

How State Rural Health Directors Obtain Policy-Relevant Research Information

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HIGHLIGHTS –

The primary sources of policy-relevant research identified by directors of state offices of rural health:

- ***The Internet*** – Use of the Internet is vital in keeping up with the policy-relevant research by the state offices of rural health. This seems especially true in states where the office of rural health has limited staff and resources. The Internet provides a low-cost link to a wide variety of information.
- ***Information sharing and strategic partnerships*** – States share information on sources of research information. Sharing is facilitated by personal contacts nurtured at NOSORH meetings. Another effective strategy, irrespective of office size or resources, is the building of strategic partnerships. Such partnerships help state rural health directors in a variety of ways, including obtaining research information and implementing policy initiatives. Effective partnerships have been forged by rural health offices with organizations outside the traditional health policy arena.

The organizational location of the state's office of rural health may affect the level of resources available for information gathering.

BACKGROUND AND PURPOSE

For over a decade, the Federal Office of Rural Health Policy (ORHP) has provided financial and technical support to state offices of rural health. These offices have been involved in a variety of activities that assist rural communities with matters pertaining to health care of their residents.

Several types of activities are mandated by grants that help support the state offices.¹ First, state offices *collect and disseminate information*. State offices provide data and information to consumers, providers, policy makers, and other stakeholders. Information is disseminated to individual clients, as well as via newsletters. Topics are varied; examples include extent of underserved populations, transportation problems of rural residents, and methods of dealing with workforce shortages.

State offices provide *technical assistance*, such as assistance to communities and providers with the preparation of applications for grant money, advice to communities on how to maximize the retention of health expenditures, and to providers on how to establish rural health clinics and advice critical access hospitals. State offices also engage in activities geared to *increasing the supplies of health professionals* in rural areas. Offices have provided various types of assistance to communities seeking to fill health profession positions, and to job-seekers seeking rural locations. Offices have also assisted in management activities related to loan repayment programs. Finally, state offices also *coordinate* a variety of activities related to rural health activities in the state. State offices have coordinated planning for the use of grant dollars under the Rural

Hospital Flexibility Program and development and implementation of the state rural health plans.

In order to better support the state offices, ORHP requested that Walsh Center staff examine how state office directors obtain information to support their policy activities, and to identify what specific types of information needs are expected during the next several years. This Policy Brief summarizes how information pertinent to rural health policy activities of the state offices is obtained. A companion Walsh Center Brief addresses future research information needs.²

STUDY DESIGN:

Walsh Center staff moderated discussions with state office directors on how they obtain information on policy-relevant research. In-person discussions were held during several regional meetings of state rural health directors convened by the National Organization of State Offices of Rural Health (NOSORH), and during several conference calls with directors from states that were not represented at the regional meetings attended by Walsh Center staff. Directors described how they obtain and process policy research information. Findings were synthesized into a draft report and circulated to state directors for review and comment.

KEY FINDINGS:

The role of the Internet is an essential information tool. A number of state rural health directors

mentioned the Internet as a key tool in keeping up with policy-relevant research information. Whether the state office of rural health consists of a lone, university-based state director or a large well-financed component of a state's health department, use of the Internet was raised as a vital link to important new research. Several directors, however, indicated that more use has been made of information delivered to them, rather than obtained through search efforts. Search efforts are sometimes labor-intensive, and staff resources that can be used in this capacity vary across the states and by organization type (see Figure 1 below).

State offices share information.

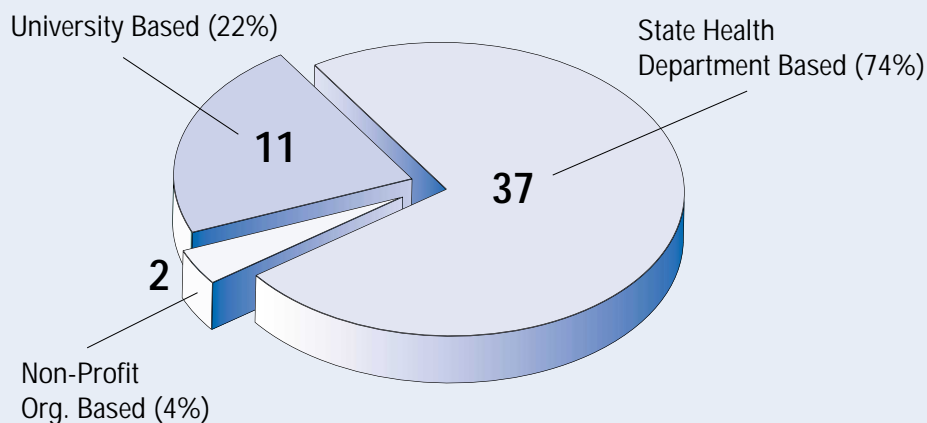
Directors indicated that information sharing is a cost-effective way to keep current on recently released research findings and new and changing policies at the federal, state, and local levels.

Traditional sources of information, such as publications and

government documents obtained from library searches, are also commonly used but the amount of resources available for information-gathering seems to depend on the organizational placement of the office of rural health. Different organizational models have been used in the states to establish their rural health offices. In the majority of states (37), the rural health office is located within the state's health department. In the remaining states, the office of rural health is university-based (11) or based within a non-profit organization (2).

Organizational location appears to be correlated with the resources, information and potential strategic partnerships available to the office for rural health. University-based offices seem to have an easier time gaining access to research information, but sometimes suffer a lack of resources by being outside the infrastructure of state government. State health department-based offices seem to have an easier time

Figure 1. Organization of State Offices of Rural Health



Source: Walsh Center for Rural Health Analysis, Project HOPE

coordinating with other ongoing state public health initiatives, but have more difficulty coordinating with the research community.

None of these patterns are necessarily debilitating, however. Some university-based offices of rural health work closely with other state offices, and offices of rural health, housed within the state's health department, work closely with the research community. Nevertheless, the organizational placement of the office appears to affect the ease of accessing research, forming partnerships, and staying "within the loop" of state decision making.

Strategic partnerships are effective vehicles for obtaining and using policy-relevant information.

Partnerships assume a variety of forms. Some offices of rural health have formed partnerships with other offices within the state's department of health. Other offices have formed partnerships with university-based organizations, such as public health schools and teaching hospitals. Several rural health directors have built effective relationships with health organizations in the private sector, such as insurers. Partnerships can share information, and partnerships offer economies in the use of resources that can be used to obtain information.

Partnerships have also been established with non-health agents. For example, in one rural Midwestern state, a partnership has been forged between the rural health office and local merchants to share wide-band telecommunications links. These high-speed links are

used for banking and credit card verification by the business community, and by rural health providers for telemedicine functions, including the transmittal of information. In a western state, an unconventional, but effective partnership has been developed between the state's rural health office and the U.S. military to better meet information needs for rural communities spread over numerous islands, hundreds of miles apart.

NEXT STEPS:

Access to policy relevant research information is very important in supporting the various activities undertaken by the state rural health offices. Several steps can be undertaken to ensure that needed access is assured in the future.

State offices should have and continue to maintain adequate resources to ensure ready access to electronic forms of information.

This means computer hardware and software resources necessary to obtain ready access to the Internet should be available to office staff, and that office staff have the necessary training to access these resources. Furthermore, staff should be familiar with sources of links to the numerous sites where health policy-relevant research information can be found. The state rural health offices have the responsibility for ensuring that available resources be used to support these activities. Whenever possible, ORHP should continue to help support these activities through mechanisms currently use to support the offices and through other grant mechanisms.

In addition, the value of electronically accessible information from databases supported by ORHP, such as the Rural Health Research in Progress database³ and other supported electronic list services such as the Technical Assistance Services Center,⁴ might be studied and used in future ORHP funding decisions.

State offices should continue to share information on sources of health policy research. It is apparent to Walsh Center staff that the regional meetings of the NOSORH organization (where information in support of this Brief was obtained) provide a forum where information sharing is supported. Mechanisms to encourage such sharing, both at these meetings and involving states in the different regions, should be encouraged by the states and by ORHP. A possibility is to devote a block of time at the regional and national NOSORH meetings devoted to sources of research information used by the states during the previous year.

Additional study of the implications of the organizational form of the state offices of rural health on resources available for obtaining needed research information is needed. If organizational barriers adversely affect offices' abilities to obtain information, there may be ways of overcoming these barriers. For example, assistance to university-based offices on how to forge effective partnerships with other state offices or assistance to state health department-based rural health offices on how to partner with

the university community, might significantly increase the capabilities of these offices. Assistance might be in the form of technical assistance provided by the rural offices or through workshops funded by ORHP.

In conclusion, Walsh Center researchers observed both the barriers faced by state directors of rural health and innovative ways for overcoming some of these barriers. Although it is unfortunate that these barriers exist, the good news is that positive steps can be taken to facilitate information gathering by the offices of rural health.

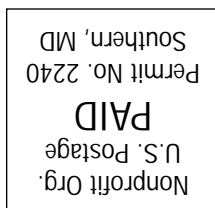
¹ Grants that provide partial funding of the state offices have been administered by ORHP since 1991. A summary of activities in each state under the four types of activities listed above is contained in *State Offices of Rural Health: 50 Success Stories*, Rockville, MD: Federal Office of Rural Health Policy, Health Resources and Services Administration, 1999.

² O'Grady, M.J., Mueller, C.D., and Wilensky, G.R. *Essential Research Issues in Rural Health: The State Rural Health Directors' Perspective*. The Project HOPE Walsh Center for Rural Health Analysis, January 2002.

³ Federal Office of Rural Health Policy. *Rural Health Research In Progress in the Rural Health Research Centers Program*. Rockville, MD: Health Resources & Service Administration, March 2001. The website for the research-in-progress database is www.rural-health.org.

⁴ The Services Center, or TASC, receives funding from ORHP to assist states in implementing the Rural Hospital Flexibility Program (Flex Program). The Center has established a list service to disseminate Flex Program information to the state offices with program oversight responsibilities. In most states, this office is the state's office of rural health. For more information on TASC, see the link at www.rural resource.org.

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