

Rural Health Research Gateway: National Audience Impact Study Report

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August 2007

www.ruralhealthresearch.org

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

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Rural Health Research Gateway Introduction

Health services research is an important tool used to inform a range of decisions about structure, financing, quality and access to health care. Underscoring this point, the Coalition for Health Services Research notes that “Health services research when appropriately funded, coordinated and disseminated plays a critical role in addressing problems related to the nations’ health care system” (Academy of Health, 2005, p.1). Specific to rural health care, there is a growing body of knowledge generated by researchers that explicitly focuses on better understanding challenges facing rural health care delivery. To maximize the contribution of this body of knowledge, a toolkit of useful approaches is needed that can be used to inform a range of important audiences, from local rural hospital administrators to federal policy makers. This project focuses on the development of such a toolkit that may be used by rural health researchers to extend the reach and impact of important findings. This includes examining innovative strategies and tools for designing interventions to reach different target audiences and to promote knowledge driven rural health policies and programs. Connoting this function, this initiative is titled the Rural Health Research Gateway and has the following objectives:

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

Research indicates that multiple communication channels should be used to reach specific audience segments with information and that communication campaigns benefit from rigorous formative research and evaluation of outcomes (Healthy People 2010). The approach to maximize communication of rural health research incorporates some of the key elements advocated in the Healthy People 2010 report. For example, through audience testing (i.e., working with “Issues Groups” representing national, state and local audiences, the Rural Health Research Gateway is obtaining information in order to develop and disseminate effective communication strategies. Additionally, the Rural Health Research Gateway uses the Healthy People 2010 strategy of creating databases to catalog research studies and partner with existing dissemination networks to make data publicly available.

Another initiative that informs the structure of the Rural Health Research Gateway is the Framework for Knowledge Transfer (FKT) developed by Carpenter et al (2005). This framework recognizes that the dissemination and implementation of research findings are complex processes requiring multiple methods and tools. The framework includes three major processes; knowledge creation and distillation, mass diffusion and targeted dissemination, and organizational adaptation and use. The plan embedded in the FKT and adapted for the Rural Health Research Gateway includes six major elements: 1) research findings and products, 2) end users, 3) dissemination partners, 4) communication, 5) evaluation, 6) dissemination work plan. Consistent with the FKT, the purpose of the Gateway toolkit is to guide researchers to plan for dissemination as a key component of initial research designs, culminating in the

application of findings by end users. It is also designed to establish direct links with diverse target audiences.

Impact Study Method

This study was designed to examine the reactions of the diverse target audience to the approaches/products developed through this initiative. Two primary products were developed; the first was a searchable website entitled the Rural Health Research Gateway and available online at <http://www.ruralhealthresearch.org>. The second product was a flyer, which described the work of the eight Rural Health Research Centers and included contact information and examples of the impact of the program. The impact study included three components 1) assess the reaction of members of the diverse target audience; 2) assess the usefulness of the new dissemination products to the diverse target audience, and 3) determine the frequency that particular dissemination products were accessed.

The first component of the impact study was to assess the reaction of members of the diverse target audience with a survey instrument composed of several open-ended questions. Eleven National Issue Group members, reflecting a cross-section of organizations whose decisions can influence adequacy, affordability and/or quality of health care for rural communities, were queried through email about their use and ideas for improvement of the Gateway website and the RHRC flyer in June 2007 (see Appendix A). Another measurement of the reaction of the diverse audience was through a query of 78 national organizations from the Rural Assistance Center Directory of Rural Health Contacts list using a similar survey instrument (see Appendix B). For both groups, individuals were sent emails with the survey and were asked to view the website

and the attached flyer and then reply via email with their reactions. A follow-up email was sent to non-respondents.

For the second component of the impact study, individuals attending the National Rural Health Association Policy Institute in February 2007 were asked to review at the Rural Health Research Gateway website and provide feedback about the usefulness of the website along with any suggestions for improvement. Two Gateway staff gathered the feedback at an exhibit booth at the Policy Institute where live access to the website was provided to participants. Each participant was provided with a short introduction to the website and then was asked to use the website before answering a set of open-ended questions (see Appendix C). Gateway staff recorded each participant's answers.

The third component of the impact study is an examination of the utilization of the Rural Health Research Gateway including the number of Rural Health Research Gateway hits and identifying the most popular sections of the website. In addition, the number of website visits within the month after the NRHA Policy Institute (February) and NRHA Annual Meeting (May) where the website was featured was also determined. To determine web use, the Gateway web server's Apache log files were analyzed using the AWStats logfile analyzer program (<http://awstats.sourceforge.net/>). Web use from within the IP range of the University of North Dakota School of Medicine and Health Sciences was excluded from the calculations, to ensure that the Gateway team's activities would not influence the results.

The website's search logs were analyzed to determine how well the content and terminology of the site matched with users' requests. The search queries entered by users of the Gateway web site were stored in a MySQL database. The search log recorded the

search query, the type of search (basic, advanced, fulltext, or project search), the matching method (word, phrase, fulltext, any word, or date), the date of the search, and the number of matches found. To protect users' privacy, no information about the individuals entering the search queries was recorded in the log. To analyze the search log entries, custom reports were generated from the search log table using SQL (structured query language) and the MySQL Query Browser to retrieve the data, which was imported into Microsoft Excel for analysis.

The number of Rural Health Research Center flyers downloaded as well as distributed through Gateway exhibits was also determined.

Impact Study Results

Assessment of Diverse Target Audience Reaction to Products

Six of the eleven National Issue group participants provided survey responses. Two had utilized the Gateway website including searching for current health workforce studies. The remaining participants had not yet utilized the site (one apologized) and all indicated that they intend to use the site in the future and have bookmarked it. Participants indicated that the site is user friendly and that they will search this website first for rural health research. One participant commented that not all of the completed project pages have direct links to the documents; the participant had to visit other websites to obtain the document. All of the National Issue group participants indicated that the Rural Health Research Centers flyer is useful. Comments included that it is clear, concise and easy to follow, an easy guide to all Rural Health Research Centers with the focus of each center, and related contact information. The flyer also shows that the

research centers are part of a larger research program. Suggestions included that the geographic location of each Rural Health Research Centers (i.e., states where data is collected) would be useful. One participant indicated that they wouldn't suggest mailing the flyer; instead it is best for website viewing. One participant also indicated that the flyer and the website would be useful to nursing and allied health directors and faculty to assist in more effectively incorporating rural health data into their curricula. One participant had very specific suggestions regarding the organization of the website:

Categorize papers based on the type of person that is expected to change their behavior due to the paper's findings. For example, four types of papers could be:

- 1) Papers that recommend rural physicians change the way they practice.*
- 2) Papers that recommend changes to the way rural hospitals provide care.*
- 3) Papers that recommend CMS or Congress change policies*
- 4) Papers that recommend state agencies or legislatures change their actions*
- 5) Paper that help guide patients in ways to get higher quality care.*

Doctors could look at the type 1 papers that suggest how they change their behavior etc. Patients could look at type 5 papers.

However, many RHRC papers may have multiple audiences, which would make it difficult to categorize papers by a subset of the population.

The survey sent to the representatives of national organizations, using the RAC Directory of Rural Health Contacts, resulted in only two responses. With a response rate of about 2.5 percent, the response rate is too low for the results to be meaningfully representative of national organizations and are not included in this report.

Usefulness Assessment of Rural Health Research Gateway Website

Usefulness testing conducted at the National Rural Health Association Rural Health Policy Institute included a total of 31 participants from various locations and

organizations. Efforts were made to include participants from all quadrants of the United States and representing a variety of facilities/organizations. The greatest numbers of participants were from state organizations and from health professions education organizations (see Table 1). Participants were from all quadrants of the United States with 11 from the Northeast, nine from the Southeast, seven from the Northwest and two from the Southwest.

Table 1: Usefulness Survey Participant Totals

	National	State	Local	Total
Representatives of health facility groups (e.g., hospitals, clinics, nursing homes)	2	1	1	4
Representatives of health care provider groups (e.g. nurses, physicians)	1	3	3	7
Representatives of health professions education organizations (e.g. nursing education, medical education)	1	9		10
State Office of Rural Health		5		5
State Rural Health Association		1		1
Other Organizations	4			4
Total Participants	8	19	4	31

Participants indicated that they use a wide variety of sources when looking for rural health services research. They most frequently utilize Google, individual rural health research center web sites, HRSA/ORHP web sites, internal or university libraries and the Rural Assistance Center website. Other research resources included CMS, the FLEX tracking project site, the Rural Health Resource Center, Listservs, and PubMed. All participants indicated that this site would help them more easily locate and utilize rural health research with an easy, one-stop site. One participant indicated that they

would probably continue to use Google. Comments included that the Gateway is more user friendly than PubMed, and that having all of the RHRC work in this location is easier to access/use. Participants particularly liked the research center and researcher search and browse features.

Participants indicated that they would use the website to find information about Critical Access Hospitals, for evidence-based practices for physicians, finance, health information technology projects, workforce projects, policy and advocacy information, review topic areas to determine what research projects are in progress and determine whether a particular topic is currently not being examined.

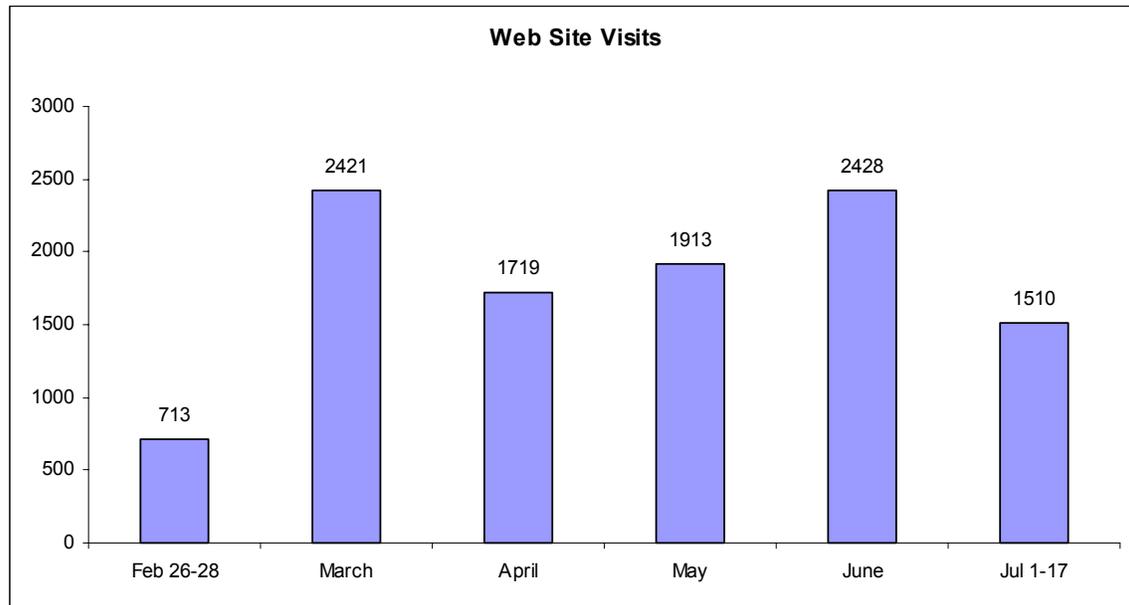
Suggested improvements to the website included that the website should be linked to other resources and include information about grants. One participant indicated that although report and journal article citations are useful, being able to actually download reports/journal articles are ideal. The most frequent suggestion was that it would be useful to include rural health research from other sources outside the Rural Health Research Centers program on the website. One participant wondered if people would understand that there is other rural health research and research centers beyond what is included on the website.

Access Frequency of Dissemination Products

Website Visits. The Rural Health Research Gateway web site was announced at the NRHA Rural Health Policy Institute, February 26-28, 2007. There were a total of 10,704 website visits between the launch and July 17th. The website was also featured at an exhibit at the NRHA Annual Conference, May 15-18, 2007. Following each of these

conferences, web site visits increased markedly (March and June). At mid-July, use for the month is on track to match the use shown in April and May (see Figure 1).

Figure 1: Total Web Site Visits (February 26 start up – July 17, 2007)



Most visits to the Gateway web site, 54.8 percent of visits to pages, came through visitors directly entering the web address or using a bookmark. The next most popular access, at 28.5 percent, was via search engine; 16.4 percent came via links from other web sites.

Of the visits to the site initiated via a search engine, Google was by far the most popular referrer, at 3,695 pages. Google was followed by MSN Search at 133 pages and Yahoo! at 109 pages. Other search engine referrers include Windows Live (77), AOL (44), Dogpile (14), Earth Link (8), and Ask (8). More than 3,000 different phrases entered in search engines resulted in page views on the Gateway site. The three most popular phrases were "rural health research," "rural healthy people 2010," and "rural health research gateway." It is possible that the high result for "rural healthy people

2010" was due to web problems at the Southwest Rural Health Research Center, which left a Gateway project record for the Rural Healthy People 2010 project as an unusually popular choice for searchers.

The redirect from the web address for the previous version of this database, www.rural-health.org, was one of the most popular web site referrers to the Gateway site. Other popular web site referrers include the Rural Assistance Center web site, the Office of Rural Health Policy web site, and a news items on the American Hospital Association web site.

The home page is the primary entry point for the site, with 5,329 visits, roughly half of the total visits, beginning at the home page. A web visit, which is a well-regarded measure of web use, is a series of requests for web pages from the same uniquely identified client over a specific time period. Each individual request for a web page is counted as a page view, another important web use measure. A web visit may include page views of multiple pages, as well as repeated views of individual pages. The home page, in particular, is likely to have received multiple page views in a single visit, as it is a primary navigation tool for users. The average pages viewed per web visit was 3.53 for the reporting period. In addition to being the most popular entry point for web site visits, the home page was also the most viewed page, with 8,075 page views for the reporting period. The second most popular page, in terms of page views, is the page where the user can select a topic (see Table 2).

Table 2: Web Page Views for Main Rural Health Research Gateway Pages

Page	Times Viewed
Home page	8,075
Topics section main page	2,124
Researcher section main page	1,552
Search results page	1,230
Centers main page	1,039

In addition to the page views received by the main topics page, many of the individual topic pages figured among the most-viewed pages on the site. The most frequently viewed topic was Critical Access Hospitals and Rural Hospital Flexibility Program followed by rural health clinics, hospitals and clinics (see Table 3).

Table 3: Web Page Views for Topic Rural Health Research Gateway Pages

Topic	Times Viewed
Critical Access Hospitals and Rural Hospital Flexibility Program	249
Rural Health Clinics	172
Hospitals and clinics	171
Rural statistics and demographics	170
Defining rural	153
Federally Qualified Health Centers	140
Health disparities	133
Workforce	129
Health information technology	127
Aging	125
Emergency medical services	119
Pharmacy and prescription drugs	119
Chronic diseases and conditions	115
Capital funding	95
Long term care	94

Interest in information about individual researchers appeared both in the page view rankings and in the search terms that brought visitors to the site. Five of the top ten phrases bringing visitors to the Gateway web site were the names of individual researchers. The individual pages for each of the research centers also ranked high in the page view rankings.

Website Search Statistics. Just over 1,700 searches were conducted from February 26, 2007-July 17, 2007. Of these searches, roughly 1,500 included a topic search as part of the search information. Other types of search information included specifying a type of resource, research center, or funder. Of the topics searched, there were 765 unique search strings. Some searchers used a search phrase more than once, varying some other aspect of the search to find different results. Each of these interactions was entered as a separate search. In order to see trends in the search results, search topics were truncated to 25 characters and then grouped based on those truncations. For cases where a phrase was cut-off, the phrase variations, from the 26th character on, are included in parentheses. Of the search phrases that appeared five or more times, the most popular were critical access hospital and domestic violence (see Table 4).

Table 4: Search Phrases (appearing at least five times)

Phrase	# of Times
Critical Access Hospital	12
Domestic violence	12
Targeted Rural Health Pol(icy Research Grant Program)	8
Workforce	8
Mental health	7
Diabetes	6
Jails and mental health	6
Market forces	6
Professional isolation	6
Suicide	6
Alabama	5
EMS scope of practice	5
Methamphetamine	5
North Dakota	5
Post traumatic stress syn(drome)	5
Rural health care history	5
Rural health clinic	5
Rural Health Empirical St(udies)	5
Rural Health Outreach gra(nt awards, nt awards 2007)	5
Strategies to improve low (payment from managed care organizations, reimbursement)	5
Telemedicine	5

The search logs also capture which health conditions (see Table 5) and populations (see Table 6) are of interest to Gateway users.

Table 5: Health conditions searched (in order of interest)

Health condition	# of Times
Mental health	22
AIDS/HIV	9
Obesity	8
Diabetes	7
Suicide	7
Cancer	6
Methamphetamine	6
MRSA	5
Post traumatic stress syndrome	5
Substance abuse	5
Asthma	4
Influenza	4
Lymphocytic leukemia	3
Pneumonia	3
Prenatal care	3
C-section/Caesarean section	2
Heart disease	2
Schizophrenia	2
STDs	2
Chlamydia	1
COPD	1
Dental caries	1
Fetal alcohol syndrome	1
Hypertension	1
Multiple sclerosis	1
Tetanus	1
Vaccinations	1
Veinous malformation	1

Table 6: Populations searched (in order of interest)

Population	# of Times
Teens	16
Children	14
Women	7
Elderly	6
Hispanics/Latinos	5
Migrant workers	5
Minorities	4
African Americans	3
Amish	3
Farmers	3
Gay/lesbian	3
Uninsured	3
Veterans	3
American Indian/Alaska Native	2
Homeless	2
Nursing home residents	2
Youth	2
Filipinos	1
Immigrants	1

Rural Health Research Gateway Flyer. Two versions of the Rural Health Research Flyer were produced during the project. The first flyer (see Appendix D) was primarily distributed during the National Rural Health Policy Institute, used to promote the Rural Health Research Gateway. One side of the flyer included information about the Gateway and the other side contained information about each of the Rural Health Research Centers (research areas and contact information). The side of the flyer that listed the research centers was posted as a one-page document on the website from April 13 through May 9 and was viewed eight times during this period.

The second flyer (see Appendix E) was created to include more information about the Rural Health Research Center program including on the front side, impact of specific research projects, on the back side, this flyer also includes a list of all of the Rural Health Research Centers including their research focus and contact information. This flyer was posted on the Rural Health Research Gateway website on May 9 and as of July 22 it has been viewed 38 times (24 at low resolution and 14 at high resolution). This flyer was also distributed at the Rural Health Research Gateway and the Rural Health Research Centers exhibits at the National Rural Health Association Annual Meeting May 2007.

Discussion and Limitations

Overall, the two products were well received by the diverse national audience. Minor suggestions for improvement have been implemented into the website and flyer in order to better address the needs of the national audience. A frequent finding of this study was the perception that the Rural Health Research Gateway would be more useful if it included rural health research from sources outside of ORHP. One National Issue Group participant commented:

Provide information on people outside of the rural health research centers doing rural health research - or at least point to a web site where that kind of information is available. There are strong researchers in the group of research centers, but members of the group tend to think alike. Diversity of thought is good.

This concern was also echoed by a visitor to the exhibit booth at the National Rural Health Association Annual Meeting whom suggested:

It would be useful to include the other rural health research that is done by the centers and associated researchers at their institutions- maybe one step towards making the website more comprehensive.

ORHP has several concerns about addressing these comments. A basic concern is the need for additional resources to develop and maintain an expanded website. The foremost concern is the problem that research reports outside of the Rural Health Research Centers (RHRCs) may not be of the same quality, may have biases, may be “advocacy” documents labeled as “research,” and may not be written to meet the needs and preferences of policy-makers. Vetting reports outside of the RHRCs to assess quality, integrity, impartiality, and format is not an appropriate function of the Gateway. However, RACONLINE website includes rural research reports, as do other sources, such as Medline. The intent of the Gateway is to address ORHP’s legislation and the RHRCs’ mission to inform policy-makers who may take action based on research results. The RHRCs’ research reports are written especially with needs and preferences of policy-makers in mind. In fact, this project on *Rural Research to Diverse Audiences* is working on refining the RHRCs’ products and their dissemination to meet this mission. Given additional resources to do so, it is possible for the Gateway to address these comments by linking to RACONLINE, Medline, Flex Monitoring Team reports, RUPRI Health Panel reports, and other websites.

A limitation for the first component of this study is the small sample size. For the first component, few responses were received from representatives of National Organizations and the National Issue Group. Other methods should be explored for gaining input of the target audience including the use of pop-up surveys on the website, in-person interviews at national conferences etc.

During year two of this project, in addition to focusing on diverse audience from the state level, this initiative will focus on the design of the Impact Study including

improving and expanding measures to determine the impact of this initiative. The RUPRI Health Panel will be working on this aspect of the project.

References

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Appendix A: National Issue Group Survey

Last December you participated in a group discussion involving representatives of national organizations and focusing on how rural health research centers can improve their information dissemination efforts. You may recall that your participation is part of a larger project funded by the federal Office of Rural Health Policy. Based on your input, we have developed a Rural Health Research Gateway website located at <http://www.ruralhealthresearch.org>. We would greatly appreciate your response to the following questions regarding this website. If we don't hear from you within a week we will send a follow-up query to remind you of this request for information.

1. Have you utilized this website? Yes No
If yes, what did you use the website for?
2. If no, do you think that you will use the website in the future?
 Yes No
3. Are there ways that this web site could be improved?
4. Do you have any additional observations that you would like to share with us about the website?

We have also designed a one-page flyer which includes information about the Rural Health Research Gateway and the contact information for the Rural Health Research Centers. We have attached the flyer to this email. This flyer is also located on the Rural Health Research Gateway.

1. Do you think this flyer is useful to members of national organizations ? Yes
No
If yes, how is it useful?
2. Are there any ways in which the flyer could be improved?
3. Do you have any additional observations that you would like to share with us about the flyer?

Appendix B: National Group Impact Survey

As a representative of a national organization we would like to gather your input for a study that was funded by the Office of Rural Health Policy, U.S. Department of Health and Human Services. This study is designed to determine better dissemination strategies at the national level for rural health research produced by the Rural Health Research and Policy Analytic Centers. We have developed a website which includes information about all of the rural health research produced by these centers. The website is at: <http://www.ruralhealthresearch.org>. We would like to ask you a few questions about the website as we continue to improve it.

1. Have you utilized this website? Yes No
If yes, what did you use the website for?
2. If no, do you think that you will use the website in the future?
 Yes No
3. Are there ways that this web site could be improved?
4. Anything else that you would like to share with us about the website?

We have also designed a one-page flyer which includes information about the Rural Health Research Gateway and the contact information for the Rural Health Research Centers. We have attached the flyer to this email. This flyer is also located on the Rural Health Research Gateway.

1. Is this flyer useful? Yes No
If yes, how is it useful?
2. Are there any ways in which the flyer could be improved?
4. Anything else that you would like to share about the flyer?

Appendix C: Rural Health Research Gateway Website Usefulness Survey

	Participant #1				Participant #2				Participant #3			
	Natl		State		Local		Natl		State		Local	
Facility/org												
Provider/org												
Education/org												
SORH												
SRHA												
Other												
Region	NE	SE	NW	SW	NE	SE	NW	SW	NE	SE	NW	SW

Questions

1. Where do you currently find information pertaining to rural health services research?
2. Would this site help you more easily locate and utilize rural health research?
3. If yes, how do you see yourself using this site?
4. Are there ways that this web site could be improved?
5. Anything else that you would like to share with us?

Interviewer Comments:

Appendix D: Rural Health Research Center Flyer One

Introducing the Rural Health Research Gateway

<http://www.ruralhealthresearch.org>



Rural Health Research Gateway

NEW web site featuring rural health research conducted by the Office of Rural Health Policy's Rural Health Research Centers.

Allows you to **easily**:

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

Connecting you to ORHP's Rural Health Research and Policy Analysis Centers

The Rural Health Research Gateway is a project of the University of North Dakota Center for Rural Health, in conjunction with the RUPRI Health Panel and the University of Southern Maine.

It is funded by HRSA's Office of Rural Health Policy.

Rural Health Research & Policy Analysis Centers

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

<p>Maine Rural Health Research Center http://muskie.usm.maine.edu/ihp/ruralhealth/ Telephone: 207-780-4430 Director: David Hartley, davidh@usm.maine.edu Deputy Director: Andy Coburn, andyc@usm.maine.edu Areas of Emphasis:</p> <ul style="list-style-type: none"> • Chronic Illness, Disability, and Aging • Health Care Access and Finance • Mental Health • Public Health • Health Care Quality Management and Improvement • Children's Health and Welfare 	<p>NORC Walsh Center for Rural Health Analysis http://www.norc.org/projects/Walsh+Center+for+Rural+Health+Analysis.htm Telephone: 301-951-5070 Director: Curt Mueller, Mueller-curt@norc.org Deputy Director: Julie A. Schoenman, schoenman-julie@norc.uchicago.edu Areas of Emphasis:</p> <ul style="list-style-type: none"> • Medicare payments to rural providers • Access to Care • Rural Public Health Infrastructure • Home Health Care • Emergency Preparedness • Workforce Issues • Health Information Technology
<p>North Carolina Rural Health Research & Policy Analysis Center http://www.shepscenter.unc.edu/research_programs/rural_program/ Telephone: 919-966-5541 Director: Becky Slifkin, Slifkin@schsr.unc.edu Deputy Director: Victoria Freeman, freeman@schsr.unc.edu Areas of Emphasis:</p> <ul style="list-style-type: none"> • Medicare Reimbursement Policy • Medicaid • Access to Care • Measures of Underservice 	<p>RUPRI Center for Rural Health Policy Analysis http://www.rupri.org/healthpolicy/ Telephone: 402-559-5260 Director: Keith J. Mueller, kmueller@unmc.edu Deputy Director: Li Wu-Chen, liwuchen@unmc.edu Areas of Emphasis:</p> <ul style="list-style-type: none"> • Rural Health Care Financing/System Reform • Rural Systems Building • Health Care Needs of Special Rural Population
<p>South Carolina Rural Health Research Center http://rhr.sph.sc.edu/ Telephone: 803-251-6317 Director: Jan Probst, jprobst@gwm.sc.edu Deputy Director: Amy Brock Martin, brocka@gwm.sc.edu Areas of Emphasis:</p> <ul style="list-style-type: none"> • Inequities in health status of U.S. rural population, with emphasis on socioeconomic status, race and ethnicity and access to healthcare services. • Rural Health Services Delivery • Health Professions Placement 	<p>Upper Midwest Rural Health Research Center – University of MN & University of ND http://www.uppermidwestrhc.org/ Director: Ira Moscovice, mosco001@umn.edu, 612-624-6151 Deputy Director: Mary Wakefield, mwake@medicine.nodak.edu, 701-777-3848 Areas of Emphasis:</p> <p><i>University of Minnesota</i></p> <ul style="list-style-type: none"> • Quality of care • Rural Health Care Systems & Access to Care • Rural Health Care Financing <p><i>University of North Dakota</i></p> <ul style="list-style-type: none"> • Health Workforce • Native American Health • Patient Safety • Quality & Access to Health Care Services
<p>WICHE Center for Rural Mental Health Research http://www.wiche.edu/mentalhealth/ResearchCenter.asp Telephone: 303-541-0311 Co-Directors: James Ciarlo, jciarlo@wiche.edu Dennis Mohatt, dmohatt@wiche.edu Areas of Emphasis:</p> <ul style="list-style-type: none"> • Rural Mental Health 	<p>WWAMI Rural Health Research Center http://depts.washington.edu/uwrhrc/ Telephone: 206-685-0402 Director: Gary Hart, garyhart@u.washington.edu Deputy Director: Susan Skillman, skillman@u.washington.edu Areas of Emphasis:</p> <ul style="list-style-type: none"> • Rural Health Care Workforce Training & Supply • Availability & quality of care for rural women, children, and vulnerable and minority rural populations.

Appendix E: Rural Health Research Gateway Flyer Two

Rural Health Research and Policy Centers

A Gateway to Rural Health Research

Access Rural Health Research Centers through the

Rural Health Research Gateway

The Gateway allows you to easily:

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

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

- See Reverse -

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



Examples of Impact

Medicare Beneficiary Choice

Research: Analysis of choices available to rural beneficiaries in the Medicare + Choice program.

Result: Contributed to the establishment of statewide regions for PPOs in the Medicare Advantage program. (RUPRI)

Health Quality

Research: Analysis of quality measure reporting and pay-for-performance in rural hospitals.

Result: Informed the Listening Sessions on Medicare Hospital Value-based Purchasing and decision making by CMS. (UMRHRC)

Workforce

Research: Analysis of health workforce shortages in Community Health Centers.

Result: Informed a new HRSA workforce development collaborative linking Community Health Centers, Area Health Education Centers and training programs. (WWAMI)

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

www.ruralhealthresearch.org

Rural Health Research & Policy Analysis Centers

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

Maine Rural Health Research Center

<http://muskie.usm.maine.edu/hhr/ruralhealth/>

Telephone: 207-780-4430

Director: David Hartley, PhD, MHA, davidh@usm.maine.edu

Deputy Director: Andrew F. Coburn, PhD, andyc@usm.maine.edu

Areas of Emphasis:

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

NORC Walsh Center for Rural Health Analysis

<http://walshcenter.norc.org>

Telephone: 301-951-5070

Director: TBD

Deputy Director: Michael Meit, MA, MPH, meit-michael@norc.org

Areas of Emphasis:

- Medicare Payments to Rural Providers
- Access to Care
- Rural Public Health Infrastructure
- Home Health Care
- Emergency Preparedness
- Health Information Technology

North Carolina Rural Health Research & Policy Analysis Center

http://www.shepscenter.unc.edu/research_programs/rural_program/

Telephone: 919-966-5541

Director: Rebecca T. Sifkin, PhD, Sifkin@schsr.unc.edu

Deputy Director: Victoria Freeman, DrPH, RN, freeman@schsr.unc.edu

Areas of Emphasis:

- Medicare Reimbursement Policy
- Medicaid
- Access to Care
- Measures of Underservice

RUPRI Center for Rural Health Policy Analysis

<http://unmc.edu/ruprihealth/>

Telephone: 402-559-5260

Director: Keith J. Mueller, PhD, kmueller@unmc.edu

Deputy Director: Li Wu-Chen, PhD, liwuchen@unmc.edu

Areas of Emphasis:

- Rural Health Care Financing/System Reform
- Rural Systems Building
- Health Care Needs of Special Rural Populations
- Community Health Improvement

South Carolina Rural Health Research Center

<http://rhr.sph.sc.edu/>

Telephone: 803-251-6317

Director: Janice C. Probst, PhD, jprobst@qwm.sc.edu

Deputy Director: Amy Brock Martin, DrPH, brocka@qwm.sc.edu

Areas of Emphasis:

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

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

<http://www.upperrmidwestrhc.org/>

Director: Ira Moscovice, PhD, imosco001@umn.edu, 612-624-8618

Deputy Director: Mary Wakefield, PhD, RN, mwake@medicine.nodak.edu, 701-777-3848

Areas of Emphasis:

- Quality of Care
- Patient Safety
- Rural Health Care Systems and Access to Care
- Health Workforce
- Rural Health Care Financing
- Native American Health

WICHE Center for Rural Mental Health Research

<http://www.wiche.edu/mentalhealth/ResearchCenter.asp>

Telephone: 303-541-0311

Director: Dennis Mohatt, MS, DMohatt@wiche.edu

Deputy Director: Mini McFaul, PsyD, mmcfaul@wiche.edu

Areas of Emphasis:

- Rural Mental Health
- Rural Collaborative Care Models for Mental Health Care in Primary Care Settings
- Psychopharmacology in Rural Primary Care

WWAMI Rural Health Research Center

<http://depts.washington.edu/wwami/>

Telephone: 206-685-0402

Director: Mark Doescher, MD, mdoesche@u.washington.edu

Deputy Director: Susan M. Skillman, MS, skillman@u.washington.edu

Areas of Emphasis:

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

www.ruralhealthresearch.org

- See Reverse -