

Community Engagement: Building, Maintaining, and Facilitating Engagement Between Veterans and Researchers

Ashley Gendrett, Adrian Rideau,
Drew Helmer, and Nipa Kamdar

Abstract

Researchers acknowledge the importance of community engagement as a pathway to understand needs, build rapport, and empower community members to impact change. Within the Department of Veterans Affairs, community engagement is largely facilitated through veteran engagement groups (VEGs). Veteran engagement groups consist of veterans from diverse backgrounds who work with researchers to develop and implement studies that will be relevant to the veteran population. In this paper, we share the processes used to build, maintain, and facilitate engagement between veterans and researchers. We also share some of the challenges we continue to face as a group.

Community engagement in research is recognized as critical to the development of research studies and products that help communities for whom they are designed (Schiavo, 2021). Community engagement allows researchers to build rapport with community members and understand their needs, while also empowering community members to impact the research and outcomes. Community engagement in research is particularly important for communities at risk for health inequity (O'Mara-Eves et al., 2015).

Veterans are one such group at risk for health inequity. Veterans are at increased risk of health threats related to issues like toxin exposures, mental health conditions, and lack of basic needs like food and housing (Bloeser et al., 2021; Kamdar et al., 2021; Liu et al., 2019). Veterans also have a unique culture resulting from their experiences in military service, which needs to be considered when studying this population. Thus, their engagement in research is imperative (Hibler et al., 2023).

The Veterans Health Administration Health Systems Research program (VHA HSR) recognizes the importance of engaging veterans in research. In 2015, HSR investigators began establishing veteran engagement groups (VEGs). Currently, there are approximately 20 VEGs across the U.S. affiliated with VHA HSR (U.S. Department of Veterans Affairs, 2024). The engagement groups comprise veterans from diverse backgrounds and lived experiences. Areas of focus and operational procedures vary across groups, but all are designed to help VHA HSR researchers develop studies that will have more meaningful contribution to veteran health

and wellness compared to studies designed without veteran input.

The current paper focuses on the VEG at the Center for Innovations in Quality, Effectiveness, and Safety (IQeSt), which is a multidisciplinary collaborative research center at Michael E. DeBakey VA Medical Center. Our VEG currently consists of 12 veterans with diverse backgrounds who help researchers develop and implement studies that align with veteran culture and values.

Since starting in 2016, our VEG contributed to over 70 studies. Throughout this time, we have adopted processes to build and maintain our VEG. We have also learned how to facilitate interaction between researchers who lack experience with community engagement and veterans. The purpose of this paper is to share how we facilitate and maintain our VEG.

Process to Build and Maintain a Veteran Engagement Group

To meet the wide range of research topics investigated at IQeSt, our VEG needs to be diverse. When initially establishing our VEG, we began with veterans employed at IQeSt because they knew veteran culture and had familiarity with the research process. Next, we wanted veterans who had familiarity with direct veteran care within healthcare and community-based settings. Thus, we intentionally recruited veterans who were also healthcare providers and veterans who worked within community-based veteran service organizations. Finally, we included veterans with lived experience with issues like poverty and mental health challenges.

To identify these veterans, our VEG has a liaison team that consists of a faculty member and a coordinator who have significant experience with community engagement. The VEG liaison team attends veteran-directed events like resource fairs where they can directly recruit veterans. They also network with local veteran service organizations to make them aware of the VEG and the need for new membership. Current members also recommend veterans from their personal and professional networks to the VEG. For example, when our VEG identified a need for more representation of veterans who reside in rural areas, the coordinator attended a veteran-outreach event and spoke with a director of a service organization that serves rural-residing veterans. The director expressed interest in participating in the VEG and asked one of her staff members if he wanted to join. Both are now members of our VEG.

As our VEG has become more established, basic maintenance is critical to its overall health. In 2020, our VEG underwent some major changes that allowed for the adoption of processes to support maintenance. These processes included shifting to a virtual platform, incorporating education of the research process, and implementing an annual analysis of strengths and weaknesses. Prior to 2020, veteran engagement sessions were held in person at our research center. Although veterans were provided lunch and reimbursed for gas and parking expenses, the need to come in person in the middle of a workday was a barrier to participation for some veterans. Switching to an online platform allowed for greater convenience and improved attendance. An unintended bonus of this platform is that veterans use the chat feature as an additional way of expressing their perspective.

Because most of our members are not researchers, we needed to educate them on the research process. Our VEG reserves one or two meetings per year to review the research process. Topics reviewed include grant writing, study designs, data collection and analysis, and dissemination of findings. Empowering veterans with this knowledge allows for greater transparency and reduced misunderstandings. For example, when we first started reviewing the research process in 2020, many veterans did not realize the length of time it generally takes for a research idea to translate into a funded study, nor did they realize that not all studies get funded. This lack of knowledge had seeded feelings of frustration and diminished value, which we were able to resolve once we shared the grant and funding process.

One of the most beneficial maintenance procedures we adopted is the annual analysis of our strengths, weakness, threats, and opportunities (S.W.O.T. analysis). It was during the first S.W.O.T. meeting in 2020 that we learned about a major threat to our VEG in that some members felt the interaction between themselves and researchers was merely a formality to meet grant submission requirements. Sometimes they felt that the questions they were being asked were beyond their scope of contribution. Other times, they felt that the researchers were presenting a final product and were only asking something negligible to get a letter of support. These feelings had resulted in the departure of several original members from the VEG. Veterans wanted researchers to come to the engagement sessions with meaningful questions that could help make the study more veteran-centric. They wanted to see less polished and finalized products that they could help shape. This threat to the VEG was converted into an opportunity by the liaison team to work intentionally with researchers and help them prepare for veteran engagement.

Process of Helping Researchers with Community Engagement

To support researchers with engaging the veteran community, and in response to the veteran's concerns expressed in the 2020 S.W.O.T. analysis, the VEG liaison team began having preparatory meetings with each researcher and/or their research team prior to their veteran engagement session. During this meeting, the researchers brief the VEG liaison team on the area in which they seek veteran input. They work together to refine the question(s) and prepare the research team for the engagement session, including what to expect. Researchers are reminded that veteran engagement is different from scientific engagement, like presenting at conferences, and the liaison team encourages them to share materials that are still in the development phase. They also help filter out research jargon and minimize background content to aspects relevant to the "ask." The research teams are encouraged to limit their speaking to 20% or less of the engagement session to reserve the majority of time for veteran input. These preparatory meetings help researchers who are new to community engagement get started. The veterans in subsequent S.W.O.T. analyses have noted that they feel more able to share their perspectives and that they perceive a more meaningful opportunity to shape the research.

Continued Challenges

Although our VEG is established and functioning well, we still face challenges that require our continued attention to process improvement. Among our current challenges are the need to build equitable solutions to be more inclusive of veterans who are underrepresented, like those residing in extremely rural areas. Although our virtual platform-based meetings reduce barriers to participation with respect to the time and transportation, veterans who live in extremely rural areas may not have access to reliable internet services. Their ability to come in-person for a hybrid meeting design may also not be practical because of their distance from the research center. Thus, their perspectives are lacking in the current VEG. Current efforts continue to focus on intentionally recruiting veterans who live in rural areas; however, until infrastructure like internet connectivity improves, this challenge will likely persist.

Another challenge is when researchers try to use the VEG as a convenience sample. Our members are research partners; their insights inform study design. When researchers attempt to use them as a convenient sample, there is a shift in the relationship. Instead of inviting veterans to help shape the research upstream and develop studies that encompass veteran culture and values, the veterans become sources for data. To protect the integrity of the group, it is vital that the VEG has a sense of collaboration. In the VEG space, the veterans' collective lived experiences are meant to help researchers prepare their studies to be more impactful, not for data collection. It emphasizes that members of the community have influence and can see themselves and their ideas reflected in the work being done (National Academy of Medicine, n.d.).

Conclusion

Engaging communities of interest in the research process is important to the development of research that will be of value and use for those communities. In sharing how we built and maintain our VEG, along with the challenges we continue to face, we hope that other researchers can apply some of our processes and improvements to their own efforts and collectively produce work that has increased meaningful impact compared to work done alone in research siloed from the community.

References

- Bloeser, K., McCarron, K.K., Merker, V.L., Hyde, J., Bolton, R.E., Anastasides, N., Petrakis, B.A., Helmer, D.A., Santos, S., Litke, D., Pigeon, W.R., McAndrew, L.M. (2021). "Because the country, it seems though, has turned their back on me": Experiences of institutional betrayal among veterans living with Gulf War Illness. *Social Science & Medicine*, 284, 114211. <https://doi.org/10.1016/j.socscimed.2021.114211>
- Hibler, D., Krause-Parello, C.A., Gliba, B., Morris, J., & Mullins, C.D. (2023). Joining forces with veterans: Veterans' and researchers' perspectives on veteran-centered engagement practices. *Journal of Community Engagement and Scholarship*, 15(2), 2. <https://doi.org/10.54656/jces.v15i2.463>
- Kamdar, N.P., Horning, M.L., Geraci, J.C., Uzdavines, A.W., Helmer, D.A., & Hundt, N.E. (2021). Risk for depression and suicidal ideation among food insecure US veterans: Data from the National Health and Nutrition Examination Study. *Social Psychiatry and Psychiatric Epidemiology*, 56, 2175–2184. <https://doi.org/10.1007/s00127-021-02071-3>
- Liu, Y., Collins, C., Wang, K., Xie, X., & Bie, R. (2019). The prevalence and trend of depression among veterans in the United States. *Journal of Affective Disorders*, 245, 724–727. <https://doi.org/10.1016/j.jad.2018.11.031>
- National Academy of Medicine. (n.d.) *A conceptual model for assessing community engagement*. Retrieved July 10, 2024, from <https://nam.edu/programs/value-science-driven-health-care/achieving-health-equity-and-systems-transformation-through-community-engagement-a-conceptual-model>
- O'Mara-Eves, A., Brunton, G., Oliver, S., Kavanagh, J., Jamal, F., & Thomas, J. (2015). The effectiveness of community engagement in public health interventions for disadvantaged groups: A meta-analysis. *BMC Public Health*, 15, 129. <https://doi.org/10.1186/s12889-015-1352-y>
- Schiavo, R. (2021). What is true community engagement and why it matters (now more than ever). *Journal of Communication in Healthcare*, 14(2), 91–92. <https://doi.org/10.1080/17538068.2021.1935569>
- U.S. Department of Veterans Affairs. (2024, March 5). *Veteran engagement*. Retrieved July 10, 2024, from https://www.hsrd.research.va.gov/for_researchers/veteran_engagement.cfm

Acknowledgements

We thank all the members of our veteran engagement group for their involvement.

Funding Information

The opinions expressed are those of the authors and not necessarily those of the Department of Veterans Affairs. This work was supported by the Houston VA Health Systems Research Center for Innovations in Quality, Effectiveness and Safety (CIN 13-413) and the Department of Veteran Affairs Health Systems Research Career Development Grant (CDA 21-032, PI Kamdar).

Authors' Contributions

[NK, AG]: Conceptualization, original draft preparation. [AG, NK]: Writing, review. [AR, DH]: Review, editing.

About the Authors

Ashley Gendrett is a health science specialist and research coordinator for the Veteran Engagement Group. Adrian Rideau is a U.S. Army Veteran and member of the Veteran Engagement Group. Drew Helmer is the deputy director of the Center for Innovations in Quality, Effectiveness & Safety at the Michael E. DeBakey VA Medical Center. Nipa Kamdar is an investigator, in the Implementation & Innovation Program, Center for Innovations in Quality, Effectiveness & Safety, Michael E. DeBakey VA Medical Center.