Reaching Women with Disabilities in Alaska: Nontraditional Recruitment Strategies

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Background
Health disparities in cancer morbidity and mortality are important public health problems. The National Cancer Institute reports that lower rates of cancer screening are among the factors contributing to more advanced disease at diagnosis and higher cancer death rates. As many as one in five women in the United States are living with disabilities, and women with disabilities often lack access to health services. Access to primary care and cancer screening services may be very limited, especially among low-income women living in the community. In Alaska, the influences of climate, geography, and public transportation may intensify problems with access to breast and cervical cancer screening.

Purpose
The purpose of our project is to learn if low-income women with disabilities living in the Anchorage area have reduced access to and participation in health screening services for breast and cervical cancer. Using a community-based approach, the specific aims of the study are to:

1) Explore how socioeconomic status, ethnicity, living situation, location of health care providers, insurance status, type of disability, and severity of disability affect access to and participation in pelvic examinations and mammograms among low-income women with disabilities;

2) Assess how external factors (e.g., informational barriers, attitudi
canal barriers, and environmental barriers) affect access to and participation in cancer screening services among low-income women with disabilities;

3) Understand the personal reasons low-income women with disabili
ties report for not participating or participating in cancer screening.

This presentation specifically focuses on the challenges of recruiting this hard-to-reach population, which required non-traditional recruitment methods.

Method
Study Design
• Mixed methods approach
• Structural barriers framework (e.g., economic, social, policy, organizational)
• Creation-based purposive sampling
• Data collection via in-person interviews with an investigator-initiated survey instrument and a standardized Quality of Life assessment tool

Study Population
• Women who have a disability living independently in the community
• Ages 18 – 65 years
• Annual income < $20,000
• Able to respond to questions in English
• Reside in the Anchorage area

Recruitment
The recruitment plan involved our community partners and the University of Alaska Disability Support Services. Traditional recruitment activities included:
• Contacting agencies to distribute information in electronic and mailed newsletters, via listservs, and during staff meetings
• Attending community meetings to distribute information
• Offering a gift card as an incentive
• Encouraging study participants to inform others

Given the 12 month project period, even with active recruitment efforts, enrollment was slow and inadequate to meet our target. To address this, the research assistant used the following non-traditional recruitment strategies:
• Having flyers available to distribute during professional and personal activities in the community
• Being alert for recruitment opportunities during day-to-day activities such as running errands, shopping, and attending public meetings
• Maintaining ongoing contact with staff at the community agencies

Findings
Lessons Learned
Using traditional recruitment methods to reach women with disabilities living independently in the community yielded low, insufficient numbers of participants. Our experience suggests that no single recruitment strategy will be effective. Thus, creative, flexible recruitment efforts must be tailored to reach this hidden, hard-to-reach population in order to identify and address barriers to health screening services.

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