

REQUEST FOR APPLICATIONS

The Dr. Eugene Marsh CHERP Pilot Program Fiscal Year 2025

Submission Deadline – Monday, July 1, 2024

Overview

The Center for Health Equity Research and Promotion (CHERP), a VA Health Systems Research (HSR) Center of Innovation (COIN), invites VISN 4 investigators to apply for **\$25,000-\$40,000** in pilot project support. This program supports preliminary projects that will inform future, larger HSR applications, and other Veterancentric research or quality improvement (QI) initiatives. Proposed projects must be of a reasonable size and scope to be completed within FY2025 (October 1, 2024-September 30, 2025). Support for this program is provided by VISN 4. The deadline for submission of completed applications is <u>July 1, 2024</u>. Funding decisions will be announced in early August 2024.

Investigators are encouraged to submit pilot projects that align with at least one of CHERP's **3 Impact Goals or Additional Contribution Areas** as articulated in our COIN renewal application:

- 1. **Impact Goal 1**: Improve the equity and quality of health and healthcare for marginalized Veteran populations and generate evidence to inform related healthcare policies.
- 2. **Impact Goal 2**: Increase the equity, accessibility, safety, and value of clinical therapeutics for Veterans and generate evidence to inform related healthcare policies.
- 3. **Impact Goal 3**: Advance the science and real-world application of dissemination and implementation methods to improve the equity and quality of VHA healthcare.
- 4. Additional Areas of Contribution: Long-Term Care & Aging; Primary Care Practice & Complex Chronic Disease

Investigators may select from one of two Submission Tracks:

- 1. **Research Track**: CHERP will fund 2-3 investigator-initiated health services research pilot projects that align with CHERP Impact Goals and VA priority areas (e.g., <u>VA HSR Priority Research Areas</u>, <u>Strategic Priorities for VA Research</u>, <u>VA's Strategic Plan</u>).
- 2. QI Track: CHERP will fund 1-2 quality improvement (QI) pilot projects to conduct evaluations in partnership with local VA Medical Centers and/or VISN 4 leaders to improve programs and policies affecting Veterans that align with CHERP Impact Goals and VISN priority areas, including (1) optimizing Veteran access to care; (2) preventing Veteran suicide using a public health approach; (3) implementing/evaluating programs on innovation, psychological safety, zero harm, and manager/leader training; (4) improving workforce recruitment and retention; (5) improving care among Veterans with military and environmental exposures; (6) ensuring more at-risk and underserved Veterans receive early intervention and services to avoid homelessness.

Questions regarding *submission tracks, funding priorities, eligibility, or the application process* may be directed to CHERP Director of Research Operations, Kelly Burkitt, PhD (<u>kelly.burkitt@va.gov</u>).

CHERP Impact Goals

Impact Goal 1 is to improve the equity and quality of health and healthcare for marginalized Veteran populations and generate evidence to inform related healthcare policies. Health equity is an affirmative goal to attain the highest level of health for all people, achieved by identifying and addressing historical and contemporary injustices, placing equal value on all persons, and eliminating disparities in health, healthcare, and Social Determinants of Health (SDOH). CHERP identifies marginalized Veteran groups as: 1) persons of color; (2) women; (3) LGBTQ+ Veterans; and persons experiencing (4) homelessness and/or housing instability; (5) serious mental health conditions and/or elevated risk of suicide; (6) military sexual trauma or intimate partner violence; (7) diminished autonomy, functional status, or limited life expectancy; and (8) disadvantages due to geographic residence. CHERP is particularly interested in understanding how evolving models of care (e.g., expanded VA Community Care) impact Veteran populations at risk for poor outcomes.

Impact Goal 2 is to increase the equity, accessibility, safety, and value of clinical therapeutics for Veterans and generate evidence to inform related healthcare policies. Clinical therapeutics includes both therapeutic medical technologies (e.g., medications, devices, and procedures) and psychosocial and behavioral interventions (e.g., psychological therapies, behavioral economics interventions, social interventions, and other therapies included in the VHA's Whole Health initiative) to promote optimal diagnosis and treatment of acute and chronic illness. CHERP embraces projects that address therapeutic adherence; de-prescribing of inappropriate therapies; use of genomics and other data to personalize therapeutics; and appropriate and equitable use of medications, devices, imaging, and procedures. CHERP is also interested in understanding the effects of receiving care outside VA through other forms of health insurance (e.g., Medicare) or VA Community Care on the use and outcomes of clinical therapeutics received by enrolled Veterans.

Impact Goal 3 is to advance the science and real-world application of dissemination and implementation methods to improve the equity and quality of VHA healthcare. Dissemination and implementation (D&I) science aims to close the gap between research (evidence-based programs, interventions, practices, policies, guidelines) and practice in the real-world setting. D&I examines how new knowledge and practices can be effectively applied to translate evidence-based practices into clinical practice and health policy, with implementation barriers being responsible for up to half of these translational gaps. CHERP is particularly interested in projects that advance the science of D&I and/or use D&I methods to inform the implementation of evidence-based practices. Applications for the QI track MUST include dissemination and implementation as a key component of the project.

Additional considerations for CHERP Pilot Projects

- 1. Involve one or more Veterans Health Administration (VHA) operations and/or community partners to maximize the relevance and impact of the proposed work. Strong partnerships ensure the relevance of CHERP pilot projects to the VA health care system or community at large; enable access to data and study populations; and facilitate rapid translation of evidence into practice and policy. Partners may include local VA Medical Center and VISN 4 clinical and administrative leaders, national VHA offices (e.g., Office of Health Equity, Women's Health Services, and Pharmacy Benefits Management), and/or community partners (i.e., Veterans Service Organizations, community organizations serving Veterans). Evidence of partnerships with VA operations/clinical and community partners is strongly encouraged.
- 2. Incorporate shareholders (e.g., Veterans, providers, and other affected groups) in the design and implementation of research. Engagement with the people who may be affected by the conduct or outcomes of the project establishes credibility, improves relevance, anticipates controversy, enhances quality, and increases dissemination and uptake of findings. CHERP encourages shareholder engagement in developing project ideas and aims, selecting recruitment methods, defining data collection instruments, interpreting results, and disseminating findings. Pilot applications should reflect or describe methods for incorporating shareholder input in the development and/or execution of the project.

Eligibility

Applications will be accepted from individuals currently affiliated with a VA Medical Center in VISN 4 with at least 5/8ths VA support and pursuing a long-term career in VA research or quality improvement.

- CHERP fosters and prioritizes diversity, equity, accessibility, and inclusion. We encourage pilot applications from individuals underrepresented in health-related sciences as defined in the <u>NIH's Diversity Statement</u>.
- Applicants must select the appropriate *Principal Investigator Track*: (1) New or Early Investigator or (2)
 Established Investigator with a history of independent funding who is pursuing new independent funding opportunities. All new/early investigator proposals will be considered and rated separately from the established investigator proposals.
- Applications from *trainees* (e.g., Postdoctoral Fellows, Residents), investigators with less than 5/8ths VA support, investigators who are not affiliated with CHERP, or research staff members <u>must include a CHERP</u> <u>Core investigator who satisfies the above eliqibility criteria as a Co-Principal Investigator</u>. For assistance in establishing such collaborations, please contact Kelly Burkitt, PhD (<u>kelly.burkitt@va.gov</u>) in Pittsburgh or Anneliese Sorrentino, MSS (<u>Anneliese.Sorrentino@va.gov</u>) in Philadelphia.
- Applicants without prior independent research support (e.g., PI on VA IIR/Merit Review award or NIH/AHRQ R01 grant or equivalent) are required <u>to identify a project mentor and provide a letter of</u> <u>commitment</u> from the mentor detailing his/her role in supporting the proposed project.

Budget

Proposals with budgets up to **\$25,000-\$40,000** will be accepted. Budgets may cover VA salary support for nonclinical (i.e., non-Title 38) Principal Investigators, co-investigators, and staff, including research coordinators and assistants, computer programmers, data managers, biostatisticians, and qualitative research staff. In developing the budget, investigators should consider all expenses for the proposed work, including costs of instrument development; data collection, development, and management; participant compensation; computer programming and statistical analyses; and qualitative data collection, transcription, coding, and analyses.

Funds may *not* be used to support fellow or graduate student salaries; travel, tuition, educational conferences, or publication costs; computer hardware or software; refreshments; or physical plant infrastructure.

Applicants are encouraged to engage the CHERP Biostatistics and Informatics Core (BIC), Qualitative Methods Core, Equity Capacity Building Core, and/or Dissemination and Implementation Core to obtain relevant expertise required by the project and determine the costs of providing such services.

All budgets must undergo local CHERP review prior to submission. Local budget review is required prior to submission. If one of CHERP's infrastructure cores in engaged in the proposed project, budgetary review should be obtained by a Co-Director of the involved core. Please develop the budget and budget justification with Kim Hansen, MA, CHERP Program Analyst (<u>kimberly.hansen1@va.gov</u>) in Pittsburgh or Anneliese Sorrentino, MSS (<u>Anneliese.Sorrentino@va.gov</u>) in Philadelphia.

Awardees may be asked to modify budget requests based on recommendations of the Review Committee or CHERP leadership. Expenditures will be audited by CHERP leadership to ensure spending is consistent with approved budgets. Awarded funds not expended by September 30, 2025, will be swept by the VA Medical Center and lost to the program.

CHERP Infrastructure Cores

CHERP's infrastructure cores are available to support CHERP Pilot applications. Each Core is described below with contact information for each.

The *Biostatistics and Informatics Core (BIC)* provides scientific and technical expertise to guide investigators in developing project aims, hypotheses and analysis plans for a wide range of projects (e.g., secondary data analyses, prospective studies, clinical trials); estimating sample sizes; and accessing VA and non-VA clinical and administrative data. Contact Maria Mor, PhD (<u>maria.mor@va.gov</u>) in Pittsburgh or Sumedha Chhatre, PhD (<u>Sumedha.Chhatre@va.gov</u>) in Philadelphia.

The *Qualitative Methods Core* provides scientific consultation and technical assistance in qualitative and mixed methods research. Services provided by the core include: (1) assistance with development of research project applications that employ qualitative or mixed methods; (2) development and pilot testing of interview guides; and (3) qualitative data collection, transcription, coding, and analysis. Contact Keri Rodriguez, PhD (<u>keri.rodriguez@va.gov</u>) in Pittsburgh or Shimrit Keddem, PhD (<u>shimrit.keddem@va.gov</u>) in Philadelphia.

The *Dissemination and Implementation Core* provides expertise in implementation science to help investigators incorporate implementation questions and methods into their proposals to support the translation of evidence-based research into practice and policy. Contact Matt Chinman, PhD (<u>matthew.chinman@va.gov; chinman@rand.org</u>) or Shari Rogal, MD (<u>shari.rogal@va.gov</u>) in Pittsburgh or LauraEllen Ashcraft (<u>laura.ashcraft@va.gov</u>), PhD, MSW in Philadelphia.

The *Equity Capacity Building Core* serves as a resource to support the conduct and effective dissemination of high-impact health equity research by CHERP and other HSR investigators. The Core assists CHERP pilot applicants with identifying and facilitating ways to address equity-related issues through primary, secondary, or subgroup analyses. Contact Leslie Hausmann, PhD (<u>leslie.hausmann@va.gov</u>) or Kimberly "Max" Brown, PhD (<u>kimberly.brown6@va.gov</u>) in Philadelphia.

The *Research Development & Shareholder Engagement Core* supports the development and submission of all research proposals by CHERP investigators. In addition, this Core assists investigators in ensuring that their research is aligned with and responsive to shareholder priorities by coordinating the work of our Veteran Community Advisory Boards and facilitating investigator access to the Board for input on research priorities, methods, data collection instruments, and dissemination of study findings. For research development, contact Kelly Burkitt, PhD (kelly.burkitt@va.gov) in Pittsburgh or Anneliese Sorrentino, MSS (Anneliese.Sorrentino@va.gov) in Philadelphia. For shareholder engagement, contact Kelly Burkitt, PhD (kelly.burkitt@va.gov) in Philadelphia.

Further Information

Questions *regarding the application process, funding priorities, investigator eligibility, and collaboration with CHERP investigators,* may be directed Kelly Burkitt, PhD (<u>kelly.burkitt@va.gov</u>) in Pittsburgh.

Review Criteria

CHERP Pilot applications are reviewed in a two-step process. The initial review, completed by the CHERP Intramural Research Committee, is to evaluate the scientific and technical merit of the application. Applications that are deemed scientifically meritorious by the Intramural Research Committee are then reviewed by CHERP leadership, who will make funding decisions based on the scientific merit as rated by the Intramural Research Committee, and the relevance and responsiveness of the proposal to CHERP and HSR priorities. Funding will be awarded based on the following criteria:

- Qualifications of the Principal Investigator(s)
- Qualifications of Research Team and Mentor (if applicable)
- Significance and how the project addresses identified scientific, policy, or practice gaps
- Innovation
- Methodological rigor of approach and methods
- Incorporation of health equity considerations into the research design to increase health equity impact, as assessed by the Health Equity Research Impact Assessment Tool: <u>https://link.springer.com/content/pdf/10.1007/s11606-021-06789-3.pdf</u>
- Engagement with operations/clinical partners, Veterans, and other shareholders (required for all QI projects)
- Feasibility to be completed within 1 year with the resources requested
- Likelihood that the pilot work will lead to future VA HSR or QUERI funding
- Alignment with CHERP's impact goals or additional contribution areas

Reviewers are also asked to comment on the budget and budget justification but are asked to score the proposal without consideration of these comments.

PROPOSAL PREPARATION & SUBMISSION GUIDELINES

An electronic copy of the completed application should be submitted as a <u>single PDF</u> to Kelly Burkitt, PhD at <u>kelly.burkitt@va.gov</u> by <u>Monday, July 1, 2024</u>.

The completed PDF application should follow the format outlined below:

- 1. Dr. Eugene Marsh CHERP Pilot Program Application Cover Page (page 7 of this RFA)
- 2. Project Plan. The Project Plan (Sections A-G) should include information sufficient to evaluate the project independent of any other document. The Project Plan must not exceed <u>3 single-spaced pages</u>. Margins must be at least ½ inch and the type must be at least 11-point in size. All tables, graphs, figures, diagrams, and charts must be included within the 3-page limit. Applications that exceed the 3-page limit or do not conform to the type size limitations will be returned without review.
 - A. **Specific Aims and Significance**. List the broad, long-term objective(s) and the specific aims for the proposed pilot project. If appropriate, state the hypotheses to be tested.
 - State concisely the importance, health relevance, and innovation of the pilot project by relating the specific aims to the broad, long-term objectives
 - Describe the connection of the proposed project to CHERP's mission and VA's priorities
 - Summary of how the proposed research was designed with health equity impact in mind
 - B. **Background and Preliminary Studies**. Briefly describe the background leading to the present application, critically evaluate existing knowledge, and identify the gap(s) the project is intended to address.
 - Scientific rationale and theoretical framework for the project
 - Relevant research inside and outside VA
 - C. **Design and Methods**. Describe the design and procedures planned to achieve the aims of the project.
 - Study population and sample
 - Data sources and measures, including how the data will be collected and analyzed
 - Analysis plans
 - Potential difficulties and limitations of the proposed procedures
 - D. VA Health System and/or Community Partner(s). Identify and describe the local, VISN, or national Program Office partners who are key VA "champions," are interested in your findings, and have the potential to change practice or policy based on findings of the current pilot or future planned projects.
 - E. Veteran, Caregiver, and/or Provider Engagement. Describe efforts to engage Veterans, caregivers, and/or health care providers in the development of the pilot proposal, and/or plans to engage these shareholders in the execution of the study and dissemination of study findings.
 - F. **Timeline**. Present the timeline in Gantt chart format, including all stages of the project (i.e., start-up, data collection, data analysis, dissemination, and application for future funding).
 - G. **Plans for Future Funding**. Describe how information from the pilot study will inform the development of a full follow-up study.
- 3. Literature Cited (no page limit)
- 4. **Budget and Budget Justification** (no page limit; see Appendix 1 for sample budget template and completed example of the budget table and justification)
- 5. VA Biographical Sketch for the Principal Investigator(s), Co-Investigators, Consultants, and/or Mentors
- 6. Letters of Support:
 - A. Project Mentor Letter of Support (if applicable; see Eligible Applicants section for further information)

B. Other Letters of Support -- Operations Partner, Veteran Engagement, etc. (not required)

COVER PAGE

The Dr. Eugene Marsh CHERP Pilot Program

Project Title		Enter Project Title.						
Submission Track		Research Project			Quality Improvement Project			
PI Track		New/Early Investigator			Established Investigator			
Principal Investigator		Last name.	First name.			Middle initial.	Degree(s).	
Primary Email Address		Enter your va.gov email.						
Secondary Email Address		Enter your secondary email.						
Telephone Number		Enter your primary phone number.						
VA Appointment?		YES If yes, please indicate your FTE:					NO 🗆	
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Principal Investigator								

Appendix 1 Budget & Budget Justification Guidance

Please develop the budget in collaboration with Kim Hansen, MA (<u>kimberly.hansen1@va.gov</u>) in Pittsburgh and Anneliese Sorrentino, MSS (<u>Anneliese.Sorrentino@va.gov</u>) in Philadelphia.

You must use the excel spreadsheet (embedded below) for your Budget.



An example Budget Justification (adapted from the <u>HSR Website</u>) is provided below:

Primary Site: New Castle, ST

Personnel

Snow White, PhD, Principal Investigator (1.8 cal mos, salary and fringe \$12,675), will oversee all aspects of the project. She will hire, train, and supervise all study personnel at the New Castle site and organize and lead the initial training for personnel at both study sites. She will provide oversight of all aspects of participant recruitment, enrollment and retention, intervention delivery, data collection, analysis and dissemination.

Happy G. O'Luckee, MD, Co-Investigator (0.6 cal mos, no salary requested), is a psychiatrist based at the MIRECC affiliated with the New Castle VA Medical Center, where she specializes in research on family interventions. She will assist Dr. White's team in the creation and implementation of treatment strategies for adapting standard family communication training to the study population.

Gru M. Pi, PhD, Co-Investigator, (0.3 cal mos, salary and fringe \$2,015), is a licensed Clinical Research Psychologist specializing in research on family interventions. He will refine the study intervention and participate in data analysis and reporting.

Bosch Full, BS, Research Assistant/Data Manager, (0.6 cal mos, salary and fringe \$1,825), will contact potential participants, screen them for eligibility, obtain informed consent, ensure baseline and follow up assessments are completed, and enter data into a secure database.

Project Director, TBN (1.2 cal mos, salary and fringe \$5,200), will work with the Research Assistant to oversee participant identification, recruitment and scheduling study assessments, maintain IRB approval and regulatory documents, ensure baseline and follow up assessments are completed and will oversee the maintenance of study records in a secure fashion.

Consultants

Roger Nelson, PhD (\$200/yr). Dr. Nelson is Professor of Psychology and Vice Provost of Research at Castle University and an expert on multifamily group treatment. Dr. Nelson will provide training to the Principal Investigator/Program Director Dr. White in Year 1, consultation/supervision to the study team as needed, and assist interpretation and dissemination of the study's findings. Dr. Nelson will also serve as a member of the Scientific Advisory Board and participate in quarterly, 90-minute calls.

Supplies

Materials and Supplies (\$550). Supplies include: neuropsychological test materials, 1 tape recorder, and 1 microphone to record therapy sessions.

Other Direct Costs

IPA: Wilhelm Grimm, MSW (non-VA, 0.3 cal mos, fringe and salary \$1,950). Herr Grimm is bilingual with a degree in social work and experienced in assessment of mood, anxiety and psychotic disorders, management of psychiatric emergencies, crisis intervention, family psychoeducation, and cognitive behavioral interventions. His ability to communicate with Veterans and family members in German is a particular asset in engaging and recruiting study participants. He will provide treatment to 50% of participants at the primary site and will participate in weekly supervision calls.

Participant Payments (\$500): Veterans will be offered a \$25 stipend for their participation in each assessment. Based on a planned enrollment of 20 Veterans, we estimate the following assessments costs per site: 20 assessments @ \$25 each = \$500.