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