MoveM8 Recruitment Challenges: A Case for Social Marketing

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BACKGROUND & RATIONALE

Physical inactivity is one of the leading health risk factors in Europe, approximately 600,000 deaths per year (Cavill, Kahlmeier, & Racioppi, 2006). Workplaces are a promising setting for health promotion, advocated by key government policies (Black, 2008). Physical activity promotion through e-mail and SMS in workplaces shows great potential since these tools allow mass reach at minimal costs. Building from evidence, Abraham & Graham-Rowe, 2009; Plotnikoff et al., 2005.

MoveM8 was a 12-week email and text messaging (SMS) theory-based communication intervention encouraging leisure time and job-related physical activity in employees at UK workplaces. Objective: Explore the effects of adding SMS prompts to an email-based intervention on physical activity behaviour and Theory of Planned Behaviour (TPB) core constructs (Attitudes, Subjective Norms, Perceived Behavioural Control, Intention).

METHODOLOGY. Randomised Controlled Trial (RCT) with two study groups: G1: 1 weekly personalised e-mail
G2: 1 weekly personalised e-mail + 2 standard SMS/wk

OUTCOMES. BL, 4, 8, 12 and 16 weeks from the start.

TARGET AUDIENCE. Employees 18+ yrs from 17 UK organisations.

RECRUITMENT. Two-step strategy.

PROMOTION & CHALLENGES

RECRUITMENT FEATURES
- Branded promotional materials.
- Flexible enrolment period (6 waves).

RECRUITMENT OUTCOMES
Organisations: 250+ invited, 19 enrolled.
Employees: 500+ contacted, 393 enrolled.

CHALLENGES
1. Low participation rate.
2. Decreasing survey response rates (65.1%-31.4%).

THE STUDY IN A NUTSHELL

Social marketing is an effective model for planning interventions and it has been used for improving recruitment outcomes (Harris, 2005; Nichols et al., 2004).

SOCIAL MARKETING BENCHMARK CRITERIA

Originally developed by Andreassen (2002) and updated by French and Blair-Stevens (2006).

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<tr>
<th>BENCHMARK CRITERIA</th>
<th>STRENGTHS</th>
<th>WEAKNESSES</th>
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<tr>
<td>1) Customer orientation</td>
<td>Theory-driven study (TPB); specific behavioural goals.</td>
<td>Limited understanding of the context.</td>
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<tr>
<td>2) Behaviour</td>
<td>Theory-driven study (TPB); design, content development, assessment, evaluation.</td>
<td>Partial in-depth situation analysis.</td>
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<td>3) Theory</td>
<td>Formative research with the target population (beliefs and perceived barriers to physical activity).</td>
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<td>4) Insight</td>
<td>Fair exchange not clearly communicated.</td>
<td>Small budget; limited monetary incentives.</td>
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<td>5) Exchange</td>
<td>No particular analysis of the competition, other than time.</td>
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<td>6) Competition</td>
<td>Personalisation (not tailoring).</td>
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<tr>
<td>7) Segmentation</td>
<td>Target segment=&quot;working adults&quot;. No further segmentation conducted.</td>
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<td>8) Method Mix</td>
<td>Mixed methods approach used (interviews, Delphi, survey).</td>
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DISCUSSION & CONCLUSION

Applying Social Marketing benchmark criteria to understand strengths and weakness of our design and recruitment strategies has assisted in identifying areas for improvement in the MoveM8 programme.

Despite strengths in the MoveM8 study approach, a fuller application of a social marketing framework may have aided recruitment and increased study retention. This warrants further investigation.

POSSIBLE IMPROVEMENTS

1) Customer orientation. Design and develop the intervention with workplaces perform a more thorough formative research to get better insight from the population.
2) Exchange. Use of tangible incentives to enhance and implement fair exchange.
3) Competition. Through analysis of all forms of competition (competing behaviors, barriers, other programmes, etc.).
4) Segmentation. Appropriate target segmentation at the workplace, job function or even gender levels to guarantee larger participation.

GOING FORWARD

More testing of social marketing in workplace health programs may lead not only to better outcomes, but also to higher participation. Worksite health promotion research should adopt the social marketing approach and benefit from benchmark criteria for planning and implementation of future interventions.

REFERENCES