

Rural Health Career Development Award (CDA) Program

Background

Research is the driving force of sound public health policy. Investigators play a critical role in identifying emerging health challenges and proposing targeted strategies to improve patient outcomes. But while millions of Veterans nationwide reap the benefits of these evidence-based policies, a shortage of rural health-focused researchers often means these patients' unique needs are overlooked.

To close the rural research gap, the U.S. Department of Veterans Affairs (VA) Office of Rural Health (ORH) partnered with the Center for Access & Delivery Research and Evaluation Center (CADRE) at the Iowa City VA Health Care System to launch the Rural Health Career Development Award (CDA) program. The program cultivates the next generation of rural health researchers by providing mentorship and financial support to investigators studying health care issues facing rural Veterans.

This implementation guide outlines key steps for organizations considering implementing a research grant program similar to the Rural Health CDA program.

Phase One: Program Development

A) Organizations that want to launch a research grant program should first develop details around program goals, scope, funding, and desired outcomes.

ORH and CADRE entered partnership for this program under the shared goal of recruiting and retaining early-career researchers in the rural health care space. Both partners agreed that local leadership at CADRE

in Iowa City would select one early-career MD or PhD investigator to receive 75% protected time and \$60,000 a year in project funding for two years to pursue mentored rural health research. In addition to conducting research, award recipients are also expected to develop a rural-focused application to continue their research project under the broader VA Health Services Research and Development Service (HSR&D) program after the end of their Rural Health CDA.

B) The next step in program development is identifying facilities and partner organizations to support program participants.

CDA leadership engaged local stakeholders by partnering with the ORH Veterans Rural Health Resource Center in Iowa City as well as CADRE at the Iowa City VA Health Care System. Because participants' understanding of VA was important for the program's success, leadership required applicants to either be affiliated with CADRE or have a CADRE investigator as their primary mentor.



Phase Two: Implementation

A) The first step in implementation is to advertise the program and application process to target audiences. Rural Health CDA leadership conducted outreach in three ways: emails to 100+ researchers who had expressed interest in working with CADRE, an announcement at weekly CADRE meetings, and an informational session hosted by the program mentoring committee.

The application process lasted several months, offering interested applicants time to meet with their mentor and complete their application and budget proposal. Competitive applicants demonstrated the following attributes:

- ▶ A commitment to pursuing a research career focused on improving rural Veteran health and rural health care delivery.
- ▶ Potential for successful completion of a rural-focused grant application to VA HSR&D within two years of receiving a Rural Health CDA. This potential was determined by examining past training, research productivity, and experience providing care or conducting research in rural areas.

The review committee followed the same meeting format as VA HSR&D and selected one Rural Health CDA recipient. All applicants received feedback from the review committee.

Review committees consisted of three to five reviewers depending on the number of applications. Reviewers independently ranked applicants based on their qualifications, career plan, research plan, and mentoring plan. Each application was scored independently on a scale of 1.0 (highest) to 5.0 (lowest). During the review committee meeting, scores were shared and each

application was discussed. The applicant with the best average score was chosen as the award recipient.

B) The program structure primarily focuses on research development and execution as well as professional mentorship. Recipients work with a mentorship team as they develop their research approach, draft manuscripts, and make plans for future research and grant applications. Co-program directors meet with recipients and their mentoring teams on an annual basis to review progress and assist with overcoming any challenges that have stalled research progress.

At the end of the award period, recipients produce a Rural Health Brief detailing their research findings that is reviewed by the program directors and advisory committee. Upon program completion, researchers are also expected to have secured further funding from VA HSR&D to continue their research in the rural Veteran space.

Phase Three: Evaluation

A) Program managers should develop metrics that measure true impact. The Rural Health CDA team identified key long and short-term outcomes to track over the program's lifecycle.

Examples of long-term outcomes that will be examined are:

- ▶ Number of early career investigators drawn to the program
- ▶ Retention rate of investigators in the rural health research field
- ▶ Development of research-inspired innovative treatment programs to improve care for rural Veterans

Short-term outcomes are focused on award recipient success in the program. At the end of each fiscal year, each CDA recipient is required to provide a summary progress report, including information about items such as:

- ▶ Their developing research program
- ▶ Grant applications and plans
- ▶ Planned conference presentations

At the end of their second year in the program, recipients provide a three-page report of their experiences, how participation benefited their research, and their future plans for conducting rural Veteran-centered research. CDA recipients also meet with program directors for an exit interview where they can provide both positive and constructive feedback about the program and any areas for improvement.

Results to date have been promising. Two individuals have been granted Rural Health CDAs to date—Dr. Spyridon Fortis and Dr. Amy O’Shea. Dr. Fortis’s research focuses on urban-rural disparities in outcomes for chronic obstructive pulmonary disease (COPD)—a disease that inflames the lungs and obstructs airflow. He has submitted an application to HSR&D to continue his research after program completion. Dr. O’Shea’s research project aims to understand the factors that could impede equitable delivery of telehealth care to underserved populations, including rural residents.

Recommendations for Implementation:

- A) Develop program mission and vision that aligns with short and long-term organizational goals.
- B) Identify individuals who can serve in leadership roles as program directors, mentors, and application reviewers.
- C) Develop program structure and curriculum that provides appropriate funding, mentorship, and resource support to award recipients.
- D) Identify facilities and partner organizations that can support researchers.
- E) Encourage application to program by conducting targeted outreach to key constituencies.
- F) Construct impact metrics to ensure program outcomes are aligning with organizational priorities. Collect regular feedback from program participants.

For more information about the Rural Health CDA program, contact Marin Schweizer at Marin.Schweizer-Looby@va.gov.

The Office of Rural Health (ORH) works to see that America’s Veterans thrive in rural communities. To support the health and well-being of rural Veterans, ORH and its Veterans Rural Health Resource Centers establish and disseminate initiatives that increase access to care for the 2.7 million rural Veterans enrolled in the U.S. Department of Veterans Affairs’ health care system. Key focus areas include programs that address workforce shortages, transportation, primary care, mental health, telehealth and specialty care. To learn more, visit www.ruralhealth.va.gov.