



IMPROVING VETERAN RECRUITMENT FOR RESEARCH :. A VETERANS COMMUNITY ADVISORY BOARD RECRUITMENT ENHANCEMENT SUBCOMMITTEE REPORT October 2019

Chair: Eugene Marsh, MA, Co-Chair Terri Haywood, MS, MPH;
Members: Cate Revak, MSW, Chasity Young, MPH

EXECUTIVE SUMMARY

The CHERP Veterans Community Advisory Board (VCAB) offers independent Veteran perspectives to researchers about their care experiences at the VA, their preferences and priorities.

Using survey research methods, in October 2018, the Veterans Community Advisory Board (VCAB) Recruitment Enhancement Subcommittee (REC) of the Center for Health Equity Research and Promotion (CHERP) gathered responses from research coordinators, research assistants and project managers (hereafter “coordinators”) at the Corporal Michael J. Crescenz VA Medical Center (CMCVAMC) about their experiences with recruitment of Veterans for participation in research studies. This report provides an overview of the survey responses. We also provide below some recommendations to address recruitment challenges.

Key Findings

According to coordinators, the most established and wide-spread recruitment practices are:

- In-person recruitment
- Chart review
- Provider referral
- Mailed recruitment letters

In the estimation of coordinators, recruitment challenges are as follows:

- Though respondents report advertisements and flyers are questionable in effectiveness and that existing facility level advertising outlets are being underutilized, coordinators would like more outlets to be developed.
 - Advertising (ads and flyers) does not reach enough Veterans to create awareness of studies
- It is not easy for Veterans to learn about studies
- Although sending a recruitment letter is thought to be most effective by coordinators, it is an underutilized method in their estimation
- Parking and transportation for research participants is a barrier to recruitment
- Recruitment incentive payments to participants are challenging to fulfill
- Coordinators have limited engagement with providers, which may lead to an enrollment deficit
 - Coordinators have relationships with providers, but these are inadequate to support effective recruitment
- Lack of time to develop rapport with Veterans along with study team understaffing hinder the

ability to recruit patients effectively and with trust

Coordinators made the recommendations listed below to improve recruitment, which we fully support. We include here options for how these improvements could be implemented at CMCVAMC:

- More advertisement of research studies around community areas in the facility to foster research study awareness.
 - Displays in areas where Veterans congregate in the facility should be included as locations for research study and recruitment ads (i.e. Starbucks' waiting area)
- Develop a Patient Registry for easier identification of study candidates
 - This recommendation could be carried out by a kiosk similar to other kiosks already in use in CMCVAMC, capitalizing on existing secure infrastructure for Veteran PHI and PII; this technology is familiar to Veterans and facility staff, and would also enable real-time recruitment metrics to be captured and monitored
- To assist Veterans with access to research study information, institute a centralized, online, searchable database listing research ads and flyers, study objectives, populations under study and eligibility, and study staff contacts
 - Also managed by a kiosk, but perhaps also a public-facing webpage on the CMCVAMC website
- A small number of parking spaces be allocated for research participants as a recruitment and participation incentive
- To address participant transportation needs, include participants in currently established CMCVAMC transportation options (DAV, etc.)
- Substantially increase participant reimbursements and payments for research to incentivize participation and minimize any annoyances

The recommendations above originate from analysis of the survey data. However, we would also like to make further recommendations based on our unique, personal experiences both recruiting and being recruited for research studies. Please consider:

- ***All ads and flyers must state that no Veteran's health care and service-connected benefits will be affected by participating in Research***
- It is very important that coordinators' rapport with Veterans be enhanced
 - Make available training in Military and Veteran culture
 - Create a relational soft skill kit for coordinators to improve awareness, interpersonal skills and trust with Veterans
 - Trauma-informed
- To facilitate in-person patient recruitment, coordinators should attend clinic staff meetings to promote research study goals, and answer questions about recruitment objectives and tactics
 - Inform VA Clinical leaders (i.e. Service Chiefs) of active studies
 - Build rapport and engagement with the clinic environment and its staff so that coordinators feel empowered to support the provider through the recruitment process
 - Create Study Awareness Kit for Providers

- This kit will consist of tips and tools to educate providers and to make the recruitment process Veteran-centered
 - Coordinators could closely track referral source, which will inform research administrators and PIs whether an improved clinic engagement approach is effective.
- Promote VA research to Veterans:
 - As enhancing VA patient care
 - By providing recognition via a generic “I participate in Research” sticker or lanyard card that a Veteran is participating in a study; may encourage other Veterans to participate in a study, improving recruitment and lessening distrust
 - Missed research promotion and recruitment opportunity: annual VA Research Week activities and publicity to inform Veterans of recruitment opportunities
 - Missed research promotion and recruitment opportunity: utilize VA Townhalls and Health Fairs to inform Veterans of recruitment opportunities



BACKGROUND

The CHERP VCAB offers independent Veteran perspectives to researchers about their care experiences at the VA, their preferences and priorities. This independent board is designed to represent the vulnerable communities central to CHERP's health equity research mission (e.g. Veterans from ethnic minorities, LGBTQ Veterans, women Veterans, Homeless Veterans, Veterans with stigmatizing social, mental and physical conditions, etc.). The VCAB:

- Strategizes with PIs to make research Veteran-centered
- Composes letters of support for Veteran-focused projects
- Provides individual opinions of recruitment tactics and study materials, and identification of research partners
- Assists with research dissemination

In estimation of the REC, the successful completion of a research study, especially one involving direct subject participation, depends on successful recruitment strategies, trust building and appropriate tools. Recruitment has been declining within HSRD studies (Cappelletti, 2018), and in response, in Fall 2018 the REC conducted a survey to compile the current state of research coordinator experiences and recruitment processes. The goal of the survey was to elicit views of those who actively recruit Veterans every day. With this information we have pulled together viable ideas and solutions to assist stakeholders in making research more attractive to Veterans and thereby improving recruitment figures. Thus, this report presents our analysis of open-ended and close-ended survey questions as well as what recruitment techniques are working. Integrating information both from our survey data as well as our variety of unique, personal experiences with VA research studies, this document also pinpoints problem areas of recruitment, and recommends improvements. The report also outlines strategies to make study recruitment Veteran-centered.

METHOD

The Research Coordinator Survey was anonymous and administered with Survey Monkey through a link, which was emailed to a listserv of CMCVAMC research coordinators, research assistants and project managers, hereafter referred to as coordinators. These coordinators were involved in direct subject recruitment and primary data gathering for human subject research studies. The population, n=93, was given a span of 1 week to complete the survey, with one reminder message sent at day 4 of the survey. We received a total of 14 survey responses, a 15% response which, for an external-to-the-workplace survey, is an above average response (Ramshaw 2017). For analysis, the REC split into two groups, and over the course of 10 weeks analyzed responses and noted themes presented within the survey data. Survey responses were tabulated (see Appendix). A total of ten questions were presented to respondents, with an average time to survey completion of 4 minutes. Three questions were multiple choice, one question was Likert scale, three questions were open-ended, with an additional three multiple-choice demographic questions. Areas we examined were current recruitment techniques and their effectiveness, information sharing with Veterans, recruitment barriers and facilitators, opportunities for improvement, and basic demographic information.

RESULTS

In question #1, when assessing the effectiveness of current VA research recruitment and referral tools, coordinators responded that in their estimation, in-person recruitment was working very well (10 out of 14 respondents). Next, chart review (9 out of 14 respondents) was deemed to be the most effective technique, followed by provider referral (8 out of 14 respondents), and mailed recruitment letter (6 out of 14 respondents).

Other recruitment methods such as advertisements and flyers (2 out of 14 respondents), video (1 out of 14 respondents) and social media (0 out of 14 respondents) were deemed to be less successful recruitment methods for research. (It should be noted that subject recruitment via social media has not yet been approved for studies at VA.)

In question #2, when asked which method worked *best*, the data report contradictory opinions. Chart review was perceived to result in the most recruitment responses (11 out of 14 respondents) followed jointly by mailed recruitment letter and in-person recruitment (both 10 out of 14 respondents), with provider referral coming in fourth as a preference (6 out of 14 respondents). Advertisements/flyers (4 out of 14 respondents), video (1 out of 14 respondents) and social media (0 out of 14 respondents) were deemed to be less favored methods of recruitment.

For Question #3, regarding coordinators' observations of how Veterans find out about studies, half of our sample felt that learning about a study was "neither easy nor difficult" (7 out of 14 respondents), while the other half described learning about a study as difficult (6 out of 14 felt it was difficult, 1 out of 14 respondents felt it was very difficult). No respondent reported that it was "very easy" or "easy" to learn about a study.

Our next question, Question #4, was open ended, requesting ideas and opinions regarding what could be done to improve the ways that Veterans find out about studies. Half of our sample (7 out of 14 respondents) mentioned some form of provider buy-in as optimal in their estimation. For example, "Have a dedicated research person who provides the physicians with more information" was mentioned as a way to improve provider buy-in. Additionally, encouraging Veterans to "ask their Providers" about possible study participation was another response (See Appendix, Question #4 responses). Conversely, 7 respondents also mentioned some form of increased advertisement/flyer coverage within the CMCVAMC in their open-ended responses (7 out of 14 respondents).

For Question #5, respondents indicated several steps taken to improve recruitment for their studies, steps that represent modifications to their protocol. 4 out of 14 respondents wrote that alterations were made to their recruitment methods such as increased engagement with providers, direct outreach to patients, and mailed recruitment letters. Another respondent wrote that their strategy changed to "add poster, flyer, and recruitment information table." Several individual but unusual responses were to increase follow-up frequency at every step of the recruitment process and "revising eligibility requirements and criteria for chart review." Another respondent reported that their recruitment strategy was changed to include "opt-out letters."

Question #6 was open-ended, and, importantly, asked about institutional level recruitment challenges outside of IRB-approved protocol requirements. This question generated the most variety of responses overall in our survey, signaling significant variation among recruitment techniques. 2 out of 14 respondents stated that finding eligible and willing participants was challenging. Another 2 out of 14 respondents reported difficulties scheduling confidential interview rooms. Further, 2 out of 14 respondents mentioned transportation for in-person visits, and 3 out of 14 respondents mentioned

difficulty with subject compensation payments. Provider buy-in was reported as a challenge by 2 out of 14 respondents. Unique responses highlighted issues such as “parking” space availability, and Research Office Staff roles and contact information not readily accessible, as challenges to recruitment for their study. Interestingly, out of 14 respondents, only 1 mentioned not experiencing any challenges with recruitment.

Question #7 centered on specifying ways that participant recruitment could be improved in the estimation of coordinators. 11 out of 14 respondents listed both more time and more staff devoted to recruitment would be beneficial. 9 out of 14 respondents pointed to a patient registry for research as an improvement, while 5 out of 14 respondents identified increased support and training in subject recruiting in specialty clinics as needed support. Training in diversity was selected by 3 out of 14 respondents, with 2 out of 14 respondents stating that more information about military culture/Veteran culture would be helpful to their recruitment efforts. Individual responses focusing on needs for support were training in a trauma-informed approach to recruitment and making more office space available for recruitment. Also, 3 out of 14 respondents stated that greater awareness and valuing of research within the CMCVAMC community is needed to support and improve recruitment, going so far as to recommend undertaking an awareness campaign to facilitate a “culture shift in the role of research.”

Questions #8, #9 and #10 were demographic, eliciting some information about the respondents’ background, funding source and employment relationship to VA Research. 9 out of 14 respondents are currently working on a study funded by VA HSRD, 5 out 14 respondents were working on a study funded by the NIH, 2 out of 14 respondents were funded by VA CSRD, 1 out of 14 by VA RRD, and 1 out of 14 by DOD. When asked whether the respondents were themselves Veterans, no respondent reported being a Veteran. Finally, 11 out of 14 of the respondents were VA employees while 3 respondents reported being Without Compensation employees (WOCs). 5 out of 14 respondents whose funding source was outside the VA indicated an interest in training in military and veteran culture, diversity training, and training in how to recruit in specialty clinics.

SURVEY DATA ANALYSIS

Our survey has pinpointed a number of recruitment challenges at CMCVAMC, which taken as a whole may contribute to declining Veteran participation in research.

In the opinion of survey respondents, ads and flyers posted around CMCVAMC do not reach enough Veterans to create awareness of opportunities to participate in research. Sending a mailed recruitment letter is believed to generate the most responses from Veterans, though, in our independent opinion, this technique should be incorporated with sensitivity according to the population and research subject. Nevertheless, coordinators feel mailed recruitment letters are not utilized to their full effectiveness. Further, though respondents report advertisements and flyers are questionable in terms of targeting their message to Veterans, they remain interested in developing more outlets for study advertisements and flyers. Areas where Veterans congregate in the facility could include displays for research study ads (i.e. Starbucks’ waiting area). We have established that CMCVAMC Office of Public Affairs, which oversees displays and advertisements around the facility, is the point of contact to develop new areas for study ads and flyers. We recommend that investigators and study staff contact their office to learn about increasing the number of areas for display of ads and flyers, as well as alternatives to traditional advertisement strategies for research (e.g. screensavers, facility broadcasts, etc.).

Our Survey confirms that it is not easy for Veterans to learn about opportunities to participate in research. Ideally, a central point of information for Veterans that lists studies that will be or are actively recruiting would be a positive addition to the CMCVAMC research environment. To assist Veterans with access to research study information, we recommend that the Research Office institute a public-facing webpage

featuring a centralized, online, searchable database listing research ads and flyers, study objectives, populations under study and eligibility, and study staff contacts. We also strongly support the development of a Patient Registry for easier identification of study candidates. This recommendation could be carried out by a kiosk, one similar to other kiosks already in use in CMCVAMC, capitalizing on existing secure infrastructure for Veteran PHI and PII. Additionally, this technology is familiar to Veterans and facility staff, and would also enable real-time recruitment metrics to be captured and monitored.

At the facility level, our data points to specific areas where the patient recruitment and participation experience could be enhanced. We have learned that parking, participant transportation and recruitment incentives are barriers for Veterans. Therefore, we recommend a small number of parking spaces around our facility be allocated for research participants as a recruitment and participation incentive, as well as in recognition of the importance of VA Research to CMCVAMC culture. Further, our respondents report challenges with fulfilling incentive payments to participants and difficulty meeting subject transportation needs. To include participants in currently established CMCVAMC transportation options (DAV, etc.) would minimize the pressure for parking as well as positively address transportation needs of participants, while perhaps reducing the need for incentive payments to cover travel. Additionally, considering the previously mentioned barriers, participant reimbursements for research could be increased substantially to make research more attractive to Veterans and minimize any annoyances.

One important consideration revealed by our survey was that in the opinion of coordinators, more engagement with and buy-in from CMCVAMC clinics and providers would improve enrollment. Some coordinators also reported that lack of time to develop rapport with Veterans along with study team understaffing also hinder the ability to recruit patients effectively and with trust. We recognize undoubtedly that providers prioritize patient care over research recruitment. And of course, in our individual experiences, we have witnessed many coordinator relationships with providers, often strong ones, that consistently display utmost respect for Veterans. However, data suggest that, for some coordinators, these relationships could be strengthened in support of effective recruitment. We believe that, to strengthen provider buy-in and to facilitate *in-person* patient recruitment in particular, coordinators should be encouraged to attend clinic staff meetings to promote research study goals, recruitment objectives and tactics. To facilitate this effort, we support the creation of a “Study Awareness Kit” that coordinators can utilize to educate providers. This module will center on suggestions and tools to make research recruitment Veteran-centered along with tips to build trust among Veterans during the recruitment process. In addition, this kit will inform VA Clinical leaders (i.e. Service Chiefs) and providers of active studies, allow them time to ask questions, and build rapport and engagement with the clinic environment and its staff, so that coordinators feel empowered to support the provider through the recruitment process. Finally, to inform research administrators and PIs whether an improved clinic engagement approach is effective, we ask that coordinators closely track referral source. The REC, with the cooperation of its advisors, colleagues and stakeholders, would be pleased to lead the creation of this kit.

The recommendations above originate from analysis of the survey data. However, owing to our independent, personal experiences with recruiting and being recruited for research studies, we would like to make further recommendations to improve engagement with Veterans during the recruitment process.

We recommend that ***all ads and flyers state that no Veteran’s health care and service connected benefits will be affected by participating in Research.*** We understand this information is typical language in the Informed Consent process, but it is not common on study ads and flyers. In addition, it is very important that Research staff affinity and rapport with Veterans be enhanced. In our estimation, training in Military/Veteran culture would be a valuable boost to the training modules included in

CMCVAMC Research Staff training. There are internet resources readily available to fulfill this recommendation (i.e. www.psycharmor.org). Additionally, in our experience, we have found that, during recruitment, issues surrounding trust and confidentiality are central to Veterans. A relational soft skill kit for coordinators to improve awareness, interpersonal skills and trust with Veterans would be a welcome addition to current recruitment techniques and training. Likewise, considering the VA's commitment to supporting the fully one-third of all Veterans who have experienced some form of trauma (i.e. IPV, MST, TBI, PTSD, combat trauma, etc.), we feel this kit must be trauma-informed. The kit should also include resources and talking points that reassure Veterans of their value and the importance of participating in Research, while easing the conversational approach to direct in-person recruitment in clinics and giving coordinators tools to minimize the likelihood of re-traumatizing Veterans.

Besides those ideas listed above, based on our unique experiences learning about VA Research, we also recommend promoting VA research to Veterans as an enhancement to VA patient care. Moreover, to ensure that message remains Veteran-centered while raising general awareness of research participation, our VCAB could be engaged in the design of a set of templates for research ads and flyers. Additionally, some form of recognition via a generic "I participate in Research" sticker, wristbands, or lanyard card acknowledging, where appropriate, that a Veteran is participating in a study may encourage other Veterans to participate, improving recruitment and lessening distrust. Furthermore, we would also like to point out two missed opportunities for improving recruitment: annual VA Research Week activities and publicity, as well as VA Townhalls and Health Fairs. In these venues, Veterans are actively being educated about hospital processes, their benefits and other matters related to patient care. These and similar events are "golden" opportunities to inform Veterans of study recruitment initiatives and research successes.

Survey Limitations

Demographic information such as job title/role, education level, and length of time a coordinator has been a member of study staff were not included due to Survey Monkey service limitations. We also did not ask about study methodology (e.g. Quantitative versus Qualitative), the scale of patient recruitment (e.g. nos. of patients required by the study), or recruitment location (e.g. specialty clinic versus primary care). We also did not ask about project length or details about their experience with VA Research Administration. These questions might have helped to understand the underpinnings of coordinator opinions of the recruitment process, and their desires to see a 'culture change' in VA Research. Also, these questions might have shed light on why a research coordinator had no experience with recruiting by chart review, video or social media, or why they may have not been involved in recruiting in any way.

CONCLUSIONS

We fully recognize that there are some PIs and coordinators at CMCVAMC who have achieved extraordinary results with their recruitment efforts. However, we have also met with and advised researchers who struggle to achieve recruitment targets in a timely fashion. 13 out of 14 respondents to our survey mentioned some form of difficulty with recruiting Veterans for research participation. In the opinion of all respondents, awareness initiatives about research (for Veterans and providers), centralization of resources, and opportunities for relationship building are valuable in supporting and improving Veteran recruitment for research.

In conclusion, based on our unique, individual experiences as research participants and staff, we would like to affirm that Veteran self-determination remains important: Veterans would like to be able to choose whether, and the conditions under which, they will be to be approached to participate in a study. Alternatives to being approached during clinic visits, when many Veterans are dealing with ill health, remain our preferred means and setting for recruitment. To illustrate, in a patient registry kiosk, one of

the options could be whether the Veteran would like to be approached during a clinic visit or would prefer a mailed recruitment letter or some other form of contact. The variety of ways to encourage Veterans to be research participants should be profitably explored. Further, the pressure that a trusted clinician can exert on a Veteran, even unintentionally, to participate in a study should be minimal.

We, the members of the REC, stand ready to assist with designing and implementing the recommendations that we make above, and we hope that our ideas will enhance the recruitment process for all CMCVAMC Veterans.

REFERENCES

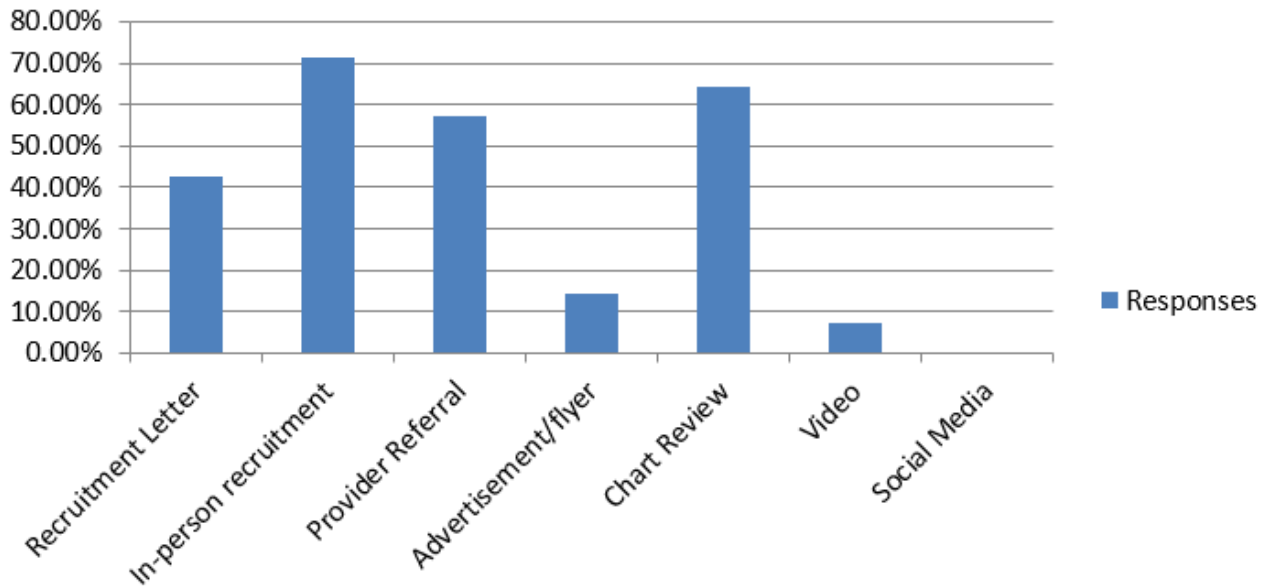
1. Cappelletti, M. (May 2018), *HSR&D Recruitment Deep Dive, Cyberseminar: Report to HSR&D Leadership*.
2. Ramshaw, A. (June 2017), *The Complete Guide to Acceptable Survey Response Rates*. Retrieved from www.genroe.com/blog/acceptable-survey-response-rate-2/11504 accessed 06/20/2019.

Disclaimer: The views presented above in no way represent the views of the Department of Veterans Affairs or the US Government.

APPENDIX - SURVEY RESPONSE DATA

QUESTION 1: WHAT CURRENT TOOLS FOR VETERAN RECRUITMENT ARE WORKING?

What current tools for veteran recruitment are working? Check all that apply.

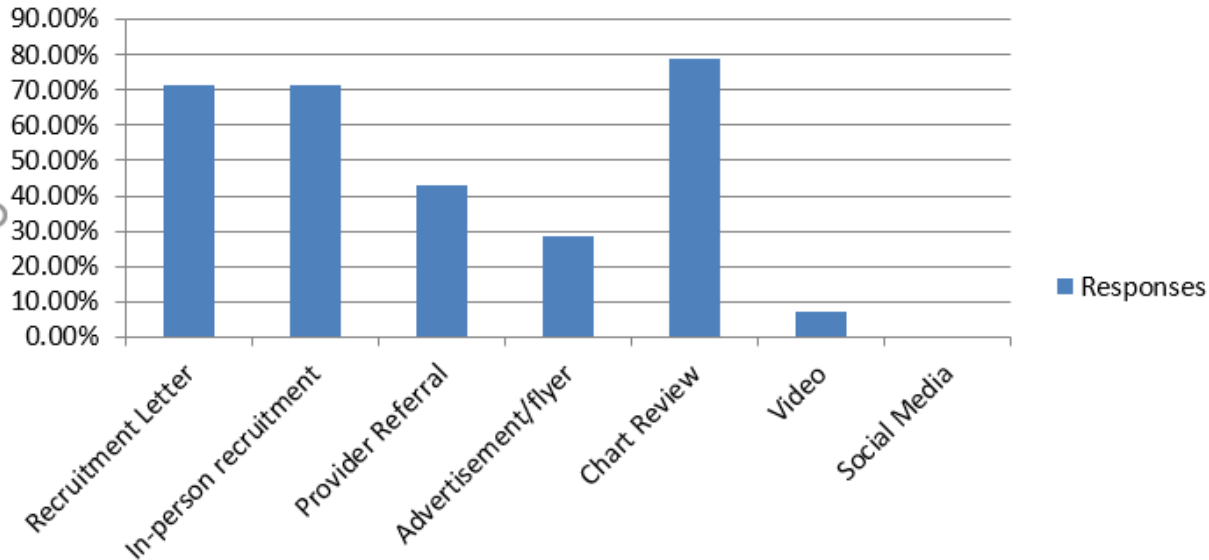


Answer Choices	Responses
Recruitment Letter	42.86% <u>6</u>
In-person recruitment	71.43% <u>10</u>
Provider Referral	57.14% <u>8</u>
Advertisement/flyer	14.29% <u>2</u>
Chart Review	64.29% <u>9</u>
Video	7.14% <u>1</u>
Social Media	0.00% <u>0</u>
Other (please specify)	<u>2</u>
	Answered <u>14</u>
	Skipped <u>0</u>

Respondents	Other (please specify)
<u>1</u>	It really depends on the study and the population you're trying to reach.
<u>2</u>	I am otherwise not involved in recruiting

QUESTION 2: WHAT TOOLS WORK BEST? PLEASE SELECT YOUR TOP THREE (3) RESPONSES.

What tools work best? Please select your top three (3) responses.

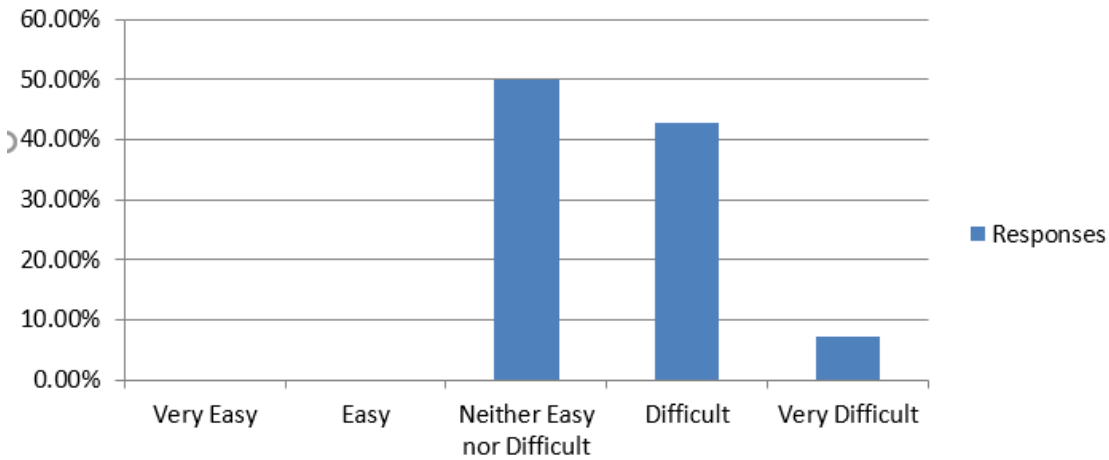


Answer Choices	Responses	
Recruitment Letter	71.43%	10
In-person recruitment	71.43%	10
Provider Referral	42.86%	6
Advertisement/flyer	28.57%	4
Chart Review	78.57%	11
Video	7.14%	1
Social Media	0.00%	0
Other (please specify)		2
	Answered	14
	Skipped	0

Respondents	Other (please specify)	Tags
1	As above, this depends ... also, I've never tried recruiting via chart review, video, or social media	
2	I am otherwise not involved in recruiting	

QUESTION 3: IN YOUR ESTIMATION, HOW EASY IS IT FOR VETERANS TO FIND OUT ABOUT STUDIES THEY ARE ELIGIBLE FOR?

In your estimation, how easy is it for Veterans to find out about studies they are eligible for?



Answer Choices	Responses	
Very Easy	0.00%	0
Easy	0.00%	0
Neither Easy nor Difficult	50.00%	7
Difficult	42.86%	6
Very Difficult	7.14%	1
	Answered	14
	Skipped	0

QUESTION 4: WHAT COULD BE DONE TO IMPROVE THE WAYS THAT VETERANS FIND OUT ABOUT STUDIES?

<u>Respondents</u>	<u>Response Date</u>	<u>Responses</u>
1	Nov 01 2018 11:22 AM	Flyers in hallways
2	Oct 31 2018 04:29 PM	More engagement with providers
3	Oct 31 2018 12:22 PM	Physician referrals.
4	Oct 31 2018 10:41 AM	<ul style="list-style-type: none"> - Have a website listing active studies, eligibility criteria, and study contact info to direct Veterans to when they ask - Get CMCVAMC support for publicizing research studies (so it's not all on each individual research team - use existing mechanisms, like clinic tvs, bulletin boards, newsletters, Facebook page, etc.)
5	Oct 31 2018 10:14 AM	It requires more involvement on the front end, and engaging those providers, but at the same time they are also already strapped towards focusing on the veterans care and may overlook or too stressed in the moment to refer a subject.
6	Oct 31 2018 09:13 AM	Have a dedicated research person who provides the physicians with more information (especially the ones not working on studies)
7	Oct 29 2018 12:11 PM	More advertising in the general areas of the hospital.
8	Oct 28 2018 03:30 PM	Centralized online list and flyers at each department
9	Oct 26 2018 04:16 PM	Signs or Banners. Also something to explain the importance of research and development.
10	Oct 26 2018 03:37 PM	more advertisement
11	Oct 26 2018 10:39 AM	Advertisements such as poster, flyers, and recruitment meetings (information and formation) only if applicable for the study.
12	Oct 26 2018 10:34 AM	More provider buy-in
13	Oct 26 2018 10:09 AM	Possibly put a flyer or notice at check-in across all clinics notifying veterans if interested in participating in research to ask their providers if there is any research available to them to participate in.

14	Oct 26 2018 09:40 AM	Build a culture throughout the VA and clinical staff of promoting research to the patient as a potential complement to their care. Potentially build a centralized research website with navigation to different departments. Create a platform that allows a veteran to search by keywords to learn more about studies that they be eligible for. Alternatively use a "study match tool" (short quiz or form) veteran completes that matches them to studies they may be interested in or eligible for.
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QUESTION 5: WHAT CHANGES OR ACTIVITIES BESIDES THOSE ALREADY DESCRIBED WITHIN THE PROTOCOL HAVE YOU AND YOUR STAFF UNDERTAKEN TO INCREASE VETERAN RECRUITMENT?

<u>Respondents</u>	<u>Response Date</u>	<u>Responses</u>
1	Nov 01 2018 11:22 AM	continuous followup
2	Oct 31 2018 04:29 PM	We were able to revise eligibility requirements and criteria for chart review
3	Oct 31 2018 12:22 PM	NA
4	Oct 31 2018 10:41 AM	Do you mean our study protocol? We're not permitted to do things that are not in our study protocol, so we have amended the protocol (and gained IRB permission) to allow for use of additional recruitment strategies. We started with provider recruitment, which wasn't fruitful, then added direct outreach to patients, first in clinic waiting areas and subsequently using letters.
5	Oct 31 2018 10:14 AM	Not involved in recruitment
6	Oct 31 2018 09:13 AM	none
7	Oct 28 2018 03:30 PM	we only do the processes outlined in our protocols
8	Oct 26 2018 04:16 PM	N/A
9	Oct 26 2018 03:37 PM	Increasing in person recruitment by the provider
10	Oct 26 2018 10:39 AM	For one study it was in the recruitment strategy, add poster, flyer, and recruitment information table.
11	Oct 26 2018 10:34 AM	Opt out letters
12	Oct 26 2018 10:09 AM	N/A

13	Oct 26 2018 09:40 AM	Making in person visits to referring providers in order to stay present and supportive to answer any questions they might have about referring to the study. Chart reviews and notifications to providers by email when they have an upcoming appt. with a patient who may fit the referral criteria.
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<u>Theme</u>	<u>Total #</u>	<u>Respondent #</u>
Follow up Frequency	1	1
Eligibility Criterion	1	2
Recruitment Methods	4	4,9,10,13
Opt Out Letters	1	11
None or N/A	6	3,5,6,8,12,7

QUESTION 6: WHAT CHALLENGES/OBSTACLES BESIDES IRB RESTRICTIONS HAVE YOU HAD TO OVERCOME IN YOUR EFFORTS TO IMPROVE VETERAN RECRUITMENT?

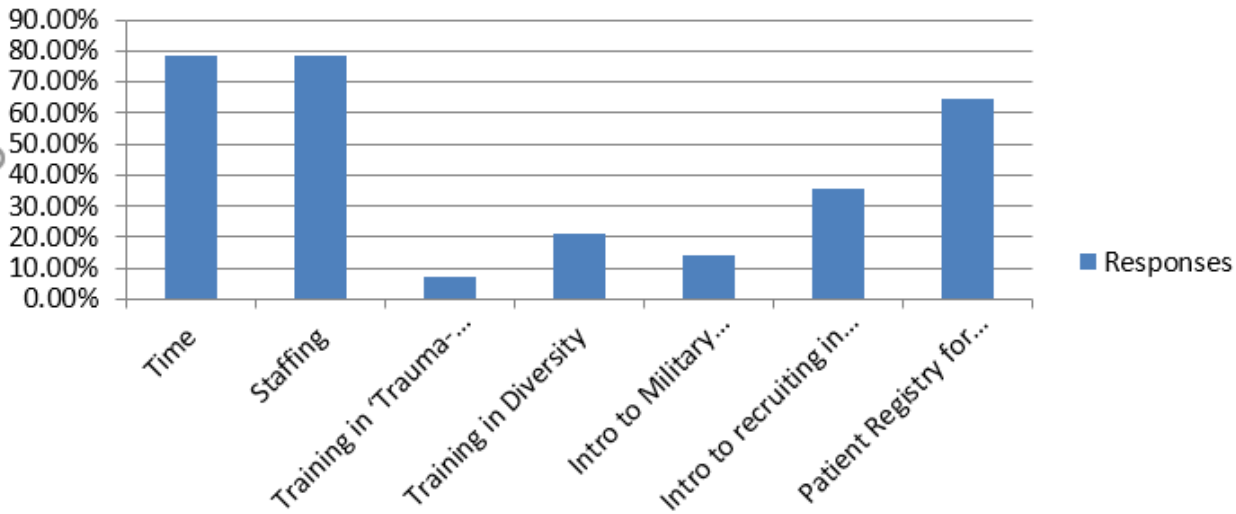
<u>Respondents</u>	<u>Response Date</u>	<u>Responses</u>
1	Nov 01 2018 11:22 AM	finding eligible and willing participants
2	Oct 31 2018 04:29 PM	Many subjects report feeling to busy/overwhelmed to participate in research
3	Oct 31 2018 12:22 PM	Unsure
4	Oct 31 2018 10:41 AM	Providers not mentioning study to Veterans. Contact information in CPRS that is not up to date. Scheduling difficulties - esp. the limited number of spaces available for conducting study visits (i.e., sometimes, no space available during time that works for Veteran)
5	Oct 31 2018 10:14 AM	Not involved in recruitment
6	Oct 31 2018 09:13 AM	VA outlined guidelines
7	Oct 29 2018 12:11 PM	None
8	Oct 28 2018 03:30 PM	difficulty figuring out who to contact for various things
9	Oct 26 2018 04:16 PM	Fine tuning CDW data pulls to increase patient yield
10	Oct 26 2018 03:37 PM	payment. travel and parking
11	Oct 26 2018 10:39 AM	N/A. the only limit is the effort the P.I. and research staff is will to put within the confines of the IRB.

12	Oct 26 2018 10:34 AM	Scheduling and transportation for in-person interviews; difficulty with subject compensation payments
13	Oct 26 2018 10:09 AM	Refinement of recruitment/tracking methods to increase workflow efficiency
14	Oct 26 2018 09:40 AM	Provider buy-in and habit change. Many times a provider will be hesitant about referring due mostly in part because they don't want to change their habit or flow of how they conduct their appts., but once they would do one or two referrals they really buy-in to the potential benefits of the study and start consistently referring. The hard part is getting those first few referrals. There really seems to be a culture from our study's perspective that clinical research studies are rarely incorporated into part of an apt., especially in primary care. Another reason would be that providers simply aren't informed that certain studies are even exist. We try to talk active steps in shifting this culture and think that some sort of centralized clinical research page, database or resource could be helpful in increasing recruitment and engagement across all studies.

<u>Theme</u>	<u>Total #</u>	<u>Respondent #</u>
Recruitment/info sharing	4	1,2,12, 13
Providers	2	4,14
VA Guidelines/Data	4	4,6,8,9
Research Staff Effort Level	2	11
Compensation/Logistics	3	4, 10,12
N/A; uncertain	3	3,5,7
Scheduling difficulties	2	4,12
Transportation	2	10,12

QUESTION 7: IN YOUR OPINION, WHAT THREE (3) RESOURCES ARE NEEDED AT THIS FACILITY TO SUPPORT AND IMPROVE VETERAN RECRUITMENT?

In your opinion, what three (3) resources are needed at this facility to support and improve Veteran recruitment?

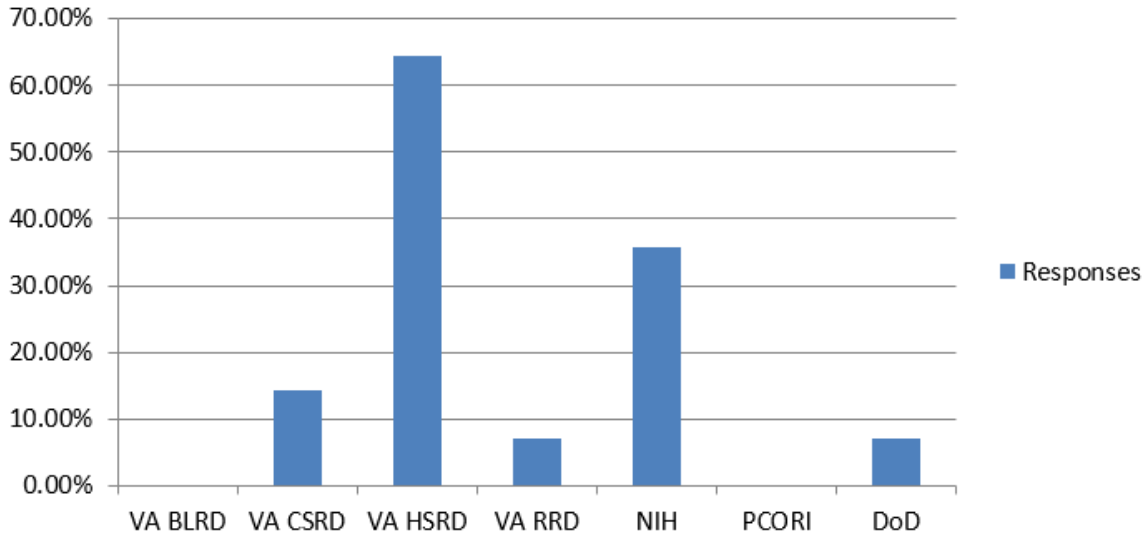


Time	78.57%
Staffing	78.57%
Training in 'Trauma-Informed Approach to Recruitment'	7.14%
Training in Diversity	21.43%
Intro to Military Culture/Veteran Culture	14.29%
Intro to recruiting in Specialty Clinics at VA (e.g. Sleep Medicine, Primary Care, GI, Nephrology, etc.)	35.71%
Patient Registry for Research	64.29%
Other (please specify)	

Respondents	Response Date	Other (please specify)
1	Oct 31 2018 10:41 AM	space; greater awareness of and valuing of research by VAMC community
2	Oct 28 2018 03:30 PM	centralization of resources, veteran awareness initiatives
3	Oct 26 2018 09:40 AM	Culture shift in the role of research w/i the medical facility as a tool to help enhance patient care

QUESTION 8: WHAT SERVICE(S) FUNDS YOUR STUDY OR STUDIES? CHECK ALL THAT APPLY.

What service(s) funds your study or studies? Check all that apply.

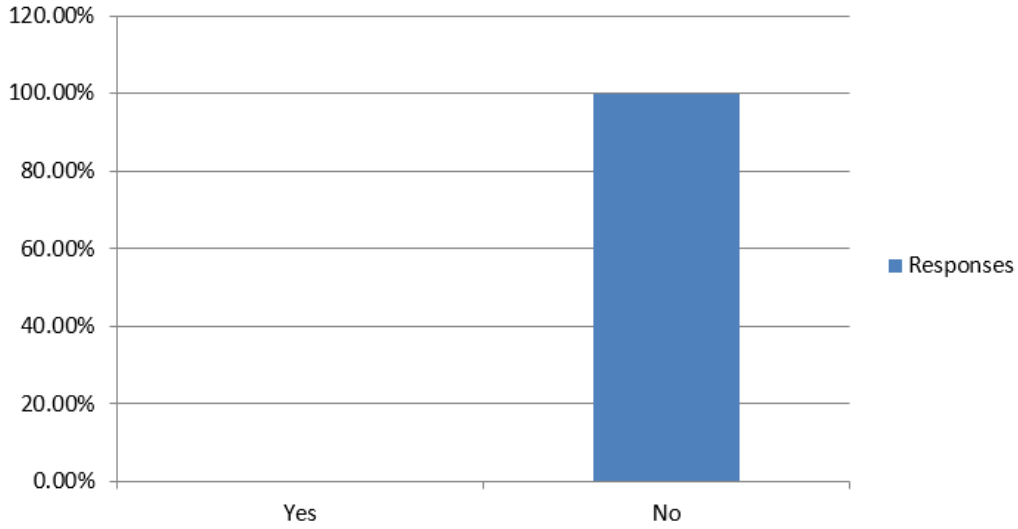


Answer Choices	Responses	
VA BLRD	0.00%	0
VA CSRD	14.29%	2
VA HSRD	64.29%	9
VA RRD	7.14%	1
NIH	35.71%	5
PCORI	0.00%	0
DoD	7.14%	1
Other (please specify)		1
	Answered	14
	Skipped	0

Respondents	Response Date	Other (please specify)
1	Oct 26 2018 10:09 AM	VA grant - unsure which

QUESTION 9: ARE YOU A VETERAN?

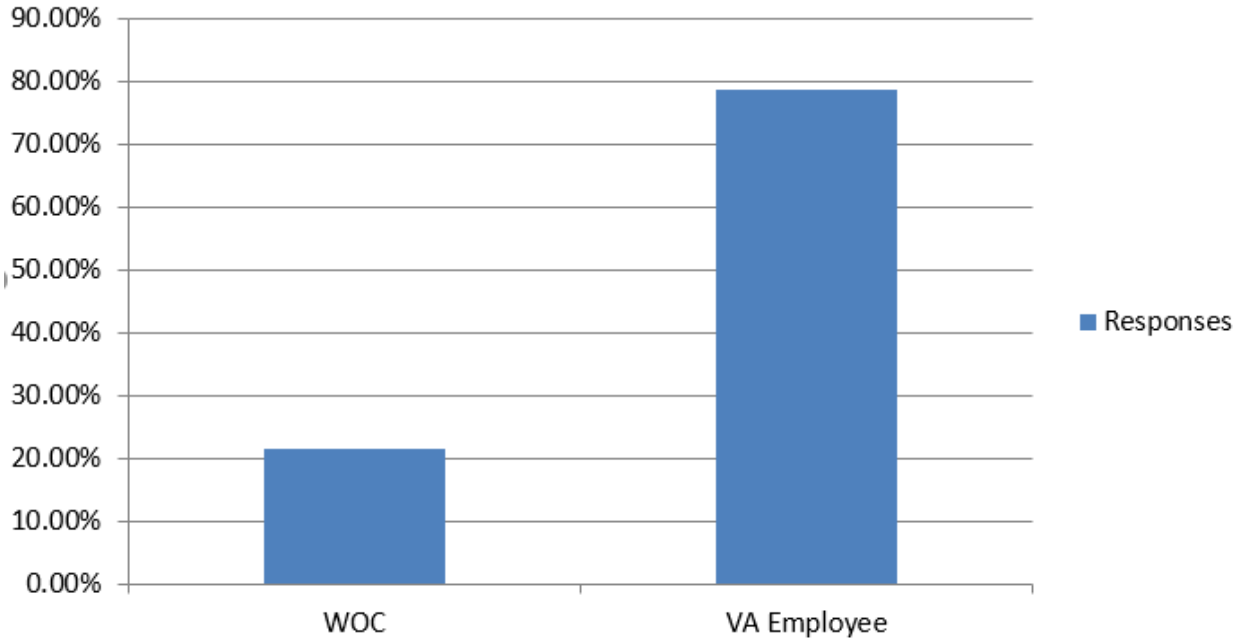
Are you a Veteran?



<u>Answer Choices</u>	<u>Responses</u>	
<u>Yes</u>	<u>0.00%</u>	<u>0</u>
<u>No</u>	<u>100.00%</u>	<u>14</u>
	<u>Answered</u>	<u>14</u>
	<u>Skipped</u>	<u>0</u>

QUESTION 10: ARE YOU A WOC OR A VA EMPLOYEE?

Are you a WOC or a VA employee?



Answer Choices	Responses	
WOC	21.43%	3
VA Employee	78.57%	11
	Answered	14
	Skipped	0