

RUPRI Rural Health Panel

Keith J. Mueller, Ph.D. (Panel Chair) Timothy D. McBride, Ph.D.
Andrew F. Coburn, Ph.D. Rebecca T. Slifkin, Ph.D.
Mary K. Wakefield, Ph.D., R.N. A. Clinton MacKinney, M.D., M.S.

Providing decision makers with timely, objective, and expert analysis of the implications of policy for rural health

August 2007

Bridging Rural Health Research and Policy: Dissemination Strategies



Rural Policy Research Institute
214 Middlebush Hall
University of Missouri
Columbia, MO 65211
(573) 882-0316 (phone)
(573) 884-5310 (fax)
www.rupri.org/ruralhealth

The Rural Policy Research Institute (RUPRI) Rural Health Panel was established in 1993 to provide science-based, objective policy analysis to federal policy makers. While panel members are drawn from a variety of academic disciplines and bring varied experiences to the analytical enterprise, panel documents reflect the consensus judgment of all panelists.

The Rural Health Panel receives continuing support from RUPRI, the result of a Congressional Special Grant, administered through the Cooperative State Research, Education, and Extension Service, U.S. Department of Agriculture.

INTRODUCTION

There is widespread agreement that health services research should be more accessible and useful to policy makers and other key stakeholders at the national, state, and local level.¹ This issue has been extensively discussed in the rural health research community for a number of years. In 2000, the conference report, *Linking Rural Health Services Research with Health Policy*,² offered detailed recommendations to the research and funding audiences for promoting greater research dissemination and use. More recently, the federal Office of Rural Health Policy has funded the University of North Dakota's Center for Rural Health to strengthen the connection between rural health researchers and important target audiences by identifying the information needs of end users and developing mechanisms for promoting effective research dissemination. Their recent report, *Rural Health Research Gateway: National Audience Needs Study Report*,³ details the product design and dissemination preferences of key target users of rural health research. In a similar vein, the Rural Policy Research Institute (RUPRI) Health Panel's recent report, *Summary of a Discussion with Congressional Staff on Effective Presentation of Research Results to Policy Stakeholders*,⁴ discusses the views of congressional staff users on research dissemination.

Each of these documents identifies a set of issues and potential solutions for expanding policy makers' access to and use of rural health services research through improved products and dissemination. In this paper, the RUPRI Health Panel describes five strategies that these sources and others have identified as critical to effective dissemination and expanded use of rural health services research. These include the need for researchers and funders to do the following:

- Engage end users when framing research.
- Tailor the design of products to meet the diverse needs of the end users interested in rural health research.
- Make research products easily accessible to end users.
- Expand contact and working relationships with end users.
- Invest in developing greater capacity for effective dissemination.

In addition to discussing each of these strategies, this paper discusses the requisite infrastructure needed to enhance research dissemination.

¹ Throughout this document, the term "users" will be used to refer to legislators, legislative staff, media, advocacy and professional organizations, and other stakeholders.

² Center for Health Policy Research & Ethics. (2000). *Linking rural health services research with health policy*. Washington, DC: George Mason University Center for Health Policy Research & Ethics. Available at http://www.gmu.edu/departments/chpre/healthpolicy/briefspublications/GMU_RUPRIrpt.pdf.

³ Moulton, P., Wakefield, M., & Sande, K. (2007). *Rural health research gateway: National audience needs study report*. Grand Forks, ND: University of North Dakota, School of Medicine and Health Sciences, Center for Rural Health. Available at http://www.nn2.org/docs/Needs_Study_report_020107.pdf.

⁴ RUPRI Health Panel. (2007). *Summary of a discussion with congressional staff on effective presentation of research results to policy stakeholders*. Columbia, MO: Rural Policy Research Institute.

KEY STRATEGIES

Engage End Users When Framing Research

Rural researchers should anticipate users' needs by developing long-term agendas that consider emerging rural health issues. One of the common complaints made by users is that the research they need is rarely readily available. Rural researchers should engage users in framing their research agendas. Strategies might include:

- Establish a “research to policy network” comprised of researchers and users. Such a network could both help the research community understand and anticipate users' information needs and assist users in gaining familiarity with the broad knowledge base available through the research community.
- Develop additional “synthesis” products that summarize in an accessible, readable format what is currently known on a topic to identify needed additional research.

The process of conceiving and executing a research study often requires substantially more time than the timeframes typically followed by policy makers. However, while it may not always be possible to anticipate specific policy issues that will be relevant in the near future, by structuring research around broader themes that have been identified by policy makers as of interest, the chances of researchers possessing both the expertise and the data needed to answer more focused questions as they arise are improved. Researchers and others should monitor policy developments so that previously released research findings are communicated when they are relevant to current policy debates.

Tailor the Design of Products to Meet the Diverse Needs of the End Users Interested in Rural Health Research

It is important to recognize that different products are needed for different stakeholder groups. Thus, research delivered to policy audiences must be packaged to fit the needs of and appeal to the audience. Policy makers prefer short, to-the-point, user-friendly products, such as policy briefs or summary fact sheets that contain key information relevant to policy discussions. Policy briefs containing key descriptive findings can be disseminated while the researcher is preparing a journal article. Peer-reviewed journal articles often do not meet the needs of users who seek timely research translated into accessible language. However, journal articles remain important to users as an additional source of information that reinforces the credibility of the research. Some users report regularly perusing certain journals, specifically *Health Affairs*, *The New England Journal of Medicine*, and *The Journal of the American Medical Association*.

Policy briefs or other dissemination products should have well-written titles that reflect key “takeaways” from the research and that grab the attention of the user to read further. Products should include strategic visuals (such as simple and clear graphs/charts) and colors, but should avoid superfluous pictures. Detailed information on local areas (e.g., states, counties, congressional districts) appeals to policy makers, since “all politics is local” even if the issue is national. The products should be structured to include key findings easily found by the reader,

contact information for the authors (including internet links if available), policy or practice implications, references, and sources for further information. Users emphasize that every research product must include policy recommendations in the context of legislative realities. Users need to know the limitations of the analysis, but information about the methods, beyond sample size and the date data were collected, should be available as references or through internet links.

Make Research Products Easily Accessible to End Users

Research utilization is predicated on users having ready access to research findings. Users need research results in seconds or minutes, not hours or days.

Multiple communication channels are needed to reach various audiences, including policy makers, associations, advocacy groups, and media. Users indicate that traditional communication vehicles for research findings, including conference presentations and peer-reviewed publications, are not a primary information source; they report that electronic and verbal communications are preferred delivery modes.

Users prefer e-mail announcements with links to new research findings. This allows for timely access to information and actively routes documents directly to interested parties. In addition, well-designed and easy-to-use websites direct users to relevant research findings. A single electronic portal to facilitate easy access to relevant rural research findings was cited as an important information source, rather than relying on finding multiple websites. Websites should be professionally designed, have search capabilities, connect to all other rural research centers, and be tested for ease of usability and usefulness to ensure that barriers to accessing information are eliminated. Virtually all research products produced in paper form should be electronically available.

Expand Contact and Working Relationships with End Users

Perhaps the most effective means of disseminating research to policy users is through direct, interpersonal contact. For rural health research to inform policy, users must trust that the information they receive is reliable and credible. They will often rely on personal contacts with researchers they trust. Sustained and substantive communication engenders trust. Specific users of policy research change frequently, so researchers must regularly renew efforts to establish and nurture relationships. Obvious points of contact for researchers include locally based users and policy makers with jurisdictional responsibility in the topic area of the research. Occasionally, special relationships may be built because a policy research user becomes familiar with the researcher's work and as a result trusts the judgment of that researcher.

Researchers need not be the primary contact for policy users in order to communicate research findings at critical times. Intermediaries can connect the researcher's work to policy activity. The most typical example would be advocacy groups using research findings, with the credibility of the work resting with the researcher but the timely input being the role of the group. Researchers

can take advantage of this conduit by providing unambiguous results (not subject to interpretation) to the groups.

Researchers earn the trust of policy makers when they:

- Present accurate and evidence-based information.
- Acknowledge data or information limitations.
- Provide an objective and nonpartisan viewpoint.
- Work diligently to be recognized experts in their field.
- Respond to user requests in a timely fashion.
- Provide policy relevant information specific to user needs.

Researchers should provide timely and objective analysis, even if it may conflict with established policy views. Although researcher-policy maker relationships develop best through interpersonal interaction, trust also can develop through electronic communication or shared written documents.

Invest in Developing Greater Capacity for Effective Dissemination

Effective dissemination efforts require dedicated resources to support specialized communication skills, in addition to the resources needed for the research activity. Policy communication skills are particularly important for the development and dissemination of products valuable to policy audiences, e.g., writing effective press releases alerting potential users to new research output. Thus, new skills may be needed to complement those of research teams.

The imperative to produce timely, useful, and accessible information creates a competitive pressure for many researchers; i.e., should researchers dedicate limited resources (time, dollars, and people) to produce material for users or to produce scholarly publications? Managing this conflict is possible with a combination of the following:

- Dedicate resources and staff time to dissemination; e.g., fund staff positions designated for information dissemination and provide media skills and/or writing training to certain researchers.
- Include specific funding requests for information dissemination to users during grant application or cooperative agreement processes.
- Recognize that if funding is limited there will be a tradeoff between the quantity of research and dedicating resources to dissemination. Negotiate the allocation of resources with the funding agency.
- Consider all available resources for dissemination, including public relations units within universities, the Rural Assistance Center, associations, and dissemination units within funding agencies.

Researchers should have a business plan and budget for effective dissemination that identifies resources consistent with a menu of options to meet the needs of policy makers, trade organization, and practitioners, including:

- Writers, e.g., science writer, journalist
- Public relations
- Publications budget, including website development and management, support for telephonic and electronic communications, travel to sustain relationships, and staff time for dissemination.

Critical to all of the considerations regarding resources for dissemination is recognition by the funding source that dedicated resources are required for effective dissemination. The same trade-offs that confront researchers confront funding agencies. If expectations are imposed on researchers to be more effective in dissemination and there are no new resources provided, funding agencies will need to adjust expectations for the volume of research activity.

IMPLICATIONS

This paper outlines strategies to enhance the use of rural health research by users through more effective dissemination. Evidence from focus groups conducted by the University of North Dakota for the federal Office of Rural Health Policy and other sources indicates several broad strategies, described above, for improving the effectiveness of dissemination. The analysis presented here has several implications for the efforts of researchers, for their institutions, and for agencies granting funds for policy-related health services research.

Implications for Research Project Development

Researchers need to be proactive in thinking about the applications of their rural health policy work to the development of health policies, beginning in the project development phase and continuing all the way through the completion of final reports. Researchers need to identify and seek resources to help them fund dissemination efforts throughout the project, but especially as project results are obtained and can be disseminated.

Implications for Timely Dissemination

Researchers should consider users' needs when developing research project timelines and dissemination strategies. Users' need for immediate, relevant, and quality research when the policy is being developed and not after the fact requires that researchers develop an ability to adapt to the needs of users if they want their research to be valued and used. Researchers also need to be responsive to requests for data and analysis in a timely fashion, even if the research results are final but not yet in published form. This requires developing relationships with users and nurturing those relationships. In addition, researchers need to develop and enhance their

skills in the areas of research dissemination. Finally, researchers should develop the ability to use multiple methods to deliver research findings in a timely fashion, including the media, who are an effective intermediary between researchers, the public, and users.

Implications for Program Announcements

Federal granting agencies need to be proactive to encourage researchers to develop dissemination strategies throughout their projects. This includes not only providing the carrots of funds and resources to help researchers develop the infrastructure to disseminate research at their home institution and through a central location such as the Rural Health Research Gateway, but also the stick to require that all policy-relevant health services research have a dissemination plan to policy and/or practice.

RUPRI Rural Health Panel

Andrew F. Coburn, Ph.D., is a Professor of Health Policy and Management and directs the Institute for Health Policy in the Muskie School of Public Service at the University of Southern Maine. Dr. Coburn is a senior investigator in the Maine Rural Health Research Center and has published extensively on rural health issues related to health insurance coverage and long-term care. He is a contributing author of the book *Rural Health in the United States* published in 1999 by the Oxford University Press.

A. Clinton MacKinney, M.D., M.S., is a board-certified family physician delivering emergency medicine services in rural Minnesota. Dr. MacKinney also works as a senior consultant for Stroudwater Associates, a rural hospital consulting firm. Lastly, Dr. MacKinney is a contract researcher for the RUPRI Center for Rural Health Policy Analysis at the University of Nebraska Medical Center. Prior to these positions, Dr. MacKinney served as the medical director for a large primary care practice and practiced full-time family medicine for 14 years in rural Iowa. Dr. MacKinney graduated from the Medical College of Ohio in 1982 and completed a family practice residency through the Mayo health care system in 1985. He maintains family practice board certification and a Geriatric Certificate of Added Qualifications. In 1998, Dr. MacKinney completed his master's degree in administrative medicine from the University of Wisconsin. Dr. MacKinney's professional interests include healthcare quality improvement, organizational performance improvement, physician-administration relationships, rural health policy, and population-based medicine.

Timothy D. McBride, Ph.D., is a Professor of Health Management and Policy in the School of Public Health at St. Louis University. Dr. McBride's research focuses on public economics, with special emphasis on the economics of aging and health. In the health policy area, Dr. McBride's research has focused on Medicare policy reform, the uninsured, long-term care, rural health, and health care reform. He is the author of over 25 research articles, book chapters, and monographs. Dr. McBride joined St. Louis University in 2003 after spending 13 years at University of Missouri-St. Louis and four years at the Urban Institute in Washington, DC.

Keith J. Mueller, Ph.D., is a Professor and the Director of the RUPRI Center for Rural Health Policy Analysis at the University of Nebraska Medical Center. He was the 1996-7 President of the National Rural Health Association and the recipient of the Association's Distinguished Rural Health Researcher Award in 1998. He served a four-year term on the National Advisory Committee on Rural Health and Human Services, and serves on the Advisory Panel on Medicare Education for the Centers for Medicare and Medicaid Services. He has published more than 40 articles on health planning, access to care for vulnerable populations, rural health, and access to care among the uninsured. Dr. Mueller has directed major health services studies funded by the U.S. Agency for Healthcare Research and Quality, the Federal Office of Rural Health Policy, and the Robert Wood Johnson Foundation. He has testified on numerous occasions before committees of Congress and in other forums, including the Institute of Medicine and the Medicare Payment Advisory Commission.

Rebecca T. Slifkin, Ph.D., is the Director of the North Carolina Rural Health Research and Policy Analysis Center, one of eight centers funded by the federal Office of Rural Health Policy. She is also Director of the Program on Health Care Economics and Finance at the Cecil G. Sheps Center for Health Services Research at the University of North Carolina at Chapel Hill, and a Research Associate Professor in the Department of Social Medicine in the Medical School. Her work has spanned a broad array of topics, including Medicare payments, Medicaid managed care, Critical Access Hospitals, and access to care for rural minorities.

Mary K. Wakefield, Ph.D., R.N., is Professor and Director of the Center for Rural Health at the University of North Dakota. Before assuming her current responsibilities, Dr. Wakefield was Professor and Director of the Center for Health Policy at George Mason University, Fairfax, Virginia. From January 1993 to January 1996, Dr. Wakefield was the Chief of Staff for United States Senator Kent Conrad (D-ND). Prior to that she served as Legislative Assistant and Chief of Staff to Senator Quentin Burdick (D-ND). Throughout her tenure on Capitol Hill, Dr. Wakefield advised on a range of public health policy issues, drafted legislative proposals, and worked with interest groups and other Senate offices. From 1987 to 1992, she co-chaired the Senate Rural Health Caucus Staff Organization. Dr. Wakefield served on President Clinton's Advisory Commission on Consumer Protection and Quality in the Health Care Industry. She was appointed to the Institute of Medicine's Committee on Quality of Health Care in America and is a member of the Medicare Payment Advisory Commission.