Section 1: Planning

> "*Strategic planning is worthless – unless there is first a **strategic vision**.*"
> -John Naisbitt

Planning is the most important first step in developing an Engagement Group. Your planning should begin by exploring *why* you want to do this. What do you hope to change or improve by including input from Veterans and/or Veteran Stakeholders in the development, implementation, and dissemination of your research? Once you can answer this important question, your planning efforts should be organized to support these goals.

In this section we draw on the experience of VA research leaders who have created Engagement Groups – composed of Veterans and other stakeholders, such as care partners and VA providers – to provide consultation to VA Research Centers and individual research studies. We provide guidance on a common planning approach and concrete steps that accompany this approach. At the conclusion of this *PLANNING* phase, you should have an understanding of why you are engaging Veterans in research and how you will do it.

CASE STUDIES of Each Model (See Section 6.1: Case Studies)

CHOIR's Stakeholder Council	**CHOIR's Veteran Consultant Network**
MIRECC's Veteran Engagement Group	**IQuESt's Veteran Engagement Committee**

Key Planning Steps in this Section:

Form a Veteran Engagement Steering Committee	Explore Purpose of Veteran Engagement	Select Engagement Model	Create Work Plan to Develop Model	Important Regulatory Considerations

1.1   Step 1: Form a Veteran Engagement Steering Committee

If you are developing an Engagement Group to support multiple researchers or a Research Center (hereafter referred to as Center), you will want to develop the approach collaboratively with others. Many Engagement Groups were developed and launched by a steering committee. Forming a steering committee has many benefits, including reducing the development workload on any one individual, increasing the range of ideas that inform decisions about organization and structure, and generating enthusiasm and buy-in across an organization. There are also some challenges, which include negotiating different ideas and opinions, bringing a larger number of people to consensus on key decisions, and scheduling meeting times that work for members. These challenges can be reduced with planning and leadership.

1.1.1   Steering Committee Members

Champion(s): Developing opportunities to engage Veterans in research takes time, organization, and commitment on multiple levels. Having one or two champions to lead the initiative will facilitate the planning process and help get your engagement efforts launched.

Many successful sites across VA have a co-leadership model. These could include:
- Faculty/Investigator + Program Manager
- Faculty/Investigator + Program Assistant
- Program Manager + Program Assistant

Important characteristics of the Veteran Engagement champions is that they are *passionate* about the initiative, have excellent *listening and facilitation skills*, and can *communicate* with individuals across all levels of the organization.

Having protected time to dedicate to the planning process is recommended. There is variation across VA Research Centers regarding how much time is supported. Some sites provide up to .40 FTE for a Program Manager or Assistant and .05 to .10 FTE for a Faculty/Investigator. Others provide no protected time and staff develop and implement engagement activities as a collateral duty. By and large, Veteran Engagement champions report that some protected time is important to ensure that engagement efforts gain traction and eventually launch.

CASE STUDY:

Forming a VE Steering Committee: Center for Healthcare Organization and Implementation Research (CHOIR)

In 2015, two champions, a Senior Investigator and Project Manager, began a one-year planning process for Veteran Engagement (VE).

The champions worked with CHOIR leadership to identify major goals for Veteran Engagement. One goal was to create a Stakeholder Council to provide input on CHOIR's strategic mission. The second was to create a network of Veterans who could join research teams.

They put out an open call to staff across its two campuses (Bedford and Boston) to join the Veteran Engagement in Research Group (VERG). The open call brought about 20 people together to discuss the initiative and brainstorm subcommittees that were needed to help launch the effort. These included:

a) Stakeholder Council
b) Veteran Consultant Network
c) Guidelines for Working with Veteran Stakeholders
d) Education, Communication & Training
e) Leadership

The Stakeholder Council and Veteran Consultant Network subcommittees were responsible for developing a charter that had a mission statement, description of individuals involved, major roles and responsibilities, and compensation guidelines. The other subcommittees focused on developing recommendations for VE and creating supporting products or processes.

A volunteer was selected to lead each subcommittee. Each met regularly to carry out their respective tasks. The full VERG committee met monthly to discuss their recommendations, products, and processes and get feedback. Most decisions were made through consensus, excluding those with budgetary or policy implications that required approval from the CHOIR's leadership team.

Steering Committee Members: A second important decision to make early on in this phase is whom you want on the Steering Committee. We found a range of successful practices with committee membership. These include:

- *"Open Call"* Send a general announcement out to all Center staff about joining an initiative to include Veterans in research conducted at the Center. Hold an initial informational meeting that provides staff with a chance to learn more about the idea. Invite those who remain interested to join the Steering Committee.

- *"Strategic Selection"* Initiative champions and/or Center leaders select individuals to be on the initial Steering Committee to assure that specific viewpoints are represented in the planning process, to create a more nimble workgroup, and/or to be more selective with staff resources.

1.1.2 Steering Committee Size

A third consideration is the size of your Steering Committee. This may depend on the size of your Center (i.e., how many staff could participate), the baseline level of interest in Veteran Engagement, or your timeline. There are benefits and challenges with steering committees of all sizes. Smaller Steering Committees may be able to make decisions quicker, but there are fewer people to share the development and oversight workload. On the other hand, larger work groups have more ideas and more "hands on deck" to do the planning and development work but can get bogged down in decision-making, and inclusive meeting scheduling.

1.1.3 Organization of Meetings

Attention to meeting logistics ensures a smooth process and increased participation, and should include:

- *Scheduling to maximize participation* A recommended practice is to set up standing meetings with the Steering Committee to generate and maintain momentum. Finding a time when everyone who is interested can make it will be challenging. Many sites use a "Doodle Poll" or similar application to identify times. Once the time is identified, send out a calendar invite to assure that it is on everyone's calendars.

- *A Clear, Useful Agenda* The organization of each Steering Committee will depend on how you intend to approach the development work. This may depend on the size of your Steering Committee and the model of engagement you select (**see Section 1.3**, below). Assuming most development work will happen outside of Steering Committee meetings, the meetings are a good forum for providing updates on the progress towards

development goals, review recommendations that are being formulated, and obtain guidance on challenges that come up during the process of strategic planning. Have an agenda for each meeting, which the lead or co-lead circulate in advance.

- *Facilitator & Recorder* Other recommended practices include having a facilitator that is responsible for guiding the committee through the agenda and a note-taker that can record a summary of the conversation and document key decisions made.

1.2   Purpose for Veteran Engagement

One of the first conversations you will want to have with your Steering Committee, Executive Leadership Team, or other interested individuals is about the purpose of your Veteran Engagement activities. You will want to explore why you want to engage Veterans in research studies and assess the range of perspectives. The following discussion points and questions may guide these discussions:

- What kind of input do you want from Veterans? This may range from strategic direction to the Center to input on individual research projects.
- How frequently should the Veterans and Researchers meet to achieve the type of input desired?
- Are you/your Center flexible in the level of Veteran engagement?

There are a couple of resources that may help during this phase. First there are example mission statements and charters included in the resources section of this Toolkit that may help you gain an initial understanding of how VA researchers and Research Centers are currently engaging with Veterans. You may also want to review the **Levels of Engagement table,** in the introduction to this Toolkit, to determine which level of engagement is right for you.

> ***TIP***
>
> Veteran Consultation on individual research studies: Many Centers have created opportunities for Veterans to provide input on individual research studies. An important question to ask up front is what stage of a research project you want Veterans engaged in. For example:
> - Do you want them engaged in all stages of the project, from study conception to the end of study and dissemination of results?
> - Will they review studies under development to give feedback and on proposed aims, measures, and methods?
> - Will they review projects that are already funded to provide input on clarity of consents, surveys, and educational materials?
> - Will they be involved in disseminating information about the study, providing input on content and/or presenting findings?

1.2.3 Mission Statement

As you begin to make decisions about purpose and goals, draft a Mission Statement that encompasses the types of input and levels of engagement determined by the Steering Committee (or other planning body). The draft Mission Statement will serve as an anchor to guide the next steps and initial formation of the Veteran Engagement group. It can be used in regulatory documents such as MOUs that may be required before the group is formally implemented, in Veteran recruitment materials to attract potential Veteran members, and to educate and create buy-in amongst researchers in your Center. Note that once your Center has established a Veteran Engagement group, the draft Mission Statement should be revisited by the Veterans to ensure it represents their voice and is modified if necessary.

Sample Mission Statements

Several VA Research Centers have provided permission to share their Mission Statements in this Toolkit for others to review and adapt as appropriate.

- Philadelphia CHERP VCAB – Mission Statement and Bylaws
- Upstate New York COE-COI – Mission Statement and Bylaws
- Denver COIN MIRECC VREB – Mission Statement and Bylaws
- Durham COIN VetREP – Mission Statement and Charter
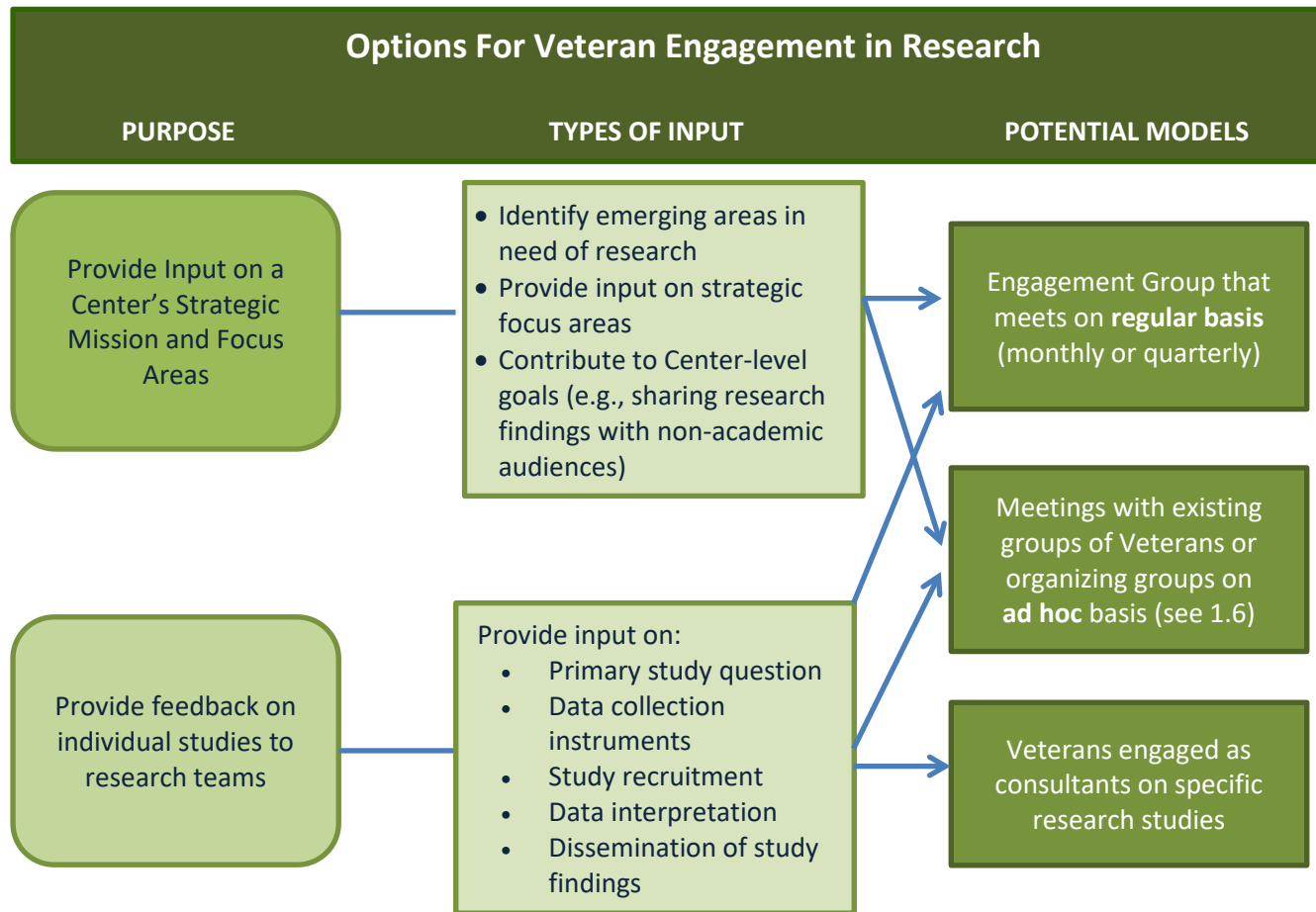- Boston/Bedford CHOIR – Mission Statement and Charter

CASE STUDY: An Engagement Group without a Mission Statement

The CIVIC Veteran Engagement Group (VEG) in Portland, Oregon, decided early on that it did not want to invest time in this process initially, despite the Center's expectation that we would develop a Mission Statement collaboratively with the group. The VEG logic was that they wanted to jump into hearing about research and would revisit the task of developing a Mission Statement when they had a better idea of what was needed. As one Veteran summed it up, "We are all here as volunteers so you ask us to do something and, if we are willing and able, we will." The VEG decided its early mission was to make strengthen research by offering Veteran perspectives as needed. The CIVIC VEG operated for the first two-years in this manner and in the group's third year began to document a Mission Statement.

1.3   Review and Select the Right Veteran Engagement in Research Model

Having a draft Mission Statement will help you identify an **engagement model** that is best suited for your purpose. In 2016, the SERVE team conducted an environmental scan to identify the range of engagement models that are in place across VA. We identified three different organizational models with different purposes and types of input. A high-level overview of each of these models is provided below. Further information is in **Section 1.6**. In the resources section there are **case studies** that provide examples of what these different models look like in practice at a VA Research Center.

Options For Veteran Engagement in Research

PURPOSE	TYPES OF INPUT	POTENTIAL MODELS

Provide Input on a Center's Strategic Mission and Focus Areas

- Identify emerging areas in need of research
- Provide input on strategic focus areas
- Contribute to Center-level goals (e.g., sharing research findings with non-academic audiences)

Engagement Group that meets on regular basis (monthly or quarterly)

Provide feedback on individual studies to research teams

Provide input on:
- Primary study question
- Data collection instruments
- Study recruitment
- Data interpretation
- Dissemination of study findings

Meetings with existing groups of Veterans or organizing groups on ad hoc basis (see 1.6)

Veterans engaged as consultants on specific research studies

1.3.1 Working with Established Groups

Among the models offered for Veteran Engagement in research (see 1.3 above) are options to work with established groups at your facility in an ad hoc or ongoing way. The following are Engagement Groups organized outside of research that you may find locally: Community Veteran Engagement Boards (formerly MyVA groups); Veterans Mental Health Councils; and Patient and Family Advisory Councils (PFAC).

Special thank you to the HSR&D Veteran Engagement Workgroup's Center-level Subgroup and Kelly H. Burkitt, PhD, Center for Health Equity Research and Promotion, Pittsburgh, PA for contributing this information.

Community Veteran Engagement Boards (formerly MyVA Community Boards)

Overview: These boards were formerly known as the MyVA Community Boards, which were part of the VA Navigation, Advocacy, and Community Engagement (NACE). These groups are now affiliated with the Veterans Experience Office (VEO). VEO's objective is to implement solutions based on Veteran-centered designs and industry best practices, while aligning VA services with the Secretary's top 5 priorities. One method by which VEO achieves this goal is through community engagement to support Veterans through coordination and integration of local VA and non-VA services. As such, they developed the Community Veterans Engagement Board (CVEB) model. This model has emerged along two paths within communities across the country:

- identifying an already existing board in the community and educating them regarding the CVEB model, or
- providing a supportive framework for community leaders to coordinate locally with VA leaders to develop new community Veteran engagement boards.

VEO has compiled a list of over 250 of these *boards* that are listed by city and state, available **here**. They also developed a *toolkit* with multiple resources for CVEBs, available **here**.

Contacts: There is a CVEB Veterans Experience Office Point of Contact for each state, available **here.**

Useful Information: In general, these groups are heavily Veteran-driven and are not usually linked to VA medical centers. They exist to support Veterans and are not designed to make policy recommendations. These boards serve as an opportunity for community stakeholders to discuss Veteran issues, develop collaborative relationships with VA, and identify opportunities to improve local Veteran experiences. Each board operates independently. Directors from Veterans Health Administration (VHA), Veterans Benefits Administration (VBA), and National Cemetery

Administration (NCA) serve on the Board. The Board and Co-chairs set the agenda for the meetings and the VEO provides highlights of national/local issues to generate ideas for the board to consider in their area.

Veterans Mental Health Councils

Overview: The purpose of the Veterans Mental Health Council (VMHC) is to provide input regarding local mental health structures and operations and to share information with Veterans, family members, and community representatives about local VA mental health programs and initiatives. Local VMHCs may also include representatives from community mental health agencies (National Alliance on Mental Illness, Depression and Bipolar Support Alliance, and Veteran Service Organizations), and there is usually a mental health staff member designed to serve as a liaison to the council. A Veterans Mental Health Council Guide from 2009 provides an overview of the VMHC, training required, and specific steps to create a council, available **here**.

Contacts: The VMHC was initiated out of the Psychosocial Rehabilitation and Recovery Services, Office of Mental Health, VA Central Office. The VMHCs appear to be facility-specific, although they may be affiliated with local MIRECCs. To identify whether or not a medical center has a Mental Health Community Council, we recommend checking with their local MIRECC, behavioral health, patient experience office, or Director's office.

Useful information: In general, these councils are established and run by Veterans to share information and give advice about local mental health services. The VA is not involved in the management, control, or selection of members. VA staff may help with recruitment, but the emphasis is on the Veterans starting their own council. Any Veteran who wants to serve may serve unless they violate the Councils bylaws.

Patient and Family Advisory Council (PFAC)

Overview: The Patient and Family Advisory Council (PFAC) was initially established by the Office of Patient Centered Care and Cultural Transformation (OPCC&CT). OPCC&CT developed a *Veteran Advisors and Advisory Councils* **guide** that encourages inclusion of the "Voice of the Veteran" in the operations of the medical facility. The Palo Alto-based office established a two-day Patient Family Advisor Council Workshop for VAMCs from around the country to facilitate establishment of PFACs at other VAMCs. During this workshop they train new sites on selection of members, training and development, and how to get leadership support. They also encourage trainees to sit-in on a council meeting to see it in action. 12 sites that had "success moving their respective PFACs forward" were identified through initial information gathering.

Useful Information: PFACs typically focus on any issue brought to them by a department within the medical center or that members may observe during 'walkabouts' at the facility. The Palo Alto VA had a need for including research in their PFAC and created a subgroup from the original 16 board members. They chose to create a subgroup to make sure they were working with the "passions and motivations: of the Veteran volunteer board members and to ensure that research did not take time away from other important foci."

1.4   Create a Plan for Development

Once you have identified the purpose of your Veteran Engagement initiative and identified a model(s) that will help you achieve this purpose, your next step is to develop a plan of action. This plan of action will vary from one model to another. Some common action items during this initial phase of development include:

- Identify *method of engagement* such as virtual, in-person, or hybrid (see **Method of Engagement table**)
- Refine or create a *vision and mission statement* for your initiative and a *charter* that outlines purpose, roles and responsibilities, compensation, and resource requirements
- Develop a *communication strategy* to make others in the Center aware of the opportunity to engage Veterans in the research process
- Develop *strategies to recruit* Veterans for participation in your Veteran Engagement initiative, including who, how, and when to recruit
- Identify and develop *trainings* for Veterans and research teams to prepare them for collaborative work
- Develop recommendations for how to engage Veterans and mechanism to *compensate* Veterans for their time
- Identify *barriers and solutions* for Veteran Engagement such as access to technology, travel, support Veterans with hearing or sight limitations, dyslexia, transportation challenges, etc.
- Develop *evaluation plan* to enable on-going learning and quality improvement

There may be other action items depending on your particular model and needs. One recommendation is to start small and get a few foundational action items accomplished and then move on to others. Establishing a timeline with clear expectations for each action is important to gaining and maintaining momentum.

1.4.1 Development Approaches

As you are thinking about *what* needs to get accomplished, you also want to think about *how* to accomplish these actions. There are several ways to use your steering committees to develop your plan of action. Some options include:

Approach 1: Subcommittees

Create subcommittees that align with the scope of work you outlined. Identify a lead for each subcommittee to ensure the group meets regularly. Responsibilities include gathering information, drafting documents and protocols, and putting together recommendations. These recommendations then get brought to the larger Steering Committee for review and discussion.

Approach 2: Full Steering Committee

The Steering Committee could also work together on all action items. This requires setting action item priorities and working through them one at a time. Work is assigned between meetings and updates or draft products are sent to the leads in advance of the meeting. Ideally updates and draft products are sent to Steering Committee members in advance of meetings, so everyone has a chance to review.

> **TIPS:**
> **Developing Your Veteran Engagement Initiative**
>
> - *Brainstorm* activities that are needed to develop your Veteran Engagement model
> - *Prioritize* the activities
> - Establish a *timeline* for the development process and set specific benchmarks for each activity
> - *Select a strategy* for accomplishing the development phase that is appropriate for your infrastructure
> - Hold **regular** *Steering Committee* meetings with expectations of reporting out on progress
> - *Record major decisions* made by the Steering Committee as well as any barriers or challenges that are impeding progress towards goals

Approach 3: Individual

Another approach is to have one individual be responsible for developing items on the action plan. This individual likely has protected time to do the development work. She/he is provided a timeline for accomplishing his/her action items and reports out on his/her efforts during Steering Committee meetings.

1.5   What Does Success Mean for Your Center?

In the **Section 5** of this Toolkit we provide a more detailed overview of approaches to evaluating your Veteran Engagement initiative. In this Planning Section we want to highlight the value of having a "big picture" conversation with your Steering Committee and Center Leadership about what a successful Veteran Engagement initiative means for your group. This conversation is closely tied to the **Purpose** of your Veteran Engagement initiative.

Below are example questions that you can use to facilitate conversation about your Center's vision of success for Veteran Engagement:

- How will you know that our Veteran Engagement initiative has been successful? What would be the signs of success for you?
- Imagine our Center three years from now. We have our Veteran Engagement initiative in full operation. What differences or changes do you think we will see in our research? In our staff? Among the Veterans that we are working with?
- I'd like to go around the room and ask everyone to identify one positive improvement you would like to see once we have our Veteran Engagement initiative launched?
- We are launching an effort to engage Veterans in our research. What impact would you like to see this effort have on the research we conduct in the next year? In the next three years? In the next five years?

Having these conversations at the beginning of your planning process can help clarify your vision for Veteran Engagement and what you hope to accomplish.

Important Regulatory Considerations

1.6   Regulations that impact what and how Veterans can be engaged

Below we address *FACA*, *IRB*, and *compensation*. These topics commonly generate a lot of questions. Many of us have direct experience working through these and other regulatory issues that impact Veteran Engagement at a Center level. We leveraged the wisdom of our group and the larger HSR&D Veteran Engagement Workgroup's Subgroup on Regulations to provide an overview of issues to consider. Given that there may be some local variability in how regulations are interpreted, you may also want to consult with additional individuals to inform the scope and practices of your Veteran engagement activities or Engagement Group:

- Facility AO or ACOS for Research
- Facility Director – While this is at minimum a courtesy, multiple locations found that having an MOU that provides written support for your Engagement Group is helpful, especially if leadership changes.
- Local IRB or R&D Committee to determine if they consider your VEG or VEG activities human subjects research (**see Section 1.7**)
- Privacy and Security Officer if recommended by your local IRB or R&D Committee
- Point of Contact for other Veteran and family groups already established in your area (see 1.6). This step helps avoid confusion if there are multiple groups recruiting members at the same time.
- Public Affairs Officer – Some locations may require that the local PAO review any promotional or information materials before they are disseminated to the public.
- VA Form 10-3203 – This is important to have Veterans sign if you plan to photograph, video record, or quote any individual involved with your Engagement Group or Veteran engagement activities.

1.6.1 The Federal Advisory Committee Act (FACA)

Federal Advisory Committee Act (FACA) is administered by the U.S. General Services Administration (GSA). It is intended to provide transparency and inhibit undue influence on government by private, unelected individuals. The Act requires registration and oversight of federal committees that solicit advice of private, non-federal individuals. FACA is invoked if you assemble a group of non-federal employees to make decisions or provide advice based on vote or consensus. NOTE: this does *not* include motions or votes under Roberts Rule of Orders as long as they pertain to the running of the meeting or board.

FACA is a law that provides a process for establishing, operating, overseeing and terminating advisory committees to the federal government through Congress.

- FACA generally applies to groups with one or more individuals who are not full time or permanent part time Federal employees and *established* or *utilized* by an agency *to obtain advice or recommendations*.
- A group is utilized by an agency when it is federally funded or under the strict management and control of the agency.
- Actions that encompass management and control include, but are not limited to, the following: appointing the group's members, providing staff, setting the agenda, recording the minutes, and maintaining the group's records.

VA may participate in outside groups without triggering FACA so long as VA does not utilize the group (as described above) to *obtain advice or recommendations*.

- FACA is not triggered if an outside group that is not managed or controlled by VA provides advice or recommendations *not solicited by VA*.
- FACA is not triggered if VA provides views to a group formed by the private sector or assists an outside group in developing guidance for the private sector.
- VA may seek advice/recommendations from outside entities/persons *individually* without triggering FACA.
- If VA seeks *only facts/information/experiences* from a group, FACA is not triggered.

Talks between the head of HSR&D, OGC Contacts, Office of Patient Centered Care and Cultural Transformation and the Denver VA COIN/MIRECC on establishing Veteran Engagement Groups lead to information that made it clear that these types of Engagement Groups do not fall under FACA. Guidance has been shared that helps clarify this decision. The guidance includes:

- They are not Advisory in nature but established to engage with Veterans as partners in the research that ultimately impacts their care.
- The Members of the meetings do not make group recommendations. All members provide individual viewpoints during meetings.
- A recommended practice is to be very clear about the role of Engagement Board members in documents such as MOUs and Charters. The recommended language is as follows: "Veteran/Family Advisors provides individual viewpoints only. Their work does not implicate the Federal Advisory Committee Act."

Web information on the Act is available **here.**

1.7   IRB criteria (researcher vs non-researcher roles)

Before moving forward with Veteran Engagement activities or Veteran engaged research consider what requirements your local VA R&D and University IRB may deem necessary. There are two general R&D/IRB paths that you may follow depending on the type of engagement activities you are setting up: (1) Project specific participant engagement in which study participants are identified and asked to take on a separate role as study consultants or partners, and (2) Ongoing Veteran Engagement in the form of an Engagement Group comprised of Veterans who give feedback related to multiple projects typically at a Research Center. R&D/IRB approaches for both paths are described below.

1.7.1 Project specific participant engagement

We recommend setting up a meeting with your IRB early to ascertain the necessary requirements and plan accordingly. Engaging Veterans as collaborators or members of the research team on specific studies may require formal review by R&D and IRB panels and thus necessitate inclusion in the study protocol and informed consent design. IRBs across the country are becoming more familiar with patient and stakeholder engaged methods or study designs and may have specific language and requirements for studies using a collaborative approach. In most cases, if you have Veteran consultants obtaining informed consent or reviewing and analyzing identifiable personal information, you will need to include them on your IRB protocol. This means they must complete required trainings to conduct research with human subjects and other VA privacy trainings. If their role is clearly defined as providing input on study design and instruments or interpretation of aggregate findings and they will not have access to identifiable data, they may not need to be identified as members of the research team. It is best to consult with your own IRB to make this determination. Some IRBs now have research trainings designed specifically for community members and stakeholders that move from study participants to study partners.

1.7.2 Ongoing Veteran Engagement at the Center level

An ongoing Engagement Group should not be considered a research study. Veterans are collaborators and community partners, rather than participants in research and their feedback should not be considered research data. There should be no R&D/IRB regulatory requirements on this path. However, it may be useful to meet with your local IRB or R&D committee, so they are aware of the group's activities, contribution to your Research Center, and distinct role as Veteran collaborators rather than study participants. Your Center may choose to have Veterans on this path go through the Without Compensation Process (WOC). As a WOC, Veterans will receive privacy and research training that will provide essential knowledge about the VA and research and allow their names to be added to study protocols and educational materials as team members. The WOC process varies from location to location and is not required for an Engagement Group to be formed.

> ### CASE STUDY: The decision to use WOC status with Engagement Group members
>
> The CIVIC Veteran Engagement Group (VEG) in Portland, Oregon, was advised by the local IRB to use a process similar to the one IRB uses for community members. This involved having VEG members go through the WOC process. The VEG Liaison works closely with the person who processes WOCs for research and is often the one to help Veterans with scheduling steps like fingerprinting to make sure that the process runs smoothly. It takes several weeks to complete a WOC depending on the time of year. The advantage is that VEG members have a PIV that validates their official role as part of the Center and allows them access to the building where meetings are held. The WOC in research has training (TMS) requirements to ensure a working knowledge of privacy and data security. This status is something that VEG members may choose to put on a resume. It may not be the best path to take everywhere, but it has worked well in Portland so far.

1.8   Compensation for time

Among the things that are a challenge in the VA research context is compensation of Engagement Group members. There are two key aspects of compensation that you want to consider as part of your engagement activity planning:

- How much do we compensate?
- What mechanisms for compensating individuals have been used across VA?

1.8.1 How much do we compensate?

Thanks to a collective of research colleagues in the HSR&D National Veteran Engagement Workgroup as well as the Growing Rural Outreach through Veteran Engagement Center (GROVE), a range of reasonable approaches to compensation have been compiled. What this reflects are the approaches taken by several researchers and/or research groups. These data largely reflect VA researchers who are doing work that involves patients engaged in Veteran Engagement Groups. [See **Compensation Table**]

> **TIP**
> Frequency of compensation is decided at the site-level. The range is from monthly to annually.

1.8.2 What mechanisms for compensating individuals have been used across VA?

Compensating individuals who are involved in research Engagement Groups and activities can be a moving target and these sections will likely need updating from time to time as regulations change or new mechanism immerge. These are what were determined to be a range of reasonable options that have worked for at least one VA health care system. We offer more than one since not every mode of compensation will work in all places. Before initiating a Veteran Engagement Group, reach out to fiscal personnel (the fiscal point of contact for research, facility fiscal officer or budget analyst, or foundation/non-profit's fiscal point of contact) at your institution or the institution that is handling your funds to learn what options may work for you.

Direct Deposit into Participant Account with Research Vouchers (VA funds)
Some research centers work with their Administrative Officers to set up a Purchase Order (PO) used to compensate Veterans annually. Veterans must fill out necessary forms to set up direct deposits (FMS Vendor File Request Form 10091, Direct Deposit Form). Similar to vouchers issued for research participation, vouchers are issued for research engagement compensation with payment deposited directly into bank accounts.

Cash Vouchers (VA funds)
Research Centers can open a line of accounting with their fiscal department and obtain pre-approved cash vouchers. Whenever a Veteran consultant contributes time to a research project or Center, a designated person at the Center fills out a cash voucher that can be taken to the hospital's agent cashier to exchange for cash. Multiple VA sites have reported hesitancy from fiscal to utilize this strategy.

Issuing Checks (VA funds)

Using the same mechanism to set up cash vouchers, there is also an option to have a check mailed to the individual, which they can cash at their own bank. This can take 2-3 weeks for receipt. This is a mode of compensation used for research participants in general (in some healthcare systems).

Gift Card Compensation (VA funds)

This has been done using VA research funds. Gift cards are purchased through an approved vendor with an existing VA contract. In the case of Portland, the gift cards are to a large, regional "one-stop-shopping" merchant where a wide range of products are available. Using this approach requires advanced planning as the time involved in contracted purchases can often take several weeks.

Gift Card Compensation (non-VA funds)

In locations where there is a research foundation available to investigators, it may be possible to purchase gift cards as compensation for engagement activities using non-VA funds. This process will be specific to your local foundation and requires that there are funds available to be used for this purpose.

Using ClinCards

These are sometimes allowed for participant compensation in research. ClinCards are refillable cards that money can be loaded onto. This has not yet been shown to be possible for non-study activities but may be an option if you are looking at compensating at the individual study-level. Something to note if using this method: One Veteran experienced that when they went to use the card at a store it was declined. The Veteran initially felt as though they had been tricked by the VA but went ahead and tried to use the card again. The second time it was accepted. The Veteran wanted to let other Veterans know that the money is there and that they should just try to use the card again.

Direct Express Cards (VA Funds)

This could be an option for reimbursement if the Veteran is not enrolled in VA or has not received any type of compensation from the VA. The process of requesting the card essentially creates an account for the Veteran at a bank. Its historical use and application were a resource for Veterans that do not have or can't obtain a banking account. Essentially the application is sent to the Agent Cashier office, and an account is requested. A card is mailed out, and the routing and account number is loaded in the system. The card can be reloaded for different study visits.

If a Veteran is already receiving compensation from the VA through direct deposit or check this may not work. Once a Veteran is set-up with direct express cards then it can be filled by multiple studies.

Honorarium (VA Funds)

Information about Honoraria was taken from the VA's Financial Policy Vol II Chapter 7B. Honorarium payments are made to individuals as a "thank you" for performing voluntary services. Honoraria payments must not exceed $100 and may not be paid to VA employees. VA must obtain TINs via IRS Form W-9, prior to making an honorarium payment to a non-Federal employee.

Stipends (VA Funds)

These are fixed sums of money paid periodically for services or to defray expenses. This can be set up using VA Obligation mechanism 1358. The amount will vary by facility and it is best to consult with local fiscal about this option.

Meeting favors (Non-monetary)

In lieu of cash or a cash equivalent, some locations opt to provide a meal voucher at the local canteen on the day of a meeting. Possibilities for compensation through local facility services can be determined on a case-by-case basis. Additionally, some groups may want to provide food or beverage for the members as part of the meeting. Policy Memorandum No. 10N4-Attachment A is the request for approval of food and/or beverage with a government purchase card. The Directors suite, chaplaincy, and volunteer services often have the type of funds to purchase food outside the canteen as needed and a partnership with those entities may allow you to buy food for meetings. This also could be done using funds from a university.

Engagement Group as Service Organization (Non-monetary)

At least one site framed participation in the Engagement Group as being a volunteer activity. Members are considered free-agents and colleagues in this context, rather than employees or research subjects. This approach stems from an acknowledgement that Veterans may view their participation as service to other Veterans and is based on feedback from the group. It also reduces any potential coercion or sense of obligation related to participation and attendance.

Attending Local Veteran Service Organization meetings (Non-monetary)

There can be advantages in partnering with Veteran Service Groups that already exist (e.g., American Legion, VFW, Veterans for Peace, etc.). Some challenges with this method are lack of interest, diversity within the established group, and timing/availability of meetings. A preferred method for contacting Veteran Service Organizations is to get

buy in from regional leaders if possible before reaching out to these local groups. This can sometimes be facilitated through the VA Voluntary Services office at medical centers.

1.8.3 Lessons from one Veteran's journey to becoming a consultant on a research grant

Bringing a Veteran onto a research team, as a paid team member, to provide their expertise throughout the grant can be an ideal situation. This is a case study that highlights a few of the challenges and solutions as well as some considerations for the future that one Veteran encountered when being brought in as a consultant for a VA funded grant.

Initially the plan for compensating the Veteran consultant was through a medical college connected to a VA hospital. Previously the site had been able to transfer VA funds to the medical college and the medical college then would pay the Veteran through check for their time. However, unbeknownst to the team, the medical college no longer was accepting this payment. The solution then was to have the Veteran work directly with VA fiscal services to vendorize the Veteran. To be certified as a vendor, the Veteran needed to set up a recognized business. For this Veteran, their personal bank was able to help them by setting up a business account and by helping them fill out the required state paperwork. The Veteran did have to pay a fee to establish a business. The Veteran also worked with their bank to find a way of accepting payments from the VA. Once these steps were completed the VA was able to vendorize and the Veteran directly invoiced for their time. An issue did arise when the Veteran worked on the project before the completion of the vendorization process. This challenge is currently unresolved, and solutions are being pursued.

A few lessons from looking back over the process:

- As a liaison of a Veteran Engagement group or as a PI for a research grant that is interested in compensating Veterans, start planning your method of payment early. Talk with fiscal of all the entities involved to ensure you are updated on any process changes.
- Transparency with the Veteran is very important. Initially conversations in this process were only being had by VA personnel and then being taken back to the Veteran. The Veteran had wished that they would have been more involved from the beginning, so that they would have had a clearer picture of what was happening.
- Realize that this process could create anxiety and stress for a Veteran. Having a trusting relationship before beginning and continuing to be upfront throughout the process is very important.
- For the vendorization process and working with VA fiscal, having a VA employee act as a liaison helped the Veteran understand the process. The Veteran perceived the vendorization process as a simple process.

- More in-person or video conversations are helpful to convey the process. The opportunity to have a conversation in-person or through video where the Veteran could ask questions helped expedite the process. Emailing back and forth did not always provide the clarification needed.
- Be clear about what the process may entail upfront with all parties involved. It is not unexpected that challenges present; try to prepare the Veteran beforehand for what might happen.