Le 1DISSEMINATION PLAN

The study team is committed to the dissemination of results to contribute to the body of evidence in this area of study. We will follow NIH Policy around dissemination.

ClinicalTrials.gov registration. The study will be registered to ClinicalTrails.gov no later than 21 calendar days after the start date of the Trial. Once a record is established, the team will confirm accuracy of record content, resolve problems and maintain records, including content updates and modifications. Required updates will be performed at least once every 12 months, or more frequently, as required. The team will also aggregate adverse event reports at the conclusion of the project as specified by the ClinicalTrials.gov regulations. Informed consent documents for the clinical trial will include a statement that specifies the posting of clinical trial information on ClinicalTrials.gov. We will submit the study results to ClinicalTrials.gov within 12 months of the study completion date (see **Timeline**). The Bloomberg School of Public Health has internal policies in place to ensure that clinical trial registration and results reporting occurs in compliance with requirements of the NIH Policy on the Dissemination of Clinical Trial Information.

Dissemination of results to community partners. The Johns Hopkins Center for American Indian Health has established protocols for sharing research findings back to communities in an appropriate manner. This includes co-developing a 1-page lay summary of results and accompanying PowerPoint with input from staff and our community advisory boards. These materials are used to share study findings with local staff, community members, at relevant community meetings, local approving bodies (tribal council, local IRB, etc.) and other interested stakeholders. We also pursue sharing of results through local newsletter, radio, and newspaper outreach as appropriate.

Dissemination of results to partners in the home visiting field but outside of partner communities. We will prepare summaries of our research findings, as well as the implementation protocols if [Intervention Curriculum] is proved effective, and distribute these materials through presentations, webinars and individual meetings, across the [Intervention] affiliate network. A summary of study findings and any affiliated papers will be placed on the [Intervention] website.

Dissemination of results to home visiting and prevention services field. Results will be presented at National conferences related to both home visiting and prevention services. We have an ongoing collaboration with the Home Visiting Applied Research Collaborative (HARC) where [Project Staff] serve as consultants and will aim to disseminate findings through their annual research meeting. Other meetings include presentations at the Society for Prevention Research and National Home Visiting summit, among others. Additional dissemination of findings will be done through past partners including webinars through the Administration for Children and Families, the Annie E. Casey Foundation, and the Tribal Early Childhood Research Center. Additional dissemination of findings will be done through peer-reviewed publications and through JHCIH's communication team and social media.