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| Abstract ID | Category | IRB Approved or Exempt? |
| Title | Navigating Recruitment Successes and Retention Challenges: Insights from the SHARE Program | |
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| Abstract | | |

Background: The SHARE Program is a National Institute on Alcoholism and Alcohol Abuse (NIAAA) funded program, that consists of three projects and three cores, with the overarching focus of self-management and alcohol use in emerging adults (18-29) with HIV in Florida. Of the three cores, the Community Engagement Core (CEC), is tasked with engagement, recruitment, and retention of study participants. Across all three projects, two of which have recently completed recruitment, the aim of the CEC is to enroll a total of 485 individuals who fit the common eligibility criteria. The purpose of the proposed presentation is to 1) highlight the successful recruitment strategies of the two projects that have completed recruitment, and 2) explore the CEC's plan for addressing retention challenges in preparation for the third and final study's recruitment period.

Methods: The CEC continues to utilize complementary approaches toward recruiting a challenging-to-reach population, including clinic and non-clinic outreach efforts. Clinic and community efforts involve both formal and informal engagement with clinic partner sites, engaging with existing community partners, and attending community events. Additionally, the CEC has utilized a variety of digitally networked strategies, including a partnership with BuildClinical, a company that specializes in research participant recruitment. The CEC also uses community-driven approaches toward retention of study participants. These approaches include having dedicated community specialists who maintain consistent engagement with enrolled participants via various methods (phone calls, texts, and emails), utilizing our Youth Advisory Council (YAC) toward tailoring of materials and language to match the needs of the population, and special messaging for holidays, birthdays, and special events.

Results: The recruitment strategies used during the first phase of the SHARE program resulted in a total of 266 enrolled (i.e., consented) participants. Within our sample, 81% (n=216) were recruited via non-clinic means, primarily through our partnership with BuildClinical, with the remaining 19% (n=50) being recruited from our clinic partner sites . Of the 266 enrolled participants, 171 started study activities and 136 made it past the contact information/demographic forms and began completing study measures. Of the 171 enrolled participants, 41% (n=70) were considered lost to follow up at various stages, which puts our approximate retention rate at 59% (n=101).

Conclusion: While we were able to address the challenges of engaging emerging adults with HIV in Florida and improving recruitment numbers, retention remains a challenge. These retention challenges are also reflected differently across the two studies that have completed recruitment, which may speak to the types of activities participants are willing to engage in and for how long. Retention data remains somewhat limited, as follow-ups are ongoing at this stage. Additionally, we are limited in our understanding of who is not retained in the study and why, therefore necessary adjustments to our approach for the next phase of the program may be difficult to ascertain at this time.

Submitter Questions, if any.