

Using Rural Health Research to Inform Health Policy

Dr. Shawnda Schroeder
Rural Health Research Gateway

Carrie Cochran-McClain
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- ✓ All attendees are muted
- ✓ Today's session will be recorded



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AGENDA

Learn where to find, and how to use, rural health research when petitioning Members of Congress and the Executive Branch. This free, one-hour webinar serves as a primer to [NRHA's 32nd Annual Rural Health Policy Institute](#).

- A. What is Advocacy?
- B. How to Research and Educate
- C. The Five Rules of Advocacy
- D. Where to Find Rural Health Research
- E. Using the Rural Health Research Gateway
- F. Developing Rural Health Policy Briefs, Infographics, and Fact Sheets

Carrie Cochran-McClain, MPA
Vice President of Government Affairs & Policy
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About Carrie Cochran-McClain

Carrie Cochran-McClain is the head lobbyist for the National Rural Health Association and is responsible for the Government Affairs and Policy efforts for the organization. She has more than 18 years of experience working in federal health policy development, including leadership roles at Health Management Associates, the U.S. Department of Health and Human Services, and the Federal Office of Rural Health Policy. In her previous positions she has focused on improving healthcare outcomes, promoting health equity for vulnerable populations, and advising on healthcare policy issues.



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About Dr. Schroeder

Dr. Schroeder is the Associate Director for Research and Evaluation at the Center for Rural Health located at the University of North Dakota School of Medicine & Health Sciences. She is also an Associate Professor in the Department of Population Health. Dr. Schroeder serves as principal investigator of the Rural Health Research Gateway, a website that provides access to publications and projects funded through the Federal Office of Rural Health Policy. Some of her work includes serving as a member of the editorial board for the Journal of Rural Health, as an elected member of the UND School of Medicine & Health Sciences' Research Committee and as Chair of the Mental Health Workforce Development Working Group through the Substance Abuse and Mental Health Services Administration.



Dr. Shawnda Schroeder

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ruralhealth.und.edu/staff/shawnda-schroeder/bio

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What is advocacy?

- Advocacy is the tool citizens use in our democracy to bring about improvements.
- The Constitution includes a "right to petition the government for a redress of grievances."
- **It's all about EDUCATION.**
- All you are doing is explaining to an elected official, or their staff, your story. You want them to understand your situation and what you're seeing on the ground.

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Why should you advocate?

- You are a leader who cares about your community.
- You have knowledge and experience that Members and their staff often want and need.
- Your experience on the ground (especially during the COVID-19 pandemic) is extremely valuable to decision making.

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Framing your message

- Explain your position, both problem and solution, in lay terms.
- Identify 2-3 critical points to your case.
- Use data, especially tied to their district, to make your point.
- Remember to always be truthful- your credibility is your most important asset.



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Research the issue and the law

- Has this policy been implemented elsewhere, and to what effect? Is there precedent for the policy?
- What are your best arguments in support of your decision, how does the research/data support that?
- What are your best arguments to address your opponents position, how does the research/data support that?
- Can you quantify the potential change (number of people/facilities impacted, approximate costs, etc.)?



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Five Rules of Advocacy

#1 Have an Ask

- Be specific in your ask: Cosponsor S. 1234.
- Be able to articulate the problem, potential policy solution(s), and how you want them to help.
- You are building a relationship with this request, so take the time to discuss the data, your facility and how this particular bill will help your facility, your community, and state.

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#2 Talk to the Right Decision Maker

- Make a request in person, in addition to written requests.
- Understand the jurisdiction of the individual you are talking with.
- Staffers can be your greatest asset. Get to know them!

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#3 Know Who You are Lobbying

- Do your homework! Know the issue, data/impacts, and how your member can engage.
- Know the member: Committee assignments, past legislative, rural health background.
- Don't assume they're experts in an issue. Allow questions!



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#4 Explain its Importance

- How is this important to your state or district?
- What data and research can you use to support it.
- Personalize it! How does your experience support the data.



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#5 Be Concise and Follow Up

- Be polite!
- Understand time constraints.
- Follow-up by email—send important information and handouts with follow-up email.
- Make yourself an information resource.

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Rural Health Research Gateway

Provide access to publications and projects funded through the Federal Office of Rural Health Policy, Health Resources and Services Administration.

Gateway is a resource for:

- Policy makers
- Students
- Rural health researchers
- Health care providers
- Rural health organizations, professionals, associations, and more

ruralhealthresearch.org



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Using Gateway

This online resource of rural health research connects you to:

- Research and policy centers
- Reports and journal publications
- Fact sheets
- Policy briefs
- Research projects
- Email alerts
- Webinars
- Experts
- Dissemination toolkit



ruralhealthresearch.org

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Search by Topic: Healthcare Access

Gateway organizes content [by topic](#). Currently, under the topic “Healthcare Access” there are:

- 50 [research products](#)
- 15 [journal articles](#)
- 5 [rural health research recaps](#)
- 8 [archived webinars](#)
- 34 [current research projects](#)
- 16 [completed research projects](#)



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Timely, Relevant, Freely Accessible Research

- Two research centers solely focused on Telehealth.
- Tracking of rural hospital closures.
- More than 30 products on the topic of Health Reform.
- Immediate response to the need to research and provide information related to COVID-19.
- Researchers contacted and invited to speak to congress.
- Immediate release of research without lag time for publication processes.

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Coronavirus Disease 2019 (COVID-19)

Research Products & Journal Articles

- Pharmacy Vaccination Service Availability in Nonmetropolitan Counties
- Rural Hospitalizations for COVID-19: Snapshot on December 10, 2020
- Rural Hospitals Have Higher Percentages of Patients with COVID-19
- The Unique Impact of COVID-19 on Older Adults in Rural Areas
- County-Level 14-Day COVID-19 Case Trajectories
- Metropolitan/Nonmetropolitan COVID-19 Confirmed Cases and General and ICU Beds
- Most Rural Hospitals Have Little Cash Going into COVID
- Confirmed COVID-19 Cases, Metropolitan and Nonmetropolitan Counties

Available here: ruralhealthresearch.org/topics/covid19/publications

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Using Gateway to Inform Health Policy

- Identify the [topic](#).
- Review information from the [Rural Health Information Hub](#) if the topic is relatively new to you.
- Look at the Research [Publications](#) on Gateway under that topic.
- Use data, figures, and policy implications from these products to inform your *ask*.
- Look at [Current Projects](#) on this topic to see what may be coming next.

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Recognizing Time as a Barrier: Rural Health 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.

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Rural Health Research RECAP

Rural Health Research Gateway

November, 2020

Rural Ethnic/Racial Disparities: Adverse Health Outcomes

Funded by the Federal Office of Rural Health Policy (FORHP), under the Health Resources and Services Administration (HRSA), the Rural Health Research Gateway disseminates work of the FORHP-funded Rural Health Research Centers (RHRCs) to diverse audiences. The RHRCs are committed to providing timely, quality research on the most pressing rural health issues. This resource provides a summary of some of their recent research on social and ethnic inequities, all of which are found on Gateway: ruralhealthresearch.org.

There were 10 million rural residents who identified as Black, Hispanic, American Indian/Alaska Native (AI/AN), Asian American/Pacific Islander (AA/PI), or mixed race in 2017.¹ Currently, 1 in 5 rural residents belongs to one of these groups.² Compared to the non-Hispanic White (non-HW) rural population, these minority groups experience several disadvantageous social determinants of health.³

Rural Populations Age Breakdown in 2016
The age breakdown of rural ethnicities varies across groups, but all rural minority groups trend younger than their rural White counterparts. See Figure 1. Minority populations tend to contain proportionately more children than White populations in the US.⁴ Additionally, urban communities tend to contain more children than rural communities.⁵

Figure 1. Age Breakdown of Rural Populations in 2016⁶

Rural Hispanic residents were the youngest minority group by a considerable margin with a median age of 28.8 years, which was approximately 15 years younger than their White counterparts.⁷ Nearly three-quarters of the Hispanic population, in both rural and urban areas, were age 44 or younger while less than 7% were aged 65 or older.⁸

Higher rates of premature death, higher birth rates, and older minority residents returning to their country of origin are possible explanations for minority populations trending younger than White populations.⁹

Premature Death in 2017
Rates of premature death, defined as years of potential life lost before age 75, per 100,000 people, are greater among rural residents than their urban counterparts, and are even greater for people of color than White residents.¹⁰ Regardless of rural/urban location, counties with a majority of AI/AN residents had the highest rate of premature death (16,255 years of potential life lost before age 75, per 100,000 people), followed by majority Black counties (11,211 years lost). Both are significantly higher than the rate for majority White counties (7,872 years lost) and majority Hispanic counties (7,693 years lost).¹¹ The difference in premature death between rural and urban counties was most pronounced for counties with no majority racial and ethnic group (difference of 2,551 years lost).¹² Because some counties have a majority AA/PI population, no data are included.

Figure 4. Rural-Urban Age-adjusted Mortality Rates per 100,000 Residents for Males of all Racial/Ethnic Groups¹³

Self-reported Health in 2015
Rural residents generally are more likely to report their health as poor and more likely to engage in high-risk health behaviors.¹⁴ In rural counties with a high proportion (>20% of AI/AN, Black, or Hispanic populations, residents were more likely to report poor or fair health than rural counties with proportionately fewer AI/AN, Black, or Hispanic populations.¹⁵ AA/PI populations were the only minority group to self-report better health than White populations.¹⁶

Disability Status in 2016
Disability rates were comparable across rural and urban settings for AI/AN, AA/PI, and Hispanic populations. See Figure 5. Across minority groups, AA/PI and Hispanic residents have significantly lower rates of disability. Possible explanations include a self-selection of healthy individuals immigrating to the US, a lower median age, and healthier behaviors.¹⁷

Figure 5. Rural-Urban Disability Status of Residents in 2016¹⁸

Behavioral Consequences in 2015
A potential contributor to the obesity problem in rural areas is the food environment of rural communities. The Food Environment Index (FEI) accounts for income and geographic proximity to food, as well as food security, measured by consistent access to food.¹⁹ It is measured on a scale of 0-10 where 10 is the best possible situation.²⁰ While obesity may be one determinant of the mortality rate, the FEI may be one determinant of obesity. The lower than average FEI scores in high concentration AI/AN and Black counties correlate with higher than average rates of obesity in those counties. See Figure 6. In counties where more than 20% of the population was comprised of AI/AN residents, obesity rates were high (34.9%) while the FEI was low (3.3).²¹ No reliable data for obesity rates and FEI are available for high concentration AA/PI counties, but overall rural adult obesity rates for AA/PI populations are lower than average at 15.3%.²²

Figure 6. Obesity Rates and the Food Environment Index²³

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Rural Health Research Recaps

- [Rural Ethnic/Racial Disparities: Adverse Health Outcomes](#)
- [Rural Ethnic/Racial Disparities: Social and Systemic Inequities](#)
- [Healthcare Access and Status Among Rural Children](#)
- [Poverty and Health Insurance Coverage Among Rural Children](#)
- [Rural Obstetric Services: Access, Workforce, and Impact](#)
- [State of Rural Women's Healthcare Utilization and Health Indicators](#)
- [Quality of Care in Rural Hospitals](#)
- [Rural Communities: Age, Income, and Health Status](#)
- [Opioid Use and Treatment Availability](#)
- [Effects of Rural Hospital Closures](#)
- [Rural Hospital Closures](#)
- [Rural Behavioral Health](#)

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Writing a Good Product

- Know the audience.
- Know the topic.
- Keep it simple.
- Clarify what you mean by *rural*.
- Make sure your audience receives the product.
- Involve your audience before writing, if possible.
- Use the [Rural Health Research Dissemination Toolkit](#).

<div style="text-align: center;"> <p>Dissemination of Rural Health Research:</p> <h1 style="margin: 0;">A Toolkit</h1> </div> <p>August 2019</p> <p>Shawnda Schroeder, PhD <small>Research Associate Professor Director, Rural Health Research Gateway</small></p> <p>Center for Rural Health <small>University of North Dakota School of Medicine & Health Sciences 1301 N. Columbia Road, Stop 9037 shawnda.schroeder@und.edu (701) 777-6787</small></p> <p>Sonja Bauman, MS <small>Research Specialist Center for Rural Health</small></p> <p>Center for Rural Health <small>University of North Dakota School of Medicine & Health Sciences</small></p> <div style="text-align: center; margin-top: 20px;">  <p>Rural Health Research Gateway</p> </div> <p style="font-size: 8px; margin-top: 10px;"> <small>The Rural Health Research Gateway is a project of the Center for Rural Health at the University of North Dakota School of Medicine & Health Sciences. Gateway is funded by the Health Resources and Services Administration's Federal Office of Rural Health Policy.</small> </p>	<p>Table of Contents</p> <p>Introduction 2</p> <p>Rural Health Research Gateway 3</p> <p>Elements of Dissemination Products</p> <p style="padding-left: 20px;">General Rules of Dissemination 4</p> <p style="padding-left: 20px;">Title 6</p> <p style="padding-left: 20px;">Abstract 7</p> <p style="padding-left: 20px;">Standards for Accessible Design (ADA Compliance) 8</p> <p>Dissemination Products</p> <p style="padding-left: 20px;">Policy Brief 10</p> <p style="padding-left: 20px;">Fact Sheet 12</p> <p style="padding-left: 20px;">Chartbook 14</p> <p style="padding-left: 20px;">PowerPoint Slide Presentation 16</p> <p style="padding-left: 20px;">Poster Presentation 18</p> <p style="padding-left: 20px;">Infographic 22</p> <p style="padding-left: 20px;">Promotional Products 24</p> <p style="padding-left: 20px;">White Paper, Working Paper, Full Report 26</p> <p style="padding-left: 20px;">Journal Publication 30</p> <p>Modes of Dissemination</p> <p style="padding-left: 20px;">Exhibit 32</p> <p style="padding-left: 20px;">Press Release 34</p> <p style="padding-left: 20px;">Media Interviews 36</p> <p style="padding-left: 20px;">Social Media 38</p> <p style="padding-left: 20px;">Twitter 40</p> <p style="padding-left: 20px;">Facebook 42</p> <p style="padding-left: 20px;">Videos 44</p> <p>References 46</p>
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Dissemination Toolkit

Introduction

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- Fact Sheet
- Chartbook
- PowerPoint Slide Presentation
- Poster Presentation
- Infographic
- Promotional Products
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- Journal Articles

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August 2019
Developed by Shawnda Schroeder, PhD

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For more than 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.

ruralhealthresearch.org

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