# **Targeted Rural Health Education (TRHE)**

# TOOLKIT



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In partnership with:

North Dakota Rural Health Association

Department of Family and Community Medicine at the University of North Dakota School of Medicine & Health Sciences

Area Health Education Center



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## Introduction

The University of North Dakota School of Medicine and Health Sciences welcomes partners in the Targeted Rural Health Education project, or TRHE. We are excited that you have taken an interest in helping health career students gain a new perspective through TRHE, a rural writing project.

This toolkit has been created to assist implementation of the project in your state. While each state will vary slightly in how the project is executed, our goal through this toolkit is to provide you with basic guidelines to make this a positive experience for the students, project coordinators, and rural facilities in your state.

When considering bringing TRHE to your state, a few key areas should be considered before jumping in with both feet. First, partnerships with rural and underserved locations are incredibly important for helping students find a shadowing or rural learning experience that can be one of the experiences to serve as baseline for the TRHE project. Second, easy access to Community Health Needs Assessments (CHNA's), or equivalent community health data for your rural and underserved communities will aid the students in choosing a topic for the writing project. As an example, all CHNA's for the state of North Dakota can be found here: <a href="https://ruralhealth.und.edu/projects/community-health-needs-assessment/reports">https://ruralhealth.und.edu/projects/community-health-needs-assessment/reports</a> And third,

identifying a writing mentor to assist the students with the writing process from start to finish will help make the project more enjoyable for the students, and produce more completed projects than without a mentor.

Additional resources and a collection of completed North Dakota TRHE articles can be found here: <u>https://www.ndrha.org/trhe</u>.

For more information, contact Stacy Kusler, Workforce Specialist and TRHE Project Coordinator at the Center for Rural Health at <u>stacy.kusler@med.und.edu</u> or 701-777-3300.

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# **Planning and Implementation Tools**

#### **Step One:**

- □ Determine where the TRHE project will be housed. This will be the home base, or office to contact for more information regarding the project. Ideally, this will also be where the point of contact is located in the event that interested students, partners, facilities, etc would be able to find out more about the project. Examples of where the TRHE project could be housed:
  - Medical School
  - Office of Rural Health
  - Area Health Education Center (AHEC)
  - State Department of Health
  - State Rural Health Association
  - Other

#### Step Two:

- Determine who will be your TRHE project champion(s). These will be the people helping to facilitate the project with the students, guiding students through each step, promoting the project in your state to facilities and student groups, and more. The TRHE project is relatively new and as we work towards making it a "household name", any and all champions are needed to spread the news about what the project is and the potential impact it can have on rural communities. Further duties of a champion include, but are not limited to:
  - Serve as point of contact for students who may need help arranging a shadowing/learning experiences\*
  - Serve as point of contact for facilities in case they have questions about the TRHE project.
  - Serve as point of contact to provide help and guidance on the writing project

\*Please be sure to follow your own school's/state's rules and regulations regarding student liability when shadowing in a facility.

## **Step Three:**

□ Determine if/where the TRHE project for your state will have an online presence. If it's not online, does it really exist? Consider creating a page within the "home base" organization, or working with a key partner to create a web page specifically for the

project. This is where completed TRHE articles can be posted, information for partners and facilities to learn more, and a place for interested students to find out more information about how to start the project.

• Having an online presence is a great way to help both students and facilities to learn more about the project and decide if they want to explore it further.

## **Step Four:**

- □ Advertise the project! Without students and facilities participating, there is no TRHE.
  Be sure to make the information easily accessible and widely distributed. Here are some considerations for you spread the word about the project.
  - Use the supplied TRHE logo to have continuity of the project, and to associate it with a larger effort.
  - Develop a 1-page document in an electronic and print format that can easily be used as a handout or leave-behind for both students and facilities.
  - Present project to students in various health profession programs in your state to garner interest in the project.
  - Work with program coordinators of health professional programs in your state to communicate the value of this project for the students (valuable resume builder, great insight to rural healthcare delivery, etc)
  - Spread the word through an organizational newsletter to CAH's, RHC's, FQHC's, or other types of facilities that may be good candidates for the TRHE articles to be based on.

# **Student Engagement and Communication Tools**

## Step One:

- □ Find interested students who may want to participate in TRHE. Be sure to focus on both large groups, and smaller targeted groups such as medical student rural health or primary care interest groups, for example. Here are some ideas to advertise the project in your state:
  - Connect with health career training programs in your state and ask if you could have some time to present the project directly to them.
  - Connect with department chairs, instructors, college deans, etc about the project so they can promote the program and offer encouragement for students to participate.

• Make it work for your state! The TRHE project started by engaging medical students, but it may work well in your state to also engage an expanded list of health profession students.

# Step Two:

□ Does the student have a rural experience already completed? If so, great! They may already have an idea for a topic for their TRHE article. If a student is interested in TRHE and needs to have an experience in a rural setting, consider if/how your office might be able to help them line this up. Keep in mind that you should consult the educational institution of the student about any liability issues that may arise with a shadowing experience.

# **Step Three:**

- □ Help students find Community Health Needs Assessment data, or similar community health data for the community in which they shadowed.
  - In North Dakota, all CHNA's are housed on the Center for Rural Health's website (https://ruralhealth.und.edu/projects/community-health-needs-assessment/reports). If you don't have something similar in your state, be sure to help the student locate the CHNA or similar community health data so you can be assured they are using current and correct data.

# **Step Four:**

- $\Box$  Assist students through the writing process.
  - After students have shadowed and decided on a community health topic, assist the students with the writing project from start to finish. See **Writing Tools** (page 6) for detailed information.

# Writing Tools

## **Step One: Topic Choice**

- □ Project Focus
  - After a shadowing experience, health profession students will use Community Health Needs Assessments (CHNA) to review the local rural community's public health needs.

- A leadership networking experience with key community leaders such as media executives, community stakeholders, and even community members themselves and the health professions student.
- Participants should discuss their project with their healthcare preceptor to further explore particular community needs.
- □ Topic Focus/ Identified Community Health Need
  - Available community/local &/or state data (national if applicable)
  - Potential initiatives or programs to address the need

## Topic Choice Suggestion:

Consider choosing a topic that has some staying power, or is "evergreen." For example, though you complete a story by May 1<sup>st</sup>, depending on the editorial calendar, the news organization may not have available publishing space for several weeks or months. However, if a topic has an awareness week or month (Breast Cancer Awareness Month or "<u>Mental Health Awareness</u> <u>Week</u>"), or there's an anniversary associated with the topic, certainly consider that topic also. For example, 30 years of public health progress for SIDS. Editors appreciate having stories that fit those occasions.

## Step Two: Background Research

## See Research Tips & Resources (page 11)

## **Step Three: Actual Writing**

- □ *Health writers* should answer this question: Tell your readers something **important** they **don't already know.**
- □ The *TRHE project* answers this question: what does this community *need* to know? Or "What do my non-medical friends and family need to know about this community health problem that affects them personally or other family members and friends?"
  - Think in terms of 1 to 3 things associated with the topic.

## □ Approach to writing story draft:

- Outline first, then write with abandon, ignoring the "inner editor." OR
- Research, followed by writing everything down, followed by organizing core information and discarding the extraneous.

OR

• Record yourself having a mock conversation — even better, a read-through with a patient representative — with a patient and transcribe what you've said about the topic.

#### Note:

For busy health profession students, consider this: Most stories will be three to four paragraphs and include approximately 5-8 sentences per paragraph. Total word count is usually 500-1200. (Average has been  $\sim$  700.) It's probably less time intense that you realize.

- □ **Point of view:** Use third person POV since this is *not* a narrative reflection piece. It can be editorial piece—but, probably most beneficial for your community is a third personal awareness story. Community leaders can be interviewed and quoted. However, first person POV might work best depending on the topic and the content.
- □ AP style: As is true with every healthcare specialty, news writing has its own "style." For traditional news organizations, AP Style or "Associated Press," is the journalism standard. For initial drafts, just use Plain Language and Style Guide suggestions. Any AP style issues can be addressed in revision work.

#### **Conclusions: "Throw to the future"**

Broadcast news and many print news stories often end with a "throw to the future" or call to action –"Drug addiction is a rural reality, but with......"

• For TRHE stories, this "throw to the future" can be important part of your story. In an individual way, here is where you can share with the community possibilities and solutions to healthcare problems.

#### **Step Four: Editing Process**

□ When your initial story draft is completed, send an electronic document to writing mentor. Edits can be completed virtually through sharing of e-documents and/or in person. Note: It is not uncommon to need 3 to 5 rewrites.

#### **Step Five: Pitch Process**

Pitch: The process of persuading a media leader to publish a story.

- □ To pitch the TRHE project:
  - Decide on your initial networking strategy:
    - Know/ask about your communities' news resources: newspapers-hard copy, online website; radio segments, other outlets—the provider you work with may already have connections with some of these individuals.
  - During the shadowing experience, considering stopping by the local newspaper/news organization's office, or call them—email them through their "contact us" portal.
  - A "pitch" may look/sound like this example, but personalized by your writing voice, your community, your story:

#### Dear Editor/ Publisher,

I am \_\_\_\_\_, a Xyr medical student at school XX. Because I am interested in health writing for a public audience, I am involved with the <u>TRHE</u> <u>project</u>, or Targeted Rural Health Education. This project involves identifying a community-specific health issue through review of local public health data and writing a plain language news story for the local paper.

According to the <u>community's X</u> needs assessment, X is a problem in the community where I shadowed <u>health provider Z</u>. I have written a <u>word count</u> story about this angle or aspect of X.

*I'm hoping you'll consider publishing it. I will follow-up with you by phone* <u>time</u> <u>frame</u>.

Thanks so much for your time and consideration,

XXXX

## • Other news outlets/communication outlets:

- Always keep thinking about who in the community might be appreciative of plain language health information.
- TRHE stories can be shared with community service, public service organizations, faith-based organizations in order to share in newsletters or even rural magazines.

# Plain Language Writing Tips & Resources

The core of TRHE is becoming skilled in the use of plain language. In 2010, the <u>Plain Writing</u> <u>Act</u> was passed "to enhance citizen access to Government information and services by establishing that Government documents issued to the public must be written clearly, and for other purposes."

<u>Nick Wright</u>, said "Good writing is effortless reading that makes you want to read more. It is clear and concise, uses short sentences and simple words. It keeps to the facts and is easy to read and to understand..." Whether using verbal or written words, this promotes good communication with patients.

To demonstrate, think of these two words: "stool" and "tissue."

What do they mean to you? (Feces and a biopsy specimen.)

What might they mean to a patient? (Something to stand on and something used to blow your nose.)

To further understand plain language writing, you need to be familiar with health literacy.

There is a transition now from thinking about health literacy in terms of grade reading level, to talking about it in terms of user's "skill" or "proficiency" and the health information document's "demand" (akin to "brain drain").

## Highly recommended reading for health literacy:

National Institutes of Health's Clear Communication Health Literacy page:

https://www.nih.gov/institutes-nih/nih-office-director/office-communicationspublic-liaison/clear-communication/health-literacy

Right hand column, Resources: two Rural Health Literacy stories

- □ Here are some tips for plain language writing:
  - Seek and replace big words.
  - Always make sure to use plain language words.
  - Use "death" not "fatality."
  - Use "shot" not "immunization" or "vaccination."

- Two excellent references:
  - <u>Everyday Words for Public Health Communication</u>
  - Plain Language Thesaurus for Health Communications
- □ Rule of thumb: sentences should not be longer than 35 words.
  - If it's that long, break it down into two, even three sentences.
  - Short sentences work.
- □ Get familiar with using transition sentences to alert reader to new information:
  - Tell your audience what you're going to tell them.
  - Tell them what you want to tell them.
  - Then using another transition, tell them what you've told them in order to tell them more.

#### For example:

I want to tell my audience that we are going to change topics from how many people can't understand health information to the money matters associated with that.

Not only do most people struggle to understand a hospital's health education material, that misunderstanding increases health care costs. Now you're going to tell them about the economics:

In 2007, a special report showed that misunderstanding health information cost the nation's health systems somewhere between \$106 and \$238 billion dollars. Now you're going to tell them what you told them allowing you to transition to more information:

Sadly, poorly written health information doesn't just create money problems. Reliable studies show that when health information is misunderstood, people can actually die.

## $\Box$ Information in lists

- When writing about a list of "things," use words that help readers keep track.
  - For example: There are ways you can help a loved one with depression.
    First, know that depression is not...
    Next, it's important to understand there is no quick fix...
    Another way to support loved ones is by ....
    Lastly, or last, or finally...
- □ Remember: "Numbers Numb Readers"
  - Numbers may stop readers from seeing your important message. But numbers are sometimes very important to your message. Make sure to use plain language and minimize the brain drain ("demand") for a lay reader when you include numbers.
  - Remember these tips:

- Round numbers.
- Use phrases like "nearly half" or "nearly a third."
- Use comparisons for size: the size of a golf ball, a pea.
- Be careful if writing a health story that is based on explaining prevalence, risks, risk reduction.
- □ Language Style Guides
  - You may be writing about health disparities and patient populations with specific needs.
  - Be sensitive about how you refer to these groups.
  - When in doubt, check it out.

#### □ Helpful sites:

- Center for Integration and Improvement of Journalism at San Francisco State University
- Diversity Style Guide:
- <u>http://www.diversitystyleguide.com/</u>
- NOTE: Twelve separate reporting guides are in the right hand column on this organization's homepage.

# **Research Tips & Resources**

Public health data isn't just numbers, it's also general information. A common healthcare storytelling mantra is "No data, no story." Or expressed from a different perspective, "Data makes your story credible, but your story makes the data *memorable*."

TRHE is geared to storytelling for the local rural community where you've had a clinical experience. To start your story research, your first stop will be that community's Community Health Needs Assessment (CHNA). According to the Association of State and Territorial Health Officials (ASTHO), <u>CHNAs</u> are required of tax-exempt hospitals.

States vary in how this information is obtained and where it is archived, so check with the healthcare providers in your community. In North Dakota, CHNAs are <u>archived</u> in the state's office of rural health, which is the Center for Rural Health. The American Hospital Association has a <u>publication</u> also explaining the assessments.

In addition to your TRHE activity, you might have other data and information available from another academic rural project. Check with your TRHE project director and consider translating that rural-specific academic work to a news story.

After reviewing the CHNA, research other sources for the most recent information on the topic.

Here are several sources where you might find information:

□ National Library of Medicine/National Institutes of Health's PubMed: https://www.ncbi.nlm.nih.gov/pubmed/

# □ Centers for Disease Control and Prevention:

- Tips for searching CDC information:
  - Note: you might find CDC data more quickly by actually using a browser search rather than the CDC's search window. For example: Google search for "cdc and county level cancer data"
  - If you happen on helpful CDC information, note the URL so you can locate the information more easily in the future. The information on this site is deep and broad, and not always easy to discover again if you've not tracked the URLs.
  - CDC's Rural Health section (Just added January 2018): https://www.cdc.gov/ruralhealth/index.html
  - Topic specific "county level" data is often found for specific data:
  - Diabetes: <u>https://www.cdc.gov/diabetes/data/county.html</u>
  - Cancer: <u>https://gis.cdc.gov/Cancer/USCS/DataViz.html</u>
    - Note: You may be more likely to find county level data in the CDC databases than in state data bases.

# □ Robert Wood Johnson Foundation

• County Health Rankings: <u>http://www.countyhealthrankings.org/</u>

# **Other rural information sources:**

- Local or county health departments
- State chapters of healthcare professional societies
- State boards of medicine
- State offices of rural health: <u>https://www.ruralhealthinfo.org/organizations/state-office-of-rural-health</u>
- State rural health associations: https://www.ruralhealthinfo.org/organizations/state-rural-health-associations

• Advocacy groups, for example COPD Foundation, National Safety Council, or National Council on Aging. For most health topics, there is an associated nonprofit advocacy group or agency.

# **Evaluation Tools**

### **Step One:**

- □ As is customary with any public or state organization, reporting and evaluation are expected in some way, shape, or form. Only you will know what and how you should evaluate as part of the TRHE project. Within your organization, discuss and determine what you would like to evaluate and track. Here are a few ideas:
  - Do TRHE participants eventually practice in a rural community?
  - Compare number of students who start TRHE to number of students who complete TRHE.
  - Track who has participated, where and when they shadowed, what community they wrote about, and date their article was published and in what new source. Keeping a log will provide easy to access numbers in case they can be used for any funding requests, etc.

# **Policy and Procedure Tools**

As the TRHE project grows, more formalized policy and procedure recommendations will be added to this toolkit. We feel that the above sections cover the basic structure of the program. Please refer to the above sections for guidance on developing this program in your state. The TRHE Toolkit will be updated annually in order to share the most up to date and relevant information to help you make the most of the project in your state. Please continue to check back for updates.

# **Fiscal/Funding Tools**

At this time, the TRHE project is supported and moderated by volunteer staff within the North Dakota State Office of Rural Health. As the project gains more interest and expands to more states, we are hopeful that funding opportunities will become available. Please continue checking back on this.