

Research Dissemination: Planning for Success from the Start

January 20, 2021



About Per Ostmo

Per Ostmo is the Program Director of the Rural Health Research Gateway (Gateway), housed at the Center for Rural Health at the University of North Dakota School of Medicine & Health Sciences. Gateway is funded by the Federal Office of Rural Health Policy (FORHP) to disseminate research conducted by the FORHP funded Rural Health Research Centers. Per earned his Master of Public Administration degree from the University of North Dakota with focus areas in grant writing and health care administration. He is originally from rural North Dakota.

Likes: equitable healthcare, bicycling, punk rock

Dislikes: Health Professional Shortage Areas



Per Ostmo, MPA

Program Director

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Rural Health Research Gateway

Provide access to publications and projects funded through the Federal Office of Rural Health Policy, Health Resources and Services Administration.

Gateway is a resource for:

- Policy makers
- Students
- Rural health researchers
- Health care providers
- Rural health organizations, professionals, associations, and more

ruralhealthresearch.org

The screenshot shows the homepage of the Rural Health Research Gateway. At the top, there is a logo with a gold arch and the text "Rural Health Research Gateway". To the right of the logo are social media icons for Facebook, Twitter, and YouTube. Below the logo is a search bar with the placeholder text "Search for..." and a green "Search" button. A dark blue navigation bar contains the following menu items: "About Us", "Browse Research", "Webinars", "Research Alerts", and "Other Resources". The main content area features a large banner image of a laptop with the word "WEBINAR" overlaid in a white box. Below the banner is a video player with the title "Rural health research webinars" and a play button. To the right of the banner is a text block titled "Rural Health Research Gateway" with a description and two links: "Gateway flyer" and "Learn more". Below the banner and text block are five columns of featured content, each with a small image and a title: "Rural Health Research Recaps", "Research Alerts", "Research Products", "Research Centers", and "Dissemination Toolkit". Each column contains a bulleted list of key features or resources.

[About Us](#) ▾[Browse Research](#) ▾[Webinars](#)[Research Alerts](#)[Other Resources](#)

Other Resources

[Rural Health Research Gateway Resources](#)[Rural Health Research](#)[Rural Health](#)[Health Services Research](#)[Rural Health Research Gateway](#)

Other Resources

Rural Health Research Gateway Resources



Gateway's Top Three Countdown

This details website analytics and offers a glimpse into the public's rural health research interests. It lists the top three rural health research products, alerts, and topics from 2020-2021 and the previous year.



Dissemination of Rural Health Research: A Toolkit

An easy-to-use reference guide for rural health researchers. It aims to assist researchers with reaching their target audiences by developing appropriate, timely, accessible, and applicable research products.



Rural Health Research Recaps

Rural Health Research Recaps are one page resources that identify key findings from all of the research centers on specific rural health topics.

Rural Health

[Federal Office of Rural Health Policy \(FORHP\)](#),
Health Resources and Services Administration
Created to advise on healthcare issues impacting rural communities.

[Rural Health Information Hub](#)

Provides information and resources to support rural health.



Rural Health Research

- [Conducting Rural Health Research, Needs Assessment, and Program Evaluation Topic Guide](#), Rural Health Information Hub
- [Flex Monitoring Team](#), the Rural Health Research Centers at the Universities of Minnesota, North Carolina, and Southern Maine
- [Intra Rural and Urban Primary Care Physician Findings: AAMC 2009 Physician Survey of Primary Care Chartbook](#)
- [RUPRI Rural Health Panel](#), Rural Policy Research Institute (RUPRI)
- [Rural Health Value \(RHV\) Center: Rural Health Systems Analysis and Technical Assistance](#), a cooperative agreement between FORHP, the RUPRI Center for Rural Health Policy Analysis, and Stratis Health

Subscribe to Research Alerts

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

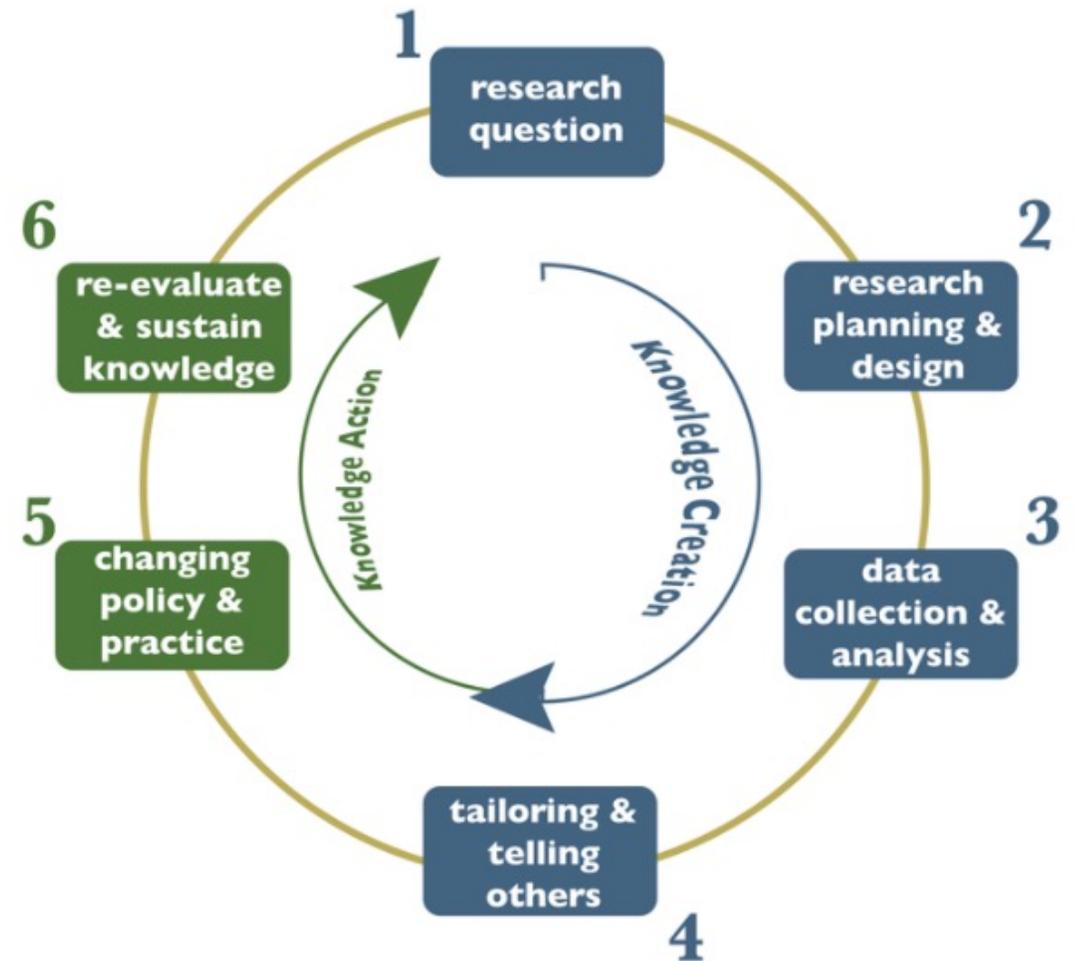
Download the free Dissemination Toolkit: <https://www.ruralhealthresearch.org/dissemination-toolkit>

Objectives

1. Consider components of dissemination before research begins.
2. Explore various product types and their appropriate audiences.
3. Discuss following through with dissemination after publication.

Knowledge Translation Process

By developing appropriate, timely, accessible, and applicable products (step 4), researchers can inform step 5, a change in policy or practice.



Original image of knowledge translation process came from <https://www.canchild.ca/en/research-in-practice/knowledge-translation-exchange>

Preparation Phase Considerations

Goal

Barriers to dissemination

Audience

Budget

Resources

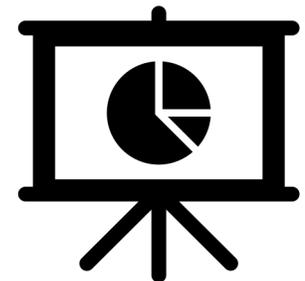
Evaluation

- What is the desired impact?
- What challenges might impede success?
- Consider and prioritize all stakeholders.
- Allocate time and money for dissemination.
- Catalogue and leverage existing resources.
- Plan for measurable success.

Product Selection

What do you plan to write about?

- Research results (manuscript, policy brief)
- Best practices (report)
- Evaluation (infographic)
- Research methods (manuscript)
- Lessons learned (fact sheet)
- Advertisement (flyer)
- Announcement (press release)

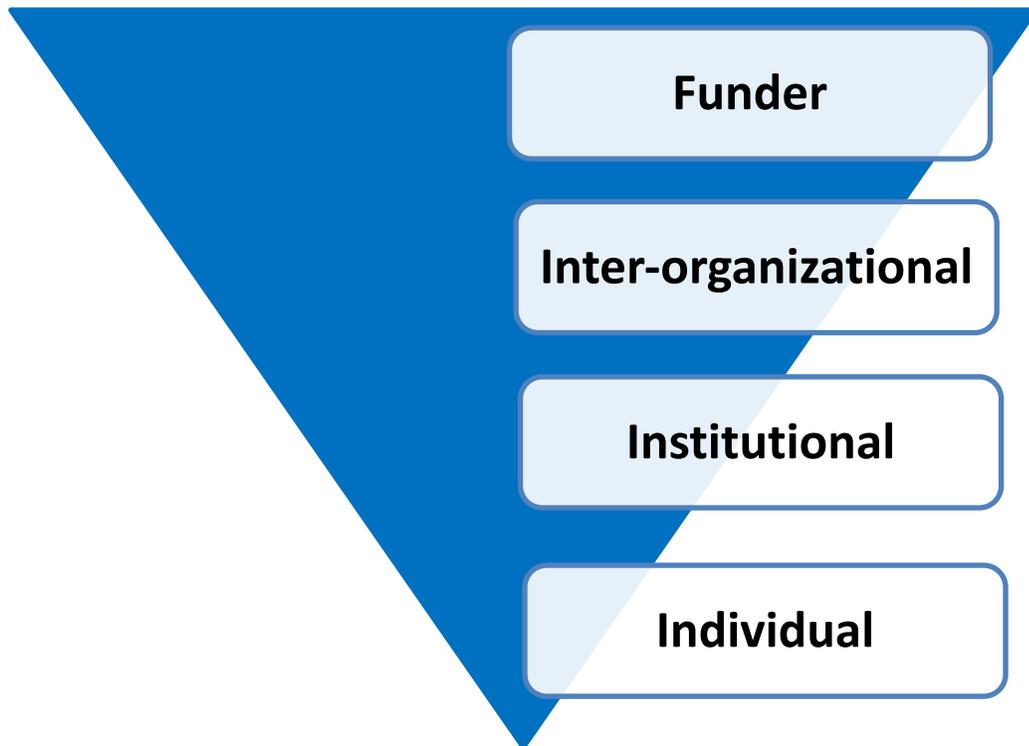


Audience

- Engage the audience early
- How do they consume information?
- Consider more than one audience
 - More than one product type for a high return on investment
- Time considerations
- How do you want your information to be used?
 - Cited
 - Applied

Dissemination Resources

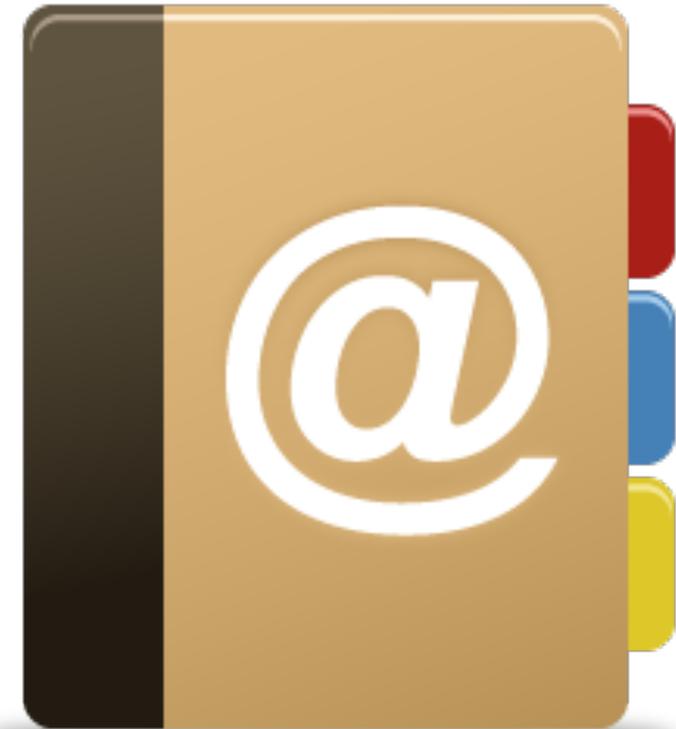
What resources do you have at your disposal?



- ✓ Websites
- ✓ Listservs
- ✓ Newsletters
- ✓ Social Media
- ✓ Word of Mouth
- ✓ Presentations
- ✓ Conferences
- ✓ Podcasts

Project Management

- Establish a project leader to:
 - Negotiate authorship
 - Set expectations and timelines
 - Delineate team responsibilities
 - Align goals
- Build a project rolodex
 - Who disseminates to whom?
 - Leverage existing relationships



Dissemination Checklist

- ✓ Does my grant proposal have a dissemination strategy?
- ✓ What impact am I looking to make with my dissemination strategy?
- ✓ Am I reaching audiences that will directly benefit from this research?
- ✓ Am I including hard to reach populations?
- ✓ Have I used appropriate language for each target audience?
- ✓ Am I utilizing all available resources?
- ✓ Am I leveraging my existing networks and relationships?
- ✓ Am I reaching the local community? National stakeholders?
- ✓ Am I budgeting adequate resources for dissemination?
- ✓ Do I have strategies to overcome dissemination barriers?
- ✓ Have I selected metrics to evaluate the dissemination strategy?
- ✓ Have I determined who is responsible for dissemination efforts?

General Rules for Dissemination

- Tailor products for the intended audience
 - Detailed methodology can be distracting
- Present results in multiple formats
- Collaborate with the target audience
- Focus on influential elements
 - Title, Abstract, and Introduction
- Discuss the most important information first
- Be clear, concise, and action oriented

General Rules for Dissemination cont.

- Discuss implications of research findings
- Identify all abbreviations
- Use consistent language
- Keep graphics simple
- Use colors and fonts that are easy to read



Types of Dissemination Products

Policy Briefs

- Short and to the point (4-6 pages)
- Jargon-free for a nonspecialized audience
- Utilize graphics, bulleted lists, and callouts
- Recommendations for format:
 - Intro and Executive Summary/Key Findings
 - Methods
 - Findings
 - Conclusion/Discussion
 - Implications/Considerations

Demographics and Disability Status of Adults Living Alone in Rural Areas

Jonathan Schroeder, PhD, MA

Carrie Henning-Smith, PhD, MPH, MSW

Marianne Tuttle, MPH

Key Findings

- The rate of living alone for adults age 18+ is higher in rural areas than in urban areas (14.9% vs. 13.6%).
- Those who live alone in rural areas are generally older (median age 62 vs. 58) and more likely to have a disability (32.8% vs. 24.6%) than those who live alone in urban areas.
- Likewise, older adults and adults with disabilities both live alone at higher rates in rural areas (35.5% vs. 33.0% of adults age 75 and older, 24.4% vs. 23.4% of adults with disabilities).
- Age, disability, and rural residence are compounding factors in the likelihood of living alone.

rhrc.umn.edu

Purpose

Living alone is increasingly common across the U.S. It is also associated with poorer health outcomes and greater risks of loneliness and social isolation. However, less is known about how the demographic and health characteristics of adults living alone varies by rural/urban location. We address this gap by examining how the types of people who live alone differ between urban (metro) and rural (non-metro) areas, focusing on differences in age and disability status.

Background

Across the U.S., there has been a steady increase in individuals living alone over the past several decades, with more people living alone today than ever before.^{1,2} More than 32 million people now live alone in the U.S., making up more than 27% of all households.³ Living alone is distinct from, but closely linked to, risks for social isolation and loneliness.⁴ Both social isolation and loneliness are urgent public health issues that manifest in unique ways in rural contexts.⁵⁻⁷ However, very little research has examined rural-urban differences in living alone, with the exception of small-scale qualitative studies and research from outside of the U.S.^{8,9}

For many people, living alone is an intentional choice, and is associated with good health, but for others, it puts them at risk of greater isolation and of unmet need for necessary care and assistance.^{1,10-12} On average, younger adults have relatively good self-rated physical health, regardless of living arrangement, and older adults living alone tend to have better health than those living with others.¹² Yet, among older adults, individuals living alone with limited economic resources face increased risks of worsening health and disability.¹¹

Because non-metropolitan areas tend to be poorer, rural residents living alone may have more difficulty than urban residents in affording the resources they need to navigate

- The title is descriptive without being too long.
- The purpose briefly describes the problem and significance of the study.
- The key findings stand out and provide highlights of the publication.

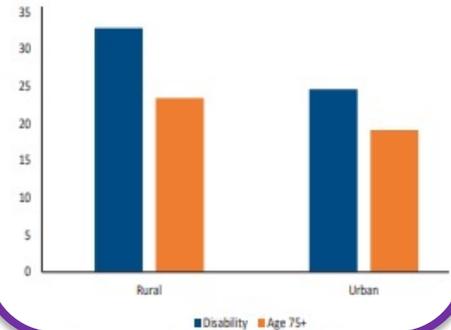
Demographics and Disability Status of Adults
Living Alone in Rural Areas

Results

Table 1 shows the rate of living alone by rural/urban location and demographic characteristics. In rural areas 14.9% of adults live alone; in urban areas 13.6% of adults live alone. Across most demographic groups, rural adults are more likely than urban adults to live alone, with the exception of married adults, American Indian/Alaska Native adults, and adults age 25-44, for whom rates of living alone are higher among urban adults. Also, for adults who have never married and for non-Hispanic white adults, the rates of living alone are nearly identical by rurality (17.6% and 15.2%, respectively). Among all identified groups, widowed adults have the highest overall rates of living alone as well as the largest difference in rates between rural and urban areas (about 9 percentage points), with 62.8% of widowed adults living alone in rural areas compared to 53.7% in urban areas. Rural adults with a disability are also more likely to live alone than urban adults with a disability (24.4% vs. 23.4%).

Among adults living alone, there were differences by rural/urban location in the prevalence of disability and in age distribution (Figure 1). Adults living alone in rural areas are distinctly more likely to have a disability (32.8% vs. 24.6%—roughly 1/3 vs. 1/4) and to be 75 or older (23.4% vs. 19.1%, $p < 0.001$ for both comparisons).

Figure 1. Prevalence of Disability and Old Age among Adults Living Alone (2014-2018)



In addition to higher rates of disability overall for rural adults living alone, rates of each individual disability type were higher for rural adults living alone (Figure 2, next page).

Table 1. Percent of Adults Living Alone by Rurality and Demographic Characteristics

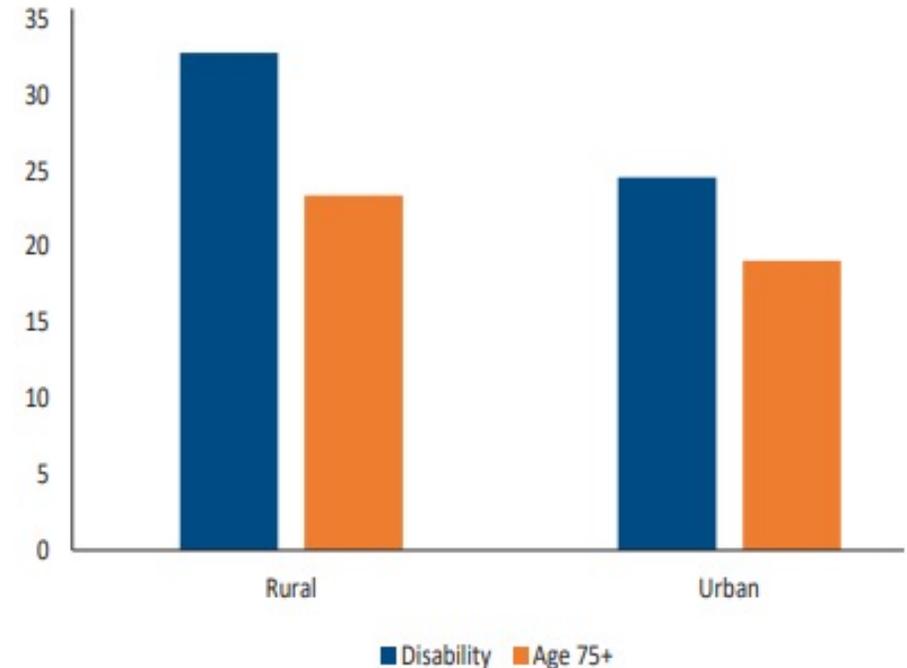
	Rural	Urban
All adults in households	14.9	13.6
<i>Marital status</i>		
Married	1.0	1.1
Separated	30.3	26.9
Divorced	39.9	37.1
Widowed	62.8	53.7
Never married	17.6*	17.6*
<i>Gender</i>		
Male	14.2	12.5
Female	15.5	14.6
<i>Race and ethnicity</i>		
Hispanic/Latino	8.5	7.2
Not Hispanic/Latino:	—	—
White alone	15.2*	15.2*
Black alone	18.2	17.5
American Indian and Alaska Native alone	11.8	13.9
Asian alone	10.5	7.8
Native Hawaiian and other Pacific Islander alone	8.8	6.0
Some other race alone	13.5*	11.6*
Two or more races	15.6	13.1
<i>Age group</i>		
18-24	5.1	4.3
25-34	7.8	9.5
35-44	7.4	8.5
45-54	12.2	11.5
55-64	18.0	17.1
65-74	22.3	21.8
75 and older	35.5	33.0
<i>Disability status</i>		
No disability	12.5	11.9
Has a disability	24.4	23.4

ACS 2014-2018 5-Year Sample, IPUMS USA. N = 11,840,382.

*Difference not significant at $p < 0.05$. All other differences significant at $p < 0.001$.

- Table 1 is well-organized with appropriate spacing and color coding.
- Figure 1 is uncluttered and tells a clear story.

Figure 1. Prevalence of Disability and Old Age among Adults Living Alone (2014-2018)



ity, controlling for sex and age, those in rural areas are 7.0% more likely (odds ratio: 1.070) to live alone than those in urban areas. Finally, among adults who are 75 or older *and* have a disability, controlling for sex, those in rural areas are 16.4% more likely (odds ratio: 1.164) to live alone.

Discussion and Implications

Our analysis shows that among older adults with disabilities, those who reside in rural areas (i.e., outside of metro areas) are distinctly more likely to live alone than those in urban (metro) areas. Likewise, those living alone in rural areas include distinctly larger shares of older adults and adults with disabilities than those living alone in urban areas. These three characteristics—older age, disability, and rural residence—are compounding factors, such that adults with all three characteristics are the single group we find most likely to live alone.

There are many possible explanations for these findings, related to differences in availability of alternative housing, options for living arrangements, and individual preferences by rural and urban location. Our analysis does not shed light on why there are rural/urban differences in rates of living alone. Yet, it is clear that the demographics of those living alone are different between rural and urban areas in ways that suggest potentially greater support needs for those living alone in rural areas.

Because rural communities have unique health care, housing, and socio-demographic landscapes, specific efforts may be required to meet the needs of adults living alone. Policy efforts to support rural adults living alone might include addressing the need for affordable, well-maintained housing stock in rural areas, especially housing that is accessible for individuals with mobility limitations.¹⁶⁻¹⁸ This is particularly important given our finding that more than one-fifth of adults living alone in rural areas have an ambulatory disability that makes walking and climbing stairs difficult. Older adults in rural areas are more likely than their urban counterparts to own their homes and to have paid off their mortgages; they are also more likely to live in older homes and to have lived in those homes longer.¹⁹ For some rural residents, this may mean aging in place in homes for which they are solely responsible for maintenance, modification, and upkeep costs even as their own disability status changes.

Additionally, rural residents living alone with disabilities or underlying health conditions may require specialized transportation or additional medical atten-

Demographics and Disability Status of Adults Living Alone in Rural Areas

tion, or, in some cases, assistance meeting their basic needs. In cases where they cannot drive themselves, they must rely on others outside of their household or on service provision in their local area; this is particularly challenging for rural residents where public transportation is limited and transportation barriers are myriad.^{20,21} Finally, ensuring that individuals living alone are socially connected requires access to others outside of one's household, either virtually or in-person. Rural areas have unique constraints for meeting social needs, including more limited broadband Internet, transportation barriers, and greater distances between individuals.^{6,22}

Conclusion

Demographic trends suggest that the prevalence of adults living alone will only continue to grow. For some people, living alone can be a positive and healthy choice, but this is not always the case. Because, overall, living alone is associated with poorer health and an increased risk of loneliness and social isolation, it is of critical public health importance to understand as much as possible about the characteristics of this population.

Programs and policies to better support this population are urgently needed, particularly in rural communities, where those living alone are more likely to be older and to have disabilities than those in urban areas. This may include an increased focus on affordable housing options, increased availability of public transportation, and reducing barriers to accessing mental and behavioral health care. Additionally, given that one-third of rural adults living alone have a disability, and one-fifth have a disability that makes walking or climbing stairs difficult, programs to modify existing housing stock and provide new housing options that are accessible are especially important.

References

1. Klinenberg E. *Going Solo: The Extraordinary Rise and Surprising Appeal of Living Alone*. New York, NY: The Penguin Press; 2012.
2. Klinenberg E. Living alone is the new norm. *Time*. 2012;179(10):60-62.
3. Vespa J, Lewis JM, Kreider RM. *America's Families and Living Arrangements: 2012*. *Curr Popul Reports*. 2013;20:P570. <https://www.census.gov/prod/2013pubs/p20-570.pdf>. Accessed August 22, 2017.
4. Klinenberg E. Social Isolation, Loneliness, and Living Alone: Identifying the Risks for Public Health. *Am J Public Health*.

“Given that one-third of rural adults living alone have a disability, and one-fifth have a disability that makes walking or climbing stairs difficult, programs to modify existing housing stock and provide new housing options that are accessible are especially important.”

Chartbooks

- Has no research question
- Has an introduction or executive summary
- Includes a table of contents
- Omits a final summary or conclusion
- Should include appendices and a glossary
- Graphics should include a short narrative
- Presentation and format must be consistent
- Can be updated/ revised with new data

Rural-Urban Differences among Older Adults



Photos from Pexels, photographers include the following, clockwise from top right: Andrea Piacquadio, Tristan Le, Nashua Volquez-Young, and Noelle Otto.

Cody Tuttle, MPP, MA
Jill Tanem, BS
Megan Lahr, MPH
Jonathan Schroeder, PhD, MA
Mariana Tuttle, MPH
Carrie Henning-Smith, PhD, MPH, MSW

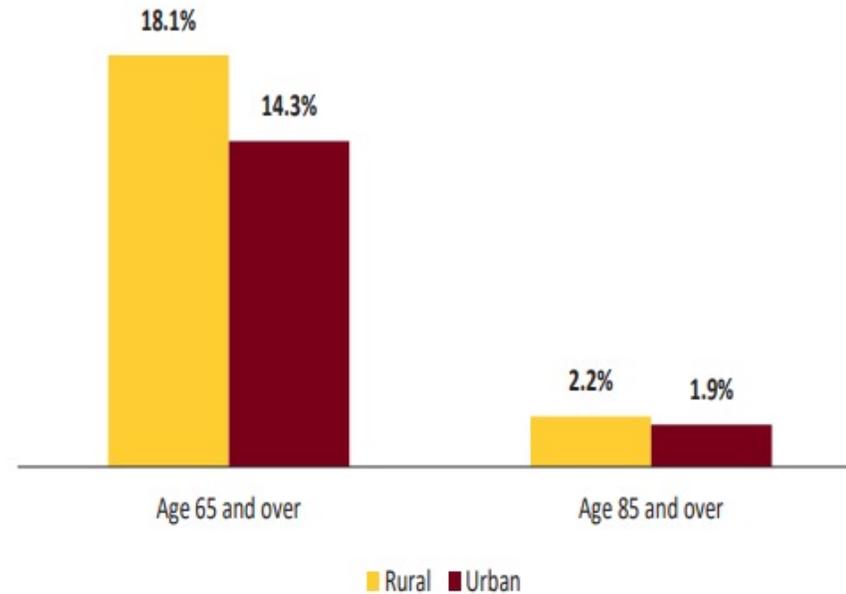
Table of Contents

Executive Summary.....	2
Introduction.....	7
Background.....	7
Data and Methods.....	7
Implications.....	8
References.....	9
Domain 1: Demographics.....	10
Chart 1.1. Percentage of Total Population by Age 65+ and 85+.....	10
Chart 1.2. Percentage of Population that are Older Adults by Region.....	10
Chart 1.3. Sex Composition of Older Adults.....	11
Chart 1.4. Sex Composition of the Oldest Old (Age 85+).....	11
Chart 1.5. Veteran Status of Older Adults.....	12
Chart 1.6. Racial and Ethnic Composition of Older Adults.....	12
Chart 1.7. Percentage of each Racial and Ethnic Group that are Older Adults.....	13
Chart 1.8. Marital Status of Older Adults.....	13
Chart 1.9. Percentage of Older Adults who Moved in Past Year by Relative Origin.....	14
Chart 1.10. Birthplace of Older Adults.....	14
Chart 1.11. Year Older Adult Householder Moved into Unit.....	15
Chart 1.12. Year Older Adult Householder's Structure was Built.....	15
Chart 1.13. Number of Units in Older Adult Householder's Structure.....	16
Chart 1.14. Percentage of Older Adults Living Alone.....	16
Domain 2: Socioeconomic Characteristics.....	17

Domain 1: Demographics

This domain includes age, sex, race and ethnicity, marital status, and migration patterns. A few charts also break down rural-urban differences for the “oldest old,” adults age 85 and over. Generally, rural counties have a larger percentage of population age 65 and over. Rural older adults are more likely than urban older adults to be non-Hispanic White; to be married, widowed, or divorced; and to be veterans. While the majority of older adults are women in both rural and urban counties, the share of men is higher in rural counties than in urban.

Chart 1.1. Percentage of Total Population by Age 65+ and 85+



Source: 2013-2017 ACS, IPUMS NHGIS.

Note: Rural-urban differences are significant at $p < 0.05$.

The population of rural counties includes a higher share of older adults (age 65 and over) and a higher share of the oldest adults (age 85 and over) than in urban counties.

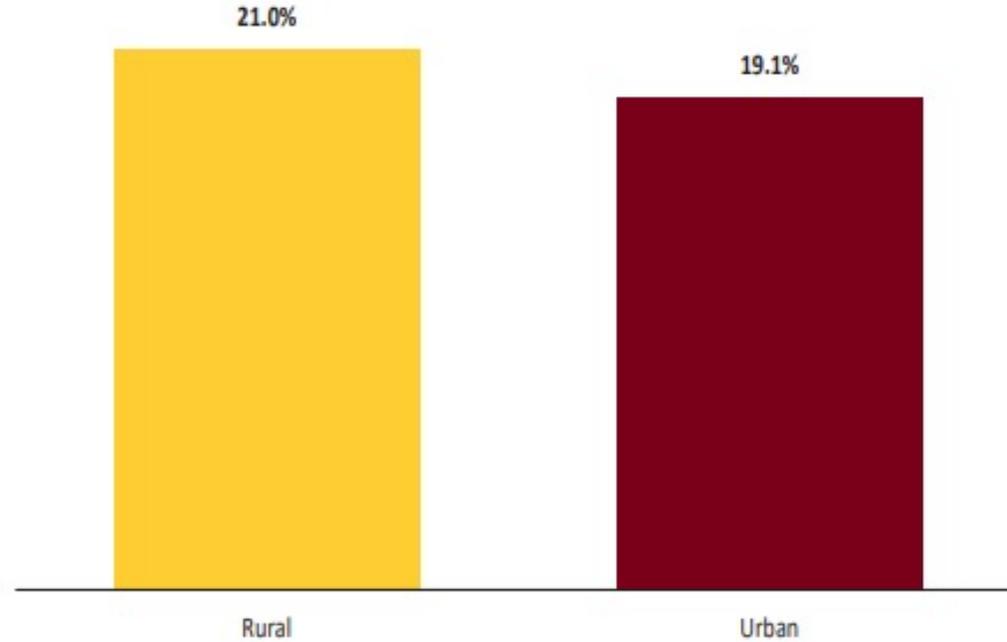
Chart 1.2. Percentage of Population that are Older Adults by Region

19.2%

Chart 1.3. Sex Composition of Older Adults

Chart 1.4. Sex Composition of the Oldest Old (Age 85+)

Chart 1.5. Veteran Status of Older Adults



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Across both
ties have a s
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Relative to
between ri
adults age

Source: 2013-2017 ACS, IPUMS NHGIS.

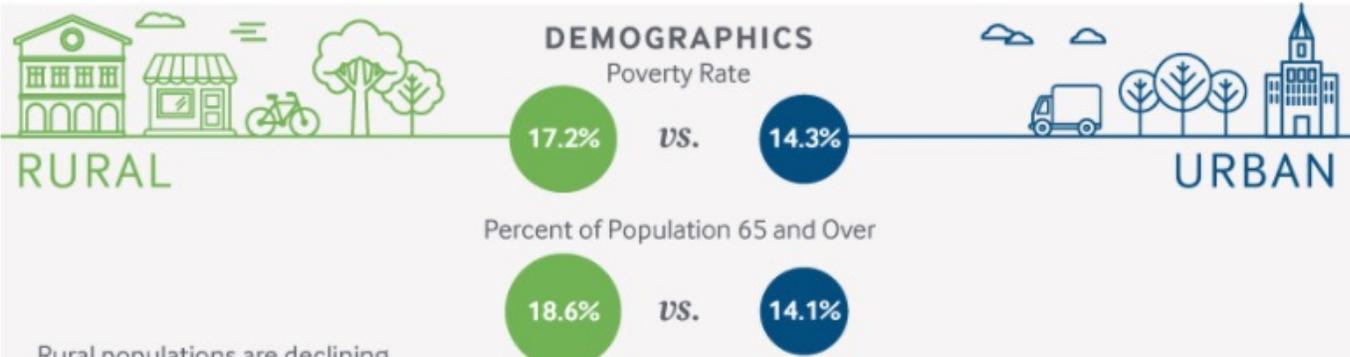
Note: Rural-urban differences are significant at $p < 0.05$.

More than one in five rural older adults is a veteran, which is a significantly higher share than in urban counties.

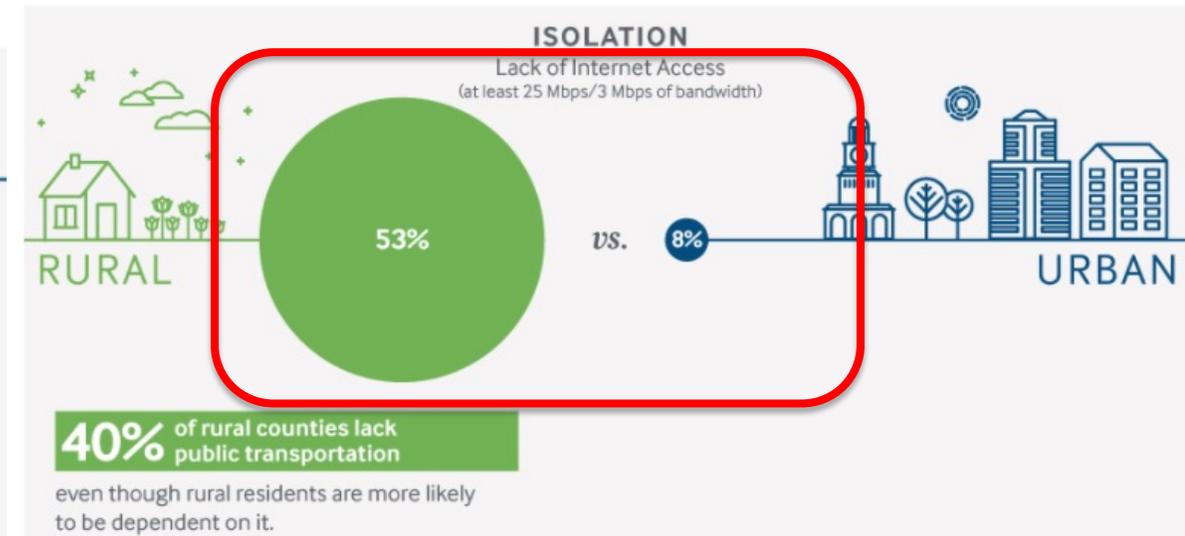
Infographics

- Creatively designed and educational
- Clearly present complex data
- One overarching idea
- Title should tell readers what they will discover
- Avoid too much narrative
- Easily shareable
 - Less than 1.5MB, embeddable, appropriately branded

A confluence of demographic, economic, social, and health system factors appear to put rural Americans at greater risk.



Rural populations are declining but also becoming more diverse.
83% of rural population growth from 2000 to 2010 came from non-whites.



Example taken from: https://www.commonwealthfund.org/publications/2017/mar/focus-reimagining-rural-health-care?redirect_source=/publications/newsletter-article/2017/mar/focus-reimagining-rural-health-care

Following Through with Dissemination

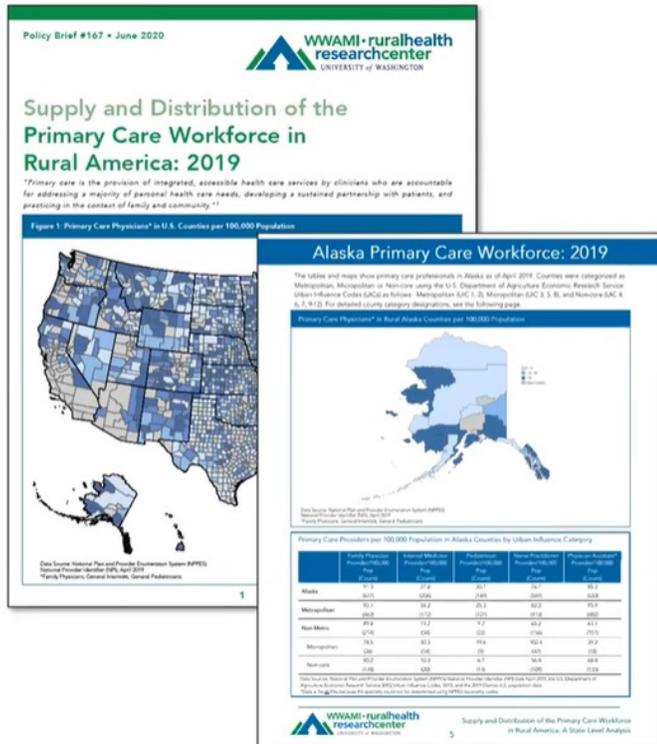
Established Relationships vs. New Contacts

- Emails should be personalized to increase engagement
- Robust content for established relationships
 - Hyperlinks, attachments, and embedded images are OK
- Concise content for new contacts
 - Limit to a single hyperlink, avoid attachments, use plain text
- Adhere to CAN-SPAM rules and regulations
 - Avoid misleading headers or subject lines
 - Include your physical address
 - Include a method to opt out of future communication

Presenting and Exhibiting

An Analysis of Primary Care Supply

Full reports available at:
<https://familymedicine.uw.edu/rhrc/studies/the-supply-and-distribution-of-the-primary-care-health-workforce-in-rural-america/>



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Oct 10 - 14, 2022

EMS World, National Association of Emergency Medical Technicians
Orlando, FL

[Call for Presentations](#) - Deadline: Jan 2, 2022

[2022 Accountable Care Symposium](#) National

May 25 - 26, 2022

Caravan Health
Hilton San Diego - Bayfront
San Diego, CA

[Call for Proposals](#) - Deadline: Jan 5, 2022

For more information, contact:

EducationalEvents@CaravanHealth.com

[2022 21st Annual Institute for Rural Health Research Conference](#)

Apr 14 - 15, 2022

Institute for Rural Health Research at the University of Alabama
Bryant Conference Center
Tuscaloosa, AL

[Call for Abstracts](#) - Deadline: Jan 7, 2022

For more information, contact:

Susan B. Page
spage@ua.edu

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National

May 4 - 6, 2022

Association of American Medical Colleges

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National Association of Rural Health Clinics

Event Dates: Mar 14 - 16, 2022, Oct 24 - 26, 2022

Scottsdale, AZ

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[Call for Presentations: 2022 Annual EMS World Expo Conference](#)

Deadline: Jan 2, 2022

EMS World, National Association of Emergency Medical Technicians

Event Dates: Oct 10 - 14, 2022

Orlando, FL

[Conference Website](#)

[Call for Proposals: 2022 Annual Colorado Rural Health Center Forum](#)

Deadline: Feb 5, 2022

Colorado Rural Health Center

Event Dates: Apr 6 - 8, 2022

Denver, CO

[Conference Website](#)

[Call for Speaker Proposals: 2022 Region B SORH Regional Partnership Meeting](#)

Deadline: Feb 11, 2022

National Organization of State Offices of Rural Health

Event Dates: May 17 - 19, 2022

Lexington, KY

[Conference Website](#)

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Media Interviews

- Rehearse answers to typical questions
- Be ready to draw conclusions from your research
- Understand that nothing is “off the record”
- Communicate the main message immediately
- Plan up to three key points to focus on
- Use bold, catchy, quotable statements
- Avoid complicated language
- Smile, speak slowly, and enunciate clearly

Social Media

- Social Media Statistics in 2021*
 - Percent of adults who say they ever use...
 - YouTube – 81%
 - Facebook – 69%
 - Instagram – 40%
 - Twitter – 23%
 - Reddit – 18%
 - Instagram, Snapchat, and TikTok are especially popular among adults under 30

*Data retrieved from PewResearch.org: <https://www.pewresearch.org/internet/2021/04/07/social-media-use-in-2021/>

Social Media cont.

- Utilize social media management tools
- Be accurate and science-based
- Encourage audience participation
- Use appropriate tags (#) and mentions (@)
 - Ex. #RuralHealth, #HealthcareAccess, #PowerofRural, @HRSA, @ruralhealth
- Include images/graphics
- Tailor posts to specific platforms



Rural Health Research Gateway @RHRGateway · Nov 17

A1: Areas without broadband access are unable to reliably access telehealth services, attend online classes, or learn skills by watching YouTube. [npr.org/2021/11/07/105...](https://www.npr.org/2021/11/07/105...)

#PowerofRural #RuralHealthChat



npr.org

This Alaskan town is finally getting high-speed internet, thanks to the ... Many people in rural areas couldn't migrate their lives online when the pandemic hit because they lacked fast internet. Tribes in Alaska are ...



Rural Health Research Gateway

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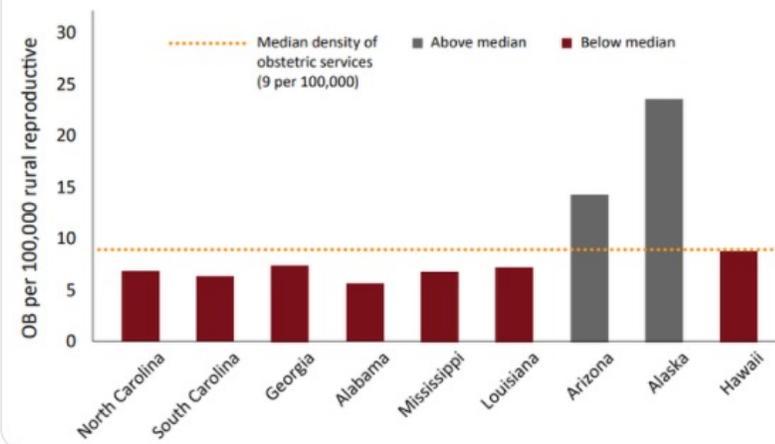


Of the 9 states with highly racially diverse rural reproductive age populations, 7 had less than the median density of rural hospital based [#obstetric](#) services available.

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@UMNRHRC @lindsayadmon #ruralhealth

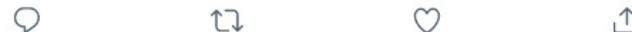
Figure 3. Access to Hospital-Based Obstetric Services among States with Highly Racially Diverse Rural Populations, 2018



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Resources

Dissemination of Rural Health Research: **A Toolkit**

August 2019

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Table of Contents

Introduction	2
Rural Health Research Gateway	3
Elements of Dissemination Products	
General Rules of Dissemination	4
Title	6
Abstract.....	7
Standards for Accessible Design (ADA Compliance)	8
Dissemination Products	
Policy Brief	10
Fact Sheet	12
Chartbook.....	14
PowerPoint Slide Presentation	16
Poster Presentation.....	18
Infographic	22
Promotional Products	24
White Paper, Working Paper, Full Report.....	26
Journal Publication.....	30
Modes of Dissemination	
Exhibit	32
Press Release	34
Media Interviews.....	36
Social Media	38
Twitter	40
Facebook	42
Videos.....	44
References	46

Download the free Dissemination Toolkit: <https://www.ruralhealthresearch.org/dissemination-toolkit>

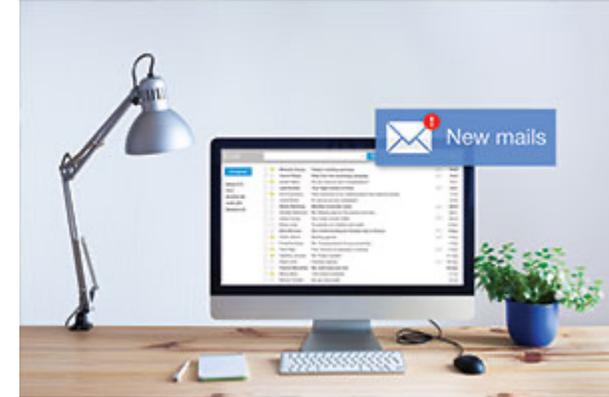
Rural Health Research Gateway

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The Rural Health Research Gateway ensures this research lands in the hands of our rural leaders.

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