Veterans Action League 2.0: Creating a Veteran-Centered Chronic Pain Research Agenda

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Abstract

Chronic pain is the leading cause of disability among United States veterans. Affecting up to 70% of veterans, chronic pain touches all aspects of life, not just physical functioning. Despite the fact that the nation is experiencing a crisis with substance use disorder, the most common treatment for pain among veterans is opioids. The purpose of this community engagement project was to develop a national veteran-centered chronic pain research agenda. In total, 129 veterans and stakeholders engaged in Think Tank Meetings across five states: Florida, Georgia, Illinois, North Carolina, and Virginia. Veterans revealed they wanted better access to care, better care coordination, and more options for managing chronic pain. Veterans' recommendations for chronic pain management and veteran-generated priorities for chronic pain research are presented. The outcomes of this community engagement project can be used by researchers, clinicians, health care providers, health care system managers, and policy-makers to engage in activities that are veteran-centered and veteran-driven.

Chronic pain is a major public health and societal concern in the United States, affecting veterans at a rate of over 50% as compared to 30% for the nation's civilian population (Institute of Medicine of the National Academies, 2011). Millions of veterans are affected by chronic pain, making it the leading cause of disability and creating significant negative impacts on their lives (Department of Veterans Affairs [VA], 2015). Many veterans have unique health care needs based on military experience, including the after effects of hazardous or traumatic exposures (Taylor et al., 2016), which may exacerbate pain. These adverse impacts heighten the need to study chronic pain and find solutions for this historically marginalized population.

The widespread impact on veterans demonstrates that chronic pain is not a new condition, is not temporary, and afflicts all generations of military, young and old. As veterans return home to reintegrate and continue their lives, they live with the burdens of war wounds that require healing, recovery, and treatment. Comorbid conditions and unique characteristics related to military service, such as post-concussion syndrome, traumatic brain injuries, post-traumatic stress disorder (PTSD), and behavioral health disorders, add to this complex recovery process and complicate the diagnosis and treatment of chronic pain (Schoneboom et al., 2016). Because of the variety of injuries and pain, treatment differs based on the unique needs of every person, and there is no quick fix, as pain cannot be measured by tests or machines (VA & Department of Defense [DoD], 2017).

Significance

Chronic pain affects all aspects of life, including physical functioning, self-esteem, personal relationships, mental well-being, careers, and economic circumstances. The debilitating effects of chronic pain make day-to-day and physical activities difficult, exacerbate other medical problems, increase stress, alter sleep patterns, and negatively affect personal and work relationships (VA & DoD, 2017). Additionally, chronic pain takes a toll on everyday family life due to role reversals in which partners, children, or extended family members must assume the responsibilities and duties of the person experiencing pain (West et al., 2012).

Economic and Emotional Costs of Chronic Pain

The health care expenses for chronic pain management are massive, comparable only to the costs of wage replacement and public welfare programs for those who cannot work due to pain (Loeser & Melzack, 1999). Chronic pain costs more than $100 billion per year in medical expenses, lost wages, and other costs (Bair, 2015). This does not include the emotional expense and damage that veterans and their loved ones experience when

chronic pain renders them unable to participate in meaningful events, creates a loss of independence and dignity, and even worse, becomes linked to suicidal ideation and death by suicide.

Chronic pain has also been associated with depression, PTSD, anxiety, and other mental health conditions in veterans (Legarreta et al., 2018). An estimated 30–45% of patients experiencing chronic pain are also depressed, and a cyclical relationship may arise as chronic pain leads to depression and depression increases the risk of developing chronic pain (Vadivelu et al., 2017). In a study that reviewed four VA primary care sites, researchers found that chronic pain conditions and depression, two conditions common in veterans, diagnosed by medical record and by self-report, were leading contributing factors in death by suicide (Magruder et al., 2012).

Chronic Pain Treatment Options

Opioids are known to be effective and are often given as a prescription medication for pain resolution. However, opioids are highly addictive, and their use for chronic pain control has contributed to a national public health crisis with devastating consequences (National Institute on Drug Abuse [NIDA], 2023). In 2015 alone, 2 million people in the United States experienced substance use disorder due to prescription opioid pain relievers (NIDA, 2023). In 2016, 11.5 million people from the age of 12 and older misused prescription opioid pain relievers (Substance Abuse and Mental Health Services Administration, 2019). More than 115 Americans die from an opioid overdose every day (NIDA, 2023).

In an infantry brigade (N = 2597), 44% of soldiers experienced chronic pain, and 15.1% took opioids on a regular basis (Toblin et al., 2014). In relation to the general civilian population, the soldiers in the study demonstrated a 26% higher rate of chronic pain and a 4% higher rate of opioid use (Toblin et al., 2014). For veterans seeking treatment at the VA for chronic pain, identified approaches include self-management, non-drug treatments, non-opioid drug treatments, and opioids (VA & DoD, 2017). Due to the complex consequences of chronic pain, health care providers should consider the emotional, mental, and social aspects in addition to physical aspects of pain to offer appropriate treatment options to veterans (American Chronic Pain Association, 2021).

The Community Engagement Project

Due to the complex nature of pain and the unique factors and considerations specific to the veteran population, it is important to understand pain's effects on veterans' mental and physical well-being and veterans' preferred pain management and treatment options. Our project incorporated a community engagement method of inquiry focusing on collaborative work with the patients (in this case veterans), clinicians, researchers, and community stakeholders to generate a meaningful patient-centered outcomes research (PCOR) agenda for the respective community. To ensure the development of a veteran-driven PCOR agenda, it was imperative to include veterans and stakeholders throughout the community engagement project from topic identification to dissemination of the results.

Rationale Informing the Community Engagement Project

Our project sought to solicit input from veterans about what is needed to advance chronic pain management and treatment modalities using a robust process of cooperative inquiry. Veterans have intimate knowledge of what chronic pain is, and they can share their valuable insight and perspectives on how the health care community might transform health care models to improve chronic pain treatment methods. This community engagement project created opportunities for veterans and stakeholders to provide input and broadened our perspectives on how to improve the treatment and management of chronic pain.

Chronic pain treatment for veterans may be uniquely challenging due to veterans' military history, past experiences of injury, and overuse of pain-reducing medications such as opioids. This community engagement project moved away from "take two aspirin and call me in the morning" and gave veterans an active voice in detailing the chronic pain management and treatment options that mattered most to them. Prior to this community engagement project, no national platform existed to activate veterans' voices on chronic pain and to engage them in sharing, in their own words, the issues, questions, and outcomes that were important to them. Our project, Veterans Action League (VAL) 2.0, provided a neutral platform for veterans and key community stakeholders to share opinions, obstacles, and research ideas for improving chronic pain management and treatment and to give voice to their pain-related research priorities.

Procedures

This veteran-driven community engagement project used successful methods published elsewhere (Flynn et al., 2019). These methods included partnering veterans and academic researchers from across the United States to uncover how veterans wanted to receive health care information and what information veterans needed in order to make health care decisions. All project procedures were reviewed and approved by the appropriate university institutional review boards.

Building on our prior research and community engagement work, the objectives of the VAL 2.0 project were to (a) engage veterans/stakeholders in talks on PCOR, (b) increase understanding of what veterans need to improve chronic pain management and treatment, (c) serve as a channel to disseminate project results about pain treatment options, (d) strengthen researchers abilities to be better partners with veterans/stakeholders in PCOR, (e) create a veteran-driven national pain research agenda, and (f) produce a publicly accessible white paper.

In order to accomplish these objectives, VAL Units were formed in Florida, Georgia, Illinois, North Carolina, and Virginia. Each VAL Unit was led by a local Veteran Unit Leader with strong ties to the veteran community and a Collaborative Academic Research Member (CARM) who was a nurse scientist with a veteran-focused program of research or clinical practice.

To reduce veterans' concerns about privacy and address this community's reluctance to participate in recorded dialogue sessions, project team leaders developed a customized field note template to guide the unrecorded dialogue and discussion. Field note template discussion topics included what veterans need to improve pain management and treatment options, interventions that have been successful in managing pain, and research results about pain management and treatment options, among others (see Appendix A).

Veteran Unit Leaders and CARMs were trained by the project team leaders to engage the veteran and key community stakeholders and to facilitate community-based think tank meetings (TTMs). Open invitations to attend the TTMs were extended to veterans and key community stakeholders, such as family members and friends of veterans, health care providers working with the veteran community, and representatives from veteran advocacy organizations. TTM attendees consisted of the VAL Veteran Unit Leader, CARM, and up to eight veterans and stakeholders; this attendee makeup was found to be appropriate for robust group dialogue (Flynn et al., 2019).

The TTMs were led by the VAL Veteran Unit Leader with assistance from the CARM and were held both in person (pre–COVID-19) at a university or community-based venue and virtually (during the COVID-19 pandemic) via a web-based platform. The VAL Veteran Unit Leader started each TTM by reading the verbal consent then began the dialogue guided by the field note template topics and discussion points. During the dialogue, the CARM took extensive field notes to document veterans' and stakeholders' thoughts and experiences about each topic. The TTMs lasted approximately 1 hour and were structured to provide a platform for open exchange of ideas among all attendees.

At the conclusion of the TTMs, the CARM ended the meeting by reviewing the field notes and asking for feedback to ensure that the notes accurately captured the group's dialogue. Participating veteran and community stakeholders were given a meal (pre–COVID-19) or a meal gift card (during the COVID-19 pandemic), a gift card, and a military challenge coin as tokens of appreciation. After each TTM, the CARM provided a written field note summary of the dialogue generated at the meeting that included anonymous, representative phrases. The field notes were sent to the project team for analysis using open and axial coding methods as described by Williams and Moser (2019). The themes derived from TTM field notes were then validated by the Veteran Unit Leaders and CARMs.

The project team ensured the credibility and dependability of the findings by (a) conducting VAL Unit training, (b) observing TTMs, and (c) holding virtual VAL Unit meetings throughout the project to ensure that each state's TTMs were conducted in a similar manner.

The VAL 2.0 methodology can be described as a community partnership model. This model of community engagement can be replicated in other historically marginalized populations to gain trust and bolster cooperative inquiry around a health topic of concern.

Results

One of the most important aspects of the VAL 2.0 project was the method of engaging veterans and community stakeholders to work together on a participatory project. Over the course of the 2-year veteran-driven community engagement project, a total of 21 TTMs were held across five states. There

were 129 attendees at the TTMs, including veterans (n = 111) and community stakeholders (n = 18), of which 84 were men, 41 were women, and four did not disclose gender. Veterans who attended the TTMs had military engagement in recent and past wars/conflicts, including Vietnam veterans (n = 12), Gulf War veterans (n = 22), and post–9/11 veterans (n = 77).

During the TTMs, veterans and community stakeholders shared opinions, challenges, and barriers faced by veterans and clinicians when managing and treating chronic pain as well as strategies for improving chronic pain management and treatment options. They also discussed how researchers can strengthen their ability to partner with veterans and community stakeholders when conducting PCOR. Veterans across the states were very articulate in voicing their recommendations related to (a) what they need from the health care system to improve their chronic pain, (b) the chronic pain management techniques that they have found to be effective, and (c) their priorities related to chronic pain research. The TTMs' dialogue led to the development of a veteran-driven PCOR agenda.

Veteran-Driven PCOR Agenda

This section is presented as articulated by veterans and key community stakeholders regarding needs, recommendations, and approaches to chronic pain management.

What Veterans Need From the Health Care System. The need that veterans discussed most frequently during TTMs was better access to primary and specialized care. Veterans reported difficulties in making appointments, long wait times, and a lack of continuity among providers due to physician rotations and shortages. Veterans also voiced concerns that some providers conducted narrowly focused health assessments and were not familiar with their past medical or social histories. Many veterans reported that providers needed to conduct more thorough assessments and take a more comprehensive, holistic approach to identifying contributors to their chronic pain in order to better pursue effective chronic pain management approaches. Veterans also reported a need for better care coordination and centralization of medical information. They shared accounts of being referred to new providers who did not have timely access to their medical records and reported that this lack of care coordination resulted in unnecessary repetition of recent tests and subsequent delays in treatment.

Recommendations were mixed regarding the prescription of opioids. Some veterans perceived that many providers overprescribed opioids as a "quick fix" without taking time to conduct a thorough assessment. Yet other veterans warned that the anti-opioid pendulum had swung too far, leaving some veterans struggling with acute pain that was unrelenting and poorly managed. Veterans across states, however, strongly agreed that they wanted to be offered choices when discussing chronic pain management with their providers. They desired honest provider–patient dialogue in which their options are outlined and their preferences sought.

Veterans' Recommendations Regarding Chronic Pain Management Techniques. Energized and robust discussions occurred during TTMs regarding the types of approaches and interventions that veterans have found effective in managing chronic pain. A summary of veterans' preferred approaches based on their personal experiences is presented in Table 1. Note that these are veteran and community stakeholder recommendations and do not necessarily reflect provider-prescribed treatment.

Although some of these preferred approaches, such as ice, physical therapy, epidural injections, and medications, are widely supported by research evidence and commonly prescribed by providers (Garcia et al., 2021; Hsu et al., 2019; Malfliet et al., 2019; Manchikanti et al., 2021), other approaches listed, such as hyperbaric chamber therapy, water aerobics, and horizonal therapy, are less commonly offered to veterans. More research is needed to examine the effectiveness of approaches such as therapeutic massage and mind-body interventions to treat chronic pain.

Veterans across all states were very forthcoming in sharing their perspectives regarding chronic pain research priorities, and the PCOR agenda was cocreated by veterans, clinicians, researchers, and community stakeholders. Specifically, many veterans voiced that they would like to see more studies that investigated the efficacy of the following nontraditional therapies:

- aromatherapy
- cannabis
- chiropractic treatments
- cryotherapy
- meditation and mindfulness
- oils
- pet therapy/animal-assisted intervention
- stem cell therapy
- therapeutic massage

Table 1. Veterans' Preferred Approaches to Chronic Pain Management

Type of pain	Veterans' preferred approach
Back pain	• Acupuncture • Chiropractic adjustments • Hydrotherapy • Hyperbaric chamber therapy • Ice • Physical therapy • Therapeutic massage • Mind-body interventions
Joint pain	• Anti-inflammatory diet (i.e., Mediterranean Diet) • Exercise/weight loss/MOVE program • Horizontal therapy (e.g., Halko-Med) • Stretches • Water aerobics
Neuropathic pain	• Epidural injections • Horizontal therapy • Medications • Pulsed electromagnetic field devices

A summary of veteran recommendations for research considerations is presented in Table 2.

In summary, veterans openly shared their suggestions for improvements in the health care system that would help them effectively manage their chronic pain, and they offered a diverse array of chronic pain management techniques that they found to be effective. Importantly, they also shared research foci related to chronic pain management that they viewed as essential. The process used to facilitate engagement among veterans, researchers, clinicians, and stakeholders can be described as a cooperative inquiry into the usefulness and availability of approaches to chronic pain management. As a result of this participative community engagement project, veteran voices coalesced to identify a veteran-generated chronic pain PCOR agenda that can advance into action research.

Implications for Clinical Practice, Research, and Health Care Policy

Clinical Practice

Health care providers should consider integrating a patient-centered focus into both primary care and specialized care visits with veterans. To have a successful visit, health care providers must consider the veteran's past medical and social history to facilitate the creation of an individualized, holistic plan of care. Through a patient-centered care lens, the health care provider can treat the veteran as a whole and not focus only on the specific issue that prompted them to seek medical care. Coordinated care between health care providers can also ensure that the veteran receives appropriate holistic care options that enhance treatment and increase—instead of reduce—positive outcomes. Most importantly, health care providers must cultivate the veteran's trust through a respectful bedside manner and by actively listening to the veteran's questions, concerns, and preferences for chronic pain management. These recommendations support known models of shared decision care and stepped care (Loeser & Melzack, 1999).

Some veterans also recommended the use of less traditional approaches to chronic pain management, such as aromatherapy, pet therapy/animal-assisted interventions, and meditation/mindfulness training for chronic pain management. Although several states have legalized cannabis use, federal laws continue to list this as an illegal substance. Many veterans, however, would like CBD products and treatments

Table 2. Recommendations for Supportive Research Considerations in a Veteran-Generated Research Agenda

Type of support	Recommendations
Individualized support	• Efficacy of chronic pain peer mentoring interventions led by veterans who successfully manage their chronic pain • Effects of wellness coaches on chronic pain management
Mental health support	• Effects of various civilian life reintegration strategies on veterans' mental health • Associations among chronic pain management, depression, and suicide ideation
Structural support	• Efficacy of strategies and redesigns aimed at improving veterans' navigation of VA services • Relationships among the stigma of chronic pain, provider bias, and the management of chronic pain in veteran populations

to be available through the VA health care system. Overall, veterans prefer health care providers who present holistic options for chronic pain management, which may include opioids if warranted and agreed upon by the veteran.

Research

Veterans and stakeholders who engaged in this project identified several areas in which research would be beneficial, including individualized support (care coordination), mental health support (nontraditional, alternative therapies), and structural support (access to care) for chronic pain management (see Table 2).

Health Care Policy

Health care policy-makers should consider recommendations generated from the TTMs. Shortly after this community engagement project began, a policy change occurred to allow veterans in the VA health care system to access providers in the community (VA MISSION Act, 2018). However, structural barriers related to care coordination, continuity of care, and the supply of providers have not been adequately addressed. Limited research currently exists on the topics identified during the TTMs, and health care policy must be driven by high-quality research that incorporates patients' voices.

To obtain the needed research, health care policies should address veterans' needs for access to care and care coordination as well as their care preferences. Basic assumptions about the delivery of care need to be challenged. Once high-quality research is available, the evidence must be synthesized before large-scale policies are changed. The nontraditional, alternative, and complementary chronic pain management therapies recommended for research should be considered as topics for future funding. As time is of the essence, the call for research, approval of proposals, and funding of research needs to come quickly. Policy-makers must anticipate that recommendations based on high-quality research will likely require changes in national health care reimbursement practices.

Individualized Support. Veterans voiced the importance of individualized support to manage chronic pain. They emphasized the need for research related to care coordination, peer mentoring, wellness coaches, and nontraditional, alternative therapies. The VA has adopted a "whole health" approach to care that is being implemented across its facilities. The concept behind whole health is to focus on what matters to the individual, and not what is the matter with the individual. The whole health approach is person driven; persons (rather than patients) are self-activated toward their own health (Gaudet & Kligler, 2019). Veterans wanted to know: "What is the impact of a 'whole health' care coordinator who integrates both traditional and nontraditional pain management treatments tailored for the patient?" More research is needed to determine how best to

coordinate these services with more traditional treatment strategies for pain management.

Mental Health Support. One of the key ideas that emerged was the connection among chronic pain, depression, and suicide. Veterans highlighted the importance of research focused on mental health support. Along these lines, TTM attendees asked how clinical guidelines for pain management could be further refined. They were also very interested in knowing the extent to which mental health issues (e.g., depression and suicide ideation) are associated with chronic pain and how mental health assessment and treatment can be coordinated with pain management to improve both areas.

Nontraditional Treatment Options. Veterans expressed that they wanted more options for managing their chronic pain. Most preferred not to take medication for pain management if nonmedication options were available. Potential research questions related to pain management options include:

1. What is the efficacy of "nontraditional" pain management interventions, such as acupuncture, massage therapy, meditation, mind-body interventions, pet therapy/animal-assisted interventions, and cannabis (currently not allowed in the VA system), in managing pain?
2. What is the impact of other options for pain management, such as a wellness coach or veteran-led peer mentoring activities?

As a result of the VA's whole health initiative, VA facilities now offer a variety of complementary and alternative therapies to augment the treatments that veterans can receive either directly from the VA or through community care.

Structural Support. Veterans emphasized the need for structural support to successfully manage chronic pain. With regard to access to care, veterans asked the following questions:

1. How can telehealth be used to improve the management of chronic pain?
2. What is the feasibility of extending approval for care for chronic pain management provided outside of the VA?
3. How can home health care be used to help manage chronic pain?

Although the VA has taken a number of steps to address the concerns raised in TTMs, increasing awareness and access to care services and programs is warranted to address the needs of veterans who experience chronic pain.

Research Framework. To strengthen PCOR, the 10-step patient engagement framework (Mullins et al., 2012) and its principles in human research are important to consider. Patients and stakeholder partners can engage in decision-making at the time a study is designed and implemented. Importantly, research that promotes discussion among all stakeholders can create a culture that values all perspectives. Patient-centered, shared decision-making can boost veterans' confidence in human research as well as trust in VA services. Moreover, stakeholder partners are critical to guiding the interpretation and dissemination of research results, promoting bidirectional advantages. Finally, researchers are encouraged to promote robust partnerships with other stakeholders. This framework can be extremely advantageous for optimizing pain management among veterans and their caregivers who use opioids and nonopioid treatments for treating their chronic (and acute) pain (Colloca et al., 2021).

Lessons Learned

Members of the research team, CARMs, and the Veteran Unit Leaders also made important observations. CARMs' perspectives are offered pursuant to their reflections on the project processes and recommendations for conducting similar research in the future. Veteran Unit Leaders' perspectives are offered following reflection on their experience of being part of the research team.

Perspectives of a Collaborative Academic Research Member

The CARMs offered three main lessons learned.

1. Begin by developing a common language.
2. Leverage technology and cultural changes.
3. Capitalize on the benefits to sharing early analyses of trends among research teams in a multisite project.

Develop a Common Language. Late in the project, CARMs recognized the limited understanding of PCOR among veterans and stakeholders. CARMs recommend spending more time early in the TTMs defining PCOR and then regularly discussing its components throughout the subsequent TTMs.

Leverage Technology. As a result of the COVID-19 pandemic and the resulting widespread use of virtual meetings, CARMs learned how practical virtual meetings could be. CARMs recommended embracing the technology and using the shared screen mode to present visual aids

and design ideas. Using screen sharing to present new research findings could be another avenue to engage veterans and stakeholders in discussions about their views on the findings.

Share Trends. During data analysis, CARMs discovered trends from units in other states. As a result, CARMs recommended sharing trends in the findings earlier in the research process, allowing additional topics from other units to be introduced and discussed during each unit's TTMs.

Some veterans shared over-the-counter options for pain management. CARMs recommended documenting the exact over-the-counter medications and dietary supplements veterans used, the types of conditions for which they were used, and the ways veterans were combining interventions. Gathering these details could facilitate a better understanding of trends across groups. In addition, CARMs identified a gap in understanding regarding how much pain relief was acceptable to veterans. As a result, CARMs recommended adding specific questions to identify acceptable and unacceptable levels of pain.

Perspectives of a Veteran Unit Leader

Veteran Unit Leaders identified three main lessons that also serve as recommendations to fellow veterans who may wish to participate on research teams.

1. Recognize that participating on a research team provides an opportunity for continued meaningful service to the country and to fellow veterans.
2. Remain open to learning new things and new things about people like yourself.
3. Know that there is more to be done.

Continued Meaningful Service. Veteran Unit Leaders affirmed that the core reason many veterans wanted to be a part of the military in the first place was a desire to serve. Being part of the research team gave the Veteran Unit Leaders an opportunity to continue to serve their country and their fellow veterans in a meaningful way. As veterans, the Veteran Unit Leaders held intimate knowledge of the veteran community and had expertise that the CARMs needed to navigate the unique population and overcome potential challenges. For example, Veteran Unit Leaders identified veterans as notorious for being aloof and standoffish when it comes to participating in research. This provided the Veteran Unit Leaders with the opportunity to share their expertise and develop effective strategies with the CARMs to recruit, engage, and successfully work with this unique population. Once open lines of communication were developed, veterans were eager to engage in the project.

Continued Learning. The Veteran Unit Leaders expressed that veterans, for the most part, are more conservative in their perspectives and approach to pain management. However, Veteran Unit Leaders learned that veterans are following current cultural trends among patients exploring alternative treatments.

Veterans appeared to be much more open to alternative therapies for chronic pain management than Veteran Unit Leaders had expected. This may be related to the impact that the opioid epidemic has had on the veteran population and their high exposure to individuals suffering from opioid dependence.

Continued Work. Veteran Unit Leaders recognized that there are many health care–related needs in the veteran community that could be addressed with a similar community engagement approach. Chronic pain management is only one health-care related need. Projects such as this one could be used as a path to address many of the health care issues that veterans experience. With teams from around the country, researchers can capture a sense of the veteran community as a whole while also providing details about specific regions and locations. The recommendation to recognize that there is more to be done applies not only to the veterans considering service on a research team but also to researchers interested in other health care needs among veterans.

Conclusion

This veteran-driven community engagement project provided unique opportunities to learn and work with a community that is often underrepresented, and it highlighted the need for research focusing on chronic pain management and treatment. The cooperative inquiry process used to guide this project was essential in creating a safe and trusting space that promoted successful dialogue among veterans, clinicians, researchers, and community stakeholders. The veteran community demonstrated a strong desire to engage and actively participate in the development of a chronic pain management and treatment PCOR agenda that advocates for additional options to decrease the severe consequences of chronic pain. Most importantly, the VAL 2.0 methodology has shown promise as a novel approach to cooperative inquiry and participatory research in veterans and can be

implemented with other historically marginalized populations to address health care topics that are most important to the chosen community.

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Disclaimer

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Appendix A

FIELD NOTE TEMPLATE

COLLABORATIVE ACADEMIC RESEARCH MEMBERS FIELD NOTE SUMMARY:
TO BE SUBMITTED FOLLOWING VAL UNIT MEETINGS

DATE OF VAL UNIT MEETING:

STATE:

TOTAL NUMBER OF VETERAN ATTENDEES: *N* =
Vietnam veterans (*n* =
Korean War veterans (*n* =
Gulf War veterans (*n* =
Post-9/11 veterans (*n* =

Number of stakeholder attendees: *N* =
Number of male attendees: *N* =
Number of female attendees: *N* =

TYPES OF STAKEHOLDERS PRESENT (e.g., family members, service providers, policy-makers):

****

Summary of dialogue related to VAL project objectives:

1) DIALOGUE RELATED TO WHAT VETERANS NEED TO IMPROVE PAIN MANAGEMENT AND TREATMENT OPTIONS.

2) DIALOGUE WITH VETERANS AND KEY STAKEHOLDERS ON WHAT PAIN MANAGEMENT INTERVENTIONS HAVE BEEN SUCCESSFUL IN THE PAST AND UNDER WHAT CIRCUMSTANCES.

3) DIALOGUE RELATED TO RESEARCH RESULTS ABOUT PAIN MANAGEMENT AND TREATMENT OPTIONS.

4) DIALAOGUE RELATED TO HOW RESEARCHERS CAN STRENGTHEN THEIR ABILITIES TO BE BETTER PARTNERS WITH VETERANS AND KEY STAKEHOLDERS WHEN CONDUCTING PAIN-RELATED RESERCH PROJECTS.

5) DIALOGUE RELATED TO VETERAN-DRIVEN APPROACHES TO PLAN AND PRIORITIZE PAIN RESEARCH TOPICS.

6) DIALOGUE RELATED TO HOW VETERANS WOULD LIKE TO PARTICIPATE IN PATIENT-CENTERED OUTCOMES RESEARCH (PCOR) AND COMPARATIVE CLINICAL EFFECTIVENESS PAIN RESEARCH.

7) SUMMARY OF OTHER IMPORTANT DIALOGUE.