Breast and Cervical Cancer Screening: 
Reaching Women with Disabilities in Alaska

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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. 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, attitudinal 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 disabilities report for not participating or participating in cancer screening.

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

Methods

Study Design

- Descriptive, mixed methods approach
- Structural barriers framework (e.g., economic, social, policy, organizational)
- Criterion-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
- 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 community partners and the University of Alaska Disability Support Services. Traditional recruitment activities included:

- Contacting agencies to distribute information in electronic and mailed newsletters and at staff meetings
- Attending community meetings to distribute information
- Offering a gift card
- 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 nontraditional recruitment strategies:

- She kept flyers in her vehicle or bag for distribution opportunities during professional and personal activities
- While in the community, at discount stores, grocery stores, coffee shops or attending public functions, she unobtrusively handed a potential participant a flyer and commented that “this might be of interest”

Lessons Learned

The challenges of targeting hard-to-reach groups have been noted by other investigators. In this study, our goal was to learn about the experiences and gain insight from women who may face barriers to multiple services. As a result, this population may be hidden from traditional recruitment activities. No single recruitment method will be successful for hard-to-reach women. To improve access to prevention services, creative, flexible strategies are needed to recruit participants from this important group of women.

Findings

Traditional and Non-Traditional Approaches to Recruitment (N=40)

- Healthy Women Alaska presentations: 10
- Non-traditional: not specified: 6
- Orthopedic office: 2
- Women’s study group: 7
- Shopping malls: 4
- Discount stores: 3
- Grocery stores: 2
- Traditional: 12