Our First Newsletter

Happy Holidays and a warm "hello!" from all of us at the University of Minnesota Rural Health Research Center (RHRC). In the past, we have not sent periodic updates from our Center specifically, relying instead on the Rural Health Research Gateway. While they do a phenomenal job disseminating our publications, we thought it was time you heard from us directly. These newsletters will begin as bi-annual products, and may increase in frequency as time (and interest from our readers) allows.

What can you expect from each newsletter?

- A full list of our most recent publications, from journal articles to policy briefs, with links to where you can access them. This volume will encompass all from 2020.
- A press section highlighting where our research has been featured in news articles, or where researchers have published op-eds, or been interviewed about their work.
- A special piece focusing on our people, the Rural Health Research Center team members who make this work possible.

Recent Publications

In the midst of the many challenges of 2020, it has been a productive year. We have published the following:

- **Journal Articles**
  - “Local capacity for emergency births in rural hospitals without obstetrics services,” *Journal of Rural Health*, November 2020
  - “Racial and ethnic differences in self-rated health among rural residents,” *Journal of Community Health*, September 2020
  - “Nurse Practitioner autonomy and complexity of care in rural primary care,” *Medical Care Research and Review*, July 2020
  - “Differences by rurality in satisfaction with care among Medicare beneficiaries” *Journal of Rural Health*, May 2020
  - “Severe maternal morbidity and mortality among rural and urban Indigenous women in the United States” *Obstetrics and Gynecology*, January 2020

RHRC Scenes & News from 2020

Carrie spoke at a virtual town hall with U.S. Representative Angie Craig (MN-02) on rural health and health equity. October 2020.

In November 2020, Katy was honored as a 2020 Heinz Award winner for Public Policy! This prestigious award recognizes her work to advance health equity in maternity care.

We began an exciting new endeavor this year! Katy is leading a rural health initiative through the Clinical Translational Sciences Institute and the Office of Academic Clinical Affairs. As part of this, we were able to bring on two members to the RHRC team. Meet & hear from them on p.3.
• **Policy Briefs**
  - “Emergency Obstetric Training Needed in Rural Hospitals without Obstetric Units,” November 2020
  - “Obstetric Emergencies in Rural Hospitals: Challenges and Opportunities,” September 2020
  - “Characteristics of Counties with the Highest Proportion of the Oldest Old,” May 2020
  - “Rural and Urban Differences in Primary Care Pain Treatment by Clinician Type,” April 2020

• **Case Studies**
  - “Making it Work: Models of Success in Rural Maternity Care,” November 2020
  - “Providing Maternity Care in a Rural Northern Iowa Community,” August 2020

• **Infographics**
  - “Loss of Hospital-based Obstetric Services in Rural Counties in the United States, 2014-2018,” July 2020
  - “Rates of Living Alone by Rurality and Age,” April 2020

• **Practical Implications**
  - “Supporting the Health and Wellbeing of Middle-Aged Adults Living Alone in Rural Counties,” July 2020

• **Chartbook**
  - “Rural-Urban Differences among Older Adults,” August 2020

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**In the Media**

In the midst of the many challenges of 2020, it has been a productive year. We have been featured in a wide range of news articles, from small local (e.g. Adirondack Daily Enterprise, Hays Post, etc.) to large national outlets (e.g. Politico, Wall Street Journal, etc.). This coverage has included the following:

• 90 press pieces from 72 unique outlets
• 70 pieces covering COVID-19 in the rural US
• Commentaries published on the impact of COVID-19 in rural communities, including:
  • “Rural Moms Already Have No Place to Go. The Coronavirus Will Make the Problem Worse.” published in *US News & World Report.*
People

We are thrilled to welcome two new team members to the Rural Health Research Center.

**Katie Rydberg**
Katie is a Program Manager at the Rural Health Research Center. She holds a Bachelor of Arts in Psychology and Sociology/Anthropology from St. Olaf College (2015), and a Master of Public Health in Community Health Sciences from the University of Illinois at Chicago (2017).

Prior to joining the Rural Health Research Center, Ms. Rydberg coordinated the Rice County Chemical and Mental Health Coalition where she collaborated with community partners on programs related to substance use prevention and mental wellness. During graduate school, she worked as a Research Assistant at the Center for Research on Women and Gender on an initiative focused on increasing physical activity for African American men in rural Southern Illinois.

Her primary research interests include health outcomes for Indigenous communities, health equity, access to care, social determinants of health, and maternal and child health.

**Bridget Basile Ibrahim**
Bridget is a Postdoctoral Associate with the Rural Health Equity Postdoctoral Fellowship. Her educational background includes extensive studies in two distinct fields: nursing and anthropology. Dr. Basile Ibrahim holds a PhD from Yale University, 2020, a Master of Science from the University of California Los Angeles, 2010 and a BS in Nursing from The Johns Hopkins University, 2005. She also has a Master of Arts and Bachelor of Arts in anthropology from Boston University, 2002. She has won a number of awards including the Milton and Anne Sidney Dissertation Prize in 2020.

Dr. Basile Ibrahim is a clinician scientist with expertise in maternal child health. Her research focuses on ways to improve health equity in maternity care. She has research experience designing and implementing mixed methods studies. Prior to starting her academic career, Dr. Basile Ibrahim worked as a family nurse practitioner providing primary care in federally qualified health centers in the United States and Canada and as an anthropologist in international development.

Her primary research interests include maternal and child health, health equity, respectful maternity care, health policy, and mixed methods research.

**Q & A with Katie**

Tell us a little bit about your favorite rural place in the world.
My favorite rural places in the world are my grandparents farms in Illinois and Wisconsin. I love visiting the farms to spend time with family, learn how my food is grown and raised, and be outside in large open spaces.

What is one thing you love about rural spaces?
I love the sense of community in rural spaces. People are really aware of what is happening in their community and are very willing to help each other out when someone is in need.

When thinking about the future of rural health, what most concerns you, and what makes you most hopeful?
I’m concerned about access to health care in rural areas, particularly for mental health services. There can also be a stigma in rural communities around mental health which can prevent people from getting the help they need even when services are available. But what makes me hopeful is that people in rural communities are coming up with really creative ways to reduce stigma, provide more education on mental wellness, and focus on prevention.

**Q & A with Bridget**

Tell us a little bit about your favorite rural place in the world.
My favorite rural place is a little island off the coast of Maine. I love hiking there because I can smell pine needles and the salt air and hear the waves crashing on the rocky shore.

What is one thing you love about rural spaces?
Rural spaces convey to me a connectedness to nature and a serenity in that connection. It is sometimes challenging to feel connected to our planet and other living things in the hustle and bustle of the built environment.

When thinking about the future of rural health, what most concerns you, and what makes you most hopeful?
What concerns me about the future of rural health is that most of the non-rural folks in our country think about rural residents as a monolithic group, and that is just not true. In order to improve rural health, it is essential to recognize the diversity among rural residents and develop programs, interventions, and policies tailored to this diversity and the strengths that go along with it. Working with the fabulous team at the RHRC has made me very hopeful about the future of rural health. We have a team dedicated, smart people who are passionate about improving health for all rural residents.