Quick Tips for Equitable Research Payments & Incentives

General Information

• There are 3 types of research payments

  1. **Compensation** for time, effort, and burden
  2. **Incentives** to encourage participation or promote certain behaviors
  3. **Reimbursement** for expenses

• Payment is a powerful tool to help lower SES individuals overcome barriers to participating in research

• Using **incentives** to improve decision-making is a legitimate research practice

• It is ethical to target underrepresented groups who **benefit** from the research

• If possible, use **input from the community and potential participants** to:
  - Determine standard payment amounts for similar effort
  - Identify preferred payment forms for use across projects
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Planning & Administration

• Pay a **fair amount** to cover time & effort (e.g., $50/hour)

• Offer as **many payment options** as possible, including cash if you’re able

• Consider what you can do to **reduce costs to participation** (e.g., at-home or local study visit location options)

• **Pay equally** across studies regardless of an individual’s SES or income

• Allow payments to be declined, repurposed, or substituted to **protect** a participant’s **sense of altruism**

• Communicate your **rationale and justification** for specific amounts to the IRB, and identify the following:
  - Reimbursement for out-of-pocket expenses
  - Compensation for time and burdens
  - Recruitment or other incentives
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**Do this...**
- Use **decision aids** when consenting
- Explain to participant all **payment details**:
  - Timing and amount
  - Format (e.g., ClinCard, Paypal, cash, gift card; note any fees if applicable)
  - Conditions to receive payment
- Review with participant associated matters:
  - **Opportunity costs**
  - ** Limitations** of reimbursement
  - Impacts on entitlement programs
  - **Tax implications**

**Don’t do this...**
- Link clinical care access to research participation
- Make payments disproportionately large
- Tie payment to potential risk or health benefits:
  - Payment should not be used to offset high risk
  - Research with direct health benefits should compensate on par with those that have no direct health benefits