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Recruiting hard-to-reach populations: lessons from a study of women living in socioeconomically disadvantaged areas of Victoria, Australia

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Women living in socioeconomically disadvantaged areas are at heightened risk for physical inactivity, an important modifiable risk factor for a number of preventable diseases.¹ To best promote physical activity, we need to understand influences on physical activity and the feasibility of physical activity promotion strategies among this target group. However, those of lower socioeconomic position (SEP) are under-represented in research studies.^{2,3} Limited literature detailing effective strategies for recruiting low SEP populations exists. This letter outlines the strategies we employed in an attempt to recruit 25 women aged 18-45 years living in socioeconomically disadvantaged urban and rural areas of Victoria, Australia, into a qualitative study involving participation in a 30-60 minute interview. We hope that this letter stimulates discussion and debate about methods for recruiting populations of low SEP. Three urban and three rural socioeconomically disadvantaged neighbourhoods were purposefully selected. During December 2009 – January 2010, recruitment brochures were delivered to households in three areas (5,288 households). Brochures described the study and encouraged eligible women to register interest via telephone, e-mail or the study website. To supplement recruitment, advertisements were placed in the 'Volunteers' section of local newspapers, a media release resulted in three local newspaper articles, and flyers/posters were distributed to local neighbourhood houses, libraries and community centres. These approaches resulted in eight women registering interest in the study, four of whom met inclusion criteria and three of whom subsequently participated.

In an attempt to address the low response rates resulting from the initial recruitment attempts, our second strategy involved amending the brochures to include a statement indicating that all participants would receive a compensatory \$20 gift voucher. After delivery to the remaining neighbourhoods (6,500 households) in February 2010, nine women registered interest, seven of whom met the inclusion criteria and six subsequently participated. A summary of the final response is detailed in the table. A further two women were recruited via snowballing techniques.

A third recruitment strategy involved targeting women living in socioeconomically disadvantaged areas who were enrolled in a larger population-based health study, the Resilience for Eating and Activity Despite Inequality (READI) study.⁴ Invitation letters and brochures with details of the compensation voucher were sent to 210 eligible women. This strategy resulted in 11 women registering interest, eight of whom met the eligibility criteria and subsequently participated; one additional participant was recruited via snowballing techniques.

Collectively, these recruitment efforts resulted in 20 study participants. Of these, two heard about the study via the letterbox drop, four via advertisements or articles in local newspapers, two via flyers/posters in neighbourhood houses, nine were recruited from an existing cohort, and three were recruited via snowballing. The reasons for the poor response are unclear, but plausible explanations include poor timing (close to the Christmas period), misdirected targeting of the brochure (e.g. to households where there were no eligible women), lack of information about compensation in the initial recruitment efforts (although including this information did not appear to increase response), lack of interest in the topic area, or unwillingness to participate in a face-to-face interview. In one neighbourhood, the manager of a neighbourhood house actively promoted the study, which was related to the participation of four women. Letterbox drops appear to be an ineffective recruitment strategy among this population group. Having a community 'champion' who has an established relationship with the population group may be an important component of studies aiming to recruit women from socioeconomically disadvantaged areas. Further work is needed to identify the most appropriate strategies for engaging women of low SEP in health research.

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Table: Response to brochures delivered to households with and without details of compensation for study participation.

Brochure type	Timing	Area	Number of households	Registered interest	Met criteria	Participated
No detail of compensation	Dec 2009	Urban	4,533	8	4	3
	Jan 2010	Rural	755	0	0	0
Detail of compensation	Feb 2010	Urban	3,492	2	1	1
	Feb 2010	Rural	3,008	7	6	5
Total	Dec 2009 – Feb 2010	Urban and rural	11,788	17	11	9

Erratum

Health Promotion Journal of Australia 2010; 21:120-6

In the article entitled 'Fear and Shame: using theatre to destigmatise mental illness in an Australian Macedonian community' by Blignault et al., an incorrect year was used. Page 124, col. 2, para 3, line 3 should read:

When asked who they would contact for help if someone they knew was showing signs of mental illness, 84% of the overall sample nominated health workers or services in 2009 compared to 60% in 2003 (see Table 5).