

RECRUITMENT AND RETENTION PLAN

This section describes our approach to recruitment and retention. Information about protection of human subjects and informed consent are described in the *Protection of Human Subjects* section.

Recruitment

All study recruitment procedures and consent form will be approved by the Johns Hopkins University Institutional Review Board, the [Tribe] Human Research Review Board, and with appropriate approvals from the participating communities. We will follow a similar recruitment strategy as our previous studies in these areas (see Research Strategy). Briefly, participants will be recruited through several sources including in partnership with local obstetrics and gynecology clinics, behavioral health services, and social services. The sites will also recruit through their established participant outreach and recruitment channels for their [Intervention Curriculum] program. Referrals will come directly from partner organizations, and we will develop recruitment flyers that can be posted/handed out in these clinics, as well as in the community and through social media. We will also pursue direct Electronic Medical Record access as stipulated in the Memorandum of Understanding between Johns Hopkins Center for Indigenous Health and Indian Health Services. These strategies have been proven successful through previous studies. Potential recruitment strategies for each site are included in Table 1.

Table 1. Recruitment sources by sites

[Site]	[Tribe] & AIHFS
<ul style="list-style-type: none"> • OBGYN • Pediatrics Department • Direct outreach in Community • Other service agencies • EHR access through Indian Health Service-JHU MOU 	<ul style="list-style-type: none"> • Existing [Intervention] program • Partner service agencies

We are confident we will be able to enroll a total of $N = \text{XXXX}$ caregivers across the three sites over the 36 months of planned enrollment. This would result in enrolling approximately XX caregivers per month, XX per quarter on average, which is feasible given our previous studies at these sites, the current volume of clients the sites serve, and with consideration for how many potential participants will meet eligibility criteria.

Study Timeline and Milestones																
Grant Year	Year 1				Year 2				Year 3				Year 4			
Quarter (Q)	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
Aim 1 Study enrollment																
Milestone 7: Recruitment & enrollment begin																
Milestone 9: Enroll XX participants per quarter (rolling basis)					XX	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX

Retention

Our team has experience with several retention strategies that have been employed in previous studies with good success (retention in [Intervention Curriculum] trial over 3 years was 83%; [Control Curriculum] trial was >90% over 12 months). These include strategies such as a) weekly meetings to conduct participant case management with the research team; b) employment of staff from the local communities who have familiarity with communities and outreach; and c) supportive contact such as birthday cards and thank you cards. Additional retention strategies will be developed as needed at the site-level and in consultation with our Community Advisory Boards.