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Session: Engaging Veterans in Research: An Overview of Successful Practices Across VA

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Molly: So, without further ado I would like to introduce our speakers today. Speaking, pardon me, speaking first we have Dr. Sarah Ono, she’s a cultural anthropologist at the Center to Improve Veteran Involvement in Care known as CIVIC and that’s located at the VA Portland Healthcare system. She’s also an assistant professor in the department of family medicine at Oregon Health and Science University located in Portland, Oregon and at the Strengthening Excellence in Research through Veteran Engagement Lead for the services, service initiated project. Joining her today is Dr. Justeen Hyde, she’s also a medical, I’m sorry she’s a medical anthropologist at the Center for Healthcare Organization and Implementation Research. Justeen is that current? If not please correct me. At the Veteran’s Affairs Medical Center in Bedford, MAS and an instructor at the Harvard T.H. Chan School of Public Health and Strengthening Excellence in Research through Veteran Engagement as well. So without further ado I am going to turn it over to Dr. Ono.

Dr. Sarah Ono: Thank you Molly. And Justeen I’m going to ask you to pull up slides and drive for us as I am still waiting on GoToMeeting to load. So if you can get those up that would be terrific.

Dr. Justeen Hyde: Okay.

Dr. Sarah Ono: Since I can’t see them, Molly.

Molly: Excellent, we are good to go.

Dr. Justeen Hyde: Can everyone see that?

Molly: We can thank you.

Dr. Justeen Hyde: Okay, great.

Dr. Sarah Ono: All right, perfect, so if we are on the title slide I just want to thank Molly again. I’m going to jump right in on today’s presentation, we’re going to be talking about Veteran Engagement in Research and the early SERVE team findings that are related to best practices and identifying a range of reasonable practices. Throughout the presentation you can chat your questions to Molly for the Q&A that’s going to directly follow this presentation. Next slide please.

My name again, is Sarah Ono. I’m affiliated with CIVIC in Portland, Oregon and before I forget I want to thank the Fergus Falls CBOC in VISN 23 for their hospitality today. I have the pleasure of presenting with my co-lead on SERVE, Dr. Justeen Hyde whom Molly placed at CHOIR in Bedford, Massachusetts. Next slide.

And this should be our disclaimer slide, which is the standard for VA. We are speaking on behalf of ourselves and the SERVE team and not the government or our facility. Next slide. And hopefully this is a poll question. Poll question number one. If it’s not I trust Molly or Justeen will let me know.

Dr. Justeen Hyde: It is, yep.

Dr. Sarah Ono: Okay.

Molly: It is, thank you. So for our attendees, just one second, you do have that first poll question up on your screen, so we would like to get an idea. So go ahead and just click the circle right there next to your response. Do you or your Center currently have opportunities for Veterans to serve as consultants in the research process? Please select one: yes; under development/considering possibilities; no; or I don’t know. And it looks like our respondents are very quick to answer. We’ve already had three-quarters respond. And the answers are still streaming in so we’ll give people just a few more seconds. All right. Looks like we’ve, oh they’re still coming in. All right. I’m going to go ahead and close it out at 80% response rate and share those results. So 44% said yes they do currently have opportunities; 14% mentioned under development or considering possibilities; 15% no; and 27% I don’t know. So thank you to those respondents and Dr. Ono do you have any commentary on that or should I jump into the next one?

Dr. Sarah Ono: I think that’s great. Let’s go ahead and do poll question number two and then I might make a quick comment before we proceed.

Molly: Okay, excellent. So which of the follow best describes your experience with engaging Veterans as consultants in the research process? Answer option one: Low; tell me everything. Option two: somewhat familiar but I want to learn more. Or option number three: actively engaged; want to learn and can share with others. Looks like people are a little slower to respond. And that’s not a problem at all. So, I’m going to go ahead and close out this poll and share those results. Looks like 37% said that their experience is low; 38% somewhat familiar; and 25% are actively engaged and can share with others. So thank you again to those respondents. And did you want to make any commentary?

Dr. Sarah Ono: Yeah, this is Sarah again, and I just want to say this is really helpful to us, you know we obviously can’t tailor the talk entirely based on the poll results because Molly needed the slides in advance, but it’s helpful for Justeen and I to see where folks are coming from, it looks like we’ve got a good distribution. So, our strategy going forward was to try and give some high-level overview of where we see Veteran Engagement as in the VA right now when it comes to research, as well as try to give some specifics and a little bit of a dig into some of the areas for people who are really hoping to come away with this concrete guidance from today. So I think we’re going to try and touch on a little something for everyone. Next slide please.

So what is SERVE? SERVE is an acronym. It stands for Strengthening Excellence in Research through Veteran Engagement. And what this is a multi-site project, there are seven sites and respective site leads that aims to synthesize information about successful practices looking across VA research Centers to engage Veterans and consultants in what we do. This is funded by HSR&D, thank you very much. And it is a Task Order, which means it’s not a research study technically and we are not functioning under a human subjects IRB. Just to knock a couple of the conventional questions out early. Next slide.

The primary goal of this Task Order SERVE is to identify, describe and disseminate successful practices and associated tools to operationalize and optimize efforts to engage Veterans in all stages of the research project. Or process. So really what this project is about is pulling together all of the knowledge that we’ve known is out there and that people have been doing in their local facilities and trying to bring that information together, to analyze it, to see if there are best practices emerging and then to synthesize it and generate products that can be of use to, hopefully anyone in the field who is looking to start activities around Veteran Engagement. So, next slide.

And I think they should have a bunch of smiling faces, some might be familiar. Ultimately another way to think about it is that our goal is to connect these people pictured here, and next slide please, to these people, to improve VA research. And these people are actual Veterans who are involved in Veteran Engagement at a facility right now. So thank you to each of them for participating and also for letting us share their pictures. You know one of the things Justeen and I are aware of is that we don’t have a Veteran who is presenting with us today. But we are going to try and reflect the voices of the Veterans who have been working with us on this project, from a number of different facilities. So, there are a couple faces to go with their work that are coming. Next slide.

Dr. Justeen Hyde: Okay.

Dr. Sarah Ono: Okay. So what have we done? We’re about six months in to this SERVE project and the first task on our plate was to conduct an environmental scan, which is to look at what has already happened or is happening. And Justeen is going to take over in just a couple minutes and dig into some of those results. What we did was we conducted a survey. We did analysis of previously collected qualitative data from multiple sites. So a lot of places that have groups up and running or have been thinking about Veteran Engagement for a while had already, independently, started interviewing people that were doing this work, talking to Veterans, trying to figure out what was out there and what had worked for someone else. And so we went back to those data and did some analysis. And we also conducted listening sessions with established Veteran Engagement groups. So we’ve met with Denver, Portland and Durham, North Carolina. And those groups have been really wonderful in answering our questions and thinking with us about what works and what could be improved when it comes to Veteran Engagement.

We also are in collaboration with the HSR&D Veteran Engagement Workgroup that’s led by Susan Zickmund and hopefully many of those people are on the call today. We are doing ad hoc consultation with researchers and Centers so that can be people reaching out to us individually, working with us through the work group, maybe we talked to you at the HSR&D meeting earlier this summer. And then we also, members of the SERVE team are participating in non-VA patient engagement groups. So trying to reach beyond our system and collaborate with people that are also thinking about patient engagement, whether it’s the Kaiser system or through PCORI funded efforts. So really trying to make sure that we’re keeping up on not just what we’re doing in VA but also what’s happening nationally. So we can have a strong program. And next slide.

Dr. Justeen Hyde: Okay, yep.

Dr. Sarah Ono: So what we are working towards is, the big product to come out of this is going to be a Veteran Engagement Toolkit. And we are hoping that this can cover as much as possible. Part of what we’re interested in at this stage and will solicit some feedback about at the end is what the priorities are of the field. To make sure that we’re actually hitting the target that’s most useful to people. What we are seeking to do right now is to describe the different models for engagement that we’re encountering as well as this range of reasonable practices associated with each. And we’re talking about range of reasonable practices because the task is to come up with best practices but Veteran Engagement and research is still an emergent process. And so what we’re trying to do is figure out what has worked in the most places or what is most consistently been successful? Recognizing that there is room for an evidence base to be generated once people have these activities in place and can evaluate them. So we are also working to generate case studies of different practices or Veteran Engagement activities and we are developing resources which will be in the toolkit and some will be available sooner. Training, charters, compensation strategies, the documents that outline those, one of our big takeaways from today is to not recreate the wheel. And so we are going to lean heavy on things that have already been created by our VA colleagues.

And then we are also working on further developing consultation options that can support people and Centers who are trying to launch these activities. And again, before we get to the end of today we’re going to give you all the information you need to get tied into something like a Community of Practice, a call to discuss what’s happening in a very informal way as well as some other resources that are headed your direction. Okay. Next one, Justeen.

Dr. Justeen Hyde: Yep.

Dr. Sarah Ono: And I think I already addressed this one, just a tiny bit. Best practices, range of reasonable practices, how we’re thinking about it. You know our goal is to come up with things that are going to work for the most people in the most places, recognizing that there’s a lot of variation in the system that we work in. and we’re also trying to identify common questions and then, again, we really want to make sure that what we’re generating meets the needs of the field, and of HSR&D. And with that I think I’m going to hand it over to you Justeen to talk about the environmental scan and the survey.

Dr. Justeen Hyde: Much great. Hello everyone, Shanah Tovah for those who are celebrating the New Year. Thank you for joining us today. I’m going to spend a few minutes talking through what we’ve learned from the environmental scan survey which we, hopefully, some of you or most of you received. We conducted this in late April, early May of this year. And the purpose was to understand the breadth and types of efforts that are currently underway across the VA to engage Veterans in research, evaluation and our quality improvement initiatives. It was a brief survey, we wanted, we could have asked a million questions but we wanted to try to get as much participation as possible. So we kept it short and built off some of the questions from the Veteran Engagement Workgroup. We programmed the survey in REDCap and sent it out via email and our strategy was to identify leadership within COINs, MIRRECs, you know and other Centers throughout VA and send it to the leadership and ask them to forward it to the right person within their facility. We also had a list of independent investigators who may not be affiliated with Centers because we wanted to hear from them as well. We ended up sending it out to about 240 individuals. Some of those bounced back to us, you know, but you know our intention was to have a broad reach and we sent a couple reminders out to encourage participation.

What we ended up getting in response was representatives from 42 unique VA Medical Centers or VISN Offices, we had a couple of duplicates within each of the unique Medical Centers. We had a total of 52 respondents. You know, and for particularly for larger Centers, you know someone from a MIRREC participated and someone from a COIN participated, so that’s why we have some overlap in, or duplicates by Center. But we were happy to know that we had representatives from 18 of the 19 COINs, 11 QUERIs, 5 MIRRECs, 3 GRECCs and then 10 investigators who identified as not being affiliated with a COIN.

So we have a range of perspectives here. Of the 52, three-quarters of participants said that they have efforts that are currently underway to engage Veterans in the research process. So this is important when thinking through the rest of these slides because what it tells us is that we got responses from people who are thinking about and engaged in this kind of work, you know, or that have strategies and some efforts underway to engage Veterans and other stakeholders in the research process. What we didn’t get was the perspective of those who aren’t engaged in this. So, that’s something for, you know I think an important note to highlight. You know, before we sent out the survey, you know, those that are on our team understand that there is, you know, have been involved in very early thinking about Veteran Engagement and research and understand that there are a couple of different models for Veteran Engagement.

And so we structured questions, mostly around these different models. So there are groups that meet regularly, often monthly, on a monthly basis to provide input at the Center level, you know strategic planning for this Center. Or to provide input to individual investigators or research teams on specific projects. There’s some who, there’s a model of engaging groups more on an ad hoc basis. Certainly going to VSOs and other Veteran Service Groups and asking input periodically is another model. Then there are efforts to engage individuals on an ad hoc basis, consultative basis, or sometimes that’s hiring, you know Veterans as employees on projects and sometimes it’s bringing them on as a consultant for a little bit more limited period of time. So these are, you know, I think four models that we, you know, in the environmental scan survey we also see fleshed out as ones that ring true across VA.

 So we’re going to provide a little bit of input about these different models to the extent that we have it and, you know, because it was a short survey we don’t have a tremendous depth of information about the models but of those who responded to our survey, little bit more than half meet with groups on a regular basis, so they have a group of Veterans that come together, often monthly, but not always. Sometimes it’s quarterly. Almost all of those groups include Veterans but others have included family members and VA service providers and others like VA researchers or administrators, other VA employees who are also Veterans. And the number of people who participate in those groups on a regular basis you can see varies a lot across sites. You know, most of them have between 9 and 15 individuals.

For groups that come together regularly, the two top types of input that they provide would be to review and provide input on individual research studies, so and then to assist in planning for or developing studies. So if you have a study that’s already up and running and you want input for example on instruments or recruitment that’s an example of providing input on research studies or assist in planning for, you know, here are some ideas that we have in this top specific area, you know, what kind of questions should we be asking, who should we be asking it of? So really in that developmental phase of a research project. And then others say that they have assist in strategic planning for their Center, so bigger picture kinds of input and then assist in identifying Veterans to participate in studies, so recruitment.

We had intentions of looking at the group, the ad hoc models, those who engage groups or individuals on an ad hoc basis but what we found actually was that there a significant number who do both. So it was hard to tease out in the data how many individuals take part in groups or how many individual, unique individuals are engaged on an ad hoc basis. So we collapsed these two in the ad hoc engagement models. So two-thirds have these sorts of efforts underway, so more than half meet with both groups and individuals. And again, within these groups they all contain Veterans, engage Veterans, but also a significant number with family members, VA providers is pretty high, you know as stakeholders that are engaged in research on an ad hoc basis as well. And then the frequency of meeting per year, these were really ranged quite broadly. We asked this question, you know, how often have you met on an ad hoc basis over the last year? A couple people said they hadn’t done it at all, you know and some do, about a third do it quite frequently with ten or more times. So, and, you know, a little bit different kinds of input that ad hoc meeting groups or individuals provide, most provide input on individual research studies, and assist with planning. A little bit fewer assist in strategic planning at the Center level and about the same amount assist in identifying Veterans to participate in studies.

Some of the other, I think I just want to pause for a second and note that some of the other types of input that people have noticed is that they, Veterans have provided input on identifying preferences for interventions, participating in the development of quality improvement efforts, so some times grouped people, Veterans in particular, are asked to facilitate quality improvement meetings with other Veterans, so that’s another way of getting them involved, and then providing training to researchers who work with and engage Veterans. So those are some examples of other.

We also wanted to know, you know as we’re thinking about the toolkit that we’re developing we wanted to make sure that the information that we put in this toolkit meets the needs of those of you who are interested in engaging Veterans and stakeholders. So we asked about the challenges that people have faced, there were a whole broad range of regulatory barriers that people had some open ended comments about particularly around compensation, how do we compensate Veterans for their participation? There were some questions around IRB, you know, where’s that line between being involved in research, engaged in research that requires adding to an IRB protocol verses advising or providing input in a more general manner. We will talk a little bit more about the second one which is not enough resources and time is a resource so, resources being often money to hire someone to lead an effort, coordinate at a Center level and figuring out how to fit this in to full schedules already. And then also limited experience. So people identified just not, you know, doing this before and not knowing exactly where to start and how to proceed and then not having the right staff was also noted as a challenge.

So, I’m going to turn it back over to Sarah here to talk a little bit about our listening sessions with Veterans, I think as she said earlier, in addition to the environmental scan data we have reached out to three established groups, Denver, Portland and Durham and had some great conversations with Veterans who are participating in those groups. And they are, those are all groups that meet on a regular basis so that’s important to note, about why they get involved in the work and what they would recommend to other Centers who are developing opportunities for participation. So, Sarah, I’m going to turn this back over to you.

Dr. Sarah Ono: All right, thanks Justeen.

Dr. Justeen Hyde: Yep.

Dr. Sarah Ono: And I think if I’m tracking we’re on the successful practices in Veteran Engagement slide, which launches the slides into

Dr. Justeen Hyde: We’re on best practice.

Dr. Sarah Ono: Best practices, okay. So one thing I want to say as we get into the best practices, I know that’s what a lot you all have tuned in to find out about. I do want to just say that we do have Veterans who are on the Cyberseminar today and I do hope that they offer some comments when we get to the Q&A. One of things that’s really fun about this work, and for those of you that are doing it or on the brink of doing it, getting the Veterans in the room with you and having these conversations is very energizing. And so what we’ve done to determine best practices as we’re using that term at this stage is to be very Veteran led in some ways. We have taken the recommendation from Veterans and we have triangulated that with what we have in the survey data and in the qualitative data. So hopefully, up to this point, we have scratched your researcher itch and provided some numbers and some methodology so we can talk about what’s exciting here, which is best practice. And one is to create meaningful engagement opportunities. Veterans tell us that they get involved and they stay involved when they feel that their engagement really is able to serve other Veterans, improve the quality and the relevance of research, so up our game as researchers, supporting a Veteran centered approach and also when they get to learn and share research findings. So you’re going to hear feedback loop, that term quite a bit because one of the things we are really trying to figure out, what works best for, is how to make sure those feedback loops get closed with the Veterans. So if they give us great feedback on a project, letting them know what happens to that project. Letting them know what the findings from the research end up being. Really trying to cultivate a longitudinal dialog here. Let’s go to the next one.

Dr. Justeen Hyde: Okay.

Dr. Sarah Ono: The next one is going to be understanding, and is that understanding and value unique contributions that Veterans bring to our research. And what this one is about is really being able to bring diverse perspective. And it can be based on things like age, military experience, degree and use of VA services. So this is something I think that, that as researchers we have a tendency to really kind of get stuck on in an early stage of developing a group. And I think as long as we’re bringing in some kind of diversity that there is broad support for that. And the specifics of that are going to be dictated by where you work and live and what the community your embedded in looks like. You know, Veterans who are doing this engagement work with researchers are really interested in pushing researchers to articulate why their research is important and why it’s relevant to Veterans. You know, they say, yeah, we are happy to listen to you talk about your methodology and we’re happy to hear about the evidence base and the literature but what we want you to tell us is why are you doing this and why does it matter. So if we lead with that I think we’re going to be in good shape.

It’s important that we provide insight, or sorry, it’s important to Veterans that they provide insights to help shape research questions, study designs, instruments and study components. And that isn’t to say that they are becoming the scientists and are going to tell us which instrument is right or which design is most appropriate for our research question, but just that they may be able to help with things like how we phrase recruitment information, or how we write up findings so that it’s received in the best possible way. And then finally they would like to be helping researchers communicate the value of what we do. The value of our research and specific findings, to other Veterans, to Veteran’s family members and the stakeholders in the larger community. And one of the things that has been identified is that there are a lot of Veterans who are not aware of the research we’re doing. Or even if they’ve participated in a study, are not necessarily walking away from that experience knowing what came of the study or their participation. So again, making sure that we’re really disseminating, to the best of our abilities to make the most of the time and resources that we’ve put into this work. Next slide please.

Dr. Justeen Hyde: I just want to add real quick that I had a conversation with the co-chair who is a Veteran on our stakeholder council yesterday and he actually was able to go to the HSR&D meeting in July and, he’s like, we just need make sure that people know that this is happening because there’s so much good work that’s happening in the VA and that’s not what we hear about. And you know, so he’s been really driving, you know, how do we get the work out in quicker ways and better ways and I’m really happy to hear that. Okay, I’ve moved to the next slide.

Dr. Sarah Ono: That was great Justeen, and Rich Barbato, I believe is his name.

Dr. Justeen Hyde: Mhm.

Dr. Sarah Ono: And I think that his talk at the meeting this summer is still available in an archive through HSR&D, so if you haven’t had a chance to see that, it was a very informative and compelling, so check that out. Um, best practice, obviously investing time and resources is key and so whether you answer that you have a group or an activity in place or if you’re thinking about it one of the things that we are darn certain of is that planning is beneficial. And that it’s important to build strong infrastructure. You know and that means that at a Center level or even if you’re thinking about an individual project I guess you can have the conversation with yourself or with your research team. But thinking about what do I need from this encounter? What am I hoping to get from it? Who is most appropriate to help provide that information and thinking about the timeline of how often? You know the group in Portland that I manage along with Mary Frances Ritchie is a group that meets monthly. But we have become aware that it gets real crowded at the same point twice a year before grants are due. And so, you know, being able to anticipate that a little bit is going to be helpful. And what we are thinking is really just having the people that anticipate being closely involved have conversations about the intent of Veteran Engagement activities at a very early stage.

 A couple of the practices that we would recommend would be for Centers to budget for a facilitator. Someone who’s going to work with the Veterans as individuals in an ad hoc fashion or with a group that’s formalized and be the person who is the ongoing point of contact. You know a big piece of this is relationship building. And along with that goes trust building and confidence, Veterans are confident that we’re going to use their ideas respectfully and we’re confident that they’re going to show up for meetings when we schedule them and clear time on our calendars. So it goes both ways. Facilitators can be people who are already in a Center and it doesn’t necessarily have to be an investigator. This is one of the pieces where I think what we’re going to present in a toolkit capacity is a range of reasonable options because what we’re seeing is that people are doing this differently in different places. You know, Denver has brought in a facilitator who is external to the Center, external to VA who runs those meetings and that’s working great for them. Like I said, in Portland we have somebody locally who is a research associate who is the point of contact for that group and I think that there are multiple ways to do this. But making sure that that role is planned for and budgeted and budgeted means either having funds or creating space for somebody to do this because we know anyone who has started or tried this knows that it takes time. And that is the basis of most relationships. And then also one of the things that we would recommend is that people really think about the scale of activities that they,

Dr. Justeen Hyde: Oh, sorry.

Dr. Sarah Ono: It’s okay, that will want and again figuring out the dedicated time related to that but the scale of activities, you know if it’s at a very high level and it’s like a once a year kind of thing where you talk about the direction of the Center in a manner akin to steering committees that’s going to need one need. If you are going to have a group meeting everything that’s going to take considerably more. The other thing is it might just be putting together a group or bringing in some individuals per project and so, again, thinking about that. One of the things that those of us with established groups have had sort of individually identified and collectively confirmed is that there’s a learning process for everyone involved in it. And part of what Veterans who are engaged in research have had to learn is the pace of our research and that they might have somebody present about a project, about a grant proposal that’s super exciting and they may see that proposal a couple more times before the research gets started. And then it might be a couple of years once the research has started before they actually get to hear about the findings related. So making those adjustments to timeline is just one example. Next slide would be great.

Dr. Justeen Hyde: Okay.

Dr. Sarah Ono: Continuing with investing time and resources, these are again points that were articulated by the Veterans and also confirmed in the data we have from researchers. So having a coordinator for groups that meet regularly to help create the glue, that is a Veteran word for what they do, they’re the glue. Who’s the point of contact they coordinate communication and they run the show. Invest time in clarifying roles, responsibilities and expectation for Veterans and also for research teams. And you do not have to go to a blank page and come up with these. We are compiling models and examples that are out in the field being tested, working and are happy to share those. We want people to think about creating an open environment where people both Veterans and researchers feel comfortable providing feedback. In particular, and this is something that came up a lot from our Veteran friends, is that when feedback is critical or questioning of the research that they want that space to be there as well. That ultimately we’re all on the same team, we want this research to be as strong as possible. And part of what our Veterans who are currently engaged in research report is that they feel part of their role is to challenge us. To make sure that we are thinking, thinking about things and receiving it in the way that they might receive it, if recruited for example. So having that openness. Not just asking for feedback but being willing to hear what that feedback is.

 And then we want to make sure that we assure Veterans and research teams that everybody has the appropriate training to engage in a meaningful way. And I think as researchers a lot of times we say, well what training do I need because it’s my study and I know more about it than anybody. But I think where we get pushed in this process is to, again, focus on the why of the research maybe even more so than the how, initially. And to be able to talk about it, to be able explain complex concepts or to be able to have a dialog about why a suggestion from a Veteran might not be feasible or might not be appropriate in our context. And I think a lot of times we’re good at citing literature but really having training and how to communicate at the appropriate level so that health literacy is addressed and that goes for everybody involved. Next slide. I think I have one more best practice.

Dr. Justeen Hyde: Yep. Well, two more, but one’s quick.

Dr. Sarah Ono: Okay. So, providing support to research teams to assure meaningful engagement, a little bit of a continuation here. Again, in the thinking about training, how to keep presentations simple. Using lay language and one thing we heard was think about dinner table conversation not an academic conference. Part of what that means is that these are more relaxed conversations sometimes and they can be a little bit more fun. Because you get to actually think about talking to people who are not researchers themselves which can be really interesting. Start with the why, again we can’t impress this enough, we have been hearing it a lot. And also how it will be useful. A lot times the Veterans who are engaged in research are VA users and they will happily talk about what hasn’t worked for them in the VA system and would love to also be able to start piecing this together with us, how to make improvements that are research driven. The best encounters feel like ones that are a two-way conversation.

We want to provide, and Veterans want to provide, information back to a group regarding how researchers have used input. So like I said early on in this talk, feedback back loops are important for sustaining interest and motivation and ultimately to making this process beneficial for everyone. And then our Veterans wanted us to be sure to communicate. Don’t engage Veterans in research if you’re not interested in getting feedback and open to a dialog. They are interested in learning about research and about our logic as much as we are interested in learning about what is important to them and how they’re going to respond to a recruitment, what mode it’s sent in, all of those kinds of things. So it is a two-way street. And now I’m on to the last of the best practice. Which

Dr. Justeen Hyde: Do you want me to take on?

Dr. Sarah Ono: No, I’m okay. I’m good.

Dr. Justeen Hyde: Okay.

Dr. Sarah Ono: I’m going to let you run the Q&A or at least start that. So the last best practice that we have for you is hopefully one that brings a sigh of relief. Which is that you do not have to reinvent the wheel. And we can jump right to the next slide which has again, some numbers involved in some very small type. But what this is, is we ask people in the survey to identify resources they had already developed and we are actively in the process of soliciting these from those individuals and their Centers. So that we as a SERVE team are able to look at those, see where there are redundancies, see where there’s variation so that we can make recommendations and hopefully share as many of these as possible for you all who want to get launched. So whether it’s training materials, or recruitment flyers for a Veteran Engagement group, templates for meeting agendas, compensation policies, we are, this tells you that there’s a lot out there and actually I’ll tell you that there was more out there reported than what we had anticipated to find. So that was very exciting and now as you’re sending it to us, thank you if you’ve already sent it in response to our request. It’s great to see what people are doing. And we have one more slide related to this.

Dr. Justeen Hyde: And I’ll just say, if you haven’t sent us your stuff, if you haven’t sent us your stuff we will happily still take it. Just as a plug.

Dr. Sarah Ono: Exactly. It’s a good plug. And if you’re getting hung up in bureaucracy which I think sometimes happens in the VA a little bit, these are some things that might help you let people know our intent. Which is that we want to provide guidance on key questions to ask in the planning phases. We want to share these model documents that support Veteran Engagement. We want to provide some case examples of different engagement models that are used in the VA and we already thanked you but thank you again if you’ve sent us your materials. And we are planning to retain branding for the location or the Center that develops any materials that are used as examples or included in the tool kit or circulated in the process of consultation. So make sure that you have your logo on there so that you are getting to, getting the credit that it deserves and so that other people know to reach out to you if they further questions. So, next slide.

We’re going to wrap it up here with one of the things that was promised at the beginning is consultation opportunities. So mark your calendars. There is, it’s been called the Veteran Engagement Learning Collaborative, it’s been called, the Forthcoming Community of Practice, I think the group has settled on the Research Center Veteran Engagement Jam Session which sounds fun to me. The first one is going to be on October 5th, it’s called “Striking the Right Chord” playing on that jam session I have to assume. Experiences and questions around the very early stages of planning a Veteran Engagement Group. And again, this call is going to be on a VANTS line. I think the last slide we get to today has all of the information as well as future events and topics. This is meant to be an informal kind of thing. I think we’ve moved away from being a learning collaborative or a community of practice because it truly is informal and flexible. So bring your questions as well as your good ideas to that. The Cyberseminar from the Veteran Engagement panel that presented this summer at the HSR&D QUERI meeting is going to be doing that in the same format we’re using today on November 1st and that is called “Veteran Engagement Three Ways”. For all of you top chef fans I have to assume. And we are also, the SERVE team is going to be launching a web based resource which will, for the moment be mainly FAQs and then hopefully we’ll tie you into as many resources as we can identify and the forthcoming tool kit. Justeen I would be happy to turn it over to you or to Molly to do the last couple poll questions and then we’ll get to Q&A.

Molly: Excellent. I can go ahead and bring that up. So for our attendees we just have two quick last poll questions. So the first one is up on your screen. As you can see, after this presentation today, I would like learn more about, and then select all that apply, developing opportunities to engage Veterans in research; recruiting Veterans and other stakeholders; preparing Veterans and researchers to engage in research; guidance on regulatory issues; other, and you can write into the question section now or you can write into the feedback survey question which also addresses this. Okay, it looks like about 60% of our audience has voted, we’ll give people a little more time.

Dr. Justeen Hyde: Molly are there questions? I’m just wondering if we should skip over the next poll session and get to questions.

Molly: There aren’t any pending questions yet. So I’ll go ahead and close this out and share those results. And then just as a reminder, if people want to submit a question or a comment please use the question section of the GoToWebinar control panel located on the bottom of your, I’m sorry, the question section on your control panel. So people would like to learn more about: 61% of respondents said developing opportunities to engage Veterans in research; 47% said recruiting Veterans and other stakeholders; 64% replied preparing Veterans and researchers to engage in research; 41% guidance on regulatory issues; and 7% selected other. So, you want to go ahead and do the fourth one real quick?

Dr. Sarah Ono: Sure, yeah.

Dr. Justeen Hyde: Sure.

Molly: Okay, the final question we’d like to pose, what resources or support would you find most useful as you develop and implement activities to engage Veterans in VA research? Toolkit with guidance on models and example materials; Community of Practice call to share ideas and ask questions; virtual trainings on specific topics related to Veteran Engagement; online forum to post questions and receive information; or other. And again, you can write in your answer to the question section and I’ll read it aloud or there will be some open ended space on the feedback survey where you can write this in. Looks like people are a little slower to respond. But that’s okay we’ll give people a few more seconds. All right I’m going to go ahead and close this out and share those results. Looks like 55% responded a toolkit with guidance on models and example materials; 8% Community of Practice call to share ideas and ask questions; 17% virtual trainings; 15% online forum; and 5% other. And we do have some questions that have come in so I’ll jump right into them. Does anyone have experience with engaging Veterans for MVP recruitment efforts?

Dr. Justeen Hyde: MVP?

Dr. Sarah Ono: MVP is, I believe, the Million Veterans Project, where the goal is to recruit a million Veterans and collect their information. I have not worked on that. I am trying to think if anyone on the SERVE team has that I’m aware of. I know a number of you are on the call and I know at least one of the Veterans who logged in is a participant in the program. But that isn’t something that I’ve worked on. However, I think a lot of the strategies that we are coming up with could help with recruiting in any capacity. Justeen, I don’t know if you want to add to that. But Molly, maybe you could go to the next slide with the contact information for all of us.

Dr. Justeen Hyde: I can’t advance from here. Or I don’t know if maybe you took back control.

Molly: Sorry, give me just one second. And let me give you back control real quick. Justeen you’re going to get the pop up now.

Dr. Justeen Hyde: Okay.

Dr. Sarah Ono: Yeah, I just want to make sure that you have the contact information for all of the SERVE leads because there are seven sites and a number of fantastic people who have their email addresses up now I believe. And then also I want to make sure we get to our last slide so that if people have to jump off this call you’re able to get the information for the VANTS line. Happy New Year! Thank you for joining us. And here we go. This has information about points of contact and also upcoming dates for consultation. I’m sorry I don’t have more information about MVP but

Dr. Justeen Hyde: Yeah, I don’t either, I’m sorry.

Dr. Sarah Ono: We’d be happy to work with you.

Molly: Okay, thank you for those responses. The next question, pardon me, just one second, okay. I love the idea of an online forum, any details about what it might look like?

Dr. Sarah Ono: Well we’re going to throw that question back at all of you. We’ve been brain storming a lot about what it could look like and trying to figure out, you know, what, one of our big questions, which is a question that we’re taking input on, is what are people, one, going to use? If we’re going to put the time into building it, we’d hope that it’s something that’s easy to use for the people that need it. And then what’s going to work? Is it easier to call in for an hour and have a conversation about things? Is it easier to go to a static website and hope that your question gets answered there? Or do we want to do something like a ListServ? I mean that is what’s on the table as possibilities. The other thing we’ve been exploring is the degree to which we use, I just totally forgot what it’s called. Our internal VA Facebook kind of a system.

Dr. Justeen Hyde: Pulse. VA Pulse.

Dr. Sarah Ono: Pulse. Thank you. So, or if people wanted to shift to that kind of a mode. So, you know, if people have thoughts about that shout them out, put them in your feedback form, shoot us an email.

Dr. Justeen Hyde: Right, I mean, we have there’s a pretty successful ListServ of anthropologists working in VA and, you know, so we were, I think had in mind something like that. Obviously it’s only as good as people contribute in an on-going way. But, you know, when people have questions or they’re looking for a resource or interested in a method, you know, they write a question to the ListServ and you know, lots of people chime in and offer advice or input. You know, and so we’re mindful. So I think that’s with the online forum we were, that was our vision, to at least try out. So that you can leverage the wisdom of the masses.

Molly: Thank you. We did have someone write in about that saying VA Pulse might be a good option for an online forum. There’s a Geriatric Mental Health Community of Practice that is a nice example, we rotate monthly who is responsible for checking VA Pulse and making sure the questions are answered. So, thank you.

Dr. Sarah Ono: Yes, that’s great.

Molly: The next question we have, will VA RFAs be publicized that will ask for Veteran Engagement?

Dr. Sarah Ono: As far as I know, this is Sarah, as I far I know at this point there is no specific call for Veteran Engagement but that HSR&D is interested in learning more about how people are doing this, ways that it’s being incorporated. It is part of the RFA for the COIN the Center level grant, or renewals. So, it’s something that I think is very exciting at this point in time and has some energy behind it. But there’s nothing formal and there’s nothing mandated. So, that’s the best of my understanding. If others have different understanding I hope they’ll share those.

Molly: Thank you. Will there be opportunities for these engagement groups to meet and network? A conference just for the, just for Veterans participating in engagement perhaps?

Dr. Justeen Hyde: Oh so good.

Dr. Sarah Ono: Somebody is thinking just like Kenda Stewart, I know. This actually came up at the HSR&D meeting in the VA Engagement Panel and I think that it’s something, it’s also come up in the work group calls. So it’s organically an idea that is popping up in a lot of places and, as I think most of us know, there are lots of complicated bits to doing in person work, but I think there is interest and it may just, it may be a case of timing. But the idea is definitely on the radar and one that I think would be really fun, and exciting, and kind of [unintelligible overlap of speakers 54:08]

Dr. Justeen Hyde: Yeah, and the group in Durham, this actually came up in our conversation with the group in Durham, and they’re even thinking possibly regional gatherings, it could be national, but it could also be regional or even VISN level, you know, sort of as a potential way of starting to bring people together, and Veterans together that are involved in research. So, there’s a lot of people thinking about that. As well as thinking about ways of moving information that we are hearing and learning from our respective groups or individuals, you know up, how do we move that information up, you know, at the facility level up to HSR&D or to other VA branches that might be interested in hearing what we’re hearing?

Molly: Thank you. We do have just four pending questions left. Great presentation, more of a question than a comment, I was planning, I was recently at a strategic planning meeting for a Center where a Veteran member of the advisory committee was present. His main comment was that the Center had stopped coming to the [inaudible 55:36-55:38] strategic research planning for the Center. The feedback was welcomed and it will be addressed going forward. To me, it was a good argument for having a dedicated liaison otherwise it’s easy to start a group but forget to go back to them with the big picture questions.

Dr. Sarah Ono: I think there was a little bit of that that I’m not sure that I heard, but\_

Dr. Justeen Hyde: Yeah, you cut out a little bit.

Molly: Oh I’m sorry, I can repeat that.

Dr. Sarah Ono: I think the gist was that, it sounded like the gist was that, you know, if you’re going to start doing this work it’s really important to have a plan for more than one meeting or maybe even one fiscal year that people we’re finding who are most engaged, the Veterans we’re finding that are most engaged, and the stakeholders are people who are anticipating this to be a long term, longitudinal relationship. And so, making sure that that is built into the thinking. If that’s not what your Center or your project needs, then just making sure that you’re very clear from the outset that this is for a set amount of time. But, that’s a terrific point. And I’m not sure if there was a question in there that might have been what I missed.

Molly: No, it was more of a comment than a question. The wrap up part was just it’s easy to start a group but forget to go back to the liaison with the big picture question, or I’m sorry, go back to the group with the big picture questions.

Dr. Justeen Hyde: That’s why having a coordinator

Dr. Sarah Ono: Yeah, and the one comment that I have, yeah, coordinator. And the other comment is I think, you know HSR&D was very attuned to this when they established the work group, that if we’re going to do this work in VA we want to make sure that we’re doing it well. That it’s high quality and that it’s meaningful for researchers and for Veterans. Because so much of it is about relationship building and trust building and we would really, it would be unfortunate if we launched it and then didn’t follow it through because it kind of could have some unintended consequences that are negative in that case. But I have great confidence in the people doing this work right now that they’re doing it well.

Molly: Thank you. Which or what type of clinical research have you found Veterans are most interested in being involved with, for example SCI, infectious disease, psychiatric, etc.?

Dr. Sarah Ono: This might actually be variable. I can speak to Portland and to our group and actually can draw a little bit from what I’ve heard from other places. You know, I think that topics that have generated a lot of discussion, emergent studies around opioids, and opioid discontinuation, studies that are looking at mental health issues. You know Portland does a lot in the realm of mental health and suicide intervention, pain management, those are all topics I think that Veterans have had a lot to say about. It’s rare in my experience that there is a clinical topic that there is nothing that they can say about it. They are very creative and curious and so studies that I’ve helped facilitate with our Veteran group have ranged from, you know, rheumatology to lung cancer screening, those other topics that I mentioned, Veteran Engagement, they really have done their best to think about whatever we bring to them.

Dr. Justeen Hyde: And I also think that the, I totally agree and I think the, you know some of the clinical research can be, you know, people may not immediately know exactly what it is, I mean the goal is to really make sure that you’re able to talk about the clinical research in ways that people can connect with us and understand. And so, you know, you can talk about genomics, or you know, very specific conditions and if people understand why it’s important and you know, and how the research needs to be improved or what more needs to be understood and why that’s important I think people can provide input. But different Centers and you know, different investment, everyone’s got different research interests and I would hesitate to think that one is, you know, more, is better than the other for bringing two Veteran groups.

Molly: Thank you. We are at the top of the hour but we just have three remaining questions. Would you be able to stay on and answer those, Sarah and Justeen?

Dr. Sarah Ono: Sure.

Dr. Justeen Hyde: Sure.

Molly: Okay. If our attendees need to drop off, please, as you exit the meeting, wait just a second while the feedback survey populates on your screen. It’s just a few questions but we do look closely at your responses and appreciate any feedback.

Dr. Justeen Hyde: Thank you everyone!

Molly: A couple more comments came in about ways to engage about Veteran Engagement. Is there any way that a Facebook group could be developed, Veterans and VA people could participate simultaneously on that? And you might have said this, but do you have a sense of when the toolkit will be available?

Dr. Justeen Hyde: Well it won’t be soon enough.

Dr. Sarah Ono: Well the Center is funding so I’m very [unintelligible overlap of speakers 1:01:16]

Dr. Justeen Hyde: It will definitely, I think the plan is to have it out, at least an earlier, initial iteration this winter because we’re aware that Centers might want to consult with resources before the COIN grants are due. So we are cognizant of that are going to try to roll it out even if it might be pieces initially.

Dr. Sarah Ono: And we have a Cyberseminar scheduled in January to talk about the toolkit. I’m not remembering the date off the top of my head. So, we are working towards that deadline to have a lot of the materials together and provide an overview of the kinds of things that are going to be in the tool kit and available.

Molly: Thank you. Great presentation, not all Veterans will be experienced in research topic of interest. Is there any thought to quote, sharing engagement groups with the experience in one area? For instance, a Veteran chronic pain engagement group or a cancer survivor engagement group. I think you may have touched on this a little.

Dr. Sarah Ono: Yeah, and this is an idea that, like doing some kind of an in-person summit or a meeting has come up and that we have taken note of. You know, especially as I think it’s come up for investigators who might not be affiliated with a COIN or have a Center at their location but are interested in getting consultation from groups. You know, to date, there are specialties to particular COINs and in some cases, that means that their Veteran Engagement groups are getting more knowledgeable in specific areas. But it isn’t something that we’ve mapped out yet. It’s good to hear that there is interest in that though because we can keep it on our list of things to think about. I would also, I also personally would just really make the case that I think these groups are dynamic and can respond to whatever we bring them. If we’re willing to bring it to a level that is accessible. And to be very clear also in mapping out what we as researchers want to know. Like what our key question is when we go to encounter them rather than just like what do you think broadly, like you know, trying to hone in on something specific. Like this is the information I want, this is how I’m planning to get it. Does that, you know, how does that resonate with you? And Justeen I don’t know if you want to add to that.

Dr. Justeen Hyde: Yes, no. It’s good.

Molly: Thank you. Well that is the final pending questions and comments but I would like to give each of you an opportunity to make any concluding remarks that you’d like to and we’ll just go in speaking order. Sarah did you have anything you want to start with?

Dr. Sarah Ono: I don’t, just Happy New Year, thank you all for coming and send us any questions you have.

Dr. Justeen Hyde: Yeah, thank you everyone and we’re open to resources that you’ve developed that you’re willing to share with others and, you know, I think we will be as good as are, you know, as we can leverage all of the wisdom and the experiences of everyone that’s on this phone call and you know, working together to create meaningful opportunities. So. Thank you.

Dr. Sarah Ono: Thank you to our outstanding SERVE team and all the site leads.

Dr. Justeen Hyde: Yes, yes all of our SERVE team members are awesome too.

Molly: Excellent, well thank you ladies so much for coming on and sharing your expertise with the field. And thank you to our attendees for joining us and, as I mentioned before, as you close out of the meeting please wait just a second while the feedback survey populates on your screen. So once again, thank you everyone and have a great rest of the day.

Dr. Sarah Ono: Thank you.

[ END OF AUDIO ]