Per Ostmo: Hello, and thank you for joining us. Today's webinar is titled, Rural Healthy People: Where We've Been and Where We're Going, and it features speakers from the Southwest Rural Health Research Center. Today's webinar is brought to you by the Rural Health Research Gateway funded by the Federal Office of Rural Health Policy. Please note that all attendees have been muted, but you may submit questions for our speakers using the chat box function. Today's session will be recorded and posted to the Gateway website for later viewing. A brief Q&A will follow today's presentation. Next slide please.

Per Ostmo: My name is Per Ostmo and I am the program director for the Rural Health Research Gateway. My contact email is per.ostmo@und.edu, so please reach out if you have any questions regarding Gateway. Next slide.

Per Ostmo: So what does Gateway do? We provide easy and timely access to research conducted by the Rural Health Research Centers, which are funded by the Federal Office of Rural Health Policy. Gateway efficiently puts new findings and information in the hands of our subscribers, including policymakers, educators, public health employees, hospital staff, and more. Gateway is timely, relevant, and 100% free. Following today's presentation, I will provide a brief rundown of how to access research on Gateway and how to stay up to date on the latest rural health research. Next slide please.

Per Ostmo: And now I would like to introduce our presenters today, Dr. Tim Callaghan, Dr. Alva Ferdinand, and Morgan Kassabian from the Southwest Rural Health Research Center.

Alva Ferdinand: Thank you, Per. And howdy everybody, my name is Alva Ferdinand and I'm the director of the Southwest Rural Health Research Center at Texas A&M University. It is indeed a privilege for us to be with you today, and we are so grateful that you've elected to join us this morning, or this afternoon, depending on your time zone, to hear a little bit about the work that we've been doing on Rural Healthy People. Next slide.

Alva Ferdinand: I'd first like to acknowledge our collaborators on the current iteration of Rural Healthy People. They included Dr. Jane Bolin, who is the deputy director and former director of the Southwest Rural Health Research Center, Natasha Johnson, who is our project coordinator and keeps us all afloat, Savannah Kaspar, who recently graduated from our master of health administration program, but continues to work with us, Ms. Janet Helduser, as well as Scott Horel.

Alva Ferdinand: I'd also like to acknowledge our funding source. We are supported in this work by the Federal Office of Rural Health Policy, which is within the Health Resources and Services Administration, also known as HRSA. And HRSA is housed within the Department of Health and Human Services. I just want to say that the things that you'll hear from myself and Tim and Morgan should be attributed solely to us and should not be inferred as an endorsement by the

Federal Office of Rural Health Policy, HRSA or HHS. And I'd also like to share with you that none of us have any conflicts of interest to disclose.

Alva Ferdinand: Just to give you some context for how Rural Healthy People came about, it was first led by Dr. Larry Gamm, who is professor emeritus in our college and at our university. He was a political scientist and someone who cared very deeply about rural America and the state of population health within rural America. He was joined by a collaborators, Dr. Catherine Hawes, who was also a professor emeritus at this point, and also Dr. Jane Bolin. So she's been doing this for quite some time, as well as Linnae Hutchinson. They were joined by several other faculty at Texas A&M University, as well as graduate students. Next slide, Tim.

Alva Ferdinand: And so this work was initially commissioned by the Office of Rural Health Policy, which is now the Federal Office of Rural Health Policy, in 2002. And at the time, Healthy People 2010 had just been launched, so objectives for the country had just been released. And the idea was to sort of identify an ask rural stakeholders about the priorities and objectives that were really critical for rural America, and ways in which those priorities could be addressed by looking at which models work best for rural America. Next slide.

Alva Ferdinand: And what came out of that work were three volumes, and their representation is highlighted here on this slide. I have included a link in which you can still find that work on the Rural Health Research Gateway. Volume one contained information on the top 10 priorities, volume two on the priorities that were 11 through 20, and then volume three was a standalone document that really just highlighted models for best practice within rural America, so feel free to check that out. Next slide.

Alva Ferdinand: And this is what we found at that time, so Dr. Gamm and his colleagues convened four groups of state and local rural leaders and stakeholders, and they essentially asked these groups to come to consensus on priorities for rural America and asked them to rank. And what you'll notice is that there were several ties at that time, so you'll notice for second place, heart disease and stroke, as well as diabetes tied for second place. There were several in the sixth place, tobacco use, substance use, et cetera. But it really was a small convening of folks who sought to identify these priorities in 2010. Next slide.

Alva Ferdinand: 10 years later, what we have was an initiative rolled out by Dr. Jane Bolin, that was similar, but this time just expanded to include more stakeholders. So she convenes an advisory board for Rural Healthy People 2020, and that advisory board included folks from funding agencies, rural health providers, various state rural health agencies and national rural health agencies. Together, they came up with a survey of rural health stakeholders to identify the healthy people objectives that were again critical for rural America. And the idea behind this was to not only identify those priorities, but to sort of catalog what has worked or what worked in the previous decade or what best practices might be attained based on the evidence that we'd seen in the peer review literature, as well as the grey literature.

Alva Ferdinand: As researchers, our goal isn't to just do the research and have it sit on a shelf or in a database, at the time Dr. Bolin and her team really made robust efforts to disseminate this information to local state and federal policy makers. And to also sort of work with these stakeholders to figure out, what don't we know, what things should we measure, how should we measure it, and what strategies might need work on in the upcoming decade to really improve population health for rural America. Next.

Alva Ferdinand: Okay, so Rural Healthy People 2020, the survey was rolled out initially in December of 2010. And at the time there were 755 respondents, which if you do this kind of work is a pretty good sample size. We again, fielded this survey in spring of 2012, but before we did that, we did a webinar, much like we're doing today, which was sponsored by the National Organization of State Offices of Rural Health, or NOSORH, and we also sent some targeted letters to specific state health officers. And at the end of the day, when both of these waves were totaled, we had 1,214 respondents. Next.

Alva Ferdinand: So the next couple sides will just give you a sense of where folks were from, folks that responded to the survey. On this slide we have the states in which we had 10 or more respondents, you'll see that we had close to 150 respondents from Ohio, followed by Texas at 129, the list goes on and on. So if you're listening, you can sort of identify yourself within these next couple slides. The next slide then shows us the number of respondents that we had in states where less than 10 people responded. And as we are thinking about the current iteration of Rural Healthy People, we really want it to focus on this slide, just to see where we might need to roll out more robust efforts. So you'll notice in California, for example, which has a pretty robust rural population, we only had one respondent, North Carolina, just one respondent, Mississippi, et cetera. So if you're listening and you're from the states, please make note of this slide, we may really want to hear from you and strategize on how we might reach more people. Next.

Alva Ferdinand: So what the priorities were, the top 10 ones for Rural Healthy People 2020, access to quality health services, nutrition, weight status, diabetes, et cetera. You'll see this more clearly on the next slide, Tim. And here you see what the top 20 priorities were. And notably, again, nutrition, weight, status, access, diabetes, we're all in the top 10, but then we also had things like immunizations and infectious disease fall into the 11 to 20.

Alva Ferdinand: And so the next slide just gives you an idea of how objectives and priorities changed between 2010 and 2020. And so our yellow topics stayed the same, so access to quality healthcare remains in the number one position, diabetes, mental health, mental disorders, cancer, et cetera. But in terms of things that moved up in 2020, nutrition and weight status moved up, substance abuse moved up, which if you're listening you're probably not that surprised by that, physical activity. If you remember, we were really thinking robustly about childhood obesity and things around physical activity in the previous decades. So this just gives you a sense of how things changed. Next slide.

Alva Ferdinand: And what resulted from our Rural Healthy People 2020 work were two volumes, so instead of doing a standalone volume that just kind of housed best models for practice, we did embed those models within these two volumes. Volume one, again, contains information, a synthesis, as you were, of the literature, peer reviewed and grey literature on each of these topics specific to rural America. And you are able to download these volumes, if you wish. We also have a few hard copies that we can send your way, if that is your preference. So just let us know, and you'll have our contact information at the end. But with that said, I will now hand things off to Dr. Tim Callaghan.

Timothy Callagh...: All right, thanks Alva. So given the priority with which the federal government has treated Healthy People in past decades and the critical role that Healthy People has played in setting health targets for our nation to meet, in which the nation's been quite successful in meeting over time, the federal government chose to launch a new iteration of Healthy People, Healthy People 2030 in August of 2020. Healthy People 2030 is the fifth iteration of healthy people, and the focus once again from the federal government is on national objectives to address the nation's top public health priorities. What's critical about Healthy People 2030 versus past iterations is that the federal government was focused on creating fewer objectives, in particular, fewer sub objectives, and to increase the quality of data standards.

Timothy Callagh...: Now, when we're thinking about those differences between Healthy People 2020, and Healthy People 2030, there are a few key things that stand out. First, while I did just mention that the number of objectives went down, particularly sub objectives, interestingly, the federal government has actually made the decision to increase the number of overall objectives. Whereas past iterations of Healthy People have had 20 to 40 overall objectives, the current brand new iteration of Healthy People, Healthy People 2030 has 62 overall objectives to guide health promotion and disease prevention efforts. Critically for our purposes, in the context of Rural Healthy People, we focus on those big overall objectives, so that means our task has gotten bigger as opposed to smaller.

Timothy Callagh...: The other big difference with past iterations of Healthy People, is that Healthy People 2030 for the first time groups objectives into five different topics, health conditions, health behaviors, populations, settings and systems, and social determinates of health. So within health conditions you have things like addiction and diabetes. Within health behaviors you have things like sleep and vaccination. Populations include things like older adult health, individuals development with disabilities in LGBTQ groups. Settings and systems include things like schools, communities, and hospitals. And what's notable particularly is that for the first time Healthy People's considering social determinants of health, things like economic stability, education access, and the neighborhoods in which individuals live.

Timothy Callagh...: Now, a natural question you might ask yourself is, is it worthwhile to continue with this rural compendium to Healthy People? And we have made a pretty strong agreement which the Federal Office of Rural Health Policy has agreed

with, that Rural Healthy People is still vital for a few key reasons. The first reason Rural Healthy People remains so important is because Healthy People 2030 chose to add a large number of new objectives which have never been tracked before. Which means there's a large number of objectives which the federal government views as important, for example, things like the social determinates of health, that have not been considered before as being investigated in the context of Rural Healthy People. So quite frankly, we don't know how our old objectives are going to stack up once we start considering things like the social determinants of health.

Timothy Callagh...: The other reason we believe that it's so important that we continue to think rural in these compendiums that we develop over time is because research by our Rural Health Research Center, along with other governmental entities and other various groups, has demonstrated over the past several years that rural areas have lagged behind in achieving Healthy People goals.

Timothy Callagh...: So to demonstrate this struggle with achieving Healthy People goals, I'm going to be presenting a few slides from a recent chart book that the Federal Office of Rural Health Policy published. It was researched by our research center led by me, Dr. Ferdinand, and several others within our research center, and it relies on mortality data. We were tasked with trying to understand how rural versus urban areas were doing in achieving healthy people goals related to the leading causes of death in the United States. So we rely on data related to mortality from the CDC WONDER platform, looking at a decade long trend from 2007 to 2017. For those who might not know, Healthy People tends to rely on a few years lag as the baseline against which they judge progress towards the Healthy People target. So for Healthy People 2020, the baseline against which things were judged was 2007.

Timothy Callagh...: As I mentioned, we focused on mortality, and mortality rates are age adjusted to reflect the number of individuals who died from a given cause per 100,000 people who live in an area being analyzed in a given year. For this very quick analysis, we're going to present just a subset of findings from that broader chart book and our broader paper in health affairs. And we're going to look at cancer, suicide, heart disease, and diabetes. We're going to look at cancer, suicide, and heart disease as underlying causes of death, we're going to look at diabetes as a multiple cause of death, and we're going to be relying on ICD-10 codes.

Timothy Callagh...: Now here's the first of these images, the dashed line here represents a Healthy People 2020 target. The other six lines here represent the six levels of virality as defined by NCHS. Critically, for our purposes, the red line represents non-core and the micropolitan line is represented by the tan color, and these are the two rural categorizations within the six levels of virality, so non-core and micropolitan are the two rural categorizations. And any of the lines that are below the dashed line indicates that you have met the goal.

Timothy Callagh...: And here, when we look at diabetes, we can see that over the past decade, as we were working towards the Healthy People 2020 target, two of the four urban

levels for the urban-rural continuum were successful in reaching the Healthy People 2020 target. But the two levels that are considered to be rural were unsuccessful. And in fact, the rural areas, non-core areas, and micropolitan areas made no progress in meeting the Healthy People 2020 target for diabetes.

Timothy Callagh...: We actually see a similar pattern when we look at heart disease. When we look at heart disease, we can see that all six levels of virality made some progress towards the Healthy People 2020 target, which demonstrates why it's so important to track things over time. But in reality, the four levels that are non-rural of the urban-rural continuum were successful in meeting that 2020 target, but the two levels that are rural, the non-core and micropolitan areas were unsuccessful in meeting it.

Timothy Callagh...: When we look at suicide, we actually see an even more complicated pattern. When we look at suicide we can see that two of the four urban levels, large central metros and large fringe metros, actually started the last decades period of analysis both having already achieved the Healthy People 2020 target. But over time, all six levels of virality saw increases in their rates of suicide, which is why suicide has become such an important issue in the United States, but particularly in rural areas, because if you'll notice throughout the entire period of analysis micropolitan and non-core counties experienced the worst increases in suicide and the highest rates of suicide.

Timothy Callagh...: And finally, when we look at cancer, we see a pattern of results that's actually very similar to the pattern of results for heart disease. We can see that the four urban levels of the urban-rural continuum were successful in meeting the Healthy People 2020 target, but the two rural levels were unsuccessful.

Timothy Callagh...: So putting this all together, not only do we have a new iteration of Healthy People, which has a large number of objectives that have never been tracked before, but research by our research center and others over the past few years has demonstrated that rural areas continue to lag behind. And if we don't continue to have rural compendiums to Healthy People, there's a strong chance that rural could be sort of left behind and forgotten in the context of our Healthy People discussions, which has led us towards our newest iteration of Healthy People, Rural Healthy People 2030.

Timothy Callagh...: Rural Healthy People 2030 is being funded in the initial stage by the Federal Office of Rural Health Policy. This is our third iteration of Rural Healthy People going back to 2002 with Rural Healthy People 2010. And the Rural Healthy People 2030 initiative was officially launched in spring of 2021. While we don't have a firm timeline, because they're talking about developing edited volumes, which can be quite a timely process. We ultimately think our timeline is going to break down something like this, similar to past iterations we're going to begin with a survey of rural stakeholders. That survey of rural stakeholders was officially launched in July, is in the field right now, and will likely continue with data collection at least through October. As you start with the last iteration of Rural Healthy People though, there is an initial wave of data collection and a

follow up wave of data collection, whether or not we choose to do that will depend on demographics and response rates within that initial wave. But we will present you some early findings from this new iteration at the end here.

Timothy Callagh...: Once we finished data collection, our hope is to begin our analysis of data in fall of 2021. But as I've just mentioned, we actually have a very early preview of what findings looks like so far. We're hoping to then start to publish our findings in 2022, we're going to start with publishing a federal policy brief with the Federal Office of Rural Health Policy and also work towards several peer reviewed publications. And then finally, the last step in the process will be the development of multiple written volumes similar to past iterations, and we expect that to be a 2022 to 2023 process, maybe extending into 2024, depending on how burdensome that process becomes.

Timothy Callagh...: Now, as I mentioned, the first step in the Rural Healthy People process is the survey, the Rural Healthy People 2030 survey was officially launched on July 12th. As of today, over 800 individuals have participated by weighing in on their top 10 priorities related to Healthy People in the rural context. These participants are rural health stakeholders, and what's important to note here is that in the initial wave of Rural Healthy People 2020, they were able to collect about 750 responses in the first several months of data collection, so we're already doing better than the last iteration. Our ultimate goal is to collect over a thousand responses, 1,200 or so would be ideal, but ultimately we feel pretty confident in the results already and we're just hoping to make sure that we're not missing key rural stakeholders so far. So that's where we are now. We have a good base, now we want to build and make sure we're hearing from as many stakeholders as possible.

Timothy Callagh...: As with past iterations of the Rural Healthy People survey, Rural Healthy People 2030's survey starts with trying to understand objectives and how the public rural health stakeholders rank those objectives. But for the first time we realized that this rural health stakeholder survey was a once in a decade chance to ask rural health stakeholders about a wide variety of other health issues. So our survey is a bit longer than past iterations and asks a wide variety of questions related to COVID-19, health seeking behavior, how individuals use funds from the CARES Act, and a wide variety of other topics. So in addition to the Healthy People 2030 papers you're going to see from our research center, you're also going to see papers come out of our research center focused on what we've learned from rural health stakeholders about other key issues to rural America.

Timothy Callagh...: Now, how are we administering the survey? We are administering the survey in three different ways. We're trying to track down as many rural health stakeholders as we can. The first way we're doing this is through snowball sampling. Every single person who takes our survey, has a question ask to them in that survey about whether there are other people we should talk to as well. And if the person says, yes, we ask them to provide the name and the email of other people we should reach out to. So every single week we pull all of those

names and we email out asking those additional individuals to please participate in our survey.

Timothy Callagh...: The second way we're trying to reach out to people, is that over the past decade those two volumes of Rural Healthy People 2020 that Alva mentioned, we have those on our website and as individuals download them, we ask individuals to provide their name and contact information, we've been reaching out to individuals who have demonstrated themselves to be rural health stakeholders, but previously downloading a past iteration of Rural Healthy People.

Timothy Callagh...: And then the final thing we've done is we spent quite a bit of time over the past several months developing relationships with relevant rural health organizations and developed relationships in which those organizations have graciously agreed to share our survey with their membership, in some cases, multiple times. So those groups that we're working with include the National Rural Health Association, NRHA, the American Hospital Association, the Federal Office of Rural Health Policy, the CDC, the United States Department of Agriculture, the National Association of Rural Health Clinics, Catholic Health Associates, the National Association of County and City Health Officials and various program officers for the State Offices of Rural Health. And I should note that that is not an exhaustive list, but that is a list of many of the prominent organizations that have been working alongside us. And now I will pass it off to Morgan Kassabian, a PhD student in our program, to talk through some of the results that we've been analyzing so far.

Morgan Kassabia...: Thank you, Dr. Callaghan. So before getting into some of the tentative results with the top 10 priorities, we thought we'd talk a little bit about this sample that we have so far with you, so you know who you're hearing from. So far what we're seeing is that our sample is about 75% female. The majority have advanced degrees, so about 63% have a master's, doctorate, or other professional degree. The mean age of the sample is 45. And we're seeing that the sample is about 95% white and only 3.3% Hispanic, Spanish or Latino. So we know this is kind of a weak spot for us, and improving the diversity of our sample is something that we're trying to do as we move forward throughout the recruitment process.

Morgan Kassabia...: But in addition to standard demographics, we also ask a few questions about employment. So we have been really pleased so far with the diversity and responses that we're seeing in that area. We have participation from numerous sectors. So not just healthcare, we're seeing responses from education, human services, media, housing, and other sectors. Currently about 64% are working within a rural health clinic or a rural hospital, so they're very much on the ground and in touch with what's going on in rural areas around them. We're also seeing over 100 professions represented, so we're really pleased about that. So far, the largest group is healthcare administrators, people who felt that they had a different profession than the options we provided, nurses, physicians, researchers, health educators, and university professors are also very well-represented. Next slide please.

Morgan Kassabia...: So as Dr. Ferdinand mentioned earlier, something that we really tried to keep an eye on as we are soliciting responses and trying to target different groups is where our responses are coming from, so making sure that we hear from people across the country. And again, like in 2020, 10 responses kind of seems to be the cutting point between those states with more responses and those states with less, but even within those two groups, there are states that we feel have a large enough rural population that we really want to hear from them more. And these two graphics over here you'll see some states called out in orange, and those are some that we feel that we really need to hear more from. Though, of course, we want to hear from respondents from all of our states.

Morgan Kassabia...: So when we look at census region, it's fairly balanced at this point, but we're hearing more from the Midwest with 35% of our response coming from that area, and from the south where 29% of responses had come from that area. In the West about 20%, and then finally in the Northeast, we have about 16% of our responses from that area so far.

Morgan Kassabia...: So without further ado, these are the top 20 Healthy People priorities for rural America for the coming decade, 2030. So far, mental health and mental disorders is ranked number one for the first time, followed by addiction, overweight and obesity, healthcare access and quality, drug and alcohol use, nutrition and healthy eating, older adults, diabetes, preventive care, and cancer rounds out the top 10. And you'll see that there's some new priorities, some of the social determinants of health, for example, public health infrastructure, things like housing and homes being represented in the top 20, so this is really great to see. Dr. Callaghan, next slide, please.

Morgan Kassabia...: So in this slide what you'll see is those top 20 priorities for Rural Healthy People 2030 just replicated in this first column. And then we dig a little deeper and see, how do they shake out within the census regions? So are they being ranked consistently or is there variation? And what we're finding is that there is variation across the different census regions, though mental health and mental disorders and addiction continue to be ranked number one and number two throughout all four census regions. You'll see that there's variation within the top 10 priorities, and that's even more significant as you move to 11 to 20. So while there are a number of objectives that are relevant and important across the regions, there's really some intricacies that we need to be mindful of across the country.

Morgan Kassabia...: So if you take our survey, you'll see that we not only ask respondents to select the top 10 priorities for rural America, but we also ask them to rank in terms of importance, the number one, the number two, and the number three most important Healthy People priority for rural America. So by assigning points to each of these, so three points for a respondent's first choice, two points for their second and one for their third, we're able to create this composite ranking of priorities. So when we do that, we see that healthcare access and quality actually emerges as number one, once again, followed by mental health and mental health disorders and addiction. Would you mind clicking? Perfect.

Morgan Kassabia...: And so what we're finding is that healthcare access and quality is actually most frequently ranked first, so 20% of the sample is ranking healthcare access and quality as their most important priority for rural America. And then mental health and mental health disorders was most frequently ranked second and third. So this kind of, if you'll go to the next slide, plays into our key takeaways so far. And for the third decade in a row, Rural Healthy People respondents are ranking access to healthcare as their number one most important public health priority. However, these priorities are not homogenous across regions, yet both overall and across the census regions, more respondents are including mental health and mental disorders and addiction in their list of top 10 priorities than they are access to care.

Morgan Kassabia...: So what this is telling us is that while health access remains highly concerning and is ranked by 20% of the sample as the most important issue, mental health and substance use disorders have become even more ubiquitous, where they're touching rural communities across the country and ending up in the top 10 list most often. And so now I'll give it back to you, Dr. Callaghan.

Timothy Callagh...: All right. Thank you so much, Morgan. So of course, we are still in the data collection phase of this project, and one of the things we we're hoping to do today is to ask all of you in this Zoom call, who by definition of being here are interested in rural health, and we would define as rural health stakeholders, that if you have not participated in our survey yet to please take the time to complete the survey. I believe someone is going to be posting a link to the survey in the chat, and the survey will take you 20 to 25 minutes to participate in depending on how much time you want to spend with those initial 10 objectives. We are particularly interested in hearing from individuals from minority backgrounds, as well as from states with large rural populations, but regardless of where you are in the country and your background, we would be strongly interested in having you participate. So we would please ask you if you have the time to participate, and I believe that a link will be posted in the chat.

Timothy Callagh...: So with that said, we have our contact information here, my email and Dr. Ferdinand's email are both available here. We'd be happy to talk to any of you by email about any of the questions you might have. And I believe we're going to have a Q&A session momentarily, but I'm going to pass it off to Per.

Per Ostmo: Thank you, Tim, thank you, Morgan, and thank you, Alva. We do have several questions flowing through, many of them regarding the sampling strategy. So some of the questions were, what is the strategy going to be to reach Black, indigenous, people of color survey takers and individuals who reside along the border with Mexico that has vast rural areas?

Timothy Callagh...: Yeah, so I guess I can start, we are currently trying to reach out to indigenous organizations right now, that's something that did not mention, but we have noted that as a particular weakness, and we are reaching out to various groups that we know who are doing research with Native American organizations to ask their willingness to share that amongst those Native American groups, that's

something we're working on actively. As far as minority communities, that is certainly something we are continuing to work on, and if people have suggestions, we would be happy to hear them. As far as the border, our focus is not just the border, it's the entire country. And certainly there are rural regions to the border, but we would be happy to connect rural border organizations, to the extent that individuals know them. We have a meeting in the next couple of weeks focusing on Healthy Border 2030 with a group from the CDC, but it is certainly something we are thinking about. I don't know if... Alva, do you have any more to say on that?

Alva Ferdinand: No, I think that pretty much captures it. I mean, I think one of the things we should probably mention is we have done a lot of really robust thinking about who we can reach out to. And I have noticed some... I've been trying to keep up with the chat, I've probably missed some things, but there were some organizations that we reached out to, State Offices of Rural Health being one of them, that sort of said, "We don't typically get into the habit of disseminating surveys." So if you saw a slide and you didn't see AHEC represented and things like that, just know that we probably did reach out to them, but not everyone was willing or agreeable to sort of help us directly with dissemination. But we did really feel that with some of the other folks that agreed to help us, the National Rural Health Administration being one of them that we would capture some of those folks through other mechanisms.

Alva Ferdinand: But if you have folks that you think we would have success with in reaching or agreeing to help us with dissemination, please feel free to let us know. We are, again, trying to pay attention to the chat and will follow up on those items.

Timothy Callagh...: Yeah, and building on that, we had several organizations that jumped at the opportunity to help us as soon as they could, and others who were a bit more standoffish, perhaps because they didn't know a random group of researchers from Texas A&M University. But to the extent that you might have better connections than us, we would love to connect with you so they can make sure we're getting those voices. And we certainly want to hear from AHEC, we certainly want to hear from various NOSORH groups as well.

Per Ostmo: Yeah, we greatly appreciate all those suggestions in the chat box. Tim, Alva, Morgan, would you post to your email addresses in the chat box too, so people have those handy?

Timothy Callagh...: Sure.

Per Ostmo: So as promised, I'm going to show everyone how to use the Rural Health Research Gateway website to access research. It'll just take a couple of minutes and then we can check in if there's any more questions afterward. So I'm going to steal the screen share here. So this is the Rural Health Research Gateway homepage, now our mission is to disseminate rural health research that is conducted by the Rural Health Research Centers that are funded by the Federal

Office of Rural Health Policy. And there is many ways to access research on our website.

Per Ostmo: So first you'll see, there is a browse research tab at the top of the screen here, but the easiest way is to use our search function. So today we were talking about the Rural Healthy People Initiative, you can just put that in the search function here, and you have the ability to sort by relevance or by date, we can click on date. And you can filter by research center, projects, publications, webinars, et cetera. So we'll click on publications here.

Per Ostmo: So at the top of the screen, you can see our Healthy People 2020 chart book. If you click on this, there is a brief description of the chart book. On the right hand side, you can see the research center who was responsible for this chart book, and the researchers and authors who put this together. If you click on the link here to view chart book, you have 100% free access to this publication, and all of the publications on Gateway are 100% free to access.

Per Ostmo: Now there are other ways to find research on Gateway, on the browse research tab if you select topics, you have all the topics featured on Gateway listed alphabetically. So let's say you're interested in social determinants of health, you can click on the letter S and jump down to social determinants of health. Here, you can see that there are 32 publications on Gateway. They might be journal articles or policy briefs or chart books, we also have one page recaps on this topic and archive webinar recordings on this topic.

Per Ostmo: Now, if you want to stay up to date on the latest Rural Health Research you can click on the research alert tab. On the right-hand side of the screen, you can enter your first name, last name and email, this will subscribe you to our listserv, and you will be notified whenever new Rural Health Research is published from one of the federally funded Rural Health Research centers. And as an example, our most recent updates are listed here. You'll be notified when there's an upcoming webinar. We've added recent products on cardiovascular and cancer rates, hospital-based obstetric services and updates on COVID cases, deaths, and case trajectories.

Per Ostmo: Finally, if you'd like to see key findings as you browse through social media, you can follow us on Facebook and on Twitter @RHRGateway. So that's a very brief rundown on how to use the Gateway website. There's many other features on here that you can explore at your leisure, but I'll check in one last time in case there are any more questions in the chat box.

Timothy Callagh...: It looks... Penny Black, I posted a question about measures that didn't get addressed. There's so many comments, I haven't found that one yet. So Penny, if you're willing to repost your question, I'd be happy to answer it. There's a lot of amazing suggestions in here, and we'll be happy to reach out to many of the groups that were suggested in here.

Alva Ferdinand: Yeah, thank you so much for the names for the email addresses, contact information. We will absolutely follow up on that, and we really appreciate it.

Timothy Callagh...: Two of the most powerful things that help people are the measures and the targets, I know the first Rural People did not include measures, but will the third? So our initial focus is just on what are perceived to be the most important overall objectives as opposed to the measures. But what we've historically done is we sort of focus on the overall big picture, not including measures, and then we followed it up over the past decade with lots of looks at progress in achieving outcomes. We have not delved too much into whether the measures are good measures for rural America, it's certainly something we've talked about. And we've, as a center, argued that at various times the measures are sort of set up for urban America to succeed and rural America to fail. But it's not something we have actually done research on simply because we have not found a grant funding mechanism that would allow us to really dig in on it, it's certainly something that interests us. Alva, I didn't know if you have more to add on that?

Alva Ferdinand: No, I mean, I guess the only other thing I would say is that the Rural Health Research Centers, at least the ones that are funded by the federal office, talk about measures all the time. I think every single meeting that is had kind of talks about data, limitations on data, how can we get better cuts of data that are reflective of what's happening in rural America? And I think those conversations will continue to be had, and I think just by putting it out there to the powers that be that we do need this kind of information, we will see improvements in measurements and access to data that can really help us get to baseline measures and also track things over time. But that's the only other thing I would add, a really good point.

Per Ostmo: All right, before we go, I'd just like to point out that on the webinar tab of the Rural Health and Research Gateway website, you can find our upcoming webinars. On September 14th, there'll be a webinar on post-acute care and long-term care services in rural areas. And you can find our archived webinars, so this is where you will see the recordings, the slide decks, the transcripts of all of our previous webinars. And if you subscribe to our research alerts, you'll be notified when today's webinar becomes available on the Gateway website for archived viewing. I don't see any further questions, so I would like to thank everyone for joining us today. Thank you to Tim, Alva, and Morgan for being here. And I hope to see everyone at future Gateway webinars. Thank you so much.

Alva Ferdinand: Thank you, everybody.

Morgan Kassabia...: Thank you.

Timothy Callagh...: Thank you.