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Recruiting and Retaining African American Custodial Grandparents in University-Sponsored Research: An Opening Dialogue

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Studies on recruitment and retention of grandparents raising grandchildren into community-based research have received scant attention by scholars. The lack of attention is especially troubling considering the continuing growth of this family group, as well as the large proportion of custodial grandparents who are ethnically diverse and vulnerable to various health and psychological risks. Limited attention to recruitment and retention methods leads to reduced understanding of the full value of service interventions for custodial grandparents and the grandchildren they are raising. This article describes the recruitment and retention methods used in one longstanding research study involving African American custodial grandparents. The merits of establishing a research agenda on this topic are reviewed, along with specific suggestions for extending this line of inquiry.

IMPLICATIONS FOR PRACTICE

- It is necessary for service providers and researchers to work collaboratively on program recruitment and retention efforts that promote broad inclusion of grandparent-headed families into research studies.

The nation’s steady growth of grandparents raising grandchildren has drawn increasing attention from scholars across multiple disciplines. According to the U.S. Census Bureau (2012), there are 2.7 million grandparents raising grandchildren, or custodial grandparents; 63% are grandmothers and 35% are grandparents of color, the largest proportion being African American. Grandparents serving as surrogate parents for their grandchildren do so as a result of challenges or special circumstances experienced by the birth parents, including substance abuse, physical or mental health illnesses, incarceration, homelessness, military deployment, and parental death (Bertera & Crewe, 2013; Bunch, Eastman, & Moore, 2007; Gibson, 2002; Leder, Grinstead, & Torres, 2007; Loper & Clarke, 2013). Researchers conclude that African American custodial grandparents are most at risk when raising their grandchildren: they have higher incidences of poverty and poorer health outcomes, and higher levels of social isolation, depression, and overall life dissatisfaction compared to other grandparent groups (Baker & Mutchler, 2010; Fuller-Thomson & Minkler, 2000; Hayslip & Kaminski, 2005; Kelley, Whitley, & Campos, 2013; Waldrop & Weber, 2001). To continue advancing knowledge about grandparent-headed families, scholars should consider the challenges of developing distinct and valid strategies to recruit and retain diverse groups of grandparents into research studies. This article describes a long-standing research study that focuses on African American custodial grandparents. It offers a beginning dialogue on the subject of recruiting and retaining caregiving grandparents into community-based research.

The literature on recruitment and retention of racially and ethnically diverse participants into research studies shows there is expanding interest on the topic, especially among medical and public health scholars. Addressing current disparities in health outcomes across populations is a primary impetus for focusing attention on how underrepresented groups are recruited and retained in research. Previous works have examined barriers of and facilitators for recruiting and retaining diverse populations (e.g., George, Duran, & Norris, 2014; Hussain-Gambles, Atkin, & Leese, 2004; Yancey, Ortega, & Kumanyika, 2006); assessments of recruitment and retention efforts that target various groups by age, gender, and race or ethnicity (e.g., Cruz, Davis, FitzGerald, Canaca, & Keane, 2014; Hampton, White, & Chafetz, 2009); and recruitment and retention challenges within disease-specific studies (e.g., Ashing-Giwa, Padilla, Tejero, & Kim, 2004; Rubin et al., 2002; Satia, Galanko, & Rimer, 2005). While there is a steady growth in the number of scholarly works on the topic, authors readily note that the science of recruitment and retention is still in its infancy stage, and advancing work in this area is essential (Napoles & Chadiha, 2011). Suggested efforts include moving beyond general, descriptive reporting toward testing the efficacy of specific recruitment, enrollment, and retention modalities; understanding the importance of cultural competency in recruitment and retention initiatives; appreciating the heterogeneity of subpopulation groups and how they affect interpretation of research results; and incorporating various community stakeholders in the entire recruitment and retention process (Yancey et al., 2006).

In spite of the general expansion of scholarship on custodial grandparents, and particularly African
American grandmothers, information on effective approaches to recruiting and retaining them in research studies is very limited. At present, there is little understanding about which recruitment methods are effective or efficient, which incentives for retention are preferred, or what are particular reasons for withdrawal or refusal to participate. Scholars working with these families have not adequately described the ways they bring custodial grandparents into their studies. However, as the trend to study grandparent-headed families continues to evolve, developing valid approaches to document and assess recruitment and retention efforts is critical to advancing knowledge in the field.

Background

Recruiting and Retaining African American Older Adults

While there appears to be an absence of literature on ways to involve custodial grandparents in research studies, there is evidence on the general challenges of recruiting and retaining older African American adults as research participants (Allman et al., 2011; Dreer, Weston, & Owsley, 2014; Naples & Chadiha, 2011). Several scholars note that many older African Americans view clinical studies as exploitative (Gooden et al., 2005) or overly intrusive with burdensome research designs, particularly if they involve collecting biological specimens (e.g., blood or tissue samples; Dash et al., 2014); or they feel inadequately informed about their role as research participants (Hussain-Gambles et al., 2004). A lack of cultural congruency between researchers and participants can increase anxiety and distrust in the research process (Adams-Campbell et al., 2004; Levkoff, Prohaska, Weitzman, & Ory, 2000). Moreover, research logistics serve as barriers to participation, including lack of transportation to research sites, unavailable childcare services, and inflexible appointment scheduling (Durant et al., 2014). Recommended strategies to reduce these barriers include building participant and community trust, promoting cultural competency, and extending community collaboration throughout the research process (Clay, Ellis, Amodeo, Fassler, & Griffin, 2003; Dreer et al., 2014; George et al., 2014).

At present, there is no clear evidence to suggest that the difficulties in recruiting older African American adults are necessarily different for custodial grandparents. They are likely to be similar, but what may make recruiting and retaining African American custodial grandparents more difficult is the sociodemographic challenges and personal circumstances that characterize this family group. The combined effects of poverty, poor health, family trauma, and social isolation (self-imposed or not) may make it more difficult to identify, contact, and engage these families to become involved in research initiatives, as compared to the general population of older African American adults (Fuller-Thomas & Minkler, 2000). Depression, anxiety, fear, and frustration are common emotions custodial grandparents experience after becoming surrogate parents (Fuller-Thomson & Minkler, 2000; Leder et al., 2007). Some grandparents are raising one or more grandchildren with physical, emotional, and developmental delays brought on by early life trauma. Participating in research that does not bring obvious, direct benefits or is seen as a value for their grandchildren becomes less of a priority. However, in spite of their vulnerable state due to complex family characteristics and dynamics, finding ways to include custodial grandparents in health and social research studies has the potential to extend the science of recruitment and retention overall.

Conceptual Framework

Dennis and Neese (2000) offer a context for defining recruitment and retention efforts targeting diverse populations. The authors suggest that six concepts are fundamental to engaging African American older adults: sanctioning (developing relationships with organizations important to participants prior to implementing research protocols), historical cognizance (acknowledging participant’s past history with research institutions), trust building (providing full transparency about the research protocol to participants), mutuality (establishing mutual cooperation between researcher and participant), recognition of heterogeneity (acknowledging cultural differences among participants), and researcher self-reflection and introspection (self-examination by researchers about the responding participants). Derived from three theoretical perspectives (distributive justice, the interactional model, and the community-multisystem approach), the concepts integrate factors that counter known obstacles, and increase the potential to have inclusive sampling that reflects the population under study (Dennis & Neese, 2000). Their conceptualization provides a useful framework for describing recruitment and retention efforts in the grandparent study presented below.

Grandparent Study Description

Research Design

In 1995, social work and nursing faculty at a large metropolitan university located in the southeast region of the United States initiated a study on custodial grandparents. At the time, the principal investigators conducted an extensive literature search on the subject of grandparents raising grandchildren and performed a community needs assessment to determine the major challenges and service needs of local custodial grandparents. This information informed the development
of a quasi-experimental pre/posttest design that tested the efficacy of a service intervention on the health and psychosocial well-being of grandparents. McCubbin, Thompson, Thompson, and Fromer’s (1998) model of family stress, adjustment, and adaptation framed the study’s conceptualization. The study explored both internal (e.g., declining physical health, functional incapacity, number of grandchildren in household, simultaneous caregiving of other relatives) and external (e.g., inadequate housing, inability to navigate public service systems, lack of available community resources) stresses. Accordingly, the study addressed questions about the grandparents’ physical health, emotional stress, and family well-being before and after receiving a full year (i.e., 12 months) of interdisciplinary support services through the intervention model. The research objectives were: (a) to improve the physical health of grandparents and their grandchildren, (b) to improve the mental/emotional health of grandparents by decreasing psychological distress and social isolation, and (c) to increase access to community-based resources to meet family needs (Kelley et al., 2013). Pre- and posttest data collected from the grandparents included family background and responses to standardized measures of psychological distress, physical health behaviors, family support/resources, and grandchildren’s behaviors. Physical health measures included grandparent height, weight, blood pressure, and blood glucose readings using the finger stick method. Grandchildren were measured for height, weight, and infant head circumference.

**Service Intervention**

The intervention included the following services: monthly home visitation by nurses and social workers, monthly support group meetings, parent education sessions, and referrals to community agencies for legal or other needed assistance. Each enrolled family received a minimum of one home visit per month from a nurse and social worker; additional visits and telephone contacts occurred as needed. Nurses and social workers incorporated individualized case management in their practice protocols. Using the strengths-based approach (Saleebey, 1997), the case management process recognized grandparent’s individuality, acknowledged their personal and familial strengths, and promoted their right to self-determination (Whitley, White, Kelley, & Yorker, 1999). In essence, the process allowed grandparents to have a voice in their problem-solving through a collaborative, flexible, and client-driven process (Campbell, Carthron, Miles, & Brown, 2012).

Grandparents had the opportunity to attend monthly support group meetings and parent education sessions facilitated by a social worker. Attending grandparents received free transportation to the meeting site. Group topics included caring for a physically or mentally challenged grandchild, financial literacy, permanency planning, and disciplining adolescents. These group activities promoted open exchanges with peers, introduced new community services, and offered respite from daily routines. Enrolled grandparents received case management services for 1 year only. However, grandparents could attend group meetings beyond the 1-year period, but without additional data collection.

Staff developed service relationships with a variety of public and private community agencies, including those focused on health, law, education, and public welfare. These agencies provided core resources to grandparents and their families to address some of their basic family needs (e.g., financial assistance, food vouchers, household goods, and legal counseling). Social workers and nurses referred grandparents to these agencies during the case management process, or grandparents sought out the services independently following an introduction to them during group sessions.

**Enrollment Criteria**

Grandparents’ enrollment into the study was dependent upon their meeting inclusion criteria, giving informed consent to collect family and medical data at scheduled time points, and permitting staff to make home visits. Specific inclusion criteria were: (a) grandparents were caring for grandchildren in parent-absent households; (b) at least one grandchild was aged 16 years or younger, while residing with the grandparent full-time; and (c) the family lived within a 20-mile radius of the university. The original research objectives did not target any specific racial group, but since a majority of grandparent households located within the study’s boundaries were African American (99%), recruitment and retention strategies for this group became a focal point. On average, study participants were grandmothers, 56 years of age, separated or divorced, with low to moderate incomes, and raising one to two grandchildren. Grandparents who wanted to receive services without consenting to participate in data collection were considered ineligible, but they were offered referrals to other community agencies/programs serving custodial grandparents. The Georgia State University Institutional Review Board approved all informed consent and research protocols.

**Recruitment Activities**

The grandparent study enrolled approximately 30–40 families during any 12-month period; each month, 2–3 families, on average, entered and exited the study to allow for continuous enrollment. Since its inception, the study has recruited and enrolled 2,910 participants (908 families with 2,002 grandchildren). The investigators and project manager oversaw recruitment activities in
the early stages of the study, sharing attendance at local meetings and community events. As the program matured, more deliberate recruitment activities included those that follow.

Community Outreach

Community partnership coordinator. A part-time community partnership coordinator had the responsibility of serving as the liaison between the research team and the community. The coordinator met with various health and social welfare representatives to promote the grandparent study, learn about agencies’ services, and discuss opportunities for partnerships to support referral exchanges. In time, the coordinator made independent decisions about community contacts, including attending community meetings, local aging and child welfare conferences, professional association meetings and agency workshops, and community fairs to network with community service providers. The coordinator spent time at agencies where grandparents congregated, such as senior centers and Congregate meal programs. As a result, a variety of community outlets were used to inform grandparents about the study.

Printed announcements. Printed brochures gave general descriptive information about the study to agency providers and interested grandparents. Staff distributed printed materials broadly in the community, targeting aging and child welfare sites where grandparents accessed services for themselves or their grandchildren. Elementary schools, day care centers, Head Start programs, and local churches are examples of distribution locations.

Study website. A project website gave an overview of the grandparent study and the intervention components. The site evolved over the years. However, the design promoted delivering information to agency providers and grandparents who wanted basic information about enrollment criteria, staffing, and intervention services. Individuals could surf other aging and child welfare internet sites (e.g., AARP) and link directly to the study’s website to obtain specific information. Electronic referral forms placed on the site allowed agency representatives to make online referrals, as well as allowing grandparents to self-refer.

Mass media outlets. During the early stages of the study, the principal investigators worked with local media to promote the topic of grandparents raising grandchildren, as well as the specific research study. Over time, relationships developed with media representatives who suggested stories or promoted the topic of “grandparent caregiving” during certain times of the year (e.g., Grandparent Month in September). Occasionally, national news outlets, such as the Associated Press picked up local stories, which broadened the study’s recognition.

Intake Coordination

The intake coordinator responded to inquiries from all referral sources; generally, most intakes occurred over the telephone. It was essential to have a well-informed intake coordinator who knew the details of the study and who understood the context of grandparents raising grandchildren, especially for African American families. During intake, grandparents were encouraged to tell their story about raising their grandchildren, as well as raise any questions or concerns about participating in a research study. The intake coordinator was fully transparent when informing the grandparents about the study’s purpose and process, including participants’ role and responsibilities, data collection, time commitments, benefits and risks, rights to withdrawal, and compensation.

Grandparent Ambassadors

Current and alumni grandparent participants occasionally became informal recruiters for the study. They would tell other grandparents in their residential communities, churches, schools, and medical offices about the study and its benefits. This activity was unsolicited by the staff.

Wait List Management

Pacing recruitment activities helped to prevent grandparents from being on a waiting list for extended periods. Staff moderated recruitment activities after making monthly projections about the number of grandparents leaving the study. A waiting list of inactive participants who were not receiving services over an extended period could foster disinterest in the study, so there were efforts to keep participant’s time on the waiting list to a minimum. If a family was experiencing a crisis that required an immediate response, staff referred the grandparent to local service agencies for assistance.

Retention Strategies

The grandparent study recruited 908 families over time. Less than 10% of enrolled families left the study before completing their year of participation. General reasons grandparent withdrew from the study included grandchildren returning to the care of their birth parents, the grandparent experiencing illness, relocation outside the study area, scheduling difficulties, loss of interest in the study, or the grandparent’s death. Activities believed to support retention included those that follow.

Services and Supports

Home visitation. Home visiting by nursing and social work staff allowed private discussions about family problems away from a public venue and removed transportation and childcare barriers. The monthly home
visits were not only a matter of convenience for the grandparents, but the visits gave staff an opportunity to assess the home environment, observe grandchildren, and view the residential communities.

**Peer support.** The monthly group meetings allowed the grandparents to engage with one another, and to exchange ideas or learn new ways to address family challenges. Door-to-door transportation enhanced meeting attendance, which averaged 8–15 members per month. On occasion, it was observed that former (i.e., alumni) grandparent participants took on the role of welcoming new members attending the monthly meetings by answering questions, recommending community resources, and helping new grandparents to network with other members.

**Special events.** The grandparent study reflected the university’s mission of working to foster social change in urban communities. One special event that acknowledged the study within the university community was the Annual Grandparent Luncheon. The luncheon honored grandparents for the care given to their grandchildren. University administrators, project advisers, community and civic leaders, service providers, and current and alumni grandparent participants attended the luncheon. For grandparents, it was a time to celebrate their family. Local foundations and individuals co-sponsored the luncheon, allowing grandparents to attend without charge. The luncheon created a sense of synergy among the various stakeholders—the university, local community partners, and grandparents.

**Monthly calendars.** Printed calendars were mailed to grandparent participants and alumni to keep them informed about service activities. Content included scheduled monthly group meeting topics and dates, appointment reminders for scheduled transportation pick-ups, and dates and times for special events. A copy of the calendar was also placed on the study’s website.

**Staff Support and Stability**

In-service training from local experts in various fields (e.g., aging, child development, health/mental health) provided staff instruction or consultation on specific topics relevant to grandparent-headed families. Staff also had opportunities to attend local conferences related to intergenerational caregiving. Supporting research staff with opportunities to enhance their professional knowledge and skills facilitated their collaborative work with grandparents.

It is important to note that a majority of the staff collecting data and providing intervention services to grandparents were African American. The literature suggests staff who are the same race as participants facilitates engagement and communication, reduces perceived risks for exploitation and abuse, and supports obtaining reliable information (Buford May, 2014; George et al., 2014). While racial congruence between researchers and participants is an advantage, non-African American staff appeared to be just as highly regarded by grandparents as African American staff.

Finally, full-time staff had considerable longevity with the grandparent study. The lead nurse and full-time social workers worked with the study five or more years. Their commitment to the project and to grandparents promotes service consistency, as well as builds and sustains family trust (George et al., 2014).

**Financial Compensation**

Grandparents received a maximum of $40.00 at the completion of pre- and posttest data collection, respectively. Specific details about compensation amount and disbursement of funds were given during intake and upon receiving informed consent.

**Recruitment and Retention Insights**

The described efforts to recruit and retain African American grandparents in a university-sponsored research study aligned well with the conceptual framework provided by Dennis and Neese (2000). Conclusions about what effects each activity had on recruitment and retention outcomes are not fully evident without objective data for analysis. However, the described experience underscores certain insights and ideas for future work.

**Sanctioning.** Obtaining the community’s endorsement of the grandparent study required promoting it with a broad and diverse range of professionals in the public and private sectors. Over time, the use of printed materials, websites, and mass media efforts by the principal investigators and staff helped to foster the study’s identity in the community. Admittedly, there was not a well-planned, systematic approach to informing the community about the research study in the early stages. Most activities centered on making preliminary contacts with local agencies that served the elderly or children in the public and private arena. Later, the assigning of a part-time community partnership coordinator expanded the number of recruitment efforts with the community. In response, agencies were welcoming of the study’s efforts and the service components, but understanding the span of reasons for their buy-in and defining ways to collaborate with them for optimum recruitment and retention activities requires further study.

**Historical cognizance.** While there may have been some grandparents who were reluctant to participate in the research study due to feelings of anxiety and distrust related to past involvement in research studies, other grandparents were more likely to have had poor experiences with large public service institutions (e.g., public welfare, court systems, juvenile justice, mental
health, or prisons) which engendered similar feelings of frustration, distrust, and anxiety (Hines-Martin, 2002). Changing perceptions about research institutions required staff to help grandparents feel they had the greater advantage in their decision to participate in the study. Maximizing their sense of empowerment while minimizing power differentials in the researcher–participant relationship potentially counters negative emotions related to past infamies (Joslin, 2009; Whitley, Kelley, & Campos, 2011). Specific steps taken to redress past experiences included maintaining openness and transparency during all aspects of the service delivery; using collaborative problem-solving practices; and promoting positive relationship building among grandparents, the university, and the community at large. Further study is required to confirm any changed perceptions of research participation by grandparents.

**Trust building.** The intake process is a critical point in the research design since it is the grandparents’ first formal introduction to the study. As noted earlier, grandparents begin to tell their stories about raising their grandchildren during intake. The staff were attentive to statements suggesting the grandparents were feeling anxious or ambivalent about their participation. Staff addressed such concerns openly and honestly, especially if their stories included past histories with other formal institutions. Full transparency about the voluntary nature of the grandparent study and their ability to withdraw at any point were important points emphasized to give the grandparents the sense they had control in the process.

Another feature that illustrated participant trust in the study was the unsolicited endorsement from former grandparent participants (i.e., grandparent ambassadors) who informally referred other grandparents to the study. Intuitively, having former participants encourage other grandparents to participate in a study suggests participants felt a sense of trust in the overall study design, the intervention services offered, and the staff. However, limited documentation capturing the activities of the ambassadors precludes drawing any conclusions about their effect as research recruiters. Anecdotal information suggests the ambassadors had an impact, but how deeply their influence penetrated the community is presently unknown.

**Mutuality.** Encompassing the ability of invested parties to work together to achieve defined goals or benefits, mutuality enhanced retention (Dennis & Neese, 2000). Using Saleebey’s (1997) conceptualization of strengths-based practice, staff established a working relationship with grandparents to acknowledge individual and family strengths while addressing perceived challenges. As a result, the guidance of staff helped grandparents gain a sense of empowerment and enhanced their ability to self-manage family needs (Whitley et al., 2011).

The group meetings also appeared to reflect mutuality by providing an opportunity for grandparents to exchange ideas, obtain new information about resources, and offer mutual support. The active involvement of sharing personal stories, expressing desired goals for their grandchildren, and developing new relationships with peers promoted group cohesion, and likely supported retention (Cohen & Pyle, 2000). Definitive evidence on the impact of the group meetings requires closer study to discern patterns and contributing factors of support group usage as a means for retaining participants (Smith, Rodriguez, & Palmieri, 2010).

**Recognition of heterogeneity.** African American custodial grandparents are not homogeneous; they vary in age, education, income levels, cultural–historical backgrounds, needs, and strengths. Each of these characteristics raises a potential barrier to recruitment and retention. For example, the described grandparent study involved African American grandmothers; grandfathers participated less frequently (< 5%), and there was no special effort to recruit them. The described recruitment and retention activities facilitated bringing grandmothers into the study, but it is unknown if the same activities were appropriate to recruit grandfathers, or if other recruitment methods were required. Most published research studies on custodial grandparents involve grandmothers because they are more prevalent in caring for grandchildren. However, grandfathers maintain 37% of custodial grandparent households (U.S. Census Bureau, 2012). Although their numbers are smaller than households headed by grandmothers, their need for services and resources is no less significant (Bullock, 2005; Ellis & Simmons, 2014; Kolomer & McAllion, 2005). Recruitment and retention efforts targeting grandfathers should incorporate methods that align with their perspectives about research participation. Little is currently known about recruiting and retaining custodial grandfathers of any race or ethnicity. Therefore, their underrepresentation in research studies creates limited understanding about their family arrangement.

**Researcher self-reflection and introspection.** Finally, self-reflection and introspection by researchers is an important consideration to reduce the risk of bias by research staff (Dennis & Neese, 2000). Biased behaviors or attitudes from the staff can affect intervention outcomes, participant–researcher relationships, and participant retention (Chenail, 2011; Manson et al., 2011). Staff’s perspectives about expected behaviors of aging adults, attitudes toward the poor, preconceived ideas about the circumstances of birth parents not raising their children, and racial or class biases can influence research results. All staff with the grandparent study had to participate in mandatory research ethics training required by the university, but no other specific efforts
were planned. Certainly, researchers cannot control all forms of bias that may influence a study. At best, the research team had an obligation to make deliberate efforts to minimize any potential bias effects on research processes by promoting and modeling ethical research standards and behaviors. In addition, regular team meetings for case reviews, consistent staff supervision, accompanying staff on home visits by supervisors, randomly selected chart reviews, and surveys or interviews with grandparents are suggested practices to identify and minimize potential effects of researcher bias.

**Next Steps**

The described research experience gives a basis for starting a dialogue about recruitment and retention practices to bring African American custodial grandparents into research studies. Developing and systematically documenting recruitment and retention activities and materials are essential to discover their scientific value and their utility to advance knowledge. Based on the described grandparent study, it is difficult to assess the effectiveness of the recruitment efforts over time despite the longevity of the study in the local area. Consistent documentation did not occur to assess all forms of recruitment and retention activities in the study. In addition, certain resources were not available when the study first began. For example, census data was not available on custodial grandparents in the mid-1990s; survey questions about grandparents raising grandchildren first appeared in the 2000 Census. Therefore, it was not easy to identify the number of custodial grandparents by census tract to assess recruitment rates based on the population of grandparents residing in targeted areas. As the study matured, the necessity to perform such tasks was minimized because of the increasing identity in the community, reducing the need for direct recruitment tactics. Future works, however, should develop specific strategic plans to implement and assess different recruitment activities in selected communities with diverse populations to produce recruitment rates compared against planned projections for each activity type.

Secondly, it is unknown if the described recruitment and retention activities are relevant only to African American grandparents in urban settings, or if they benefit other diverse family groups in other locations. There was not the opportunity to learn how the activities might influence other racial or ethnic groups residing in urban or rural areas. Geographic restrictions due to funding and staff resources precluded the ability to go beyond the original designated boundaries. Future work may include collaborating with other support programs in different localities to test recruitment and retention activities.

The grandparent study had no formal defined role for using grandparent ambassadors in recruitment or retention efforts. Subsequent to observing certain grandparents taking on recruiting tasks, no formal discussions occurred about their utility in their self-defined role. As a result, understanding how these recruiters can best support recruitment and retention efforts remain unknown. Devising specific protocols to identify, train, and promote their utility in recruitment and retention efforts is an important next step.

There was limited involvement of child welfare and aging practitioners outside the university setting to participate in recruitment and retention activities. Managers and representatives at various child welfare and aging agencies received requests for client referrals. Agency practitioners probably sent clients who seemed to fit our eligibility criteria. However, there is no information about how referred families were ultimately selected by practitioners, and perhaps more importantly, which individuals or families were not referred, and for what reasons. Engaging aging and child welfare practitioners in the recruitment and retention process is an important, but overlooked, aspect of recruitment and retention strategies.

Based on the described experience and a desire to move forward an agenda to validate recruitment and retention strategies for custodial grandparents, several research questions for future consideration are offered:

- Are there differences in preferred recruitment and retention modalities (websites, community coordinators) for custodial grandparents with diverse individual and family characteristics (e.g., age, gender, race, class, or historical cognizance)?
- How effective are peer recruiters in recruiting and retaining grandparent research participants, as compared with professional staff?
- What behavioral motivations promote recruitment, enrollment, and retention of custodial grandparents residing in diverse residential locations (e.g., rural vs. suburban vs. urban communities)?
- What forms of staff training and professional development enhance recruitment and retention of custodial grandparents?
- What forms of incentives foster sustained relationships with community agencies and practitioners to support recruitment and retention of grandparent-headed families?

Answers to these questions may not only help researchers interested in African American custodial grandparents but also support extending the science of recruitment and retention. Specific practice modalities for recruiting custodial grandparents should include planned approaches to monitoring, documenting, and recording specific activities that encourage or discourage participation (Sullivan-Marx et al., 2011).
Recruitment and retention data sources may include recruitment logs, recruitment tracking sheets, assessing community penetration rates, documented descriptions of discrete recruitment activities with a number of inquiries, and actual enrollees by recruitment activity type. Participant surveys, exit interviews, and focus groups using quantitative and qualitative methods are approaches that lend themselves to obtaining some of this information. Data from the various sources of information may confirm assumptions about participants, including what motivates them to participate or not participate in a study. Research designs should include specific objectives for recruitment and retention, with designated resources (staff and financial) budgeted and allocated to ensure these activities are supported and complement the overall research goal (Dilworth-Anderson, 2011; Yancey et al., 2006). For example, researchers may use various recruitment and retention strategies to accommodate multiple underrepresented subgroups in one study, as well as sub-group recruitment and retention analyses (e.g., African American grandfathers vs. Hispanic grandfathers). Employing recruitment and retention specialists to assist research teams in planning, engaging, implementing, and evaluating the recruitment and retention activities with diverse groups needs consideration. Universities may be instrumental in developing certificate programs to support creating a workforce of recruitment and retention specialists, who may be assigned to certain community-based agencies (e.g., aging programs, child welfare programs) to support research goals. Using such strategies may be more costly than researchers have considered in the past, but doing so could enhance the future quality of recruitment and retention protocols, and strengthen the principles of inclusion in research methodologies (Dilworth-Anderson, 2011).

Conclusion

Researchers have stressed the need to produce empirical evidence that validates recruitment and retention activities involving underrepresented older adults. However, there remains a paucity of data attesting to the efficacy of recruitment and retention strategies involving custodial grandparents in general, and African American custodial grandparents in particular.

This article describes one research study’s experience. Instituting new methods for engaging and including diverse grandparent-headed families in community research is a challenge, but work to accomplish this goal is essential as the upward trend for this family group continues. Collaborative efforts with researchers, practitioners, and universities have the potential and resources to meet the challenge.

References


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