

Racial/Ethnic Group	Study Characteristic			Recruitment Outcome			Involvement of Stakeholders*		Accomodations			Barriers and Facilitators			Demographic of Respondent**						
	Purpose of study	Recruitment setting	Age range (years)	Recruitment completion	Completed on time	Change in recruitment target?	Stakeholder involvement	Capacity of involvement	Official language	Translation of materials	Literacy level	Recruitment outside 9-5pm on weekdays	Barriers to recruitment/participation of minority groups encountered in the past	Facilitators of minority groups you have encountered	What discourages researchers to recruit minority participants broadly	Race/Ethnicity	Age/Gender	Academic Rank	Setting of practice	Completion of survey	
Hispanic/Latino (n=5)	National (80%)/National and International (20%) Clinical intervention (60%) Collection of specimens (100%) Genetic and genomic testing (100%) Specimens for biobank (80%)	Majority of recruitment (>65%) in urban areas Academic hospital (80%) Community hospital (60%) Federally qualified health center (60%) Non-clinical community (40%)	0-18 (40%) 19-64 (40%) >65 (20%)	100%	60%	40%	80%	Study design (60% community-based, 20% public health entities) Recruitment, retention and/or dissemination (40% patients, 60% community-based) Result interpretation (20% Community-based)	Spanish (100%)	Spanish (100%)	5th grade (40%) 8th grande (60%)	80%	Distrust (40%) Lack of time/competing demands (80%) Religious/cultural issues (40%) Don't see personal benefit (80%) Transportation (20%) Staffing issues (40%) Recruitment site restrictions (40%) Inadequate stipends/funding for recruitment (20%) Marketing of study (20%) Lack of understanding/education/language barriers (40%)	Recruitment times outside 9-5pm (80%) Special accomodation of participants (60%) Quality of recruiters (100%) Involvement of community-based agencies (60%) Stipends (20%) Marketing of study (20%)	Flexibility of recruitment hours (80%) Higher resources to engage/outreach (80%) Difficult to follow-up/withdrawal (60%)	White (6%) Hispanic (2%) Multi-race (2%) >65 (0%)	18-55 (2%) 34-55 (4%) 46-65 (2%) 56-65 (2%) >65 (0%)	Professor (8%) Associate (2%)	Academic (10%) Associate (20%)	100%	60% Female
Black/AA (n=7)	National (85.7%)/National and International (14.3%) Clinical intervention (14.3%) Collection of specimens (85.7%) Genetic and genomic testing (85.7%) Specimens for biobank (85.7%) Focus group/qualitative study (14.3%)	Majority of recruitment (>65%) in urban areas Academic hospital (28.6%) Community hospital (28.6%) Federally qualified health center (28.6%) Non-clinical community (43%) Registry (14.3%)	0-18 (28.6%) 19-64 (71.4%)	71.4%	71.4%	14.3%	85.7%	Study design (14.3% patients, 43% community-based, 28.6% public health entities) Recruitment, retention and/or dissemination (43% patients, 86% community-based, 28.6% public health entities) Result interpretation (14.3% patients, 43% Community-based)	Spanish (14.3%) Xhosa, Shangaan, Afrikaans (14.3%)	Spanish (14.3%)	None (42.3%) 5th grade (28.6%) 8th grande (28.6%)	100%	Distrust (43%) Lack of time/competing demands (85.7%) Religious/cultural issues (14.3%) Don't see personal benefit (28.6%) Transportation (28.6%) Staffing issues (43%) Recruitment site restrictions (57.1%) Inadequate stipends/funding for recruitment (57.1%) Marketing of study (43%)	Recruitment times outside 9-5pm (100%) Special accomodation of participants (57.1%) Quality of recruiters (71.5%) Involvement of community-based agencies (100%) Stipends (71.5%) Marketing of study (43%)	Fear of distrust (28.6%) Flexibility of recruitment of hours (28.6%) Higher resources to engage/outreach (28.6%) Difficult to follow-up/withdrawal (28.6%)	White (1.4%) Asian/SA (28.6%) Black/AA (43%) >65 (0%)	18-55 (0%) 34-55 (28.5%) 46-65 (28.5%) 56-65 (4.3%) >65 (0%)	Professor (1.4%) Associate (14.3%) Assistant (1.4%) Staff researcher (1.4%) Non-profit (1.4%)	Academic (57%) Government (33%)	86%	85% Female (14.3%)
Asian/South Asian (n=3)	Clinical intervention (100%) Collection of specimens (100%) Genetic and genomic testing (100%)	International (100%) Majority of recruitment (>90%) rural Community hospital (100%) Non-clinical community (100%)	0-18 (50%) 19-64 (50%)	100.0%	100.0%	0.0%	100.0%	Study design (100% community-based, 100% public health entities) Recruitment, retention and/or dissemination (100% patients, 100% community-based) Result interpretation (100% public health entities)	Khmer (100%)	Khmer (100%)	None (100%)	100%	Distrust (33.3%) Lack of time/competing demands (100%) Special accomodation of participants (100%) Don't see personal benefit (66.6%) Quality of recruiters (33.3%) Transportation (66.6%) Staffing issues (33.3%) Recruitment site restrictions (33.3%) Inadequate stipends/funding for recruitment (100%) Marketing of study (43%)	Recruitment times outside 9-5pm (100%) Special accomodation of participants (100%) Quality of recruiters (33.3%) Involvement of community-based agencies (66.6%) Stipends (71.5%) Marketing of study (43%)	Flexibility of recruitment of hours (33.3%) Higher resources to engage/outreach (10%) Difficult to follow-up/withdrawal (66.6%)	White (6.6%) Asian/SA (33.3%) >65 (0%)	18-55 (0%) 34-55 (0%) 46-65 (10%) 56-65 (0%) >65 (0%)	Associate (6.6%) Other (33.3%)	Academic (6.6%) Government (33%)	100%	0% Female
White (n=35)	National (88.5%)/National and International (11.5%) Clinical intervention (43%) Collection of specimens (100%) Genetic and genomic testing (94.2%) Specimens for biobank (43%) Genotypic/phenotypic correlation (2.9%)	Urban recruitment (49%) Academic hospital (65.7%) Community hospital (40%) Federally qualified health center (5.7%) Non-clinical community (25.7%) Registry (5.7%)	0-18 (50%) 19-64 (50%)	94.2%	80.0%	31.3%	60.0%	Study design (31% patients, 40% community-based, 6% public health entities) Recruitment, retention and/or dissemination (28.5% patients, 40% community-based,) Result interpretation (5.7% patients, 8.6% community-based,)	Spanish (32%) Chinese (5.7%) Russian/Italian (2.8%)	Spanish (32%) Chinese (23.5%) 8th grande (61.7%)	None (14.7%) 5th grade (23.5%) 8th grande (61.7%)	43%	Distrust (71.4%) Lack of time/competing demands (85.7%) Religious/cultural issues (5.7%) Don't see personal benefit (14.2%) Quality of recruiters (51.4%) Transportation (25.7%) Staffing issues (54.2%) Recruitment site restrictions (17.1%) Inadequate stipends/funding for recruitment (25.7%) Marketing of study (14.2%) Lack of understanding/education/language barriers (34.2%)	Recruitment times outside 9-5pm (43%) Special accomodation of participants (42.8%) Flexibility of recruitment of hours (20%) Higher resources to engage/outreach (68.6%) Difficult to follow-up/withdrawal (25.7%) Marketing of study (14.2%) Difficulty Analyzing results (5.7%)	Fear of distrust (11.4%) Flexibility of recruitment of hours (20%) Higher resources to engage/outreach (68.6%) Difficult to follow-up/withdrawal (25.7%)	White (7.4%) Hispanic (6.5%) Asian/SA (2.9%) Multi-race (3.2%) >65 (17.2%)	18-55 (3%) 34-55 (6%) 46-65 (7.5%) 56-65 (4.8%) >65 (17.2%)	Professor (7.3%) Associate (10%) Assistant (1%) Staff researcher (1%) >65 (7%)	Academic (8.2%) Government (7.1%) Community (5%)	80%	36% Female

Supplemental table: Recruitment by ethnic and racial group. This table presents aggregate data for visualization purposes, including only studies that recruited more than 50% of a specific population. For Hispanic/Latino recruitment, two studies set targets of 100%, one set a target of 90%, another 75% and one 61%. One study reported recruitment in Puerto Rico/Guam. For Black/African American (AA) recruitment, six studies set targets of 100%, and one set a target of 55%. Recruitment outside the United States was reported in Sub-Saharan Africa (South Africa), and one study reported using Spanish as an official language without translating materials. For Asian recruitment, all studies set targets of 100%, with recruitment conducted in Cambodia. While all three investigators likely participated in the same research project, data are presented independently to reflect the study's focus on researchers' perceptions.

* Stakeholders: only patients, community-based agencies, advocates and public health entities are considered in this group for the purpose of this table.

** Only six out of seven researchers in the Black/AA study group provided information about race/ethnicity