

Benefits of Gateway for State Offices of Rural Health & Rural Community Programs

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Shawnda Schroeder, PhD
Research Assistant Professor
Rural Health Research Gateway PI
Shawnda.Schroeder@UND.edu
1(701) 777-0787



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Provide access to publications and projects funded through the FORHP

- Aim to reach diverse audiences
- Make Gateway a resource for:
 - Students
 - Policy Makers
 - Other Health Researchers
 - Rural Health Providers
 - Rural Health Professionals/Organizations/ Associations



<https://www.ruralhealthresearch.org>

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This online resource of rural health research connects you to:


- Research and Policy Centers
- Reports & Journal Publications
- Fact Sheets
- Policy Briefs
- Research Projects
- Email Alerts
- Webinars
- Dissemination Toolkit

The logo for the Rural Health Research Gateway, featuring a stylized yellow and blue arc above the text "Rural Health Research Gateway" in white on a dark blue background.

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Benefits for SORHs & Community Programs





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A

- Abuse, see [Violence and abuse](#)
- Adolescents, see [Children and adolescents](#)
- Adverse childhood experiences (ACE), see [Children and adolescents](#)
- Aging
- Agricultural health, see [Environmental and agricultural health](#)
- AIDS and HIV, see [Chronic diseases and conditions](#)
- Allied health professionals
- American Indians and Alaska Natives

B

- Behavioral health, see [Mental and behavioral health](#)

C

- Cancer
- Care management
- Children and adolescents
- Chronic diseases and conditions
- Collaboration, see [Networking and collaboration](#)
- Critical Access Hospitals

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Critical Access Hospitals

Projects on this Topic

The Centers have [2 research projects](#) currently underway to explore this issue. In the past, [40 research projects](#) have been completed on this topic.

Research Findings

View publications, including policy briefs, working papers, and final reports, on this topic:

- [Research Products](#) - (65)
- [Journal Articles](#) - (12)

Related Topics

- [Hospitals and clinics](#)

Additional Resources

Access other FORHP-funded resources on this topic.

From the Flex Monitoring Team:

- [Flex Program Publications](#)
- [Health Care Services Publications](#)
- [Hospital Compare Publications](#)
- [MROIP Publications](#)
- [Patient Safety Publications](#)
- [Quality Publications](#)

From the Rural Health Information Hub:

- [Critical Access Hospitals \(CAHs\) Topic Guide](#)
- [Recruitment and Retention for Rural Health Facilities Topic Guide](#)
- [Telehealth Use in Rural Healthcare Topic Guide](#)

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Rural Health Research Products

The full list of freely-available research products from the Rural Health Research Centers, including policy briefs, reports, chartbooks, interactive data websites, and more.

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Five Most Recent Research Products

- Key Informant Perspectives on Rural Social Isolation and Loneliness**
 Policy Brief
 University of Minnesota Rural Health Research Center
 This policy brief uses data from interviews with 22 key informants in 12 states, all of whom were experts on the issue of social isolation and/or rural health, to describe key challenges and opportunities related to rural social isolation.
- Practical Implications: Opioid-Affected Births to Rural Residents**
 University of Minnesota Rural Health Research Center
 This publication provides two physicians' reactions to research findings on rates of diagnosis of maternal opioid use disorder and infant neonatal abstinence syndrome at the time of childbirth for rural residents based on the type of hospital where the birth occurred.
- Spread of Medicare Accountable Care Organizations in Rural America**
 Policy Brief
 RUPRI Center for Rural Health Policy Analysis
 This policy brief describes Medicare accountable care organization (ACO) growth in non-metropolitan U.S. counties from 2016 to 2017. This brief, which includes data through December 2017, follows a similar analysis released in October 2016 that described ACO trends from 2013 to 2015.
- Resources for Caregiving in Rural Communities**
 Policy Brief
 University of Minnesota Rural Health Research Center
 This policy brief describes resources that are being used across the country to support caregivers in rural communities.

More from the Research Centers

A list of [journal articles](#) appearing in peer-reviewed publications is also available. (Access may be restricted.)

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POLICY BRIEF

August 2018



Perspectives on Rural Caregiving Challenges and Interventions

Carrie Henning-Smith, PhD
Megan Lahr, MPH

Key Findings

- Forty-one key informants across multiple sectors identified challenges, recent changes to rural caregiving, and strategies related to supporting informal (unpaid) caregivers in rural areas.
- Main challenges relate to access to resources, transportation, culture, demography, and isolation.
- Recent changes to rural caregiving relate to technology, demographic shifts, financial pressure, and changes in awareness and information.
- Possible strategies to support rural caregivers include increasing funding, developing a national strategy, and expanding access to resources.

Purpose

Unpaid, informal caregivers provide the vast majority of all long-term care in the United States. However, little is known about specific challenges they face in rural areas or what can be done to support them. This brief presents findings from key informant interviews describing challenges and opportunities related to supporting informal caregivers in rural areas. A related [policy brief](#), "Resources for Caregivers in Rural Communities," provides details about specific programs serving caregivers in rural areas.

Background and Policy Context

Currently, the vast majority of all long-term care needs, broadly defined as an individual needing help with personal care and performing daily activities, is provided by informal (unpaid) caregivers.¹ In fact, recent estimates suggest that 80-90% of all long-term care needs are met by informal caregivers, usually family members, and more than 44 million Americans are currently providing unpaid care to a loved one, with the majority of care recipients being older adults.^{1,2} The value of unpaid caregiving has been estimated at nearly \$500 billion annually, yet it receives far less research attention than institutional care or home health services. Caregiving, especially without appropriate support, is associated with various poor health outcomes for the caregiver.³

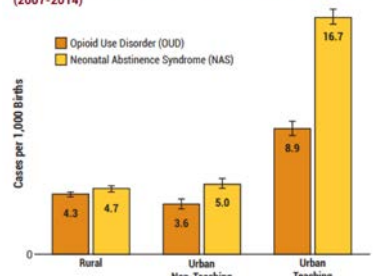
The entire U.S. is aging quickly, leading to increased need for caregiving.⁴ Rural areas have an older population structure than urban areas and face shortages in the formal long-term care workforce,⁵ pushing even more of the burden of care to unpaid caregivers. Additionally, rural residents anticipate that they will need more assistance from caregivers with activities of daily living as they age than urban residents.⁶ Despite this, caregiver support programs are no more prevalent in rural areas, and are scarcer for some populations, including employed caregivers, who have fewer workplace supports available to them.⁶ This leaves rural caregivers who may need help most at the greatest risk of not receiving it.

There are multiple ways in which policy can impact the health and wellbeing of caregivers and their care recipients; however, there is limited research on either the specific challenges faced by rural caregivers or policy levers to support their needs, specifically in a rural context. This brief identifies potential strategies for supporting rural caregivers using information from key informant interviews from experts in informal caregiving across the country.

Approach

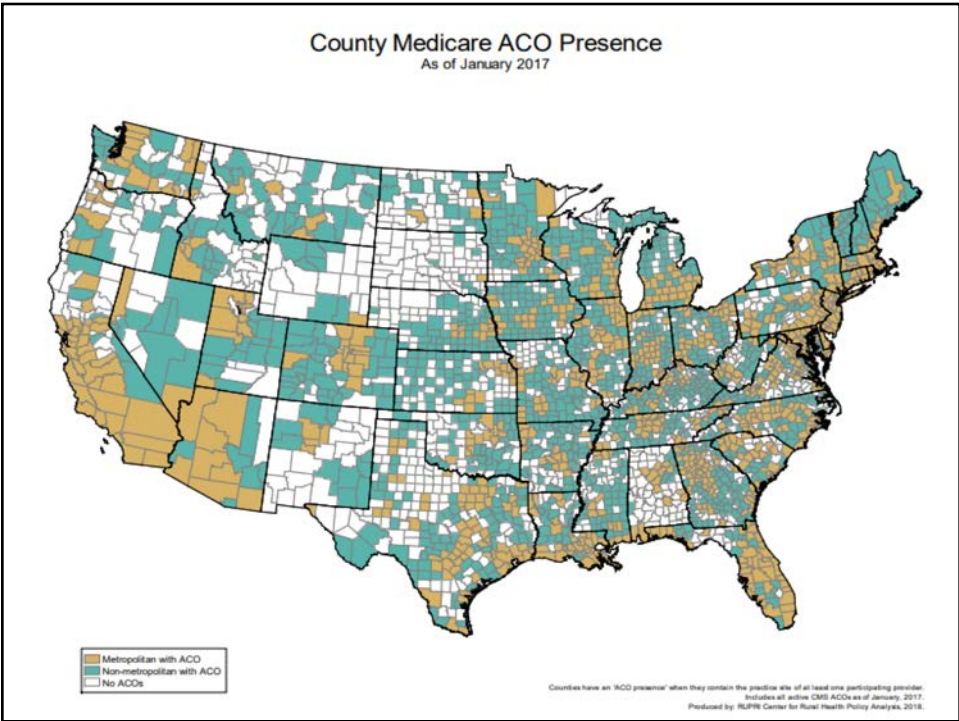
Data for this study come from 41 key informants across 34 interviews (some interviews had multiple informants participate). We identified key

Figure 1: Prevalence of Maternal OUD and Infant NAS by Delivery Hospital Geography and Category, among Rural U.S. Residents (2007-2014)



Geography	Opioid Use Disorder (OUD)	Neonatal Abstinence Syndrome (NAS)
Rural	4.3	4.7
Urban Non-Teaching	3.6	5.0
Urban Teaching	8.9	16.7

rhrc.umn.edu





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Rural Health Research Recaps

Rural Health Research Gateway

Rural Health Research Recaps

The Rural Health Research Centers are committed to providing timely, quality national research on the most pressing rural health issues, often exploring the same topics from various perspectives. Gateway has developed Rural Health Research Recaps to identify the key findings from all of the research centers on specific rural health topics

- [Opioid Use and Treatment Availability](#)

Rural Health Research Gateway
Date: 01/2018

This resource examines opioid use in rural communities, as well as the perceived need for and utilization of treatment for opioid use disorder, based on a summary of the Rural Health Research Centers' most recent research.
- [Effects of Rural Hospital Closures](#)

Rural Health Research Gateway
Date: 12/2017

From January 2005 through early November 2017, 124 rural hospitals closed in the U.S. This Recap, two of two, provides a summary of the Rural Health Research Centers' most recent research on the effects of these closures.
- [Rural Hospital Closures](#)

Rural Health Research Gateway
Date: 12/2017

From January 2005 through early November 2017, 124 rural hospitals closed in the U.S. This Recap, one of two, provides a summary of the Rural Health Research Centers' most recent research on hospital closures.
- [Rural Behavioral Health](#)

Rural Health Research Gateway
Date: 11/2017

Rural behavioral health issues are compounded by a lack of access to care, workforce shortages, reimbursement issues, and high rates of uninsured or under-insurance. This resource provides a summary of the Rural Health Research Centers' most recent research on behavioral health.

Products & Publications

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Rural Hospital Closures

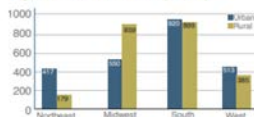
Funded by the Federal Office of Rural Health Policy (FORHP), under the Health Resources and Services Administration, the Rural Health Research Gateway strives to disseminate the work of the FORHP-funded Rural Health Research Centers (RHRCs) with diverse audiences. The RHRCs are committed to providing timely, quality national research on the most pressing rural health issues. This resource is one of two providing a summary of their most recent research on hospital closures, all of which may be found on Gateway's website at ruralhealthresearch.org.

Rural and urban hospitals serve varied patient demographics. Urban hospitals are located in counties with 20% higher income than rural hospitals, and isolated rural hospitals provide care in counties where one-fifth of the population is elderly.¹ As a result of patient demographics, reimbursement models, market characteristics, and available services (among other variables), rural hospitals are closing and rural communities are losing services in higher proportion than urban communities. The financial distress index (FDI) was developed to identify rural hospitals' risk of financial distress and has been a useful tool in identifying at-risk hospitals, providing an opportunity for rural hospitals and communities to consider alternative service models. This research also opens the door to future study of policy options and the communities impacted by hospital closures.

Hospitals in the United States

In 2012-13, the U.S. had about 5,000 short-term, acute care hospitals; half were located in urban areas, and half were in rural areas.¹ Among rural hospitals, 39% were located in large rural areas, 39% in small rural areas, and 22% in isolated rural areas. The largest number of hospitals were located in the South. See Figure 1.¹

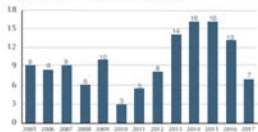
Figure 1. Number of Hospitals by U.S. Census Region and Rural/Urban Status (2012-13)¹



Hospital Closures

From January 2005 to November 8, 2017, 124 rural hospitals closed in the U.S.² See Figure 2. The most current number of rural hospital closures can be found at www.hespcnetet.usc.edu/programs/projects/rural-health/rural-hospital-closures. Predictors of rural hospital closure have included financial distress,³ hospital size, and community poverty rates.⁴

Figure 2. Number of Rural U.S. Hospital Closures, January 2005 through November 2017^{2,4}



As a result of hospital and obstetric-unit closures, there was an increase in the percentage of U.S. rural counties without any hospital obstetric services from 2004 through 2014 (from 43% to 54%).⁵ During this period of time, 179 rural counties experienced closures/loss of hospital obstetric services.⁶ In 2014, while 77.9% of micropolitan (urban) counties reported access to hospital obstetric services, only 30.2% of rural noncore counties had access.⁷

Financial Distress Index

An FDI was developed to determine if a rural hospital could be classified at a high, medium-high, medium-low, or low risk of financial distress.⁸ The FDI model "includes 12 predictors composed of 4 measures of financial

Rural Health Research Gateway Webinars

Upcoming Webinars

- Benefits of Gateway for State Offices of Rural Health & Rural Community Programs**
 Tuesday, October 23, 2018
 Hear from Dr. Shawnda Schroeder, principal investigator of the Rural Health Research Gateway, as she gives a brief overview of Gateway and how the website and its resources can benefit rural community programs and State Offices of Rural Health. In this 10-minute presentation, Schroeder will highlight the key benefits of Gateway, how to use the resources available, and why rural health research is important for rural community and healthcare facility planning. She also will answer any questions participants may have.
- Rural Hospital Mergers and Acquisitions: 2005-2016**
 Thursday, November 1, 2018
 Hospital mergers and acquisitions are changing the face of healthcare in both rural and urban communities across the country. Hear from Dunc Williams Jr. and Dr. George Pink from the North Carolina Rural Health Research Center as they discuss one of their recent studies describing the number and geographic distribution of 380 rural hospital mergers from 2005 through 2016.

Archived Webinars

- The History and Future of Rural Health Research: Celebrating 30 Years**
 Presented Monday, June 4, 2018
 During this webinar Tom Morris with the Federal Office of Rural Health Policy (FORHP) and researchers from the oldest and newest Rural Health Research Centers spoke to the history and future of rural health research. The Rural Health Research Center Program, funded by the FORHP under the Health Resources and Services Administration, has played a critical role in providing the analysis and research that has helped inform the development of federal and state health policy. Dr. Eric Larson from the



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Dissemination of Rural Health Research: A Toolkit

The [Dissemination of Rural Health Research toolkit](#) aims to assist researchers with reaching their target audiences by developing appropriate, timely, accessible, and applicable products. The toolkit includes a description of multiple modes of dissemination including discussion of the purpose of each product, which mode is appropriate given the topic and audience, and how to develop the product. Effective examples are provided where applicable. The included modes of dissemination were identified through collaboration with the Federal Office of Rural Health Policy (FORHP) and feedback from representatives of the national Rural Health Research Centers.



[Download the Toolkit](#)
[Dissemination of Rural Health Research: A Toolkit](#)
 April 2015
 Developed by [Shawnda Schroeder, PhD](#)

Topics Addressed

Dissemination Products

- Policy Brief
- Fact Sheet
- Full Report/Working Paper
- Journal Publication
- Chartbook
- PowerPoint Slide Presentation
- Poster Presentation
- Infographic
- Promotional Products

Elements of Dissemination Products

- Title
- Abstract

Modes of Dissemination

- Exhibit
- Social Media (Twitter/Facebook)
- Press Release & Media Interviews

[Policy Brief](#)

Policy briefs offer research findings and evidence-informed policy options in a synthesized, neutral, and user-friendly format to a non-specialized audience. Policymakers have stated they prefer short, succinct, and easily accessible information and prefer when a product is without technical language, and provides both evidence and actionable recommendations. The World Health Organization states that "policy briefs improve the chances that policymakers will read, consider, and apply the contents of research summaries when reaching policy decisions."

General Guidelines

- Focus on a single topic; limit brief to a particular and specific area of concern
- Aim for short and to the point; no more than 4-6 pages or no more than 3,000 words
- Employ non-technical, jargon-free language and spell out initial acronyms
- Use short paragraphs with several subheads to entice and direct readers
- Do not over-use statistics in text
- Briefs are more likely to be read if they are attractive, interesting, short and easy to read

Format
 Format will vary, but typically follow a format similar to that which is described below.

- **Introduction & Executive Summary/Key Findings:** Both appear on the first page
 - Executive summary or key findings stand out to provide highlights of the brief
 - Introduction discusses the significance of the study, entices the reader, provides a clear statement of the problem or issue of focus, and establishes policy relevance
- **Methods/Methodology:** Brief, one paragraph
 - Common audience is not interested in research/analysis procedures
 - Can address study aim and design with further details made available as a reference
- **Findings:** Typically largest section of a brief and utilizes design elements described below
 - Provide concrete, evidence-based conclusions
- **Implications/Recommendations:** Recommendations based on firm evidence
 - Provide concrete, evidence-based conclusions

Design

- **Graphics:** Usually first thing viewed before reading text; bar charts and pie charts are most effective; keep them very simple; legible labels; explanatory title
- **Tables:** Use sparingly and consider graph; have catchy title; highlight important cells; keep simple (4 columns, 6 rows); statistical significance levels are not appropriate
- **Bulleted Lists:** Express complete thoughts; more than one or two words per bullet; groupings of 5-7 bullets ideal; provides good visual break from narrative
- **Callouts:** Used to make emphasis of a salient point; structured as a sentence or sentence fragment in a font that is larger than the rest, bolded and/or in a different color

Boxes & Sidebars
 Reader can understand them without having to read main text; give box a title and refer to it in text; do not repeat message from text; make sure it adds something; make it short, be descriptive and stimulating

Rural Health Reform Policy RESEARCH CENTER

POLICY BRIEF
 February 2015

Use and Performance Variations in U.S. Rural Emergency Departments: Implications for Improving Care Quality and Reducing Costs
Shawnda Schroeder, PhD; Madeline C. Kilg, PhD; Gary Gatz, PhD

Key Findings

- Based on 2008-2010 data from a nationally representative sample of ambulatory visits made to noncritical, general, and short-stay U.S. hospitals, 18% of Emergency Department (ED) visits were for non-emergent conditions.
- When only cases that were classified as emergent or non-emergent are considered, higher percentages of patients visiting EDs in Small Rural-Isolated, Small Rural ZIP Code areas (87%) and Large Rural ZIP Code areas (95%) were seen for non-emergent conditions than in Urban ZIP Code areas (82%).
- Factors associated with higher levels of non-emergent use included: age less than 40 years, female gender, and low income. Residence in Small Rural-Isolated Small Rural areas, areas with fewer than five primary care physicians per 10,000 people, and the South U.S. Census Region were associated with increased proportions of non-emergent ED use.
- Compared to urban EDs, patients visiting rural EDs spent less time waiting to be seen for emergent (by 7-10 fewer minutes) as well as non-emergent conditions (by 10-15 fewer minutes).
- The lengths of visits in rural EDs were shorter for emergent (23.46 fewer minutes) and non-emergent conditions (24.68 fewer minutes) than in urban EDs.

Introduction
 Rural areas have a higher prevalence of subpopulations who are at high risk for using the Emergency Department (ED) for non-emergent purposes, namely low income populations who either lack health insurance and/or who qualify for state Medicaid programs. Rural areas are also more likely to be facing shortages of primary care providers than urban areas. Hence, the potential for using the ED for non-emergent purposes is greater in rural than urban areas. However, no studies have documented differences in the geographic variation in the use of ED services for non-emergent conditions.

The purpose of this brief is to describe the geographic variation in the use of EDs for non-emergent health conditions across rural and urban areas as well as by U.S. Census Region. Potential risk factors including patients' socioeconomic characteristics, geographic location and

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For 30 years, the Rural Health Research Centers have been conducting policy-relevant research on healthcare in rural areas and *providing a voice for rural communities in the policy process.*



The Rural Health Research Gateway ensures this research lands in the hands of our rural leaders.

www.ruralhealthresearch.org

The Rural Health Research Center Program and Gateway are funded by the Federal Office of Rural Health Policy, Health Resources & Services Administration

