

Communicating Rural Research to Policy: An Evaluation of the *Rural Research to Diverse Audiences Project*

A Report to the Federal Office of Rural Health Policy, Health Resources and Services Administration, Department of Health and Human Services

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EXECUTIVE SUMMARY

The Rural Research to Diverse Audiences project was initiated in 2006 with funding by the federal Office of Rural Health Policy (ORHP). The project was created to optimize the communication and impact of research from the ORHP funded Rural Health Research Centers (RHRC) program. The project included three key components 1) an assessment of the information needs of national, state and community level audiences, 2) development of new dissemination approaches and products and 3) an evaluation of the impact of new dissemination strategies.

During the first three years of the project, there were several accomplishments including the creation of a centralized website, the Rural Health Research Gateway in which individuals can directly access information from any of the Rural Health Research Centers. A second accomplishment has been the development of a better understanding of the information needs of audiences interested in rural health research at the national, state and community level. Branding of the RHRC program was also initiated through the development of a RHRC graphic and RHRCs were provided with a toolkit of dissemination strategies for reaching a broader audience.

Over the first three years of the Rural Research to Diverse Audience Project there has been an increased access to RHRC products and increased visibility for research from the RHRC program. The impact of greater accessibility to rural health research on target audiences including policy makers, stakeholders and researchers is difficult to assess. Also, while the project has engaged representatives from the target audience, there hasn't been "committed interest" among participants. The Diverse Audience project might also explore options for increased "knowledge exchange" between RHRCs and target audiences. In addition, while RHRCs have tailored their products to communicate more effectively to these audiences, more exploration of different products and communication approaches is warranted.

INTRODUCTION

The Rural Health Research Centers (RHRC) Program is administered by the Office of Rural Health Policy (ORHP) to conduct policy-relevant rural health services research. Each RHRC annually produces policy briefs, working papers, presentations and journal articles which are disseminated through Center websites, the media, and other outlets. In 2006 ORHP sought to develop a more centralized, systematic dissemination capacity and system to promote access to and use of the growing body of rural research from the RHRC Program. In the spring of 2006, the Office issued a Request for Proposals (RFP) for a project entitled, *Rural Health Research to Diverse Audiences*, the purpose of which was “to provide information to diverse audiences which summarize the body of research, as funded by ORHP, for all Rural Health Research Centers”. In addition to the development of dissemination mechanisms for communicating to user audiences, the *Diverse Audience Project* RFP called for the identification of the information needs of target audiences at the national, state and community level, the development of effective dissemination strategies to reach these target audiences, and an evaluation of the impact of these strategies. This report discusses the design, implementation and impact of the *Diverse Audiences Project* in its first three years.

BACKGROUND: THE RURAL RESEARCH TO DIVERSE AUDIENCES PROJECT

Brief History of Dissemination in the RHRC Program

The emphasis in authorizing statute and in the RHRC Program of the Office of Rural Health Policy on producing “policy relevant” research to inform rural health policy is a hallmark of this Program. In the early years of the Program (1988-1996) the Office and the funded Centers were intently focused on building centers with the capacity for producing high quality rural health services research. As the early and subsequent Centers became more established and productive it became increasingly important to ensure that policymakers were familiar with and had access to the Centers’ work.

In 1994 ORHP funded an initiative to produce an annual printed volume entitled Rural Health Research in Progress. Patterned after HSR Proj, a National Library of Medicine funded database compendium of funded but not-yet completed health services research projects, Rural Health Research in Progress summarized all of the studies underway in the Centers funded by the RHRC Program. Rural Health Research in Progress was published annually until 2005 by the Maine Rural Health Research Center and was widely distributed in hard copy to state and federal policy audiences. With the growth of web-based information sites in the 1990’s, the project also developed and maintained a web-accessible and searchable database with essentially the same information.

During this same period ORHP launched several other initiatives designed to make information from its RHRC and other programs more accessible to policymakers, and in particular federal and state policymakers, national associations, and other key

stakeholders. Each of these initiatives helped lay the foundation for the development of the *Rural Research to Diverse Audiences Project*.

In 1997 the Capital Area Rural Health Roundtable was funded by ORHP. Led by Dr. Mary Wakefield, Director of the Center for Rural Health Policy, Research, and Ethics at George Mason University, the Roundtable sought to promote greater exchange among researchers, policymakers, the media, and others around rural health topics relevant to the work of the Congress. Annually, the Roundtable held 3-4 events on Capital Hill each year often featuring research and staff from research centers funded by the RHRC Program.

By the late 1990's both the Capital Area Rural Health Roundtable and the Rural Policy Research Institute's (RUPRI) Rural Health Panel had become well-established as critical sources of research-based information on rural health topics for policymakers. In 1999, the Center and the RUPRI Rural Health Panel collaborated on a project funded by ORHP and the Agency for Healthcare Research and Quality to develop strategies for linking rural health research and policy. In 1999, the Center and RUPRI convened a national meeting of rural researchers, policymakers, media representatives, national stakeholder organizations, and others to explore the links between rural research and policy and mechanisms for improving research dissemination and use. Although the findings and recommendations of the meeting were wide-ranging, a key theme that emerged was the need for a "bridge" function that would provide better two-way access for researchers and users to access each other and exchange information (Center for Health Policy and Health Care Ethics, 2000 weblink:

http://www2.gmu.edu/ctr/chpre/healthpolicy/briefspublications/GMU_RUPRIrpt.pdf.

In 1998-9 ORHP and the RHRCs collaborated to produce a published volume on the policy-relevant research needs in rural health (*Journal of Rural Health* 18(S), 256-269, 2002). This volume was the product of a national meeting of rural health researchers and national and state policymakers to develop a forward-looking rural health research agenda.

And finally, the funding of the Rural Assistance Center (RAC) at the Center for Rural Health, University of North Dakota in 2002 was a key step in ORHP's strategy for expanding access to information on rural health. Not restricted to research-based information, RAC was designed to provide the web portal and assistance center for national, state, and local users interested in anything related to rural health and rural human services (e.g. news, funding opportunities, conferences and meetings, topical syntheses). In many ways, RAC was the prototype for the Rural Health Research Gateway, a key component of the *Rural Research to Diverse Audiences Project*.

Each of these projects and initiatives helped lay the groundwork for the *Rural Research to Diverse Audiences Project*. In particular, the identification of key user audiences and the centralization of access to the work of the RHRCs were key elements in these earlier initiatives that carried forward into the *Rural Research to Diverse Audiences Project*. Whereas previous initiatives had emphasized either largely passive dissemination strategies (e.g. Rural Health Research in Progress) or more active strategies (e.g. Capital

Area Rural Health Roundtable), the *Rural Research to Diverse Audiences Project* sought to include both. The following section discusses the key goals, objectives and program components of the *Rural Research to Diverse Audiences Project* and how those components were implemented.

Project Design and Implementation

The *Rural Research to Diverse Audience Project* was designed as a three-year initiative to enhance the dissemination of information from ORHP's RHRCs to policy and other audiences. As specified in the Request for Proposals, the original goals of the Project were to:

1. Optimize the impact of research data from the Rural Health Research Centers (and, as feasible, other ORHP grantees) on policies, programs and practice.
2. Optimize communication between Rural Health Research Centers and target audiences.
3. Measure the impact of project efforts on specific objectives 1 and 2.

These goals remained unchanged throughout the project period.

Each year of the *Rural Research to Diverse Audiences* assessed the research information needs of a specific target audience, developed or modified dissemination strategies for this audience, and evaluated the impact on the audience. The national audience was targeted during Year One of the project, followed by the state and community audiences in Years Two and Three. The core components of the *Rural Research to Diverse Audiences Project* included:

1. Assessments of the information needs of national, state, and community level audiences and stakeholders. During each year, an issue group of key constituents of the target audience participated in a meeting where input was gathered regarding products from the RHRCs (i.e. examples of policy briefs, fact sheets and working papers) and the database driven website (Rural Health Research Gateway), the RHRC program flyer and the Research Alerts that were developed as a part of this particular project. The products were then modified according to feedback from the issue groups.
2. The development of improved product design, dissemination strategies, and other tools to reach these different audiences. A database driven website, the Rural Health Research Gateway, a flyer describing each of the RHRCs, a Research Alert listserv and a communications toolkit were developed during the three years of the project. Each of these products was modified each year for the target audience.
3. Evaluation of the impact of the Project in making rural health research more accessible to user audiences. The impact studies examined the usability of the Gateway products to the national, state and community audience through a survey and to the RHRC through telephone interviews. The website was evaluated using

website diagnostics to determine what users were interested in and what pathways they used to find their information.

Key Project Accomplishments

There have been four primary accomplishments of the *Diverse Audiences Project* over the first three years:

1. The creation of a central portal, the Rural Health Research Gateway through which policymakers and other users can directly access information on all of the research centers funded by the RHRC Program;
2. The development of a clearer understanding of the target national, state, and community audiences of the RHRC Program, including their information needs, current sources of information, and preferred methods for accessing information;
3. The creation of a “national brand” for the RHRC Program; and
4. The development and dissemination of strategies and tools for research dissemination to policy audiences.

These are discussed in further detail in the following narrative.

The Rural Health Research Gateway: The first major accomplishment of the project was the movement of information regarding the RHRC program from a paper-based product (*Rural Health Research in Progress*) to a database-driven website. Prior to this project, brief summative information was available on the ORHP website and each RHRC had its own website with its research listed. In addition, the *Rural Health Research in Progress* provided information about the research that was ongoing in each of the RHRCs. During the first year of the Rural Research to Diverse Audiences project, the *Rural Health Research in Progress* database (in partnership with the University of Southern Maine) formed the base for a new comprehensive website which included information from all of the RHRCs. The *Rural Health Research in Progress* paper-based document was discontinued. The Rural Health Research Gateway web site can be used to find abstracts of both current and completed research projects, publications resulting from these projects, and information about the research centers themselves as well as individual researchers. *The website is located at <http://www.ruralhealthresearch.org/>*

The new website offered several key advantages. The first is the ability to rapidly update and modify information about RHRCs including contact information, researchers and newly released products. The second advantage was the ability to search for research center projects by the names of RHRCs, the researchers authoring the studies or by topical area. This provided the audiences an important mechanism to cross walk research across RHRCs for both current and past research.

Understanding the Information Needs of User Audiences: The second of the *Rural Research to Diverse Audiences* project has been the assessment of information needs of target user audiences. This started with the development of a list of representatives from

the national, state and community audiences. These target issue group members were chosen to represent the needs of the audience from different geographic regions, different stakeholder perspectives (foundations, membership-driven organizations, government, education, and individuals) and different expertise in research dissemination (see Table 1).

Table 1: Target Audience Representatives

National Representatives	State Representatives	Community Representatives
Academy Health	Arkansas Department of Health and Human Services	Decker School of Nursing, Binghamton University, Binghamton, NY
American Academy of Family Physicians	Association of State and Territorial Health Officers	Family Health Center, Marshfield Clinic, Marshfield, WI
American Hospital Association	Federation of State Medical Boards	Helen Newberry Joy Hospital & Healthcare Center, Newberry, MI
Association of American Medical Colleges	National Academy for State Health Policy	Northwest Colorado Visiting Nurse Association, Inc., Steamboat Springs, CO
Kaiser Family Foundation	National Association of State Medicaid Directors	Physician, Kentucky
Health Resources and Services Administration Maternal and Child Health Bureau	National Conference of State Legislatures	Pharmacist, Oklahoma
Medicare Payment Advisory Commission	National Council of State Boards of Nursing	Rural Wisconsin Health Cooperative, Sauk City, WI
National Association for Rural Mental Health	National Organization of State Offices of Rural Health	Southeast Alaska Regional Health Consortium, Juneau, AK
National Association of Rural Health Clinics	National Rural Recruitment and Retention Network	Tioga County Partnership for Community Health, Wellsboro, PA
National Network of Health Career Programs for Two Year Programs	Washington State Office of Community and Rural Health	
National Rural Health Association		

During each year of the project, the targeted audience (year one- national, year two- state, year three- community) was invited to a meeting which was held in person for the national group and via web-assisted teleconference calls for the state and community groups. During the meeting, each group was asked a series of questions including what rural health information would be useful and what sources and products they access for rural health information. Issue Group members then examined a sample of each product type (final reports, fact sheets/policy briefs, RHRC websites, press releases) from the RHRCs and were asked whether they used this type of product and asked for suggestions for repackaging and disseminating the products. Issue Group members were also asked about the Rural Health Research to Diverse Audiences products including the website, flyer and the Rural Health Research Alert. The results from these Issue Groups were used by the RHRCs to revise the design of their products and to inform the activities and approach of the *Rural Health Research to Diverse Audiences Project*. These Issue Groups also represented the continuation of an emphasis on tailoring research to meet different audience needs that was started prior to this project.

Branding the RHRC Program: The *Rural Health Research to Diverse Audiences project* also developed a cohesive branding of the RHRC program. In addition to the website, the project developed a flyer which provided a comprehensive description of the program in Year One. This flyer included a brief description of the program, examples of impact from RHRC findings and contact information/area of emphasis for each of the RHRCs. This flyer was developed based on national audience feedback which indicated that a one-page flyer which included contact information for the RHRCs would be more useful than a traditional three-fold brochure (see Appendix). The flyer was revised during year two for the state audience that indicated they would like to also see pictures reflecting the state audience and examples of impact at the state level. In year three, the flyer was redesigned to better match a newly updated exhibit and to reflect comments from the community audience. Overall the target audiences have indicated that they primarily utilize the flyer to find an expert to call on a particular topic. During Year Two, the *Rural Research to Diverse Audiences project* developed a standard graphic for the RHRC program with the intention that this graphic would help to visually pull together the RHRCs into one cohesive program (Figure 1). This graphic was approved by ORHP and the RHRCs and has been incorporated on most RHRC publications and websites.

Figure 1: RHRC Logo



Tools for Research Dissemination: An important accomplishment of the project has been the start of a cultural change in the RHRC program in which more emphasis is being

placed on the dissemination of findings to the national, state and community audiences. A few RHRCs have historically focused on dissemination strategies or strategies for working with particular policy groups at the national level. However, the *Rural Health Research to Diverse Audiences* project provided a much needed focus to improving dissemination strategies. Over the three years of the project, the RHRCs have incorporated many changes to both the type of products and the approach for disseminating products. While difficult to measure quantitatively, Centers have made changes in website design to better fit the needs of the diverse audiences, reconfigured policy briefs and fact sheets to emphasize findings and policy implications, and made improvements in electronic dissemination through the use of extensive listserv mailing lists.

The *Rural Research to Diverse Audiences* project also developed a consolidated exhibit for the RHRC program and *Rural Research to Diverse Audiences* project. In the first year there were two exhibits at national conferences such as NRHA- one for the *Rural Health Research to Diverse Audiences* project and one for the RHRC program which included current publications from the RHRCs (this exhibit was jointly funded by the RHRCs). At the 2007 All Programs Meeting the RHRCs and ORHP decided to utilize one exhibit which would include the Rural Health Research Gateway exhibit and the publications of each of the RHRCs. This booth was then staffed by both Gateway and RHRC personnel and was funded by the *Rural Research to Diverse Audiences* project.

And finally, the project developed a communications toolkit which incorporated many of the suggestions from the three target audience Issue Groups. This toolkit was distributed to RHRCs at the end of year one and was revised annually. The toolkit is available at <http://www.ruralhealthresearch.org/toolkit/>

Implementation Challenges and Solutions

Tailoring changes in dissemination strategies to the comfort and resources of the RHRCs has been a challenge. Despite the need detailed by the national and state audiences, the RHRCs did not have sufficient funding to address needed changes. When the RHRC program was re-competed in 2008, funding was increased in order to address this challenge and also incorporated Research User Networks (RUNs) to provide RHRCs with broader feedback regarding dissemination of research findings. In many cases, focusing on dissemination outside of traditional academic audiences through peer-reviewed publications was and continues to be a struggle for the RHRC program. In addition, the utilization of the media to reach a broader audience continues to be rarely used. However, many small steps were accomplished throughout the term of the project which has laid the groundwork for the future.

One of the greatest challenges was determining (1) the scope of the impact study for the project and once this was determined (2) effective strategies for measuring impact. The original proposal included five components to the impact study. One of these components was the determination of impact of the RHRC program by examining changes in government programs and policies. This particular component primarily

focused on the impact of the RHRC program as a whole. Through conversations with ORHP and the RUPRI Health Panel, a partner on this project, it was determined that the project should focus on the impact of the tools designed as a part of the *Rural Health Research to Diverse Audiences* project. The issue regarding impact of the RHRC program as a whole was determined to be outside of the scope of the project.

The second part of this challenge was then to determine effective measures for the study of impact of the specific tools. The most consistent and clearest measures were available from web site diagnostics which provide a wealth of information about the use of the Rural Health Research Gateway. Targeted surveys to a small sample of the targeted audiences were also used to measure the impact of the products. This generally resulted in a low response rate, limiting the usefulness of this strategy. The national and state target audiences were asked at national conferences to provide feedback on the Rural Health Research Gateway and although the number of respondents was small, the information gleaned from these one-on-one interviews proved invaluable for identifying needed changes in website design and content.

PROJECT IMPACT

The ultimate goal of this project is to expand policy makers' access to and use of research-based information on policy-relevant rural health topics. Measuring research use is difficult, however. Moreover, much of the work in the first three years of this project has more narrowly focused on building the core infrastructure for better research dissemination in the RHRC Program and in the RHRCs. Therefore, this impact assessment focuses primarily on two questions:

1. Has this project increased access to research from the RHRC program?
2. Has the project enhanced the capacity of the RHRC Program and its funded research centers to more effectively communicate and disseminate research to policy and other target audiences?

In addition to addressing these questions, this section identifies issues and opportunities for enhancing the use and impact of rural health research and offers a corresponding set of recommendations.

Access to Rural Health Research

As indicated earlier, the *Rural Research to Diverse Audiences* project has successfully built and implemented the Rural Health Research Gateway as a centralized, national portal for the dissemination of information about, and the products from, the RHRC Program. The flyers, describing the RHRC Program, and the branding graphic for the Program were other important dissemination products.

In Years Two and Three, the project conducted impact assessments through surveys of its National and State Issue Group participants (and in Year Two of a sample of state directors from the National Organization of State Offices of Rural Health- NOSORH),

analysis of usage data from the Gateway website, and interviews with representatives from each of the six ORHP-funded Rural Health Research Centers (Year 3). Although low response rates to the surveys of Issue Group participants limit the utility of these data, those who did respond generally indicated that the Gateway was helpful in accessing information and that other products such as the Rural Health Research Alerts also increased their access to rural health research information. In a Year Two survey of State Office of Rural Health participants in the NOSORH annual meeting, however, none of the state office representatives who were queried indicated they were aware of the Gateway.

Website utilization statistics indicate growing use of the Gateway over the first three years of the project. In addition they suggest that website use is closely tied to other dissemination activities such as conference attendance and exhibits, indicating the importance of continued marketing of the website.

Rural Research Dissemination Capacity

Interviews with the RHRCs revealed that the Centers generally feel the Gateway has increased access to their products among targeted audiences. They also feel the project's branding of the RHRC Program has increased the visibility of both rural health research generally and their Centers specifically. The Communications Toolkit developed by the project also received positive reviews from the Centers who indicated that they have used it to evaluate and modify their websites and research products.

In summary, the *Diverse Audiences Project* has successfully developed the necessary components for a high quality, successful dissemination program. We do not yet have, however, the data to assess the extent to which the dissemination tools, including the Gateway, the Program Flyer, and the Communications Toolkit, are being used by specific targeted audiences (e.g. policy makers, stakeholders, researchers). As of Year Two, there was evidence of a lack of awareness and use of the Gateway by the State Offices of Rural Health; we do not know how this may have changed in Year Three with greater marketing of the Gateway and the project at major conferences and through other communications (e.g. Rural Health Research Alerts).

The available information indicates that *Rural Research to Diverse Audiences Project* has been successfully implemented and that it provides a solid platform for taking research dissemination in the ORHP RHRC Program to the next level. The following section discusses a set of issues related to the future of the project and offers options and recommendations for expanding the dissemination and knowledge transfer capacity of the *Rural Research to Diverse Audiences Project* and the RHRC Program more generally.

Key Issues and Options for Achieving Greater Impact

Defining and Reaching Target Audiences: Identifying the target audiences for rural health research and assessing their information needs and preferences has been a significant activity of the *Rural Research to Diverse Audiences Project*. The project

conducted successful meetings with national, state, and community Issue Group participants representing a wide range of stakeholders. In conducting these activities, the project has not only identified key stakeholders, but has begun to cultivate broader interest in the RHRC Program among diverse organizations and stakeholders. These organizations include decision makers and those who influence the thinking of decision makers and, as such, are important target audience of the RHRC Program.

Building and sustaining interest among these and other organizations with a direct or indirect interest in rural health research remains a challenge for the future. How, for example, could these organizations and individuals be cultivated to contribute to the goal of the RHRC Program and the *Rural Research to Diverse Audiences Project* to promote the goals of enhanced dissemination and use of research? Ideally, the project can build on the Issue Groups to expand on-going, two-way communications and relationships between researchers and centers and research user audiences. Over time, these communications and relationships can contribute to building more formal, on-going networks of researchers and decision makers. Such networks naturally create opportunities for knowledge sharing among rural researchers and those who are interested in and could benefit from their research and knowledge. Doing this within specific topic areas, as specified in the RFP re-competing the *Rural Research to Diverse Audiences Project* is a significant step toward this end.

As indicated below, developing “issue networks” will require careful thought as to what the benefits of participation will be for users and researchers. The *Rural Research to Diverse Audiences Project* has not yet developed “committed interest” among those who have participated to date, including the national, state, and community Issue Group participants and the RHRCs. So far the project has been the “go-between” attempting to link the RHRC Program and its products to interested potential users. But certainly the impact of the project would be substantially enhanced with more dynamic, real time opportunities for researchers and research users to engage with each other to identify research needs and to share research based knowledge and information from the RHRC Program.

Moving in this direction would have important implications for the *Rural Research to Diverse Audiences Project* and for the RHRCs not the least of which is whether resources allow for expanded activity. With the increased funding provided to the RHRCs and the *Rural Research to Diverse Audiences Project*, however, it seems like a good time to “take stock” and set the direction for the future.

Research Products: Review of the products of the RHRC Program and how well they meet the needs of potential users was also a significant focus of *Diverse Audiences Project*'s work in the first three years. The surveys of Issue Group participants revealed important insights regarding how specific products such as working papers and research or policy briefs should be framed, presented, and disseminated. These insights were incorporated into the Communication Toolkit which the project developed in Year Two and revised in Year Three.

There are several issues concerning the products of the RHRC Program and the *Rural Research to Diverse Audiences Project*. One of the important accomplishments of the project has been to contribute to moving the RHRC Centers toward greater emphasis on shorter, more policy relevant summaries (i.e. research briefs) of their research findings and policy implications. There continues to be interest however among users in having access to the full research reports (i.e. working papers) as they often contain methodological and other detail which may be needed to more effectively use the research findings. Because of constraints imposed by scholarly journals on pre-publication of study findings, however, the Centers more often than not have not disseminated full working papers. To address this problem, the Office of Rural Health Policy has established a policy allowing Centers to withhold dissemination of one working paper each year (for up to six months) should the Center seek to publish that paper in a journal that restricts pre-publication.

In addition to this compromise, there is the question of whether there are other ways for the Centers to communicate their results that would satisfy the needs of users for more detail. For example, one Center has experimented with webinars to disseminate the results of their projects.

In addition to the methods of dissemination, there are questions of whether products other than manuscripts reporting on discrete studies should be considered. For example, there has been increasing emphasis on research synthesis as a means for summarizing the “evidence” on a specific health policy or health services topics. Such syntheses could not have been done in the field of rural health services research 10 years ago, but is now possible with the growing body of research on many topics in the field.

Although it is beyond the scope of this report to suggest what the RHRC Program and the Centers could or should do, the results of the *Rural Research to Diverse Audiences Project* clearly indicate that the RHRC Program and the Centers should consider options for expanding the types of products and dissemination vehicles they use to communicate the results of their work.

From Dissemination to “Knowledge Transfer and Exchange”: Underlying the issues and options discussed above is the question of whether the role and functions of the *Rural Research to Diverse Audiences Project* should be limited to dissemination or whether the project should offer a wider range of formal “knowledge transfer and exchange” activities and services. In Canada, academics, research funders (e.g. Institute of Health Services and Policy Research and the Canadian Health Services Research Foundation) and government have partnered to develop a framework for promoting the use of evidence in clinical and policy decision making (Lomas 2005; Lavis 2006). Lavis et al. (2006) offer four models for linking research to action. In the first, “push” strategies are used by researchers, intermediary organizations and others to get evidence into the hands of decision makers through research dissemination and/or knowledge transfer. Another model, “User-Pull” involves practitioners and policy decision makers seeking out and obtaining evidence or information relevant to a decision or action. The third model, “knowledge exchange” is defined by the interplay of research producers and users in

identifying information and research gaps and needs and in linking evidence to policy. In a forth model, multiple strategies are pursued as part of an integrated approach to promote knowledge transfer, translation, and application to policy decision making. In proposing this set of models, Lavis and colleagues (2006) exhibit a strong bias for strategies that involve interaction among researchers and users. This is based on the research evidence that shows that such interaction and the social influence that it exerts on the policy process can influence thinking if not actual decisions.

The *Rural Research to Diverse Audiences Project* is currently utilizing push strategies, primarily dissemination, to facilitate access to rural health research. If the goal of this project is to expand research use by policymakers, however, then an exclusive focus on pushing research products out to users is a “necessary but insufficient” strategy. As suggested above, there is more that this project, in concert with the RHRCs, could do to help summarize and “translate” rural research for policy audiences. Likewise, there is more that could be done to support and promote knowledge exchange which increasingly has been shown to be critical in promoting access for policy makers to research-based evidence and for encouraging policy relevant research (Gold, 2009).

Linkages between RHRCs and *Rural Research to Diverse Audiences Project*: Building linkages between the *Rural Research to Diverse Audiences Project* and the RHRC Centers has been a significant accomplishment of the first three years of this project. Nevertheless, the interviews with the RHRCs conducted as part of the Year Three Impact study revealed some skepticism and reluctance on the part of the Centers to become more involved in dissemination and knowledge transfer. In the re-competition of the Research Centers, however, ORHP placed a significantly greater emphasis on linkages and dissemination to policy audiences, requiring each Center to establish a Research Use Network. The Office also increased funding for each of the Centers to support these expanded linkage and dissemination activities.

It is not clear what relationship, if any, there will be between the expanded activities of the RHRCs and the *Rural Research to Diverse Audiences Project*. With the limited resources available in the RHRC Center program, however, it seems critical that the Centers and the *Rural Research to Diverse Audiences Project* have a coordinated plan to ensure that key audience sectors are included and that duplication is avoided.

Linkages between *Rural Research to Diverse Audiences Project* and the Rural Assistance Center: The *Rural Research to Diverse Audiences Project* builds on the capacity and resources of the Rural Assistance Center which is also based at the University of North Dakota. Yet, there is surprisingly little explicit relationship between these two projects. For example, there is no clear place on the RAC website where the Rural Research Gateway or the *Rural Research to Diverse Audiences Project* are featured or made accessible. This seems like a missed opportunity given the likely overlap in users among these two projects and websites.

Resource Implications: Modifying the *Rural Research to Diverse Audiences Project* to place a greater emphasis on expanded knowledge transfer and/or exchange activities has

obvious resource and capacity implications. As noted above, it is remarkable what the *Rural Research to Diverse Audiences Project* has accomplished with very modest annual funding. Although funding for the project will expand somewhat in the next funding cycle, choices will have to be made on what, if any, expansions or changes in strategy make sense.

RECOMMENDATIONS

Looking forward there are lessons from the first three years of the *Rural Research to Diverse Audiences Project* that merit attention as potential building blocks for future efforts to enhance research dissemination and use in the RHRC program. Translated broadly, these suggest four primary recommendations:

1. Continue to assess the interests in and use of rural health research by the different audiences identified in the project.

Although the work of the *Research to Diverse Audiences Project* (and most likely the Rural Assistance Center as well) has been instrumental in identifying the primary national, state, and local audiences for rural health research, there is much that we do not know about these audience that could help us to consistently reach these audience and tailor communications to their needs. The Issue Networks included in the next iteration of the *Research to Diverse Audiences Project* will continue the contact with and engagement of selected audiences involved in the Needs studies. But how do we continue to engage those who are not part of the Issue Networks to ensure that we keep them engaged with the RHRC program and its centers? Although funding for these activities may not currently be available, developing a planning process and plan for addressing these questions may be feasible.

2. With the RHRC's, explore and test the use of different "product" and "process" strategies for communicating the results of the RHRC's work to different audiences.

As mentioned above, at least one RHRC has experimented with using an alternative format (i.e. webinar) to communicate the results of their research to interested audiences. With e-communication such a rapidly developing (and relatively cheap) strategy, it may be worth conducting a quick assessment of available options for potential testing by the RHRCs.

3. Building on the transition to "Issue Networks" in the newly funded Rural Research to Diverse Audiences Project, explore options and opportunities for expanding "knowledge exchange" activities by the RHRCs and the *Research to Diverse Audiences Project*.

The RHRCs currently use a variety of means to interact with and exchange their expertise and knowledge with policy audiences to learn from those audiences

about their research needs. This includes one-on-one contact with policymakers, presentations to regional and national NOSORH meetings, and presentations at NRHA. The Centers' websites are also designed (hopefully) to facilitate policy audience access to researchers.

Without laying out a specific plan for what could be done in this regard, a starting point might be for the *Research to Diverse Audiences Project* to work with the current Centers to inventory the specific exchange activities they may have underway. In addition, the Project could review the literature and search more broadly for operational models of knowledge exchange that might serve as examples for expanding these functions. Information gathered could then form the basis for discussion with the RHRCs as part of their annual meetings with ORHP.

4. Clarify the relationships between the *Research to Diverse Audiences Project* and the RHRCs and the Rural Assistance Center

The RHRC and the *Research to Diverse Audiences Project* are vitally intertwined in their goals and purposes yet these are treated as largely separate projects. The RHRC's may need to pay more attention to the *Research to Diverse Audiences Project* and become more of a partner in the project strategy and activities. In other words, there may be ways of achieving a tighter linkage between the dissemination activities of the RHRCs and the *Research to Diverse Audiences Project*. Likewise, there may be opportunities for capitalizing on the success of the Rural Assistance Center to expand the reach and impact of the dissemination efforts of the RHRCs and the *Research to Diverse Audiences Project*.

Appendix: Rural Health Research Gateway Flyers

Access Rural Health Research Centers through the

Rural Health Research Gateway

The Gateway allows you to easily:

- Access information about the eight Rural Health Research and Policy Analysis Centers, including contacts and areas of expertise.
- Search for summaries of research projects, both underway and completed.
- Find fact sheets, policy briefs, and other publications resulting from the work of the Research Centers.

The Rural Health Research Gateway is a project of the University of North Dakota Center for Rural Health, in conjunction with the RUPRI Health Panel and funded by HRSA's Office of Rural Health Policy.

- See Reverse -

Rural Health Research and Policy Centers

A Gateway to Rural Health Research

Rural Health Research Centers help policy-makers better understand the problems that rural communities face in assuring access to health care and strengthening health of their residents. The centers work to **understand** the ways in which the health of rural Americans can be improved, **analyze** the implications of federal and state policy options and **communicate** research results to policymakers and others who may take action based on research results.



Examples of Impact

Health Quality

- Research:** Developed and field-tested Emergency Department Transfer Communication Measures for small rural hospitals.
- Impact:** The National Quality Forum (NQF) endorsed the Emergency Department Transfer Communication Measures for use by all hospitals as voluntary consensus standards. (UMRHRC)

Health Information Technology

- Research:** Roadmap for the Adoption of Health Information Technology in Rural Communities.
- Impact:** Findings from this study have been used by the Agency for Healthcare Research and Quality (AHRQ), the Department of Health and Human Services Office of the Assistant Secretary for Planning and Evaluation (ASPE) and the Department of Health and Human Services Office of the National Coordinator for Health Information Technology (ONCHIT) to channel additional resources to rural areas in order to assist in the implementation of health information technology. (Walsh)

Medicare Advantage Plan Enrollment

- Research:** Policy briefs in 2007 showed rural beneficiaries in types of Medicare Advantage plans as a percent of all rural beneficiaries, and rural beneficiaries as a percent of all enrollees in each type of Medicare Advantage plan.
- Impact:** The data were used during discussions among policy makers of the costs of the Medicare Advantage program and impacts of changing federal payment to Medicare Advantage plans. That discussion has continued into 2008. (RUPRI)

The Rural Health Research Center Program in the Department of Health and Human Services Office of Rural Health Policy is the only Federal program dedicated entirely to producing policy-relevant research on health care in rural areas. Through their research and policy analysis, the Centers bring to the forefront the health care challenges facing rural America.

Rural Health Research & Policy Analysis Centers
 Funded by the Office of Rural Health Policy, Department of Health & Human Services

<p>Maine Rural Health Research Center http://muskie.usm.maine.edu/ihp/ruralhealth/ Telephone: 207-780-4430 Director: David Hartley, PhD, MHA davidh@usm.maine.edu Deputy Director: Andrew F. Coburn, PhD, andyc@usm.maine.edu Areas of Emphasis:</p> <ul style="list-style-type: none"> • Behavioral Health • Chronic Illness, Disability, and Aging • Health Care Access and Finance • Public Health • Health Care Quality Management and Improvement • Children's Health and Welfare 	<p>North Carolina Rural Health Research & Policy Analysis Center http://www.shepscenter.unc.edu/research_programs/rural_program/ Telephone: 919-966-5541 Director: Rebecca T. Slifkin, PhD, Slifkin@schr.unc.edu Deputy Director: Victoria Freeman, DrPH, RN, freeman@schr.unc.edu Areas of Emphasis:</p> <ul style="list-style-type: none"> • Medicare Reimbursement Policy • Medicaid • Access to Care • Measures of Underservice
<p>South Carolina Rural Health Research Center http://rhr.sph.sc.edu/ Telephone: 803-251-6317 Director: Janice C. Probst, PhD, jprobst@gwm.sc.edu Deputy Director: Amy Brock Martin, DrPH, brocka@gwm.sc.edu Areas of Emphasis:</p> <ul style="list-style-type: none"> • Inequities in Health Status of U.S. Rural Population <ul style="list-style-type: none"> ○ Socioeconomic Status ○ Race and Ethnicity ○ Access to Healthcare Services • Rural Health Services Delivery • Health Professions Placement 	<p>Upper Midwest Rural Health Research Center – University of MN & University of ND http://www.uppermidwesthrc.org/ Director: Ira Moscovice, PhD, mosco001@umn.edu, 612-624-8618 Deputy Director: Mary Wakefield, PhD, RN, mwake@medicine.nodak.edu, 701-777-3848 Areas of Emphasis:</p> <ul style="list-style-type: none"> • Quality of Care • Patient Safety • Rural Health Care Systems and Access to Care • Health Workforce • Rural Health Care Financing
<p>West Virginia Rural Health Research Center http://www.hsc.wvu.edu/vvhealthpolicy/index.html Telephone: 304-347-1348 Director: Michael Hendryx, PhD, mhendryx@hsc.wvu.edu Deputy Director: Cynthia Persily, PhD, cpersily@hsc.wvu.edu Areas of Emphasis:</p> <ul style="list-style-type: none"> • Environmental Health Risks for Rural Populations <ul style="list-style-type: none"> ○ Environmental Health Risks ○ Environmentally-Informed Health Care • Social and Economic Disparities 	<p>WWAMI Rural Health Research Center http://depts.washington.edu/uwrhrc/ Telephone: 206-685-0402 Director: Mark Doescher, MD, mdoesche@u.washington.edu Deputy Director: Susan M. Skillman, MS, skillman@u.washington.edu Areas of Emphasis:</p> <ul style="list-style-type: none"> • Rural Health Care Workforce Training and Supply • Availability and Quality of Care <ul style="list-style-type: none"> ○ Rural Women ○ Children ○ Vulnerable and Minority Rural Populations

ruralhealthresearch.org

Rural Health Research Alerts provide easy, timely access to all of the research and findings of the six ORHP-funded Rural Health Research Centers. Sign up at ruralhealthresearch.org/alerts to receive new reports and other rural health research news!

November 2008

Your gateway to rural health research

Creating healthier rural communities through research

Rural Health Research Centers help decision makers better understand the problems that rural communities face in accessing quality, affordable health care and leading healthier lives.

The centers:

- study how the health of rural Americans can be improved,
- analyze federal and state policy implications, and
- communicate research results to decision makers and others who may take action.

The Rural Health Research Gateway is a project of the University of North Dakota Center for Rural Health, in conjunction with the RUPRI Health Panel and funded by HRSA's Office of Rural Health Policy. This is the only federal program dedicated entirely to producing policy-relevant research on health care in rural areas. Through research and policy analysis, the Centers bring to the forefront the health care challenges facing rural America.



This online resource of research funded by the Office of Rural Health Policy connects you to:



Hospital Financing (North Carolina RHRC)

What we did: Examined state-level Medicaid profiles to see how critical access hospitals are reimbursed.

Impact: Findings were used by state officials to discuss Medicaid reimbursement in comparison to cost-based reimbursement in other states.



Medicare Enrollment (RUPRI RHRC)

What we did: Tracked rural beneficiary enrollment into different types of Medicare Advantage (MA) plans.

Impact: Findings have been used in discussions of the need to continue (or not) federal floor payments for MA plans.



Pharmacy Access (North Carolina RHRC)

What we did: Assessed local resident access to rural community pharmacy services.

Impact: Results are being utilized by the State Office of Rural Health in discussions with pharmacists, providers and beneficiaries around the state.

www.ruralhealthresearch.org

Grant number: 5 U1JRH07543-03-00

Rural Health Research & Policy Centers

Funded by the Office of Rural Health Policy, Department of Health & Human Services

Maine Rural Health Research Center

(207) 780-4430
<http://muskie.usm.maine.edu/ihp/ruralhealth/>

Director: David Hartley, PhD, MHA
 davidh@usm.maine.edu
 Deputy Director: Andrew F. Coburn, PhD
 andyc@usm.maine.edu

- Areas of Emphasis:
- Behavioral Health
 - Chronic Illness, Disability, and Aging
 - Health Care Access and Finance
 - Public Health
 - Health Care Quality Management and Improvement
 - Children's Health and Welfare

North Carolina Rural Health Research & Policy Analysis Center

(919) 966-5541
http://www.shepscenter.unc.edu/research_programs/ruralprogram/

Director: Rebecca T. Slifkin, PhD
 Slifkin@schr.unc.edu
 Deputy Director: Victoria Freeman, DrPH, RN
 freeman@schr.unc.edu

- Areas of Emphasis:
- Medicare Reimbursement Policy
 - Medicaid
 - Access to Care
 - Measures of Underservice

South Carolina Rural Health Research Center

(803) 251-6317
<http://rhr.sph.sc.edu/>

Director: Janice C. Probst, PhD
 jprobst@gwm.sc.edu
 Deputy Director: Amy Brock Martin, DrPH
 brocka@gwm.sc.edu

- Areas of Emphasis:
- Inequities in Health Status of U.S. Rural Population
 - Socioeconomic Status
 - Race and Ethnicity
 - Access to Healthcare Services
 - Rural Health Services Delivery
 - Health Professions Placement

Upper Midwest Rural Health Research Center University of MN & University of ND

(612) 624-8618
<http://www.uppermidwestrhc.org>

Director: Ira Moscovice, PhD
 mosco001@umn.edu,
 Deputy Director: Michelle Casey, MS
 mcasey@umn.edu

- Areas of Emphasis:
- Quality of Care
 - Patient Safety
 - Rural Health Care Systems and Access to Care
 - Health Workforce
 - Rural Health Care Financing

West Virginia Rural Health Research Center

(304) 347-1348
<http://wvrhrc.hsc.wvu.edu/>

Director: Michael Hendryx, PhD
 mhendryx@hsc.wvu.edu
 Deputy Director: Cynthia Persily, PhD
 cpersily@hsc.wvu.edu

- Areas of Emphasis:
- Environmental Health Risks for Rural Populations
 - Environmental Health Risks
 - Environmentally-Informed Health Care
 - Social and Economic Disparities

WWAMI Rural Health Research Center

(206) 685-0402
<http://depts.washington.edu/uwrhrc/>

Director: Mark Doescher, MD
 mdoesche@u.washington.edu
 Deputy Director: Susan M. Skillman, MS
 skillman@u.washington.edu

- Areas of Emphasis:
- Rural Health Care Workforce Training & Supply
 - Availability and Quality of Care
 - Rural Women
 - Children
 - Vulnerable and Minority Rural Populations