



Published in final edited form as:

J Multicult Couns Devel. 2016 October ; 44(4): 245–262. doi:10.1002/jmcd.12052.

Recruiting and Assessing Recent Young Adult Latina Immigrants in Health Disparities Research

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Abstract

The authors interviewed 4 researchers to identify facilitators in recruiting and assessing Latina immigrants. The 4 researchers recruited 530 recent Latina immigrants (ages 18–23 years) for a study of social and cultural determinants of health. Consensual qualitative research methods revealed that respondent-driven sampling was an effective recruitment method. Fear of deportation was a barrier. Stigma about sensitive topics (e.g., sex, drug use) did not affect participation. Findings can help counselors conduct health disparities research.

Abstract

Los autores entrevistaron a 4 investigadores para identificar facilitadores para el reclutamiento y evaluación de inmigrantes latinas. Los 4 investigadores reclutaron a 530 mujeres latinas que habían inmigrado recientemente (edades entre 18 y 23 años) para un estudio de los factores sociales y culturales determinantes de la salud. Los métodos de investigación cuantitativa consensados revelaron que el muestreo dirigido por las encuestadas fue un método efectivo de reclutamiento. El miedo a la deportación fue un obstáculo. El estigma asociado a temas delicados (p. ej., el sexo, el uso de drogas) no afectó a la participación. Los hallazgos pueden ayudar a los consejeros a realizar estudios sobre disparidades en la salud.

Keywords

Latina; immigrants; recruitment; health disparities

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Latinos accounted for 17% of the U.S. population in 2012 (A. Brown & Patten, 2014). However, the National Institutes of Health (NIH) estimated that Latinos represented only 8.4% of NIH clinical research enrollment in 2012—Latinas were further underrepresented when compared with Latino men (Department of Health and Human Services, 2013). This disparity is increasingly being discussed and studied by mental health counselors (e.g., Buki & Selem, 2012; Sue & Dhindsa, 2006; Tucker et al., 2007).

Barriers to recruitment and participation of Latinos in health research (Wendler et al., 2005) include practical matters (e.g., scheduling conflicts, lack of transportation and child care) and mistrust of scientific investigators (e.g., De La Rosa, Babino, Rosario, Martinez, & Aijaz, 2011; George, Duran, & Norris, 2014; Miranda, Azocar, Organista, Munoz, & Lieberman, 1996; Shedlin, Decena, Mangadu, & Martinez, 2011). Additional barriers, such as fear of deportation, exist for recruiting Latinos who are recent U.S. immigrants (e.g., arriving in the United States within the past 3 years or less). Several counseling researchers have provided exemplars for effectively recruiting community-based (i.e., nonstudent) samples of Latino adults in the United States in health research (e.g., Cruza-Guet, Spokane, Caskie, Brown, & Szapocznik, 2008; Estrada, Rigali-Oiler, Arciniega, Tracey, 2011; Goodyear, Newcomb, & Allison, 2000; Moradi & Risco, 2006). However, additional models and successful strategies are needed to reach hidden, hard-to-reach populations such as recent Latino immigrants.

Respondent-driven sampling is a participant recruitment strategy that has been particularly successful in recruiting hard-to-reach populations (Martinez, McClure, Eddy, Ruth, & Hyers, 2011). This recruitment method uses chain referrals to reach the target population whereby *seed* participants recruit individuals from their own social networks (Salganik & Heckathorn, 2004). Other facilitative strategies have included using culturally relevant and sensitive recruitment material; conducting interviews at a participant's home; using monetary compensation; and building rapport with participants, their families, and their community leaders—including community religious and political leaders, immigrant advocates, legal agency staff, and health/HIV service providers (Deren, Shedlin, Decena, & Mino, 2005; George et al., 2014; Martinez et al., 2011; Roosa et al., 2008; Shedlin et al., 2011). Although these methods have informed health disparities researchers of effective practices, a more comprehensive understanding of new techniques could help counselors alleviate the continued lack of representation of Latinos in counseling and health research.

Although optimal practices in participant recruitment are emerging, another challenge in health and health care studies with Latino populations is going beyond linguistic translation to ensure the validity of measures across languages (Rogler, 1999; Sue & Dhindsa, 2006). For example, an often overlooked difficulty is not only meeting the language/dialect needs of the heterogeneous Latino population and finding measures that have been validated in the general or specific Latino population(s) but also ensuring that measures reflect culture, values, and beliefs of participants from heterogeneous Latino groups (Sue & Dhindsa, 2006). Furthermore, researchers of sexual activity, HIV/AIDS, and substance use among Latinos have cited challenges in recruitment and participation because of cultural mistrust; values such as *marianismo*, a gender value that reflects both positive and negative dimensions of Latina femininity and familial hierarchy (Sanchez, Whittaker, Hamilton, &

Zayas, 2015); and stigma (Tucker et al., 2007). Researchers have attempted to overcome these challenges by suggesting or implementing noteworthy practices such as multistep translation methods, pilot-testing questionnaires with ethnically diverse Latino groups, and thorough training of interviewers in cultural sensitivity (e.g., Herman et al., 2007).

Although some progress has been achieved in understanding the barriers and facilitators to health research with Latinos, a relatively small number of studies have documented the health status and needs of recent Latino immigrants (e.g., Coffman & Norton, 2010; De La Rosa, Dillon, Sastre, & Babino, 2013; Harari, Davis, & Heisler, 2008; Shedlin et al., 2011). Moreover, despite the importance of health disparity research among recently immigrated young adult Latinas, to our knowledge, no study has examined the potentially unique practices needed for the recruitment and assessment of this population. Recent immigrants (a) may lack knowledge about services and resources, (b) may have difficulty obtaining health insurance and navigating the U.S. health care system, and (c) may experience language barriers when accessing care (Harari et al., 2008), and these barriers could contribute to higher rates of diabetes, HIV, liver disease, cancer (Vega, Rodriguez, & Gruskin, 2009), and depressive symptoms (M. J. Brown, Cohen, & Mezuk, 2014; Casillas et al., 2012; Harker, 2001). In addition, Latina immigrants report low rates of consistent medical care (Callahan & Cooper, 2005) and use of preventive health services such as mammograms, clinical breast examinations, and Pap smears (Rodriguez, Ward, & Perez-Stable, 2005), and they are more likely to be uninsured when compared with U.S.-born Latinas (25% vs. 47%, respectively; Gonzales, 2008). The lack of research may, in part, be due to the difficulty in reaching, recruiting, and assessing this population. Nevertheless, more studies are needed, and counselors are well positioned to study and contribute to this field because this scholarship matches the mission and emerging skill sets of counselors (Buki, 2007; Buki & Selem, 2012; Prilleltensky & Nelson, 2002; Tucker et al., 2007).

A way to overcome disparities in health, health care access, and outcomes among recent Latino immigrants—particularly young women—is to increase their engagement in health research. Thus, this current study had several aims. First, given the underrepresentation of Latinas (especially recent immigrants) in research and the need to address the health needs of this population, the current qualitative study aimed to (a) identify the experiences and challenges in recruiting and assessing recent Latina immigrants (ages 18–23 years) in health disparities research, (b) compare findings with existing recommendations on recruitment and assessment, and (c) introduce new potential facilitative strategies for counselors to use in future research with this hidden population. More specifically, we assessed the following: (a) Did our research team experience similar barriers to recruitment, participation, and assessment of young adult Latinas (ages 18–23 years) who recently immigrated to the United States in comparison with challenges reported in the literature concerning the general Latino immigrant population? (b) Are previously reported recommended strategies to recruit and assess the general Latino immigrant population effective for young adult Latinas who recently immigrated? and (c) What are the unique facilitators to recruitment and assessment of young adult Latinas who recently immigrated? We also aimed to inform the counseling psychology community about existing and new research methods to consider when conducting health research with recent Latina immigrants and similar populations.

Method

PARTICIPANTS

For our qualitative study, the participants were four Latina American researchers (i.e., the assessors) who recruited and assessed 530 Latinas (ages 18–23 years) for a longitudinal research study that examined social determinants of HIV among 530 recently immigrated (less than 3 years in the United States) Latinas. The four assessors immigrated to the United States from Mexico ($n = 1$), Honduras ($n = 1$), and Colombia ($n = 2$). At the time of their participation in the present study, the assessors had spent between 10 and 15 years in the United States ($M = 13.00$, $SD = 2.16$). They ranged in age from 32 to 45 years, with a mean of 37 years ($SD = 5.60$). Three assessors had bachelor's degrees; one assessor had a high school diploma.

DATA COLLECTION

An institutional review board of a large public southeastern university reviewed and approved the study. We chose a qualitative research design to identify new barriers and facilitators to recruiting and assessing young adult Latina immigrants. This methodology is often used by psychologists to study one or more cases (Creswell, Hanson, Clark Plano, & Morales, 2007)—as was the case in the current study. The first author developed an open-ended written questionnaire (see Appendix) in English and Spanish (all assessors requested the Spanish version of the questionnaire). After distributing the questionnaire, we gave the assessors 2 weeks to complete it. Questions were based on previously cited literature describing best practices for research involving U.S.-born Latinos and Latino immigrants. Participants completed the written questionnaire independently and anonymously to (a) ensure forthright and comprehensive responses and (b) safeguard against possible socially desirable responding.

RESEARCHERS

Three members of the research team identified as Latina and foreign born, three as White American and U.S. born, and one as African American and U.S. born. Although the first author drafted the English and Spanish written questionnaire questions, the second, fourth, and fifth authors edited and revised the written questionnaire until final questions were developed. The first, second, fourth, and fifth authors also analyzed the data and served as the primary research team. The third author served as an independent auditor.

DATA ANALYTIC PLAN

After questionnaires were collected from participants, the first author translated responses into English. The third author checked the translation for accuracy. This step was taken because not all research team members had sufficient Spanish language reading ability to conduct qualitative analyses. In accordance with tenets of qualitative research described by Hill, Thompson, and Williams (1997), analyses (a) emphasized description rather than explanation, (b) attempted to represent reality through the eyes of the participants (i.e., the four assessors), (c) regarded the scientific process as generating working hypotheses about recruitment and assessment issues of young adult Latinas who recently immigrated, and (d)

focused on the emergence of concepts from data rather than imposition of data onto existing knowledge. Within this framework, we adapted five specific methods from consensual qualitative research (Hill et al., 1997):

1. The primary research team independently developed domains (i.e., topic areas that are relevant to groups or clusters of information) and assigned participant responses to each domain across the four cases. Then, we worked together to develop a consensus version of domains and of raw data representing each domain.
2. The primary research team independently constructed core ideas (i.e., abstracts or brief summaries that represented the essence of each participant's response to questionnaire items) across the four cases.
3. The independently developed domains and core ideas were revised via consensus building. The primary research team met as a group and discussed coding until consensus was reached across cases. This process yielded two domains and 24 core ideas.
4. We submitted the two domains and 24 core ideas to an external auditor. The auditor examined the domains and core ideas to ensure that (a) the participant responses were in the correct domains and core ideas, (b) all participant responses were accurately represented, and (c) the wording of the domains and core ideas was concise and reflective of the participants' responses. The primary research team reconsidered and edited, if needed, any suggested changes identified by the auditor.
5. Following the audit, the primary research team determined the frequency of core ideas across cases.

Results

Analyses resulted in two domains (recruitment process and assessment process) and 24 core ideas (see Table 1). In this section, definitions of the core ideas and representative examples of the assessors' statements are presented as they were categorized by the consensual qualitative research process. Core ideas are described across domains based on how frequently they were expressed across the four assessors. In accordance with consensual qualitative research methods (Hill et al., 1997), *general* core ideas were those applicable to all cases; *typical* core ideas were applicable to three cases; and *variant* core ideas were applicable to one or two cases.

RECRUITMENT PROCESS

The recruitment process domain is composed of 12 core ideas that pertain to assessors' observations about the participant recruitment process.

GENERAL CORE IDEAS

Effective recruitment strategies and locations—All assessors communicated successful strategies and locations to recruit participants. Examples include “I was able to

obtain the participants of the study by posting the information in different food stores, for example, Cuban, Mexican and Central American cafeterias in diverse areas of Latino neighborhoods” and “The strategies utilized were hand out flyers in different places, phone calls, referrals, electronic announcements (Facebook and e-mail).”

Participant referral was the best recruitment method—All assessors described the respondent-driven sampling technique of participant referral as the most effective recruitment method. One assessor commented, “The help of the participant referrals of other participants is the most important, since they move around in the same circle.” Another assessor stated,

One of the strategies that I learned to use was to have immediate contact with the referrals they [participants] would give me, and at the end of that referral, pay them the \$20 as the incentive promised that made it so that I always had my participants interested in doing the interview.

Indecision about participating—All assessors observed participant indecisiveness and made attributions about it. Examples include “The indecisive participants were few, and their indecision was because of the time that it would take to do the survey” and “In my viewpoint, the largest indecision is the migration status.”

Stigma did not affect recruitment—All assessors mentioned that stigma (i.e., stigma concerning questions about topics such as HIV and sexually transmitted infections and alcohol and drug use) did not appear to influence recruitment efforts. The following is a representative statement: “No, the stigma of the disapproval of the society and discrimination did not affect the study recruitment.”

TYPICAL CORE IDEAS

Recruitment challenges—Three assessors mentioned limited age range and geographic location (i.e., eligibility criteria) as challenges in the recruitment efforts. For example, one assessor stated, “The age of the recruitment was very difficult, it should be up to 25 years.”

Ineffective recruitment strategies and locations—Three assessors noted ineffective methods observed during the recruitment process. Their statements include “I tried handing out the flyers but it did not work” and

The information that I gave in two health fairs didn’t help much; the people that arrived at the fairs had more time in the United States, and there are not many people that they knew that were recent arrivals to the country.

Participants interested in cash incentive method—Three of the assessors noted that participants were interested in a cash incentive at recruitment and speculated why. Examples include “It is a young population; I think that the cash is the best incentive” and

Well, I really don’t know if other types of incentives could work; what I do know is that they would not be as encouraged or maybe would not have as good of results, like when you offer them money as an incentive.

VARIANT CORE IDEAS

Recruitment strategies and locations specifically for recent immigrants to the United States—To facilitate recruitment, one assessor suggested that local people help find participants that fit eligibility criteria (i.e., residing in the United States for less than 36 months). She stated, “Also, announce the project in the church, in youth groups, [and] in English as a Second Language (ESL) schools because you find people recently arriving (Cubans).”

Improving incentives—Two assessors suggested ways to improve incentives to facilitate participation given their experiences with participants. They stated, “Free exams [health care] I think is a good alternative to offer them” and “Another incentive that can be used as motivation is a card to buy food or clothes.”

Concerns about parents/family members learning about participation—One assessor made an observation about how participants were concerned about family members learning about their responses to sensitive topics or general involvement in the study. The assessor’s stated,

The problem in some participants was that they did not want their parents to know that they were participating in a study that asked about sex, alcohol, or drugs . . . and that they did not want their parents to notice they were in the study.

She also said,

Many of these women still live in houses with their parents and prefer that they do not see that they are participating [in the study] because of the types of topics that the survey has. Many commented that their parents did not know that they were sexually active, [that they viewed this as] something cultural.

More communication needed across recruitment team—One assessor expressed a need for more communication among assessors to facilitate recruitment. She commented, “I think we should have more communication between interviewers to share experiences and make sure that we are not searching the same area for participants; I think that up until now we have all been in different areas of the county.”

Importance of familiar contact person(s)—One assessor noted the value of having the same staff member recruit, assess, and track participants. She stated, “It is important that the same person [assessor] contact the participant [during follow-up communications], they [participants] have as a reference [assessor name omitted for confidentiality] which is the first contact in many of the cases and their interviewer, that I think is important to follow-up with them.”

Assessment Process

The assessment process domain is composed of 12 core ideas that pertain to assessors’ observations about the participant assessment process.

GENERAL CORE IDEAS

Little observed differences in within-Latino dialects or cultural issues—All assessors noted how they did not perceive dialect or cultural differences when assessing young adult Latinas who recently immigrated from varying birth countries and backgrounds. For examples, one assessor stated,

I don't think that it happened to me in any occasion to have problems with the dialect, in general the survey is in a neutral Spanish, and I think that the age of the participants is young enough to understand varying terms in regards to topics of sex and drugs.

Another assessor said,

There was no difference in the ones I interviewed; I think because of the age of the participants their minds are more open in general and these are topics that in other occasions they have already talked about with friends.

Perceived trust—All assessors made statements referring to experiences of trust (or lack thereof) and provided attributions for it. For example, one assessor commented,

In some occasions the challenge was to have to talk with the partner of the participant; some of them made them negatively indisposed for the interview, with comments that there could be identify theft, explaining to them that no documents would be asked.

Another assessor stated,

The largest mistrust from the participants for me is the migration status, always even if you explain they are afraid of being reported as illegals, even more so when they know that [name of university] is a government university, . . . that is the largest mistrust.

Sensitive interview topics were not challenging—Similar to stigma-related issues, all assessors noted how sensitive items (i.e., those referring to sexual behaviors, drug/alcohol use, and mental health concerns) did not pose any problems for them or participants during the assessment process. Examples include “I did not experience anything of this; the ages of the girls are good for these types of questions because it doesn't embarrass them to talk about the topics; I think in older women it would be difficult” and “The majority of the participants were calm about this topic, some smiles and sometimes blushing; for me, these themes do not affect the participation in the study.”

Interview scheduling cited as a barrier—This core idea included statements that cited scheduling interviews as the most problematic barrier in the assessment process, as well as reasons for scheduling difficulties. One assessor commented, “I think the barrier is the time; they prefer midday when they have finally awoken but before the night so that it will not disrupt their night schedule.” Another assessor stated,

Well, during the study, I found a little bit of everything like their work schedules (the ones who were working), the care of the kids (the ones that had children) and

what I always tried to do was that it [the interview] would be at their convenience; when they didn't have transportation, I would go directly to their houses.

Importance of interview location—All assessors mentioned how the interview location was important to the assessment process. Examples include “It is important because it has to be where they feel comfortable. None of the ones I did wanted to do it at [name of university]; I think the place appeared too formal” and “Yes, I think the place is very important; I always ask them to choose a place where they can talk with ease and express what they really think of the thing that is being asked.”

Establishing rapport and normalizing responses—All assessors stated that rapport building and interviewing skills were critical to the assessment process. Examples include “The strategy that helped and I utilized was offering them trust, seriousness, easiness of words, professionalism, and to behave with confidence” and “Demonstrate to the participant that what we asked is common, is a daily topic, and that there is no reason to get worked up; make her feel that if she does it, then it is something normal.”

Length of survey—All assessors commented on how the length of the study's survey affected the assessment process—with most commenting that it was too long or repetitive. Examples include “For me the difficult part was hoping that the participant would not get tired as the same question repeated several times only changing the family member and tired the participant” and “The questionnaire was not difficult. About the questions from the questionnaire, they [participants] commented that there were too many; about the duration of the interview, they suggested that it be shorter.”

VARIANT CORE IDEAS

Inhibition/embarrassment about sensitive questions—Although general core ideas reflecting an absence of mistrust, stigma, and challenges because of sensitive topics during recruitment and assessment were noted, two assessors did make statements describing some inhibition or embarrassment among participants. The statements include “About the topic of sensitive questions, some participants . . . felt reserved and a little embarrassed” and “When the delicate themes were mentioned, the participants showed reservation while answering.”

Observations about biological testing—Two assessors made comments about the HIV and illicit drug use screening procedures. Participants received a referral to obtain the HIV test, whereas the illicit drug assay was conducted during the interview with assessor. An example statement is

Well I think that if the interviewers had the capacity to conduct the HIV test with a method like the one that is used for drugs or some other one that you can use, it would be something which would help to do the section of conducting the [HIV] exams. . . . Many of the participants did not do it [i.e., get HIV tested] because of their work schedule or the transportation.

Importance of interviewer preparation and training—Two assessors made many statements about how valuable they found their training. Examples of their statements

include the following: “The training for the interviewers was essential also because before starting to interview the investigators trained us and we dedicated ourselves to understanding the survey to be able to explain to participants in case it was necessary” and “I think that knowing how to answer all of their questions or more so know how to explain the study gave the participants the sense that the interview was professional.”

Few participants refused to be recorded—One assessor observed that participants were willing to be recorded. She stated, “Few [participants] refuse to be taped and [participants] ask if it is true that they cannot be taped.”

Need for clarification because of participants’ education and language—This core idea reflects two contradictory statements made by assessors regarding the need to clarify items during assessments. The first statement was

For me, the problem [with the clarity of assessments used in the study] is principally the levels of education of the participants; [during] many occasions, a question is repeated two or three times as they cannot understand what is being asked.

The second statement was “I had a few [participants] that did not have the same ability [to understand the vocabulary used in the assessment instruments], and there were very few with which I had to stop to explain the questions in depth.”

Discussion

This study supported the effectiveness of several recruiting and assessment strategies for use in research involving populations of young adult Latinas who are recent U.S. immigrants. Much like the literature on hard-to-reach populations, respondent-driven sampling was an effective method for study recruitment (Martinez et al., 2011). Adequate communication and rapport, monetary incentives, and a flexible interview schedule also promoted successful recruitment and assessment (Deren et al., 2005; George et al., 2014; Martinez et al., 2011; Shedlin et al., 2011). Also, assessors reported challenges with the long length of the interview and finding a private location to conduct interviews involving sensitive topics (Rolstad, Adler, & Rydén, 2011; Shedlin et al., 2011). Finally, documentation status and fear of deportation played a role in young adult Latinas’ willingness to participate in research (George et al., 2014).

A noteworthy finding was that the recruitment of this unique population did not appear to be negatively influenced by stigma. Our study suggests that young adult Latinas responded to questions regarding sensitive topics, such as sexual activity and substance use, with little hesitation. Low levels of encountered stigma, embarrassment, and resistance may be due to the age and development status of the participants and potential changes in cultural values across generations.

In accordance with traditional beliefs, Latino men are encouraged to express their sexuality, whereas Latinas are taught to repress aspects of their sexual identity outside of the context of marriage (Faulkner & Mansfield, 2002; Gil & Vazquez, 1996). However, our findings

complement past calls by health researchers for researchers and interventionists to challenge and abandon stereotypes about Latina sexuality and sexual behavior to better attend to and reduce the high risk for HIV infection among Latinas (e.g., Fernandez, 1995). Similarly, traditional gender norms of intolerance about alcohol misuse and illicit drug use are often cited as a reason for low levels of alcohol and substance use disorders among Latinas in comparison with Latino men (Canino, 1994; Cervantes, Gilbert, Salgado de Snyder, & Padilla, 1991; Zemore, 2007). Changes in these cultural norms (e.g., loss of heritage-cultural practices, values, and identifications; adoption of receiving cultural practices, values, and identifications during the acculturation process; Schwartz, Unger, Zamboanga, & Szapocznik, 2010) are thought to mediate the link between the acculturation process and increased alcohol use among Latinas (Zemore, 2007).

Although we have yet to examine how the acculturation process affects rates of substance use among the current study's recent immigrant participants, our findings suggest traditional gender norms did not substantially inhibit participants from candidly describing their alcohol and illicit drug use with assessors. Participants' candid responses may also be due to the training in (described below), and implementation of, rapport building skills by the four assessors—who all were Latinas who had immigrated to the United States. It also is possible that age played a role in their disclosures. Topics that are often assumed to be sensitive for older adult Latinas (De La Rosa, Rahill, Rojas, & Pinto, 2007) may not be considered offensive for younger women (i.e., those ages 18–23 years). This notion, however, requires future study.

An informative result was that both recruitment and assessment of the sample were affected by privacy concerns. Namely, it appears uniquely important to this population that family members, including parents, be unaware of their participation in research concerning issues of sexual behaviors and substance use, among other behaviors and attitudes. This is an important observation because young adult Latinos who have immigrated to the United States may be more likely to live with their parents during early adulthood or until marriage (Arnett, 2004). Therefore, researchers studying this population are encouraged to adjust recruitment and assessment strategies accordingly. Recruiting participants in locations where they might be alone or accompanied by friends rather than family might be important. We surmised that detailed information about sensitive topics covered in the study should be discussed in private and recruitment material might be more effective if general information is provided only. Moreover, providing flexible meeting spaces outside the home for interviewing appears to be a key consideration. It is important to note that although the recruitment of women of color and Latino immigrants has been effective at health fairs, restaurants, and community events, these strategies were not effective in recruiting foreign-born young adult Latinas (Fouad et al., 2004; Shedlin et al., 2011). It is possible that older Latinas and/or Latinos who are not recent immigrants attend these events more often. Instead, in this study, common community settings, such as cafeterias and food stores, and participant referral via respondent-driven sampling were effective.

Third, contrary to literature, differences across the Spanish language did not emerge as a challenge during interviews (Deren et al., 2005). Back-translation and careful pilot testing of interview questionnaires might have aided in removing barriers previously reported in the

literature. In addition, the extensive culturally aligned training that Spanish-speaking assessors received before the onset of the study may have played a critical role. Specifically, assessors participated in 4 days of training led by the project director, who has experience conducting longitudinal research with Latino immigrants. The 1st day covered general interviewing techniques and procedures, safety, cultural competence, and participants' issues. The 2nd day was devoted to administration of the interview protocol, and the final 2 days involved practice and observing other interviews. Each assessor then conducted one interview and observed another. Additional practice interviews and observation sessions were assigned as needed. Practice interviews were audio recorded and reviewed by the training staff to assure adequate quality. Validity checks of measures and training activities are required to facilitate the research process with underrepresented populations. We encourage programs that train mental health counselors to conduct health disparities research to emphasize the critical issues of adequate translation of instruments and unique interviewing techniques to ensure culturally competent assessment.

This study has several limitations. First, the small number of study assessors limits the findings. However, these four assessors recruited 530 young adult Latinas who had been living in the United States for less than 3 years. Thus, we believe that the experience they gathered through this intensive process is valuable in facilitating needed health research involving this and similar populations. Second, the small sample size required the research team to make adjustments to the traditional consensual qualitative research method proposed by Hill et al. (1997). Primarily, adjustments were made in the definitions of the typical and variant categories. Finally, the small sample size limited the number of core ideas that could be categorized as general or typical. Hence, variant core ideas might still be important to consider despite not being expressed by the majority of cases.

Findings from this study suggest that effective strategies exist for recruiting and assessing young adult Latinas in health disparities research. Strategies such as respondent-driven sampling can facilitate health research by allocating limited resources into effective recruitment strategies and by increasing the sample size and validity of research among this population. Future research involving young adult Latinas should plan on providing a convenient and private assessment location to address privacy concerns. In addition, topics of sexual activity, HIV/AIDS, and substance use can be openly explored with this population when assessor training and context are adequate. Understanding the barriers and facilitators to health research with this population can enhance the use of resources, improve the efficacy of future research by counselors, and help to decrease health disparities. Counselor training programs are urged to train future generations in respondent-driven sampling and other methods to facilitate research elucidating health disparities experienced by Latina immigrants and other marginalized groups.

Acknowledgments

This study was supported by the National Institute on Minority Health and Health Disparities (Award P20MD002288). The content is solely the responsibility of the authors and does not necessarily represent the official views of the National Institute on Minority Health and Health Disparities or the National Institutes of Health. We are grateful to Arnaldo Gonzalez for his editorial assistance in preparing this article.

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APPENDIX

Assessor Questionnaire

Participant ID #: _____ Age: _____ Male Female

Place of birth: _____ Nationality: _____

Years living in the United States: _____

Education level:

- Less than high school High school Some college Bachelor's degree
- Master's degree or above

1. List strategies that have worked to recruit participants for the Recent Latina Immigrant Study.
2. Describe any strategies that did not work to recruit participants.
3. Did you sense or observe mistrust of you or the study in general by participants, or the community organizations you worked with? If yes, did this mistrust affect recruitment? If so, how?
4. This question is about hesitant participants (participants hesitant to enroll in the study). Did you see any cases of this? Describe why they were hesitant or not hesitant.
5. During the informed consent process, describe participants' reactions when you mentioned the questions about drugs, STDs, and drug and HIV testing. How do you think these sensitive topics affected enrollment? Did this make people hesitate or prevent them from enrolling?
6. Do you feel like stigma or society's disapproval and discrimination toward people who are infected with HIV and who use drugs had an effect on recruitment efforts? If so, in what way?

7. Do you think monetary incentives affected recruitment? Did it cause any problems?
8. Were there any incentives—other than money—that might be helpful in recruiting this population?
9. Describe any language or dialect barriers you observed. Did you notice this when recruiting participants? Do you think this affected the likelihood of women participating?
10. Describe barriers you may have come across when scheduling interviews with participants, (e.g., scheduling conflicts, child care, transportation).
11. What do you feel is unique to this target population (Latina immigrants, ages 18–23 years) that should be taken into consideration when recruiting this population for future studies?
12. Do you think the location of the interview was important? If so, how and why?
13. How do you feel about the questionnaire? Was it clear to the study participants? If not, what do you think was the problem?
14. Did you have to clarify or explain any of the questionnaire items in detail to gain a response? If so, do you specifically recall any of the questionnaire items?
15. How appropriate was the questionnaire for Latinos of all ethnic groups (e.g., Central Americans, South Americans, Caribbean Islanders)? If not appropriate, why? Do you have any recommendations for improvements?
16. Describe any challenges you may have experienced during your interviews with participants that we have not already asked about.
17. Describe strategies that you have learned to use to recruit participants and to conduct the interviews with participants in an effective way.
18. Describe strategies or techniques that helped you establish rapport (or “get along”) with participants.
19. Describe challenges (if any) you faced when asking sensitive questions. Were any other questions challenging to ask about?
20. Describe any difficulties with staying on track during the interview (e.g., keeping participants focused). If so, what strategies helped you keep the interview focused?
21. Tell me about the length or order of the questionnaire. Was it difficult to do the interview? If so, in what ways?
22. What strategies helped you maintain a professional role and boundaries during the interview? What do you feel is unique to Latina immigrants ages 18–23 years that should be taken into consideration when conducting interviews with this population for a study?

23. Please describe anything else you would like to add regarding recruiting and assessing young Latinas for research studies.
24. As an interviewer, is there anything that would assist you in better conducting any stage of this process as it relates to recruiting and assessing Latinas for research studies of this kind?
25. Please feel free to describe any other thoughts that you think might be important for us to know that you have not already expressed.

TABLE 1

Summary of Domains, Frequencies, and Core Ideas of Responses by Assessors

Domain and Frequency	Core Ideas
Recruitment process	
General	<ul style="list-style-type: none"> Effective recruitment strategies and locations Participant referral was best recruitment method Indecision about participating Stigma did not affect recruitment
Typical	<ul style="list-style-type: none"> Recruitment challenges Ineffective recruitment strategies and locations Participants interested in cash incentive method
Variant	<ul style="list-style-type: none"> Recruitment strategies and locations specifically for recent immigrants to the United States Improving incentives Concerns about parents/family members learning about participation More communication needed across recruitment team Importance of familiar contact person(s)
Assessment process	
General	<ul style="list-style-type: none"> Little observed differences in within-Latino dialects or cultural issues Perceived trust Sensitive topics were not challenging Interview scheduling cited as a barrier Importance of interview location Establishing rapport and normalizing responses Length of survey
Variant	<ul style="list-style-type: none"> Inhibition/embarrassment about sensitive questions Observations about biological testing Importance of interviewer preparation and training Few participants refused to be recorded Need for clarification because of participants' education and language

Note. $N = 4$. General = applicable to all cases; Typical = applicable to three cases; Variant = applicable to one or two cases.