

# Practical and ethical challenges with recruitment of 'hard-to-reach' individuals

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## THE CHALLENGE

Adverse health behaviour such as smoking, excessive alcohol consumption and physical inactivity are most frequent among individuals without formal education. At the same time this group is underrepresented in public health programs.

Social differentiated recruitment appears to have a positive effect on this, but little is known about how to recruit and retain 'hard-to-reach' individuals to public health programs.

## THE CASE

The purpose of this study is to examine and discuss the strategies of recruitmentology that were developed and pilot tested in the intervention project "Early detection of and intervention towards chronic diseases".

The intervention examines whether a proactive invitation to health checks by the general practitioner (GP) can motivate individuals without formal education to change adverse health behaviour.

## RECRUITMENTOLOGY:

In public health there is an increasing awareness on disparities in health outcome and on how to recruit underserved groups.

Recruitmentology seeks to produce and retain participants - particularly 'hard-to-reach' individuals in public health programs.

## STRATEGIES OF RECRUITMENTOLOGY

### RECRUITMENT OF TARGET GROUP

- Baseline questionnaire to identify individuals without formal education
- A proactive invitation to an appointed health check by the GP
- Phone call reminder three days prior to health check.

### ACCEPTANCE OF RECRUITMENT METHOD

- Phone calls to non-respondents
- Interview with individuals allocated to intervention group

### RETENTION OF TARGET GROUP

- Appointed follow-up health check six months after the first health check.

### EFFECT OF RECRUITMENT METHOD

- Follow-up questionnaire to all individuals identified to target group

## CONCLUDING REMARKS



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The pilot study showed that the socially differentiated recruitment strategies developed for the intervention are successful both regarding response rate to the baseline questionnaire, and the attendance rate to the appointed health check. Furthermore, phone calls to non-respondents showed positive reactions towards the intervention, and that lack of responses were mostly due to forgetfulness and busyness.

Nonetheless, there is a risk that some individuals feel offended or stigmatized, because of the proactive action by the GP, especially if they do not feel they have a health related problem. To understand the acceptance of the recruitment method it is therefore necessary to go beyond what can be measured, and reach out and talk to the individuals concerned.

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