



Rural Health Research Gateway

Dissemination of Rural Health Research: A Toolkit

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Introduction

It has become increasingly important to disseminate health services research; making findings accessible and valuable for diverse audiences to include health consumers, stakeholders, and policymakers at the local, state, and national levels.^{1,2,3,4} The World Health Organization refers to dissemination of health research as *knowledge translation*.^{1,2} Knowledge translation is understood as:

A dynamic and iterative process that includes the synthesis, dissemination, exchange and ethically sound application of knowledge to improve health, provide more effective health services and products, and strengthen healthcare systems.^{2,5}

The emphasis of knowledge translation is to ensure health providers, consumers, researchers, advocates, and policymakers are aware of, can access, and are able to use health research findings to inform decision making.² Differences among audiences make it imperative to know when and how to utilize various modes of dissemination for health research.⁶

The Dissemination of Rural Health Research toolkit aims to assist researchers with reaching their target audiences by developing appropriate, timely, accessible, and applicable products. The toolkit includes a description of multiple modes of dissemination including discussion of the purpose of each product, which mode is appropriate given the topic and audience, and how to develop the product. Effective examples are provided where applicable. The included modes of dissemination were identified through collaboration with the Federal Office of Rural Health Policy (FORHP) and feedback from representatives of the seven national Rural Health Research Centers. The topics addressed include:

Dissemination Products

- Policy Brief
- Fact Sheet
- Full Report/Working Paper
- Journal Publication
- Chartbook
- PowerPoint Slide Presentation
- Poster Presentation
- Infographic
- Promotional Products

Elements of Dissemination Products

- Title
- Abstract

Modes of Dissemination

- Exhibit
- Social Media (Twitter/Facebook)
- Press Release & Media Interviews

This toolkit is a product of the Rural Health Research Gateway. The Rural Health Research Gateway is a website developed to connect research to diverse audiences by providing free access to publications and projects funded through the FORHP. Gateway moves new research findings to various end users quickly and efficiently. Gateway utilizes several channels to notify the public of new products, including e-mails to subscribers, Facebook posts, Twitter, and access to new findings categorized by topic, author, and research center at ruralhealthresearch.org.

General Rules of Dissemination 1, 2, 3, 6, 7, 8, 9

The practice of knowledge translation requires that a research team design the initial research question, method, and plan for dissemination with consideration of, and possibly collaboration with, the intended audience. In focus groups with stakeholders both on Capitol Hill and among other national organizations, participants indicated that it was imperative for researchers to “engage end users when framing research.”

While following discussions will address identifying the intended audience, this toolkit does not explore development of a research question. Instead, provided are fundamental guidelines to follow for effective dissemination of health research. Literature on the topic of knowledge translation, knowledge exchange, and dissemination all identify key characteristics imperative for facilitating the use of knowledge in policy and practice. Regardless of the mode of dissemination, researchers must consider the following:

General Guidelines

- Both the type of dissemination (fact sheet, policy brief, presentation, etc.) and the findings discussed in the product must be tailored for the given audience
- Identify the intended audience within the product
- Knowledge sharing methods need to be flexible and data are to be presented in various formats and at varying levels based on end-users
- Researchers should collaborate with those using the research results to identify topics of greatest interest and the most effective mode of dissemination
- Regardless of product, the most influential elements are the title, abstract, and introduction; considerable time must be spent writing each

Format & Language

- Messaging must be clear, concise, and action oriented
- Discuss or highlight the most important information first
 - Highlight main points or key findings and repeat throughout the product
 - Repeat the most important information at the end of the document
- Discuss policy implications or implications for delivery or practice
- Use consistent messaging, and if results are contrary to general knowledge and/or consensus, this must be addressed to make the findings credible
- Identify all acronyms at first use and avoid unnecessary abbreviations
- Outside of articles to be published in discipline-specific, peer reviewed journals, write without jargon, free of technical/scientific language, and eliminate information that the end-users do not need to know in order to interpret findings and implications
 - Methods sections are largely ineffectual outside of a discipline-specific audience; if included in other products, they are brief and free of jargon
 - Statistical significance and p-values are unnecessary and distracting in products produced for end-users outside of the discipline
- Do not use multiple terms for one concept – consistent word choice (i.e. tertiary/PPS hospital)
- When using terms to describe people, it is a good idea to use people first language.
 - Correct: Many of the children who are uninsured in North Dakota come from families with low income.
 - Incorrect: In North Dakota, many of the children who are uninsured come from families with low income.

Design

- Simple graphics are highly effective, but need to be easy to understand and tell a story without additional narrative – pie and bar charts are more memorable than tables
- Pretest materials with the intended audience to assess design effect and content
- For headings, use a font size at least two points larger than main text
- Type in Serif font for work that will be read primarily in print
 - Times/Times New Roman
 - Garamond
 - Georgia
 - Caledonia
- Type in Sans Serif font for work that will be read primarily online/on screen
 - Arial
 - Calibri
 - Century Gothic
- Do not use ALL CAPS
- Limit the use of italics and underlining – they are harder to read
- Use high quality visuals with sharp resolution, true color and contrast, and good composition
- Place all visuals (e.g., images, graphs, tables) near related text
- Use appropriate color in graphs and other design elements and ensure they print well in black and white

Policy Brief

3, 10, 11, 12, 13

Policy briefs offer research findings and evidence informed policy options in a synthesized, neutral, and user-friendly format to a non-specialized audience. Policymakers have stated they prefer short, succinct, and easily accessible information and prefer when a product is without technical language, and provides both evidence and actionable recommendations. The World Health Organization states that “policy briefs improve the chances that policymakers will read, consider, and apply the contents of research summaries when reaching policy decisions.”

General Guidelines

- Focus on a single topic; limit brief to a particular and specific area of concern
- Aim for short and to the point; no more than 4-6 pages or no more than 3,000 words
- Employ non-technical, jargon-free language and spell out initial acronyms
- Use short paragraphs with several subtitles to entice and direct readers
- Do not over-use statistics in text
- Briefs are more likely to be read if they are attractive, interesting, short and easy to read

Format

Format will vary, but typically follow a format similar to that which is described below.

- **Introduction & Executive Summary/Key Findings:** Both appear on the first page
 - Executive summary or key findings stand out to provide highlights of the brief
 - Introduction discusses the significance of the study, entices the reader, provides a clear statement of the problem or issue of focus, and establishes policy relevance
- **Methods/Methodology:** Brief, one paragraph
 - Common audience is not interested in research/analysis procedures
 - Can address study aim and design with further details made available as a reference
- **Findings:** Typically largest section of a brief and utilizes design elements described below
- **Conclusion/Discussion:** Interpret meaning of the data
 - Provide concrete, evidence-based conclusions
- **Implications/Recommendations:** Recommendations based on firm evidence

Design

- **Graphics:** Usually first thing viewed before reading text; bar charts and pie charts are most effective; keep them very simple; legible labels; explanatory title
- **Tables:** Use sparingly and consider graph; have catchy title; highlight important cells; keep simple (4 columns, 6 rows); statistical significance levels are not appropriate
- **Bulleted Lists:** Express complete thoughts; more than one or two words per bullet; groupings of 5-7 bullets ideal; provides good visual break from narrative
- **Callouts:** Used to **make emphasis of a salient point**; structured as a sentence or sentence fragment in a font that is larger than the rest, bolded and/or in a different color

Boxes & Sidebars

Reader can understand them without having to read main text; give box a title and refer to it in text; do not repeat message from text; make sure it adds something; make it short; be descriptive and stimulating

Sexual and Reproductive Health of HIV-Positive Women in Asia: *A Policy Framework for the Future*

INTRODUCTION

At the 1994 International Conference on Population and Development (ICPD), 179 governments joined together to establish that equal rights for women and girls and universal access to sexual and reproductive health and rights are necessary factors for sustainable development and a priority to improve the quality of life for all people. These rights are defined as the ability of people to experience sexuality safely throughout their lifespan and to have the ability and freedom to make informed decisions on if, when, and how often to reproduce.¹

“The healthcare worker won’t sit on the same chair that I have sat on or use the same pen. When they look in my mouth they stand far away...We want to be treated the same as everybody else.”

— *Woman living with HIV, Viet Nam*

The fact that HIV can be transmitted during sexual contact, pregnancy, or breastfeeding intrinsically links the HIV epidemic to sexual and reproductive health. Yet governments do not consistently integrate sexual and reproductive health services into their national HIV strategies, resulting in the fragmentation of care for women living with HIV (WLHIV). Furthermore, governments inconsistently adhere to international frameworks set forth to protect and promote reproductive health, weakening the quality of available care. The result is that 20 years after the International Conference on Population and Development, the agreed upon sexual and reproductive health rights of WLHIV in Asia are yet to be fully realized, and support for pregnant WLHIV remains inadequate.

In 2013, 58% of HIV-positive pregnant women in the World Health Organization’s (WHO) Western Pacific Region received antiretroviral (ARV) medicines to prevent infection in their infants, and only 26% received the treatment in the Southeast Asia Region.² This compares to the 68% coverage seen in sub-Saharan Africa.² Inadequate ARV coverage among pregnant women has grave implications for women’s health and increases risk of onward transmission to partners and children.³



Use and Performance Variations in U.S. Rural Emergency Departments: Implications for Improving Care Quality and Reducing Costs

Yvonne Jonk, PhD; Marilyn G. Klug, PhD; Gary Hart, PhD

Key Findings

- Based on 2008-2010 data from a nationally representative sample of ambulatory visits made to nonfederal, general, and short-stay U.S. hospitals, 38% of Emergency Department (ED) visits were for non-emergent conditions.
- When only cases that were classified as emergent or non-emergent are considered, higher percentages of patients visiting EDs in Small Rural/Isolated Small Rural ZIP Code areas (67%) and Large Rural ZIP Code areas (69%) were seen for non-emergent conditions than in Urban ZIP Code areas (62%).
- Factors associated with higher levels of non-emergent use included: age less than 40 years, female gender, and low-income. Residence in Small Rural/Isolated Small Rural areas, areas with fewer than five primary care physicians per 10,000 people, and the South U.S. Census Region were associated with increased proportions of non-emergent ED use.
- Compared to urban EDs, patients visiting rural EDs spent less time waiting to be seen for emergent (by 7-10 fewer minutes) as well as non-emergent conditions (by 10-15 fewer minutes).
- The lengths of visits in rural EDs were shorter for emergent (23-86 fewer minutes) and non-emergent conditions (42-60 fewer minutes) than in urban EDs.

Introduction

Rural areas have a higher prevalence of subpopulations who are at high risk for using the Emergency Department (ED) for non-emergent purposes, namely low income populations who either lack health insurance and/or who qualify for state Medicaid programs. Rural areas are also more likely to be facing shortages of primary care providers than urban areas. Hence, the potential for using the ED for non-emergent purposes is greater in rural than urban areas. However, no studies have documented differences in the geographic variation in the use of ED services for non-emergent conditions.

The purpose of this brief is to describe the geographic variation in the use of EDs for non-emergent health conditions across rural and urban areas as well as by U.S. Census Regions. Potential risk factors including patients' socioeconomic characteristics, geographic location and

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University of North Dakota
Center for Rural Health
&

NORC Walsh Center for
Rural Health Analysis

R H R C
Rural Health Research
& Policy Centers

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U1CRH24742

The North Dakota and NORC Rural Health Reform Policy Research Center (RHRPRC) is a consortium that combines the resources of the University of North Dakota Center for Rural Health and NORC Walsh Center for Rural Health Analysis.

Fact Sheet 14, 15, 16, 17

A fact sheet is a one page document that provides basic information and important facts on a specific topic or issue. It is important the fact sheet is simple and easy to understand. If the subject is complex, and/or there is a lot of information/data, consider creating multiple fact sheets that are self-contained. Fact sheets are particularly useful when disseminating information to an audience with very little time and outside of the discipline.

General Guidelines

- Focus on a single topic; limit fact sheet to a particular and specific area of concern
- Contain to one page (can be front and back)
- Keep font simple and between size 10-14
- Write in active voice, present tense, and in lay terms
- Avoid use of percentages within text
- Do not be repetitive
- The fact sheet must be self-contained – do not refer to previous documents or assume readers have preexisting knowledge

Format

Format will vary, but typically follows the structure of journalism's inverted pyramid; begin with the most important information.

- Identify most important information in the first paragraph – what the issue is, why it matters, and what action is needed
- Use several headers to separate points/issues – label the main message(s)
- Keep text brief
- Leave plenty of white space
- Do not include details of study methods or statistical significance
- Make comparisons when possible and measure against other things the audience will be more familiar with (similar problems or topics)
- Provide explanation for statistics and facts that do not speak for themselves – make it clear
- Readers are interested in the facts, not where they came from – put the source/citation as a footnote or endnote
- Provide references for more information and include links in electronic fact sheets

Design

- Employ bulleted lists but follow guidelines: each bullet expresses complete thought; more than one or two words per bullet; groupings of 5-7 bullets is ideal
- Use bolding, text boxes, and graphics to emphasize important points
- Use tables sparingly and consider if information could be presented as graph
- Provide graphs and charts that provide information at a glance and do not require further explanation in the narrative



Characteristics of US and International Medical Graduates in Primary Care Physicians in North Dakota

This fact sheet is Number 12 in a series of analyses regarding physicians in North Dakota.

Currently there are 552 primary care physicians practicing in primary care in North Dakota; 416 are United States or Canada Medical Graduates (USMGs) and 136 are International Medical Graduates (IMGs) (Figure 1). Nationally, about 10% of IMGs were born in the U.S. Primary care physicians are defined as those practicing in family/general practice (FP/GP), general internal medicine (GIM), and general pediatrics (Gen Ped).

The locations of where the IMGs received their medical degrees are shown in Figure 2. Most IMGs practicing in North Dakota (87%) are from Southern and Southeast Asia. The top three source countries are India (45%), Philippines (17%), and Nigeria (9%).

Figure 1. Country of medical school graduation for IMG physicians practicing in North Dakota

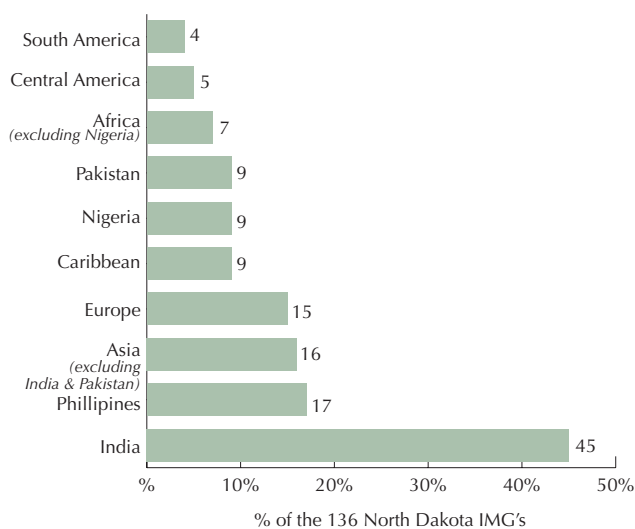


Figure 2. Physicians in North Dakota who are IMGs

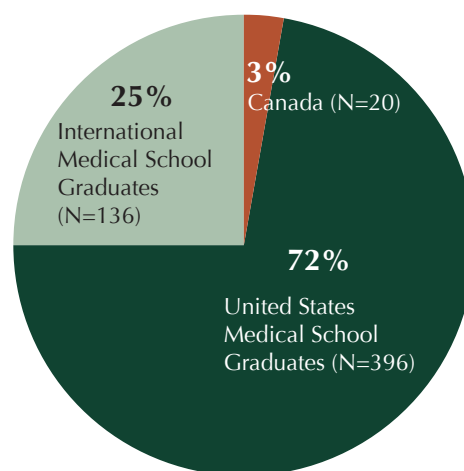
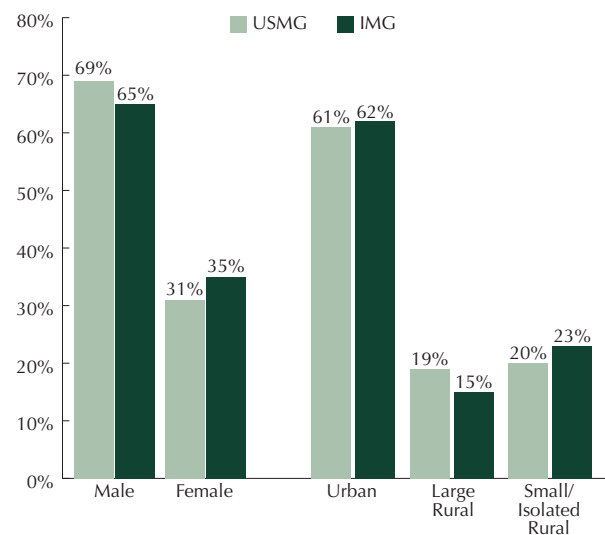


Figure 3. Sex and rural/urban status of USMG and IMG primary care physicians



Full Report/Working Paper 10, 18, 19, 20

A working paper or full report is a technical paper that makes a practical contribution to a field of study or an area of research. Papers may also include preliminary results of research that has yet to be tailored for publication in a professional journal. It provides an opportunity to publish results quickly, especially when it is a topic currently receiving significant attention in the field. Full reports also provide an opportunity to describe the study's method so others may replicate the research. Working papers will provide significant background to the topic and justification for study.

General Guidelines

- Tell the story of the study using visual aids whenever possible
- Make sure the report is precise and that details of the study and results are explained clearly

Format

Format must make logical sense for the reader but typically follows that which is described below.

- **Title:** Brief; typically refers to population of interest and the variables studied (page 13)
- **Abstract:** Brief summary of the research; between 150 and 300 words (page 14)
- **Introduction/Literature Review:** May be written as two separate sections
 - Identifies the importance of the research
 - Shares what is and is not already known about the topic
 - Establishes the need for the research and the rationale for conducting the study
- **Methods/Methodology:** Describes participants, instruments, and other study details
 - May have several subheadings (research questions, participants, data set, instrument)
 - Include enough detail for someone outside of the project to replicate the study
 - Detail informed consent, confidentiality of data, sampling method, reliability, validity, and survey design as appropriate
 - If known, describe participants' demographics
 - Address limitations and/or problems during data collection, if any
 - Process for data analysis must be detailed; this may be written as an additional section
- **Results:** Detailed interpretation of major findings
 - Provides data/support/answers to research questions or hypotheses
 - Organize the results section around the research hypotheses, purposes, or questions
 - In quantitative research, this section may be brief but includes several tables and will include discussion of statistical significance
 - Unlike products for a general audience, a working paper/report will sparingly include statistical figures, instead employing statistical tables to organize and describe data
 - In the narrative, only address the important data from each table
 - Provide descriptive statistics before inferential
 - In qualitative research, this section is lengthy and describes major themes from the data to include participants' quotes and or observations
- **Discussion:** Presents researcher's interpretation
 - Discuss study's strengths and limitations
 - Provide specific implications of the findings, and detailed suggestions for future research and/or practice
 - Refer to previous research/literature and discuss if current study is consistent/inconsistent

Journal Publication 3, 21, 22

Peer-reviewed journal articles are an important resource in the research community and speak to a study's credibility. However, published articles do not meet the needs of users who prefer timely, easily accessible, and jargon free information. Journals look for innovative and original research that will either impact patient care or add to the field of study. Conclusions must be supported by sufficient and robust data.

Process

- Identify and decide upon the journal (prior to writing)
 - See where others in the field have published
 - Identify journals that have published articles in the reference list
 - Scan abstracts published in various journals for similar topics/research/methods
 - Review aim, scope, impact factor, and the Guide for Authors of potential journals
- Write the article following the Guide for Authors provided by the identified journal
- Submit article to the journal with cover letter following journal's specified submission process
- Article will be accepted, rejected, or accepted with revision
 - Revise and resubmit if requested; address all notes provided by reviewer(s)
 - If rejected, review other journal options and submit again

Format

Format of a published article will reflect the preferences and requirements of the publishing journal. Format is specified in the *Guide to Authors*, however, there are standard headings.

- Provide the article title, name(s) of the author(s), an abstract, and keywords to ensure the article is correctly identified in the indexing services
- **Introduction:** Refer to other literature, and provide context and purpose for the study
- **Method:** Explain how the data were collected and analyzed; report statistical significance
- **Results:** Describe what was discovered – answer research question(s)
- **Discussion & Conclusions:** Describe the implications of the study for practice, policy, and/or future research, address limitations, and make recommendations
- **Acknowledgements:** Recognize those who helped with the research
- **References:** Recognize previously published work
- **Supplementary Material:** Online additions to the article which may include raw data, video, or audio
- Read *Understanding the Publishing Process: How to Publish in Scientific and Medical Journals* for more information on format and section requirements

Style & Language

- Report findings and conclusions clearly and concisely
- Use active voice
- For known facts and hypotheses use the present tense; use past tense when referring to experiments that have been conducted
- Write in third person

¹http://cdn.elsevier.com/assets/pdf_file/0020/131816/author_info_pack_2013_A4_sept_web.pdf

²Atherly, A., Fink, A. S., Campbell, D. C., Mentzer, R. M., Henderson, W., Khuri, S., Culler, S. D. (2004).

A chartbook is a comprehensive report that presents the most complete data available on a particular industry, specialty, or topic. For example, the Centers for Medicare and Medicaid Services (CMS) produce a Chronic Conditions Chartbook while the Kaiser Family Foundation has produced a chartbook to present all data available about the Medicare program. A chartbook may run between 100 and 300 pages. A majority of the document will be tables and figures with very little narrative or discussion. The purpose of the chartbook is to illustrate all that is known about a given topic based solely on the most recent available data.

General Guidelines

- In title, or in reference, it is referred to as chartbook (one word) not chart book
- There is no research question; it is an effort to learn what can be known from the robust data source
- Researchers typically release a newly revised chartbook on a given topic when data presented in a previous chartbook are out-of-date
- Graphs must be clear and easy to understand
- Presentation and format of graphs and tables need to be consistent throughout the document, including the colors chosen for each graph
 - If particular variables are measured or presented in a majority of the graphs, maintain color scheme (i.e. green for rural, red for urban; grey for men, blue for women, etc.)
- The chartbook must have clear organization and have distinct sections/subsections of data

Format

Format will vary widely. If a previous chartbook has been written based on the same dataset or source, replicate the previous format. While headings will vary, a health chartbook includes:

- Table of contents, followed by a separate list of tables and figures
- An executive summary, introduction, report overview, or brief highlight of the report to address the data source, the purpose, and to provide a guide for the remainder of the document
- A brief introduction for each section of topic specific data
- A short narrative to describe a finding or topic of consideration from each graphic
- Appendices to include a discussion of the data sources, and a glossary including common acronyms
- The document does not have a final summary, conclusion, or discussion

Examples

- Centers for Disease Control and Prevention. (2007). Injury in the United States: 2007 Chartbook. <http://www.cdc.gov/nchs/data/misc/injury2007.pdf>
- Centers for Medicare & Medicaid Services. (2013). Chronic Conditions Chartbook: 2012 Edition. <http://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Chronic-Conditions/CCChartBook.html>
- Centers for Medicare & Medicaid Services. (2013). Medicare Hospital Quality Chartbook: Performance Report on Outcome Measures. <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HospitalQualityInits/Downloads/-Medicare-Hospital-Quality-Chartbook-2013.pdf>
- The Henry J. Kaiser Family Foundation. (2010). Medicare Chartbook. <https://kaiserfamilyfoundation.files.wordpress.com/2013/01/8103.pdf>

OVERVIEW

Medicare provides substantial health and financial security for 47 million elderly and disabled Americans. Medicare is a social insurance program, like Social Security, that offers health coverage to eligible individuals, regardless of income or health status. People pay into Medicare throughout their working lives and generally become eligible for Medicare when they reach age 65, although younger adults can also qualify if they have a permanent disability. Comprising approximately 15 percent of the federal budget and 20 percent of total national health spending in 2010 and a rising share of the nation's gross domestic product (GDP), Medicare is often a part of discussions related to the growth in federal spending and rising health care costs. With the dual challenges of providing needed and increasingly expensive medical care to an aging population and keeping the program financially secure for the future, the Medicare program is likely to remain at the forefront of national policy discussions in the coming years.

This chartbook provides basic information about Medicare today and the challenges facing the program in the future, and is organized in the following sections:

Section One: Medicare Beneficiaries

Medicare currently covers 47 million people, including 39 million people age 65 and older and 8 million nonelderly people with a permanent disability. Between 1966 and 2000, the number of people on Medicare more than doubled, and is projected to double yet again to 80 million by 2030. Medicare serves a population with diverse needs and circumstances. Nearly half of all Medicare beneficiaries live on an income below 200 percent of the federal poverty level, and those with lower incomes generally report being in poorer health than their higher income counterparts. Nearly half have three or more chronic conditions, roughly one-third has a cognitive or mental impairment, and more than one-fourth of all beneficiaries report their health status is fair or poor. More than two million Medicare beneficiaries live in nursing homes or other long-term care settings, most of whom are female and nearly half of whom are ages 85 and older.

Section Two: Medicare Benefits, Utilization, and Access to Care

Medicare covers a broad range of health care services, including inpatient and outpatient hospital care, post acute care such as home health and skilled nursing facility care, physician services, diagnostic testing including preventive services, prescription drug coverage, and hospice care. Medicare-covered benefits are typically subject to deductibles and coinsurance payments. Despite offering a relatively generous benefits package, Medicare provides limited long-term care benefits and does not cover eyeglasses, hearing aids, or dental care. Because health problems tend to rise with age, Medicare beneficiaries generally use more health care services than younger adults. In 2006, 82 percent of all beneficiaries had one or more physician visit, 21 percent were hospitalized, and 30 percent had one or more emergency room visit. A relatively small share of Medicare beneficiaries report access problems across a broad range of standard measures; however, rates of access problems tend to be higher among certain subgroups, such as those with low incomes, those in relatively poor health, the non-elderly disabled, and beneficiaries without supplemental coverage.

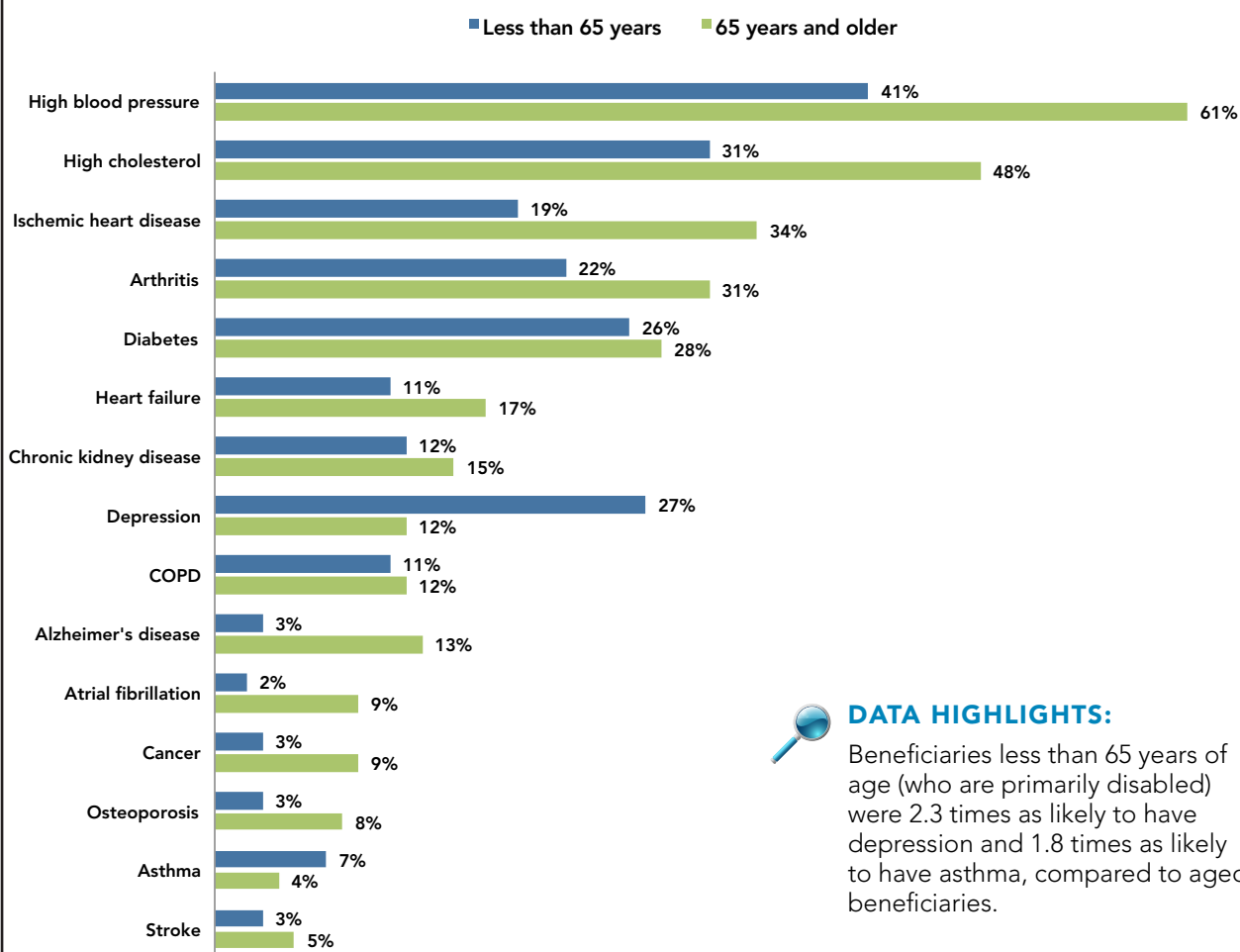
Section Three: Medicare and Prescription Drugs

Medicare beneficiaries are highly dependent on prescription drugs to manage their acute and chronic health conditions, with virtually all beneficiaries (88 percent) taking at least one medication in 2006. Since 2006, Medicare has offered access to an outpatient prescription drug benefit (Part D) through private plans, including stand-alone prescription drug plans (PDPs) and Medicare Advantage prescription drug (MA-PD) plans. Assistance with drug plan premiums and cost-sharing is available to beneficiaries with limited incomes and resources. As of 2010, 90 percent of Medicare beneficiaries have prescription drug coverage, the majority of whom are enrolled in a Part D plan. About 10 million people on Medicare receive low-income Part D subsidies; however, an estimated 2.3 million were eligible for these subsidies in 2009 but did not receive them.



“Chronic conditions were more prevalent among aged beneficiaries but depression was more common for disabled beneficiaries”

Figure 1.1b Percentage of Medicare FFS Beneficiaries with the 15 Selected Chronic Conditions by Age: 2010



DATA HIGHLIGHTS:

Beneficiaries less than 65 years of age (who are primarily disabled) were 2.3 times as likely to have depression and 1.8 times as likely to have asthma, compared to aged beneficiaries.

► Does hospital performance on the stroke mortality measure differ by geographic location?

FIGURE C.1.5. Classification of HRRs by RSMRs for Stroke, January 2009 – December 2011.

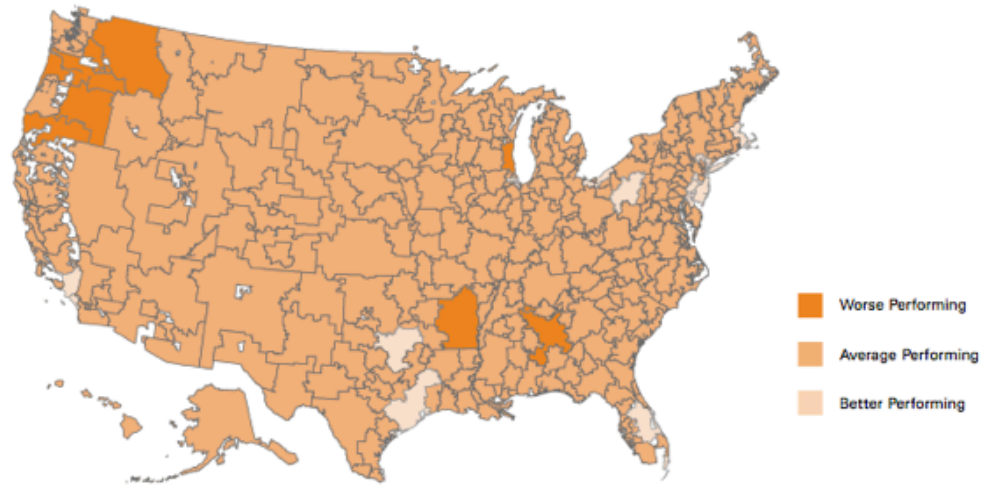


Figure C.1.5 displays geographic variation by Hospital Referral Region (HRR) in risk-standardized mortality rates (RSMRs) after hospitalization for ischemic stroke from January 2009 to December 2011 (for more information on definition of HRRs please see Appendix V). The darkest orange areas represent the HRRs that are performing significantly worse than the national stroke mortality rate, while the lightest orange areas represent the HRRs that are performing significantly better than the national stroke mortality rate. The remaining HRRs in medium-orange have stroke RSMRs that are similar to the national rate. There were 8 HRRs (3%) that performed worse than the national rate on the stroke mortality measure, while 19 (6%) HRRs were better performing on the stroke mortality measure. The median RSMR for the worse-performing HRRs was 16%, while the median RSMR for the better-performing HRRs was 14%.

TABLE C.1.5. Worse- and Better-Performing HRRs on the Stroke Mortality Measure, January 2009 – December 2011.

WORSE-PERFORMING HRRs	BETTER-PERFORMING HRRs
Birmingham, AL	Orange County, CA
Little Rock, AR	Los Angeles, CA
Bend, OR	Wilmington, DE
Medford, OR	Miami, FL
Portland, OR	Orlando, FL
Spokane, WA	Blue Island, IL
Yakima, WA	Chicago, IL
Milwaukee, WI	Melrose Park, IL
	Boston, MA
	Camden, NJ
	Hackensack, NJ
	East Long Island, NY
	Manhattan, NY
	White Plains, NY
	Cleveland, OH
	Philadelphia, PA
	Pittsburgh, PA
	Dallas, TX
	Houston, TX

Source Data and Population: Stroke Measure Cohort data – January 2009 – December 2011 (Appendix I).

Notes: 1) Veterans Health Administration (VA) hospitals are not included in this analysis. 2) Stroke mortality measure is shown on the map. 3) The HRR methodology can be found in Appendix V.

Prepared for CMS by YNHSC/CORE.

PowerPoint Slide Presentation 27, 28, 29, 30

A PowerPoint slide presentation is an effective way to support speech, visualize a complicated concept, and share research findings with a large audience. PowerPoint presentations have increased in popularity with the growth of web-based meetings and webinars. The purpose of a slide presentation is to provide visual support for the information being discussed. PowerPoint slides do not contain the narrative, nor effectively stand on their own.

What To Do

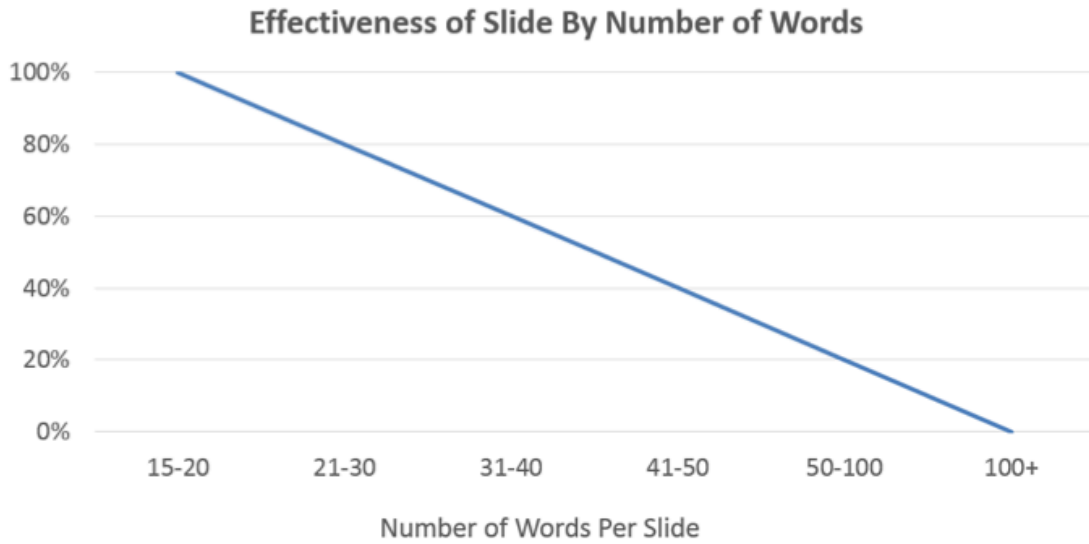
- Keep the audience, their current knowledge base, and desired outcomes in mind
- Keep design very basic and simple
 - Avoid busy backgrounds and Microsoft templates that contain distracting images
- Keep the number of slides to a minimum
 - Generally plan to spend at least one minute per slide
- Consistently use same font and font sizes on all slides
- Choose the right font
 - Helvetica or Arial are preferred; avoid Arial Narrow or Times/Times New Roman
 - Font size 24 or larger
 - Italics are hard to read
- Clearly label each slide
- Use bullets and short phrases or keywords
 - 6 x 6 rule: No more than 6 words per line and no more than 6 lines per slide
 - One line per thought – no wrap-arounds
 - More effective to have one bullet appear at a time so the audience will not read ahead
- Use graphs and figures – they are more powerful than tables or narrative
 - Keep graphs simple and easy to both read and understand
 - Make sure no part of the graph is difficult to read from a distance (e.g., data labels)
- Utilize empty space to enhance readability
- Use dark letters on a light background instead of light letters on a dark background

What Not To Do

- Write out full sentences – keywords only
- Read the slides during presentation
- Use images to decorate – only to visualize and explain
- Use clipart
- Use a lot of punctuation!
- Use animated transitions
- Apologize for color or font size – if it will be hard to see or understand, do not include it
- Utilize unnecessary sound effects
- Abbreviate or use acronyms
- Give the presentation without practice or without testing equipment prior

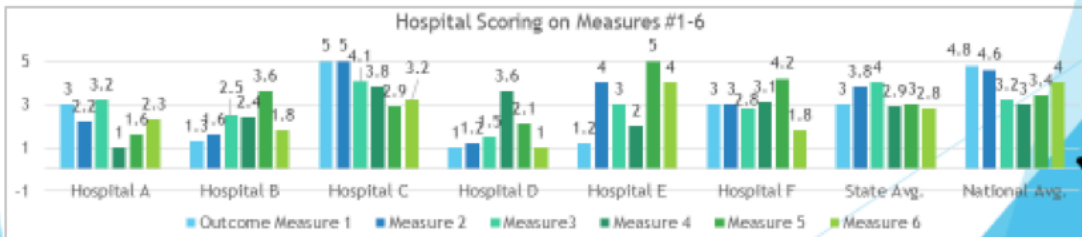
Effective PowerPoint Slide

- Simple, keyword bullets
- Basic design
- Let graphics tell story
- Easy graphs, not tables



Examples of what NOT to do: To Begin with, Long Titles or Templates with Unnecessary Graphics

- ▶ It is best to use bulleted lists that do not have long sentences that wrap over to the next line like this. A bulleted list should only include key words or phrases between six and eight words. Do not include full sentences or punctuation!!!!!!
- ▶ No more than six bullets per slide
- ▶ Do not write out everything you are going to say, and then read directly from the slide. You want the audience to listen to you and not read the screen.
- ▶ *Italics*, small fonts, and "fancy fonts" (e.g., Arial Narrow or Times New Roman) are harder to read
- ▶ Utilize white space
- ▶ Do not include clip art or images that do not add to the discussion
- ▶ Do not include tables or graphs that are too small to read from a distance



Poster Presentation 31, 32, 33, 34

Poster presentations efficiently communicate concepts and data to an audience using a combination of text and visuals. They allow the author to network, speak with interested viewers, promote their work, and facilitate the exchange of ideas. An effective poster is focused, graphic, and well ordered.

General Guidelines

- Limit the focus of the poster and provide supplemental resources as needed
- Accentuate the most important information
- Use graphics to tell the story as much as possible, but only graphics that have purpose; visual grammar: express the points in graphical terms and use text sparingly
- If the poster will be judged, ask for the judging criteria and use as a guide
- Engineer the poster for the location and manner in which it will be displayed
- Use phrases in place of sentences when possible and use active, not passive, verbs
- Titles are free of jargon, fewer than 10 words, and highlight the topic but not the conclusions
- Secure funding and hire a graphic designer, and/or print the poster professionally
- Ensure that the objectives and main points stand out and are easy to identify

Format

Format will vary, but typically follow a format similar to that which is described below.

- **Title:** Top center of poster in largest font
- **Authors:** Below title, in much smaller font, list the authors and their institutional affiliations
- **Abstract:** Top right corner, if included at all; make statement of the conclusions
 - Most literature recommend NOT including an abstract; it is redundant and wasted space because the poster itself is a large, graphic abstract – a succinct description of the study
- **Introduction:** Presents the background, importance, purpose, and hypothesis if appropriate
- **Methods:** Address the research design, setting, data set, participants, and method of analysis
 - Employ bulleted lists to identify variable or sample characteristics
- **Results/Findings:** Present results that are statistically significant; present the data
 - Use visuals to present the results (graphs and bulleted lists)
- **Discussion:** State what is concluded based on the data and implications for policy/practice

Design

- Use bolding, text boxes, and graphics to emphasize important points
- Use tables sparingly (no long tables) and consider if information could be presented as graph
- Use plenty of white space
- Only high quality images
- Light background with dark-colored text
 - Use no more than three font styles and sizes with no font size smaller than 18; 24 preferred
 - NEVER use 10 or 12 point font; 14 point font is appropriate only for the fine print
- Sans Serif fonts are more difficult to read (Helvetica)
- Use color, but use it thoughtfully and with purpose
- Do not make the poster dense with text; average viewing time is between 3 and 5 minutes
- Strive for consistency, uniformity, and a clean, readable look; have a flow to the poster that moves top down and left to right
- Create clear sections with spacing and headers

Infographic ^{35, 36}

Information graphics, also known as infographics, are visual explanations of data, information, or knowledge. A well-developed infographic is an excellent tool for clearly and immediately explaining complex data. An infographic may stand alone as a one page flyer, be presented as a slide in a larger presentation, provide summation in a report, or be printed as a large poster for display.

General Guidelines

- Final product will clearly present complex information/data/findings and be easy to consume
- Identify the take-away or purpose and find accurate and statistically significant data to support that finding
 - Infographics are visual and do not contain much explanation; instead of noting that a finding is statistically significant, only report findings that are
- Work with a graphic designer to accomplish conveying the findings/message
 - Infographics that are not created by a professional or done well run the risk of being ineffective or not being taken seriously
- An infographic is creatively designed, colorful, lively, shocking, and educational
- Make the infographic interactive by posing thought provoking questions
- Include necessary logos with a link to the website and other contact information
- Make it as easy as possible for readers to share the infographic by sharing a code to embed it
- Create the infographic for the target audience; make it clear and interesting for them
- Do not make it too complex – be able to explain the infographic in one sentence and have one overarching idea
- Limit infographics to 8,000 pixels and compress the image so it is under 1.5MB

Format

There is no standard format, but the story of the infographic needs a structure. While the graphic designer will create the infographic and generate ideas for visual representation, a researcher or the one creating the message must provide content, with the following in mind:

- **Title:** A good title will tell readers what they will discover from the infographic
 - Ideal length is six words
- **Title Tag:** A short description to further elaborate the title; a summary of the infographic
 - Ideal length is 55 words
- **Body:** People are more interested in a story than just facts or data; position the information around a focal point
 - Reflect either a typical or singular focal point, a comparison, or process (visit <http://piktochart.com/structuring-a-story-for-your-infographic/> for more information)
- **Conclusion:** A good ending will leave the reader either with lingering thoughts, or with the urge to act as the call to action dictates
 - Write a compelling conclusion to close the case

Promotional Products 6, 37, 38, 39

Research centers and rural health organizations can use brochures, flyers, and other promotional pieces to inform diverse audiences of their mission and current activities. Promotional items inform the public about the organization and are not meant to highlight a specific research project or topic.

General Guidelines

Regardless of the promotional product, adhere to the following:

- Ask intended audience what they need to know about the organization
- Provide content, but leave design, layout, and format to professionals when possible
- One page flyer has greater usability than a tri-fold brochure
- Never more than one page
- Divide content into sections that flow and are easy to consume
- Use visuals to help communicate the message; ensure they have meaning
- Use high quality paper
- When considering content, think of how often that information would need to be updated
- Make it accessible in an electronic format to share online
- Include a call to action (e.g., call today, sign-up for alerts, visit the website today)
- Include only relevant information; can provide links to more information
- Insert testimonials when appropriate
- Contact information comes last (back page of brochure, bottom of a flyer)

Design

- Limit the number of fonts (no more than three)
- Keep font size between 10 and 14
- Use only high quality images
- Keep the layout simple and clean
- Use colors and images to attract and keep the attention of the audience
- Utilize page breaks, bullets, call outs and other graphics to reduce the amount of narrative
- Design so the audience can grasp the main idea at first glance
- Use only high quality images; generic clip art is often interpreted as outdated or amateur
- One large photo or graphic usually communicates better than many small ones

Web or Electronic Version

Creating a Web-based promotional piece is an eco-friendly alternative to paper. Web products can be easily e-mailed to large audiences, linked in social media, and forwarded on to others. It is important to ensure the product is compatible with multiple e-mail systems before sending. Consider uploading all printed materials online as well.



Rural Health Research Gateway

The Rural Health Research Gateway is an online library of research and expertise. It's free to use, searchable, and provides access to the work of all ten federally-funded Rural Health Research Centers and Policy Analysis Initiatives.

The Rural Health Research Center (RHRC) is the only Federal program that is dedicated entirely to producing policy-relevant research on health care in rural areas. The Federal Office of Rural Health Policy funds seven RHRCs and three rural health policy analysis initiatives. The Centers study critical issues facing rural communities in their quest to secure adequate, affordable, high-quality health services for their residents.

This online resource of research connects you to:

- Research and Policy Centers
- Research Projects
- Experts
- E-mail Alerts
- Fact Sheets
- Policy Briefs
- Reports
- Communication Toolkit

How can we help?

- info@ruralhealthresearch.org
- www.facebook.com/RHRGateway
- twitter.com/rhrgateway

ruralhealthresearch.org



This project was supported by the Federal Office of Rural Health Policy (FORHP), Health Resources and Services Administration (HRSA), U.S. Department of Health and Human Services (HHS) under grant # U1JRH26218. The information, conclusions, and opinions expressed in this toolkit are those of the authors and no endorsement by FORHP, HRSA, or HHS is intended or should be inferred.

Regardless of the mode of dissemination, the title of the document will determine who sees and reads the product. A user will not read further if the title does not entice them. Additionally, indexing and abstracting services rely on accurate titles in extracting keywords for cross-referencing online. Researchers should spend considerable time and thought in developing an interesting and accurate title.

A Title Should

- Clearly and precisely reflect the content; simple, specific, and catchy
- Omit unnecessary words and keep at 10 or fewer

~~Investigation of Vacancy Rates by Provider Type among Rural and Urban Hospice Agencies~~

~~Study of Vacancy Rates by Provider Type among Rural and Urban Hospice Agencies~~

~~Research on Vacancy Rates by Provider Type among Rural and Urban Hospice Agencies~~

- If only a small number of variables were studied include them in the title

Good: *Vacancy Rates by Provider Type among Rural and Urban Hospice Agencies*

- May include a subtitle: Separate with a colon
- Focus on what was studied, not the findings

Avoid: *Rural Hospice Agencies have Higher Vacancy Rates across all Provider Types when Compared to Urban Counterparts*

A Title Should NOT

- Be a complete sentence
- Include jargon, acronyms, or abbreviations

Avoid: *FTEs of RNs, LPNs, NPs, CNAs, and MDs in Rural and Urban Hospice Agencies*

Better: *Health Provider Staffing Structures in Rural and Urban Hospice Agencies*

- Try to be too clever or humorous
- Name specific instruments unless the instrument is the area of focus

Avoid: *Quality of Care in Rural and Urban Hospice Agencies: CAHPS Survey Scores*

Better: *Rural Relevance of the Hospice Consumer Assessment of Healthcare Providers and Systems Survey (CAHPS)*

- Be a question: If writing a title as a question, avoid those that can be answered yes or no

Avoid: *Do Rural Hospice Agencies Struggle More than Urban to Fill Provider Vacancies?*

Good: *To What Extent do Rural Hospice Agencies Struggle to Fill Provider Vacancies?*

Better: *Rural Hospice Agencies' Barriers to Filling Provider Vacancies*

Abstracts provide a summary of the report in less than 300 words; some journals limit to 150. The abstract is the only section of a submission that is: published in conference proceedings; reviewed by potential referees; and, accessible to readers when they search electronic databases.

General Guidelines

- Write the abstract last to ensure abstract represents entire paper
- Provide as much detail as permitted within the word limit
- Title and abstract will be able to stand on their own
- Address any unique aspects of the study, and/or if this is a new line of inquiry
- If study is strongly tied to a theory, name that theory
- Utilize subheadings whenever permissible
- Do not include tables, figures, references, or software utilized in analysis

Format

While each journal/conference will have specifications, many conform to a formal structure.

- **Background:** Shortest section of the abstract (2-3 sentences) and addresses what is known and what is not known about the subject; states the problem/purpose
- **Methods:** Second longest section of abstract and addresses (as relevant): research design, data set, sample size, participant qualifiers, setting of study, treatment, study duration, instruments, and the primary outcome measure and how it was defined
- **Results:** Longest and most important section and provides as much detail about the findings as word count permits
 - Results of the analysis of the primary objectives (along with P values in parentheses)
 - Provide statistics along with confidence intervals
 - Address important negative findings
- **Conclusions:** Contains three elements: (1) primary take-away; (2) additional findings of importance; (3) researcher's perspective and/or implications
 - This section has the greatest impact on the average reader

Example Abstract

BACKGROUND: Comparison of institutional health care outcomes requires risk adjustment. Risk-adjustment methodology may influence the results of such comparisons. **METHODS:** We compared 3 risk-adjustment methodologies used to assess the quality of surgical care. Nurse reviewers abstracted data from a continuous sample of 2,167 surgical patients at 3 academic institutions. One risk adjustor was based on medical record data (National Surgical Quality Improvement Program [NSQIP]) whereas the other 2, the DxCG and Charlson Comorbidity Index (CCI), primarily used International Classification of Disease-9 (ICD-9) codes. Risk-assessment scores from the 3 systems were compared with each other and with mortality. **RESULTS:** Substantial disagreement was found in the risk assessment calculated by the 3 methodologies. Although there was a weak association between the CCI and DxCG, neither correlated well with the NSQIP. The NSQIP was best able to predict mortality, followed by the DxCG and CCI. **CONCLUSION:** In surgical patients, different risk-adjustment methodologies afford divergent estimates of mortality risk.²

² Atherly, A., Fink, A. S., Campbell, D. C., Mentzer, R. M., Henderson, W., Khuri, S., Culler, S. D. (2004). Evaluating alternative risk adjustment strategies for surgery. *American Journal of Surgery*, 188(5), 566-70.

National conferences provide the opportunity for many of the primary organizations and leads in the rural health industry to network. Effectively exhibiting at a conference or other event requires significant preparation and presence. A display should not stand on its own but always have a representative available to speak to the mission and purpose. This provides an opportunity to speak to a research agenda, share recent reports, and ask what others in the industry would be interested in learning more about.

General Guidelines

- Plan ahead, identify the appropriate conferences, and fill out applications on time
- Market prior to the conference, let the target audience and members of existing networks know when and where the exhibit will be displayed
- Always follow up with contacts/leads after the exhibit
- Update the exhibit to ensure relevant material, graphics, and information
 - The older the trade show display, the less innovative booth visitors will perceive the organization/company
- When options are available, select a booth size appropriate for the display
- Ensure that those who staff the booth are well informed and capable of answering questions and engaging the audience
- For any exhibit that has more than three hours exhibit time, send multiple representatives
- Use technology to your advantage
- Be aware of the booth size and what is included (access to internet or a power cord if necessary)
- Share the exhibit experience on social media in real time
- Never assume visitors know who you are or what you do

Display Design

- Have the display and products for dissemination developed by professionals
- Use bright colors, bold images, dynamic graphics, and photos or illustrations that will be appealing
- Display simple, high quality graphics sharing who you are, what you do, and how you can help
- The more words on the trade show display, the fewer times they will be read
- The bigger the main visual image on the trade show exhibit, the better the audience will understand the message
- Ensure that the words on the exhibit are legible, that text is not too small, has high contrast with the background, uses a font that can be easily read, and presents information that is not hidden by other exhibit components
- Make the booth more inviting by not filling it with too much display, too much product, or too big of a table
- Provide something the attendee can take with them
 - Brochure/flyer
 - Copies of recent publications/research products
 - Promotional items (e.g., pens, flash drives, note pads)

THE CRITICAL SHORTAGE OF DOCTORS AND OTHER HEALTH PROFESSIONALS IN NORTH DAKOTA IS ABOUT TO QUADRUPLE

THE UNIVERSITY OF NORTH DAKOTA'S GOOD PLAN:
Growing Our Own Doctors

1 SOW
WITH CURRENT STUDENTS

2 GROW
BROADER & DEEPER ROOTS

3 HARVEST
A HEALTHY 2:1 RETURN

Since 1991, more than six in ten students who both graduate and complete residency in North Dakota stay here to practice.

Like farming, the way to grow more family physicians and other medical professionals to keep up with the growing need is to plant more.

To Grow Our Own Doctors and other health professionals, the School of Medicine and Health Sciences is asking for additional general funds support.

Scrub Academy
The University of North Dakota

MED.UND.EDU/

HWPC

HEALTH CARE!
7-10

UNIVERSITY OF NORTH DAKOTA
SCHOOL OF MEDICINE & HEALTH SCIENCES

UNIVERSITY OF NORTH DAKOTA

NORTH DAKOTA MEDICINE
The Right Staff
The Right Staff
The Right Staff

Social Media ^{45, 46, 47}

The use of social media tools to disseminate health messages and health research has grown exponentially, specifically with regard to Twitter, Facebook, and YouTube. Using social media tools is an effective way to expand reach, foster engagement, spread key messages, and increase access to credible health research.

Popularity of Social Media in the United States

- More than 70% of internet users are on Facebook; accounts for 58% of entire adult population
- More than half (56%) of internet users 65 and older now use Facebook.
- 70% of Facebook users visit the site daily compared to 36% of Twitter users
- 19% of American adults (18+) use Twitter
- 22% of American adults (18+) use Pinterest

General Guidelines

- Be strategic and purposeful in use of social media
- Monitor the efficacy of posts to ensure the intended audience is engaged; employ social media management tools, such as HootSuite, to plan and monitor audience engagement
- Time social media posts based to concur with highest traffic times and take advantage of popular celebrations or trending topics such as National Rural Health Day
- Be aware of the target population and their preferred medium (e.g. Facebook, Twitter)
- Make sure all postings are accurate, consistent, and science-based
- Make content portable; easy for the intended audience to share with others
- Encourage participation by interacting with end users and promoting action
- Share research in multiple formats
- Create different messages on the same topic to engage diverse audiences
- Use marketing strategies to capture attention; numbered lists are very effective (e.g. Five Ways to Improve Heart Health)

Plain Language

- Quickly engage reader
- Limit use of jargon, technical, or scientific language
- Write in active voice
- Keep messages short
- Write in friendly but professional tone
- Choose words with one definition or connotation
- Use measurements that are familiar to the intended audience
- Choose familiar terms, and use them consistently
- No acronyms
- Use contractions (e.g., can't, don't, haven't) but do not use trendy abbreviations (e.g. UR as your)
- Consider using alternatives to words expressing mathematical concepts such as *risk*, *normal*, *significant*, *range* if those words do not have meaning to the intended audience

Avoid: *Breathing secondhand smoke is correlated with incidence of SIDS*

Better: *Breathing smoke from someone else's cigarette or pipe (secondhand smoke) can cause sudden infant death syndrome (SIDS)*

Twitter is an information network that enables users to send and read messages made up of 140 characters or less, called Tweets. Twitter users subscribe to receive tweets by selecting other twitter users (people or organizations) to follow. Followers then receive messages in their timeline that includes a feed of all the accounts they subscribe to. The short, easy to read, public messages make Twitter a powerful, real time way of communicating.

General Guidelines

- Create a profile name (Twitter handle) that is less than 15 characters and describes the subject matter of the account or the name of the organization
- Write a biography 160 characters or less to describe the profile
- The image should be an organization's logo, and should not be changed once set
- Keep followers engaged and post frequently – at least every other day
- Provide links to the Twitter profile on other communication materials
- Follow other appropriate health organizations to be a part of the conversation
- Set guidelines for what can be tweeted, by whom, and how often
- Define a policy for engaging with Twitter followers and how to respond
- Set standards for what can be retweeted from partner organizations



HHS.gov @HHSGov · Feb 18

Are you one of the millions that #GotCovered for 2015? Share your story today! 1.usa.gov/1ckDTXC

Tweet Format

- Allowed 140 characters, but recommended to keep at 120 or less, including shortened URL (internet address) so more text can be added by those who retweet the message
- Reader friendly and action oriented
- Mention appropriate partners when applicable (@HRSAGov)
- Add a hashtag to contribute to a larger conversation on the topic (#ruralhealth)
- Include images, such as a photo or graphic, to illustrate and catch attention

Twitter Syntax

- **Follow:** Follow (subscribe to) other Twitter accounts to receive an individual's or organization's Twitter updates (Tweets)
- **Retweet (RT):** Allows you to share another user's tweet with your followers (RT@AHRQNews)
- **Mention (@):** Twitter enables users to automatically link to each other by putting the @ symbol in front of the username (handle) in a message (@RHRGateway)
- **Hashtag (#):** A hashtag is created when you put the # symbol before a word; it is a way to categorize tweets around a particular topic (#GotCovered)

Facebook 45, 49

Facebook is an online community where people can interact, share stories, create events and learn about others in their network. There are Facebook profiles for individuals, and Facebook pages for organizations, groups, brands, and businesses. Unlike profiles, pages are moderated by page administrators who can log on to post comments, share stories, and monitor content. Research organizations and other rural health entities host Facebook pages. When someone likes an organization's page, all posts and content shared on that page will appear in the user's newsfeed.

General Guidelines

- Create a profile name based on the name of the organization; easy to recognize
- Select a profile photo that reflects the organization (the logo if applicable); this image should not be changed once set and is what will appear alongside all posts in users' newsfeeds
- Select a cover photo; this a larger image that runs horizontal on the top of the page and can be changed
- The About section provides basic information and includes, at minimum, the organization's mission/purpose and any necessary disclaimers
- Post daily at a minimum
- Set guidelines for what can be liked and what can be posted, by whom, and how often
- Define a policy for engaging with end users and how to respond to posts on the page
- Set standards for what can be shared from partner organizations

Facebook Post Format

- Recommended to keep original posts at 250 characters or less (though this is not a limit set by the website)
 - Length of comments made on other organizations' posts should be 1,000 characters or less and include links for more information when applicable
- Keep posts reader friendly and action oriented
- Ask users to share, like, or comment when posting to encourage interaction
- Respond as soon as possible to comments and other page posts from your followers
- Add relevant links and images when possible and add any appropriate Twitter hashtags

Facebook Syntax

- **Like:** Clicking *Like* on a post provides positive feedback and conveys interest to friends and followers
- **Newsfeed:** An ongoing list of updates on a user's homepage that shows the latest activity of friends and pages they follow (e.g., new posts, likes, uploaded photos, shared videos)

connecting research to diverse audiences



Rural Health Research Gateway
Research Service

Like Follow Message

Timeline About Photos Reviews More



National Rural Health Association

March 2 at 3:32pm

He wasn't a real doc, but we think this applies to rural health on what would have been Dr. Seuss' 111th birthday. #SaveRural

unless *someone like you* cares a whole awful lot, nothing is going to get better.
IT'S NOT.

-dr. seuss

themichiganmom.com

Like · Comment · Share · 27 1 3

Press Releases & Media Interviews 50, 51, 52

Press releases are short, compelling documents that detail new information, event announcements and other newsworthy items. The media plays a significant role in setting the country's social and policy agenda. News coverage of health issues is perhaps the greatest single source of health education in the United States. Great press releases are meant to pique the interest of journalists who may seek to cover the topic further. While the format for a press release is basic, the content of the release should be anything but. Media releases should follow Associated Press guidelines.

Press Release Guidelines

- Tailor a press release to meet the needs of the media outlet; focus on a topic or point of interest they are more likely to print or follow-up on
- When possible, have a professional write the press release
- Focus on the facts
- Make sure to wait until there is a topic with enough substance to issue a release
- Sending news releases simultaneously to several news outlets increases the likelihood of coverage
- Use short sentences and always provide a resource and/or contact for further information
- Use active voice and include quotes when possible
- Use plain language and avoid excessive use of adjectives
- The best time to send a news release is early in the week and early in the day

Press Release Format

- Keep to one page; two maximum
- Grab attention with a good headline
- Answer who, what, when, where, and why in the first paragraph
- Present the most important information first
- Tell the audience the information is intended for them and why they should continue to read it
- Quantify the argument and present data to support the argument or analysis
- Include quotations from an expert or the subject of the press release whenever possible – this increases the chances of the release getting printed or “picked up” for further media coverage

Media Interview Guidelines

Interviews may occur for print, radio, or television. Regardless, there are general guidelines.

- Always return a reporter's phone call to: confirm the date/time/location, confirm the topic and type of interview, and ask about the intended audience
- Rehearse answers to typical questions
- Plan up to three main messages you want to convey and get the main points across right away; repeat these messages as much as possible
- Use bold, short, catchy statements to increase the chance of being quoted
- Always tell the truth, and if not authorized to give certain information, refer them to who can
- Avoid complicated language that would be difficult for the audience to understand (no jargon)
- Smile, speak slowly, and enunciate clearly
- Use the interviewer's title
- Do not interrupt the interviewer
- Take time – it is perfectly acceptable to take a moment or two to collect ones thoughts
- Give short answers and refrain from using filler words such as “ums” and “uhs” and “okays”

Television Interview Guidelines

May be recorded ahead of time or done live, but generally are recorded.

- Learn the format of the program and what stories have recently aired
- Wear a dark suit with a light colored shirt; avoid patterns, bright colors, or clunky jewelry
- Avoid dark glasses and thick, dark frames
- Sit or stand straight and look at the reporter, not the camera or the floor
- Speak at a normal volume
- Do not repeat the reporter's question(s)
- When giving out a web site address or phone number, do it twice and slowly
- It does not matter if the interview is 60 seconds or 60 minutes – communicate main message in the first 30 seconds; additional time should be spent expanding basic points
- During the interview, do not look up at the ceiling when thinking of what say; look down if needing to look away for a moment
- Move your eyes down, not your entire head when glancing at notes
- Use relaxed, confident, and friendly body language

Radio Interview Guidelines

May be taped or live, but generally live.

- Keep answers short
- Be conversational and quotable
- Do not pause, or say “um” or “uh”
- Prior to the interview, request a list of questions that may be asked
- Be honest when unsure of the answer and follow-up
- The interview should be conducted in a quiet room
- Speak clearly and slowly
- Do not use an intercom phone or mobile phone, the audio will be distorted

Print Interview Guidelines

Interview is typically held over the phone and may or may not be recorded.

- Prior to the interview, learn the purpose of the interview, the type of story to be written, the angle, profession/title/name of others being interviewed for the same article, and the reporter's background
- Read other articles written by the same reporter
- Print interviews can run anywhere between 10 and 60 minutes
- Identify main message prior to the interview and repeat the message throughout
- Send the reporter information on the topic prior to the interview and any additional relevant resources following the interview

Interview Follow Up

- Thank the reporter
- Give the reporter a business card
- Ask when to expect the interview to appear
- If pleased with the results of the interview, send a complimentary email or a thank you note

Research indicates oral health disparities in North Dakota

Grand Forks, N.D. — A new report shows a need for improved access to dental care for rural residents in North Dakota. The study on oral health resources in the state was conducted by The Center for Rural Health in response to a request from the North Dakota state legislature.

The report was developed with statewide data and input from North Dakota oral health stakeholders, that includes dental providers, advocacy groups, state departments, public health, insurance providers, research experts, and public schools. The group assessed the capacity of the current oral health workforce and unmet need for oral health care in North Dakota.

“The complete report offers a comprehensive and impartial assessment of the oral health status for North Dakota,” says Dr. Shawnda Schroeder, Center for Rural Health. “It points to the imperative need for action to ensure the success of current oral health programs and initiatives. Additionally, the report offers possible interventions recommended by the oral health stakeholders group as the first and necessary step in a larger effort to improve oral health in the state.”

The research found that there is inadequate prevention, low oral health literacy, and poor access and utilization of both preventive and restorative care among Medicaid enrollees, the uninsured and underinsured, rural citizens, and American Indian patients. In North Dakota, 12 counties have no dentist and an additional 18 have two or fewer. In 2013, 67% of all the licensed dentists worked in the four largest counties: Burleigh, Cass, Grand Forks, and Ward. The percent of dentists accepting new Medicaid patients has declined and in 2013, 73% of Medicaid enrolled children went without a preventive dental visit in the last calendar year.

The findings have been summarized and presented to the state legislature’s Health Services Interim Committee. Recommendations from the Oral Health Stakeholder Working Group include strengthening existing prevention programs, expanding Medicare and Medicaid to provide incentives for dentists to accept more patients and improve coverage for enrollees, and improving access to care by addressing the uneven distribution of the current dental workforce, and expanding the scope of practice of current providers as needed.

The full report and accompanying executive summary can be accessed by visiting the Center for Rural Health’s webpage at ruralhealth.und.edu. The study was completed with funding from the Pew Charitable Trusts. Established in 1980, the Center for Rural Health is one of the nation’s most experienced rural health organizations. It has developed a full complement of programs to assist researchers, educators, policymakers, health care providers and, most importantly, rural residents to address changing rural environments by identifying and researching rural health issues, analyzing health policy, strengthening local capabilities, developing community-based alternatives and advocating for rural concerns.

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References

1. Kitson, A., Hoon, E., Newbury, J., Wilson, A., & Beilby, J. (2013). Knowledge translation within a population health study: How do you do it? *Implementation Science*, 8(54).
2. Staus, S. E., Tetroe, J. M., & Graham, I. D. (2011). Knowledge translation is the use of knowledge in health care decision making. *Journal of Clinical Epidemiology*, 64, 6-10.
3. McBride, T., Coburn, A., MacKinney, C., Mueller, K., Slifkin, R., & Wakefield, M. (2008). Bridging health research and policy: Effective dissemination strategies. *Journal of Public Health Management Practice*, 14(2), 150-154.
4. World Health Organization. (2014). *Disseminating the research findings*. Retrieved from http://www.who.int/tdr/publications/year/2014/participant-workbook5_030414.pdf.
5. Basaza, R., Kinengyere, A., & Sewankambo, N. (2014). *A national framework for sustainability of health knowledge translation initiatives in Uganda*. Retrieved from <http://www.who.int/evidence/sure/frsustainabilityktuganda.pdf>.
6. Centers for Disease Control and Prevention. (2010). *Simply put: A guide for creating easy-to-understand materials* (3rd ed.). Retrieved from http://www.cdc.gov/healthliteracy/pdf/Simply_Put.pdf.
7. Gagnon, M. L. (2011). Moving knowledge to action through dissemination and exchange. *Journal of Clinical Epidemiology*, 64, 25-31.
8. Pentlad, D., Forsyth, K., Maciver, D., Walsh, M., Murray, R., Irvine, L., & Sikora, S. (2011). Key characteristics of knowledge transfer and exchange in healthcare: Integrative literature review. *Journal of Advanced Nursing*, 67(70), 1408-1425.
9. W. K. Kellogg Foundation. (2006). *Elements of a strategic communications plan*. Retrieved from <https://www.wkkf.org/resource-directory/resource/2006/01/template-for-strategic-communications-plan>.
10. Food and Agriculture Organization of the United Nations. (2011). *Food Security communications toolkit*. Retrieved from <http://www.fao.org/docrep/014/i2195e/i2195e.pdf>.
11. Community-Based Monitoring System Network Coordinating Team. *Guidelines for writing a policy brief*. Retrieved from http://www.pep-net.org/sites/pep-net.org/files/typo3doc/pdf/CBMS_country_proj_profiles/Philippines/CBMS_forms/Guidelines_for_Writing_a_Policy_Brief.pdf.
12. International Development Research Centre. *Toolkit for researchers: How to write a policy brief*. Retrieved from <http://www.idrc.ca/EN/Pages/default.aspx>.
13. World Health Organization. (2014). *Evidence briefs for policy definition*. Retrieved from http://www.who.int/evidence/resources/policy_briefs/en/.
14. Connecticut Health Policy Project. Fact sheets and action alerts. In *The health advocacy tool box*. Retrieved from http://www.cthealthpolicy.org/toolbox/tools/fact_sheets.htm.
15. Work Group for Community Health and Development at the University of Kansas. (2014). Creating fact sheets on local issues. In *The community tool box*. Retrieved from <http://ctb.ku.edu/en>.
16. Bergstrom, G. (2015). *How to write a fact sheet*. Retrieved from <http://marketing.about.com/od/publicrelation1/a/prfactsheet.htm>.
17. Center for Rural Health. (2015). Communication tools: Fact sheets. Retrieved from <http://ruralhealth.und.edu/communication/factsheets>.
18. University of Colorado Denver Health and Behavioral Sciences. (2014). *Working paper guidelines*. Retrieved from <http://www.ucdenver.edu/academics/colleges/CLAS/Departments/hbsc/Research/WorkingPapers/Pages/Guidelines.aspx>.

19. Columbia University, (2013). *What goes in a final report*. Retrieved from <http://www.stat.columbia.edu/~martin/W1111/InfoFinalReport.pdf>.
20. Pyrczak, F., & Bruce, R. (2007). *Writing Empirical Research Reports* (6th ed.). California: Pyrczak Publishing.
21. Murray, R. (2013). *Writing for an academic journal: 10 tips*. Retrieved from <http://www.theguardian.com/higher-education-network/blog/2013/sep/06/academic-journal-writing-top-tips>.
22. Elsevier. (2014). *Understanding the publishing process: how to write in scientific and medical journals*. Retrieved from cdn.elsevier.com/assets/pdf_file/0020/131816/author_info_pack_2013_A4_sept_web.pdf.
23. Centers for Disease Control & Prevention. (2007). *Injury in the United States: 2007 chartbook*. Retrieved from <http://www.cdc.gov/nchs/data/misc/injury2007.pdf>.
24. Centers for Medicare & Medicaid Services. (2013). *Chronic conditions chartbook: 2012 edition*. Retrieved from <http://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Chronic-Conditions/CCChartBook.html>.
25. Centers for Medicare & Medicaid Services. (2013). *Medicare hospital quality chartbook: Performance report on outcome measures*. Retrieved from <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HospitalQualityInits/Downloads/-Medicare-Hospital-Quality-Chartbook-2013.pdf>.
26. The Henry J. Kaiser Family Foundation. (2010). *Medicare chartbook*. Retrieved from <https://kaiserfamilyfoundation.files.wordpress.com/2013/01/8103.pdf>.
27. Stevenson, J. (2015). *How to make an effective professional research presentation* [PowerPoint slides]. Retrieved from https://www.gvsu.edu/cms3/assets/B4A31AF5-FE18-57A3-0B2C38E8A615588B/how_to_make_an_effective_professional_research.pdf.
28. Chen, V. (2014). *Tips for making effective PowerPoint presentations* [PowerPoint slides]. Retrieved from <http://www.ncsl.org/legislators-staff/legislative-staff/legislative-staff-coordinating-committee/tips-for-making-effective-powerpoint-presentations.aspx>.
29. Microsoft Office. (2015). *Tips for creating and delivering an effective presentation*. Retrieved from <https://support.office.com/en-sg/article/Tips-for-creating-and-delivering-an-effective-presentation-f43156b0-20d2-4c51-8345-0c337cefb88b>.
30. Make Use Of. (2015). *10 PowerPoint tips for preparing a professional presentation*. Retrieved from <http://www.makeuseof.com/tag/10-tips-for-preparing-a-professional-presentation/>.
31. Block, S. (1996). Dos and don'ts of poster presentations. *Biophysical Journal*, 71(6), 3527-3529.
32. Hess, G., Tosney, K., & Liegel, L. (2015). *Creating effective poster presentations: An effective poster*. Retrieved from www.ncsu.edu/project/posters/.
33. American College of Physicians. (2015). *Preparing a poster presentation*. Retrieved from http://www.acponline.org/education_recertification/education/program_directors/abstracts/prepare/pos_pres.htm.
34. Plunket, S. *Tips on poster presentations at professional conference*. Retrieved from http://www.csun.edu/plunk/documents/poster_presentation.pdf.
35. Lim, H. (2014). *50 informative and well-designed infographics*. Retrieved from <http://www.hongkiat.com/blog/50-informative-and-well-designed-infographics/>.
36. Piktochart Infographics. (2015). *The ultimate guide to create your own infographic*. Retrieved from <http://piktochart.com/the-ultimate-guide-to-create-your-own-infographic/>.
37. Opsahl, W., Moulton, P., McEllistrem-Evenson, A., Gabriel, H., & Scurry, A. (2010). *A communications toolkit for health researchers*. Retrieved from <http://www.ruralhealthresearch.org/pdf/toolkit.pdf>.

38. *Brochure design: 10 top creative tips*. (2014). Retrieved from <http://www.creativebloq.com/graphic-design-tips/how-to-design-a-brochure-123267>.
39. Fishman, H. (2015). *15 tips for writing effective flyers*. Retrieved from <http://www.printaholic.com/15-tips-for-writing-effective-flyers/>.
40. Andrade, C. (2011). *How to write a good abstract for a scientific paper or conference presentation*. *Indian Journal of Psychiatry*, 53(2), 172-175.
41. Tenwick, P. (2011). *The ten secrets of successful exhibiting*. Retrieved from <http://www.marketingdonut.co.uk/blog/2011/11/ten-secrets-successful-exhibiting>.
42. Thimmesch, M. (2010). *18 hidden rules of trade shows*. Retrieved from <http://www.skyline.com/blog/category/guides-for-the-diy-exhibitor/posts/18-hidden-rules-of-trade-shows>.
43. Thimmesch, M. (2012). *3 ways to stand out in a 10 foot trade show booth*. Retrieved from <http://www.skyline.com/blog/category/guides-for-the-diy-exhibitor/posts/3-ways-to-stand-out-in-a-10-foot-trade-show-booth>.
44. Flavin, M. (2013). *25 of the most common trade show mistakes*. Retrieved from <http://www.skyline.com/blog/category/guides-for-the-diy-exhibitor/posts/25-of-the-most-common-trade-show-mistakes>.
45. Centers for Disease Control and Prevention. (2011). *The health communicator's social media toolkit*. Retrieved from http://www.cdc.gov/healthcommunication/ToolsTemplates/SocialMediaToolkit_BM.pdf.
46. Centers for Disease Control and Prevention. (2012). *CDC's guide to writing for social media*. Retrieved from <http://www.cdc.gov/socialmedia/Tools/guidelines/pdf/GuidetoWritingforSocialMedia.pdf>.
47. Pew Research Center. (2015). *Social media update, 2014*. Retrieved from http://www.pewinternet.org/files/2015/01/PI_SocialMediaUpdate2014_pdf.pdf.
48. Centers for Disease Control and Prevention. (2012). *Social media guidelines and best practices: CDC Twitter guidelines and best practices*. Retrieved from <http://www.scribd.com/doc/77934047/CDC-Twitter-Guidelines>.
49. Centers for Disease Control and Prevention. (2012). *Social media guidelines and best practices: Draft Facebook requirements and best practices*. Retrieved from <http://www.cdc.gov/SocialMedia/Tools/guidelines/pdf/FacebookGuidelines.pdf>.
50. Colorado Nonprofit Association. (2011). *Principles & practices for nonprofit excellence in Colorado: Communications toolkit* (2nd ed.). Retrieved from http://www.coloradononprofits.org/wp-content/uploads/communications-toolkit_pt.-1.pdf.
51. Cutler, Z. (2012). *8 tips for writing a great press release*. Retrieved from http://www.huffingtonpost.com/zach-cutler/press-release-tips_b_2120630.html.
52. Press Release Writing. (2015). *10 essential tips for writing press releases*. Retrieved from www.press-release-writing.com/10-essential-tips-for-writing-press-