Maria Anastario: Okay Adriana.

Adriana Rodriguez: Thank you so much, Maria. Hi, everyone, good morning, good afternoon, depending on where you are in the world. I am Adriana Rodriguez. I am the program manager for the VA Women's Health Research Network consortium. And today we have the pleasure of having both Dr. Susan Frayne and Ms. Diane Carney presenting on the VA Women's Health Practice-Based Research Network.

 So let me do a quick introduction before I pass it over to them. So Susan Frayne is the director of the VA Women's Health Practice-Based Research Network. She is also the interim director at Palo Alto Center for Innovation to Implementation, and is also professor of the Division of Primary Care and Population Health at Stanford University.

 Ms. Diane Carney is, like I said, the program manager for the VA Women's Health Practice-Based Research Network, and is also stationed at the VA Center for Innovation to Implementation in Palo Alto. So with that, I'm going to go ahead, and pass it over to Dr. Susan Frayne.

Susan Frayne: Thank you so much, Dr. Rodriguez, for that, and and to all of you for participating today. So Diane Carney and I are really grateful for the opportunity to speak with you today. But before we launch into our discussion about the Women's Health Practice-Based Research Network, on behalf of myself, and Drs. Yano, and Hamilton, I want to acknowledge VA HSR&D for its funding of the Women's Health Research Network since 2010, and the many, many people who have contributed to it over the years.

 For today's presentation, I want to express our special gratitude to the dedicated women's health PBRN Site Leads around the country who are really the heart of the PBRN. They have, they've donated their time, and their energy, and their creativity in service of advancing the health and healthcare of women Veterans.

 The PBRN's ability to advance the Women's Health evidence-base couldn't happen with the collaboration of the scores of investigators, also who have reached out to the PBRN to ensure representation of women Veterans in their work. And in this month where we honor Veterans Day, we owe a special debt of gratitude to the women who have served our country to whom this work is dedicated.

 So today we're going to be providing contextual orientation to the Women's Health PBRN as one of three arms of the Women's Health Research Network. And then we're going to zoom in on the Women's Health PBRN arm, explaining how the PBRN can help you if you're a clinician, or a researcher, and providing some history, and overview. Then we'll talk about the PBRN's core components.

 And I'll explain how support for researchers work. And then Ms. Diane Carney will explain how support for sites work. We'll close with a few vignettes that illustrate how the PBRN can, can produce impacts that benefit researchers, VA sites, and national programs program offices. Then I will be opening it up to your questions and comments.

 Okay so first, some context about the broader Women's Health Research Network. Women's Health PBRN is one of three arms of the Women's Health Research Network funded by VA HSR&D since 2010. One arm led by Dr. Elizabeth Yano in Los Angeles is a National Women's Health Research Consortium.

 The consortium provides training, and mentorship, technical support for women's health research, such as methodologic consults on study design, sampling plans, intervention design, or implementation tailoring, as well as providing connections to subject matter expertise, and national operations partners for research, development, and support for research dissemination via multiple pathways to accelerate the implementation, and impact of research for women Veterans.

 And encourage you to look in the VA HSR&D Cyberseminar archive for Dr. Yano's Cyberseminar from September 3, 2020, for more information about the consortium, we'll, we'll try to put the link for that in the chat for you as well.

 Another arm led by Dr. Alison Hamilton in Los Angeles is the multi-level stakeholder engagement arm, which is designed to accelerate implementation of research into practice and policy via engagement of women Veterans, clinicians, other frontline VA staff, managers, leaders, and researchers.

 The engagement arm includes a national Women's Improvement Network or WIN, composed of a diverse group of women Veterans from around the country who consult on investigators' proposed research methods from recruitment materials, to survey instruments, to dissemination plans. This infuses the research approach with the perspectives of the key stakeholders who will be the ultimate consumers of the scientific discoveries.

 The other arm of the Women's Health Research Network is the Women's Health Practice Based Research Network, or PBRN, which is a national network of 76 VA facilities that are collaborating together to support the representation of women Veterans in multisite research and quality improvement work, accelerating growth of the evidence-base that guides the clinical care of women Veterans. So the PBRN will be the focus of the rest of today's talk.

 Okay, so turning to the women's health PBRN component, how can women's health figure in health need? So if you're wondering how can PBRN help you, I'll give a couple of quick thoughts to get us started. If you're a researcher who wants to ensure that women Veterans are well-represented in your study but you need a multisite approach to make it feasible to recruit enough women, or just to be sure that your study represents diverse women Veterans, or women's health providers from around the country, the PBRN can help you.

 If you're a clinician, manager, or policymaker who wants to ensure that women Veterans receive the best possible care, you can capitalize on the fact that the Women's Health PBRN in collaboration with the Women's Health Research Network's other arms that I was talking about generates an evidence base that helps to inform practice and policy. And if you're actually at one of the Women's Health PBRN member sites, there are also direct opportunities for your participation.

 The women Veterans represent a numeric minority group in the VA, although due to their rapid growth, they now represent about 10% of VA patients. Going back in time, the low number of women at any one site has been a factor in the historic underrepresentation of women Veterans in VA research.

 For many types of study, the pool of women Veterans meeting eligibility criteria, it might be too low at a single VA site to make it possible to recruit enough women for meaningful study findings. But, like, if you want to do a study of heart disease, for example, you can probably recruit enough men at just one VA to meet your recruitment needs, but you would need dozens of VA facilities to get the same number of women.

 So that means that to equitably include women, so these often need to be multisite rather than single site. But multisite research is complex. And so that's where the Women's Health PBRN comes in because having the infrastructure of a PBRN helps to overcome that complexity.

 The Women's Health PBRN had four inaugural sites that developed and tested early PBRN processes. In addition to Palo Alto, we're Los Angeles where Dr. Bevanne Bean-Mayberry was the founding Site Lead, Iowa City where Dr. Ann Sadler was the founding Site Lead, and Durham where Dr. Laurie Gaston was a founding Site Lead followed by Dr. Karen Goldstein.

 The PBRN then grew to 37 sites, and then 61, and then 73, and to its current 76 sites, which now includes non-research sites as well. And the member sites span from Hawaii to Alaska to Puerto Rico, and most states in between. It includes urban, and rural facilities, large, and small facilities, and diverse populations of women Veterans.

 At this point more than half of VA healthcare systems are members of Women's Health PBRN. So I'll give you a quick thumbnail of the PBRN before launching into its components. Women's Health PBRN is a national network of 76 VA facilities partnering together to promote, and support the conduct of multisite research, and quality improvement.

 We support projects that specifically focus on women Veterans and, or their healthcare. But we also support studies that are not specifically women's health studies, but that are seeking to oversample women to make gender analysis possible. There is a Women's Health PBRN Site Lead at each facility who's primed for PBRN research, and committed to improving the health, and healthcare of women Veterans.

 The Site Lead has connections with local clinicians, clinic managers, facility directors, and researchers. And then our national PBRN and Coordinating Center in Palo Alto fosters a strong national community of Site Leads, and likewise supports researchers who are interested in using the PBRN for multisite studies, or program evaluation projects. All of our efforts occur in close collaboration with the Women's Health Research Networks consortium and engagement arms.

 We'll describe key PBRN activities in relation to two major groups we serve, researchers and sites. First, I'll describe how the PBRN supports investigators who want to conduct multisite research that is inclusive of women Veterans. And then Diane Carney will describe how we work with sites to develop a primed national community of sites ready for women Veteran research and multilevel stakeholder engagement.

 Okay so first, researcher facing activities, the many researchers have stepped up to ensuring that women Veterans are well-represented in their research. Today, 97 multisite research studies and operations projects have been conducted in the Women's Health PBRN, and this includes 37 intervention, or implementation studies consistent with the Women's Health Research Network's goal of moving the field beyond purely observational work.

 These projects span a range of high priority topic areas. To just name a few, these include women Veterans' access to comprehensive women's health primary care providers, cardiovascular disease, HIV, suicide, PTSD, stranger harassment of women on VA grounds, reproductive health, and rural health just to name a subset.

 Over the years, we found a number of ways to add value to investigators who use the Women's Health PBRN. And we continue to refine our approaches. I'll be giving a little more detail on the subsequent slides, but I'll give you an overview here. So, first, at the study development phase, we work with PIs to select the sites that are right for their study design, drawing upon our insider knowledge of the local landscape at our diverse sites, and sharing with them information about our detailed, about our sites are very detailed sites database, which includes site characteristics, and information about the site's experience with prior PBRN studies.

 Then we connect researchers with the Site Leads at select, at the selected sites that they've selected. The Site Leads then are the boots on the ground, and they're primed for PBRN research. Our handoffs to the, of the PIs to the sites capitalizes on the fact that we've cultivated long-term relationships with our sites. And they respond when we reach out to them.

 Another thing we offer to investigators during the grant preparation phase is a chance to present their aims and research design to the national community of Site Leads. The key element of a learning healthcare system is aligning science with clinical priorities. So PIs who take us up on the offer to present their plan work on a national Site Lead call have the opportunity to get rapid feedback from Site Lead stakeholders across the country on how the planned research aligns with the priorities of these site-based stakeholders, and the realities of the worlds that they work in.

 We also provide technical consultation on multisite research methods and clinic-based recruitment of women Veterans. And we connect the investigators with the consortium for a consultation around gender-tailored methods, and strategic priority areas of Women's Health research. And with the engagement arm for help with multilevel engagement methods, or to connect with the National Women's Improvement Network of women Veterans.

 Once the investigator gets funded we help support their study efforts through ongoing, ongoing technical consultation such as sharing sample regulatory documents with them or helping them address site-level issues on turnover of staff. And we open the door for them to our local member sites that have been primed for research via the training they get in national PBRN calls, and a stakeholder engagement experience they get from prior PBRN projects that they participated in.

 We find that PIs appreciate the ability to draw from sites with diverse and geographically dispersed women Veteran populations, and diverse clinical practices representative of the many settings where women Veterans receive care. And then finally, when the study is drawing to a close, we're able to help you guys get the word out quickly about study findings through PBRN mechanisms like our national PBRN Site Lead calls.

 And then the Site Leads, in turn can share findings with their local PBRN communities of clinicians, and researchers. And meanwhile we also refer investigators to the consortium and engagement arms to capitalize upon their engagement pathways.

 The next two, few slides provide examples of some of the ways that the PBRN can add value for investigators. So first, it's a way PBRN offers access to women Veteran populations. As I mentioned at any one facility, there may be only a small number of women Veterans with the condition being studied. But since the PBRN now represents over half of all the women Veterans in the VA, investigators can enlist multiple PBRN sites to help overcome the problem of insufficient sampling frames.

 The sociodemographic characteristics of women Veterans vary substantially across sites as illustrated on the next two slides. This makes it possible for investigators to be inclusive of diverse women Veteran populations. Just to give you a sense of the heterogeneity of women Veterans at the PBRN sites, this graph shows one bar for each of the 76 sites.

 Across sites the percent of women Veterans who are women of color ranges from 5% to 91%. And at nearly one in three sites, the majority of women are women of color. Similarly, the proportion of women with a rural residence ranges from 4% to 85% across sites. And we have 11 sites where the majority of women Veterans are rural.

 But continuing with other ways we help investigators, that PBRN can help investigators who are planning an implementation study by providing them with connections to diverse practices that represent the range of real world settings where women Veterans receive care in the VA. Our network includes small facilities with less than 1,000 Women Veterans, and large facilities with over 10,000. And we have rural facilities, highly urban ones, and some deliver women's healthcare in comprehensive women's health centers with lots of different services, and resources. Whereas others care for women in integrated gender neutral clinics.

 Twenty of the sites are affiliated with the HSR&D centers, but we also have many sites that are located in facilities that are not included in research very often. And we also include some non-research sites. And in many cases we have multiple sites within a single VISN, which can be helpful for studies with cluster randomized trial designs.

 Again and again, the PIs tell us how much they value the wonderful Women's Health PBRN Site Leads who are motivated by a tremendous commitment to building the evidence base so that we can improve the quality of care provided to women Veterans.

 Site Leads know how the women's health delivery system works at their VA, and they maintain relationships with clinicians, and leaders at their site. This can really help the PI with multi-level stakeholder engagement efforts at facilities where the PI themselves might have no connections.

 The Site Lead can help the PI navigate the local site effectively while avoiding any local landmines. Another way we add value for PIs is our member sites, and can help the PI identify sites well-suited to their research question rather than just having to rely on the convenient set of places where the PI happens to know someone.

 To help investigators identify the sites that would be a good fit for their study, we turn to our site's database where we curate data from multiple data sources. The site's database has information about the number of women Veterans in each PBRN site with various, some sociodemographic characteristics such as age group, race, ethnicity, urban, and rural status, their utilization characteristics, and diagnoses.

 For example, we, we can draw upon women's health evaluation initiative, or lay data to look at site-level data about the prevalence of 202 diagnoses, which PIs are welcome to include in their grant proposals to help justify their recruitment, and projections.

 Our site's database also has other useful information that can help the PI to narrow down which sites the pick such as information about Site Lead characteristics, setup of the local women's health delivery system, local provider characteristics, and other local site characteristics. Our site profiles pages provide a snapshot of PBRN sites.

 Once we know which sites the PBRN is interest – I'm sorry, which site the PI is interested in approaching, we can help the PI to develop a brief description of the study, that includes things that we anticipate Site Leads are going to want to know. And then I go ahead, and I send an e-mail to each of the candidate sites to provide this basic information about the study, and see if they're willing to discuss their potential participation with the PI.

 And despite the fact that the Site Leads are not paid for being a Site Lead, they are extraordinarily passionate about making Women's Health research happen. And we find a high level of volunteerism for studies.

 So to summarize, there is a number of ways that the PBRN adds value to investigators who are doing multisite research in the PBRN. We know the member sites, and we help PI select sites suited to their study needs, and have strong connections with our national Site Leads community, and the Site Leads are very responsive when we do the warm handoff of the PI to the Site Lead.

 But with it, coming the problem of small ends, the PBRN gives PIs access to sufficient numbers of women Veterans, helping the PIs meet mandates for inclusion of women. And we can provide technical expertise around strategies for multisite practice-based recruitment of women Veterans, in addition to technical consultation provided by the consortium, and engagement arms of the Women's Health Research Network.

 The PBRN also gives PIs an entrée into a diverse set of clinical practices represented above the range of real world settings where women Veterans receive care nationally. Of particular importance for intervention and implementation research, the PBRN provides investigators with PRIME sites that have already been working on developing local connection, and engaging clinicians, and leaders with the mission to improve women Veterans' healthcare through research, and quality improvement.

 Increasingly, we're offering investigators the opportunity to enlist the input of various stakeholders via the national PBRN Site Lead calls, in addition to connecting them with the engagement arms' Women's Improvement Network, or WIN, for women Veterans' stakeholder engagement.

 And finally, we are, we have dissemination opportunities through the PBRN, and the consortium, and the engagement arms of the Women's Health Research Network. And we're also committed to refining processes that will increasingly allow us to use the PBRN for spread of promising practices and evidence-based interventions.

 So putting it all together, if you are a VA investigator who's interested in applying to use the PBRN, please use the Women's Health, and the WHRN dot VA dot gov e-mail address to contact us a couple of months before your grant submission deadline. In the e-mail us, please let us know the basics, what kind of grant it is such as VA HSR&D IIR, or a CSP clinical trial, the deadline for your grant submission, a brief description of the study, and your CV.

 Then we'll send you a short form so you can provide us with information about your study. After which, we'll have an exploratory call to look at the fit of your study with the PBRN. On that call we can get more information such as the number, and types of sites needed, recruitment considerations, and the nature of the proposed involvement of the sites.

 If it looks like the study will be a good fit with the PBRN, then we'll discuss whether participating sites will be selected before grant funding or whether the sites would need to be recruited, will be recruited after the grant goes in? And either way, Diane Carney and I will be facilitating the investigator's contact with the proposed sites. If the site agrees to participate, then we leave it to the PI, and the PBRN Site Lead to work out the specifics of the site's participation.

 Okay so now I'm going to pass it off to Ms. Diane Carney, who is the national program manager of the Women's Health PBRN here, here in Palo Alto. And she can explain what we do to support development of the national community of PBRN sites. So, Diane?

Diane Carney: Thank you. Thank you, Susan. Okay. Now, I'll dive into describing what we do to support development of capacity of the sites. So they're primed for research and QI activities. I'll tell you about what we do to develop a national community of Site Leads with our monthly national Site Lead calls, and quarterly newsletter. And SharePoint being our main communication tools.

 Then I'll explain how the sites get activated and build their experience with research processes, and local stakeholder engagement through, not only research studies but also practice scans, card studies, and evidence-based quality improvement collaboratives. Activities of the site's not only support multisite research, but also contribute to VA's efforts to be a learning healthcare system.

 So what do Site Leads do? One important role, of course, is to support local components of multisite studies. Occasionally, they do this as the local site PI or co-investigator, but most often they are in the role of site collaborator, or a consultant, guiding the overall study PI on local recruitment issues, and providing a local lay of the land, and helping the PI to make local connections with clinicians, managers, and researchers.

 Another key Site Lead role is to build their local PBRN community, which may be composed of clinicians, researchers, and managers. There is cross site variability in the extent of local site development activities. These activities can include, for example, sharing information from the national PBRN calls with local team members or local leaders.

 Site Leads may also oversee local data collection and supportive operations priorities, which I'll describe briefly on the subsequent slide. And Site Leads also contribute to the national PBRN community, networking with each other within, and outside of the national PBRN calls, giving, and giving presentations on national calls.

 Our processes are designed to support development of a national community of Site Leads. The Site Leads come together as a national community on our monthly Site Lead calls, which we try to keep very participatory. We use the calls as an opportunity for PIs to share results of PBRN studies.

 The Site Leads can then further disseminate those results locally. And this is consistent with one of our core values, the bidirectional collaboration between clinicians and researchers where steady results make their way back to frontline clinicians.

 We also have didactic components on methods to help Site Leads build the knowledge base they need for future PBRN studies such as the nuts, and bolts of navigating the local site stakeholder engagement. The calls are also networking opportunity where sites share local innovations, both formally, excuse me, both informally in the chat boxes, and formally such as with their capstone presentation of results from their quality improvement and collaborative projects that you'll hear about shortly.

 The calls also become a forum for stakeholder-engaged research where PIs can get feedback from Site Leads in real-time through polls in the chat box with the idea that if clinicians give input on the front end, ultimate findings will be more directly relevant to the needs of frontline providers.

 And once per quarter we open the national Site Lead call to any interested staff from PBRN member sites.

 The PBRN Coordinating Center also shares key information, information with appropriate stakeholders through a quarterly, quarterly newsletter using a format that makes it easy for the Site Lead to forward it to keep people at their site. And we also archived information for Site Leads on the Women's Health PBRN SharePoint site.

 In addition to supporting the local component of multisite PBRN research studies, Site Leads also can get involved in the local component of special types of projects, including practice scans, Veteran feedback projects, and quality improvement collaborative. I'll describe those special types of projects next.

 Practice scans, so the PBRN is well-situated for some unique types of data collection, one of them being practice scans. These are rapid turnaround queries to the field where we ask the sites to describe some particular element of their local women's healthcare delivery system that is of interest to national partners with the Site Leads serving as a key informant knowledgeable about local practice arrangements.

 So just for a few examples, we did a practice scan on sexual orientation, and gender identity screening, and documentation for the national LGBT office to help with their office's implementation of systematic approaches to collection of sexual orientation, and gender identity by clinical teams nationally. Another one that we rolled out rapidly for the Office of Women's Health at the start of the pandemic, asked about frontline providers' information needs about women Veterans in the COVID era.

 That practice scan also collected early insights from the field. And we quickly turned that into report to the National Office of Women's Health, and repurposed a women's health Cyberseminar slot to meet VA Women's Health steps, educational needs around women, and COVID that were identified in the practice scan.

 When we did a practice scan on complementary and integrative health services for women Veterans available at PBRN sites, we did that on half of the Office of Patient Centered Care and Cultural Transformation, which led to a follow-up card study on this topic.

 So that's a good transition to my description of a second type of PBRN-based data collection, the card study. A card study is an anonymous Veteran feedback survey addressing a priority area of our national 0perations partner. And here's how it works. At participating sites, the clerks and nurses pass out the form to sequential women coming in for primary care appointments over a four to six week period.

 Women return their form to a lockbox, and the PBRN Site Lead picks up the completed forms, and returns them to the PBRN Coordinating Center. Then the PBRN Coordinating Center oversees data analysis, and then sends each site their local data benchmarked against national data, and also sends our national partners the aggregate national data. We then send certificates of participation to clerks, nurses, and anyone else the Site Lead wants to acknowledge.

 Our first card study was a complementary and integrated, it was on the complementary and integrative health. We were amazed that 20 VA Medical Centers signed up, and additionally 11 community-based outpatient clinics participated with over 1,000 women completing forms. A manuscript reporting on the partnered research approaches that we use for that card study has been published recently. And we'll post the citation in the chat box in, in case you want to take a look at that.

 Since then, we've conducted five waves of a Stranger Harassment Veteran Feedback Project with the sixth wave expected to launch in 2023. These card studies grew out of findings from Dr. Becky Yano's PBRN-based women's health primary care trial that showed one in every four women Veterans experiences harassment while on VA grounds. That finding informed the national and harassment campaign, which later evolved into the current Stand Up to Stop Harassment Now campaign.

 The Office of Women's Health asked us to do these card studies to help inform the national campaign. Large number of sites have participated in all ways even during the pandemic, and this is a testimony to how much this resonates with the PBRN sites. And how much they enjoy getting involved in data collection.

 In the most recent wave 32 Women's Health PBRN sites participated with 1,645 women returning forms during the brief data collection window. While outlying community-based outpatient clinics often do not get an opportunity to participate in VA research, we were delighted to see that 24 CBOCs were able to participate in the most recent wave of data collection.

 A third type of project is the Evidence-Based Quality Improvement Collaborative, which we call QIC. The goals of QIC are to spread and tailor promising practices developed by local site women's health teams, to expand capacity for evidence-based quality improvement, or EBQI initiatives at Women's Health PBRN sites. To build cross site collaborative relationship among Women's Health champions and foster their connections with national leadership, and also help to build local site stakeholder engagement.

 The basic idea of how this works, is that the Site Lead in collaboration with others at their facility, leads a local QI project on the topic that the national QIC group is working on addressing, such as culture change.

 The National Women's Health Research Network's role is to provide training, toolkit resources, and facilitation around QI methods such as the evidence-based quality improvement approach, multi-level stakeholder engagement techniques, data collection approaches for evaluating the intervention's success, and general problem solving approaches. All the participating sites learn from each other via discussions on monthly QIC calls.

 We've done two of these so far, one about abnormal mammogram follow-up, and one about culture change. And the participating sites have completed important QI projects at their sites, subsequently presenting their capstone summaries on the national PBRN call.

 I should note that site participation in QIC is completely voluntary. This is, this is more involved than doing a Veteran feedback project because it's a full QI project, and so not all sites have the bandwidth at a given point in time. However, we were really impressed that over a dozen sites chose to participate in the initial round of QIC, and that many additional sites have subsequently expressed interest.

 So this is yet another example of how the wonderful Women's Health PBRN Site Leads contribute to VA as a, as a learning healthcare system, where information flows within sites, across sites, and between sites, and national Program Offices. Now, I'll turn it back to Susan for a few vignettes.

Susan Frayne: Hey, thank you, Diane. So we'll wrap up with three slides that illustrate some of the ways that these efforts have impacts at the investigator level, the local facility level, and the national level consistent with learning healthcare system principles.

 So to paint a picture for you of how the PI portion of the PBRN learning healthcare system activities can work, I'll highlight a series of presentations that Dr. Lisa Callegari from VA Puget Sound has given on the national PBRN Site Lead calls. In the PPRN Site Lead call presentation back in 2017, she shared background on known racial, ethnic disparities in gay hysterectomies, and then described the post-work by her and Dr. Jodie Katlyn for the Office of Health Equity.

 And she alerted the Site Lead that she was going to be reaching out to some of them to enlist their support with recruiting gynecologists for interviews for this new project. And then she elicited input from the Site Leads about the proposed content of the interview questions, and planned recruitment processes using stakeholder input from the national PBRN community to then refine the planned project.

 She returned in 2018 on what we call the full community call, a quarterly call it includes not only Site Leads, but also any members of their local facility that the Site Lead was to invite. And she presented findings from another phase of her work regarding women Veterans experiences of discrimination, and their preferences around family planning care.

 Besides themselves profiting from being kept in the loop on hot research results, the participants in the full community call gave to Dr. Callegari, their thoughts about her findings, and their perspectives on conversations with women about family planning goals, further informing the body of research Dr. Callegari was pursuing.

 Then in 2019, she returned again to the Site Lead call, describing the pilot of the patient facing web based reproductive health decision tool for women Veterans that grew out of her series of studies, and enlisting the feedback of Site Leads about her plans for a subsequent, full blown multisite clinical trial that was to be conducted at seven PBRN sites.

 And then most recently she partnered with the Women's Health Research Network and the VA Office of Women's Health on a PBRN-based practice scan that asked about local site barriers to, and facilitators of provision of long acting contraception, or LARC. And then she returned to the national PBRN Site Lead call to discuss the results with the Site Leads. So this is a good example of a PBRN supporting VA as a learning healthcare system with researchers profiting from the insights of frontline clinicians on research design, and implications of results. And Site Leads and other local sites staff profiting from hearing emerging research results that they could put into practice with some of those results coming directly from PBRN studies.

 An example of how PBRN site-facing activities can have local site impacts, I'll give you an example of Ms. Agnes Santiago-Cotto, who is the Women's Health PBRN co-Site Lead at Puerto Rico. We sent her and all the other sites that participated in the Stranger Harassment Veteran Feedback Project, their local site results benchmarked against national results. We also provided all the sites with an Excel template that was set up to automatically create PowerPoint-ready graphs from their local site data.

 Ms. Santiago-Cotto used those result, those resources with a, with a fictitious example shown here for illustration purposes, when she presented to her local facility's leadership team. And she reported that that strengthened the leadership's enthusiasm to support staff educational initiatives about stranger harassment. We then invited her and several other Site Leads to give a presentation on the national PBRN Site Lead call about how she leveraged card study results to impact local practices with the growth goal of cross site learning and building enthusiasm among other sites returning their card study results into local site impacts.

 PBRN site activities, also they have national impacts. As an example of that, the Office of Women's Health needed field-based input for the new toolkit that they were developing around trauma-informed care under the leadership of Dr. Mary Driscoll at VA Connecticut, and Dr. Lynette Adams in the Office of Women's Health. They collaborated with us in the Women's Health Research Network to develop the content for our practice scan, which we then distributed to PBRN sites with an 86% response rate.

 Women's Health then used the quantitative and qualitative results from this practice scan to help inform toolkit development. And then, true to learning healthcare system principles, these national leaders came onto our monthly sight lead call, and presented information about trauma-informed care generally, and about the toolkit specifically. And then their toolkit has subsequently been disseminated further to the field such as at national conferences, and has been included as a resource in a VA memo to \_\_\_\_\_ [00:45:04] importance of trauma-informed care.

 Finally, here is the e-mail address that you can use to contact the Women's Health Research Network and any of the three arms of our network. E-mails will be triaged then to the consortium, the engagement arm, and, or the Women's Health PBRN. So please, do reach out to us so we can partner with you to continue improving the evidence base that guides the care for the women Veterans that we serve. And thank you all for having joined today.

 And I think, now, Adrianna Rodriguez will be helping us to field questions and comments from the participants in this meeting.

Adriana Rodriguez: Thank you so much, Dr. Frayne, and Ms. Diane Carney, what a great talk. So much rich information, and I'm sure folks on the call have a, hopefully, a better sense of what the PBRN has to offer. And so I am looking at the Q&A, and don't currently – I'm gonna check in with, with Maria, but I don't currently see any questions posed. Maria, is that what you see, too?

Maria Anastario: That's correct. The only thing I could think of is, Diane and Susan, you may want to go ahead, and look at your Q&A because someone may have sent your question privately –

Adriana: Okay.

Maria Anastario: – And not shared the question to everyone. So if you see your Q&A box empty, and to open that Q&A, again as a reminder, go to the bottom right-hand corner of the screen, and you'll see the three dots, the ellipsis. Go ahead and click that ellipsis and enable the Q&A option. And actually, a question just came in, "Just wondering if Canadian researchers are able to participate in the network?"

Susan Frayne: So I I think that it would be great to hear from you. So go ahead and send us an e-mail at the Women's Health Research Network, WHRN at VA dot gov, because at least opportunities to connect with each other through the consortium or other pathways would be great. The PBRN, and to do a, a VA-based study, one would need to be a VA employee, or VA-based investigator.

 And so so that would be one issue to think about. But why don't you just go ahead and reach out to us and we'll be glad to talk about that, the specifics as well. Yeah thank you for that. And it's exciting to hear from, from Canada. That's wonderful.

 Canada is actually one, a a place where there is and I'm sure, you know this, but a very, one, the, there's a national PBRN movement that's been going on since the 1970s, an international PBRN movement. And, and and Canada is one of the places where there is a great deal of PBRN work, really important PBRN work outside of the VA.

Adriana Rodriguez: Great, thank you. Thank you for that, Dr. Frayne. I am not seeing any more questions. If folks have any lingering questions, please drop them in the Q&A box. We'd, we'd love to, to have a discussion with you. And I'm sure people have questions. There is a lot that you all provided for us in terms of information. So it's, I'm sure we will receive them over e-mail. So feel free if you have questions, e-mail us to WHRN at VA dot gov with your questions or your comments. We'd love to hear from you.

 Giving folks a couple of, of seconds to, kind of, keep thinking about their question; Dr. Frayne and Ms. Carney, is there, is there anything else you want to share that you didn't get a chance to share in the slides? You gave us a lot of information, but maybe things folks might benefit from knowing about the PBRN, anything in the, in the upcoming years that, or we should look out for?

Susan Frayne: Yeah, thank you. And and actually, one question I had is, are we able to put into the chat the link for Dr. Yano's Cyberseminar?

Adriana Rodriguez: Yeah, yeah, I was able to do that. So folks in the chat box, the link to the archived talk from 2020, as well as the paper that Ms. Carney referenced in one of her slides. That was published in 2021. So I put the link to both.

Susan Frayne: Yeah, and that one was, I think, about the card study approach. So yeah, that's great, wonderful. Yeah and and when one of the things we're actually talking about for the future is to, to work on getting additional feedback from investigators, so having an investigator survey PBRN investigators to more formally get feedback, and input. And I think that that's something that will be great.

 We, Dr. Hamilton had actually, previously done interview, detailed interviews with women Veterans, and clinicians, and researchers associated with the Women's Health Research Network that has, it has really helped to inform a lot of our processes. But now we want to, we have another step we're thinking that we can do to get more input going forward.

 And similarly, doing more outreach to, helping the sites with outreach to the, their leadership with additional – we, we try to send templates, and and sample e-mails, and things that make things easier for Site Leads to disseminate information. And, we don't have to reinvent the wheel every time for them. But, we, we're talking about ways to do more about it as well, to just keep building our multisite, our multi-level stakeholder engagement efforts as well.

Adriana Rodriguez: Well, that's, that's so great. That's the thing, I mean, you all are doing so much. And I know that the Site Leads and and other folks that are part of the PBRN really, really appreciate all of that. I do see we have a question. Thank you so much for posing your question. What specific projects did you study in the complementary and integrative health?

Susan Frayne: So the the complementary and integrative health, what, so there was two things. There was the practice scan where we were trying to find out what kinds of complementary and integrative health activities or services were available at sites, and in particular available for women Veterans.

 And it was very interesting because there was a write in component as well, so that there were some kinds of activities that we hadn't even thought to ask about that were really interesting. And that was in partnership with the Office of Patient Care and Cultural Transformation.

 And then subsequently, we did the card study or Veteran feedback project about complementary and integrative health. And that asked about women Veterans own preferences for certain types of complement, complementary and integrative health activities like acupuncture, and tai chi, and massage. And asked about their interest in doing those kinds of activities in, in a women's health context specifically versus just in general?

 And so that was meant to hear directly from women Veterans about what they were looking for, for those types of services so we could feed that back to VA Central Office for their program planning, and developmental work. And then we also, as always, we share the the national results that we give each site, their individual site results of what the women at their site are interested in.

 And then we also give all the sites the national results so that even if they didn't participate in the card study themselves at their site, they can share that information with others at their local site, and leadership, and clinicians. And know, get ideas for ways that women may be interested in getting more involvement in complementary and integrative health, and and actually, that manuscript, that actually gives some more information about, that was posted on the chat, gives some information about that particular one. I hope that got at what you were asking about.

Adriana Rodriguez: Well, hopefully, that that was, that answered the question that came through. I think that's it in terms of questions. Otherwise, anything else to mention, we can pass it on to Maria to close us out?

Maria Anastario: We do have one more question that came up, if you want to answer that, and then perhaps give some closing remarks? The question is, any programs established for novice aspiring new investigators?

Susan Frayne: That's great, so the…. Thank you for that as well. So a couple of points about that, for investigators who are at PBRN sites, we – and you're welcome to reach out to us to find out ,if you're at a PBRN site – you're encouraged to reach out to the PBRN Site Lead at your facility to see if there is any local ways to collaborate in the PBRN, and PBRN activities at the site.

 And including, even in the card studies, and other things, and then, and just to have a community of other like-minded people who are interested in advancing women Veteran's health. And it's just really nice to have a local community as well.

 So that's one, that's one thing. The, and then I would say also, reaching out to that website so you can join the consortium of women's the Women's Health Research Consortium that's based in Los Angeles where Dr. Rodriguez, who's on this call is the national program manager for that, for that component.

 And express what you're interested in, and what you would like to learn more about in terms of the network, and then get connections to other, or national groups of other investigators interested in similar areas, or consultation on things that you're interested in, training opportunities, and other things like that. So, hopefully, that would help. And I don't know, Dr. Rodriguez, did you want to add anything on that one or?

Adriana Rodriguez: No I think you pretty much, you said anything I would have said, but definitely, folks, the e-mail was on the screen. Feel free to reach out and we can, kind of, help triage the best, sort of, connection or, or action to take in terms of, of helping support your work and your interests in women's health research.

 Okay, well I'm just giving folks a couple of more seconds, but I think we are coming to an end. Are there any, sort of, closing, anything out, to close out, Dr. Frayne, or, or Ms. Carney?

Susan Frayne: I would just say we're just really grateful to everyone on the call for your interest in expanding women Veterans' representation in VA research. And we just really hope to hear from you over time and as your, as needs arise. Thank you.

Adriana Rodriguez: Great, great, now, we'll pass it over to Maria to close this out. Thank you, everyone.

Maria Anastario: And to our presenters, I want to thank you so much for taking the time to prepare and present today's Cyberseminar. It was a fantastic presentation. And for the audience, thank you everyone for joining us. When I close this meeting, you will be prompted with the survey form. Take a few minutes to fill that out, we really do appreciate it, your feedback. And stay safe, everybody, and have a great day, happy holidays.

[END OF TAPE]