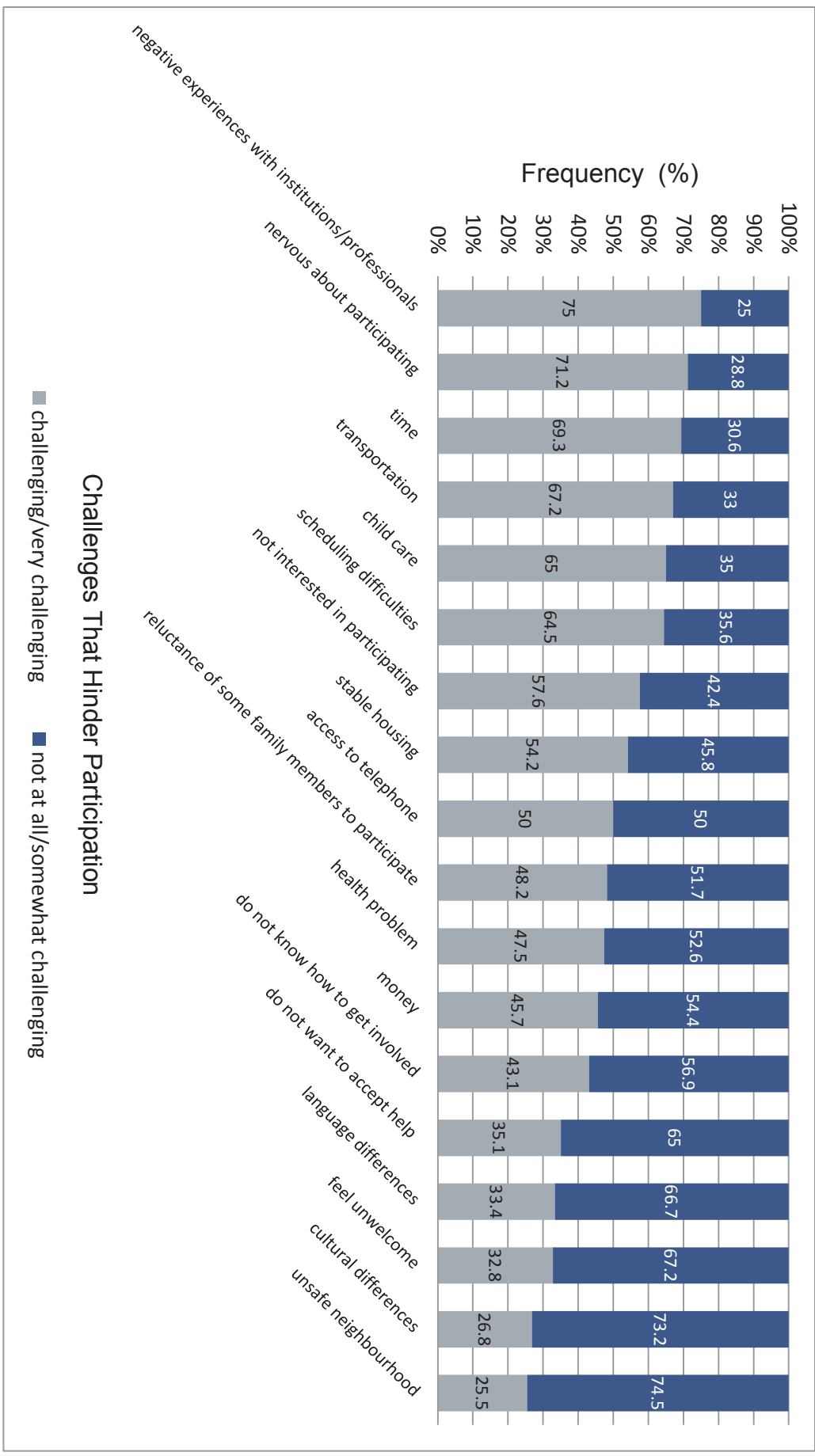
“With a large number of competing priorities in the lives of families with low-income, involvement in any activity that is non-essential to ‘getting through the day’ is asking a lot of them.”

“People in the community have to work extremely hard to earn a living or maintain families, and few of them have enough time to participate in many things that are not linked to their family or social circle.”

- **Hard to find/contact** ( $n = 11$ ) Researchers reported that a challenging aspect of recruiting low-income families and individuals is that they can be difficult to find to inform about opportunities as well as hard to contact because not everyone has a telephone or internet access. Adults with unstable work may work unpredictable shifts, so it may be difficult to know when they can be contacted. Not having stable housing results in people moving frequently which can pose challenges when researchers try to follow up with participants. Because researchers are often unable to contact participants directly they must rely on referrals from agencies, which are often busy with their own work, to recruit participants. Further, if potential participants are not connected with agencies they may be even more difficult to locate than families and individuals with connections to programs and services.

“Not all study participants had a phone, so on occasion the researcher needed to drop by the home for the initial contact (cold visits) making it challenging to establish first contact for some families. Many women were working in unstable work or working unpredictable hours requiring rescheduling appointments at short notice. Study participants moved regularly or lost their housing during the course of the study... Aboriginal lone parents were more difficult to contact (unable to reach after repeated cold visit contacts), had less stable housing (had already moved after release of the contact list), and in this study, none of the Aboriginal lone mother families on the contact list were reached through research contact efforts. Underemployed women worked odd shifts, took work when offered a shift at short notice requiring rescheduling of scheduled visits.”

**Figure 7. Researchers' Ratings of Challenges in Research Study Participation**



- **Basic needs** ( $n = 9$ ) Potential participants who do not have access to child care or transportation to take them to research sessions may be less likely to engage in research opportunities. Depending on the study's target group, support is often required from the family to have a family member participate, which extends the recruitment process. Low literacy levels or English comprehension may also limit researchers' ability to reach potential participants and recruit them into their studies.

"Recruitment was a challenge because the low-income target population had many, many barriers to participation, including limited access to transportation...low literacy."

"When recruiting people with disabilities we had to not only talk them into participating in the study but their families and support people had to want them to as well."

- **Feelings of mistrust** ( $n = 9$ ) A lack of understanding about the research process may lead to feelings of mistrust by potential participants. For example, participants may be uncertain about what they will be asked to do and who may get access to the information they provide, which may deter them from participating. Further challenges for researchers are potential participants' low trust of people associated with the government or a university or their lack of trust in participating in another study that does not leave direct results with their community.

"Trust issues are a concern. Lack of understanding regarding the research process and implications are a concern. Anonymity is a concern (participants need it, don't want to be singled out)."

"Recruitment is extremely challenging when a community has been frequently studied, researched, or focus-grouped without seeing any real returns. It is difficult to convey 'this time it will be different.'"

- **Need to see the benefits** ( $n = 8$ ) Researchers indicated that it is essential to offer participants incentives that match with the time and energy required to participate. Participants may not attend research sessions if they do not see the incentives as being valuable to them. In addition, showing participants why participating is beneficial for them and/or their community can be difficult for researchers to convey.

"Recruitment is always the hardest part of the study—hard to show people why it is beneficial."

"Involvement in studies and consultations are often not seen (and rightfully so) as offering immediate benefits [*sic*]. As well, many studies/consultations are not two way—they are not seen as offering back things to participants but rather as meeting academic/research needs."

- **Appropriate recruitment strategies** ( $n = 4$ ) Researchers reported that relying on only one or two methods of recruitment (e.g., posters, flyers) may limit the reach of their study's recruitment information. Further, advertising content not suited to a study's target audience may not be effective in recruiting certain groups.

## RESEARCH ETHICS – FRIEND OR FOE?

Researchers ( $n = 59$ ) reported on the ways ethics impacts the recruitment of low-income families or individuals. They indicated that research ethics had no impact on recruitment (49.2%); made recruiting low-income families or individual more challenging (44.1%); or made recruiting low-income families or individuals less challenging (6.8%). Those that found the ethics review process a challenge that negatively impacted their recruitments reported concerns over three main areas: forms, time length for review, and procedural barriers. For example, restrictions placed on incentives made it difficult for one researcher to thank participants for study participation and another researcher reported that his/her ability to hire data collectors from the community was limited. Additionally, researchers noted that not being able to directly talk to eligible participants made recruitment a challenge.

“I believe in having a process to make sure the research is done ethically, however the process in place is more about the University covering for itself, not caring about participants. Things like having certain paragraphs that have to go in a consent form were big barriers. Consent forms should be brief, pointform, plain language.”

“Delayed review process was the only barrier as the study went through two differing research/ethics reviews.”

“Also the need to consult them even if we wanted to change wording on a poster was a huge barrier because it wasted time.”

Some researchers reported that the ethics review process had a positive impact on their study. One researcher noted that going through the ethics process provides participants with confidence in study procedures. Other researchers said they were given flexibility from the ethics board to make decisions on their own, such as changing language on the consent form to make it more appropriate to the target sample. Some researchers stated that the ethics review process was comparable for low-income participants as to other populations, had fair expectations, and approved their study as they applied.

“We have found the university involvement and ethics review provides people with confidence in the confidentiality and independence of the research from agencies or institutions that have power over their lives.”

“There were some concerns regarding the rigor of the instruments developed by community members for conducting the assessment, but in the end we were given the freedom to pursue the assessment the way community participants envisioned it.”

“People do not always read posters and pamphlets as they are inundated with them on a daily basis...posters are often posted in public areas where other posters are making it overwhelming.”

“It was challenging at first because we were using the wrong strategies (very academic study, language and processes unfriendly to community, posters that looked like asking people to be part of an experiment).”

Specific academic institution challenges may also impact researchers' ease of recruiting participants. Researchers ( $n = 60$ ) noted that 75% of the studies they reported on were affiliated with a uni-

**Table 2. Academic Institution Challenges**

	not at all challenging	somewhat challenging	challenging	very challenging	M	SD	n <sup>a</sup>
Funding constraints	20.5	27.3	13.6	38.6	2.70	1.19	44
Ethics review	20.5	27.3	29.5	22.7	2.55	1.07	44
Participant perceptions of university may be negative	39.5	23.3	16.3	20.9	2.19	1.18	43
Multiple universities or departments compete over same population	50.0	20.5	15.9	13.6	1.93	1.11	44
Other	41.7	0	8.3	50.0	2.67	1.50	12

Note. 1 = not at all challenging, 2 = somewhat challenging, 3 = challenging, 4 = very challenging.

<sup>a</sup>Only researchers who reported that their study was affiliated with an academic institution were included in these analyses.

versity or college. As can be seen in Table 2, researchers indicated how challenging certain academic institution barriers were in hindering their ability to recruit participants into their studies.

#### 5.2.4 Research and Practice Guidelines and Boundaries

Service providers and researchers must consider, of course, legal and ethical standards in their jurisdictions. Researchers described the public policies that either support or obstruct recruitment strategies for their study: privacy issues, no public policies limited recruitment, and money and safety concerns.

- **Privacy issues** ( $n = 16$ ) Privacy protections acts were reported to limit the ways researchers made contact with potential participants. Unless researchers had families' prior consent to use their contact information, they could not make calls or send emails directly to families to notify them about research studies. Often researchers had to wait for families to make an initial contact.

" [The] school distributed recruitment materials, and families had to contact us. We could not make any calls directly to families until we had their interest and consent."

"Do not have direct access to family contact information; families have to make initial contacts with Researchers. No cold calls allowed."

Privacy rules also prevent the sharing of participant contact information with university personnel or other agencies without prior consent. This was reported to lead to additional time and effort invested by multiple organizations in securing consent to release certain information between groups. Further, some researchers reported that they had to have extensive informed consent forms so that data could be collected over multiple years.

"Multiple phone contacts necessary to get information released (e.g., first the organization has to call and see if the name can be passed on to other recruiters, which needs to be done by different organizations on different days...so time and money are a challenge as we now have to 'find' people twice)."

- **No public policies limited recruitment** ( $n = 14$ ) Researchers' responses indicated that they did not all face public policies that limited participant recruitment into their studies. Some reported that no obstructions occurred because of public policies, whereas others indicated that the question was "not applicable" for their study.
- **Money and safety concerns** ( $n = 4$ ) The few additional policy concerns researchers' reported focused on the ways policies impacted money and safety. How money is allotted to provide participants with refreshments or honorariums may need to be negotiated to suit the needs of the project. Child care and transportation liability may also impact the recruitment and retention of participants—depending on whether they can participate when facing these barriers.

"I was surprised at the level of difficulty I faced with the idea of paying stipends to participants for their role in this assessment project. This was largely due to internal policies at my home agency which were not familiar with community-based participatory research methods."

### 5.2.5 Cost Analysis

Researchers provided information about the specific costs—staff costs and recruitment activity costs—that were directly related to recruiting participants into their studies. Twenty-five researchers completed both cost sections and their responses are reported in Table 3.

**Table 3. Researcher Cost Analysis**

	<i>n</i>	<i>M</i>	<i>SD</i>	median	min.	max.
Total staff costs	25	34,227.36	100205.79	4,035.00	0	500,625.00
Total recruitment activity costs	25	13,958.80	42021.07	1,810.00	10	211,800.00
Total cost of recruitment (staff + recruitment activities)	25	48,186.16	113810.25	7,700.00	20	501,895.00

To better understand staff costs, we broke down the overall staff cost into the average cost per week to have one to four staff members working on recruitment activities as well as the average cost to employ one staff member per week: 20% reported having one staff member, 32% reported having two staff members, 12% reported having three staff members, and 36% reported having four staff members engaged in recruitment duties. On average, the weekly cost of having between one and four staff members working either full-time or part-time on recruitment efforts was \$568.12 ( $SD = 450.96$ ; median = \$610.00; range = 0–\$1625.00). The average cost of one staff member per week was \$233.17 ( $SD = 189.16$ ; median = \$218.33; range = 0–\$668.50).

To understand how much time staff spent on recruitment duties, we broke down time by the overall number of hours spent on recruitment per project per week as well as the average number of hours one staff member spent on recruitment each week. On average, 28.9 hours ( $SD = 21.90$ ; median = 25.0; range = 1–70) were spent on recruitment per project with between one and four staff members.



The average time that one staff member spent on recruitment duties per week was 11.8 hours ( $SD = 8.57$ ; median = 11.67; range = 1–27.50). The maximum number of weeks spent on recruitment for each project ranged from 2 to 600 weeks ( $M = 49.36$ ;  $SD = 120.25$ ; median = 12).

## 5.3 Retention

### 5.3.1 Policies

Researchers described the policies or practices within their study that may affect participants' ability to remain in the study. The majority of researchers ( $n = 41$ ) did not indicate that any policies or practices affected participants' ability to remain in the study. Of those who did ( $n = 24$ ), 33.3% reported that participants become ineligible after missing a certain number of sessions, 16.7% noted that there are eligibility requirements that may be difficult to fulfill (e.g., both parents must participate), 8.3% noted that participants become ineligible if they arrive late to a certain number of sessions, and 50% described "other" policies or practices (e.g., need to commit to a specific number of interviews and activities or must reside in the targeted community).

### 5.3.2 Retention Strategies

Researchers rated the frequency of use and effectiveness of nine retention strategies (see Figure 8). The five most used strategies were (a) convenient locations for participants, (b) reminder phone calls/emails about study, (c) snacks or meals provided, (d) diversity of staff at study site, and (e) linguistic resources or other language staff available. The five most effective strategies reported were (a) linguistic resources or other language staff available, (b) convenient locations for participants, (c) reminder phone calls/emails about study, (d) snacks or meals provided, and (e) diversity of staff at study site (see Figure 9). Appendix C provides a summary table of researchers' frequency of use and effectiveness of retention strategies.

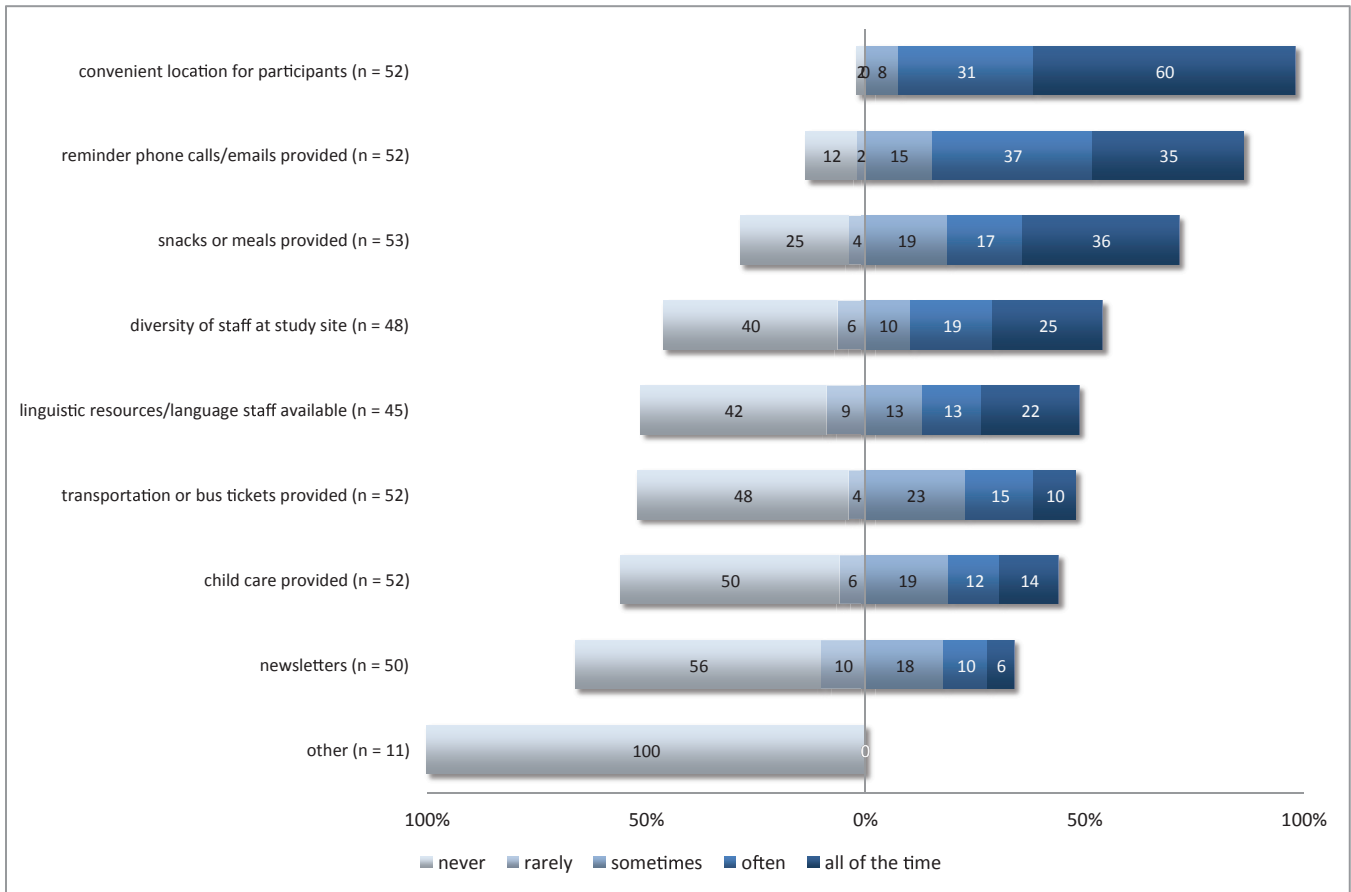
### 5.3.3 Communication Strategies

Researchers reported on the use and effectiveness of seven communication strategies. The two most used strategies were face-to-face and phone (see Figure 10). Similarly, the two strategies reported as being most effective were face-to-face and phone (see Figure 11). Appendix D provides a summary table of researchers' frequency of use and effectiveness of communication strategies.

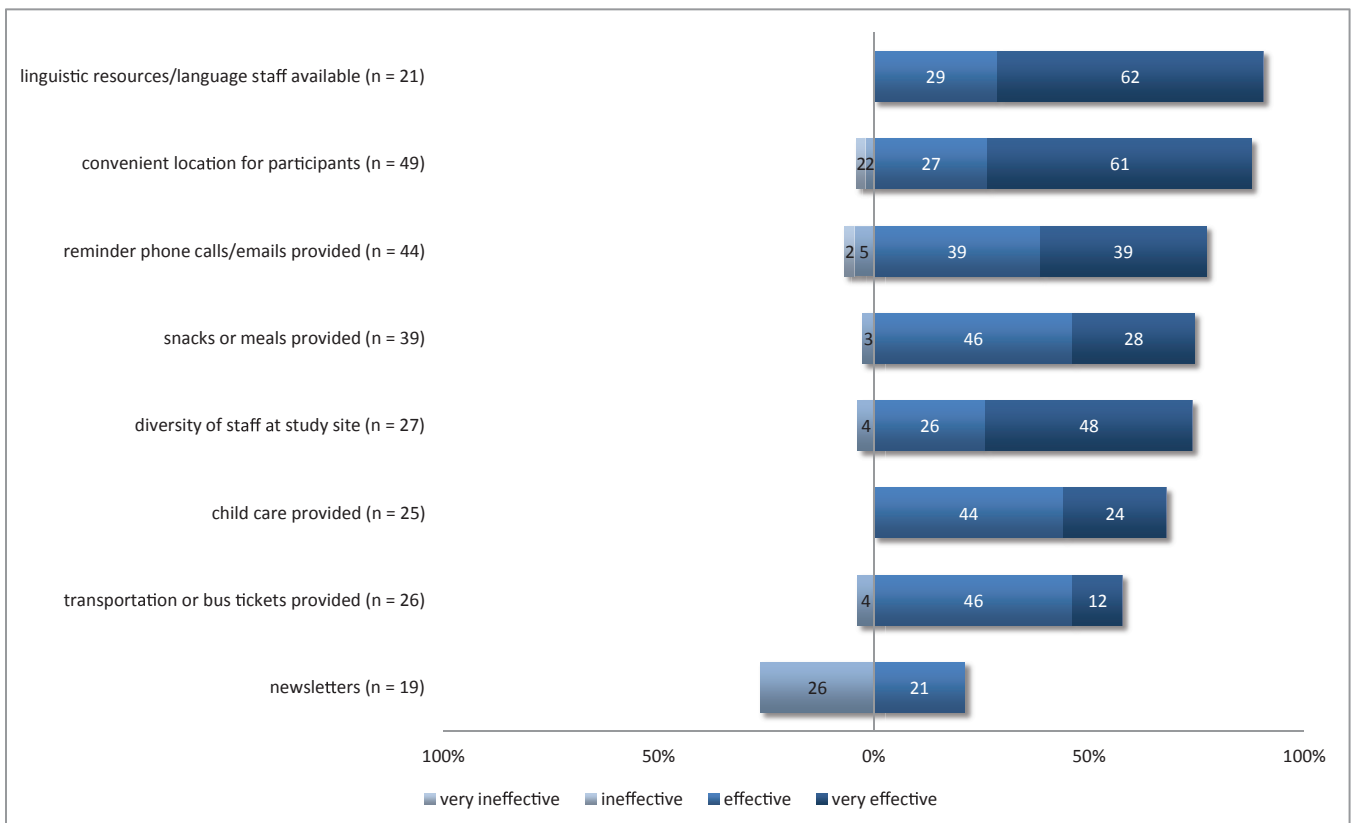
## 5.4 Success with Recruitment over Time

To gain an overall perspective of researchers' recruitment success, researchers were asked to consider all the studies they have undertaken that included the recruitment and retention of low-income families or individuals. In terms of recruitment success, researchers ( $n = 56$ ) reported that they were very successful (17.9%), successful (66.1%), unsuccessful (12.5%), or very unsuccessful (3.6%), indicating that the majority of researchers felt they experienced success. However, when asked how often they ( $n = 55$ ) met their target sample size within their recruitment timeline, only 34.5% reported doing

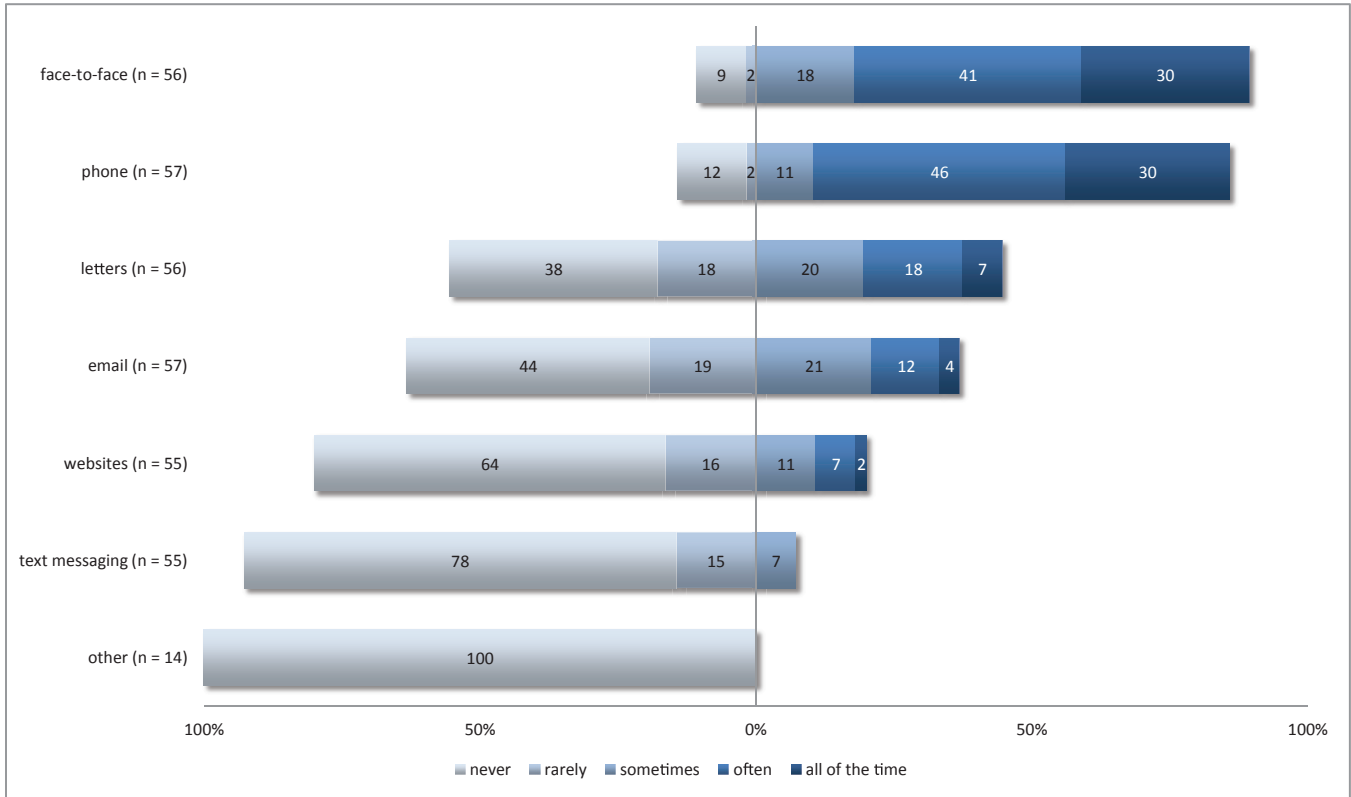
**Figure 8. Researchers' Frequency of Use of Retention Strategies**



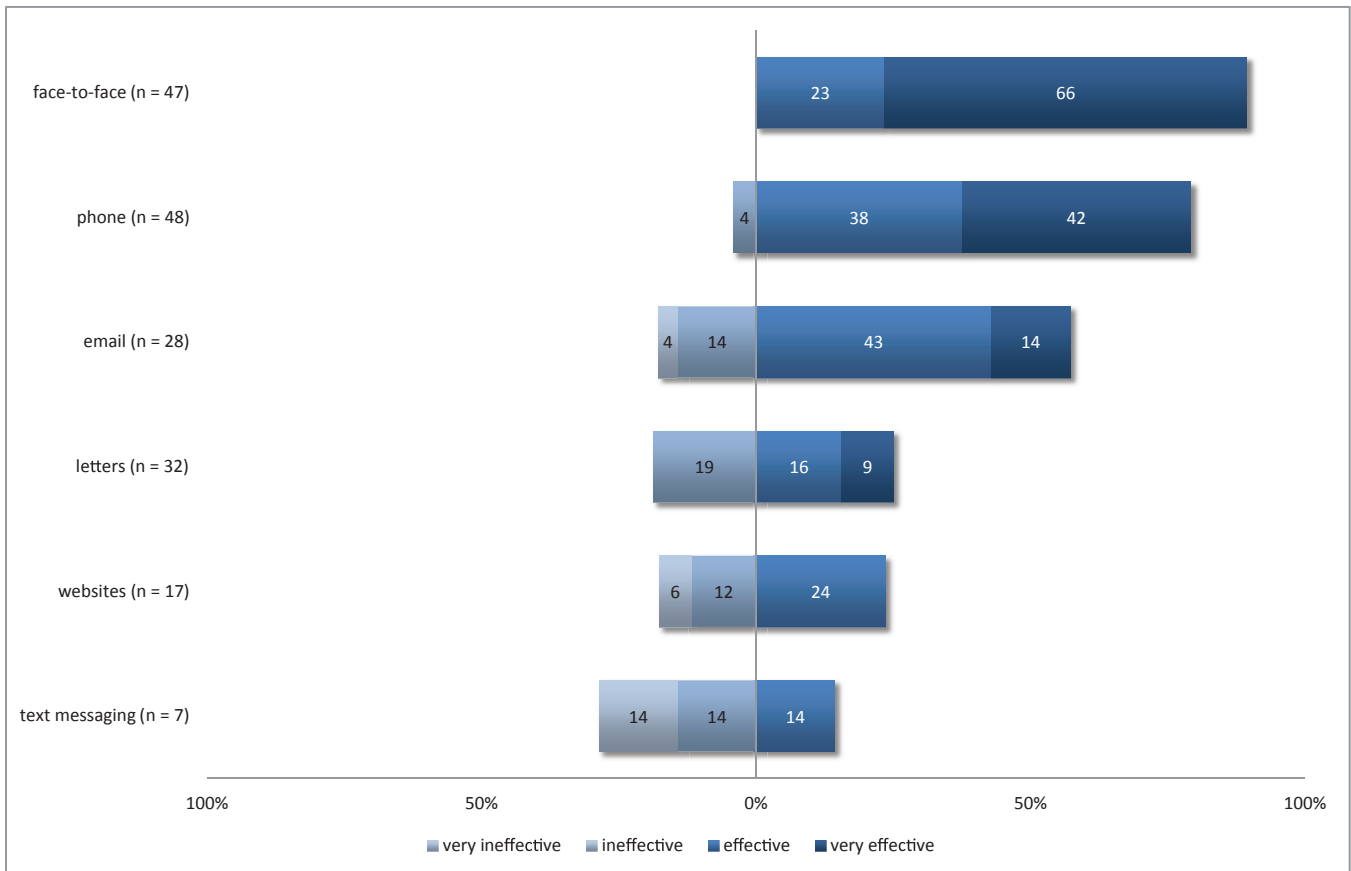
**Figure 9. Researchers' Ratings of Effectiveness of Retention Strategies**



**Figure 10. Researchers' Frequency of Use of Communication Strategies**



**Figure 11. Researchers' Ratings of Effectiveness of Communication Strategies**



so 76–100% of the time; 21.8% reported meeting their target 51–75% of the time, 23.6% met their target 26–50% of the time, and 20% met their target 0–25% of the time.

Researchers were asked which adjustments, if any, they have made to their studies' original recruitment strategies. Seven researchers indicated that they never adjusted recruitment strategies. Of those who did ( $n = 45$ ), 64.4% extended the recruitment period, 48.9% implemented additional recruitment methods (e.g., put an ad in the newspaper), 40% provided more resources (e.g., increase research assistants' time on task), 33.3% added new enrolment sites, 24.4% modified criteria for inclusion in the study, and 15.6% used an adjustment other than the ones listed (e.g., hired additional staff who had specific experience and/or identities, increased incentives).

After indicating the adjustments they made to recruitment procedures, researchers ( $n = 42$ ) reported how often they met their target sample size after making the adjustments: 52.4% met their target sample size 76–100% of the time, 16.7% met their target sample size 51–75% of the time, 19% met their target sample size 26–50% of the time, and 11.9% met their target sample size 0–25% of the time. These results suggest that researchers are more likely to meet their target sample size after making adjustments to the recruitment procedures. Further research is needed to examine how effective changes to specific recruitment procedures are for researchers recruiting participants.

Researchers reported on the considerations they made for the recruitment period and study procedures to meet the needs of the target group for their studies. Twelve researchers did not select any of the considerations provided. Responses from those who made considerations ( $n = 53$ ) are provided in Table 4.

**Table 4. Considerations Researchers Made to Recruitment and Study Procedure to Increase Recruitment**

Category	Considerations	<i>n</i>	% used consideration
Recruitment materials or procedures	recruitment locations were targeted appropriately	36	67.9
	a literacy index or other method was used to ensure materials were at an appropriate reading level for study's target group	22	41.5
	interpreter was provided (depending on English proficiency)	19	35.8
	materials were presented in multiple languages	16	30.2
Consent form	appropriate reading level for target group	33	62.3
	provided in more than one language	14	26.4
Data collection materials	appropriate reading level for target group	34	64.2
	culturally appropriate for the target population	25	47.2
	provided in more than one language	15	28.3
Recruiters	knowledgeable about the cultural background of the target group	36	67.9
	ethnic composition corresponded with target group	23	43.4
	other	4	7.5

Researchers described what contributed to the success in recruitment of the target sample size through an open-ended question. Categories included being known in the community, research environment, perseverance in building relationships, methods of recruiting, and researcher team.

- **Being known in the community** ( $n = 12$ ) Being recognized and respected in the community aided researchers in successfully recruiting participants. Researchers who noted that their research program is known to other providers and partners in the community stated that referrals were easier to obtain. Similarly, having a good program intervention reputation with program staff and community residents helped with participant recruitment. Researchers indicated that being physically present in the target community was helpful for recruiting low-income families and individuals. For example, some researchers made themselves visible in the community by engaging participants in data collection during community events or offering services close to where participants live.

“Program is well known to other providers and is well respected--referrals come in readily.”

“We collect surveys at community health events, and simply by being there this ensures that participants will be engaged in the research and interested about health recommendations that we can supply them.”

- **Research environment** ( $n = 9$ ) The circumstances in which a research study takes place may impact on researchers’ recruitment success. Researchers reported that letting potential participants know that their participation matters as well as recruiting during less busy times of the year (i.e., summer) helped meet their recruitment target. Having adequate study resources and providing participation incentives after each data collection phase were noted as contributing to recruitment success.

“The incentives are very important to these families.”

“A reasonable timeline, adequate resources, patience, and perseverance.”

- **Perseverance in building relationships** ( $n = 7$ ) Being persistent in making contacts and building community trust was important for researchers’ successful recruitment. Further, developing relationships with potential participants and listening to families’ needs is important before and during recruitment.

“Outreach and developing relationships with referral sources and potential participants has contributed to our success.”

“Listening to families to hear about what’s important to them and what gets in their way.”

- **Methods of recruiting** ( $n = 7$ ) Researchers’ reported that using multiple recruitment strategies helped them meet their target sample. Two effective recruitment strategies reported were face-

to-face invitations by community workers familiar with families as well as encouraging people trusted by the community who support the study to get the word out.

“The direct contacts by a trusted home visitor were essential in making lone mother families aware of the study and obtaining contact information for recruitment into the study.”

“Using people from the community to support the program. These were people trusted by the community. My involvement in community programs also helped. When invited by the clinic to participate in a special program for youth, I accepted the invitation. Although the study is completed, I maintain my ties to the community through work with certain groups in the community.”

- **Researcher team** ( $n = 6$ ) Researchers stressed the importance of having a diverse, well-trained, and supportive research team when recruiting low-income participants for research studies. They also noted that having researchers from the target participant sample was key to recruitment success.

“Commitment from our program partners’ supervisory level; better training of their staff to answer research study questions from parents; enthusiasm of program partner staff.”

“Above all else I am hoping for sustained participation, real engagement, and sense of ownership when working with community researchers.”

“The MOST important factor is having researchers who are from the target sample, whatever that might be. Hiring low-income people and training them to do the work and be involved in recruitment, data collection, analysis, and reporting. Maintaining accountability at all times to the community being recruited.”

# 6.0 SERVICE PROVIDER SURVEY RESULTS

Two hundred and forty-seven service providers (95.1% from Canada, 4.5% from the United States, and 0.4% from outside North America) working with low-income families or individuals in some capacity provided consent and completed an on-line survey. The majority of service providers reported that more than half of their organizations' programs targeted low-income families or individuals.

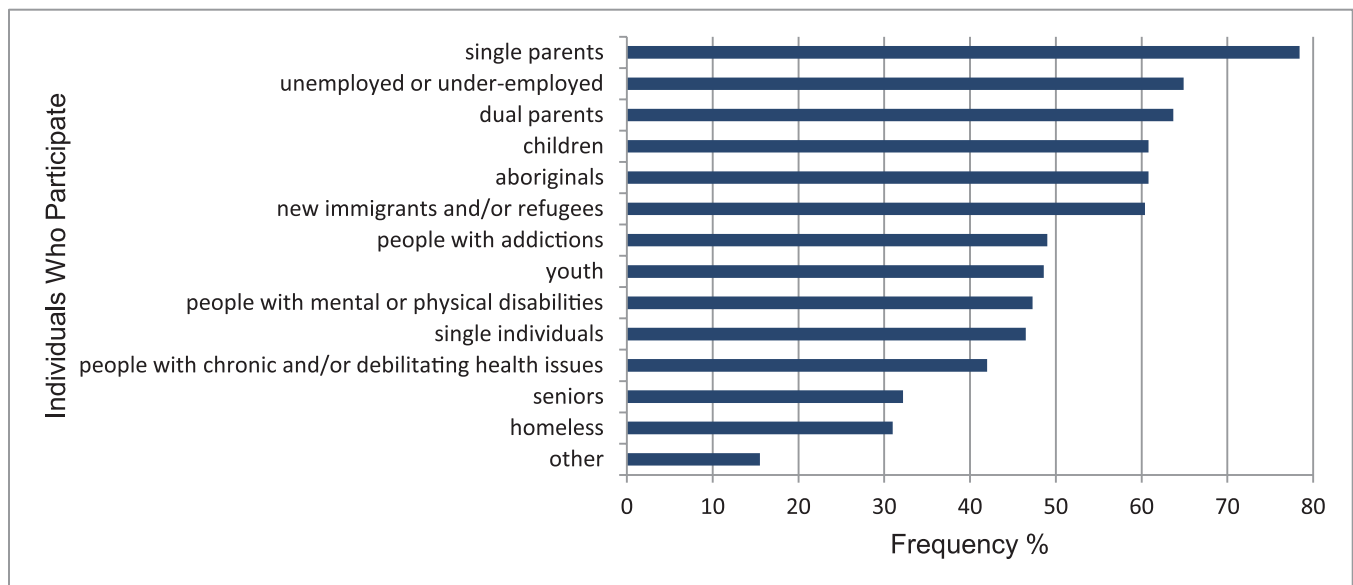
Service providers ( $n = 238$ ) provided a description of their program (e.g., scope, content, goals). These programs were grouped based on the services they provided: education (30%), health and wellness (26%), basic needs (25%), recreation (15%), and multiple services (4%). These programs ranged in length from 1 hour to 168 hours ( $M = 17.98$ ,  $SD = 27.53$ ,  $n = 145$ ) and 1 week to 312 weeks ( $M = 38.91$ ,  $SD = 40.98$ ,  $n = 146$ ), for a total of 5.5–8736 hours ( $M = 739.96$ ,  $SD = 1134.14$ ,  $n = 112$ ). From this wide range of hours and weeks, it appears that programs can be separated into at least two groupings: programs that have a set time and day for a program (e.g., literacy or parenting programs) to programs that are on-going, such as a help line.

Forty-five service providers did not indicate a numerical value for the number of hours the program ran but rather provided a description. These descriptions were grouped into "ongoing/all of the time" (26.7%), "based on client's needs" (22.2%), "depends/varies" (24.4%), and "N/A" (26.7%). Similarly, 43 service providers provided a description of the number of weeks the program ran: "ongoing/all of the time" (46.5%), "based on client's needs" (18.6%), "depends/varies" (20.9%), and "N/A" (14.0%). Service providers reported that the majority of programs were voluntary (89.5%,  $n = 214$ ), whereas some programs were mandatory (10.5%,  $n = 25$ ), such as requirements set through Children's Services.

Service providers ( $n = 245$ ) indicated that the majority (71%) of the programs they offer are free to participants. Of the programs that do charge a fee, 6.9% have participants pay based on an income-sliding fee scale, 2.4% have participants pay what they can afford or give a donation, 1.2% require participants to pay the full fee of the program, 0.4% have participants volunteer time instead of payment, and 18.0% reported other ways of having the services paid, namely having fees waived or subsidized if families cannot afford to pay the full fee or part of the fee.

Over half (53.3%,  $n = 131$ ) the service providers noted that recruitment targets are set for programs. Of these, 62.7% reported meeting their target 76–100% of the time, 15.9% met their target 51–75% of the time, 12.7% met their target 26–50% of the time, and 8.7% met their target 0–25% of the time. Service providers indicated that individuals who participate in the programs offered by their organizations are most often single parents, unemployed or under-employed, and dual parents (see Figure 12).

**Figure 12. Service Providers' Targeted Populations**



## 6.1 Defining Low Income

Service providers define low income in numerous ways, with multiple definitions being used within a single agency: 221 service providers provided 349 definitions. Definitions were grouped according to the key features reported, resulting in 10 low-income categories: cut-off scales/standards, recipient of financial assistance, ability or inability to meet basic needs, family/individual demographics, participants self-identify, yearly or monthly income cut-off, unemployed or underemployed, referrals, and qualifying income levels.

- **Cut-off scales/standards** ( $n = 90$ ) The most common way that service providers defined low-income status was through the use of established income cut-off measures. Statistics Canada's Low Income Cut Offs (LICO) was reported as being used most often; some service providers add and subtract a certain percent to create a low-income range around these cut offs. According to Human Resources and Skills Development Canada (2012),

LICOs are determined by using the average proportion of family income spent on food, shelter and clothing, based on average consumption patterns. Twenty points are then added to this percentage on the assumption that a family spending a significantly larger proportion of its income on those items would be in strained circumstances. This percentage is then converted into a set of income cut-offs (LICOs). LICOs are calculated for various family and community sizes. A family unit is considered to be in low income when its income is below the LICO for its family size and community.

Federal and provincial government established poverty levels were also reported as being commonly used to define low-income status. Some service providers described where they received this information (e.g., "provincial [BC] poverty levels"), although many referred to a poverty level cut off in general terms. Other measures used included the Market Basket Measure (MBM), developed by Human Resources and Skills Development Canada, which complements the LICO. The MBM,



sets the low-income threshold based on the annual cost of a standard basket of goods and services, which includes food, clothing, shelter, transportation, and other household needs. The MBM is calculated for various types of families in 48 different geographical areas in the ten Canadian provinces and is adjusted for inflation. The cost of goods and services needed by a family is compared to the family's disposable income, defined stringently. (Human Resources and Skills Development Canada, 2012)

Additional standards included whether the family qualified for Child or Adult Health Benefits, income versus the percentage spent on rent, as well as other cut-offs and standards (e.g., qualifying for a certain program or child care subsidy, Canada Child Tax Benefit, Core Need Income Threshold).

- **Recipient of financial assistance** ( $n = 73$ ) The second most common way service providers defined low-income status was identifying individuals who received some type of financial assistance, with income support/social assistance being frequently reported. Similar assistance programs included Assured Income for the Severely Handicapped or Canadian Pension Plan Disability Benefit, as well as receiving health benefits.
- **Ability to meet basic needs** ( $n = 58$ ) Another way that service providers defined low-income status referred to a family or individual's ability to sufficiently meet their monthly needs. Families or individuals who are unable to pay bills each month, have difficulty meeting basic needs for themselves or family members (e.g., shelter, food, clothing), and do not have enough money left over after expenses to buy extras were considered to be low income. Further, those who require assistance with covering costs, use the food bank, or have an income level that prevents involvement in community programs were also defined as being low income.
- **Demographics** ( $n = 25$ ) Demographics, or characteristics of families and individuals, were often used when service providers defined low-income status. These characteristics focused on the composition of a family, often single parent families, families with one income, and the number of members in a family. Service providers noted that new immigrants or refugees may be more likely to be considered low income. The geographical area where families and individuals live was also an indicator of low-income status: living in low-income neighbourhoods, low-income rental properties, or community housing.
- **Participants self-identify** ( $n = 24$ ) Service providers reported that for many of their programs families or individuals self-identify themselves as being low-income, either based on the needs they are struggling with or through answering simple questions when applying for a program. Additional documents of their income are not usually required when self-identification is accepted.
- **Income cut-off** ( $n = 23$ ) Specific cut offs of annual income (ranging from \$15, 000 to \$50, 000), with the majority of service providers indicating a cut off of \$20, 000 or less, were used to define low-income status. It is important to note, however, that these cut offs often depend on a family

or individual's geographical location (some cities are more expensive to live in than others) and the number of members in a family. Not all service providers indicated whether the cut off they provided was for an individual, a couple, or a family with children.

- **Unemployed or underemployed** ( $n = 23$ ) Service providers also used a family or individual's job status when defining low-income status. Those considered low-income were unemployed individuals with no income or those who were homeless. Further, working poor, families or individuals who worked minimum wage jobs either full-time or part-time were also considered as being low-income.
- **Referrals** ( $n = 20$ ) Receiving referrals from other agencies, partners, or the government was another way service providers defined low-income status. Here, service providers do not ask families or individuals for income documentation but rather have the understanding that the agency, which made the referral, has obtained low-income information.
- **Qualifying income levels** ( $n = 9$ ) Some service providers used qualifying income levels when defining low-income status.

## 6.2 Recruitment

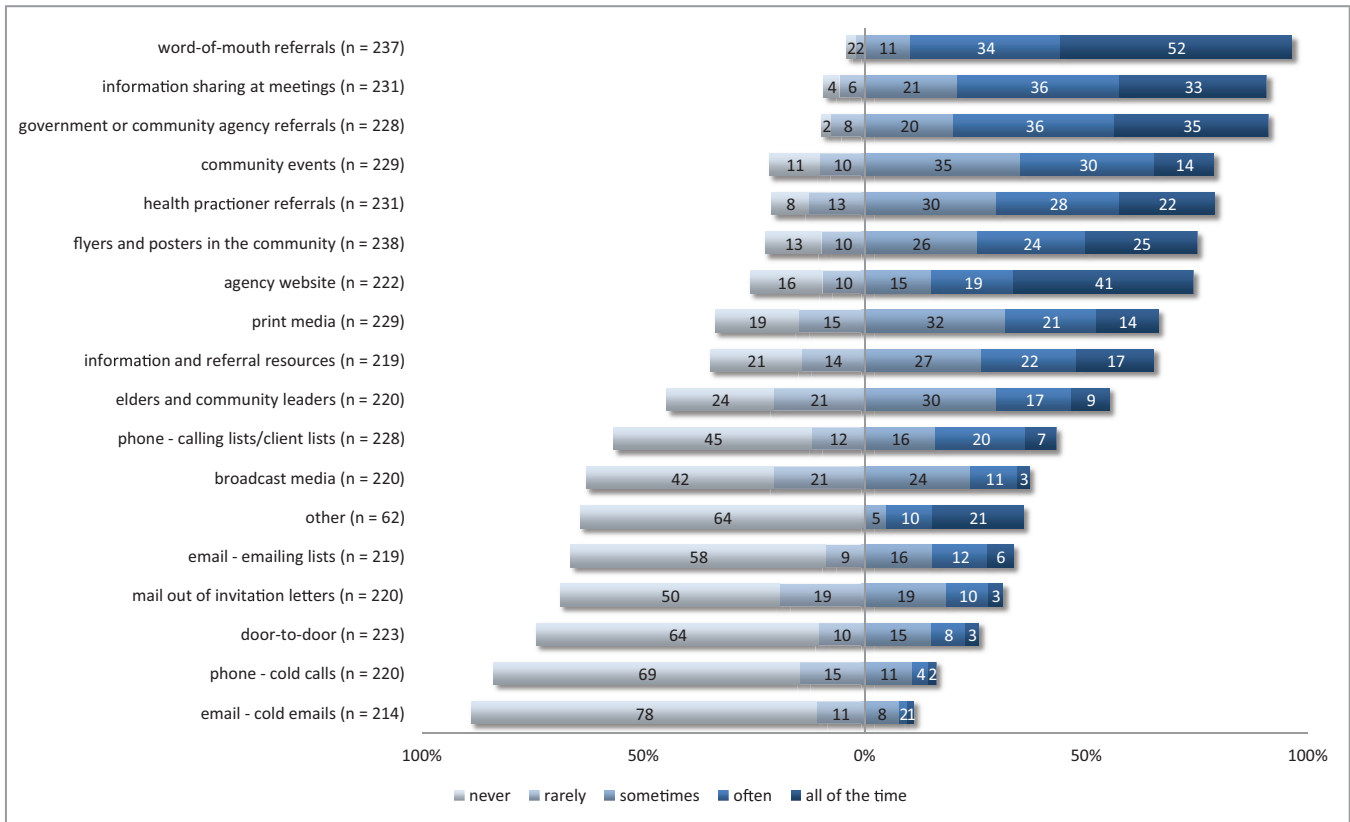
### 6.2.1 Strategies

Service providers rated the frequency of use and effectiveness of recruitment strategies. The five most used strategies were (a) word-of-mouth referrals, (b) information sharing at community or inter-agency meetings, (c) government or community agency referrals, (d) community events, and (e) health practitioner referrals (see Figure 13). Service providers rated the five most effective strategies as being (a) word-of-mouth referrals, (b) government or community agency referrals, (c) health practitioner referrals, (d) information sharing at community or interagency meetings, and (e) information and referral resources (see Figure 14). Appendix E provides a summary table of service providers' frequency of use and effectiveness of recruitment strategies.

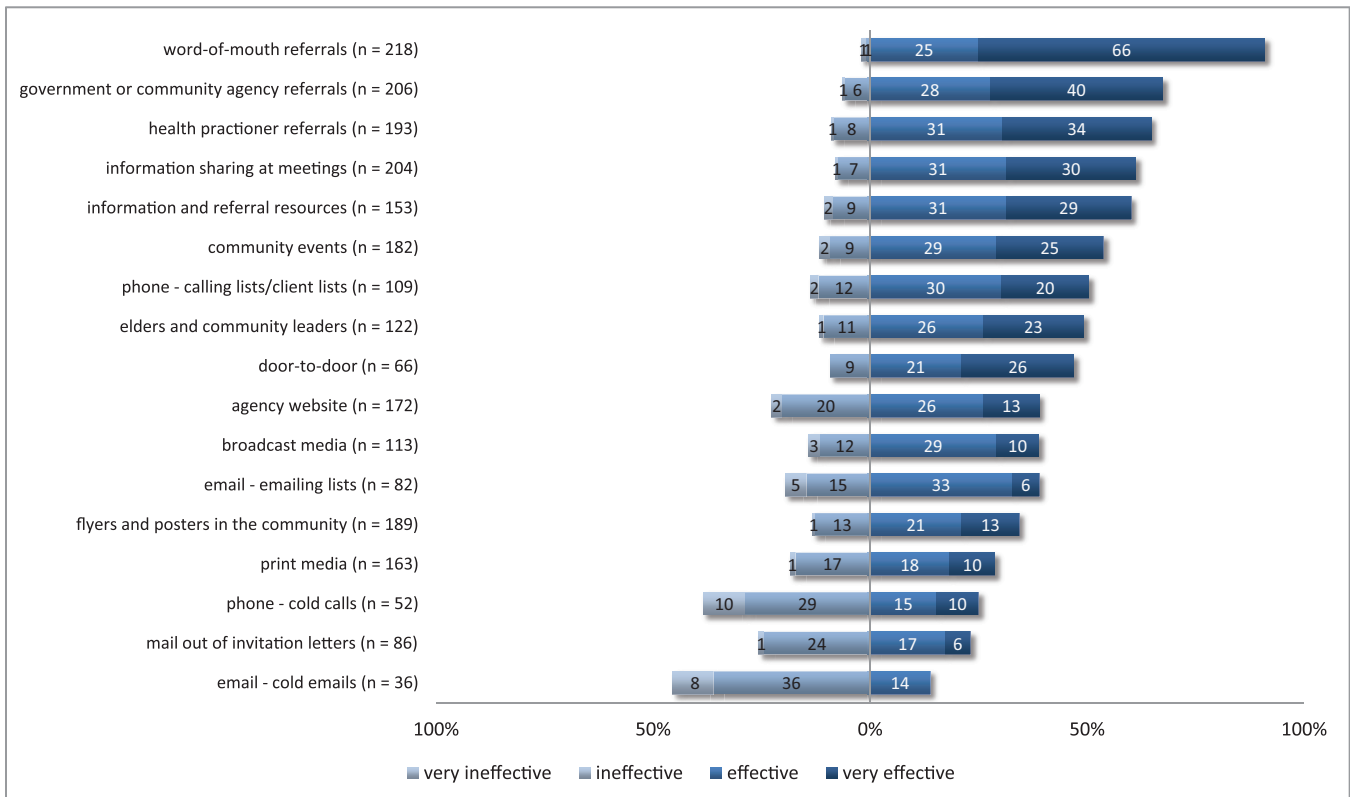
Although we did not directly ask service providers about recruitment strategy use or effectiveness in an open-ended question, the responses below related to recruitment strategies were supplied when service providers were asked to tell us anything else about their recruitment and retention efforts.

- **Take time to build relationships with participants** ( $n = 32$ ) Personal contact is key to engaging low-income families and individuals in programs and services. Service providers stressed the importance of taking time to develop relationships built on trust and connect regularly with program participants in welcoming, respectful, and non-judgmental program environments. When participants feel safe and supported they may be more likely to attend subsequent meetings.

**Figure 13. Service Providers' Frequency of Use of Recruitment Strategies**



**Figure 14. Service Providers' Ratings of Effectiveness of Recruitment Strategies**



Relationships can also be developed between participants, offering them time to socialize with others during the program.

“Be positive and supportive. Make them feel that you are listening to what they have to say, advocate on their behalf when possible.”

“Make them feel welcome and valuable, let them know that there is no such thing as a perfect parent and that the facilitators learn as much from the participants as the participants learn from the facilitators.”

“The most important part is taking the time to get to know people, on their terms, on their time. Allow them the time to build trusting, supportive relationships. This process can take 6 months to a year with some population groups. It is not necessary to spend a lot of \$\$ to recruit people.”

- **Make programming fun, flexible, and relevant to participants** ( $n = 17$ ) To engage participants in programs, service providers suggested making events “fun and not too heavy,” such as offering a speaker accompanied by a hands-on activity, physical activity, and a meal. It is important that participants understand how the program will benefit them and how the curriculum is relevant to their needs. Having programs that are flexible in the hours and locations they are offered helps participants engage more easily in programs of interest. Service providers evaluated and revised programs as needed to ensure that they are meeting participants’ needs.

“Client centered programming. Participants are invested and enjoy the planning elements right down to the menus!”

“We try to highlight the great strides that can be made in the program and the great progress that has been made by previous students and families.”

“Flexibility with regard to when the family may receive service is also important - i.e. If a single mother works shift work, our in-home literacy support worker may go to the home at 1pm one week and maybe 7pm or even 7am the next week so that we can meet their needs as best as we can.”

- **Word-of-mouth recruitment: Encourage families and individuals to tell others about your program** ( $n = 15$ ) Most often programs were advertised via word-of-mouth through past participants who enjoyed the program and experienced some success because of it. Sharing their program success stories with others in the community spreads the word about the program’s positive reputation and encourages people to become interested. Also, participants currently in a program often invite friends and acquaintances to join the program.

“In order to attract anyone to our programs, I would have to say that we try to maintain a positive reputation in the community through word of mouth interactions. By providing our clients with a positive experience, the message that our organization and our programs are helpful is disseminated throughout our community.”

“The majority of our participants are word of mouth referral either from past participants or individuals who have referred people, heard of their success, and continue to refer.”

“We are just starting to identify the fact that families in need won’t access resources on their own. They will almost always need to be personally invited, and even then, several times. We are in the planning stages of coming up with a strategy for recruiting by personal invitation.”

- **Provide multiple services in one location or offer to refer to other services** ( $n = 15$ ) Service providers indicated that they often refer families and individuals to other programs to help meet their needs and provide them with additional supports. This is often done by partnering with similar agencies to provide a network of supports. Some programs have a multidisciplinary team that offers multiple services to families in one location. Service providers noted that keeping the application process simple makes registering in one or more than one program easier for low-income families and individuals by reducing the amount of questions they need to answer and paperwork required to register.

“Ongoing use of a multi-disciplinary team concept with various professionals involved at various levels of service provision.”

“We really work closely with partnering organizations throughout the community who may be in a better position than we to reach out to low-income families.”

“We refer families to three other community programs (these are only for children) that allow for registration and we cross-reference internally to avoid having to ask families difficult questions (if they qualify for the one program, we assume they qualify for the others).”

- **Be visible in the community** ( $n = 11$ ) Service providers reported that a successful recruitment strategy was going to where the participants may gather, rather than expecting them to come to the organization or agency. Being as present as possible in the community permits potential participants to learn about the program’s information, talk with those who are offering it, and learn more about how they would benefit if they attended. Partnering with other agencies or people in the community (e.g., vendors, churches) allows recruitment efforts to be shared across multiple locations.

“By going to the communities instead of expecting them to come to us our programs accomplished what they needed to do with little hesitation on the part of the participants. To be successful with a program you need to meet with the client where they feel comfortable.”

“Work with community groups, housing orgs, women’s groups, schools, recreation, health, and find out where people are naturally gathering. Go to them, don’t expect them to come to you.”

- **Program staff members make a difference in how programs run** ( $n = 6$ ) Service providers stressed the importance of having program staff members and partnering agencies understand the value of programs in order to best represent them to potential participants and other agencies. Having consistent staff, effective communication between team members, and a multidisciplinary team to provide services allows programs to run more efficiently and to better service clients.

“I find it essential that staff in partnering agencies fully understand and value the program offered. Continuous liaison with the staff directly involved is key.”

“Have a great multidisciplinary team (professionals, paraprofessionals, and volunteers) that work well together in engaging with the at-risk population: respectful, active listeners that work to empower participants to be their own change agents.”

### 6.2.2 Incentives

Service providers rated the frequency of use and effectiveness of incentives. The five most used incentives were (a) community resources available, (b) convenient location of program, (c) community referrals offered, (d) an opportunity to socialize with other participants before or after the program, and (e) meals or snacks provided during program drop-in opportunities (see Figure 15). The five most effective incentives were rated as being (a) convenient location of program, (b) an opportunity to socialize with other participants before or after the program, (c) child care provided during program, (d) flexible hours, and (e) meals or snacks provided during program drop-in opportunities (see Figure 16). Appendix F provides a summary table of service providers’ frequency of use and effectiveness of incentives.

From service providers’ descriptions of their recruitment and retention efforts noted at the end of the survey, they indicated that many programs provide participants with incentives during each meeting or to recruit other participants to join the program. The most common incentives are meals or food vouchers, coupons for activities or entertainment, child care, transportation, and draws for prizes. Other incentives include selecting a desired task (first come, first choice, etc.) during the program each day, financial benefits, and prenatal vitamins.

“Knowing when they come that a meal awaits them, child care and activities for kids exist, a ride might have been provided to and from, informative resources...”

“Make sure program is planned on a non-pay week. Offer food. Have incentive draws, best one is grocery bingo.”

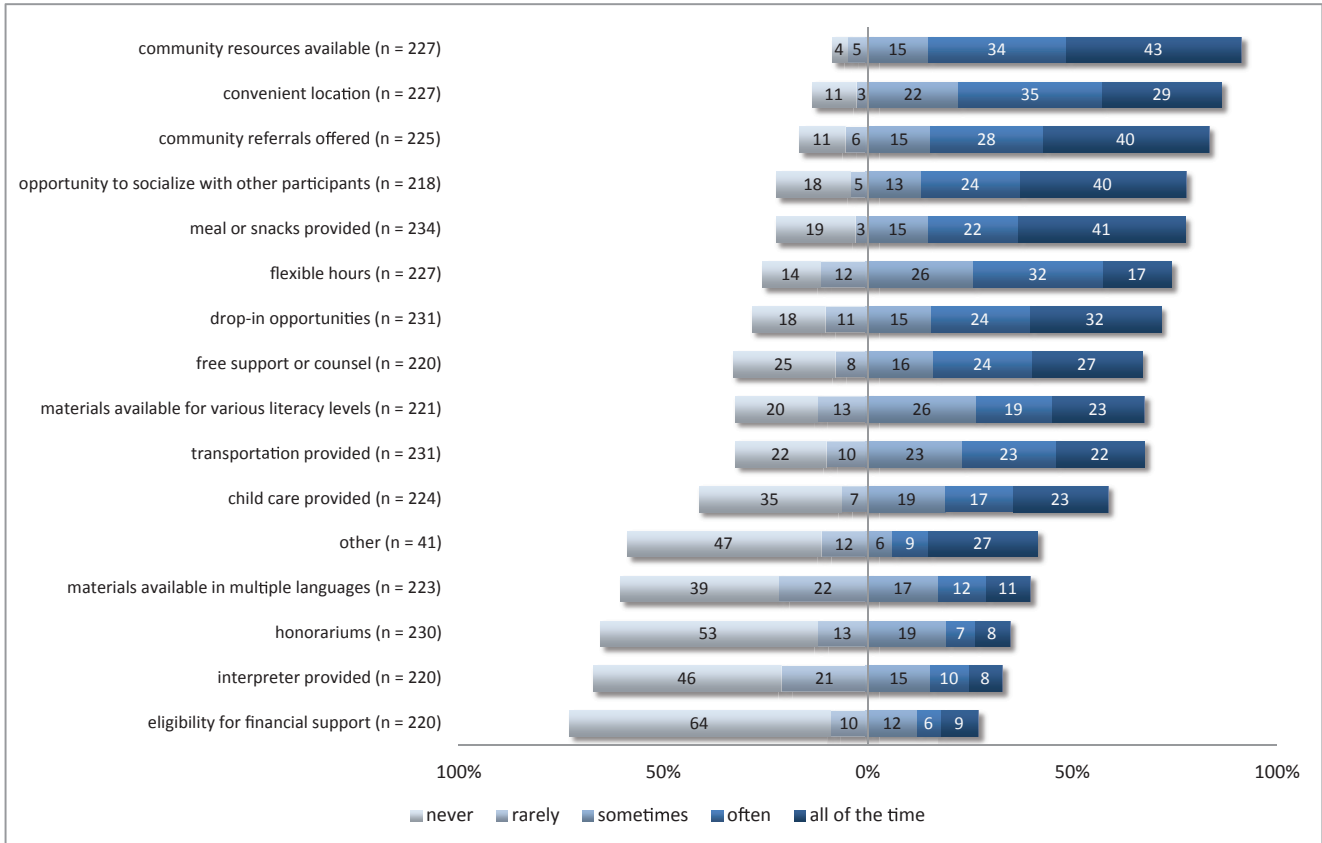
“Incentives relate to the pregnancy and birth i.e. prenatal vitamins, vitamin D for breastfed babies, bus tickets for Dr. appt or group, taxi chits for hospital when in labour if no other transportation available, exchange of clothes, bread pick up and snacks at the groups, cooking kitchens offered, prenatal binder and baby book, free milk coupons.”

### 6.2.3 Challenges

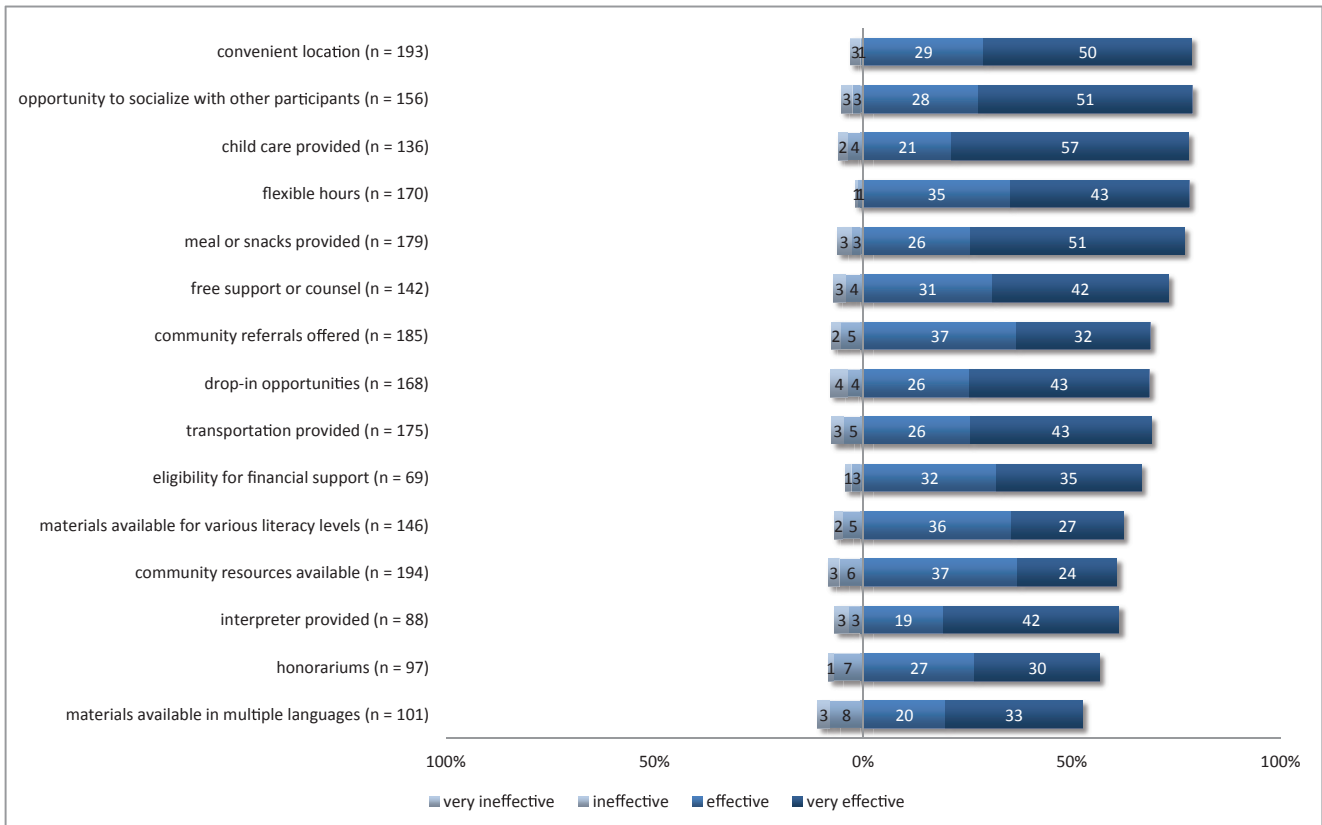
Service providers ( $n = 241$ ) rated how challenging it is to recruit low-income families or individuals into their programs: very challenging (15.8%), challenging (25.7%), somewhat challenging (38.6%), and not at all challenging (19.9%). Service providers ( $n = 205$ ) indicated which groups of individuals they found to be harder to reach than others, with 72.7% selecting more than one group (see Figure 17).

Service providers were asked to rate how challenging barriers were in hindering families and individuals from participating in their programs. The highest rated challenges were (a) transportation,

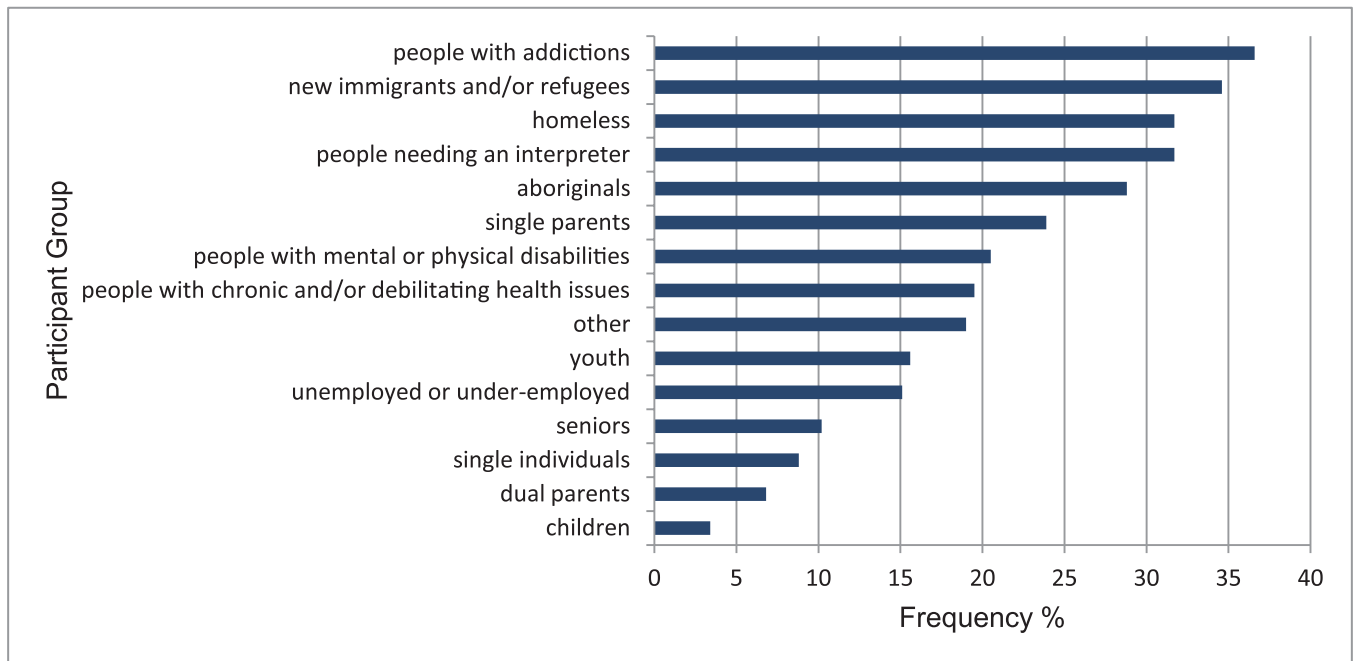
**Figure 15. Service Providers' Frequency of Use of Recruitment Incentives**



**Figure 16. Service Providers' Ratings of Effectiveness of Recruitment Incentives**



**Figure 17. Hard-to-Reach Groups According to Service Providers**



(b) not aware of what is available, (c) stable housing, (d) nervous about participating, and (e) negative experiences with institutions/ professionals (see Figure 18).

When asked to explain why they thought recruitment is challenging, 11 themes emerged: meeting basic needs, a lot going on in life – lack of time and energy, lack of trust/ feelings of fear/ not comfortable, program characteristics, not connected to community/ not aware of available program, not interested in program/ lack of follow-through, pride and stigma, time/ energy/ money to recruit, health issues, and language/ literacy/ culture barriers.

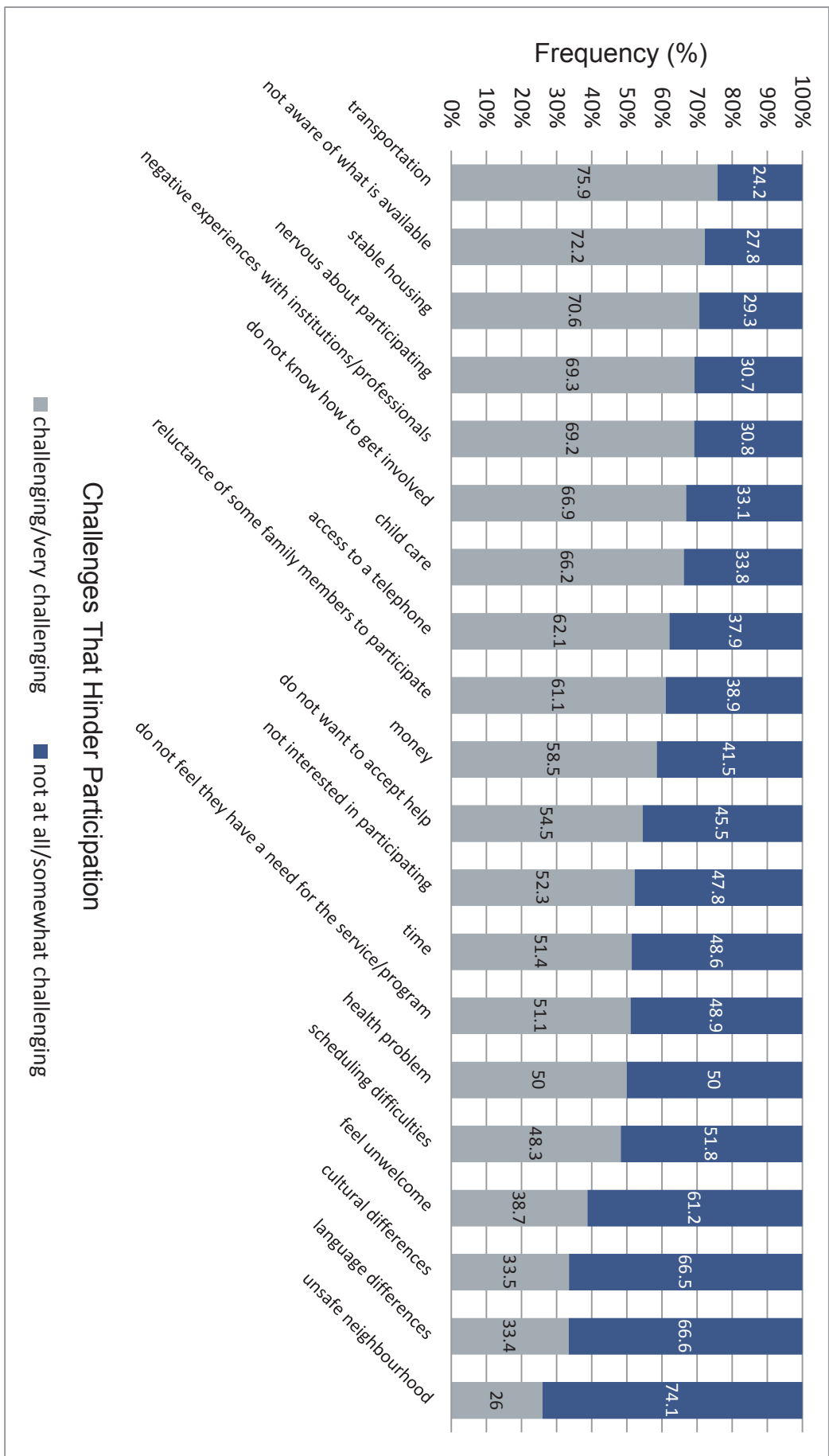
- **Meeting basic needs** ( $n = 40$ ) Even if families or individuals are interested in attending programs, barriers, namely transportation, child care, and money/ housing, may prevent them from attending. Those living a distance from a program may be challenged to regularly attend programs because of the difficulty of getting to the program. Families or individuals that do not drive or have access to a vehicle must rely on public transportation to meet their needs. This too can be a challenge because some programs may not be easy to reach by public transportation and bus ticket prices may hinder attendance. Further, service providers reported that people may not attend programs because they do not have access to child care; it may be difficult for them to commit to participate consistently because of their responsibility to care for their children.

“Transportation is a huge obstacle for many of the families we serve. Many families have more than one child so getting out and about is particularly difficult if you need to rely on public transit.”

“We also see or are told of immigrants to our area who are not accessing the program due to barriers such as child care....The same barriers affect Canadian-born people with low incomes. Low income clients face many barriers such as child care.”



**Figure 18. Service Providers' Ratings of Challenges in Program Participation**



Not having enough money or access to affordable housing also may impact low-income families' and individuals' willingness and ability to participate in programs. Some programs charge a fee for services and programs that are subsidized still require families and individuals to pay a portion of the cost. However, even if programs are offered for free, service providers reported that the slight chance that there would be a cost involved may prevent people from participating because they may not be able to contribute. In other cases, living in poverty may prevent program participants from attending consistently because of other issues that may arise. Lack of affordable housing may also impact participants' willingness to become engaged in the program.

"Generally low-income families feel that they should not come out because if there is a cost they may be feeling responsible. (Don't come because they MAY have to pay something)"

"Without warm, safe, comfortable, and adequate housing the family has no foundation to build a better life."

- **A lot going on in life – lack of time and energy** ( $n = 40$ ) Service providers reported that low-income families and individuals experience numerous life challenges, such as putting food on the table, overcrowding, and unemployment. Because of the complexity of their lives and often struggling to meet basic needs, programs and services may not be a high priority on their list. Time is often taken up by problems and issues limiting the time they have available to engage in programs. Service providers noted that working long hours and holding multiple jobs and roles impact program attendance. Further, some people cannot attend programs because they are working, which makes it difficult for them to commit to regularly engaging in programs.

"I believe recruitment is a challenge because often these families have a lot of issues going on in their lives and attending a program is just one more thing they have to do."

"Struggling families are preoccupied with survival (food, clothing, shelter) and not with parenting advice or reading programs."

"Families are busy with their household chores and jobs. Often both parents have to work for long hours and on shifts."

- **Lack of trust/feelings of fear/not comfortable** ( $n = 35$ ) Gaining the trust of low-income families and individuals is a challenge for service providers. It takes a lot of staff time to build a trusting relationship with families for them to become engaged with programs and services. Mistrust can also be experienced toward certain groups, such as researchers, government officials, or immigration agencies, who may be involved in running programs. Moreover, some people have a fear of others knowing their business and thus do not want to open up to make changes in their lives. In addition, program participants may be uncomfortable interacting with certain families that they dislike, are worried that they will see someone they know at the program, or feel intimidated to attend programs that are in the company of mixed economic groups.

"Requires lots of staff time to slowly develop relationships so they can trust us enough to become engaged. Often it takes time to fully understand the types of support that would be

most helpful to the family and impact the day to day life of the family (e.g., rides to appointments or to secure items family needs)...We can refer families to other agencies, but unless we can go with them, they are often too hesitant to go to yet another agency to check out the resources they have that may be of help to the family.”

“I think we are often coming into communities ‘cold’ without developing relationships with program participants—that relationship building is so important.”

“I think there are many more people who would benefit from our program but perhaps fear is holding them back: fear of being told they’re doing something wrong, fear of change, fear of being judged, fear of nothing changing. Money is a very personal, emotional thing so it’s a big step for people to ask for help.”

- **Program characteristics** ( $n = 33$ ) Characteristics of programs can impact families’ and individuals’ engagement in the program. The location and time programs are offered may predict overall attendance. For example, programs located far from target participants’ residence may not have as many participants attend regularly or at all. Further, program participants may be concerned with the safety of the neighbourhood in which the program is offered. Service providers noted that offering the program at convenient times for families and individuals is a challenge. It is difficult to set up days and times that work for most of the participants interested in attending the program, with some programs offered during the day when adults are at work and children at school. The time of year the program is offered—depending on the weather or when other activities/events are happening—also may impact attendance.

“Based on the experience I’ve had in our programs it has been and is very difficult to get participants out to the program if it is located any distance from their place of residence. The further the program from the residence, the less participants we see.”

“Our programs are offered during the day when families are at work or school.”

Families and individuals come in to programs with varying backgrounds, so providing them with what they need can be a challenge. Service providers reported that it can be difficult securing resources and incentives to meet participants’ needs.

“Most programming does not meet the needs of the families.”

“Not sufficient agency support to mentor families or individuals...”

Service providers indicated that having limited funds to run their programs was a challenge—other than providing the actual program, they often cannot offer participants other services, such as child care, that could help participants become and remain engaged in the programs. Another challenge was limited resources available for material preparation in multiple languages and literacy levels. In addition, many service providers mentioned that their programs had long waiting lists, indicating that they are unable to accommodate everyone interested in participating. Bureaucratic challenges included families and individuals having to provide financial information multiple times or “jumping through bureaucratic hoops” to be eligible for programs.

“So part of the ‘recruitment challenge’ is lack of funding and other restrictions which limit our program to actual teaching - we cannot provide other services such as child care.”

“We have a waiting list that we cut off at 300 and we get daily phone calls from parents to be put on this list.”

“We need to be more comprehensive in the subsidy services offered to ensure one stop shopping for people in our community. Can be really demeaning to have to repeatedly bring financial verification, etc. to people...”

- **Not connected to community/not aware of available programs** ( $n = 29$ ) Service providers reported that recruiting low-income families can be challenging because families may be isolated or unconnected with other community members making them difficult to find. Maintaining regular contact with this group (e.g., to relay appointment reminders, follow-up sessions) is also challenging because families may not have a phone in their home or may move frequently. Communication challenges have the potential to result in families not attending programs regularly or not being available when home visitors come to their homes. Further, those with limited communication tools (phone, computer) may not receive information about available opportunities and as a result may not be aware that certain programs and services are available to them. Lacking knowledge about the importance of prevention and treatment programs may also make recruiting people into programs challenging.

“Hard to serve families take a lot of individual time and attention to attend programs. We contact them weekly in between program days to ensure they are stable and able to attend. They lose their housing, phones frequently. That means tracking them down.”

“It is at times a challenge in connecting with the client, especially at the beginning stages of the program, such as reaching [them] by telephone, setting up appointments, etc. There have also been times where appointments have been set up and clients have not been at home (‘no show’) when [the] home visitor has arrived.”

“Most people are not aware that our programs exist in order to take advantage of them.”

- **Not interested in program/lack of follow-through** ( $n = 23$ ) Recruitment can be challenging when people are not interested in attending programs. Service providers indicated that it is tough to get people to admit they need help and many families and individuals that they contact feel they do not need the support or help programs offer. This lack of response can be frustrating. Moreover, difficulties exist in people following up with a referral or remaining motivated to follow through with recommendations and suggested changes. Getting people to commit to the program and attend regularly continues to be problematic for many service providers.

“Low motivation levels as many of these families have significant stress levels.”

“I believe that we in the social sector believe that programs are the best way of helping people, but I am not sure that low-income people are excited to spend every day attending one program or another.”

“It is challenging because women will want to participate and ask a partnering agency to make a referral to us, but they don’t follow through when we contact them.”

- **Pride and stigma** ( $n = 14$ ) Feelings of pride may prevent families in need from asking for help—they do not want to accept “hand outs.” Parents may worry that if they attend programs others will judge them and their children. For example, there is stigma attached to attending certain programs, such as those focused on parenting, because people do not want to look like they are doing something wrong and need help in certain life areas. Further, service providers noted that programs targeted for low-income populations may prevent families and individuals from attending because they do not like being labelled as belonging to a specific group.

“There is a stigma around the perception of being ‘high-risk’ or ‘in-need’ which makes it difficult for those who need the service to step forward and admit it.”

“For families with children, there is a stigma that the family will be judged in negative ways which can prevent the family from continuing to seek help.”

- **Time/energy/money to recruit** ( $n = 11$ ) Devoting time and energy into advertising programs to families and developing relationships can be problematic for time-strapped organizations. Further, service providers noted that many agencies do not have additional time to refer clients to their programs, which makes recruiting a challenge. Not having enough funding to advertise programs to communities can impact attendance rates.

“It takes time and energy. I have to seize the moment when I am introduced to someone at a community meeting - engage, inform, and invite.”

“The reason we know reaching families is challenging is the amount of time and effort that goes into the marketing each year. It’s a big project - we can’t just run the camps and expect they will fill without a lot of marketing.”

“Referral agencies particularly nonprofits and government shared that their plate is already full and they have difficulty meeting their own mandate let alone refer their clients to other programs.”

- **Health issues** ( $n = 7$ ) Health issues, such as mental or physical disabilities or addictions, prevent many families and individuals from engaging in programs. The challenges that accompany health issues (e.g., maintaining sobriety, feeling depressed) impact people’s ability to keep appointments, follow through on meetings, and engage in programs in general.

“For the mentally or physically disabled, there could be issues with transportation, reminders to attend.”

“For some, it is challenging to commit to participate consistently because of the many issues they face daily (poor health).”

- **Language/literacy/culture barriers** ( $n = 7$ ) Service providers reported that language, literacy, and cultural barriers can pose challenges for recruiting low-income families and individuals. Language barriers can make connecting to families difficult and finding interpreters to meet these needs can be complex. Low literacy levels can make using print media for recruitment problematic and can impact what individuals get out of the programs offered, depending on the literacy demands present. Service providers noted that cultural barriers are also present. For example, new Canadians can be hesitant to allow their children to participate in programs because they may not be aware of what the program entails.

“Some of our programming is geared for folks with very low English literacy and/or speaking skills. Advertising using the print media is challenging because they cannot read. Some do not speak or understand English so providing interpreters and/or programming that they can understand is a challenge.”

“Sometimes we are unable to connect with families due to language and cultural barriers (when working with minority groups such as immigrant populations).”

#### 6.2.4 Practice Guidelines and Boundaries

Service providers reported the agency or program policies or practices on the length of time a family has to contact or participate in the program once initial contact or referral is made (e.g., if a family fails to contact the program for 2 months their file is closed; families are put back onto a waiting list if they do not respond after a certain length of time). Responses from the open-ended question were grouped: no limits set/not applicable; set time frame – lost clients and file closure; set time frame – file will be closed, but can be reopened; must meet eligibility criteria/guidelines of program; and depends on availability of program space.

- **No limits set/not applicable** ( $n = 78$ ) Many service providers indicated that their agency or program does not set any limits to when or how families and individuals can participate. Many programs were reported as being flexible, always available, and often offered on a drop-in basis. With no time limits to contact the program to register or participate, an invitation to participate at any time, and files that always remain active, low-income families and individuals are able to move in and out of many programs freely. Others reported that policies or practices that limit the length of time a family or individual has to contact or participate in a program were not applicable to their program.

“Currently we do not have time lengths on when families contact the program, they can move in and out of the program as their needs change.”

“We are very open to people participating how and when they would like.”

“We are quite flexible in this area. We try to make contact with the family several times in the first month or two and then we leave it for a while. Perhaps after a few more months have passed we try and make contact again. Often the family will take a year or two to actually register for the program.”

- **Set time frame – lost clients and file closure** ( $n = 49$ ) Service providers reported that several policies or practices may result in families' or individuals' files being closed or being removed from a waitlist. For example, people are discharged from the program if no contact is made after a certain number of attempts (e.g., three phone calls) and no reply is received after being mailed an "unable to contact" letter. A time limit may result in a file being closed or a family being removed from the waiting list if contact is not made after a certain period (e.g., 3 months, 6 months, 1 year). Files may be closed if people do not express interest in the program or if the agency does not hear back from the person about his or her interest. Further, a family is discharged from the program or their spot is given to someone else after a certain number of "no shows."

"We make 3 phone calls and write a letter, wait 3 weeks and then will close."

"We generally give the family about three months in order to engage in the program. If we are unable to contact the family after about two months, then we send them a letter, asking if they would still like to receive services. They must respond by a certain date (e.g. end of November) or the file will be closed."

"If a child is absent for more than 3 days without contact from parent, we call. If we have no response from a family within a few weeks (each case is individual) we give the spot to another child."

- **Set time frame – file will be closed, but can be reopened** ( $n = 27$ ) Files will be closed or families are removed from the wait list if service providers receive no contact from them. However, files can be reopened or families can be put back on the wait list if they express interest at some point. If a family does not show up for a certain period of time they may be put back on the wait list or can reapply for the next program if they so choose. If a family has not participated in programs for several months their file is closed until they decide to return.

"If a family fails to contact the agency after approximately 3 months of inactivity despite attempts to reach them, their file will be considered inactive, but can become active at any point afterward if they choose to become involved again."

"We have indicated that if the families don't show up for 3 consecutive sessions without a call, then we'll assume they are no longer wishing to participate. If they want to return, then they need to call to see if there is room, and if not, be put on the wait list."

"We attempt to contact a referral for 3 times over two weeks. We call the referral source back if we don't reach them (if there is a referral source). If we don't have contact with a woman for 4-6 weeks we send out a letter. If we don't hear from them we close the file. If they surface we open the file."

- **Must meet eligibility criteria** ( $n = 17$ ) Service providers indicated that families and individuals are able to continue participating in a program—even after a time of no contact—as long as they still meet the programs' eligibility criteria. For example, families can use services as long as their child is within the age limit of the program; files are closed once the child exceeds the age limit.

Further, to attend pregnancy programs women must still be pregnant or within a certain time post-delivery to qualify. Some programs require families to re-apply each year if a need still exists for them to participate in the program.

“We do not close files until [the] child is 1 year of age. Even if [the] participant has not been to program in several months, if they return then we begin to see them again.”

“We keep referrals open until after the baby is born, once this happens they are automatically closed as they need to start prenatally. If there is time will call once during their pregnancy to remind them or mail out a calendar.”

“A family fills out the paperwork and is accepted into the program for a year. The following year, they come back with proof of income and can re-apply for another year.”

- **Depends on availability of program space** ( $n = 13$ ) Families and individuals are welcome to participate in a program as long as the sessions are running, although this can be on a first come first serve basis. Service providers noted that some participation limits do apply depending on the program. Once registrations are full, no additional participants are accepted; however, being put on the waitlist is often an option. Further, if the program has already started or if the family or individual does not enter the program within a certain period they may have to wait to participate until the next time it is offered.

“Families are contacted quarterly about new programs and all programs are first come first serve basis. Once the program is full for the quarter the family has options to join other programs or be waitlisted for the following quarter.”

“If a family does not register before the camp begins or if the camp is already full, they will not be able to participate.”

Service providers ( $n = 142$ ) described public policies that obstruct or support their recruitment efforts. Policies that obstructed recruitment were grouped into four categories: no public policies obstructed recruitment, privacy issues, government enforced policies, and agency / program level policies. The remaining responses were grouped into a support recruitment category.

- **No public policies obstructed recruitment** ( $n = 70$ ) Many service providers reported that there were no public policies that obstructed their ability to recruit participants. Some noted that the question was “not applicable” to them, they did not experience any obstructions, or they were unsure of what these may be in their agency or organization. Some stated that they do not recruit directly because their programs are voluntary and participants seek out services themselves; therefore, recruitment policies do not apply to their agency or program.

“There are no policies that support or obstruct recruitment strategies.”

“Most of our clients come in for services and refer their friends and families to us. We don’t advertise for this program.”



- **Privacy issues** ( $n = 46$ ) Service providers reported that information privacy acts (e.g., Freedom of Information and Protection of Privacy Act or FOIPP)—intended to protect people’s privacy—impact their ability to effectively advertise to and recruit families and individuals into their programs. Service providers cannot directly call or email potential program participants without advanced permission from them to be contacted. This means they often have to advertise by word-of-mouth, rely on self-referrals, or gain permission to door knock in housing complexes.

“Simply confidentiality...will sometimes hear of need from families in the community that other families may benefit. Cannot follow up without permission of the referring family, who needs to check it out with their acquaintance.”

“FOIP is a problem in targeting information to families and youth as we can only use our information for programming purposes or if we have permission.”

Service providers reported that privacy acts restrict professionals from speaking to one another about families or individuals they serve and working together to provide comprehensive services for clients. They cannot share information about clients between agencies without the client’s permission, which results in difficulties supporting families. Further, recruitment is a challenge because service providers cannot access client databases from other organizations in order to contact families and individuals directly; often they must rely on staff from other organizations to spread the word about their programs. Keeping track of participants and conducting follow-ups can be challenging with privacy policies in place. Service providers reported not being able to access contact information from clients’ family members or new addresses from agencies if they have moved.

“FOIPP limits us when dealing with the referring agency. The referring agency tells the family about our program and the family phones us to register. If we have difficulty with attendance, we cannot talk to the referring agency about the specific family because of FOIPP. 99% of the time the referring agency has a closer relationship with the family and is better able to determine why they are not attending or to work with them in deciding to attend the program.”

“We do not make any cold calls. If an outside agency has someone that they want to refer to our program we have a third party referral form whereby the referring agency gets permission from the family to have us call them to see if they are interested in registering in the program.”

“Sometimes, when clients move all the time, follow up and finding them is an issue so it can be a challenge if an agency is not able to share new addresses.”

- **Government enforced policies** ( $n = 8$ ) According to service providers, government enforced policies can obstruct recruitment strategies. For example, immigration and social assistance policies impact how and who can be recruited into programs. Further, provincial funding systems may limit funds put into programs, thus, limiting the amount of recruitment that can be done.

“State dictates who (priority population) can be recruited and how; classes or outreach has to be conducted to groups that are primarily one ethnicity.”

“Funding system, e.g., having to compete for grants, process, and reporting are very time consuming and we spend as much time on admin. as providing service; pilot funding, provincial departments serving children and families work in silos—no provincial department having responsibility for the early years.”

- **Agency/program-level** ( $n = 6$ ) A few service providers noted that within their agencies certain policies obstruct participant recruitment. For example, having small yearly operating budgets can force agencies to limit the number of people who can participate in programs, thus, not allowing them to service as many clients as have needs. Other recruitment obstructions service providers reported included asking families or individuals for proof of income, which may be seen as a barrier to potential participants; needing children to fit into certain categories in order for service providers to be able to access funding; and mandating children and youth to connect with certain agencies rather than having them do it on their own terms.

“The biggest problems are (1) lack of funding for advertising, and (2) such a small yearly operating budget that we would be unable to serve many more clients if they came forward.”

“We are now asking for Proof of Income which can be a barrier although we also offer a form in which those above the income level or do not have a Tax Assessment can have a professional vouch for their financial need.”

- **Policies that support recruitment strategies** ( $n = 4$ ) Four service providers noted supports for their recruitment efforts. Partnering with schools and resource centres provided them with recruitment support because families already had strong relationships developed with these groups. One service provider said that his/her agency website gives families advance notice of the questions they will be asked about their family and income level so families are better prepared when screened for program eligibility. Further, keeping registration forms to a minimum and remaining flexible aided in the recruitment process by not adding barriers for families and individuals interested in joining programs. One service provider noted that FOIPP may actually reassure families that their information is being protected by the agency and is not being shared with others.

“FOIPP may help in our case because [families] know, by law, we are not giving their information out to anyone else.”

## 6.2.5 Cost Analysis

Service providers provided information about the specific costs—staff costs and recruitment activity costs—that were directly related to recruiting participants into their programs. Ninety-eight service providers completed both cost sections. Their responses are reported in Table 5.

To better understand staff costs, we broke down the overall staff cost into the average cost per week to have one to four staff members working on recruitment activities as well as the average cost to employ one staff member per week: 30.6% reported having one staff member, 18.4% reported having two staff members, 19.4% reported having three staff members, and 31.6% reported having four staff

**Table 5. Service Provider Cost Analysis**

	<i>n</i>	<i>M</i>	<i>SD</i>	median	min.	max.
Total staff costs	98	10,047.70	15789.11	4,259.63	0	78,744.00
Total recruitment activity costs	98	4,037.45	10134.40	1,300.00	0	90,000.00
Total cost of recruitment (staff + recruitment activities)	98	14,085.14	20365.68	6,645.00	0	100,080.00

members engaged in recruitment duties. On average, the weekly cost of having between one and four staff members working either full-time or part-time on recruitment efforts was \$363.42 ( $SD = 593.07$ ; median = \$212.00; range = 0–\$4500.00). The average cost of one staff member per week was \$139.59 ( $SD = 167.22$ ; median = \$79.13; range = 0–\$1125.00).

To understand how much time staff spent on recruitment duties, we broke down time by the overall number of hours spent on recruitment per project ( $n = 98$ ) per week as well as the average number of hours one staff member spent on recruitment each week. On average, 15.4 hours ( $SD = 21.97$ ; median = 8.0; range = .5–150) were spent on recruitment per project with between one and four staff members. The average time one staff member spent on recruitment duties per week was 5.9 hours ( $SD = 6.22$ ; median = 3.8; range = .5–37.50). The maximum number of weeks spent on recruitment for each project ranged from 1 to 52 weeks ( $M = 29.63$ ;  $SD = 19.96$ ; median = 40).

## 6.3 Retention

### 6.3.1 Policies

Service providers chose from a list the policies or practices within their program that may affect participants' ability to remain in the program. Almost half of the service providers ( $n = 115$ ) did not select any of the policies or practices listed as affecting participants' ability to remain in the study. Of those who did ( $n = 132$ ), 37.1% reported that participants become ineligible after missing a certain number of sessions, 5.3% noted that participants become ineligible if they arrive late to a certain number of sessions, 3.8% noted that there are eligibility requirements that may be difficult to fulfill (e.g., both parents must participate), and 66.1% described "other" policies or practices. Because such a large number of service providers responded to the "other" category, qualitative responses were coded into new variables to better understand the policies and practices included: no policies or practices affect participant engagement (23.5%), program participants are removed from the program if they display non-compliant behaviours (e.g., disrupt program, violence; 9.8%), participants' participation is discontinued if their eligibility status changes during program making them ineligible to participate (7.6%), participants must meet prerequisite eligibility requirements to attend program (5.3%), families or individuals unable to pay program fees may not remain in the program (3.8%), and other (16.7%).

### 6.3.2 Strategies

Service providers rated the frequency of use and effectiveness of 12 retention strategies. One additional item, honorariums, was added from the "other" category during data analysis. The five most

used strategies were (a) recognition of accomplishments, (b) snacks or meals provided during program, (c) diversity of staff at program site, (d) transportation or bus tickets provided, and (e) child care provided (see Figure 19). The five most effective strategies were (a) convenient location for participants, (b) snacks or meals provided during program, (c) child care provided, (d) reminder phone calls/emails about the program, and (e) transportation or bus tickets provided (see Figure 20). Appendix G provides a summary table of service providers' frequency of use and effectiveness of retention strategies.

Although we did not directly ask service providers to comment on retention strategies, the following advice was provided from the recruitment and retention efforts noted at the end of the survey:

- **Seek input and feedback from program participants** ( $n = 11$ ) How can your program better meet their needs? Providing participants with choices of how they would like to engage in activities is a key retention strategy that service providers noted. Participants should be encouraged to provide feedback about the program (e.g., how could it better meet their needs?) and can be involved in decision making so that they feel it truly is "their program." Service providers offered participants multiple ways of getting involved in programs and opportunities to have responsibilities within organizations (e.g., committees).

"Sustainability can come when the individuals and families themselves are planning the meetings and activities and building leadership skills to make positive change happen in their community."

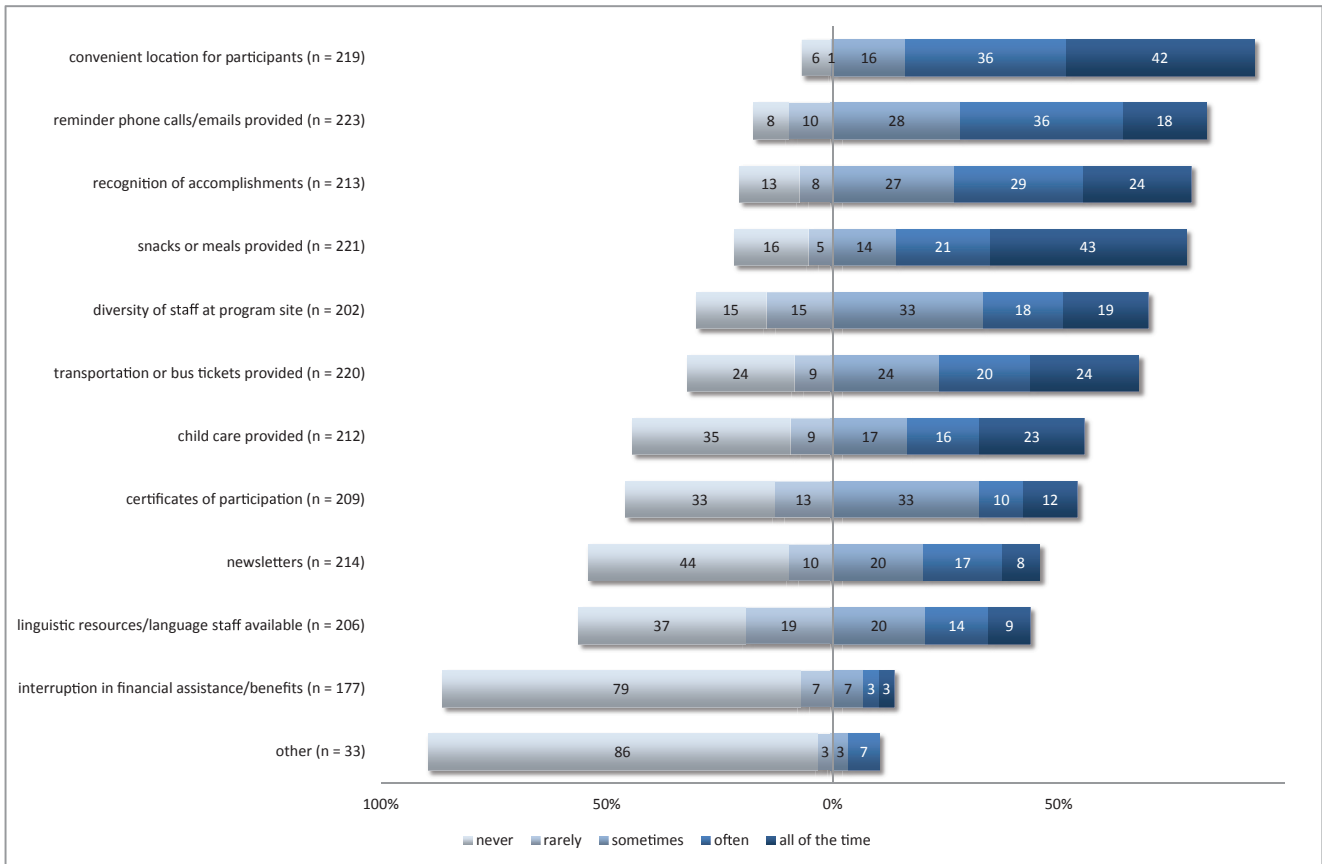
"We have found one of the ways to ensure success is to go out to the families where they live and ask them what would get them out of their house to attend a program. This might not be the program you want to run but the first step is to engage and have them take ownership then move towards other programs as you gain their respect and trust. We have found this very effective."

"Asking if the programs are meeting their needs, and how we can be more helpful, to make participation more meaningful/important on the list of their priorities."

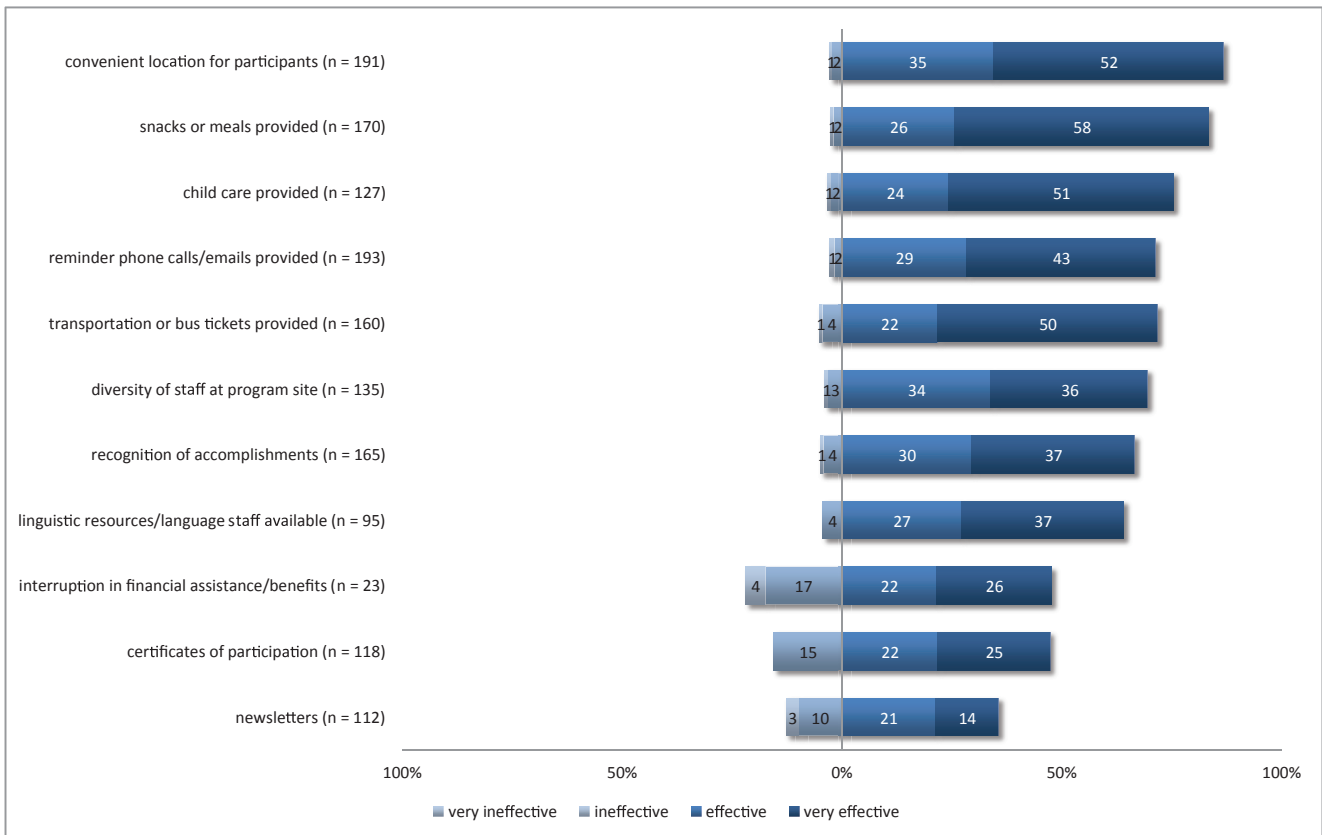
### 6.3.3 Communication

Service providers reported on the use and effectiveness of seven communication strategies. The two most used strategies were face-to-face and phone (see Figure 21). Similarly, the two strategies reported as being most effective were face-to-face and phone (see Figure 22). An additional item, social networking, was identified during data analysis and could be included in future studies. Appendix H provides a summary table of service providers' frequency of use and effectiveness of communication strategies.

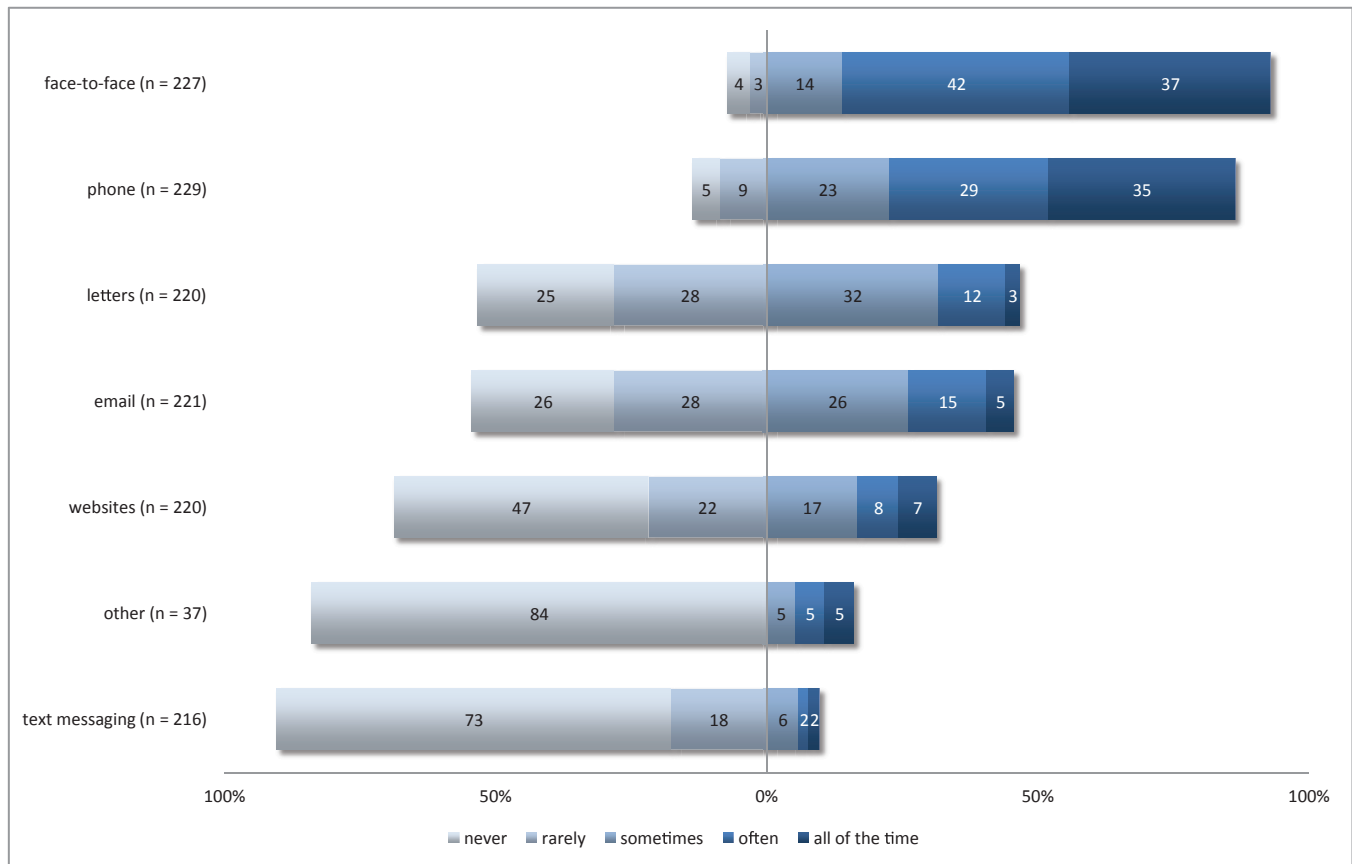
**Figure 19. Service Providers' Frequency of Use of Retention Strategies**



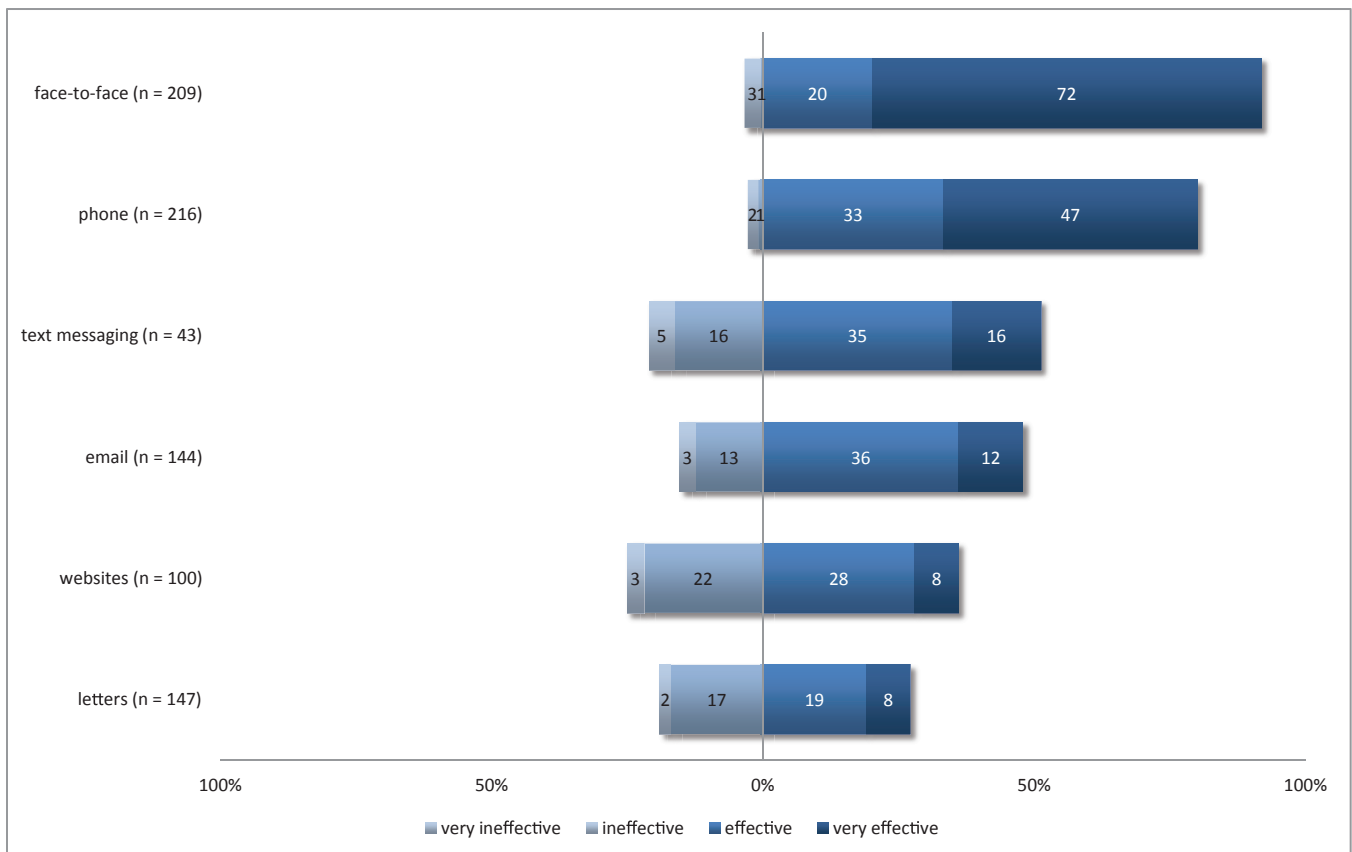
**Figure 20. Service Providers' Ratings of Effectiveness of Retention Strategies**



**Figure 21. Service Providers' Frequency of Use of Communication Strategies**



**Figure 22. Service Providers' Ratings of Effectiveness of Communication Strategies**



# 7.0 DIFFERENCES AMONG SERVICE PROVIDERS AND RESEARCHERS

In this section, the results on similar questions between service providers and researchers are compared. These analyses were undertaken to tackle the issue of whether recruitment and retention strategies and issues are being undertaken in significantly different ways between programs and studies. The implication of differences may be that service providers and researchers have to engage low-income families in another way in order to meet their specific program or study goals. Independent-samples *t* tests were used to test whether service providers and researchers differed in their reports of frequencies in the sections below. A Bonferroni correction (e.g., .05/16 tests:  $p = .003$ ) was applied to the alpha level to control for the possibility of a Type 1 error (because of the number of tests used).

## 7.1 Recruitment Strategies

Service providers reported (a) sharing information at community or interagency meetings<sup>1</sup> and (b) using websites to notify potential participants about programs or studies<sup>2</sup> more often than did researchers. Researchers reported mailing invitation letters to potential participants<sup>3</sup> more often than did service providers. No significant differences were found between the remaining recruitment strategies (see Figure 23).

No significant differences were found between service providers' and researchers' ratings of effectiveness of recruitment strategies (see Figure 24).

## 7.2 Incentives

Service providers reported using the following incentives more than researchers: (a) community resources<sup>4</sup>, (b) offering community referrals<sup>5</sup>, (c) drop-in opportunities<sup>6</sup>, and (d) free support or counsel<sup>7</sup>. Researchers reported using (e) flexible hours<sup>8</sup> and (f) honorariums as an incentive more often than

- 1  $t(73.3)=4.02, p = .000$
- 2  $t(100.9)=8.91, p = .000$
- 3  $t(82.5)=-3.03, p = .003$
- 4  $t(73)=4.27, p = .000$
- 5  $t(279)=6.04, p = .000$
- 6  $t(285)=4.19, p = .000$
- 7  $t(274)=5.05, p = .000$
- 8  $t(91.4)=-4.42, p = .000$

did service providers<sup>9</sup>. No significant differences were found between the remaining incentives (see Figure 25).

Researchers reported honorariums as being more effective than did service providers<sup>10</sup>. No significant differences were found between the remaining incentives (see Figure 26).

### 7.3 Retention Strategies

Service providers reported providing transportation or bus tickets to low-income families and individuals more often than did researchers<sup>11</sup>. No significant differences were found for the remaining retention strategies (see Figure 27).

Service providers reported that providing transportation or bus tickets to low-income families and individuals is more effective for recruitment than did researchers<sup>12</sup>. No significant differences were found for the remaining retention strategies (see Figure 28).

### 7.4 Communication Strategies

No significant differences were found between the two groups' ratings of frequency of use of communication strategies (see Figure 29).

No significant differences were found between the two groups' ratings of effectiveness of communication strategies (see Figure 30).

### 7.5 Challenges

Service providers reported the following as more of a recruitment challenge than did researchers: (a) participants not having stable housing<sup>13</sup>, (b) not knowing how to get involved<sup>14</sup>, and (c) participants not wanting to accept help from others outside the family/community<sup>15</sup>. Researchers reported potential participants not having enough time as more of a recruitment challenge than did service providers<sup>16</sup>. No significant differences were found for the remaining challenges (see Figure 31).

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9  $t(289)=-10.14, p = .000$

10  $t(121.7)=-4.22, p = .000$

11  $t(270)=-3.41, p = .001$

12  $t(40.2)=3.08, p = .004$

13  $t(282)=3.25, p = .001$

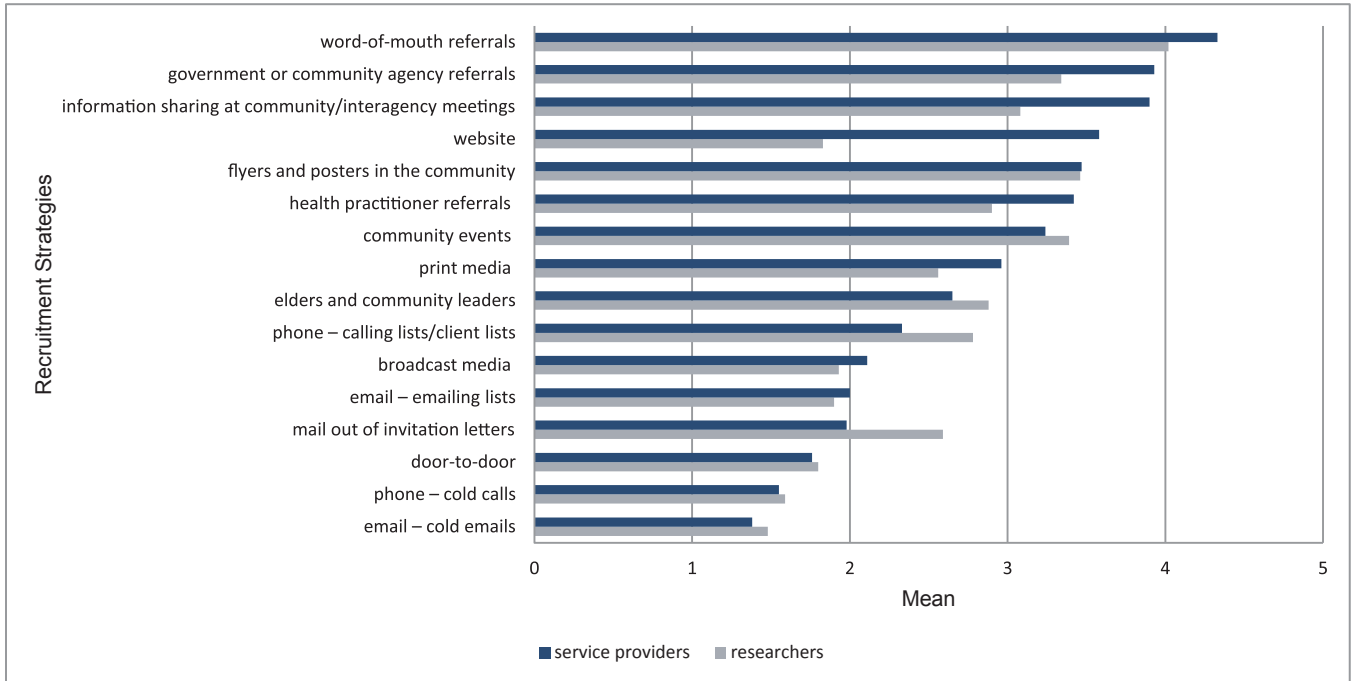
14  $t(286)=3.06, p = .002$

15  $t(279)=3.17, p = .002$

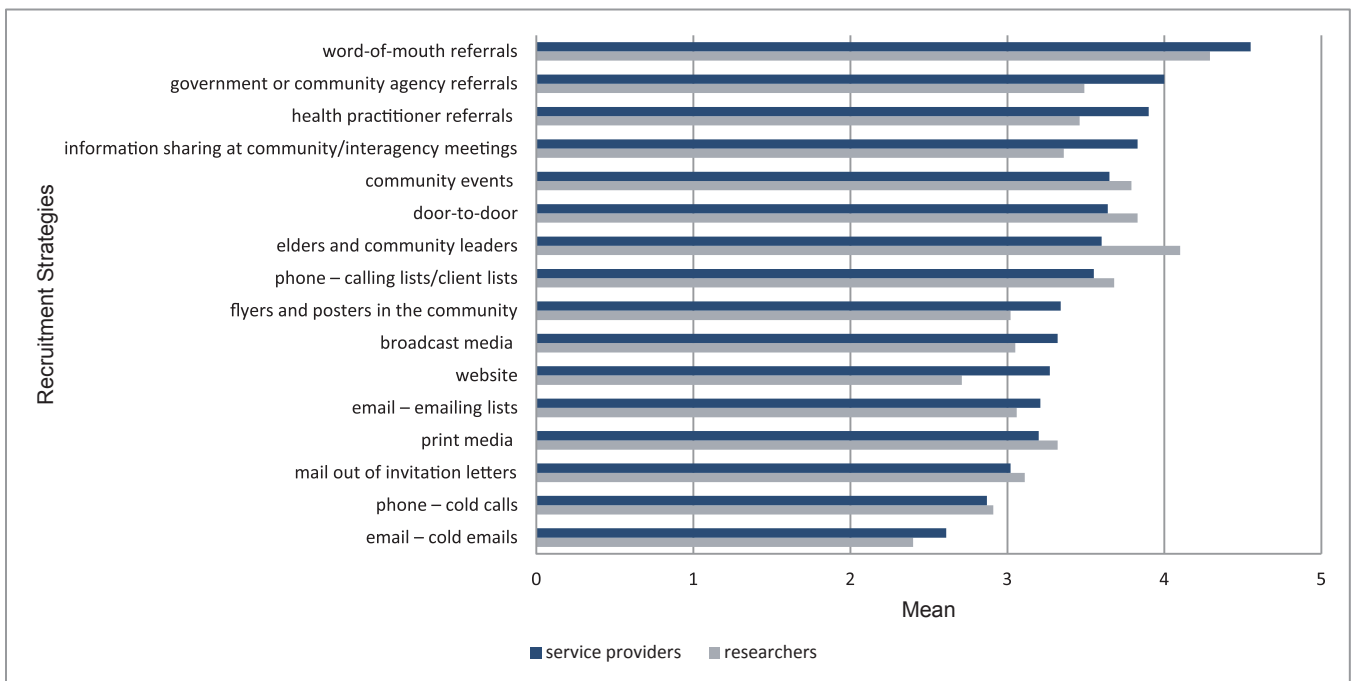
16  $t(282)=-3.14, p = .001$



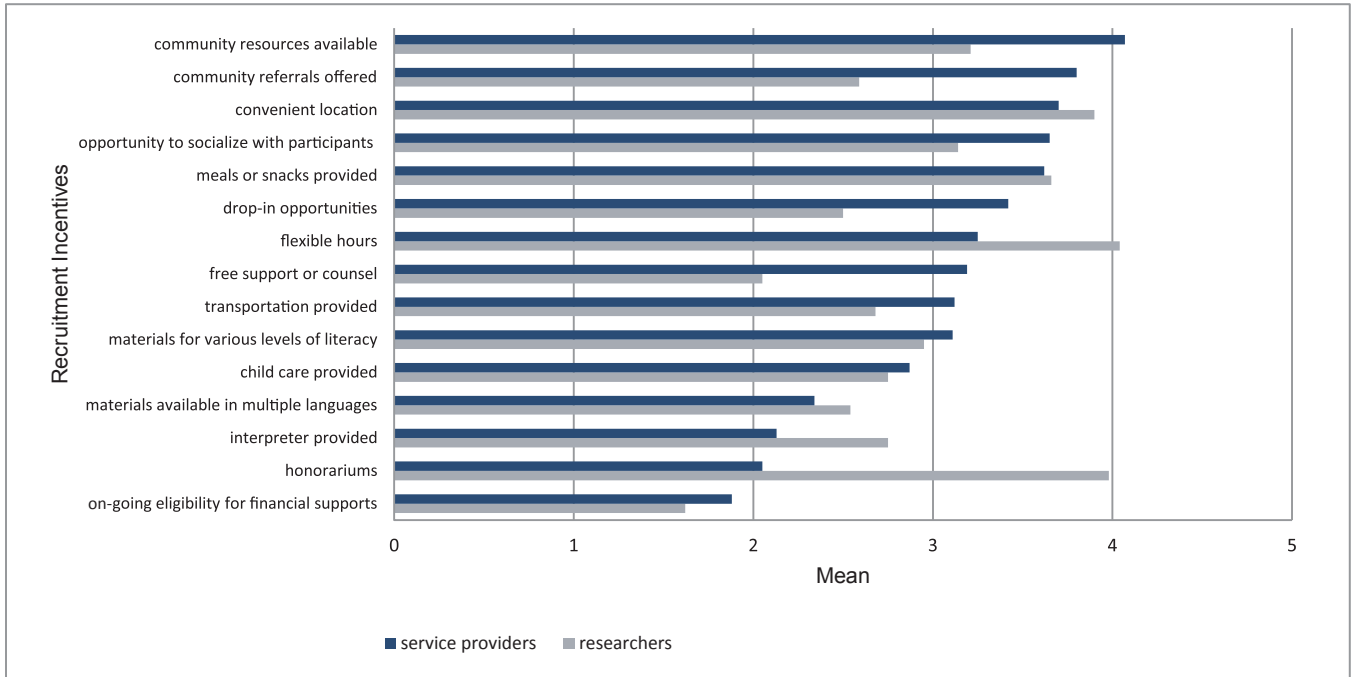
**Figure 23. Differences Between Service Providers' and Researchers' Frequency of Use of Recruitment Strategies**



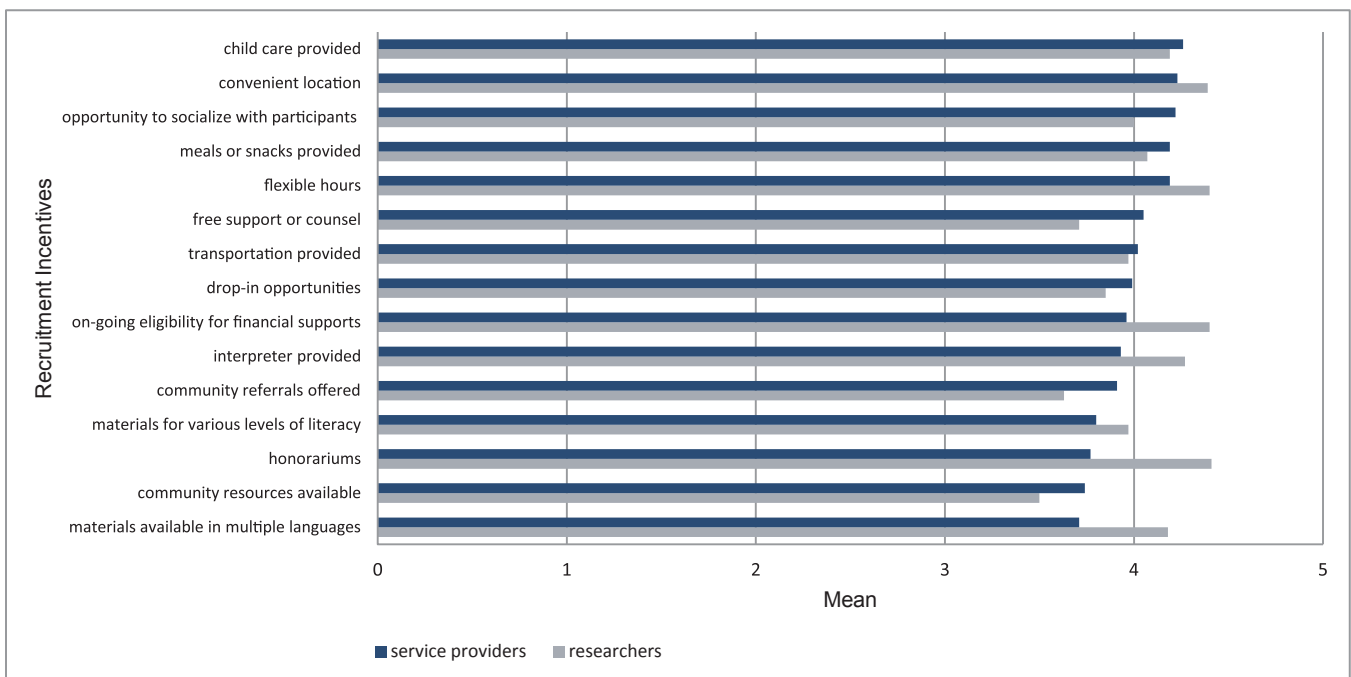
**Figure 24. Differences Between Service Providers' and Researchers' Ratings of Effectiveness of Recruitment Strategies**



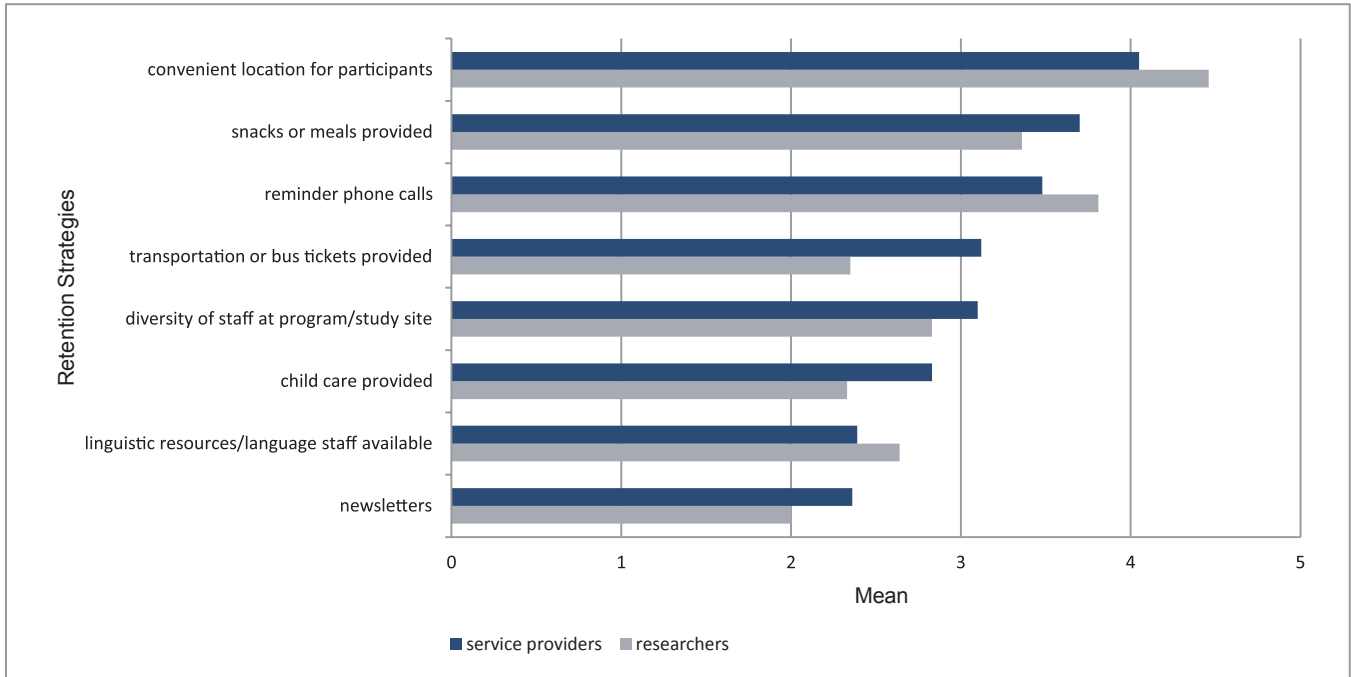
**Figure 25. Differences Between Service Providers' and Researchers' Frequency of Use of Incentives**



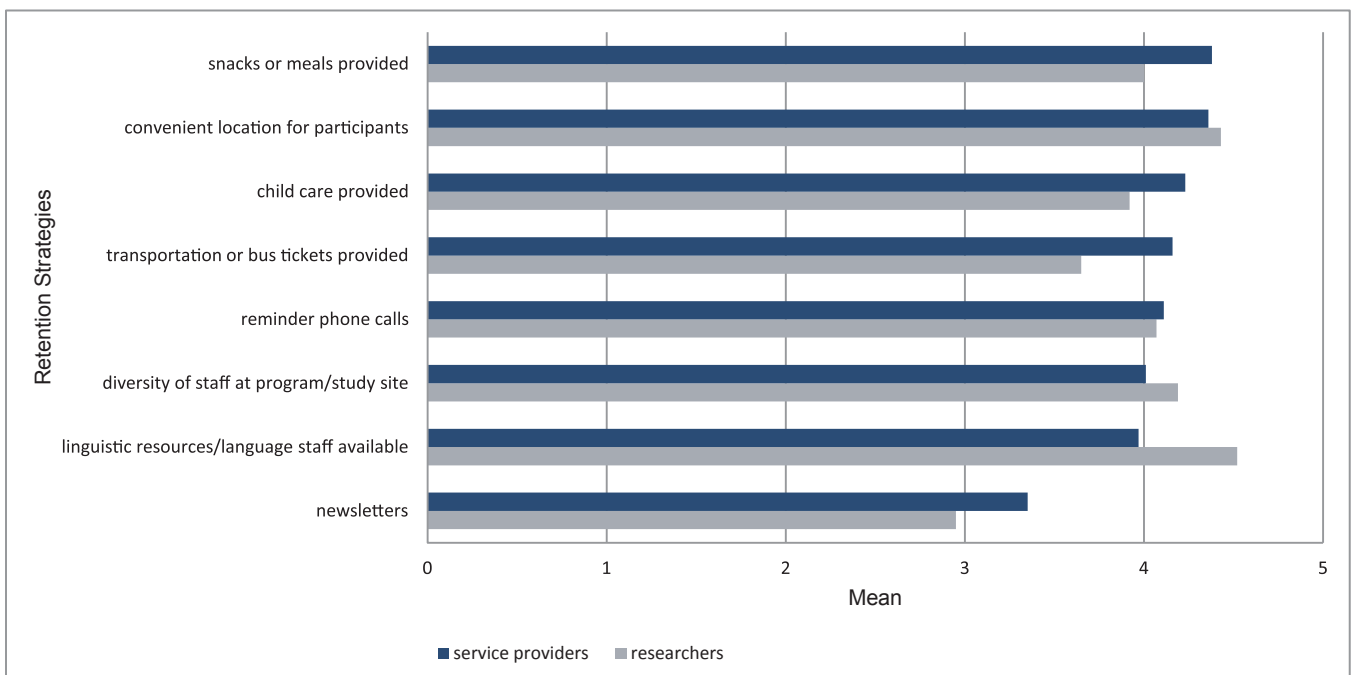
**Figure 26. Differences Between Service Providers' and Researchers' Ratings of Effectiveness of Incentives**



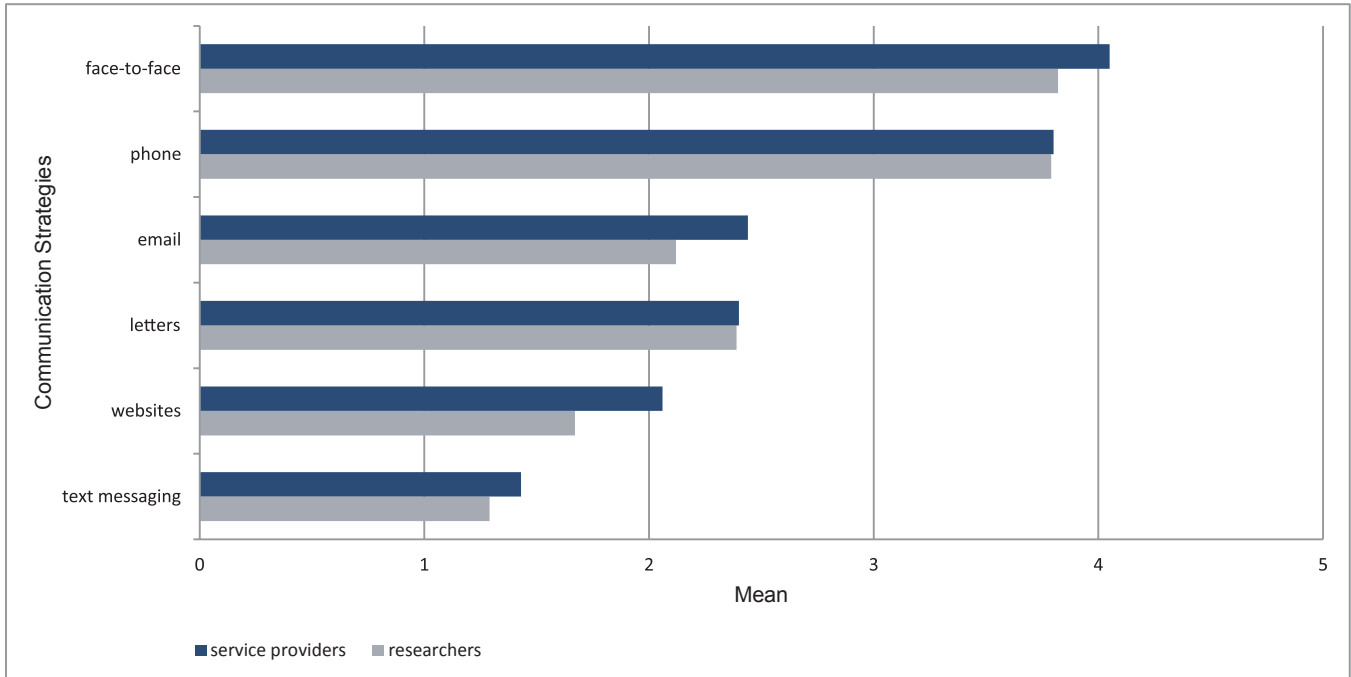
**Figure 27. Differences Between Service Providers' and Researchers' Frequency of Use of Retention Strategies**



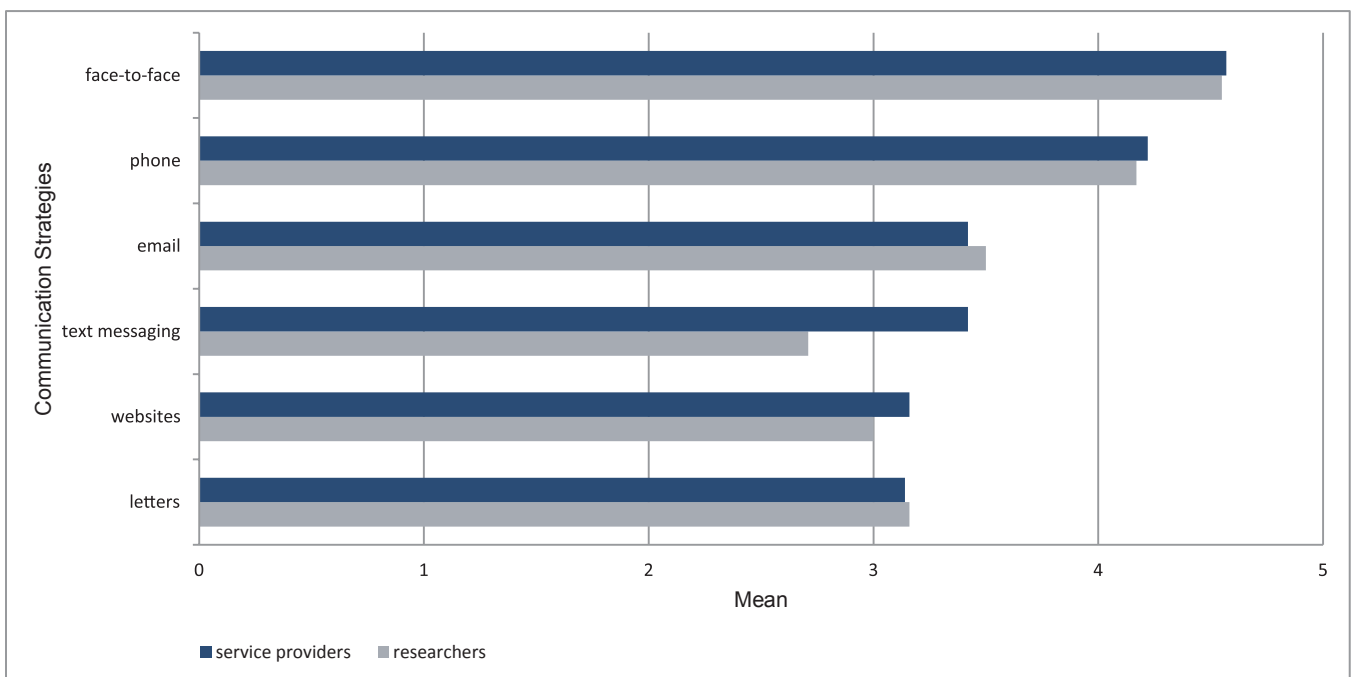
**Figure 28. Differences Between Service Providers' and Researchers' Ratings of Effectiveness of Retention Strategies**



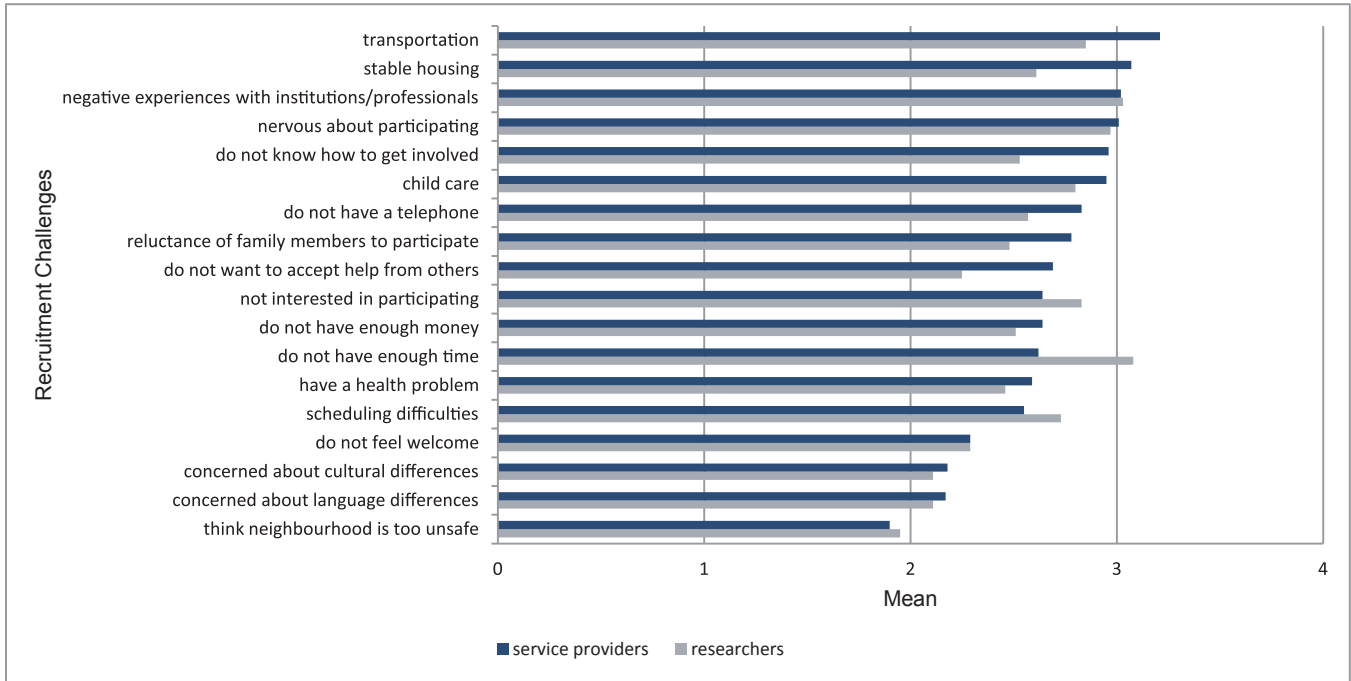
**Figure 29. Differences Between Service Providers' and Researchers' Frequency of Use of Communication Strategies**



**Figure 30. Differences Between Service Providers' and Researchers' Ratings of Effectiveness of Communication Strategies**



**Figure 31. Differences Between Service Providers' and Researchers' Ratings of Participation Challenges**



# SUMMARY OF FINDINGS <sup>8.0</sup>

According to researchers and service providers, there are varying definitions of what it means to be a low-income family or individual. Like these definitions, these families and individuals are diverse—economically, socially, and culturally—with their own unique needs and challenges. Therefore, it is essential that recruiters invest time and resources into considering ways to best connect with families and individuals they are hoping to engage in their research studies and programs prior to recruitment.

## 8.1 Recruitment

- **Invest time and resources into recruitment planning.** Use multiple recruitment strategies based on the needs (e.g., materials in multiple languages or literacy levels) of your target group. Budget for a study's recruitment (e.g., staff resources, advertising costs, honorariums) to ensure that time and resources are reserved in case of extended recruitment. Make the consent or enrolment process easy to understand using plain language. Recruit during less busy times of the year (i.e., summer). Have a diverse, well-trained, and supportive recruitment team. Have researchers from the community be part of the research team.
- **Make personal contact a priority.** Meet potential participants face-to-face and encourage families and individuals to tell others about your program or study—word-of-mouth is key! Be as present as possible in the community: attend community events, partner with other agencies or leaders in the community, and go to where potential participants may gather.
- **Take time to develop relationships built on trust:** Connect regularly with participants in welcoming, respectful, and non-judgmental environments; listen to families' and individuals' needs; let them know their participation matters; and ensure they understand how the study or program will benefit them.
- **Make participating easier by helping to meet low-income families' and individuals' basic needs.** When possible, provide flexibility in participation hours and locations, offer meals or snacks, transportation or vouchers, and child care. Show you value their participation by providing honorariums (e.g., gift cards, coupons). Provide multiple services in one location or offer to refer to other services.

## 8.2 Incentives

- **Make participating easier for potential participants by helping meet their needs.** Offer flexibility in hours and conduct the study or program in a convenient location for participants (e.g., in target groups' neighbourhoods, during community events, home visits). Offer meals or snacks during participation, transportation, and child care. Show you appreciate their participation by providing honorariums that participants value (e.g., money, gift certificates, coupons).
- **Emphasize how participants, as well as how others, will benefit from their participation.**
- **Provide an opportunity during or after programs for families and individuals to socialize with others and build contacts/supports with others in their communities.**

## 8.3 Challenges

- **Take time to understand the competing priorities of the low-income families and individuals you are looking to recruit.** Develop ways to help overcome barriers for participants (e.g., provide transportation, child care, flexible times to participate, convenient location). Offer participants incentives that match with the time and energy required to participate.
- **Build relationships based on trust and persevere to establish contacts.** Take time to get to know low-income families and individuals in order to combat their possible negative experiences with institutions/professionals and nervousness about participating. Be sensitive to participants feeling of pride and negotiate ways they can contribute to the program (e.g., small donation, volunteer time, share experiences with others). Ask participants whether the program or study is meeting their needs. Partner with organizations and agencies that have positive relationships with potential participants. Ask participants for multiple ways to contact them (e.g., family phone numbers, mailing address, email address, family or friend's contact information).
- **Use multiple and appropriate recruitment strategies.** Budget enough time, money, and resources to effectively recruit participants. Help make families and individuals aware of the participation opportunities available to them. Provide materials in multiple languages or literacy levels. Offer the use of an interpreter.
- **Plan in advance for possible time delays to meet ethical requirements.** Meet with an ethics review representative throughout the study design process to learn ways participants' needs can be met (e.g., appropriate literacy levels/language on consent forms, multiple ways to gain consent). Factor in time for ethics review and necessary amendments. Consider how privacy protection acts will limit ability to contact potential participants in order to recruit accordingly. Know how funding can be used in advance (e.g., can funding be used for honorariums?).

## 8.4 Retention

- **Help families and individuals meet their basic needs** Offer snacks and meals during study or program, transportation, and child care. Conduct studies and programs in convenient locations to participants, such as follow-up home visits, during routine appointments, at community events.
- **Appreciate participants' diversity.** Have linguistic resources (e.g., interpreters) or other language staff available to assist participants where needed, ensure diversity of staff at study or program site.
- **Remember that families and individuals are busy.** Provide them with friendly reminder phone calls/emails about study or program. Seek to understand why participants may not attend sessions or show up late and develop ways to help them remain in the program or study.
- **Seek input and feedback from program participants.** Provide participants with choices of how they would like to engage in activities. Encourage participants to provide feedback about the program to ensure the program is meeting their needs.

## 8.5 Communication

- **Use multiple communication strategies.** In the current study, face-to-face and phone calls worked best for the researchers and service providers. Ask families and individuals how they would like to be contacted. Provide interpreters if needed.

Based on the findings in each section above, there seems to be four key recommendations that both researchers and service providers thought were meaningful to engage low-income families:

- (a) Reduce participation barriers by helping meet families' and individuals' needs.
- (b) Build trust and personally connect with families and individuals.
- (c) Invest resources into recruitment and use multiple strategies.
- (d) Explain to families and individuals how they will benefit from their participation.



The goal of this research project, entitled Exploring System Barriers and Enablers in Recruiting Low-Income Populations (RLIP), was to document service provider and researcher (a) methods of recruitment, (b) assessment of what works and what does not work, (c) barriers, (d) resources needed for success, and (e) retention strategies.

We found:

1. **Choose the top strategies from both the service provider and researcher group when designing your recruitment and engagement activities.** While service providers and researchers often used different recruitment strategies, when testing for effectiveness between the two groups, no significant difference was found. Further, the same trend was apparent when looking at incentives. There may be differences in use between service providers and researchers; however, with one exception (use of honorariums), there were no significant differences in mean ratings of effectiveness.
2. **Cultural and language barriers can be significant.** When we examined service providers' responses on recruitment strategies, incentives, retention strategies, and challenges based on who they served (results not shown in report), we found that the main significant difference in approaches for aboriginal, immigrant/refugee, and North American-born non aboriginal groups were around mitigating language barriers (e.g., providing materials in native languages or interpreters). Thus, if you are including specific cultural or language groups in your low-income population recruitment efforts, time, effort, and expertise (e.g., community cultural leaders) are needed.
3. **Recruitment and engagement activities need to be budgeted as separate line items in grants or program proposals.** For example, we found that on average, researchers on projects were spending 29 hours a week on recruitment activities. This amount of time is almost equivalent to a full-time position and yet we often have research assistants or program staff include recruitment as part of their duties "off the side of their desk."

Our final thoughts are meant to synthesize our learnings over time.

1. What is your knowledge of individuals and families living with low incomes? **Do your homework.** For example, we found many “myths” in our community that could have really contributed to lower recruitment such as beliefs that “Refugee low-income families live in neighbourhood X” or “Literacy is only a problem for the foreign-born families.”
2. Individuals and families come to community programs and research studies with beliefs and experiences. If their prior history is negative, why would they want to engage now? In a manner of minutes **you need to build trust with people in order for them to engage in your programs and studies.**

How?

- (a) Be sincere, helpful, and patient.
  - (b) Take the time to listen to what is going on in their lives.
  - (c) Explain your program or research study in a thorough but non-scientific manner.
  - (d) Follow through on commitments (e.g., if you say you’ll look into finding child care, even if it’s not your job, then do it).
  - (e) Recruit and train staff that abides by the above standards.
  - (f) Do not give up on a family. They may offer excuses for missed appointments, but unless they tell you to leave them alone, let them know you are there.
3. Families with low incomes have busy lives, often working one or more jobs. Be as **flexible** as possible in terms of scheduling their time (e.g., have options during weekends and evenings).
  4. **Use as many strategies as possible.** Since there is some evidence for certain approaches being effective, the combination and number of approaches may be the key. We hope to test this theory in the future. Generally, it seems that the more ways families can learn about your research study or community program, the better.

This report is a preliminary overview of our findings and we hope to produce many more products that highlight recruitment and retention issues. We would like to thank the respondents for their time and insight. Our surveys were intended to assist local service providers and researchers engaged with low-income families, but we were overwhelmed with responses and interest from as far away as Australia. It was obvious to us that people working with low-income individuals and families are tremendously sincere in their dedication to supporting vulnerable populations and learning about low-income individuals and families.

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# 11.0 APPENDIX

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## Appendix A: Researchers' Frequency of Use and Effectiveness of Recruitment Strategies

Recruitment Strategies	n	% use					n <sup>a</sup>	% effectiveness		
		never	rarely	sometimes	often/all of the time	ineffective/very ineffective		somewhat effective	effective/very effective	
word-of-mouth referrals	59	6.8	3.4	13.6	76.3	52	3.8	21.2	75.0	
community events (e.g., attend Aboriginal Day events, BBQ, school information fairs)	59	20.3	6.8	15.3	57.6	42	11.9	31.0	57.1	
government or community agency referrals	59	22.0	0	25.4	52.5	39	20.5	30.8	48.7	
flyers and posters in the community	61	18.0	4.9	24.6	52.5	48	25.0	50.0	25.0	
research program information sharing at community or interagency meetings	59	25.4	8.5	16.9	49.2	39	17.9	35.9	46.2	
elders and community leaders	58	36.2	1.7	20.7	41.4	31	9.7	16.1	74.2	
health practitioner referrals (e.g., nurses, doctors, hospital, or clinic staff)	58	25.9	10.3	24.1	39.7	37	13.5	45.9	40.5	
phone – calling lists / client lists	59	35.6	8.5	16.9	39.0	28	10.7	28.6	60.7	
print media (newspaper, research study newsletters)	59	37.3	13.6	18.6	30.5	31	16.1	45.2	38.7	
mail out of invitation letters	61	31.1	21.3	23.0	24.6	36	19.4	55.6	25.0	
email – emailing lists	58	65.5	3.4	13.8	17.2	16	18.8	50.0	31.3	
door-to-door	59	64.4	11.9	8.5	15.3	18	22.2	11.1	66.7	
broadcast media (radio or TV spots)	58	56.9	13.8	15.5	13.8	21	33.3	38.1	28.6	
research study website	58	62.1	13.8	12.1	12.1	14	28.6	64.3	7.1	
phone – cold calls	59	69.5	13.6	10.2	6.8	11	27.3	54.5	18.2	
email – cold emails	58	74.1	12.1	8.6	5.2	10	40.0	50.0	10.0	
blind public recruitment <sup>b</sup>	3	0	0	0	100	3	0	0	100	
honorariums <sup>b</sup>	1	0	0	0	100	1	0	0	100	
web communication (e.g., facebook) <sup>b</sup>	1	0	0	0	100	1	0	0	100	
other	15	93.3	0	0	6.7	1	0	100	0	

Note: Table is ordered from the most frequently used recruitment strategies to the least frequently used. <sup>a</sup>Only participants who reported using a given strategy were included in the effectiveness ratings. <sup>b</sup>New categories created from the "other" response category during data analysis.

## Appendix B. Researchers' Frequency of Use and Effectiveness of Recruitment Incentives

Incentives	n	% use					n <sup>a</sup>	% effectiveness		
		never	rarely	sometimes	often/all of the time	ineffective/very ineffective		somewhat effective	effective/very effective	
emphasis on how others will benefit from their participation	59	8.5	1.7	6.8	83.1	40	15.0	30.0	55.0	
flexible hours	57	8.8	0	14.0	77.2	47	0	14.9	85.1	
location close to families or individuals in study	59	11.9	1.7	11.9	74.6	46	2.2	15.2	82.6	
honorariums (e.g., money, gift certificate, small gifts)	61	8.2	9.8	9.8	72.1	51	3.9	7.8	88.2	
meal or snacks provided during study	59	18.6	1.7	18.6	61.0	43	0	27.9	72.1	
study results or interview transcripts offered to participants	59	16.9	6.8	15.3	61.0	36	30.6	27.8	41.7	
community resources available (e.g., pamphlets, information about other programs in community)	58	24.1	3.4	19.0	53.4	34	20.6	29.4	50.0	
an opportunity to socially interact with other participants before or after the study	57	26.3	7.0	19.3	47.4	37	13.5	16.2	70.3	
materials available for various levels of literacy	56	28.6	10.7	16.1	44.6	31	3.2	32.3	64.5	
child care provided during study	60	33.3	15.0	16.7	35.0	32	6.3	18.8	75.0	
interpreter provided (depending on English proficiency)	55	34.5	12.7	20.0	32.7	22	0	18.2	81.8	
community referrals offered (e.g., finding a treatment centre or subsidized housing)	56	35.7	12.5	19.6	32.1	24	12.5	33.3	54.2	
transportation provided (e.g., bus tickets, shuttle service)	60	35.0	6.7	26.7	31.7	30	0	36.7	63.3	
materials available in multiple languages	54	40.7	16.7	13.0	29.6	22	0	27.3	72.7	
drop-in opportunities	56	39.3	10.7	25.0	25.0	27	3.7	37.0	59.3	
free support or counsel (e.g., employment or legal advice, therapy, mentor)	56	53.6	16.1	10.7	19.6	14	14.3	28.6	57.1	
on-going eligibility for financial support or other benefit	58	79.3	1.7	5.2	13.8	10	0	10.0	90.0	
opportunity to tell their story <sup>b</sup>	2	0	0	0	100	0	0	--	--	
other	6	100	0	0	0	0	0	--	--	

Note: Table is ordered from the most frequently used incentives to the least frequently used. <sup>a</sup>Only participants who reported using a given strategy were included in the effectiveness ratings. <sup>b</sup>New categories created from the "other" response category during data analysis.



### Appendix C. Researchers' Frequency of Use and Effectiveness of Retention Strategies

Retention Strategies	% use					% effectiveness			
	<i>n</i>	never	rarely	sometimes	often/all of the time	<i>n</i> <sup>a</sup>	ineffective/very ineffective	somewhat effective	effective/very effective
convenient location for participants	52	1.9	0	7.7	90.4	49	4.1	8.2	87.8
reminder phone calls/ emails about study	52	11.5	1.9	15.4	71.2	44	6.8	15.9	77.3
snacks or meals during program	53	24.5	3.8	18.9	52.8	39	2.6	23.1	74.4
diversity of staff at study site	48	39.6	6.3	10.4	43.8	27	3.7	22.2	74.1
linguistic resources or other language staff available	45	42.2	8.9	13.3	35.6	21	0	9.5	90.5
child care provided	52	50.0	5.8	19.2	25.0	25	0	32.0	68.0
transportation or bus tickets provided	52	48.1	3.8	23.1	25.0	26	3.8	38.5	57.7
newsletters	50	56.0	10.0	18.0	16.0	19	26.3	52.6	21.1
other	11	100	0	0	0	0	--	--	--

Note: Table is ordered from the most frequently used retention strategies to the least frequently used. <sup>a</sup> Only participants who reported using a given strategy were included in the effectiveness ratings.

### Appendix D. Researchers' Frequency of Use and Effectiveness of Communication Strategies

Communication Strategies	% use					% effectiveness			
	<i>n</i>	never	rarely	sometimes	often/all of the time	<i>n</i> <sup>a</sup>	ineffective/very ineffective	somewhat effective	effective/very effective
phone	57	12.3	1.8	10.5	75.4	48	4.2	16.7	79.2
face-to-face	56	8.9	1.8	17.9	71.4	47	0	10.6	89.4
letters	56	37.5	17.9	19.6	25.0	32	18.8	56.3	25.0
email	57	43.9	19.3	21.1	15.8	28	17.9	25.0	57.1
websites	55	63.6	16.4	10.9	9.1	17	17.6	58.8	23.5
text messaging	55	78.2	14.5	7.3	0	7	28.6	57.1	14.3
other	14	100	0	0	0	0	--	--	--

Note: Table is ordered from the most frequently used communication strategies to the least frequently used. <sup>a</sup> Only participants who reported using a given strategy were included in the effectiveness ratings.

## Appendix E. Service Providers' Frequency of Use and Effectiveness of Recruitment Strategies

Recruitment Strategies	n	% use					n <sup>a</sup>	% effectiveness		
		never	rarely	sometimes	often/all of the time	ineffective/very ineffective		somewhat effective	effective/very effective	
word-of-mouth referrals	237	1.7	1.7	10.5	86.1	218	1.4	7.3	91.3	
government or community agency referrals	228	2.2	7.5	19.3	71.1	206	6.3	26.2	67.5	
program information sharing at community or interagency meetings	231	3.5	5.6	21.2	69.7	204	7.8	30.9	61.3	
agency website	222	16.2	9.5	15.3	59.0	172	22.7	38.4	39.0	
flyers and posters in the community	238	12.6	9.7	24.4	53.4	189	13.2	52.4	34.4	
health practitioner referrals (e.g., nurses, doctors, hospital, or clinic staff)	231	8.2	12.6	29.9	49.4	193	8.8	26.4	64.8	
community events (e.g., attend Aboriginal Day events, BBQ, school information fairs)	229	11.4	10.0	34.9	43.7	182	11.5	34.6	53.8	
information and referral resources (e.g., The Support Network, City's Assessment and Referral line)	219	20.5	14.2	26.5	38.8	153	10.5	29.4	60.1	
print media (newspaper, agency newsletters)	229	18.8	14.8	31.9	34.5	163	18.4	52.8	28.8	
phone – calling lists / client lists	228	44.7	11.8	16.2	27.2	109	13.8	35.8	50.5	
elders and community leaders	220	24.1	20.5	30.0	25.5	123	11.4	39.0	49.6	
email – emailing lists	219	57.5	8.7	15.5	18.3	82	19.5	41.5	39.0	
broadcast media (radio or TV spots)	220	42.3	20.5	24.1	13.2	113	14.2	46.9	38.9	
mail out of invitation letters	220	49.5	19.1	18.6	12.7	86	25.6	51.2	23.3	
door-to-door	223	63.7	10.3	15.2	10.8	66	9.1	43.9	47.0	
phone – cold calls	220	69.1	14.5	10.9	5.5	52	38.5	36.5	25.0	
email – cold emails	214	78.0	10.7	7.9	3.3	36	44.4	41.7	13.9	
web communications (e.g., facebook) <sup>b</sup>	3	0	0	0	100	1	0	0	100	
blind public recruitment <sup>b</sup>	1	0	0	0	100	0	--	--	--	
other	39	64.1	0	5.1	30.8	3	0	0	100	

Note: Table is ordered from the most frequently used recruitment strategies to the least frequently used. <sup>a</sup>Only participants who reported using a given strategy were included in the effectiveness ratings. <sup>b</sup>New categories created from the "other" response category during data analysis.

## Appendix F. Service Providers' Frequency of Use and Effectiveness of Recruitment Incentives

Incentives	n	% use					% effectiveness		
		never	rarely	sometimes	often/all of the time	n <sup>a</sup>	ineffective/very ineffective	somewhat effective	effective/very effective
community resources available (e.g., pamphlets, information about other programs in community)	227	3.5	5.3	14.5	76.7	194	8.2	30.9	60.8
community referrals offered (e.g., finding a treatment centre or subsidized housing)	225	11.1	5.8	15.1	68.0	185	7.6	23.8	68.6
an opportunity to socially interact with other participants before or after the program	218	17.9	4.6	12.8	64.7	156	5.1	16.0	78.8
location close to families or individuals in program	227	10.1	3.1	22.5	64.3	193	3.1	18.1	78.8
meal or snacks provided during program	234	19.2	3.4	14.5	62.8	179	6.1	16.8	77.1
drop-in opportunities	231	17.7	10.8	15.2	56.3	168	7.7	23.8	68.5
free support or counsel (e.g., employment or legal advice, therapy, mentor)	220	25.0	8.2	15.9	50.9	142	7.0	19.7	73.2
flexible hours	227	14.1	11.9	25.6	48.5	170	1.8	20.0	78.2
transportation provided (e.g., bus tickets, shuttle service)	231	22.1	10.4	22.9	44.6	175	7.4	23.4	69.1
materials available for various levels of literacy	221	19.9	12.7	26.2	41.2	146	6.8	30.8	62.3
child care provided during program	224	34.8	6.7	18.8	39.7	136	5.9	16.2	77.9
materials available in multiple languages	223	38.6	22.0	17.0	22.4	101	10.9	36.6	52.5
interpreter provided (depending on English proficiency)	220	45.9	21.4	15.0	17.7	88	6.8	31.8	61.4
honorariums (e.g., money, gift certificate, small gifts)	230	53.0	12.6	19.1	15.2	97	8.2	35.1	56.7
on-going eligibility for financial support or other benefit	220	63.2	9.5	12.3	15.0	69	4.3	29.0	66.7
flexible programs <sup>b</sup>	1	0	0	0	100	--	--	--	--
other	34	47.1	11.8	5.9	35.3	5	0	0	100

Note: Table is ordered from the most frequently used incentives to the least frequently used. <sup>a</sup>Only participants who reported using a given strategy were included in the effectiveness ratings. <sup>b</sup>New categories created from the "other" response category during data analysis.

### Appendix G. Service Providers' Frequency of Use and Effectiveness of Retention Strategies

Retention Strategies	n	% use					n <sup>a</sup>	% effectiveness		
		never	rarely	sometimes	often/all of the time	ineffective/very ineffective		somewhat effective	effective/very effective	
convenient location for participants	219	6.4	0.5	16.0	77.2	191	2.6	10.5	86.9	
snacks or meals during program	221	16.3	5.4	14.0	64.3	170	2.4	14.1	83.5	
reminder phone calls/emails about program	223	7.6	9.9	28.3	54.3	193	2.6	25.9	71.5	
recognition of accomplishments	213	13.1	7.5	26.8	52.6	165	4.8	28.5	66.7	
transportation or bus tickets provided	220	23.6	8.6	23.6	44.1	160	5.0	23.1	71.9	
child care provided	212	34.9	9.4	16.5	39.2	127	3.1	21.3	75.6	
diversity of staff at program site	202	15.3	14.9	33.2	36.6	135	3.7	26.7	69.6	
newsletters	214	44.4	9.8	20.1	25.7	112	12.5	51.8	35.7	
linguistic resources or other language staff available	206	36.9	19.4	20.4	23.3	95	4.2	31.6	64.2	
certificates of participation	209	33.0	12.9	32.5	21.5	118	15.3	37.3	47.5	
interruption in financial assistance or other benefits	177	79.1	7.3	6.8	6.8	23	21.7	30.4	47.8	
honorariums <sup>b</sup>	2	0	0	0	100	2	0	0	100	
other	29	86.2	3.4	3.4	6.9	1	0	0	100	

Note: Table is ordered from the most frequently used retention strategies to the least frequently used. <sup>a</sup>Only participants who reported using a given strategy were included in the effectiveness ratings. <sup>b</sup>Category created from the "other" response category during data analysis.

### Appendix H. Service Providers' Frequency of Use and Effectiveness of Communication Strategies

Communication Strategies	n	% use					n <sup>a</sup>	% effectiveness		
		never	rarely	sometimes	often/all of the time	ineffective/very ineffective		somewhat effective	effective/very effective	
face-to-face	227	4.0	3.1	14.1	78.9	209	3.3	4.8	91.9	
phone	229	4.8	8.7	22.7	63.8	216	2.8	17.1	80.1	
email	221	26.2	28.1	26.2	19.5	144	15.3	36.8	47.9	
letters	220	25.0	28.2	31.8	15.0	147	19.0	53.7	27.2	
websites	220	46.8	21.8	16.8	14.5	100	25.0	39.0	36.0	
text messaging	216	72.7	17.6	6.0	3.7	43	20.9	27.9	51.2	
social networking <sup>b</sup>	2	0	0	0	100	2	0	0	100	
other	37	83.8	0	5.4	10.8	2	0	50.0	50.0	

Note: Table is ordered from the most frequently used communication strategies to the least frequently used. <sup>a</sup>Only participants who reported using a given strategy were included in the effectiveness ratings. <sup>b</sup>Category created from the "other" response category during data analysis.

### Appendix I. Differences Between Service Providers' and Researchers' Frequency of Use of Recruitment Strategies

Recruitment Strategies	Service Providers			Researchers			df	t	p
	n	Mean	SD	n	Mean	SD			
word-of-mouth referrals	237	4.33	0.86	59	4.02	1.15	294	2.34	.020
government or community agency referrals	228	3.93	1.02	59	3.34	1.45	73.4	2.97	.004
information sharing at community or interagency meetings	231	3.90	1.04	59	3.08	1.48	73.3	4.02	.000
website	222	3.58	1.49	58	1.83	1.29	100.9	8.91	.000
flyers and posters in the community	238	3.47	1.33	61	3.46	1.47	297	0.04	.970
health practitioner referrals	231	3.42	1.20	58	2.90	1.39	287	2.89	.004
community events	229	3.24	1.16	59	3.39	1.49	77.1	-0.71	.481
print media	229	2.96	1.29	59	2.56	1.48	82.2	1.90	.061
elders and community leaders	220	2.65	1.25	58	2.88	1.59	76.65	-1.00	.321
phone – calling lists/client lists	228	2.33	1.40	59	2.78	1.57	285	-2.16	.032
broadcast media	220	2.11	1.15	58	1.93	1.28	276	1.02	.307
email – emailing lists	219	2.00	1.33	58	1.90	1.36	275	0.55	.584
mail out of invitation letters	220	1.98	1.16	61	2.59	1.45	82.5	-3.03	.003
door-to-door	223	1.76	1.15	59	1.80	1.26	280	-0.20	.842
phone – cold calls	220	1.55	0.95	59	1.59	1.09	277	-0.33	.740
email – cold emails	214	1.38	0.82	58	1.48	0.98	270	-0.82	.413

Note. 1 = never, 2 = rarely, 3 = sometimes, 4 = often, 5 = all of the time. Item means are ordered from most used to least used from service providers' perspective. Bonferroni adjusted p value = .003.

### Appendix J. Differences Between Service Providers' and Researchers' Ratings of Effectiveness of Recruitment Strategies

Recruitment Strategies	Service Providers			Researchers			df	t	p
	n	Mean	SD	n	Mean	SD			
word-of-mouth referrals	218	4.55	0.73	52	4.29	0.94	66.59	1.89	.064
government or community agency referrals	206	4.00	0.97	39	3.49	1.19	47.96	2.54	.014
health practitioner referrals	193	3.90	0.99	37	3.46	1.04	228	2.44	.015
information sharing at community or interagency meetings	204	3.83	0.96	39	3.36	0.96	241	2.80	.006
community events	182	3.65	1.02	42	3.79	1.04	222	-0.78	.435
door-to-door	66	3.64	0.97	18	3.83	1.34	82	-0.70	.486
elders and community leaders	122	3.60	0.99	31	4.10	1.11	151	-2.45	.015
phone – calling lists/client lists	109	3.55	1.00	28	3.68	1.12	135	-0.59	.558
flyers and posters in the community	189	3.34	0.88	48	3.02	0.98	235	2.18	.030
broadcast media	113	3.32	0.90	21	3.05	1.24	132	1.19	.237
program/ research study website	172	3.27	1.00	14	2.71	0.73	184	2.02	.045
email – emailing lists	82	3.21	0.94	16	3.06	0.85	96	0.57	.569
print media	163	3.20	0.89	31	3.32	0.98	192	-0.71	.476
mail out of invitation letters	86	3.02	0.84	36	3.11	0.98	120	-0.50	.617
phone – cold calls	52	2.87	1.10	11	2.91	1.04	61	-0.12	.905
email – cold emails	36	2.61	0.84	10	2.40	1.08	44	0.66	.511

Note. 1 = very ineffective, 2 = ineffective, 3 = somewhat effective, 4 = effective, 5 = very effective. Item means are ordered from most effective to least effective from service providers' perspective. Bonferroni adjusted p value = .003.

**Appendix K. Differences Between Service Providers' and Researchers' Frequency of Use of Recruitment Incentives**

Incentives	Service Providers			Researchers			df	t	p
	n	Mean	SD	n	Mean	SD			
community resources available	227	4.07	1.05	58	3.21	1.45	73	4.27	.000
community referrals offered	225	3.80	1.33	56	2.59	1.44	279	6.04	.000
location close to families or individuals in program/ study	227	3.70	1.21	59	3.90	1.30	284	-1.10	.272
opportunity to socially interact with other participants during program/ study	218	3.65	1.49	57	3.14	1.55	273	2.27	.024
meals or snacks provided	234	3.62	1.51	59	3.66	1.52	291	-0.21	.836
drop-in opportunities	231	3.42	1.48	56	2.50	1.47	285	4.19	.000
flexible hours	227	3.25	1.27	57	4.04	1.18	91.4	-4.42	.000
free support or counsel	220	3.19	1.54	56	2.05	1.38	274	5.05	.000
transportation provided	231	3.12	1.44	60	2.68	1.46	289	2.07	.039
materials available for various levels of literacy	221	3.11	1.42	56	2.95	1.51	275	0.78	.438
child care provided	224	2.87	1.60	60	2.75	1.57	282	0.50	.616
materials available in multiple languages	223	2.34	1.37	54	2.54	1.61	72.7	-0.83	.412
interpreter provided	220	2.13	1.31	55	2.75	1.59	73.4	-2.67	.009
honorariums	230	2.05	1.32	61	3.98	1.34	289	-10.14	.000
on-going eligibility for financial support or other benefit	220	1.88	1.34	58	1.62	1.31	276	1.32	.187

Note. 1 = never, 2 = rarely, 3 = sometimes, 4 = often, 5 = all of the time. Item means are ordered from most used to least used from service providers' perspective. Bonferroni adjusted p value = .003.

**Appendix L. Differences Between Service Providers' and Researchers' Ratings of Effectiveness of Recruitment Incentives**

Incentives	Service Providers			Researchers			df	t	p
	n	Mean	SD	n	Mean	SD			
child care provided	136	4.26	1.01	32	4.19	0.97	166	0.39	.694
convenient location	193	4.23	0.94	46	4.39	0.83	237	-1.08	.281
opportunity to socially interact with other participants	156	4.22	0.98	37	4.00	1.08	191	1.23	.222
meals or snacks provided	179	4.19	1.03	43	4.07	0.80	220	0.71	.476
flexible hours	170	4.19	0.84	47	4.40	0.74	215	-1.61	.110
free support or counsel	142	4.05	1.02	14	3.71	1.07	154	1.18	.240
transportation provided	175	4.02	1.06	30	3.97	0.85	203	0.28	.783
drop-in opportunities	168	3.99	1.09	27	3.85	1.03	193	0.63	.527
on-going eligibility for financial support or other benefit	69	3.96	0.95	10	4.40	0.70	77	-1.42	.159
interpreter provided	88	3.93	1.09	22	4.27	0.77	44.8	-1.70	.096
community referrals offered	185	3.91	0.98	24	3.63	0.97	207	1.33	.185
materials available for various levels of literacy	146	3.80	0.96	31	3.97	0.91	175	-0.89	.377
honorariums	97	3.77	1.00	51	4.41	0.80	121.7	-4.22	.000
community resources available	194	3.74	0.97	34	3.50	1.05	226	1.30	.196
materials available in multiple languages	101	3.71	1.10	22	4.18	0.85	121	-1.88	.062

Note. 1 = very ineffective, 2 = ineffective, 3 = somewhat effective, 4 = effective, 5 = very effective. Item means are ordered from most effective to least effective from service providers' perspective. Bonferroni adjusted p value = .003.

**Appendix M. Differences Between Service Providers' and Researchers' Frequency of Use of Retention Strategies**

Retention Strategies	Service Providers			Researchers			df	t	p
	n	Mean	SD	n	Mean	SD			
convenient location for participants	219	4.05	1.08	52	4.46	0.80	269	-2.55	.011
snacks or meals provided	221	3.70	1.48	53	3.36	1.59	272	1.48	.141
reminder phone calls	223	3.48	1.13	52	3.81	1.27	273	-1.87	.063
transportation or bus tickets provided	220	3.12	1.48	52	2.35	1.45	270	3.41	.001
diversity of staff at program/study site	202	3.10	1.30	48	2.83	1.69	60.8	1.02	.313
child care provided	212	2.83	1.60	52	2.33	1.52	262	2.05	.041
linguistic resources/other language staff available	206	2.39	1.35	45	2.64	1.65	57.5	-.95	.345
newsletters	214	2.36	1.41	50	2.00	1.31	262	1.63	.105

Note. 1 = never, 2 = rarely, 3 = sometimes, 4 = often, 5 = all of the time. Item means are ordered from most used to least used from service providers' perspective. Bonferroni adjusted p value = .006.

**Appendix N. Differences Between Service Providers' and Researchers' Ratings of Effectiveness of Retention Strategies**

Retention Strategies	Service Providers			Researchers			df	t	p
	n	Mean	SD	n	Mean	SD			
snacks or meals provided	170	4.38	0.84	39	4.00	0.80	207	2.60	.010
convenient location for participants	191	4.36	0.80	49	4.43	0.89	238	-.52	.606
child care provided	127	4.23	0.92	25	3.92	0.76	39.2	1.79	.081
transportation or bus tickets provided	160	4.16	0.97	26	3.65	0.75	40.2	3.08	.004
reminder phone calls	193	4.11	0.92	44	4.07	0.97	235	.26	.793
diversity of staff at program/study site	135	4.01	0.90	27	4.19	0.92	160	-.93	.353
linguistic resources/language staff available	95	3.97	0.93	21	4.52	0.68	114	-2.59	.011
newsletters	112	3.35	0.94	19	2.95	0.71	129	1.78	.078

Note. 1 = very ineffective, 2 = ineffective, 3 = somewhat effective, 4 = effective, 5 = very effective. Item means are ordered from most effective to least effective from service providers' perspective. Bonferroni adjusted p value = .006.

**Appendix O. Differences Between Service Providers' and Researchers' Frequency of Use of Communication Strategies**

Communication Strategies	Service Providers			Researchers			df	t	p
	n	Mean	SD	n	Mean	SD			
face-to-face	227	4.05	1.00	56	3.82	1.16	166	0.39	.694
phone	229	3.80	1.15	57	3.79	1.25	237	-1.08	.281
email	221	2.44	1.17	57	2.12	1.21	191	1.23	.222
letters	220	2.40	1.07	56	2.39	1.34	220	0.71	.476
websites	220	2.06	1.25	55	1.67	1.06	215	-1.61	.110
text messaging	216	1.43	0.84	55	1.29	0.60	154	1.18	.240

Note. 1 = never, 2 = rarely, 3 = sometimes, 4 = often, 5 = all of the time. Item means are ordered from most used to least used from service providers' perspective. Bonferroni adjusted p value = .008.

**Appendix P. Differences Between Service Providers' and Researchers' Ratings of Effectiveness of Communication Strategies**

Communication Strategies	Service Providers			Researchers			df	t	p
	n	Mean	SD	n	Mean	SD			
face-to-face	209	4.57	0.85	47	4.55	0.69	254	.16	.874
phone	216	4.22	0.89	48	4.17	0.86	262	.39	.695
email	144	3.42	0.95	28	3.50	1.04	170	-.42	.676
text messaging	43	3.42	1.10	7	2.71	0.95	48	1.60	.116
websites	100	3.16	0.96	17	3.00	0.79	115	.65	.517
letters	147	3.14	0.87	32	3.16	0.85	177	-.08	.937

Note. 1 = very ineffective, 2 = ineffective, 3 = somewhat effective, 4 = effective, 5 = very effective. Item means are ordered from most effective to least effective from service providers' perspective. Bonferroni adjusted p value = .008.

**Appendix Q. Differences Between Service Providers and Researchers' Ratings of Participation Challenges**

Challenges	Service Providers			Researchers			df	t	p
	n	Mean	SD	n	Mean	SD			
transportation	232	3.21	1.02	61	2.85	1.08	291	2.40	.017
stable housing	225	3.07	0.95	59	2.61	1.00	282	3.25	.001
negative experiences with institutions and/or helping professionals	227	3.02	0.93	60	3.03	0.78	108	-0.10	.924
nervous about participating	228	3.01	0.90	59	2.97	0.91	285	0.33	.745
do not know how to get involved	230	2.96	0.92	58	2.53	1.01	286	3.06	.002
child care	222	2.95	1.14	60	2.80	1.10	280	0.88	.378
do not have a telephone	240	2.83	1.04	60	2.57	0.96	282	1.74	.082
reluctance of some family members to participate	221	2.78	0.90	58	2.48	0.98	277	2.22	.027
do not want to accept help from others outside the family/community	224	2.69	0.93	57	2.25	0.90	279	3.17	.002
not interested in participating	224	2.64	0.97	59	2.83	0.97	281	-1.35	.178
do not have enough money	224	2.64	1.18	57	2.51	1.07	279	0.78	.435
do not have enough time	222	2.62	0.96	62	3.08	0.91	282	-3.41	.001
have a health problem	222	2.59	0.92	59	2.46	0.84	279	0.97	.335
scheduling difficulties	220	2.55	0.88	59	2.73	0.81	277	-1.44	.150
do not feel welcome	227	2.29	1.05	58	2.29	1.03	283	-0.02	.988
concerned about cultural differences	221	2.18	0.95	56	2.11	0.80	97.9	0.56	.580
concerned about language differences	219	2.17	1.02	57	2.11	0.96	274	0.46	.648
think neighbourhood is too unsafe	216	1.90	0.99	55	1.95	0.97	269	-0.32	.751

Note. 1 = not at all challenging, 2 = somewhat challenging, 3 = challenging, 4 = very challenging. Item means are ordered from most challenging to least challenging from service providers' perspective. Bonferroni adjusted p value = .0028.



## Appendix R. Frequency (%) of Service Providers' and Researchers' Perceptions of Participation Challenges for Low-income Families

	Stakeholders	not at all challenging	somewhat challenging	challenging	very challenging	M	SD	n
do not have transportation	Service providers Researchers	9.5% 16.4%	14.7% 16.4%	21.6% 32.8%	54.3% 34.4%	3.21 2.85	1.02 1.08	232 61
do not have stable housing	Service providers Researchers	6.2% 15.3%	23.1% 30.5%	28.4% 32.2%	42.2% 22.0%	3.07 2.61	0.95 1.00	225 59
negative experiences with institutions and / or helping professionals	Service providers Researchers	5.7% 1.7%	25.1% 23.3%	30.0% 45.0%	39.2% 30.0%	3.02 3.03	0.93 0.78	227 60
nervous about participating	Service providers Researchers	4.4% 6.8%	26.3% 22.0%	33.3% 39.0%	36.0% 32.2%	3.01 2.97	0.90 0.91	228 59
do not know how to get involved	Service providers Researchers	5.7% 13.8%	27.4% 43.1%	32.6% 19.0%	34.3% 24.1%	2.96 2.53	0.92 1.01	230 58
do not have child care	Service providers Researchers	17.1% 18.3%	16.7% 16.7%	20.7% 31.7%	45.5% 33.3%	2.95 2.80	1.14 1.10	222 60
do not have a telephone	Service providers Researchers	12.9% 13.3%	25.0% 36.7%	28.6% 30.0%	33.5% 20.0%	2.83 2.57	1.04 0.96	224 60
reluctance of some family members to participate	Service providers Researchers	7.2% 17.2%	31.7% 34.5%	36.7% 31.0%	24.4% 17.2%	2.78 2.48	0.90 0.98	221 58
do not want to accept help from others outside the family / community	Service providers Researchers	8.9% 24.6%	36.6% 40.4%	31.3% 21.1%	23.2% 14.0%	2.69 2.25	0.93 0.98	224 57
not interested in participating	Service providers Researchers	12.1% 6.8%	35.7% 35.6%	28.6% 25.4%	23.7% 32.2%	2.64 2.83	0.97 0.97	224 59
do not have enough money	Service providers Researchers	25.9% 19.3%	15.6% 35.1%	26.8% 21.1%	31.7% 24.6%	2.64 2.51	1.18 1.07	224 57
do not have enough time	Service providers Researchers	11.7% 3.2%	36.9% 27.4%	29.3% 27.4%	22.1% 41.9%	2.62 3.08	0.96 0.91	222 62
have a health problem	Service providers Researchers	10.8% 11.9%	39.2% 40.7%	30.6% 37.3%	19.4% 10.2%	2.59 2.46	0.92 0.84	222 59
scheduling difficulties	Service providers Researchers	10.0% 6.8%	41.8% 28.8%	31.4% 49.2%	16.9% 15.3%	2.55 2.73	0.88 0.81	220 59
do not feel welcome	Service providers Researchers	27.3% 22.4%	33.9% 44.8%	21.1% 13.8%	17.6% 19.0%	2.29 2.29	1.05 1.03	227 58
concerned about cultural differences	Service providers Researchers	26.7% 21.4%	39.8% 51.8%	22.6% 21.4%	10.9% 5.4%	2.18 2.11	0.95 0.80	221 56
concerned about language differences	Service providers Researchers	30.1% 31.6%	36.5% 35.1%	19.2% 24.6%	14.2% 8.8%	2.17 2.11	1.02 0.96	219 57
think neighbourhood is too unsafe	Service providers Researchers	45.4% 40.0%	28.7% 34.5%	16.7% 16.4%	9.3% 9.1%	1.90 1.95	0.99 0.97	216 55
not aware of what is available	Service providers	3.9%	23.9%	33.9%	38.3%	3.07	0.88	230
do not feel they have a need for the service / program	Service providers	12.6%	36.3%	28.7%	22.4%	2.61	0.97	223

Note. Item means are ordered from most challenging to least challenging from service providers' perspective.

