TRANSCRIPT: Real-World Data for Real-World Questions

EMILY O'BRIEN: So last spring, as we all know, was a time of a lot of uncertainty.

There were a lot of concerning reports early on, showing that healthcare workers were disproportionately affected by this new virus that we were all learning about.

We very quickly realized that there was a need to set up a program that would help us learn more about not only how the epidemic was affecting healthcare workers, with respect to infection rates and stress and burnout and well-being, but also to collect information over time.

We really wanted to set up an engaged community, really to understand more both early on in the spring about how healthcare workers were doing, what their infection rates were, what PPE they had access to, but then stay connected with them and make sure that we were hearing what their priorities were over time, as well as connecting them with research opportunities as they came up.

To me, one of the most exciting parts about working at the DC area has been a constant eye to improving how we do research. Certainly we have approaches that we know work well, so for example, in HERO, we have a post-vaccine outcomes study called HERO-TOGETHER that relies on complete and robust capture of outcomes after vaccination. And the Call Center we always knew would be an important part of making sure that we got as complete information as possible in that setting. And so that would be one example of something that we know has worked very well in the past, in terms of complete event capture, but there's also this openness to innovation, to looking at what we've done and asking the question of how can we do this better.

There are two super cool aspects to HERO that I really hope will be reused in other studies in the future. The first is collection of information on healthcare worker priorities as soon as they sign up. So anytime that a participant signs up for HERO, we ask them, 'What are the most important or pressing issues to you with respect to COVID right now?' And so we've taken a look at those data in depth along the way, and have used those responses to shape our research questions and to guide the strategy for both collecting new data and using data that we already have to answer questions.

So the second piece that I was really excited to see implemented, and actually has been a great way to stay connected to healthcare worker participants, is our hot topic polling. In the course of a pandemic it's very challenging to predict exactly what research questions will be important six months from now, maybe even six days from now. And the hot topics gave us a way to pay attention to issues that were coming up more broadly, and to get a snapshot of how healthcare workers feel about those specific topics.

So we've asked questions about vaccine willingness, moral injury, whether people have made changes to their careers as a result of the pandemic or changed to another field within healthcare, we've asked people about childcare and how returning to school has affected how distracted they are at work and how anxious they are at work. So it's been a really nice opportunity to both have a good fundamental or foundational data set to work with for some of our scientific questions, but also to integrate. priorities along the way, as the pandemic changes and as research questions evolve. Just to get a quick snapshot of how healthcare workers feel about those topics has been really informative for us, and I

think also very useful for our participants to know that, you know, we care what they think about these things, and we want to make sure that their voices are heard.