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The Federal Office of Rural Health Policy's Rural Health Research Center Program: Assets and Opportunities Through the Minnesota Rural Health Research Center

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Funded by the Federal Office of Rural Health Policy
www.ruralhealthresearch.org

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Rural Health Research Center Program

- Funded by Federal Office of Rural Health Policy (FORHP), within the Health Resources & Services Administration (HRSA)
- Housed within FORHP Policy Division



The screenshot shows the HRSA website header with the logo and navigation menu. The main content area is titled "Federal Office of Rural Health Policy" and includes a brief description of the office's role in coordinating rural health care activities. It also features a section titled "Support at every level" which details grant programs for building health care capacity and supporting on-going improvements in care. A final section, "Rural health policy analysis and research", is partially visible at the bottom of the page.

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Home » About HRSA » Organization » Bureaus & Offices » Federal Office of Rural Health Policy

Federal Office of Rural Health Policy

The Federal Office of Rural Health Policy (FORHP) has coordinated activities related to rural health care within the U.S. Department of Health and Human Services (HHS) for over 30 years.

Part of the Health Resources and Services Administration (HRSA), FORHP has department-wide responsibility for analyzing the possible effects of policy on the 65 million residents of rural communities and provides grant funding at the state and local levels to increase access to high quality health care.

Support at every level

FORHP administers grant programs designed to build health care capacity at both the local and state levels.

These grants provide funds to 50 State Offices of Rural Health (SORH) to support on-going improvements in care, and to small rural hospitals through the Medicare Rural Hospital Flexibility Grant (Flex) program.

Through its community-based programs, FORHP supports innovative programs that encourage network development among rural health care providers; upgrades in emergency medical services; and places and trains the health care workforce in rural communities. FORHP also oversees the Black Lung Clinics grant program and the Veterans Health Access Program.

Rural health policy analysis and research



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Structure of RHRC Grants

- Cooperative agreement
- Four-year cycles
- Four projects per year (16 per grant cycle)
- Nine currently funded centers across the U.S.



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University of Minnesota (UMN) RHRC

- Mission:

We conduct policy-relevant research
to **improve** the **lives** of rural residents and families,
to **advance** health **equity**, and
to **enhance** the **vitality** of rural communities.



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UMN RHRC History and Focus

- Started in 1992
- Focus areas include quality of life and quality of care across the life span
 - Specific emphasis on maternity care, aging, and social drivers of health
- Other rural-related grants/contracts include the Flex Monitoring Team, the University of Minnesota Rural Health Program, and rural-relevant research funded by NIH, NIOSH, etc.



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Current UMN RHRC Projects

- Housing as a Social Driver of Health
- Postpartum Morbidity and Mortality and Health Care Utilization in Rural vs. Urban Communities
- Ransomware Attacks on Rural Hospitals
- Rural-Urban Differences in Domestic Violence as a Contributor to Maternal Morbidity and Mortality



Recent RHRC Projects (Aging-Related)

- Community Context and Rural Strategies to Support the Oldest Old
- Access to Care for Rural Medicare Beneficiaries
- Team-Based Primary Care in Rural Communities
- Living Alone: Rural-Urban Differences in Prevalence, Socio-Demographic Correlates, and Health Needs Across the Lifespan
- Aging in Place in Rural America: What Does it Look Like and How Can it be Supported?
- Access and Quality of Care for Rural Patients with Chronic Obstructive Pulmonary Disease (COPD)
- Addressing Rural Social Isolation as a Health and Mortality Risk Factor
- Caring for Caregivers: Available Support for Unpaid Caregivers in Rural Areas
- The Direct Care Workforce in Rural Areas



Expert Work Group

- **Jennifer Bacani McKenney**, MD, Family Physician (KS)
- **Marcus Bernard**, PhD, Assoc. Professor, Kentucky State University (KY)
- **Jennifer Lundblad**, PhD, MBA, President & CEO, Stratis Health (MN)
- **Leslie Marsh**, MBA, RN, CEO, Lexington Regional Health Center (NE)
- **Brock Slabach**, MPH, Senior VP for Member Services, National Rural Health Association (OK)
- **Peggy Wheeler**, MPH, VP, Rural Health Care & Governance, California Hospital Association (CA)
- **Sam Wilson**, MA, State Director, AARP Wisconsin (WI)



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Types of Products

- Peer-reviewed manuscripts
- Policy briefs
- Case studies
- Practical implications
- Chartbooks
- Infographics

POLICY BRIEF October 2018



Key Informant Perspectives on Rural Social Isolation and Loneliness

Carrie Henning-Smith, PhD
Alexandra Ecklund, MPH
Megan Lahr, MPH
Alex Evenson, MA
Ira Moscovice, PhD
Katy Kozhimannil, PhD

Key Findings

- Twenty-two key informants across multiple sectors identified four main areas in which social isolation may affect health: mental health, general health and well-being, diminished access to basic resources, and quality of life. Mental health was the most frequently

Purpose

Social isolation has received widespread recognition as an urgent public health problem, yet limited information specific to rural areas is available on this issue, making it difficult to design effective interventions to address isolation among rural residents. This policy brief uses data from interviews with 22 key informants in 12 states, all of whom were experts in the issue of social isolation and/or rural health, to describe key challenges and opportunities related to rural social isolation.

Background and Policy Context

Social isolation encompasses objective lack of social contact, or social disconnectedness, as well as more subjective feelings of loneliness, both of which affect health.¹ It is directly related to increased morbidity and mortality, both of which are elevated in rural areas, compared with urban areas.²⁻⁴ In fact, recent research shows that social isolation poses as a risk to mortality as obesity and smoking.^{5,6} Social isolation has linked to increased health care costs,⁶ and with a variety of poor health outcomes, such as depression, as di-

CASE STUDY February 2018



Challenges Related to Pregnancy and Returning to Work after Childbirth in a Rural, Tourism-Dependent Community

Amanda Corbett, MPH
Carrie Henning-Smith, PhD
Kristin DeAruda Wharton, RN
Katy Kozhimannil, PhD

Key Findings:

- Women and families living in rural areas that rely heavily on tourism face unique issues and constraints related to pregnancy and returning to work after childbirth.
- A focus group of pregnant women and mothers in one community (n=6) revealed challenges related to timing of pregnancy and maternity leave, breastfeeding support, and childcare availability. While these are common challenges of childbearing women, there are unique aspects of these issues in rural tourist areas, including strong seasonal patterns and fewer employment opportunities.
- This case study indicates that efforts to increase flexibility in work environments and improve community support during pregnancy and during the first year of an infant's life may be helpful to the health and well-being of parents and families in rural tourism-dependent communities. Issues raised in this community may spark future research.

rhrc.umn.edu

Purpose

This case study arose out of a site visit related to research on closure of hospital-based obstetric services in rural communities. Participants in a focus group highlighted that – beyond obstetric services access – they faced challenges related to pregnancy and returning to work after childbirth in their community, a rural area that is heavily reliant on tourism and recreation for economic vitality. Beyond describing issues they face, participants offered suggestions for potential policies and programs that would improve their capacity to successfully navigate employment and family life in their community.

Background

Small local businesses are a mainstay in rural tourist destinations and are key to attracting tourist traffic, creating and maintaining charm, and providing employment to local residents. In all, 329 rural counties (approximately 14% of all rural counties) have been classified as having significant recreational or tourism economies.¹ Rural residents who work in small businesses in tourist communities have specific concerns around pregnancy. Like others, pregnant women in rural tourist communities may question the implications of their pregnancy on their employment status and what family-friendly policies their employer may have, but the seasonal and tourism-related constraints may be particularly inflexible in these rural areas.

The 1993 Family and Medical Leave Act (FMLA)² requires employers to hold positions for 12 weeks for parental leave. Additionally, federal legislation provides legal protection around breastfeeding when returning to work.³ While having employment and the legally-protected right to breastfeed is reassuring, these laws do not provide any guarantee employers will support employees seeking protection, nor do the laws apply to all employees—both of the aforementioned regulations apply only to employers with 50 or more employees, and FMLA has additional requirements on length of employment. While data specific to rural tourist areas are not available, data show that many rural, low-income mothers work at employers that don't qualify for FMLA,⁴ with 35% of rural mothers working in businesses with fewer than 25 employees and 70% working at businesses with fewer than 100 employees.⁵ Furthermore, individual employers can determine how much (if any) of the 12 weeks leave guaranteed by FMLA is

POLICY BRIEF December 2019



Access to Specialty Care for Medicare Beneficiaries in Rural Communities

Megan Lahr, MPH
Hannah Neprash, PhD
Carrie Henning-Smith, PhD, MPH, MSW
Mariana S. Tuttle, MPH
Ashley M. Hernandez, MSPH

Key Findings

- More than one in five appointments for Medicare beneficiaries at surveyed Rural Health Clinics (RHCs) result in outside referrals.

Purpose

Access to care is a challenge in many rural communities and can be an issue for primary care services, but also for specialty care services. However, there is limited information on access to specialty care providers in rural areas and the barriers rural Medicare beneficiaries may face in obtaining these services. This policy brief presents findings from an online survey of Rural Health Clinics describing access issues for rural Medicare beneficiaries in seeking care from specialty care providers.

Background and Policy Context

Access to timely health care services has been a long-standing issue for rural communities.¹⁻⁴ There are many barriers to care that make access difficult in rural communities, including

PRACTICAL IMPLICATIONS September 2018



Opioid-Affected Births to Rural Residents

Katy Kozhimannil, PhD
Tongtan Chantararat, MPH
Alexandra Ecklund, MPH
Carrie Henning-Smith, PhD

Clinician Experts:

- Cresta Jones, MD, FACOG
- Stephen W. Patrick, MD, MPH, MS

rhrc.umn.edu

Background and Policy Context

A dire consequence of the U.S. opioid epidemic has been its effect on reproductive-age women and their infants. Hospitalizations involving opioids for reproductive-age women increased 75% from 2005-2015.¹ At the same time, a growing number of infants were being diagnosed with opioid withdrawal after birth—also known as neonatal abstinence syndrome (NAS).^{2,3} There are significant health and economic consequences from fetal, infant, and maternal complications of opioid use disorder (OUD), including NAS and preterm delivery.^{2,4-6} From 2004-2013, the incidence of both maternal OUD and NAS increased more rapidly in rural counties than in urban counties.⁷ Approximately 1 in 4 pregnant rural residents give birth in non-local hospitals, usually because they have clinical complications that require high acuity care not available in many rural communities.⁸ Pregnant patients with OUD may be referred to urban teaching hospitals which tend to have greater resources and capacity to diagnose and treat complex conditions, both generally and during childbirth.⁹⁻¹¹ Whether rural residents with maternal OUD give birth in rural or urban settings, or in teaching or non-teaching hospitals, likely affects the care they receive and the clinical support available.^{12,13}

We examined rates of diagnosis of maternal OUD and infant NAS at the time of childbirth for rural residents, based on the type of hospital where the birth occurred—rural hospital, urban non-teaching hospital, or urban teaching hospital. We also asked two physicians who care for both rural and urban patients at urban teaching hospitals, and specializing in maternal fetal medicine, and neonatology, respectively, to offer interpretations of these findings.

Approach

Hospital discharge records of births to rural residents came from the National Inpatient Sample (NIS) and were used to calculate the aggregate prevalence of maternal OUD and NAS from 2007 to 2014. The final samples include 942,798 rural residents and 984,090 infants of rural residents ("rural infants"). Of the 942,798 births to rural residents, 667,047 (71%) occurred in rural hospitals, 139,255 (15%) in urban non-teaching hospitals, and 136,516 (14%) in urban teaching hospitals. Due to the deidentified nature of the NIS, records of rural residents and rural infants were not linked. We compared the aggregate prevalence of maternal OUD and NAS among rural residents based on the type of hospital where the birth occurred ("hospital category"), using a Pearson's chi-square test.

Results

The aggregated prevalence of maternal OUD and NAS was significantly higher among rural residents who gave birth (were born at an urban teaching hospital than among those who gave birth / were born at a rural hospital or at an urban non-teaching hospital). The aggregate prevalence of NAS among rural infants (gold bars on Figure 1) was consistently higher than the aggregate prevalence of maternal OUD among rural residents (maroon bars on Figure 1), p<0.001, with the largest observable difference between OUD and NAS diagnosis rates occurring among rural residents who gave birth / were born at urban teaching hospitals (Figure 1, next page).



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Where to Find our Products

- rhrc.umn.edu

The screenshot shows the homepage of the University of Minnesota Rural Health Research Center. At the top, there is a navigation bar with the university logo and the slogan "Driven to Discover". Below this is a search bar with the text "Enter Keyword" and a "SEARCH" button. A horizontal menu contains links for "ABOUT", "PROJECTS", "PUBLICATIONS", "PRESS", and "CONTACT". The main content area is divided into two columns. The left column features a mission statement: "We conduct policy-relevant research to improve the lives of rural residents and families, to advance health equity, and to enhance the vitality of rural communities." Below this is a section for "RECENT PUBLICATIONS" with three entries: "Access and Capacity to Care for Medicare Beneficiaries in Rural Health Clinics, December 30th, 2019", "Access to Specialty Care for Medicare Beneficiaries in Rural Communities, December 30th, 2019", and "Rural-Urban Differences in Access to and Attitudes Toward Care for Medicare Beneficiaries, December 12th, 2019". A link "View all Publications" is provided. The right column is titled "OUR WORK IN THE MEDIA" and features three press mentions: "Rural Mothers, Babies at Risk When Hospitals Cut Obstetric Services" from US News and World Report (June 13th, 2019), "Who's Lonelier – City Slickers or Country Folks? Results of this Study Might Surprise You." from Grand Forks Herald (February 1st, 2019), and "For Elderly in Rural Areas, Volunteers Step In" from Wall Street Journal (December 10th, 2018). A link "View all Press" is also present. At the bottom, there is a "SUBSCRIBE" section with a text input field for "Email Address" and a "SUBMIT" button. The footer contains copyright information and links to "Site Map", "Privacy Policy", "University of Minnesota School of Public Health", and "About the Artist, Kathleen Henning".

Publications

Home > Publications

FILTER BY

-Year Published- ▾ -Topic- ▾

-Publication Type- ▾ Keyword Search

SEARCH

RESET

ORDER BY

Year Published Publication Name, alphabetically

2019

- ✓ Access and Capacity to Care for Medicare Beneficiaries in Rural Health Clinics
- ✓ Access to Specialty Care for Medicare Beneficiaries in Rural Communities
- ✓ Rural-Urban Differences in Access to and Attitudes Toward Care for Medicare Beneficiaries
- ✓ Rural-Urban Differences In Severe Maternal Morbidity And Mortality In The US, 2007-15
- ✓ Rural Counties With Majority Black Or Indigenous Populations Suffer The Highest Rates Of Premature Death In The US
- ✓ Severe Maternal Morbidity and Hospital Transfer Among Rural Residents
- ✓ Differences in Preventive Care Among Rural Residents by Race and Ethnicity
- ✓ Quality Measures for Critical Access Hospital Swing-Bed Patients

Where to Find our Products, Continued

- Rural Health Research Gateway: www.ruralhealthresearch.org



The screenshot shows the homepage of the Rural Health Research Gateway. At the top left is the logo with the text "Rural Health Research Gateway". To the right is a "#30 OF RURAL RESEARCH YEARS 1988-2018" anniversary banner. Further right are social media icons for YouTube, Twitter (Follow), and Facebook (Like/Share). A search bar is located below the banner. A dark blue navigation bar contains links for "About Us", "Browse Research", "Webinars", "Research Alerts", and "Other Rural Research". The main content area features a video player on the left with the title "30 Years of Rural Health Research" and a play button. To the right of the video is a heading "Rural Health Research Gateway" followed by a paragraph: "The Rural Health Research Gateway provides easy and timely access to research conducted by the Rural Health Research Centers, 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." Below this text are three bullet points: "Celebrate 30 Years", "Gateway Flyer", and "Learn more".



Research Centers

- Learn about the Rural Health Research Centers Program
- View list of currently funded research centers



Research Alerts

- Email notifications when new research products are completed
- See five most recent alerts



Rural Health Research Recaps

- Access brief summaries on key rural health issues
- Key findings from the work of the Rural Health



Research Products

- Access free policy briefs, chartbooks, full reports, and more
- Browse peer-reviewed journal articles by date



Dissemination Toolkit

- Learn how to create health research products
- Tips for developing policy briefs, fact sheets, journal



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Dissemination Goals

1. Ensure publicly-available products are easily accessible to the general public
2. Promote research products among target audiences of key stakeholders
3. Maximize the reach and impact of RHRC research findings within budget constraints

Dissemination plan built into structure of every project.

Dissemination Methods

- Disseminate findings through:
 - Social media
 - OpEds, Blog posts, Letters, and Commentaries
 - Engagement with media (local, regional, national; print, online, radio, television)
 - Webinars
 - Podcasts
 - Annual report



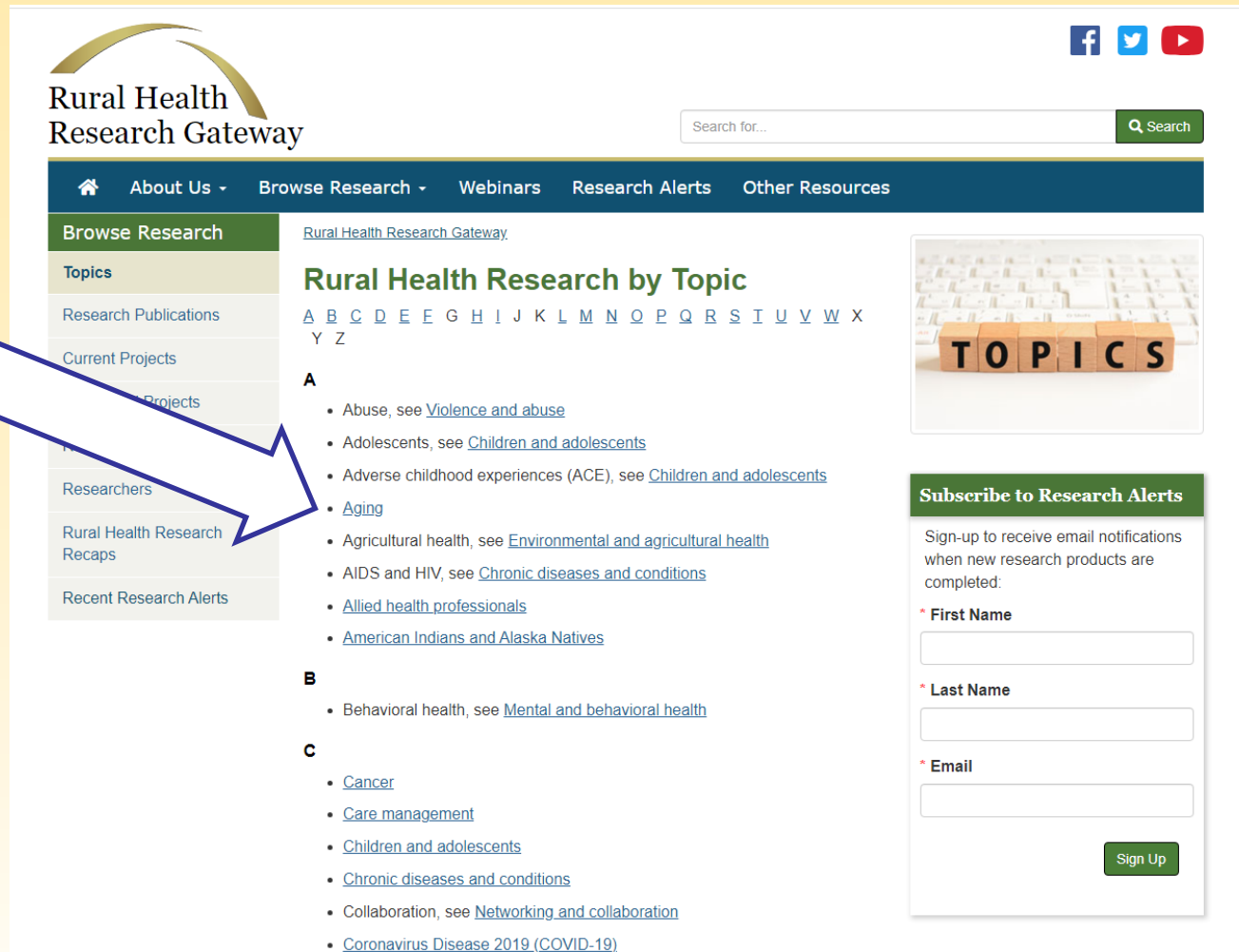
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Public Engagement

- Present findings at state and national meetings
- Engagement with policy-makers (state and federal)
- Share findings with state agencies
- Expert work group consultation
- Spending time in community
- Focus areas informed by rural residents, policy-makers, clinicians



Aging-Related Work from other RHRCs



Rural Health Research Gateway

Search for... Search

About Us - Browse Research - Webinars - Research Alerts - Other Resources

Browse Research [Rural Health Research Gateway](#)

Topics

Research Publications

Current Projects

Projects

Researchers

Rural Health Research Recaps

Recent Research Alerts

Rural Health Research by Topic

A B C D E E G H I J K L M N O P Q R S I U V W X
Y Z

A

- Abuse, see [Violence and abuse](#)
- Adolescents, see [Children and adolescents](#)
- Adverse childhood experiences (ACE), see [Children and adolescents](#)
- [Aging](#)
- Agricultural health, see [Environmental and agricultural health](#)
- AIDS and HIV, see [Chronic diseases and conditions](#)
- [Allied health professionals](#)
- [American Indians and Alaska Natives](#)

B

- Behavioral health, see [Mental and behavioral health](#)

C

- [Cancer](#)
- [Care management](#)
- [Children and adolescents](#)
- [Chronic diseases and conditions](#)
- Collaboration, see [Networking and collaboration](#)
- [Coronavirus Disease 2019 \(COVID-19\)](#)

TOPICS

Subscribe to Research Alerts

Sign-up to receive email notifications when new research products are completed:

* First Name

* Last Name

* Email

Sign Up



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Aging-Related Work from other RHRCs

Aging

Research Findings

View publications, including policy briefs, working papers, and journal articles, on Aging:

- [Research Products & Journal Articles](#) - (92)

Recaps

View one-page summary [Recaps](#) of key findings from the Rural Health Research Centers on Aging:

- [Aging in Place](#)
Date: 10/2022
From 2013 to 2017, rural counties had higher shares of population age 65 and older than urban counties (18.1% vs 14.3%). This Recap examines aging in place as it relates to social engagement, living alone, long-term care preferences, and nursing home availability.
- [Rural Communities: Age, Income, and Health Status](#)
Date: 11/2018
While studies discuss the implications of income or age on health-seeking behavior, health status, access, or utilization of care, it is imperative to recognize what this means for older and lower-income rural communities. This Recap identifies rural disparities in age, health status, and income.

Webinars

Access information on upcoming or archived webinars on Aging.

- [Aging in Place in Rural America: Challenges, Opportunities, and Policy Initiatives](#)
Presented Tuesday, January 18, 2022
- [Availability of Post-acute Care and Long-term Care Services in Rural Areas](#)
Presented Tuesday, September 14, 2021

Projects on this Topic

Learn more about the research questions guiding each study, the lead researcher for each, and when the Research Center anticipates releasing completed product(s) under each project.

- Currently, there are [5 research projects underway](#) to explore this issue.
- In the past, [41 research projects have been completed](#) on Aging.

Related Topics

- [Home health](#)
- [Hospice and palliative care](#)
- [Long-term care](#)
- [Medicare](#)

Additional Resources

Access other FORHP-funded resources on this topic.

From the Rural Health Information Hub:

- [Community Supports for Rural Aging in Place and Independent Living Topic Guide](#)
- [Rural Hospice and Palliative Care Topic Guide](#)



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Another Plug

The screenshot shows the RHIfhub website with a navigation bar, a search bar, and several content sections. The navigation bar includes links for Updates & Alerts, About RHIfhub, and Contact Us, along with social media icons for Facebook, LinkedIn, Twitter, and YouTube. The main navigation menu has categories like Online Library, Topics & States, Rural Data Visualizations, Case Studies & Conversations, and Tools for Success. A banner below the navigation reads "Your First Stop for Rural Health Information" with a map of the United States. The content area is divided into several sections: "Get Rural Updates & Alerts" with a sign-up form; "Find Rural Data" with a map of the US and links to data tools; "The Rural Monitor" with a news article about a home visitation program; "Exploring Rural Health Podcast" with a link to a recent episode; "Funding Opportunities" with a dollar sign image; and "Am I Rural?" with a map showing various rural health regions like HPSA, UIC, CBSA, RHC, MUA, and RUCA. A "News Headlines" section lists two articles: "Expanding Virtual Care Access for Sexual Assault Survivors in Texas" and "Experts: Smart Distribution of Federal Broadband Dollars Could Boost Rural Health, Job Markets, Education".

RHIfhub
Rural Health Information Hub

Updates & Alerts | About RHIfhub | Contact Us

Search

Online Library ▾ | Topics & States ▾ | Rural Data Visualizations ▾ | Case Studies & Conversations ▾ | Tools for Success ▾

Your First Stop for Rural Health Information

Get Rural Updates & Alerts

Sign-up to receive our [weekly newsletter](#):

[Daily and weekly custom alerts](#) also available

Find Rural Data

The [Rural Data Explorer](#) and [Chart Gallery](#) provide access to a wide range of data on rural health issues.

Learn how to locate and use data in the [Finding Statistics and Data Related to Rural Health](#) topic guide.

The Rural Monitor

[In a Maternity Desert, a New Kind of Home Visitation Program Brings Care to At-Risk Mothers](#)

Project Swaddle uses community paramedics to bring wrap-around care to pregnant and postpartum patients.

Exploring Rural Health Podcast

Check out our latest podcast episode, [Meals on Wheels and Rural Communities, with Carter Florence and Shon Gress](#). New episodes are released the first Tuesday of each month.

Funding Opportunities

Am I Rural?

News Headlines




- [Expanding Virtual Care Access for Sexual Assault Survivors in Texas](#)
Xtelligent Healthcare Media
- [Experts: Smart Distribution of Federal Broadband Dollars Could Boost Rural Health, Job Markets, Education](#)
The Daily Yonder



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Rural Aging in Place Toolkit



[Updates & Alerts](#) | [About RHIhub](#) | [Contact Us](#)   

- Online Library -
- Topics & States -
- Rural Data Visualizations -
- Case Studies & Conversations -
- Tools for Success -

IN THIS TOOLKIT

Modules

- 1: Introduction
- 2: Program Models
- 3: Program Clearinghouse
- 4: Implementation
- 5: Evaluation
- 6: Sustainability
- 7: Dissemination
- About This Toolkit

[Rural Health](#) > [Tools for Success](#) > [Evidence-based Toolkits](#)
> [Rural Aging in Place Toolkit](#)

Rural Aging in Place Toolkit



Welcome to the Rural Aging in Place Toolkit. The toolkit compiles evidence-based and promising models and resources to support organizations implementing aging in place in rural communities across the United States.

The modules in the toolkit contain resources and information focused on developing, implementing, evaluating, and sustaining rural aging in place programs. There are more resources on general community health strategies available in the [Rural Community Health Toolkit](#).



Module 1: Introduction

Overview of aging in place in the U.S. and unique challenges that rural communities face.



Module 2: Program Models





Models for aging in place programs, from individual to

RHIhub This Week

Sign-up to receive our [weekly newsletter](#):

[Daily and weekly custom alerts](#) also available

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<https://www.ruralhealthinfo.org/toolkits/aging>



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Thank You!

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