

Linking  
Rural Health  
Services Research  
with  
Health Policy

# Conference Report



George Mason  
University



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# Linking Rural Health Services Research with Health Policy

## INTRODUCTION

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**Rural health issues** tend to be overshadowed by those in large urban centers. Policy solutions developed during the executive and legislative debate processes frequently are born out of the urban experience and informed by urban data bases and research. When rural health research is carried out, its policy audience is often smaller and more diffuse than the audience for similar, urban-focused research. Also, the federal financing of research on health issues affecting rural populations is on a typically smaller scale than similar research of an urban character.

Given these differences, it is especially important that the policy community use rural research that is relevant and available to inform national and local health policy debate processes. To that end, a conference on rural health services research utilization was held in Washington in June 2000. The conference was sponsored by the George Mason University Center for Health Policy, Research and Ethics of Fairfax, Virginia and by the Rural Policy Research Institute's (RUPRI) Center for Rural Health Policy Analysis. It was financed by two agencies of the Department of Health and Human Services: the Agency for Healthcare Research and Quality and the Health Resources and Services Administration, Office of Rural Health Policy. This report, *Linking Rural Health Services Research with Health Policy*, is derived from the June conference.

### MEETING OBJECTIVES

- (1) Identify problems and barriers to linking "real-time" research-based information to the policy-making process.
- (2) Examine the roles of researchers, policy-makers, journalists and other health policy communicators as translators of research-based information in the policy process.
- (3) Explore strategies for strengthening the capacity of the research community to inform policy decision making with relevant and timely data and information.

**The conference was designed to look at the communication side of the policymaking process** to examine barriers separating the major players. Researchers, journalists, policy advocates, and public office holders all have a role in the policy development process, but they are not necessarily natural allies. Each has different operating principles and different perspectives (such as independence, speed, compromise) that can frustrate their complementary roles and the transfer of new information into useful applications for the public good.

Representatives of the research community, the rural advocacy community, the executive and legislative branch policy communities, and the news media participated in the two-day meeting to discuss their environments and offer new ideas about how health services research, and rural-oriented research in particular, can be communicated more successfully to the public policy arena.

The conference was organized by the rural health services research community and focused on what that sector needs and what it could do to make its growing body of information more useful and available to public policymakers, especially at the national level. *Linking Rural Health Services Research with Health Policy* is also offered to other research and policy communities with the hope

that it will suggest new ways to inform public and private decision makers with sound and timely research. The report synthesizes conferees' discussions and recommendations under the following topics:

- a. Issues in Rural Health Research
- b. Research Needs of Policymakers
- c. The Media's Role and Research Needs
- d. Recommended Steps to Improve Communication and Research Utilization
- e. A Proposal for Linking More Rural Health Research to Policymaking

Appended to the report is a list of rural topics identified during the conference for expanded research, a copy of the June meeting agenda, and a list of the conference participants.

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## Issues in Rural Health Research

Historically, rural health policy has focused on two key topics—access to care and payment structures. Quality is a new topic of public discussion, which is also related to access and payment factors.

- **Financing:** Approximately 42.6 million U.S. residents are without health care insurance because of inadequate private or public financing. At least 10 million of them are rural citizens.<sup>1</sup> Employer-provided insurance programs vary widely and are less prevalent and comprehensive in rural areas. Rural residents often have relatively low incomes and cannot afford insurance supplements. Medicare, for those over age 65, is the single largest public insurance program. Even though rural health systems serve proportionately more poor and sick elders, access to services under Medicare is still difficult. The resulting under-utilization of service creates a self-perpetuating problem as Medicare fees are geographically-based and keyed to historic patterns of usage.
- **Resource distribution:** Despite record numbers of medical graduates entering the workforce from U.S. and foreign medical schools,<sup>2</sup> the United States continues to experience scarcity of medical resources in all or parts of 2,682 counties. In rural areas in particular, even within states that have overall surpluses of health care professionals, serious shortages exist in the supply of primary care practitioners and specialty health practitioners. In rural areas, low population density results in a higher average cost of care. In many areas the population is not adequate to support private sector investment in health care facilities, so hospitals and clinics can be much scarcer than in urban areas.

**Focused as they are** on access to services and financing equity, rural research and rural policy concerns often run against the tide of urban and national policy preoccupations with cost containment. Rural research and policy voices tend to be lost in national policy debate. The policy emphasis on using market pressures and competition to bring costs down has dominated the policy

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1 In 1996 rural residents (54 million) comprised about one-fifth of the U.S. population, but they comprised approximately one-fourth of the U.S. uninsured.

2 Approximately 16,000 U.S. medical graduates and 3,000 international medical graduates are added annually to the pool of active physicians practicing in the United States.

analytic framework and the type of research that is supported, according to rural researchers. While a growing body of rural health services research has developed in a number of centers across the country, research conferees expressed the sense that those analytic tools and findings remain underutilized.

For example, between 1995 and 1997, as Congress moved to institutionalize the concept of a rural “limited service” hospital in Medicare’s reimbursement program, legislators were unaware of research and analytic work completed as early as 1993 that could help define an appropriate service limit. Researcher Anthony Wellever described that work to conferees, noting that sets of diagnoses (identifiable through DRG codes) had been examined in more than one study to identify those procedures most likely to be carried out successfully in small hospitals.<sup>3</sup> Instead, legislators used a temporal criterion, “length of stay,” as a rough indicator of appropriate admissions and care levels for such facilities. Under the Balanced Budget Act of 1997, the new Critical Access Hospitals were limited to patient admissions of no more than four days.<sup>4</sup> Technical amendments made in 1999 expanded the limit to an annual average four-day admission for patients. Wellever called the episode a missed opportunity to improve policy through research. As a result, he said, there was an unintended consequence to the new policy: A program that was originally designed to encourage service integration through hospital networking, provides little incentive today for small hospitals to alter their operations or transfer certain patients to hospitals with more capabilities.

Describing a successful research-to-policy scenario, rural researcher Keith Mueller offered a 1995–1997 case history of how rural researchers from the health panel of the Rural Policy Research Institute (RUPRI) provided input to policymakers for setting capitation rates under Medicare’s new managed care program, Medicare + Choice. Engaging legislators through printed policy briefs and arranging for Capitol Hill briefings, RUPRI provided county-specific economic data with detailed simulations of the impact of various formulas for implementing an “Adjusted Average Per Capita Cost” (AAPCC). As often occurs in the political brokering process, a budget compromise introduced a delay in the full implementation of the new formula.

Nevertheless, the AAPCC was a researchable issue, according to Mueller. The problem called for objective empirical analysis and statistical modeling and was so complex that Congressional staff needed advice. Previous research carried out for Medicaid reform in 1994 had fostered the development of relevant data sets.

“Perhaps the most important reason to be concerned about rural areas...is the issue of fairness. Medicare is a national entitlement program...and it’s only since the introduction of capitated private plans... that we are beginning to be aware of the inequities that exist in a national entitlement program.”  
—keynote speaker, Senator David Durenberger

Many national policy decisions designed to enhance, economize, or redirect public funds are less well informed and poorly directed because the rural-specific implications are not identified and rural research is not used. The current drive for quality measures from government, accrediting organizations, insurers and plans could move forward without adequate input in terms of rural-appropriate measures. Workforce development is another policy arena that researchers maintain needs more information on rural-oriented recruitment, retention, and training.

3 The research was conducted by the University of Minnesota and others during the federal government’s pilot project for limited services hospitals under the EACH/RPCH program (Essential Access Community Hospital and Rural Primary Care Hospital program). That program had used a 72-hour length of stay criterion, which was considered too restrictive.

4 Although Congress had commissioned a study of alternatives to the temporal measure, it did not wait for results before moving in 1999 to make a technical change in the program. Under the Balanced Budget Refinement Act, the service limit was changed to a four-day *annual average*, a modification which critics suggest reduces the incentive to form partnerships between limited and full-service hospitals.

The scope of rural issues and the range of rural health services research are significant. Fifty-four million people live in rural areas in the United States—more than the population of France or the population of Great Britain, and more than the total number of Americans enrolled in managed care. The issues surrounding rural health needs are integral to national health care issues, especially with regard to the distribution of resources, health care quality, and entitlement programs. Researcher Tom Ricketts noted that there are more than nine million rural Medicare beneficiaries, and they “have differential treatment under the rules and regulations and laws that guide Medicare.” He said more than one million are over 85 years old.

## Research Needs of Policymakers

Officials engaged in the policymaking processes of legislative and executive branches of government frequently cite the importance of having a research base for reaching intelligent and informed conclusions and formulating alternative courses of action.

The processes of the executive branch provide important junctures for the input of research, according to executive branch policy makers attending the meeting. Noting that the executive role is to provide sound advice and recommendations to political officials, they emphasized the need for a solid base of evidence. Caroline Taplin, a federal analyst in the Office of the Assistant Secretary for Planning and Evaluation, Department of Health and Human Services, described executive branch decision making as the “prequel and the sequel” to Congress’ role in policymaking.

“...the senator has three key questions every time I’m in his office. How does this impact the rural areas? Does it impact [them] in a way that is different? And, what do the people in [my state] say about it?”  
—Sally Phillips, legislative assistant

For example, the executive budget submitted to Congress is a statement of policy direction (the prequel). There are legislative proposals that accompany it and there are new initiatives that imply spending.

Once legislation is passed, the executive branch implements it (the sequel) by developing programs. Rulemaking offers another opportunity to bring research to bear, particularly at the point between a newly-proposed rule and the final rule. Both represent critical junctures in the policymaking process that can be informed by research.

The Congressional or legislative part of the policy process, on the other hand, is sensitive to the agendas of the individual members of Congress and the needs of their constituents—and are informed by those constituents. Legislative veterans and staff attending the conference said overriding concerns for legislators and their subsequent policy decisions are based on how an issue affects the people in their state or district.

In tandem with constituents’ interests and needs, there is a major need and desire on Capitol Hill for well-researched information. Similar to junctures in executive branch activity, important junctures for introducing research and data occur when there is a committee hearing to formulate a position on issues, or prior to a “mark up” of legislation in committee, or for report language accompanying a bill. Research findings and data are especially useful to introduce at the beginning of a legislator’s planning year, particularly if those findings have strong policy implications. Former House committee staffer, Jason Lee, cited three general uses for policy-related research in Congress:

- ◆ **for partisan issues:** Political interests and agendas determine the type of information needed.
- ◆ **fact-finding missions:** The oversight responsibility of Congressional committees creates a need for basic facts, particularly those germane to reauthorizing legislation.
- ◆ **agenda-setting:** Hard-hitting information that is “biting,” and reveals key information or problems can set an agenda and define the issues that will be of future concern. (The November ‘99 IOM study on medical errors is a recent example of such information.)

Conferees noted that no one knows how much existing research is actually utilized, or how often policies are developed in conflict with research findings deliberately or in ignorance. While the Institute of Medicine’s November report on medical errors prompted policy activity, that report was built on a considerable body of prior work by independent investigators. Similarly, most research studies underpinning policy analytic processes rarely receive wide attribution.

Nevertheless, conferees saw a deficit in policymakers’ ability to access and make use of research. It is usually carried out in settings that are not structured for rapid dissemination or easy access by policymakers or the general public. Nor is research produced and announced in a format that makes information readily understandable and useful to policymakers. Congressional staff do have access to a number of resources for data and information such as the *Congressional Quarterly*, the *National Journal*, the Congressional Research Service, General Accounting Office reports, and committee publications, but policy spokesmen pointed out that these sources are not all data-oriented.

Meanwhile, legislative staff lack the time to conduct their own in-depth analyses. Nor are they necessarily expert in rural issues or in interpreting data. So while technology has made research far more accessible, the need remains to learn how to use it for more effective policymaking.

“ ... a lot of the times I think we get a little further ahead [of] the research . . . we’re under a short time-frame and we don’t have the research that we need . . . political pressures and things that happen outside of the agenda push us farther ahead than we would really like to be.”  
**—legislative director Heidi Cashman**

“My fear is....that we will continue to make policy based on immediate need to do something as opposed to the data and the information on which to base those changes.”  
**—Kathy Buto, Center for Health Plans and Providers, HCFA**

Congressional staff look for help in understanding issues and researchers can be important sources. They also need help identifying useful information and distinguishing between simply “promotional” data versus research that could lead to empirically sound policy. “Facts do need interpretation... facts don’t always speak for themselves,” said former House committee staffer, Jason Lee. Researchers can

also be important sources of help for understanding issues when legislation is still amenable to change. Legislative staff often look for review and comment on legislation.

Representatives from the policy community described the following factors that inhibit their ability and even willingness to use research studies:

- ◆ **timeliness**—Research studies are generally driven by timetables that are disconnected from the policy process. Sometimes policy debates are linked explicitly to research, as when

Congress directs an organization to carry out a study to inform an issue debate. More frequently, however, research studies are generated by broader knowledge development processes and not directly linked to specific policy processes or questions.

- ◆ **perceived objectivity**—The policy process, itself, is often ideological and research in the service of policy questions may be perceived by one side or another as biased. On the other hand, the perception that organizations (eg., Institute of Medicine) are objective and apolitical in their orientation helps to enhance utilization of findings.
- ◆ **form and content**—Research studies are frequently not framed to answer a policy question. They may be aimed at a somewhat different topic than one that concerns a policymaker and would require re-analysis to be of immediate use in the policy process. Research findings are also frequently written with a focus on the nuances of methodology and emphasize the tentative nature of current findings. A study may not even make reference to policy issues that could be informed by the research.

**Many of the challenges** identified by conference participants were attributed to a “conflict of cultures” between the research world and the policymaking world. The two processes—research and policymaking—operate in almost entirely separate institutional universes. In these separate environments, researchers are motivated to publish and engage in dynamic communication with colleagues. Contributing to the growth of knowledge and to the pursuit of particular areas of interest often has no policy goal per se. On the other hand, policymakers need information and “evidence” that support their concerns and agendas, and are relevant to the communities and constituencies they represent. They are often compelled to take a policy position or craft policy to meet urgent problems without enough information.

“One of our editorial advisors [told me], ‘Look, we have a big problem in the health policy sphere... the institutions... [their] patterns of scholarship... [and] the funders have got a certain idea about what a researchable issue is, what they want to fund, how you frame your questions, how you demonstrate your results and your empirical foundation for your findings that just doesn’t move fast enough to meet the needs of the policy community which is trying to decide about phenomena that are changing very rapidly.’”

—Rob Cunningham, Health Affairs

Speakers suggested that the inherent differences between the worlds of research and policymaking need to be overcome and bridged in order to improve the utilization of quality research. Researchers need to frame more policy-relevant questions, and policymakers need to pose questions that are researchable.

## THE ADVOCACY COMMUNITY

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Many interest groups and associations, which are also actors in the policy process, often form close working relationships with researchers because of their advocacy for specific constituent needs. Such organizations include the American Hospital Association, the National Association of City and County Health Departments, the National Association of Community Health Centers, and the National Association of Rural Health Clinics. Such organizations either conduct their own research or convey and translate other research to policymakers in Congress.

Conferees representing interest groups acknowledged that research put forward by them may be considered less than objective. However, such organizations often identify useful research and use research findings to encourage policy changes. Advocacy groups can also create list-servs that

are used to keep researchers informed of policy discussions and request related research information. They also distribute information to local policymakers that can be used to influence change at the community level.

Since third-party research is far more credible than that of advocacy organizations conducting their own, partnering with outside research institutions or disseminating their research findings is considered advantageous or even necessary.

“The research community has a role [in] ...providing the best sort of expert judgement we can on an issue [and]... alerting the policy [and advocacy] community when they are making a decision that cannot be supported by ...scientifically validated knowledge.”

—researcher **Keith Mueller**

## The Media’s Role and Research Needs

Although the media do not have a direct role in policymaking, they report policymaking activities and outcomes, and serve as translators of complex information, including research. They play a role in raising public awareness about key health issues in general, including the rural aspects of health care and can generate policy activity. While a periodic stream of human-interest stories in the popular press has established some public awareness of rural health problems, the focus has rarely been regional or national. Nor do stories often focus on issues of distribution and public resources, using data to contrast or distinguish rural from urban trends.

Health services research does not normally make news by itself. Research data more often augments a local story by providing background information on trends elsewhere. Daily reporters look for a few select statistics to provide emphasis to a story.

Health trade reporters, who are more likely to make use of in-depth research findings, have a broad canvas of health policy issues to cover and must sort through a barrage of competing studies and claims from interest groups.

“We want to raise the level and the profile of health care journalists.”

—**Melinda Voss, Executive Director, Association of Health Care Journalists**

Journalists attending the conference described the obstacles they face in developing enough expertise to use research skillfully.

Health care is only one of many topics that a news reporter is likely to cover during the course of a career or even within one news outlet. With the exception of those who gain positions on very large papers like The New York Times or those who move to trade publications, health care is not

“What I will commit a reporter to cover this week is vastly different from what I’ll commit a reporter to cover Thanksgiving week. Don’t try to come out with a study at a time when Congress is very active.”

—**Paul Albergo, managing editor, Health Care Policy**

a typical subject area in which a journalist builds a career. Nor do journalists interested in covering a health care story always find a sympathetic or interested editor. Topics covered depend not only on the reporter’s interests, but on editors’ preferences, and also the persistence of an informer or news source. Every story is subject to the ebb and flow of more pressing or breaking news.

Health care reporters, themselves, have recently formed their own national association to share sources, improve their expertise, and create more profile for health news coverage.

Health trade journalists treat policy as substantive news, but experience the same frustration as policymakers in trying to uncover and interpret policy-relevant research in time to meet deadlines. Yet their readership tends to be policymakers, lobbyists, advocates, and other journalists trying to keep up with the flow of events, according to Health Care Policy's Paul Albergo. Coverage for those who track policymaking most closely is somewhat dependent on government cycles. Congressional schedules often drive the editorial decision-making. Trade reporters attending the meeting said the opportunity to consult with a research expert for a story is invaluable.

## Recommended Steps to Improve Communication and Research Utilization

Conference participants stressed that while there are obvious problems in the policy-making process relative to the underutilization of the existing research base, it is also the case that the academic and policymaking arenas were not designed to operate together. Several researchers also noted that data and analytic work on some problems have been available in the literature for some time, but whether policymakers take an interest in them can depend on the serendipity of political trends. Also, where there is actual utilization of research that informs one or more action agendas in Congress or the executive branch, the study is likely to comprise a re-analysis of existing research. In such cases, the original research studies that makes up such data bases are often obscured or go unacknowledged.

Making research and data analysis readily available to policymakers calls for an organizational approach wherein a significant investment could produce a better national return on research investment. Yet the "transaction costs" involved in making research more systematically available go beyond the capacity of individual researchers or even many universities.

Research attendees noted that given the way research information is currently focused and transmitted, it is unrealistic to expect that a policy by Congress or the executive branch would grow directly out of rural health services research. Much of what is needed to forge better linkages between rural health research and policymaking will require building or expanding upon those structures and institutions that currently offer a bridge between academic and policy worlds.

### COLLABORATIVE STEPS FOR RESEARCH INSTITUTIONS

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Participants emphasized the need for better and more formalized communication between policymakers and researchers so they know who researchers are, what research is available, and where to go to access the research and the experts. Researcher Robert Crittenden spoke of the importance of moving beyond the single interface between the researcher and the policymaker and suggested at least four interfaces that the research community needs to make at an organizational level:

- ◆ with communities-where problems exist;
- ◆ with constituency groups to ask how an issue is viewed strategically, and how to work with them to understand the problems that are discovered;

"We need to find efficient ways for these shops that already exist around the country-the rural health research centers, the policy shops-to work together to match their various strengths into a larger whole...."

—researcher **Andrew Coburn**

- ◆ with policymakers—the group to whom researchers provide information;
- ◆ with consumers—assessing the impact of implemented policies.

**Develop a synthesis function that brings together bodies of knowledge—**

Participants also agreed that breakdown in linking research to policy is less related to the lack of research than to the knowledge of what research is available and how to access it. Researcher Tom Ricketts noted, “The volume of rural health research and its results are so great that it cannot be consumed adequately now, when 10 years ago the problem was no volume.” However, rural research today exists in pieces and subsets that need to be brought together to create a big picture of what is available. The effort to coordinate research agendas and studies across research entities should yield a more connected and comprehensive knowledge base to inform public policy. To help achieve this, participants spoke of the need for a national network that logs information and links the work of individuals and research centers. There is a need for more communication among researchers and research centers about who is doing what, not just related to one research study but to a broader, richer mix of information about a particular rural issue.

“I get called on regularly from state policymakers and state legislators.... You get called on a Monday and they have to have the bill final by Friday... What I find most useful... is going to national networks that take [research] information and log it.”

—Laura Tobler,  
National Conference of State Legislators

**Create or expand institutions whose role is to establish policy relationships and conduct policy-related, applied research—**

Participants acknowledged that not all individual researchers want to do policy-relevant research, and that much of what policymakers want and need goes beyond the roles currently played by individual research investigators and institutions. However, individual research centers can still develop a mechanism to ensure that researchers’ findings are distributed to policymakers. An increasing number of universities have created policy-related institutes in response to the need by individual states for policy-relevant research.

“We try to work informally... and confidentially in a user-friendly manner... [to] translate... research... and put it in the more policy-type language.... we anticipate with Hill staff what... the hot issues are going to be and how we can make our research findings more relevant to public policy issues.”

—Teresa Kittridge for the RUPRI

Institutions like the Kaiser Commission on Medicaid and the university-based RUPRI consortium were cited as examples of organizations that carry out a bridging operation. Rather than having individual researchers assume all responsibilities for informing policy, other individuals are responsible for these activities. The Rural Policy Research Institute (RUPRI) focuses on a broad array

of rural policy and research questions without advocating on specific issues. The focus is to determine what the current policy issues are and bring research and policy analysis to bear on them. Policymakers and special interest groups alike draw on resources like RUPRI.

**Develop partnerships among organizations that include government, other grant makers (e.g., foundations), and research institutions—**

More collaboration is needed to help generate and organize the information needed for policy making. Research-to-policy roundtables might be held on an ongoing basis to help determine the kind of research that is needed for policy objectives. Also, policymakers and funders should structure more of their requests to research entities in a way that promotes collaboration rather than competition.

**Create uniform monitoring and linked databases**—The need for community-level data and facility-to-facility data sharing is great. Participants identified the need for uniform monitoring, indicators, and data systems that would better enable researchers to inform policymakers of how policy might affect or is affecting different communities. Policymakers identified the need for basic information to be periodically updated to know what is occurring in rural areas.

## STEPS FOR INDIVIDUAL RESEARCHERS AND THEIR INSTITUTIONS

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Beyond these broader institutional development approaches, participants offered a wide ranging set of suggestions whereby researchers, policy makers and the media could work to improve current research utilization.

“There is a need for information from rural areas about rural areas for rural areas and ... to get it we need new types of laboratories that incorporate clinical practices in rural areas, as has been done with the practice-based research networks.”

—researcher Larry Green

**Improve the quality and targeting of research questions.** Researchers need to think more about potential use of research from a policy perspective. Health services research is often not designed to answer specific public policy-relevant questions. Several participants suggested that more attention be given by research sponsors to encourage hypotheses and research questions that are more policy relevant. Participants acknowledged that this responsibility also rests with the policymakers as they set and define research agendas. “There are two kinds of forces that result in research projects, one is the entrepreneurial force...and the other is the funder who sets agendas that researchers respond to because they need money,” said researcher Aaron Katz. Executive branch speakers said there are some federal efforts underway to provide grants for implementation proposals related to research findings, as well as collaboration among foundations and other funders to identify important policy questions in their solicitations. Also, researchers should look at policies that are not necessarily focused on rural issues, but which have rural implications.

**Provide clear, concise, and bulleted executive summaries of research.** Individual research centers can develop a mechanism to ensure that researchers’ findings are distributed to policymakers. But the packaging of that information is important. Few policymakers have the time to cull through extensive reports. Further, many do not have the background knowledge to understand the policy implications of research findings unless the link is clearly made and the context

“[We] all know that there are enormous varieties of rural experiences... across the country... this is one of the big barriers to applying research to policymaking.”

—Caroline Taplin, Office of Planning and Evaluation, DHHS

and meaning provided. The importance of translating findings and reports into short, easy-to-read formats was emphasized. The need for hard data as well as anecdotal information was also identified. Graphic illustration is also very important. “All the research in the world doesn’t work unless you can make a picture of it,” Senator Durenberger

advised. Useful formats for communicating research findings include policy briefs, short research papers, and special briefings. These shorter summaries and presentations are a “hook” to convey the importance and relevance of the information.

**Connect the research to specific communities.** Given that much of the emphasis and policy interests of Congress are driven by issues and concerns of their individual constituencies, having

access to state-by-state, facility-by-facility data was underscored, but also acknowledged as hard to come by. Indeed, the effective use of research in the Adjusted Average per Capita Cost debate, was attributed in part to the ability of the RUPRI researchers to provide detailed simulations of policy changes on a county-by-county basis. Similarly, at several points throughout the meeting the importance of recognizing the many different faces of rural communities and their varying policy implications was highlighted. HCFA's Kathy Buto also cited the need for studies on the impact of policy on communities and not just provider impacts. Often policy changes are assessed for large-scale impacts which play out very differently on a community-by-community basis, particularly in rural areas, and there is a need to document how changes impact specific communities.

**Anticipate key emerging issues.** Anticipating what the policy issues will be 12 to 18 months ahead or even further was identified as a critical strategy for ensuring the timeliness of research information. This would help ensure that data are collected and available for “just-in-time” use in the policymaking process. In general, patient access, payment systems, and how communities, facilities and constituencies are affected by public policy were identified as the critical issues and concerns that frame most of the information and research needs of policymakers. Researchers were advised to: 1) look to agencies' policy objectives; 2) ask federal, state and local policymakers what key issues they will be facing in the coming year or two; 3) consider assessing how new programs are working, how they are being used, and what needs to be changed or improved; 4) pick an issue that is ongoing and develop a database and foundation of research around it, and 5) communicate with rural clinicians and rural residents to ascertain current and emerging problems.

**Suggest solutions and options.** Policy representatives emphasized the need for research on options and solutions, saying it isn't enough to identify and document problems or even the unintended results of policy decisions. While many issues have been documented, such as rural access problems, targeted research is needed on the most effective ways to address those problems. Policymakers want solutions, advised Julie Slocum of the National Rural Health Association: “...Congressional offices are going to be asking... Who in my district is going to be impacted? Where are the data? How do we fix the problem?” Timing is also important. It's critical to remember, for example, that federal lawmakers are extremely busy in June, but their staffs will begin to think of new-year agendas as soon as Congress adjourns in the fall.

**Establish connections and develop relationships with policymakers.** Researchers need to spend more time becoming policy savvy and understanding the policy environment. This point was particularly emphasized by Congressional representatives, saying it is important to know who the major players are, what committees have jurisdiction over what issues, and to direct research findings to those who can use them. The value of researchers being available to interpret and explain data and the meaning of findings was also underscored—in essence to provide the context and convey why the issue is important.

**Be flexible, responsive, and willing to adapt methods to the need at hand.** To work with policymakers effectively, it may be necessary at times to be available by phone, e-mail and fax, and to confer quickly with colleagues. It can also require a willingness to modify research methods to adapt to the debate. Even if a data set is not complete, it may be sufficient to provide direction to decision makers who would otherwise have no information to act upon. Researchers can also look for external validation of their data, a strategy RUPRI used in the AAPCC debate by contacting HCFA and the Physician Payment Review Commission. In addition to offering objectivity, researchers should also anticipate twists and turns in the debate and be ready to improvise a strategy for addressing the next question.

## RECOMMENDATIONS FOR USING THE MEDIA

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**Understand what makes news—the determinants for media coverage**—Rural health services and systems analysis poses particular challenges because topics related to systems or structures are not typically of interest to the general population. To be of interest, the story of service delivery and health care infrastructure needs to be told through people, according to journalists speaking at the conference. They said “news” is information that is new or surprising and dramatic. Consequently, news tends to focus on anomalies rather than norms. News is also about change, however, and that includes forecasts. Events or research findings that are harbingers of change often get coverage. Melinda Voss, Executive Director of the Association of Health Care Journalists offered criteria that make for news coverage of an event, a social phenomenon, or a research finding:

“There is tremendous competition for the attention of reporters .... So in order to get my attention, you’ve got to grab me by the lapels.... You’ve got to tell me... this is news and here’s why it’s news and here’s how it affects people.”

—Larry Lipman, Washington Bureau,  
Palm Beach Post

- ◆ *Conflict* is involved.
- ◆ The report suggests *change*.
- ◆ The event or report shows an *impact* or consequence.
- ◆ The story is *timely*. It covers something that is recent or dovetails with other recent news.
- ◆ The event or story has *proximity* to the readership.
- ◆ The report captures something *unusual* or odd (surprising).
- ◆ The story involves a public *celebrity* or someone important.
- ◆ A *context* is provided, such as a local angle or a familiar issue, or a clear impact.

Highlighting the elements of a report that meet these criteria helps gain the attention of journalists and editors when they consider what to write about. “Don’t bury the lead,” Health Care Policy editor, Paul Albergo, told researchers. “Tell us what the research means... hit us in the face with it; bring it forward and help us with the context.” Voss concurred: “If there’s anything lacking in journalism today... it’s context.”

**Learn where and when to pitch the story**—It is important to understand the varying formats, capacities, and focuses of media outlets, such as television versus print, magazines versus newspapers, large-circulation publications versus small ones, trade publications versus mainstream press, and dailies versus weeklies. They all have different audiences, report in differing levels of detail, and focus on different topics. While national reporters are interested in national data, local reporters need to know the relevance of the issue to their local readership.

Knowing whom to contact in the trade press or the mainstream media is important: Health care stories might be covered by a government or legislative reporter or someone on a social services beat. Too often, “people will call a newspaper or a news organization with a story and pitch it to completely the wrong person because they haven’t done their homework... and it’ll just die out there on the vine,” said Modern Healthcare’s Mark Taylor. Timing also affects coverage. For dailies, Mondays are slow news days. Experienced disseminators know how to take advantage of such lulls.

**Make the research easy to understand and provide a context for the information**—As with policymakers, journalists typically don’t know how to interpret statistical

research, nor do they have time to do their own extensive research. It is important to help the media interpret data and understand the significance of information in terms of its wider impact for the public or the local community.

Accessing information is easier for journalists since the advent of the web, but reporters still don't have time and often lack the know-how for interpreting statistical data. Also, reporters' conclusions about data are seldom newsworthy without an authoritative person to quote or cite. News is made when an authority makes a clear statement of findings. Presenters urged the research community to share their phone numbers and websites; researchers are not regarded like "PR" firms "pitching products."

"[M]ore often most editors... know less about health care than the reporters who are covering it and, as a consequence you have to, as a reporter, really sell a story, really... know the impact—financial or on delivery or access or any number of indicators."

—Mark Taylor, *Modern Healthcare*

To make information easily accessible, researchers should also:

- ◆ Prepare press releases.
- ◆ Write in plain English; avoid jargon.
- ◆ Have general statistics on hand for comparison purposes.
- ◆ Prepare and fax an executive summary or "tip sheet."
- ◆ Be available to answer questions.
- ◆ Use graphics.
- ◆ Make phone calls instead of investing in mass-mailings.

The need for context is all the more important in the case of rural health research, according to the attending journalists, because so many journalists have grown up in cities and lack familiarity with the rural environment. Researchers can prompt more interest in rural coverage by pointing out the rural implications of a broader health story. Reporters often write a "sidebar" or accompanying story for their news accounts, when they are given rural information with which to elaborate their reports. Conversely, it is also possible to write about rural health as a microcosm of national issues, but it requires helping a journalist understand rural distinctions. Speakers also cautioned researchers to be fair minded about contrasting viewpoints by understanding that journalists are often obliged to seek out and cover opposing points of view.

**Develop a relationship with a health reporter**—Journalists urged researchers to spend time getting acquainted with some health reporters. Journalists, especially health reporters, like more feedback from readers than they often get, according to attendees. Constructive criticism of a story is usually helpful. A phone call regarding a story will usually result in the reporter's attempt at a later time to contact the researcher for help interpreting a new issue or for providing context. Media presenters also said turnover is high at local news outlets, and researchers may find they have to cultivate new ties frequently. They emphasized the importance of that effort, however, noting that many national stories begin with a local report that is picked up by journalists elsewhere and reworked for additional markets. News travels both "top down and bottom up," they said, referring to national versus local news.

Cultivating the interest of journalists is usually more than a one-shot opportunity, according to presenters. "A lot of reporters are really bright, really interested, motivated people who are frustrated by the constraints of their medium... [and] if you can get through to them you can build an interest in content," advised *Health Affairs'* Rob Cunningham, adding that setting the right story angle or context is often a negotiating process.

# A Proposal for Linking More Rural Health Research to Policymaking

Rural health researchers agreed that the gap between the rural health services research arena and public policymakers points to a need for a more formalized system of communication. Attendees began to explore and outline the concept of an institutional bridge that would build on currently informal relationships and existing organizations.

## A RESEARCH BRIDGE

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Some kind of institutional bridge should be created to primarily serve as a coordinating agent to precipitate interaction among stakeholders and also help broker information among them. The stakeholders include researchers, media, and policymakers at all levels of government.

The bridge should build on some existing structures and relationships, that would entail continued support for current initiatives like the RUPRI policy briefings and the Capital Area Rural Health Roundtable forums. A variety of other venues could also be used in dissemination, including the National Health Policy Forum, Congressional hearings, and staff briefings, as well as administrative staff briefings and colloquia.

The bridge should be a porous and dynamic entity and support a synergistic collaboration between the research and the policy communities, and not a “superstructure” that would vest any

“Researchers are key, but not the only input in the building of the bridge... [to be] used by researchers, policy advocates and other interested parties in rural health [to] make good decisions at the federal and state levels with respect to health policy issues.”

—researcher, **John Schmelzer**

one party with control of information or access to expertise and policymakers. It needs to “complement and supplement” existing channels of communication.

Initially, those channels could be supplemented by instituting a network server-model website featuring federal and state-level policy and research information, and other website links. List-serve e-mail services could be created for

specific topics and audiences with criteria for determining who needs to know particular types of information. Additionally, a communications or public relations “tool kit” should be created to help with synthesizing information for policymakers, media, and rural advocates.

## A SAMPLING OF FUNCTIONS

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A Research-to-Policy Bridge would be able to:

- 1) synthesize and disseminate information,
- 2) forge more links among existing organizations focused on rural health research and policy,
- 3) promote sharing of data, information, and in-depth knowledge among researchers,
- 4) focus on federal and state, public and private rural health issues,
- 5) identify and facilitate contacts among individuals and entities to help promote understanding of the various stakeholders who could benefit from rural health research,
- 6) create and maintain technical communication systems through a ‘toolbox’ of resources such as a Website, list-serve, Congressional and other calendars, graphic and other public relations support for the short and long term,

- 7) promote information feedback from all directions,
- 8) promote collaborative initiatives to supplement and complement existing programs,
- 9) train people to be good policy communicators and help policymakers become better consumers of research information,
- 10) and help to set research agendas.

## SUPPLIERS, BROKERS, AND USERS

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There are various roles that would be important for developing and maintaining the infrastructure of the bridge. Researchers are the group primarily responsible for committing to contribute data and information that would be translated and packaged by a broker. At the federal level, the broker role would be filled by a well-positioned entity or entities in Washington. The broker function would be to translate and package information for policymaking and media audiences, inventory who is doing what, and maintain contact information. Policymakers, advocates, and the media would be the recipients of the brokered information, and would use that as they undertake agenda setting, policymaking, and packaging information to inform and educate the public.

“I don’t know that we can change researchers into policy advisors, but it seems to me that we can create the mechanisms to translate the researchers’ work for the real world of policymakers.”

—policy analyst Aaron Katz

All participants—researchers, policymakers, the media, and rural health advocates—would be engaged in creating feedback loops to improve the process of collaboration and evaluation of information. Feedback loops would help guide future research by helping researchers know in the short, intermediate, and long-term, whether and how people are using the products. Feedback should occur among researchers who are sharing data as well as from end users on the advocacy, news, and policy fronts.

## DEVELOPMENT

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Conferees pointed to the need for a sponsorship that would be independent of any partisan or specific political or legislative agenda. The development of a collaborative infrastructure will entail a substantial investment in existing organizations to promote the process of participation and exchange. There is also the potential to develop infrastructure through workshops and add-ons to various organizational meetings.

Organizing the information to be communicated will entail:

- ◆ identifying the data, research findings, and policy problems to be contributed and communicated,
- ◆ commitment within the research community to synthesize information in formats amenable to the intended audiences,
- ◆ promoting the importance of the interpretation of research as scholarship,
- ◆ appointing an advisory group to assist funders in development and implementation,
- ◆ evaluating the process in order to know what and whether improvements are taking place,
- ◆ and obtaining reaction to the proposal from representatives of the policy, media, research and advocacy communities for further shaping of the concept.



For more information about this report, contact the Center for Health Policy, Research & Ethics or RUPRI.

*Linking Rural Health Services Research with Health Policy*, can also be downloaded from the following Internet sites:

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4400 University Drive, MS 3C4  
Fairfax, Virginia  
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**RUPRI Center for Rural Health Policy Analysis**

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# Appendix A:

## Significant Issues and Topics for Research

Meeting participants identified a range of rural relevant issues and topics for which more research is needed. Areas mentioned with some examples are:

- **More targeted research on effective ways to address access.** Transportation was raised at a recent Congressional hearing in the context of Medicare, which does not pay for transportation services. Research is needed on how to consider who might reasonably use transportation subsidies from Medicare and on how such a policy could avert abuse. Also, more research is needed on the use of the Internet for service delivery. Currently, Medicare pays only for limited internet-based consults.
- **The cost of health care delivery.** More knowledge is needed about the cost differences in providing health care in rural versus urban communities and whether Medicare payment formulas fairly reimburse providers. For example, Medicare payment factors wages, not the cost of doing business in terms of recruitment. Research is needed to consider whether payment could or should be based on other factors and even other paradigms, such as population-based payments. Is a totally different paradigm needed for who gets paid? An entity for example? The challenge would be to make sure it is fair; hospitals are the major players but would they “starve out” others?
- **Disparities in health care and coverage for racial and ethnic minorities.** There is a need to expand research that looks at the health

status of rural minorities, along a range of conditions and in comparison with urban and rural counterparts.

- **Competitive versus cost-reimbursement approaches to Medicare and Medicaid.** Reimbursement approaches applied to urban areas don’t always work in rural areas, given some of their unique characteristics, such as their high fixed-cost to volume ratios.

### OTHER RESEARCH TOPICS:

- Quality and information on quality indicators.
- Implications of the internet for improved communications.
- The cost of prescription drugs for Medicare recipients.
- The issue of less health infrastructure in rural areas.
- Outpatient prospective payment systems.
- Medicare+Choice rates.
- Access to critical care, for example ambulance services and “swing” beds (hospital beds used interchangeably for acute and long-term care).
- Access to private insurance.
- Financial health of hospitals.
- Medical errors as related to rural hospitals.
- Data on communities with 1115 waivers.
- Management of chronic disease.
- Using quality incentives in payment policy.
- Status of Critical Access Hospitals and related services.

# Appendix B: Conference Agenda



George Mason University

## Linking Health Services Research With Health Policy

INVITATION-ONLY RURAL HEALTH POLICY ROUNDTABLE  
JUNE 15-16, 2000

THURSDAY, JUNE 15 — DIRKSEN SENATE OFFICE BUILDING, ROOM G11

**8:00–9:00**    **Continental Breakfast**

**9:00–9:15**    **Introduction and Meeting Overview**

*Mary Wakefield Ph.D., RN, FAAN*, Director, Center for Health Policy, Research, and Ethics,  
George Mason University

*Wayne Myers, M.D.*, Director, Office of Rural Health Policy

*Christine Williams*, Director, Office of Health Care Information, Agency for Health Care Research and Quality (AHRQ)

**Facilitator**—*Bruce Behringer, MPH*, Assistant Vice President, Office of Rural and Community Health and Community Partnerships, East Tennessee State University

**9:15–10:30**    **Policymakers' Perspectives: The Importance of Research to Public Policy**

*Pat Bousliman*, Legislative Assistant, Office of Senator Max Baucus (D-MT)

*Kathy Buto*, Deputy Director, Center for Health Plans and Providers, Health Care Financing Administration

*Jason Lee Ph.D.* Senior Research Manager, The Academy for Health Services Research and Health Policy

*Sally Phillips, Ph.D. RN*, Legislative Assistant & Robert Wood Johnson Fellow, Office of Senator Tom Harkin (D-IA)

*Thomas Walsh*, Professional Staff and Counsel, Senate Special Committee On Aging

*Christine Williams*, Director, Office of Health Care Information, Agency for Health Care Research and Quality (AHRQ)

Congressional and executive branch health care policymakers will discuss their responsibilities and the kinds of information policymakers need and use in their legislative work and in what form. To illustrate the problems and challenges of acquiring and using research in policymaking, specific examples will be given along with recommendations for improving the flow of information from researcher to policymaker.

**10:30–11:00 Rural Researchers’ Perspective: Using Rural Health Services Research to Inform Policy**

*Keith Mueller, Ph.D.*, Director, RUPRI Center for Rural Health Policy Analysis at the University of Nebraska Medical Center

*Tony Wellever, MPA*, President, Delta Rural Health Consulting and Research, St. Paul, Minnesota

Panelists will provide the researchers’ perspective and discuss the challenge of conducting policy-relevant research and communicating the results of that research. Specific examples will be provided that illustrate these challenges.

**11:00–12:15 Roundtable Discussion: Linking Rural Research with Policy**

Facilitated session to encourage an exchange of ideas among the panelists and audience members. The aim of this session is to clarify the underlying dynamics of the use of research information in the policy process, and to identify barriers to and remedies for effectively placing rural health services research in the policy arena.

**12:15–12:30 Break**

**12:30–1:50 Luncheon Keynote Speaker: Senator David Durenberger (R-MN)**

**1:50–2:00 Break**

**2:00–2:40 Overview of Rural Health Care Issues**

*Thomas Ricketts III, Ph.D.*, Director, North Carolina Rural Health Research Program, Sheps Center, University of North Carolina—Chapel Hill

Backgrounder on rural health care issues that includes an overview of rural demographics and some of the challenges—unique to rural areas—of providing health care services in these areas.

**2:40–3:40 Communicators’ Perspectives: Interpreting Research for Public Consumption**

*Melinda Voss*, Executive Director, Association of Health Care Journalists

*Paul Albergo*, Managing Editor, BNA’s Health Care Policy

*Rob Cunningham*, Senior Editor, Health Affairs

*Larry Lipman*, Washington Correspondent, Palm Beach Post (Cox Newspapers)

*Megan Cooper*, Editor, Dartmouth Atlas

Panelists will describe their responsibilities and criteria in covering research and health policy news, offering their perspectives on the significance of rural issues and the challenge of using rural research findings in news reporting.

**3:40–4:30 Roundtable Discussion: Communicating Research News and Perspectives**

Facilitated session to clarify the underlying dynamics of the use of research information in the communications process, and to make recommendations for improving research communication and covering rural health care issues in the popular and

trade press. Also participating: Mark Taylor, Modern Healthcare; Jill Brown, Managing Editor, Managed Care Week; Lee Landenberger, State Health Watch; Bob Cusack, Inside HCFA; Joanne Silberner, NPR News (invited); and Spencer Rich, National Journal (invited).

**4:30–4:45 Summary of Strategies and Recommendations**

FRIDAY, JUNE 16—DOUBLE TREE HOTEL  
PENATAGON CITY/REAGAN NATIONAL AIRPORT

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**7:45–8:45 Continental Breakfast**

**8:00–8:30 Optional Session: Congress and Rural Health Care**

*Mary Ella Payne, MSPH, RN, Consultant, Center for Health Policy, Research and Ethics, George Mason University*

This optional session will give rural health care researchers not familiar with Capitol Hill an overview of the legislative process and the politics of rural health care; differences between committee staff and members' offices; the roles of Congressional staffers (LCs, LAs, LDs, AAs); the legislative jurisdiction of various rural health care programs; the role of the House and Senate Rural Health Caucus, and how legislative committees operate.

**8:30–8:45 Break**

**8:45–10:15 Panel Presentation by Rural Health Advocacy Community**

*Bill Finerfrock, Executive Director, National Association of Rural Health Clinics*

*Chuck Fluharty, Director, Rural Policy Research Institute*

*Diane Major, Senior Associate Director, Congressional and Executive Branch Relations, American Hospital Association*

*Susan McNally, Director, Federal Affairs, National Association Of Community Health Centers*

*Michael Meit, Acting Director, Public Health Practice Division, National Association of City and County Health Officials*

*Julie Slocum, Director of Government Affairs, National Rural Health Association*

Panelists from the rural health advocacy community will describe how their work is shaped by researchers' findings, how they frame these findings to policymakers, and what sort of research is useful in their advocacy on behalf of rural health care.

**10:15–10:30 Break**

**10:30–12:30 Workshop: Develop an Action Plan on How Rural Health Care**

Research Can Better Inform the Policymaking Process

Facilitated session to reach a consensus on ways rural researchers can maximize the impact of rural research-related findings in the policy arena. Specific questions/options that will be posed include:

- 1) How can researchers foster collaboration among themselves to achieve greater relevance and influence in the policy arena?
- 2) What dissemination and communication strategies could improve the working relationship among rural researchers and with policymakers and the press?

- 3) How can researchers better communicate early findings of studies and what are the barriers to the early dissemination of research findings?
- 4) How can funders facilitate collaboration among rural researchers and improve the dissemination and communication of research findings to researchers and policy-makers?
- 5) What other ways can research be made more accessible, more timely, and more useful to policymakers and the media?

**12:30–1:30 Working Lunch**

**1:30–2:15 Continuation of Strategy Discussion**

**2:15–2:45 Next Steps & Evaluation**

The Facilitator will present a summary of recommendations. An evaluation of the meeting will also be conducted.

# Appendix C: Invited Participants

JUNE 15-16, 2000

## POLICYMAKERS

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**Chuck Betley**

Congressional Budget Office

**Patrick Bousliman**

Office of Senator Max Baucus (D-MT)

**Marcia Brand**

Office of Rural Health Policy (HRSA)

Deputy Director

**Stacey Brooks**

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**Katherine Browne**

The Academy for Health Services Research and  
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**Kathy Buto**

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Office of Senator Pat Roberts (R-KS)  
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**Marcia Clark**

Office of Health Care Information  
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**Norris Cochran**

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**Anne Dievler PhD**

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**Bill Finerfrock**

National Association of Rural Health Clinics  
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Chief of Staff

**Liz Fowler**

Senate Committee on Finance  
Minority

**John Gilman**

Office of Senator Paul Wellstone (D-MN)  
Health Legislative Assistant

**Anne Grady**

Office of Senator Patty Murray (D-WA)

**Jennifer Griffith**

Office of Senator Olympia Snowe (R-ME)

**Priscilla Hanley**

Office of Senator Susan Collins (R-ME)

**Tim Henderson MSPH**

National Conference of State Legislatures  
Director, Primary Care Resource Center

**Kate Heuer**

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**Thomas Hoyer**

Health Care Financing Administration (HCFA)  
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Office of Senator Charles Hagel (R-NE)

**Keia Jordan**

Senior Staff Assistant  
Center for Best Practices  
National Governors Association

**Lisa Kelley**

Office of Representative Charles Stenholm  
(D-TX)

**Kyle Kinner**

Office of Senator Robert Kerrey (D-NE)  
Legislative Assistant

**Lisa Layman**

Office of Senator Richard Bryan (D-NV)  
Legislative Assistant

**Joy Leach**

Office of Representative John Baldacci  
(D-ME)

**Jason Lee PhD**

House Commerce Committee  
Majority Counsel

**Jane Lowenson**

Office of Senator Thomas Daschle (D-SD)  
Legislative Assistant

**Tom Mahr**  
Office of Senator Kent Conrad (D-ND)  
Legislative Director

**Diane Major**  
American Hospital Association

**Susan McNally**  
National Association of Community Health  
Centers  
Director, Federal Affairs

**Michael Meit**  
National Association of City and County Health  
Officials  
Acting Director, Public Health Practice Division

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Office of Senator Slade Gorton (R-WA)  
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**Christine Pollack**  
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Legislative Assistant

**Linda Rouse**  
Office of Senator Craig Thomas (R-WY)  
Legislative Assistant

**Charlene Rydell**  
Office of Representative Thomas Allen  
(D-ME)

**Shaw Scott**  
Office of Representative Mike McIntyre  
(D-NC)

**Julie Slocum**  
National Rural Health Association  
Director of Government Affairs

**Carol Stocks**  
Center for Organization & Delivery Studies  
Agency for Healthcare Research and Quality

**Caroline Taplin**  
Office of the Secretary  
Assistant Secretary for Planning and Evaluation

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**Thomas Walsh**  
Special Senate Committee on Aging  
Professional Staff Member and Counsel

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## RURAL HEALTH RESEARCHERS

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WWAMI Rural Health Research Center

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University of Colorado Health Sciences Center  
Center for Health Services, Policy and Research

**J. Patrick Hart PhD**

Hart and Associates

**Gary Hart PhD**

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**Timothy McBride PhD**

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Department of Economics

**Keith Mueller PhD**

Nebraska Center for Rural Health Research  
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University of Nebraska Medical Center

**Curt D. Mueller PhD**

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Center for Healthcare Policy and Research  
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**Thomas C. Ricketts III, PhD**

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