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Title: Natural Product Use among Veterans with Chronic Pain: A Qualitative Study of Attitudes and Communication with Healthcare Providers

Running Head: Veterans' Attitudes about Natural Product Use

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Abstract

Background: Despite mixed evidence regarding the safety and efficacy of natural products, many are marketed for pain and related symptoms. Use of these products is prevalent among veterans, who have disproportionately high rates of chronic pain. To date, however, there is limited research on veterans' beliefs and attitudes about natural products and their communication with healthcare providers about their natural product use.

Objective: To explore how veterans experiencing chronic pain make decisions about natural product use, to investigate veterans' beliefs about the safety and efficacy of these products, and to examine veterans' experiences discussing natural products with their providers.

Design: Qualitative sub-study conducted as a supplement to a pragmatic randomized controlled trial for chronic pain management.

Participants: Twenty veterans experiencing chronic pain who reported using natural products for pain management or related health concerns.

Approach: Qualitative interviews with veterans were conducted over the phone and audio recorded. Interviews were guided by an original semi-structured interview guide and qualitative data were analyzed using a template-based rapid analysis technique.

Key Results: Veterans with chronic pain may perceive natural products as safer than pharmaceutical products and would prefer to use natural products. Talking with providers about natural products is important to veterans, who would like information regarding the safety and potential for interaction of natural products with pharmaceutical products. However, veterans were frequently disappointed with these conversations. Veterans felt their providers

demonstrated biases against natural products, which negatively impacted patient-provider relationships.

Conclusions: Veterans wish to have more productive conversations with providers about natural products. They value providers' open-mindedness toward natural products and transparency about limitations in their knowledge. Suggestions for how providers and healthcare systems might better support veterans interested in natural products are discussed.

Introduction

Use of natural products (NPs) for chronic pain management and general health is common among veterans and the general population.¹⁻⁵ Yet, to date, little is known about how veterans choose NPs or discuss their NP use with medical providers. NPs can be defined as non-pharmaceutical substances used to promote health and wellness or to manage symptoms of disease (although they are not FDA-approved for this purpose).^{6,7} NPs are distinct from pharmaceutical products (PPs), which are FDA-approved chemical therapies for treating or preventing disease.²¹⁻²³ NPs come in many forms, including dietary supplements, herbal teas, or topically-applied substances like creams, gels, or oils. Examples include vitamins and minerals, herbs and nonvitamin natural substances (e.g., fish oil, turmeric, glucosamine), cannabis products (e.g., oral, topical, or smoked/vaped CBD or THC), and home remedies (e.g., homemade tinctures).

NPs are currently the most frequently used complementary and integrative health (CIH) modality.^{9,10} Many patients use NPs in addition to prescribed PPs,⁵ and one study found that nearly one in five U.S. adults use NPs *instead of* prescribed pharmaceuticals.¹¹ NP use is also high among veterans experiencing chronic pain. In 2011, 148 (37%) of 400 veterans with chronic pain reported using herbal products, and nearly all (90%) were interested in trying herbal products for pain.² Likewise, in a 2006 study of 264 veterans with either chronic pain or a cancer diagnosis, NPs were the most commonly used CIH approach (51%).³ Finally, in another study of 275 veterans receiving VA primary care, 75% reported vitamin and supplement use.⁴ Of these, 18% reported replacing medications with supplements.

Despite the prevalence of pain in the veteran population (estimated at 50%-60%)¹² and the widespread use of NPs,¹⁻⁵ few studies have investigated veterans' attitudes towards NPs and

their communication with healthcare providers about them.¹³ To address this gap, we conducted qualitative interviews with veterans who experience chronic pain and use NPs for pain or related health concerns. We examined how veterans decide which products to take, how they access NPs, and barriers to use. We also explored veterans' beliefs about the safety and efficacy of NPs, and their experiences discussing these products with healthcare providers. Our objective in conducting this study is to improve medical providers' awareness of how veterans use and think about NPs and shed light on the importance of patient-provider conversations surrounding NPs.

Methods

This paper reports the qualitative results of a sub-study to a nationwide pragmatic randomized controlled trial comparing two pain management interventions for veterans enrolled in VA healthcare at five sites across the Western, Mid-Western, Southern, and Northeastern United States.^{14,15} Veterans diagnosed with moderate to severe chronic pain for at least 6 months (ascertained by medical record diagnosis, treatment codes, and a subsequent phone screen) were recruited to the parent study by mail and telephone. Enrollees who endorsed NP use during a study assessment were invited to complete an original survey about their NP use. Of the 52 veterans who completed the survey (a response rate of 78%), 20 were recruited for qualitative interviews.

Based on emerging guidelines for qualitative sampling and our experience conducting similar studies,¹⁵⁻¹⁸ we anticipated that we would reach adequate thematic saturation in topical domains of interest with 20 or fewer interviews.^{19,20} We used purposive quota sampling by gender, race, and age to include underrepresented groups, sampling at least 50% women, 40% non-White veterans, and 35% younger veterans (\leq age 49 years), as self-reported by

participants (Table 1). Informed consent was obtained via DocuSign or paper signature. The VA Central Institutional Review Board approved this study.

The qualitative team consisted of two interviewer-analysts (L.C.M. and N.A.W.) supervised in interviewing and rapid analysis methods^{21,22} by the team's senior qualitative methodologist (N.P.). The team developed and piloted an original semi-structured interview guide (Appendix A) with questions anchored to topical domains of interest derived from our exploratory research questions rather than from an existing theoretical framework. Sample questions included: 'Do you think that NPs are generally safe?' and 'Do you think it is important for your healthcare provider to talk with you about NP use?' Following each question, interviewers engaged in open-ended probing to better understand participant perspectives, using phrases such as "please tell me more about that," "how so?," and "can you explain?" Interviews were conducted by telephone and audio recorded with veterans' permission. Interviews ranged from approximately 20-60 minutes, with a mean length of 28 minutes.

Qualitative data were analyzed using a template-based rapid analysis technique developed for health services research.²²⁻²⁴ This technique was designed to be time- and resource-efficient, balance rigor with pragmatism, and yield results comparable to traditional qualitative methods.²⁵⁻²⁷ Guided by interview audio-recordings, analysts (L.C.M. and N.A.W.) summarized each interview using Microsoft Excel spreadsheet-based templates organized by domain. For each domain, the veteran's responses were summarized and relevant quotations were transcribed. To ensure consistency among analysts, a random subset of interviews ($n = 8$) was double-analyzed. For this subset, the secondary analyst listened to the interview audio-recording, reviewed the original analyst's templated summary, and documented additional observations or conflicting interpretations. Routine meetings were used to reach consensus among analysts and

assess saturation in preliminary themes. After completing 20 interviews, the team concurred that adequate saturation had been reached, as perspectives shared during later interviews aligned with preliminary themes identified by the team.

The analysts then integrated content from each template into a master matrix in Microsoft Word organized by domain. The matrix was used to identify and describe themes within each domain, with effort to incorporate the full range of perspectives from all 20 study participants and not disproportionately emphasize the voices of some veterans more than others. To maintain fidelity to the perspectives of participants, we have included direct quotations to illustrate presented themes wherever possible.

Results

Identified interview themes are presented by domain and are summarized in Table 2.

Learning about NPs

Veterans learned about NPs through independent research, using websites like WebMD, Mayo Clinic, and YouTube. They searched for who makes a product, what similar products exist, and potential side effects. Other sources of information included supplement shelves at supermarkets, infomercials, peer-reviewed scientific articles, and their own educational or professional backgrounds.

Decisions about which NPs to take were sometimes made in collaboration with healthcare providers. Some veterans sought recommendations from providers, while others did independent research and then asked providers follow-up questions. Veterans also learned about NPs through word-of-mouth or trial-and-error. For example, one veteran explained that he reads product reviews and then tries the product to see if it works for him.

While veterans felt comfortable accessing information about NPs, they also had remaining questions about which products to take, which brands to use, what dosage to take, and which products might interact with their medications. For instance, one veteran explained that it can be difficult to know, based on the label alone, what a NP really does and if it will help her. She stated, “You go to the store, and you see several NPs, and it has a vague description on them, so you don't really know what's what unless you do an internet search. And so, I see something that says, ‘improves circulation,’ and I'm thinking, okay, that'd be great, but it might not bode well with my existing medication.”

Accessing NPs

Veterans reported obtaining NPs online, from the VA, or from chain stores (e.g., Walgreens, Whole Foods). NPs could be easier to access than prescribed PPs. As one veteran explained, “I don't have to see a doctor to go get a natural product if I'm having an issue. Whereas, if I'm going to seek the other [pharmaceutical] products, I have to schedule an appointment, see the doctor, have them prescribe it.”

However, when NPs were not prescribed or covered by insurance, costs could be substantial and prohibitive. One veteran stated, “I've got kids, I'm paying for a house, and my disability is my income, so we budget tight. And, as such, I can't afford an extra \$50-75 bucks a month to get all the supplements that I know would help me.” Another veteran, who works with a naturopath, explained, “I spend several thousand dollars [on NPs] out of pocket a year. And I'm at a place in life where I can do that. But there were times when I was really struggling with pain, like when I first got diagnosed, and if I didn't have civilian providers who gave me a break on price, it would have been really hard.”

Limited availability and accessibility of products were also cited as barriers to NP use. One veteran reported, “Sometimes something will be out of stock for months, and there's not necessarily a rhyme or reason, and sometimes they change formulations so the way they now deliver it isn't as suitable.” Veterans reported particular difficulty acquiring cannabis. For example, one veteran who was experiencing severe nerve pain stated, “After we [the provider and veteran] had gone through everything we possibly could to try and help me with the dying nerve issue, I finally said, ‘Well, what about cannabis? I've heard that [can help].’ And he [the provider] says, ‘There are many studies that say this will help with the pain, but I can’t prescribe it.’”

Perceived Safety of NPs

Veterans viewed NPs as mostly safe to use because they perceived them as adequately “regulated” and “sourced naturally.” As one veteran said, “They're pretty much nature grown, and they usually test these things out before they put them on the shelves. This country has a pretty good record as far as making sure things are good and there's nothing in it that's bad.”

Veterans also perceived NPs as having fewer and less serious side effects and drug interactions than PPs. One veteran described the side effects of NPs as “mild in comparison to something that you're going to take that's pharmaceutical.” Some of the veterans we interviewed had experienced serious and even life-threatening side effects of prescribed PPs firsthand, making them more inclined to use NPs. Veterans also expressed less concern about overdosing, addiction, and building tolerance to NPs compared to PPs. One veteran shared that she is so concerned about pharmaceutical side effects that she sometimes refuses to take the PPs prescribed to her, instead choosing natural alternatives. Others believed that NPs should be used as a “first line of defense” before medications.

However, veterans also acknowledged that “natural” does not necessarily mean safe. “It’s just like anything else,” observed one veteran, “if you don’t take it appropriately, then it could be harmful.” The main concerns veterans shared about taking NPs included the possibility of side effects, interactions with prescribed PPs, overdosing, and potentially harmful ingredients. One veteran expressed concern that the salespeople she buys her NPs from are “not qualified doctors. They’re just talking based on the product description and trying to sell you the products, so they don’t know your medical history, they don’t know what meds you’re taking, they don’t even ask!”

Overall, veterans described weighing the relative safety of taking a particular product for a particular problem: “It depends on the products, and it depends on the person who’s taking the product. Some work well with other people, and some don’t work well with other people. It depends on who you ask and what product it is.”

Perceived Efficacy of NPs

Veterans felt that NPs can be as effective as PPs for some health concerns. They based these claims on their own experiences using products such as zinc and multivitamins to bolster immune health, and cannabis to improve sleep and mood. Some veterans think that NPs like CBD, zinc, and magnesium might work even better than PPs since they are perceived as healthier and less likely to have side effects. For example, one veteran said, “I feel natural supplements go through the body better; the body reacts to it better.”

For treating pain specifically, veterans stated that NPs such as cannabis, CBD, and methylsulfonylmethane can be effective. They saw these products as addressing root causes of the pain, such as inflammation or nutrient deficiencies, rather than temporarily reducing symptoms like most PPs prescribed for pain. “NPs are just as good because they’re not masking [symptoms], they’re just there to help,” observed one veteran, “Sure, I could take two Vicodins

and go ‘oh, yeah, I feel pretty good,’ but... that wears off... then you got the chance you could get addicted to it also.”

In fact, veterans sometimes reported using NPs to reduce PPs for pain or replace them entirely. One veteran, for example, was able to significantly reduce her intake of ibuprofen by taking a turmeric supplement: “I still take ibuprofen or something like that for breakthrough pain, but I went from taking 6-9 pills a day... down to just maybe 2 or 3.” Meanwhile, multiple veterans attributed their ability to taper off PPs for pain to their use of NPs such as magnesium, zinc, and CBD.

Veterans acknowledged that the efficacy of NPs depends on a variety of factors including the type of pain, the product, and duration of use. Some believed NPs could be effective for minor pain, chronic pain, and systemic issues (e.g., reducing inflammation), but not necessarily for acute or severe pain. Others noted that it takes time for NPs to build up in the body, whereas PPs act faster. As one veteran described, “some people want instant gratification; they want their meds to work right now, whereas the natural stuff might take a while for it to get into your system and move around and get that particular area of concern.” Some veterans felt NPs could never completely replace pharmaceutical products for pain.

Discussing NPs with Providers

Veterans felt strongly that providers should discuss NPs with them to help them understand their options. In short, “the VA should offer you a choice.” As one veteran shared, “the best way to handle a patient is to be completely open and honest with them and give them all their options and let them decide for themselves which route they choose to go.”

Veterans also emphasized the importance of getting advice from providers regarding dosage, brands, interactions, and side effects. One veteran stated that she wished she could say to

her provider, “This is my issue, this is my prescribed medicine, and these are the supplements I want to take. Do you see any problem here?”

Even veterans who had not discussed NPs with their providers felt these conversations would be important. One veteran stated, “I didn’t even think to talk to them about it. So, I think it’s kind of not necessarily a failure, but maybe a lack of education for all of us across the board.”

The conversations veterans did have with their providers could be described as perfunctory. For example, veterans informed their providers which NPs they used just to include those products in their medical record. In other cases, providers recommended NPs based on lab results without any deeper discussion.

Veterans expressed frustration when their providers were unable to support their NP use with advice or relevant prescriptions. For example, one veteran described being provided with a Vitamin D supplement only until her levels normalized, at which point she had to find a replacement product on her own to maintain her levels. Additionally, some veterans felt their providers were unable to advise them about NPs due to a lack of knowledge and education. For instance, one veteran asked her provider if there was a supplement she could take to help avoid becoming diabetic, but her provider told her that she “wasn't knowledgeable about NPs,” and said, “you have to get a holistic doctor for that.”

Veterans also felt that their physicians demonstrated a bias towards PPs over NPs. One veteran explained, “I think that the pharmaceutical industry has heavily influenced doctors’ interpretations and diagnoses in order to encourage medical prescriptions and things of that sort, and kind of steering away from naturopathic [remedies].” Veterans described feeling dismissed because of their providers’ perceived bias. For example, one veteran told us that some providers

“just roll their eyes” when she brings up NPs. When another veteran expressed interest in using NPs, his provider “responded like an old-fashioned doctor would [respond], ‘It’s an old wives’ tale, it can’t do anything for you, it’s all placebo.’” The veteran described this experience as “disheartening.”

Sometimes veterans believed their discussions about NPs were impacted by their race or gender. For example, one female veteran felt that her male providers neglected to recommend a Vitamin D supplement, even though she thought her numbers were low based on lab results. Another veteran stated, “as a woman, and as a Black woman... unless I had a Black doctor, they didn’t always listen to me. They didn’t believe me, and... it makes you not want to go see them because [they’re] not listening anyway.”

In contrast, veterans described positive experiences discussing NPs with their providers when providers were open-minded and validated their experiences or connected them to helpful resources. For example, one veteran appreciated that his providers were “happier to hear that I was on something [NPs] that was working for me.” Another veteran valued that his providers were open to listening to his experiences and exploring his curiosity about NPs. His providers told him, “You’re the one that’s going through this. You need to decide what you want to do. And if you feel as if it’s safe and I feel that it’s safe, we’ll go ahead and do it.” In some cases, these conversations led providers to connect veterans with resources such as medical marijuana and CIH modalities like acupuncture and yoga.

Veterans also had positive experiences discussing NPs with providers when their providers demonstrated they were trustworthy and knowledgeable on the subject. For example, veterans appreciated when providers used lab results to inform recommendations for NPs or discussed the risks and benefits of different products with them.

Some veterans chose to only continue seeing providers who they believed were knowledgeable about NPs and who validated their experiences. As one veteran stated, “I’ve become an advocate for myself, and if I’m not comfortable with taking something, I will advocate [for] that with my doctor. I have stopped seeing doctors because we have a difference of opinion, because... I don’t feel that you can progress further with treatment if [the doctor] and the patient don’t come to some sort of agreement on the treatment.”

Discussion

NP use is widespread and growing among veterans.²⁻⁴ The veterans we interviewed were interested in NPs and experienced in using them. They were highly motivated to learn about natural options for managing pain and other conditions, and saw NPs as safe and convenient alternatives to PPs in some cases. They wanted to talk with their providers about NPs to learn about product options, safety, and efficacy for their specific needs and conditions. They also expressed disappointment in their providers’ willingness and ability to communicate with them about NP options.

Healthcare providers rarely have training or expertise in NPs,^{28,29} and may have legitimate concerns that make them hesitant to recommend NPs to patients.³⁰ There is, after all, limited or mixed evidence for the safety and efficacy of many commonly used NPs.³⁰⁻³⁶ Even the most widely used NPs like Vitamins C and D show mixed evidence of effectiveness in meta-analyses.³⁷⁻⁴⁰ NPs are *not* FDA-approved for promoting health or treating symptoms of disease, despite being marketed and used for these purposes.^{41,42} NPs are also rarely tested by independent laboratories for safety or effectiveness.^{43,44} Some of the products marketed for chronic pain and related conditions (e.g., turmeric, melatonin, St. John’s wort) have evidence of toxicity or interactions with commonly prescribed PPs.⁴⁵⁻⁵⁵

Despite mixed evidence regarding safety and effectiveness, our findings suggest that patients sometimes use NPs instead of or in conjunction with PPs with limited knowledge about safety. Some patients may believe NPs are more extensively studied and regulated than they actually are—for example, the veterans who expressed faith in the FDA and the US government to adequately regulate these products. Patients may also have more faith in the effectiveness of certain products than the evidence warrants.

Providers might consider introducing veterans to safe and reliable information sources and providing basic information on how NPs are and are not tested and regulated. Examples of non-commercial, independent sources include the NIH Office of Dietary Supplements Dietary Supplements Fact Sheets,⁵⁶ NIH National Center for CIH *Herbs at a Glance*,⁵⁷ *The Nutrition Source* from Harvard Chan School of Public Health,⁵⁸ or *Dietary Supplement Guides for Clinicians or Patients* from University of Wisconsin,⁵⁹ which offer high-quality information, are publicly accessible, and are fairly easy to access. These resources could help patients navigate their NP options with information about efficacy, safety, and risks.⁶⁰

Health systems might also consider offering referrals for interested patients to providers or teams with expertise in NPs. For example, as a part of VA's commitment to becoming a patient-centered "Whole Health System"^{61,62} that offers holistic care and empowers patients to reach their personal health goals, some VA medical centers employ providers with CIH expertise (e.g., those boarded in integrative medicine or trained in functional medicine). However, integrative medicine clinics are rare within VA, and our interviews signal that veterans still lack high quality information about NPs and are not consistently having transparent, productive discussions with providers about their NP use. In order to prepare providers for effective conversations about NP with their patients, it may be beneficial for healthcare systems to train

interested providers to use NP informational databases^{56,57,63} which contain reviews of the contents, efficacy, safety, and risks of specific products.⁶⁰

Overall, however, our findings suggest that providers' knowledge about NPs may be less important than their attitude and willingness to research and discuss the topic with patients. Veterans who felt that their providers were dismissive of NPs reported that these conversations negatively impacted their relationships with those providers. Similar patterns were identified in a cross-sectional study conducted in North America, which found the most common reason listed for not disclosing NP use was concern that physicians would not approve.⁶⁴ As such, some open-mindedness about NPs, as well as transparency about limitations in providers' own knowledge, may be especially important in these conversations. Our interviews indicated that the patient-provider relationship is reinforced when providers use a patient-centered approach⁶¹ and engage in conversations about NPs with curiosity and respect for the patient.

Limitations & Directions for Future Research

Findings from this qualitative study can be generalized only with caution, as the experiences of the veterans we interviewed may not reflect the experiences of the wider veteran population. We intentionally included more women, younger veterans, and non-White veterans than the U.S. veteran population.⁶⁵ Yet, more research is needed to examine the experiences of subgroups of veterans based on socio-economic status, race/ethnicity, gender, age, or location (i.e., urban vs. rural). Further research is also needed to evaluate the experiences of non-veterans.

A major limitation of our study is its consideration of NPs *en masse* without differentiating between types, as veterans' perspectives may vary across different types of NPs. Researchers may, for example, wish to examine veterans' attitudes and experiences with cannabis separately. Additionally, although a definition of "NPs" was provided to veterans in

advance of the interview, some respondents made comments that indicated confusion between NPs and other substances (e.g., Salonpas patches) or CIH modalities (e.g., chiropractic). When veterans indicated confusion during interviews, we attempted to clarify the definition of NPs used in our study.

Despite these limitations, our results indicated that veterans are interested in using NPs for a variety of health concerns and wish to have more productive and informative conversations with providers. Future research might explore the use of non-judgmental communication techniques, such as shared decision making^{66,67} to facilitate a meaningful discussion about NPs that enhances instead of undermines the therapeutic relationship. Similar qualitative research focused on the experiences and perspectives of healthcare providers, especially primary care providers who are on the frontlines communicating with patients about this topic, would provide another valuable perspective. In particular, researchers may wish to examine barriers to discussing NPs with patients.

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Table 1

Participant Characteristics

Characteristic	Total N=20
	n (%)
Age	
≤ age 49	7 (35)
≥ age 50	13 (65)
Gender	
Male	10 (50)
Female	10 (50)
Non-Binary/Third gender	0 (0)
Prefer to self-describe	0 (0)
Race	
White	14 (70)
Black or African American	5 (25)
Asian	2 (10)
Native Hawaiian/Pacific Islander	0 (0)
American Indian or Alaska Native	0 (0)
More than One Race	1 (5)
Ethnicity	
Hispanic or Latino	2 (10)
Not Hispanic or Latino	18 (90)
Educational Status	
Some high school	0 (0)
High school graduate/GED	1 (5)
Some college	8 (40)
Associates degree	5 (25)
College Graduate, Bachelor's degree	4 (20)
Master's Level Degree	2 (10)
Doctoral Degree	0 (0)
Income	
No income	0 (0)
Under \$10,00	0 (0)
\$10,000 - \$25,000	1 (5)
\$25,001 - \$50,000	5 (25)
\$50,001 - \$75,000	6 (30)
\$75,001 - \$100,000	4 (20)
More than \$100,000	1 (5)
Prefer not to say	3 (15)

Table 2

Interview Themes by Domain

Domain	Theme
Learning about Natural Products	Veterans learned about natural products through independent research.
	Decisions about natural products were sometimes made in collaboration with healthcare providers.
Accessing Natural Products	Veterans reported obtaining natural products online, through the VA, or from chain stores.
	Natural products could be easier to access than pharmaceutical products.
	Cost and availability could be barriers to access.
Perceived Safety of Natural Products	Veterans perceived natural products as safe to use.
	Veterans perceived natural products as having fewer and less serious side effects and drug interactions than pharmaceutical products.
	Veterans expressed less concern about overdosing, addiction, and building tolerance to natural products compared with pharmaceutical products.
	Perception of safety depends on the patient, the product, and what the product is for.
Perceived Efficacy of Natural Products	Natural products were perceived as effective for pain and general health concerns.
	Veterans felt that natural products for pain could be as effective as pharmaceutical products in some cases.
	Veterans used natural products to reduce their use of pharmaceutical products for pain or to replace them entirely.
	Veterans felt that the efficacy of natural products depends on the type of pain, the product, and duration of use.
Discussing Natural Products with Providers	Veterans feel that providers should discuss natural products with their patients.
	Veterans wanted advice from providers regarding dosage, brands, interactions, and side effects.
	The conversations veterans have had with providers about natural products in the past could be described as perfunctory.
	Veterans were frustrated with their providers' lack of knowledge and ability or willingness to facilitate natural product use.
	Veterans felt that their providers demonstrated biases towards pharmaceuticals over natural products.
	Discussions about natural products were sometimes perceived to be impacted by racial or gender biases.
	Conversations about natural products were productive and positive when providers were open-minded, validated experiences, and connected veterans to helpful resources.
	Some veterans only continued seeing providers who were knowledgeable about natural

products and who validated their experiences.

Appendix

Semi-Structured Interview Guide

1. Do you have unanswered questions about using natural products for pain?
2. Do you think it is important for your healthcare provider to talk with you about natural product use?
3. Have you talked to your (VA) health care provider(s) about your use of natural products for pain or related symptoms?
 - a. If *Yes*: How did they respond?
For Example: Positively/Supportive, Negatively/Not Supportive, Neutral
 - b. If *No*: Why not?
4. Have you had difficulty getting the natural products you want to use for pain or related symptoms?
 - a. What factors have made it hard for you to access natural products?
 - b. How often would you use natural products for pain or related symptoms if the VA provided them or your insurance paid for them?
5. Over the past 3 months, have you used natural products in place of one or more of your pain medications?
 - a. What type(s)?
 - b. What led you to make that decision?
 - c. How did that go?
6. Do you think natural products are as effective as most medications for pain?
7. Do you think that natural products are generally safe?
 - a. Why or why not?

- b. Do you think natural products are less harmful than most medications?
 - c. Do you have any worries or concerns about taking natural products?
8. Would you like to share anything else about your experience using natural products or your opinion about natural products?