

Community of Practice – Notes

Topic: Getting to Yes and Getting Past No: Preventing and Reversing Potential Participant Refusals

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Date: Thursday, December 12, 2019, 2:00 p.m. – 3:00 p.m. ET

Participant introductions and sharing of key areas of interest regarding preventing and reversing potential participant refusals. Following key interests expressed by some states:

- General ways to prevent refusal. They want to do anything to prevent refusal, so they don't have a particular thing in mind.
- Assuaging workers' fears around employer involvement. Workers come to process with fear of what would happen with their employers, there is a lack of worker protection and they don't want RETAIN to talk to their employer, because they are afraid of losing job (especially in an at-will work state).
- Talking points and scripts for increasing participant enrollment.
- Another also interested in a workers' fears around employer involvement, specifically around the lack of worker protections.
- Learning how to incentivize RETAIN to the control group. They have very little to offer them and want to know what they can do or say to help them want to participate.
- Preventing refusal due to requirement of personal information upfront. They were interested in preventing refusals based on the information customers are required to give to see if they are eligible for the program.
- Specific rural technology challenges. They are challenged with poor cellular connectivity for connecting with enrollees.

Participants discussed proactively getting to yes and getting past initial no

Refusal Avoidance: Getting to Yes

- SME provided multiple strategies and examples for proactively planning for and getting to yes the first time when interacting with potential customers and enrollees.
- Three strategies shared by the SME that particularly resonated with the group were:
 - Employ TRUE BELIEVERS.
 - Don't be apologetic for research. People need to feel there is value in study itself. People participate for altruistic reasons and decline because of burden. Play up the comparison group as "contribute to important study and don't have to do much!"
 - Be a believer in the study AND intervention - need to ensure intervention can be proven.
- Moderator asked, "What strategies have worked for your projects in preventing refusals?" States shared the following strategies:
 - One state added a \$50 incentive and it seems to have increased their Yes rate (for both groups). Another state inquired how that worked and if it was a payment for showing up to intake and what form it was in. The first state responded that yes, it was a gift card (option of general gift card or specific to a store) which is mailed within 30 days after signing the consent form.
 - Another state indicated that for them, it is the face to face interactions that matter to refusal prevention. If the initial contact is on the phone, they have a higher refusal rate.

- A third state noted that the providers making the initial referral has helped with initial buy in of participants. The state's team's first contact is typically done in person. They've had the same issues with telephone refusals.
- The last state noted that they have an incentive on the healthcare side and another incentive on the workforce side for those doing the healthcare intake and the IEP at workforce, all of which has helped our participation rate. The healthcare provider uses a gift card and the state has to have a check sent to their address on the workforce end of things.

Refusal Avoidance Training

- SME shared strategies to train recruiters to avoid refusals. One key point of discussion was what to call the two groups. Through two polls, SME asked state participants the following questions:
 - 1) When discussing the RETAIN Project with potential participants, what words do you or team members who do recruitment use to describe the control or comparison group?
 - The majority of state respondents said "control group" (76.92%) but a few said other (23.08%)
 - One state said they state that their "control group" will get full services of RETAIN. However, they will receive this later than the intervention group, so all groups get the intervention.
 - Another state said they use the terminology RETAIN and NonRETAIN while another state noted they just say, "two groups, two levels of services." They are trying hard to make it seem like participants are not in an experiment. However, they noted that people who pick up on the vagueness are not satisfied with that answer.
 - Another state is also using group 1 and group 2, which has helped the most for their staff. When they're pitching the program, they don't tend to use group titles at all; they just explain they're trying out different approaches.
 - 2) When discussing the RETAIN Project with potential participants, what words do you or your team use to describe the treatment or intervention group?
 - A majority of participants selected "treatment group" (50.0%), others saying "intervention group" (30.0 %) and other (20.0%). One state described using the term "care coordination group."
- SME emphasized that changing language can be key to attaining an initial yes and avoiding refusals. Dr. **Jacobson Vann** suggests using the term comparison groups, not control groups. When you use the word control, it sounds threatening and experimental to potential participants.

Refusal Conversion

- SME shared strategies for tracking refusals, emphasizing the importance of noting how the person refused (absolute terms or more tentatively).
 - Additional suggestions were provided.
- Moderator asked states to share if and how they were tracking refusals.
 - Five states shared strategies that they've implemented. Two used spreadsheets, two used databases, and one noted metrics were kept by Return to Work (RTW) coordinators.
 - One state notes the spreadsheet was not as detailed as SME suggested, while another said their database had a text area that provided details needed for follow up suggested by SME.

Discussion on Addressing Workers' Fears

- Moderator returned conversation to introductory questions about employees' fears of RETAIN working with employees.
 - SME shared that RTW coordinators do not have to talk with employers to meet obligations and requirements of RETAIN.

- One state commented that they find it best to give the worker the first opportunity to work with their employer if they are willing and are able to express confidence that they can try this.

Key Takeaways

- Try to complete initial contact in person if possible.
- Believe in research itself, not just intervention program.
- Staff needs to believe in this work – the research and the intervention.
- Don't use the words control or intervention groups - don't make people feel like lab rats.