# Strategies to Recruit, Retain, and Disseminate Findings to Older Adults in Health Research: A Literature Review

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# Strategies to Recruit, Retain, and Disseminate Findings to Older Adults in Health Research: A Literature Review

Cover Page Footnote

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# Introduction

The older adult demographic (i.e., those aged sixty-five and older) is more susceptible to many health conditions, underscoring the importance of directing research efforts toward understanding and addressing their health needs. However, recruiting older adults to take part in research can be a challenging task. Once older adults are recruited for a study, it is necessary to consider how to retain these participants and adequately encourage further participation in research by improving dissemination methods. Ensuring that participants receive and understand their results strengthens the relationship between researchers and participants (Brownson et al. 2018, 102-11).

Recruitment of older adults is most successful when there is a thorough plan in place, the process is dynamic, and trust is built between participants and researchers (Negrin et al. 2022, para. 1). Participant retainment can be increased by addressing barriers to participation, fostering an inclusive community in the research process, reconnecting with participants, and collecting alternative contact methods. By implementing a multimedia approach, individuals can be appropriately followed up with post-data collection (Odierna and Bero 2014, para. 1).

Thus, this review aims to analyze and synthesize the methods used for recruitment, retainment, and dissemination of findings used within health research that include older adults as participants.

# Methods

Various health and health-related studies on older adults were explored to determine the most effective strategies. Using PubMed and Medline, search terms relevant to older adults in health research, such as aging, retainment, knowledge translation, recruitment, retention, maintenance, dissemination, older adult, and health research, were used. Peer-reviewed articles were screened for major themes using the abstracts and were organized on a Word file to identify if they explained recruitment, retainment, or dissemination strategies for older adults to support this review. The health articles selected for use outlined successful methods for participant engagement.

# Recruitment

Recruiting specific or narrow populations, such as older adults, can be challenging in health research. However, by developing trust with older participants and being dynamic with the recruitment process, building their engagement can be

successful. Engaging potential participants requires clear communication, interested and available individuals, and complete disclosure of all the necessary details (Bonisteel et al. 2021, para.8-9). For instance, if recruitment occurred through mail or physical flyers, including a website or a contact person within the materials would allow participants to gain further information. A thorough recruitment plan will aid in establishing smooth study development processes and build reputability with participants (Negrin et al. 2022, para. 1).

## Developing the Trust of the Participants

Ensuring that all materials fuel purpose and meaning to older adults is essential when initiating the recruitment process. Using methods, such as presenting a video (e.g., testimonials) or describing the research study, can be highly effective, as they can encompass all the study details, put a face to the research, and elicit motivation to engage in the study (Lam et al. 2018, para. 3). Generating trust and meaning between the participants and the study itself is a considerable component of increasing participation.

It is also vital to consider all aspects of accessibility to a wide range of needs for potential participants. A study conducted by the Institute of Mental Health at the University of Nottingham created a series of nine recruitment principles that maintained approval by the ethics board to facilitate online recruitment using promotional material. The principles emphasize the significance of incorporating the study's name and logo, providing website links for additional information, explicitly naming the study's recruitment purpose, ensuring explicit consent for images, prioritizing accessibility for a diverse readership, refraining from sharing materials in private settings (e.g., Facebook groups), using exclusively English language, and making all materials accessible for confirmation by the study sponsor (Rennick-Egglestone 2021, para. 2). Inclusive recruitment materials may allow older adults to feel valued, and thus more receptive to engage in the study. Participants will be more willing to engage in health research if it considers their needs and provides them with an opportunity to comprehend the researcher's work, evoking feelings of trust.

## Being Dynamic with the Recruitment Process

There are various methods of recruitment, such as passive and active recruitment. Passive recruitment methods are indirect and consist of flyers, newsletters, and posters. Active recruitment methods involve direct communication between facilitators and participants, which may occur in-person or virtually (Partridge et al. 2003, 363). By offering methods of recruitment both passively and actively, a variety of participants can be reached. Between October 2020 and

February 2022, a study conducted reviewed science databases and found that social media use has become a popular recruitment method to use in conjunction with other methods (Darko et al. 2022, para. 4). While social media recruitment is cost-effective and can reach a wide range of diverse populations, the results showed the limited reach of older adults through virtual methods. However, some adults may be familiar with virtual participation or live with others who can support them, so it is useful to offer online options.

When older adults above fifty years were asked to rank their communication preferences for a study, they ranked mailed letters first, newsletters second, and phone communication last (Melvin et al. 2020, 233-242). Therefore, when conducting health research on older adults, it is recommended to use letters and flyers as the primary contact method and phone calls as the secondary method, along with virtual options. Engaging participants is not a static process and should encompass several methods so older adults can access the information first-hand.

An example of how to conduct the recruitment process was illustrated by Negrin and colleagues (2022). After researchers obtained board approval to conduct research, active and passive methods were implemented. The combination of methods included in-person recruitment, emails, newsletters, and flyers. Participants were followed up with through professional meetings, which maintained their relationships and contributed to building trust. The recruitment plan was further reflected on by considering the participants' motivators to engage in the research study (para. 8-11). Having a thorough plan and using both direct and indirect methods through a multimodal approach led to effective recruitment.

## Retainment

Retainment in health research involves maintaining the participants' engagement throughout the duration of the study and beyond. To maintain communication with research participants in a longitudinal study, researchers should employ strategies such as reducing barriers to participation, building community through participant engagement, following up with participants, and ensuring alternative contact methods are collected (Graziotti et al. 2012, 120-26).

### Reducing Barriers to Participation

Some characteristics identified as barriers for older adults to participate in health research were cognitive abilities, age, race, and employment status, which were associated with the degree of motivation to participate (Carr et al. 2022, 1466–

76**).** It is beneficial to ensure that the study design employs various strategies to motivate older adults to engage in research. Accessibility is a barrier for older adults to participate in research studies, which should be approached using the biopsychosocial model. Based on a study, other characteristics shown to influence participant retention were socioeconomic status, culture, and language, which also influenced transportation methods (Odierna and Bero 2014, para. 9). Cultural barriers, for instance, may inhibit some individuals from going to an unknown location. This could be approached by ensuring that participants are provided with transportation that is fully accessible to them and considers any disability status. Those living in rural areas may prefer to participate in their local area or senior centres, where staff can aid with their involvement (Dreer et al. 2014, 14-33)**.** Continuing to ensure there are options available to participate to reduce these barriers will aid in improving retention rates.

The physical, mental, and emotional barriers posed by research participation may be more manageable for those with a developed social network and better overall quality of life. In health research, barriers and predictors in this demographic can also be specific to diverse cultural backgrounds and lived experiences. Carlson and colleagues (2014) found that intervention adherence was significantly correlated with study adherence in African American and Hispanic older adult populations. These findings were explained by the relationship between study adherence and high active coping (357-82). Other factors contributing to this relationship were engagement in older adult activities, active coping, social support, social network strength, and physical and mental quality of life. Having a developed social network and better quality of life, older adults may feel better supported in navigating the physical, mental, and emotional barriers posed by research participation. The study conducted by Pratap and peers (2020) determined that clinician referral to the study, participant compensation, and having the disease of interest were associated with increased retention time. The most effective strategy was clinician referral as it increased retention time by up to forty days compared to the controls (para. 1). Retention, in this case, may be mediated by the increased trust the participants have in research thanks to their clinician, which underscores the importance of bridging the gap between research and primary care.

In their 2014 study, Davies and colleagues reported that early-stage study withdrawals were attributed to participants deeming participation "too much of a hassle." Beyond disinterest, the aging process introduces many challenges that can diminish older adults' motivation to persevere in research engagements. This study listed "no reason" as the second most common cause for dropping out. This statement elucidates various challenges. For example, older adults may not fully understand their anhedonia or feel a subconscious sense of discomfort or pressure

from being examined. Some retention strategies include seeking feedback, reflexive weekly meetings, maintaining good relationships with the physicians and home care staff, and re-establishing contact if the participant changes their home address (Carlson et al. 2014, 357–82). Addressing the lack of interest in older adult participants and implementing motivators can reduce this barrier to participation. Researchers can foster a sense of purpose and engagement among older adults by articulating the significance of their participation and illustrating how the potential future rewards of the research outweigh the perceived troubles.

**Building Community Through Participant Engagement**

Older adults who trust the researchers and feel a sense of community will be more likely to engage in health research and maintain their interest over time. For instance, after participating in phase one of a study, providing a constant reminder of their experience through persistent phone calls or receiving merchandise will increase the chances of participants staying connected (Dreer et al. 2014, 14-33; Teague et al. 2018, para 3). Ensuring a logo or name is present throughout the study creates trust between participants and researchers and demonstrates reputability.

Part of fostering an inclusive community in health research is ensuring that ethnically diverse populations are properly addressed. Though general strategies for recruitment and retention are provided in this paper, having a nuanced understanding of genetic and biopsychosocial differences rooted in one's background will offer more insight. Researchers can contribute to developing more inclusive and effective retention strategies in health research by investigating alternative retention strategies in communities facing discrimination (Napoles and Chadiha 2011, 142-46). Discussing systemic biases in research may be long and arduous, but it is nevertheless necessary.

**Following Up with Participants**

When following up with participants, it is crucial to consider the preferences of older adults and implement those methods to ensure success. It was determined that connecting with participants through newsletters and cards was one of the most effective follow-up strategies with older adults while providing consistent communication. Many older adults are most familiar with these methods, and if researchers are persistent with their efforts, the likelihood that the participants will receive the message from researchers is greater.

Ensuring that choice is available with various communication options and locations to suit the needs of older adults allows for a greater possibility that older adults engage in the research (Hanna et al. 2014, 41–45). In a study conducted with participants sixty-five years and older, successful follow-up with participants was mediated by providing advanced notifications. Contacting participants far in advance allows them to inquire and fully comprehend the research process. Older adults who participate in health research must be informed, must have the power to make choices, and prefer clear communication to maintain their interest over time. In an open randomized trial design, there was approximately a 14 percent increase in recruitment and retention, as no information was withheld from them (Lacey et al. 2017, 895-903).

**Collecting Alternative Contact Methods**

For longitudinal studies, contacting participants is one of the largest areas for improvement, followed by the need to implement barrier-reduction strategies (Teague et al. 2018, para. 3). To minimize participant dropout, details of an alternative contact person are encouraged to be collected at the start of the study. This enhances traceability in cases where reaching the participant directly is challenging. Additionally, requiring a mailing address for participants is vital, considering this is one of the most preferred contact methods for older adults (Dreer et al. 2014, 14-33). Researchers should use various contact methods, including a phone number, email address, and primary (potentially secondary or tertiary) addresses.

Increasing the retention of older adults in research requires collaboration among the participants, healthcare team, and stakeholders. Addressing the barriers to participation, facilitating an inclusive environment, reminding participants of the research, and collecting alternative contact methods can increase retention over time.

### Dissemination

Health research is widely shared with health professionals through peer-reviewed journals and other platforms; however, there is a gap in knowledge translation for participants and community members (Chapman et al. 2020). The Agency for Healthcare Research and Quality (AHRQ), a health research funding agency, has stated the need to provide research findings beyond academic sources (McElfish et al. 2018, 69-74). Using a multimedia approach to share research findings can increase the overall understanding of various health outcomes among older adults across the globe. The discussion encompasses different forms of

dissemination that can be used for health research, including written communication, in-person communication, telephone calls, and newsletters, and the advantages of using various methods.

## Sharing Information Through Written Documents

Communication via letter or email would be preferred depending on the context of the results. However, it should be noted that older adults are more likely to struggle with or avoid certain technologies, so focusing on written letters may be preferable. More personal, face-to-face communication methods are favoured for more sensitive information regarding negative results. Older adults should be contacted through written or mail communication and provided with findings that evoke emotion, to improve their overall understanding and engagement in health research (Brownson et al. 2018, 102-11).

In research studies where the results pertain to the entirety of a population and not individuals, newsletters would be an effective method of dissemination. Newsletters can easily provide the results of a study to all participants, as only one document needs to be written and can be distributed by mail, email, or both. A study investigating fall prevention programs for older adults aged sixty-five and over sent out a newsletter twice a year to its participants and researchers regarding the current progress of the study (Mittaz Hager et al. 2019, para. 62). By providing this information throughout the research period, the researchers maintained a better relationship with participants and made them feel more involved. The benefits of disseminating this research far outweigh the cons, such as costs and time delays.

## Applying a Multimedia Approach

Written communications in the form of letters, emails, and newsletters can certainly be effective dissemination methods; however, exclusively using these provides unique dilemmas. People will undoubtedly have individual preferences among dissemination methods, even within the same populations. Additionally, older adults are more likely to have physical impairments, such as blindness or deafness, that could make certain dissemination methods inaccessible to them. A retrospective study investigating research participants' feelings towards dissemination methods found that half of individuals who received only written results asked for a follow-up phone call for further clarification (Shalowitz and

Miller 2008, para. 8). It was determined that providing written communication with phone numbers provided for follow-up questions was the preferred method of dissemination of most groups within the study. Using a multimedia approach to disseminate health research allows participants to seek the information they desire from the study through various methods, such as follow-up calls, seminars, or recorded videos.

Effectively communicating research findings involves extending dissemination beyond past research participants (PSPs) to broader populations. A multimedia approach can be beneficial, as it allows more people to view and gain the knowledge presented in the results. Traditional mediums, such as the news, workshops, or seminars, may be used to share findings beyond PSPs (Brownson et al. 2018, 102-11). Workshops and seminars would be effective for conveying information to health professionals, which is vital for ensuring they are aware of the current health information and practices of older adults. Additionally, in the older adult community, newspaper consumption is far greater than any other age range, making it an effective method for connecting with the community (Melvin et al. 2020, 233-242). Therefore, these additional means of dissemination, such as news, workshops, and seminars, enable health professionals and the older adult community to gain relevant health information.

Properly disseminating results should be a priority among researchers, and the process by which they do so should be heavily considered (Odierna and Bero 2014, para. 1). The importance of effective research dissemination extends beyond conveying information to people; it also improves the researcher-participant relationship and increases future recruitment and retainment. A study with most participants being older adults found that three-quarters of them believed that participants should know more about results, and a vast majority indicated they could participate in future studies if given this information (Melvin et al. 2020, 233-242). This highlights participants' desire to receive study results and that proper research dissemination could lead to much larger recruitment and retention of participants.

## Conclusion

There is limited research on the best ways to recruit, retain, and disseminate information to older adults. Developing trust with participants and being dynamic with the recruitment processes are strategies proven to lead to successful recruitment. Researchers have shown that by openly communicating with participants and providing them with motivators, retention may increase, and dropout rates will be reduced. To increase dissemination, encompassing a plethora of methods to share research findings has shown the greatest approval among

participants. Based on these findings, ongoing research on older adults is essential to explore their communication and participation preferences, enhancing the overall experience of older adults in health research.

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