



Annual Project Abstract Instructions

Purpose

The purpose of the Annual Project Abstracts are to provide HSR&D with a concise, informative description of research progress and activities for a funded project. The abstract should serve as a stand-alone summary suitable for dissemination to both scientific and lay audiences. Once approved by HSR&D CO staff, abstracts will be published to the HSR&D internet (public) Website under "Studies & Projects" (<http://www.hsr.d.research.va.gov/research/>).

Procedure

The Annual Project Abstracts are submitted online through the ART Website (<http://art.puget-sound.med.va.gov>).

- Each year, prior to a project's funding anniversary date, ART sends the Principal Investigator (PI) an email notification(s) that the Annual Project Abstract update is due. The email includes instructions and a link to the ART Website (Intranet).
- Center AOs and ART Coordinators are copied on the email notifications sent to PIs and can respond to questions from PIs or other research staff on the abstract submission process.

Maximum Length

Submitted abstracts should not exceed 30 lines or 500 words. The maximum length does not include the project title, section headers or reported citations. These are automatically included in print views and reports.

Format

Abstracts should be submitted using plain text only in Arial 11 point font. Any special formatting (e.g., italics, bold text, bullets, tables, tabs) will be lost once submitted.

All abstracts must include the following sections:

- Background/Rationale
- Objective(s)
- Methods
- Findings/Results
- Status
- Impact

NOTE: The Findings, Status and Impact sections must each be updated to meet Annual Project Abstract requirements.

Content

Suggested content for each section is described below and includes example language from the abstract for “Women Veterans Ambulatory Care Use Project, Phase II (IAE 06-083)” authored by Donna L. Washington, MD, MPH.

Background/Rationale

This section should describe the background or rationale for the study. Include a description of the problem being addressed and its relevance to VA (e.g., impact on veterans or the VA health care system). In addition, briefly describe what is unique or original about the project.

Example of Background/Rationale Section:

Women are one of the fastest growing segments of the veteran and VA user populations. From fiscal year 1998 to fiscal year 2003, there was a 44% increase in the number of unique women veteran VA users. Within the next five years women are projected to account for greater than 10% of VA health care users. The HSR&D study, Women Veterans Ambulatory Care Use: Patterns, Barriers, and Influences (GEN 00-082), upon which the current study builds, revealed important barriers to meeting women veterans’ chronic illness care needs.

Objective(s)

In this section, explain the major goals and specific aims of the study. Detail the research questions and any hypotheses.

Example of Objective(s) Section:

The objectives of this study are to: (a) identify differences in disease burden and utilization of physical and/or mental health care services among women veterans by different categories of VA utilization; (b) determine the degree to which distance to VA sites and service availability mediates the relationship between health care need and VA use for women veterans by type of physical and mental health disease burden; and (c) identify determinants of gender differences in VA utilization.

Methods

This section should describe the study design, intervention (if any), study population (e.g., inclusion/exclusion criteria, major characteristics), and settings. Define the study variables and identify the source(s) of the data. Include sample size and response rates, as appropriate. Methods of analyses should be clearly and concisely articulated. Indicate if non-VA sites are included.

Example of Methods Section:

To achieve these objectives, we are conducting statistical analyses of merged secondary data from existing data sources. The Women Veterans Ambulatory Care Use: Patterns, Barriers, and Influences dataset is providing detailed data on military experience, sociodemographic and health characteristics, ambulatory care utilization, preferences for care, and VA experiences of 2,174 women veterans residing in the southern California and southern Nevada area. VA administrative data is providing in-patient and outpatient utilization and ICD-9 codes for determination of physical and mental health co-morbidity for the subset of survey respondents who used either VA or Medicare healthcare services. The 2001 National Survey of Veterans is providing a national portrait of health care use by male and female veterans, to allow for a determination of gender differences on key measures of utilization and co-morbidity, to

help place the analysis from the Women Veterans Ambulatory Care Use: Patterns, Barriers, and Influences dataset in context.

Findings/Results

This section should describe any of the main findings. Include both negative and positive findings. For each, indicate whether it is anticipated, preliminary or final.

Example of Findings/Results Section:

Women veterans in this cohort have high levels of physical and mental health disease burden, with 66.5% having one or more diagnosed medical conditions, 23.0% having diagnosed depression, 19.6% having both, and 30.1% having neither. Nineteen percent screened positive for current symptoms of depression, anxiety, or PTSD. VA health care users, compared with VA nonusers, were more likely to have diagnosed medical conditions (odds ratio [O.R.] 2.4), diagnosed depression (O.R. 3.0), or a positive mental health screen (O.R. 2.9). Eighty-seven percent of women veterans used health care services in the prior 12 months. The main health care service used varied by source of health care, with primary care and/or women's health being cited as the main services used by 55.0% of VA users in contrast to 74.7% of VA nonusers, and mental health care services being the main service used by 13.4% of VA users and 3.1% of VA nonusers. Adjusting for differences in physical and mental health co-morbidity, VA health care users were more likely than VA nonusers to receive mental health care services in the prior 12 months (adjusted O.R. 3.7).

Status

This section should describe the stage of the project and the major activities and accomplishments completed during the reporting period (e.g., within the previous year).

Example of Status Section:

The project team is conducting ongoing statistical analyses of the data.

Impact

This section should describe the perceived impact of the project (anticipated or observed) on veterans (e.g., improved quality of care, better outcomes), the VA health care system (e.g., improved management, lower costs) or the general public. Also, describe implications for other areas of research or practice such as clinical applications or policy.

Example of Impact Section:

By examining the patterns, barriers, and influences on ambulatory care use by women veterans with different levels of physical and/or mental health disease burden, the VA may better understand the physical and mental health care needs of women veterans in ways that will contribute toward identifying potential health care system gaps and approaches for enhancing VA's ability to meet these needs.

Related Citations

Center Administrative Officers (AO) or ART Coordinators are responsible for entering citation information in ART and should be notified of any publications or other dissemination activities (e.g., presentations, posters) related to a funded HSR&D project. Citations that are attributable to the study are automatically included on the abstract published to the HSR&D Website.