



## **Annual Project Abstract Submission Guidelines**

### **Purpose**

The purpose of the annual project abstract is to provide HSR&D with a brief summary of research progress and activities for a funded project.

### **Procedure**

Abstracts are submitted through the ART System. Each year, prior to a project's funding anniversary date, ART sends the PI email notification that the abstract update is due. The email includes instructions and a link to the ART Website (Intranet).

### **Maximum Length**

Submitted abstracts should not exceed the allotted space in VA Form 10-1313-2. The maximum length does not include the reported citations.

### **Format**

Abstracts should be submitted using plain text only. 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 and
- Impact.

Do not add the project title or section headers to the abstract text. The ART System automatically includes these in screen and print views.

**NOTE:** The Findings, Status and Impact sections must each be updated to meet the annual project abstract requirements.

### **Content**

The abstract should describe the project and activities accurately and succinctly. It should serve as a stand-alone summary, suitable for dissemination to both scientific and lay audiences. Once approved by HSR&D, the abstract will be published to the HSR&D Website.

Suggested content for each section is described below. The abstract for "Women Veterans Ambulatory Care Use Project, Phase II (IAE 06-083)" authored by Donna L. Washington, MD, MPH is used as an example.

**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**

Citations that are attributable to the study are included on the abstract published to the HSR&D Website. Notify your Center's Administrative Officer or ART Coordinator Alternate (copied on abstract email notifications) of any related publications or other dissemination activities (e.g., presentations, posters). These staff members are responsible for entering citations into the ART system.