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

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Rural Health Research Gateway

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
Using Gateway

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

Benefits for SORHs & Community Programs
Rural Health Research by Topic

A
• Abuse, see Violence and abuse
  • Adolescents, see Children and adolescents
• Address childhood experiences (ACE), see Children and adolescents
• Aging
  • Agricultural health, see Environmental and agriculturally
  • 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

Related Topics
• Hospitals and clinics

Additional Resources
Access other FORMI-funded resources on this topic:
From the Flex Monitoring Team:
• Flex Program Publications
• Health Care Services Publications
• Hospital Compare Publications
• HROPP 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 Tools Guide
• Telehealth Use in Rural Healthcare Topic Guide
Perspectives on Rural Caregiving Challenges and Interventions

Gene Harring-Smith, PhD
Morgan Law, MPH

Purpose
Upward, informal caregivers provide the vast majority of all long-term care needs in the United States. Research, volunteers, churches, and organizations have identified key challenges caregivers face in rural areas. Since we are closer to these challenges, we can solve them. This brief aims to identify solutions that can improve the quality of life for these caregivers.

Key Findings
- Caregivers are often untrained and underprepared.
- Caregivers face financial strain.
- Caregivers may be isolated and have limited access to resources.
- Caregivers may experience emotional and physical strain.

Background and Policy Context
Upward, informal caregivers are often untrained and underprepared. They are often isolated and have limited access to resources. They may experience emotional and physical strain. Caregiving can be a full-time job, with caregivers often spending more than 20 hours per week caring for their loved ones. Caregivers are at risk of physical and mental health problems, including depression, anxiety, and stress.

Approach
Data for this study came from 61 focus groups and interviews with informal caregivers in rural areas. We surveyed over 500 caregivers, and we interviewed over 100 caregivers in rural areas. We also conducted focus groups with caregivers in rural areas.

Figure 1. Prevalence of Maternal Out-of-Patent and Infant NPSs by Delivery Hospital Geography and Category, among Rural U.S. Residents (2009-2014)

- Urban, Non-Teaching
- Urban, Teaching
- Rural
- Urban, Non-Teaching
- Urban, Teaching

17.7
6.5
5.3
4.3
4.7
4.9

5.3
6.5
16.7
24.7
24.3
24.9
25.1
25.3
25.5
25.7

Rural Hospital Closures

Rural and urban hospitals were twice as likely to be designated as "high risk" by the CMS, and this increase was particularly evident in rural hospitals in counties with 20% or more whites, as well as in rural hospitals in counties with 20% or more non-Hispanic whites. These findings highlight the need for more research on rural hospital closures and their impacts on patient outcomes and access to care.

Hospital Closures

From January 2005 to September 30, 2017, 124 rural hospitals closed in the U.S. (Figure 1). This represents a net increase of 11 closures since 2005. The vast majority of these closures occurred in rural counties, with 12 closures in 2017 and 1 closure in 2016. These closures were largely driven by economic factors, including declining revenues and increased costs.

Financial Distress Index

The FDI was developed as a measure of hospital financial distress and is calculated based on a combination of hospital financial ratios. The FDI is calculated as a weighted average of a hospital’s financial ratios, with weights determined by the hospital’s size, geographic location, and ownership status. The FDI ranges from 0 to 100, with higher scores indicating greater financial distress.

Rural Health Research Gateway Webinars

Upcoming Webinars

- **Benefits of Gateway for State Offices of Rural Health & Rural Community Programs**
  - Tuesday, October 23, 2018
  - Details: This webinar will highlight the benefits of the Gateway for State Offices of Rural Health (SOHRH) and Rural Community Programs (RCP). It will cover topics such as how the Gateway can help SOHRH and RCPs with their ongoing work, including access to resources and tools.

Archived Webinars

- **The History and Future of Rural Health Research: Celebrating 30 Years**
  - Presented Monday, June 4, 2018
  - Details: This webinar will explore the history and future of rural health research, with a focus on the role of the Rural Health Research Centers Program in advancing the field. The webinar will feature presentations from experts in the field and will provide an opportunity for participants to ask questions and engage in discussion.
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 (OFRHP) 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 Skills Presentation
  - Pictorial Presentation
  - Infographic
  - Promotional Products

**Elements of Dissemination Products**
- Title
- Abstract
- Modes of Dissemination
  - Exhibit
  - Social Media (Twitter/Facebook)
  - Press Release & Media Interviews

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**Policy Brief**

Policy briefs are concise, actionable, evidence-based recommendations to inform policymakers and other stakeholders about the need for evidence-based policymaking and the importance of rural communities. Policy briefs aim to synthesize existing evidence and make recommendations for action. They are written to be clear, concise, and easy to understand, with a focus on accessibility for policymakers and other stakeholders. Policy briefs can be used to inform decision-making processes, influence policy development, and advance evidence-based policymaking.

**General Guidelines**
- Clearly define the issue or problem and the desired outcome.
- Use clear and concise language to explain the issue and the proposed solution.
- Provide evidence to support the proposed solution.
- Avoid jargon and technical terms.
- Use bullet points to highlight key points.

**Key Elements**
- **Executive Summary:** A brief overview of the main points, including the issue, the proposed solution, and the evidence supporting the solution.
- **Introduction:** Provides background information on the issue and the rationale for the proposed solution.
- **Methods:** Describes the methods used to gather evidence and develop the policy brief.
- **Findings:** Provides evidence-based recommendations and the rationale for these recommendations.
- **Conclusion:** Summarizes the key points and the evidence supporting the proposed solution.
- **Appendices:** Include additional information, such as references or data tables, that support the policy brief.

**Design Tips**
- Use a clear and visually appealing layout.
- Use headings and subheadings to organize the content.
- Use bullet points to highlight key points.
- Use charts, graphs, and images to illustrate important information.
- Use consistent formatting throughout the policy brief.

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**Case Study:**

A recent policy brief focused on rural health disparities and proposed solutions to address these disparities. The brief included an executive summary, an introduction, methods, findings, conclusion, and appendices. The introduction provided background information on rural health disparities and the importance of addressing these disparities. The methods section described the evidence used to support the proposed solutions. The findings section presented evidence-based recommendations and the rationale for these recommendations. The conclusion summarized the key points and the evidence supporting the proposed solutions. The appendices included additional references and data tables supporting the policy brief.
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