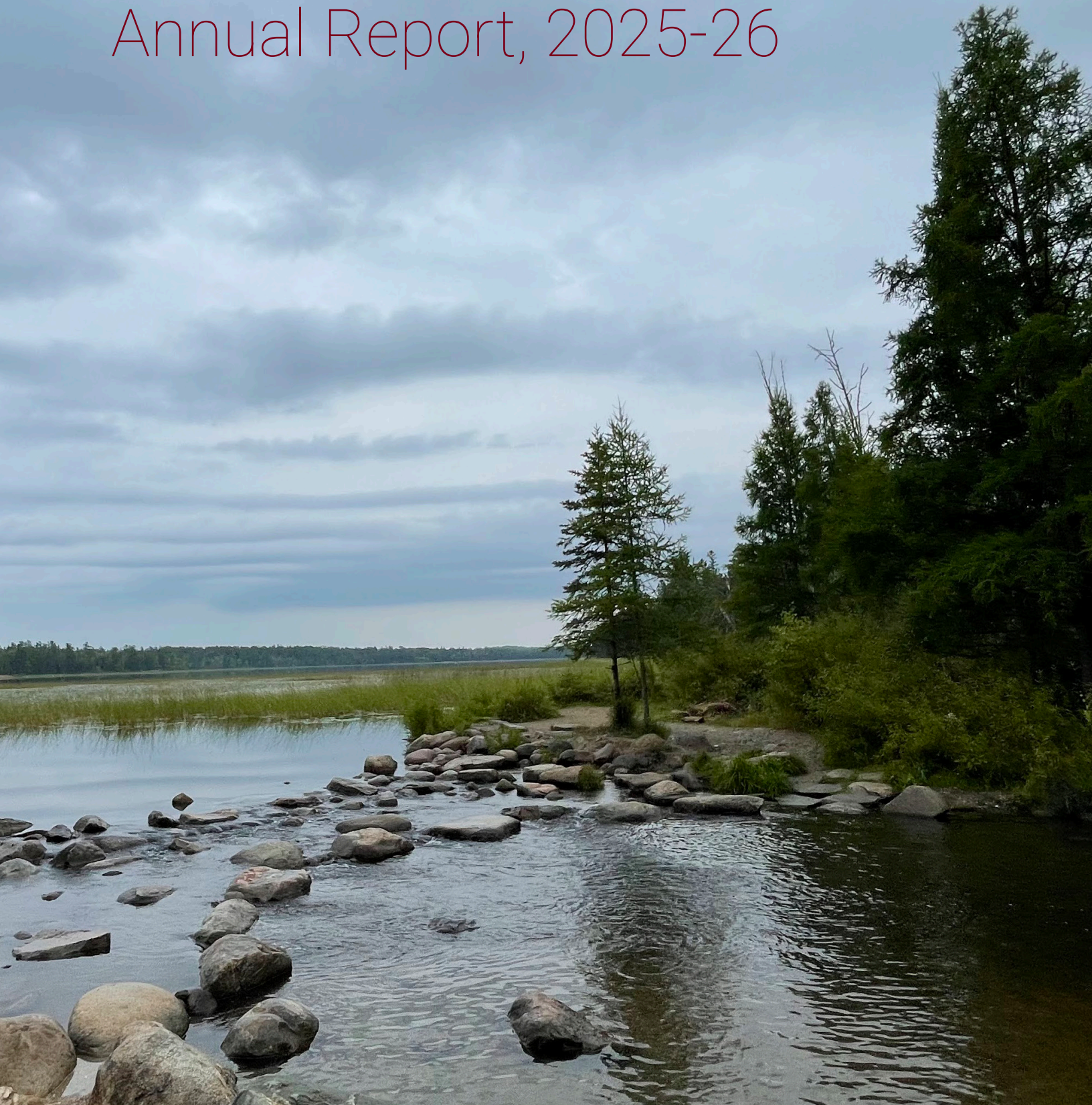




UNIVERSITY OF MINNESOTA
**RURAL HEALTH
RESEARCH CENTER**

Annual Report, 2025-26



We conduct policy-relevant research

to **improve** the **lives** of rural residents and families,

to **advance** population **health**, and

to **enhance** the **vitality** of rural communities.



rhrc.umn.edu



A NOTE FROM LEADERSHIP

Rural health has been in the spotlight over the past year, with a flurry of policy changes and activities at the federal, state, and local levels. At the University of Minnesota Rural Health Research Center, we remain committed to supporting the health and well-being of rural residents across Minnesota and the U.S. through our research, outreach, and programs. This work has taken on new relevance over the past year, and we are excited to share some highlights in this annual report. As always, we center our work in the wisdom and lived experiences of rural people and we deeply value the relationships and collaborations that have made our work possible.

Our center comprises work from several rural-focused programs and funding sources. Under our Rural Health Research Center (RHRC) cooperative agreement with the Federal Office of Rural Health Policy (FORHP), we continue to lead research on rural health and share our findings in policy briefs and case studies, peer-reviewed publications, presentations, and broad public engagement. The Flex Monitoring Team (FMT) continues to support the federal and state Flex Programs and Critical Access Hospitals (CAHs) across the country. The University of Minnesota Rural Health Program successfully supported the fifth cohort of Project REACH (Rural Experts Advancing Community Health) in completing the program and making important contributions in their home communities in rural counties across Minnesota. Additionally, the University of Minnesota's Rural Collective, part of the Rural Health Program, hosted in-person gatherings in Itasca and St. Cloud, and another Rural Health Research Postdoctoral scholar was recruited to join our team. We also continued several newer funding streams. Carrie leads the Interdisciplinary Network on Rural Population Health and Aging (INRPHA), funded by the National Institute on Aging to support the growth of rural aging research. Katy and Julia lead the Center's maternity care team, with funding from the RHRC grant as well as the Rural Maternal Health Data and Support program, a partnership with Mission Analytics Group, Inc. that is funded by FORHP.

We look forward to an engaging and productive year ahead. Under the RHRC grant, we will examine caregiver well-being and supports, healthcare technological interoperability, health outcomes and access to care for rural Medicare beneficiaries younger than 65, and rural/urban differences in severe maternal morbidity and mortality. The FMT will be completing projects to support quality improvement and measurement in CAHs and rural communities, as well as projects assessing CAH engagement with health data networks and telehealth adoption. We will welcome four new participants in Project REACH and connect with other rural researchers at planned in-person gatherings across Minnesota through the Rural Collective. Thank you for engaging with our team and our work!

Katy Backes Kozhimannil, PhD, MPA

Carrie Henning-Smith, PhD, MSW, MPH

Madeleine Pick, MPH

Overview and Purpose

At the University of Minnesota Rural Health Research Center (RHRC), we are a dedicated team of experts that conducts research and implements programs to improve health and well-being for rural people and communities. Rural residents' lives are deeply impacted by policy decisions, and our work aims to illuminate both the health challenges in rural communities and the health resources in rural places. Our work is informed by the lived experiences of rural people, families, and communities that experience disproportionate health risks and exhibit disproportionate resilience. We study access to and quality of health care and population health outcomes in order to build the evidence base for policymaking. We are committed to the highest standards of excellence in research and to communicating results to academic and policy audiences as well as to the people and communities to which our research pertains.

Our Center includes multiple different programs that focus on rural health:

- The Rural Health Research Center (RHRC) grant, a cooperative agreement for national-level rural health research with the Federal Office of Rural Health Policy (FORHP), a division of the Health Resources and Services Administration (HRSA) within the U.S. Department of Health and Human Services (HHS).
- The Medicare Rural Hospital Flexibility Program Evaluation (Flex Monitoring Team), a cooperative agreement for evaluation of the Rural Hospital Flexibility Program, with FORHP.
- The University of Minnesota Rural Health Program (RHP), funded by the University's Clinical and Translational Science Institute (CTSI) and Office of Academic Clinical Affairs (OACA). The Rural Health Program has three components: the Rural Health Research Postdoctoral Program, Project REACH, and the University of Minnesota Rural Collective.
- The Interdisciplinary Network on Rural Population Health and Aging (INRPHA), funded by the National Institute on Aging to support the growth of rural population health and aging research through a multi-institutional partnership with Mississippi State University, Penn State University, and Syracuse University.
- The Rural Maternal Health Data and Support Program (RMHD) with a focus on rural maternal health data infrastructure and research, a partnership with Mission Analytics Group, Inc., funded by FORHP.



Rural Health Program Manager Katie Rydberg, presenting her invited poster at the Clinical & Translational Science Awards Program Annual Meeting in Arlington, VA October 2025.



Group photo at the spring Rural Collective event in rural Willmar, MN, April 2025.



RHRC staff Alyssa Fritz, Khadija Abdi, Carson Crane, Katie Rydberg, Mariana Tuttle, Julia Interrante, and postdoctoral associate Anna Shetler enjoyed a beautiful day at the Minnesota Capitol in April 2026.

FUNDING AND SUPPORT

The work of the University of Minnesota Rural Health Research Center is supported by a wide range of funders. We are grateful for funding support from the [University of Minnesota Office of Academic and Clinical Affairs](#), the [University of Minnesota Clinical and Translational Science Institute](#), the [Federal Office of Rural Health Policy \(FORHP\)](#), the [National Institute on Aging](#), the [Eunice Kennedy Shriver National Institute of Child Health and Human Development](#), the [Robert Wood Johnson Foundation](#), the [McKnight Foundation](#), the [Heinz Family Foundation](#), and the [University of Minnesota Foundation Rural Health Research Center Fund](#).

To support our work: <https://give.umn.edu/giveto/ruralhealth>.



RHRC Co-Director Katy Backes Kozhimannil and Maternity Care Team members Julia Interrante, Emily Sheffield, and Kevan O'Hanlon presenting their research on access to obstetric and neonatal care at the National Rural Health Association Annual Conference in San Diego, CA, May 2026.

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Who We Are, 2025-26

Leadership

KATY BACKES KOZHIMANNIL, PHD, MPA, CO-DIRECTOR



Katy Backes Kozhimannil is a Distinguished McKnight University Professor in the Division of Health Policy and Management, University of Minnesota School of Public Health. Katy is Co-Director of the RHRC and co-leads the University of Minnesota Rural Health Program. Katy lives on Dakota land (Mahto Bde). Her ancestors come from northern Minnesota (Wenji-maajjiwang within Gaa-waabaabiganikaag Anishinaabeg, the White Earth Nation), Germany and France.

Katy conducts research to inform health policy that supports people at critical times in their lives, including pregnancy and childbirth. She contributes to the evidence base for clinical and policy strategies to advance population health, with a focus on rural communities. Katy's research has been widely cited in the media, including feature stories by the *New York Times*, *USA Today*, *Washington Post*, *National Public Radio*, and the *Wall Street Journal*. Referencing her research and recommendations, new local, state, and federal laws have allocated resources to improve access to prenatal, obstetric, and postpartum care. Katy teaches courses that build skills for engagement in public health programs, policy, and research, and she works extensively to engage with and inform leaders with the power to improve the health and well-being of individuals, families, and communities, starting at birth.

CARRIE HENNING-SMITH, PHD, MPH, MSW, CO-DIRECTOR



Carrie Henning-Smith is a Professor in the Division of Health Policy and Management, University of Minnesota School of Public Health and Co-Director of the University of Minnesota Rural Health Research Center. Together with Katy, she also co-leads the University of Minnesota Rural Health Program.

Carrie's work focuses on rural health, with particular attention to structural barriers to health and social well-being. She has published extensively in peer-reviewed manuscripts, commentaries, book chapters, and policy briefs, and her work has been widely cited in federal and state policy documents, as well as in national and international media outlets, including the *New York Times*, *Washington Post*, *National Public Radio*, *NBC News*, *AP*, *CBS*, *CNN*, *ProPublica*, and *Politico*. Carrie has led multiple research projects at the Rural Health Research Center, with a wide range of topics including the social drivers of health, access to and quality of care, and aging and long-term care. She is also the Principal Investigator of the NIA-funded Interdisciplinary Network on Rural Population Health and Aging (INRPHA). She is the 2026 President of the National Rural Health Association and serves on the Board of Directors for CentraCare, a large, integrated health system serving central Minnesota. She also serves on the governing board of the University of Minnesota Extension Southwest Regional Sustainable Development Partnership and was recently named to the inaugural cohort of the Public Impact Research Network Fellowship.

Leadership

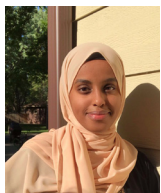


MADELEINE PICK, MPH, PRINCIPAL INVESTIGATOR

Madeleine Pick is the Principal Investigator of the Medicare Rural Hospital Flexibility Program Evaluation, known as the Flex Monitoring Team (FMT).

Madeleine's work focuses on evaluating the national Flex Program and supporting Critical Access Hospitals (CAHs) across the country. She conducts research on quality improvement and quality measurement in rural hospitals, as well as on issues impacting access to care in rural communities. Other projects have included those related to health information technology in CAHs, quality of maternity care in CAHs, the health and well-being of rural LGBTQ+ residents, and housing as a social determinant of rural health.

Staff



KHADIJA ABDI, BS

Khadija Abdi is a Research Coordinator with the RHRC, where she has been working since October 2024. She contributes administrative and project management support across a range of maternal health-related projects. In addition, she has contributed to research publications for projects on Indigenous health and neonatal care. Khadija also supports some communications and logistical functions for the RHRC grant.



BOBBY BARCLAY, MPH

Bobby Barclay is a Data Analyst on the RHRC's Flex Monitoring Team (FMT). He started working with FMT in September 2022 and his work centers on the topics of quality and access in Critical Access Hospitals. Bobby has assisted with projects that have explored the provision of hospice care in rural communities and the reporting of antibiotic use data in Critical Access Hospitals.



CARSON CRANE, MPH

Carson Crane is a Research Fellow on the RHRC's Flex Monitoring Team, joining in January 2026. Carson works on projects related to quality improvement in Critical Access Hospitals. Her previous work includes research on media coverage of health and social policy, Alzheimer's disease and related dementias exposome risk factors, and hospital collection of health-related social needs data.



ALYSSA FRITZ, MPH, RD, CLC

Alyssa Fritz is a Research Fellow at the RHRC, where she works part time with a focus on supporting the Rural Health Program and policy aspects of Project REACH.

Staff



ALYSSA FURUKAWA, MPH

Alyssa Furukawa is a Data Analyst with the RHRC's Flex Monitoring Team. Since joining FMT in July 2022, Alyssa's work has focused on analyzing Critical Access Hospital quality of care data and producing both quarterly and annual reports for the Medicare Beneficiary Quality Improvement Project.



JULIA INTERRANTE, PHD, MPH

Julia Interrante is a Research Fellow and Statistical Lead at the RHRC. She began work as a graduate research assistant in August 2018 and transitioned to her current full-time role after defending her dissertation in Health Services Research, Policy & Administration in December 2022. Her research focuses on rural obstetrics and maternal and child health. Julia also has experience using a wide variety of quantitative methods using data from large complex weighted surveys, administrative and claims databases, national secondary quantitative data, and primary data; she uses this expertise to serve as statistical lead, consulting and advising other RHRC researchers on analytic methods.



KEVAN O'HANLON, MPH

Kevan O'Hanlon is a Researcher and Analyst with the RHRC, where she has been working since October 2024. A member of the Maternity Care Team, she contributes to project management, analytic support, database building, and data visualization through the Rural Maternal Health Data Support and Analysis Program (RMHD).



KATIE RYDBERG, MPH

Katie Rydberg is a Program Manager, joining the RHRC in October 2020. During her time, she has managed the operations and development of the University of Minnesota Rural Health Program. She has also contributed to a variety of research projects focused on social drivers of health in rural areas and access to care. In the coming year, she will continue to manage the work of the Rural Health Program and assist with RHRC grant projects.



MARIANA TUTTLE, MPH

Mariana Tuttle is a Research Fellow at the RHRC, joining full-time in June of 2019. Her research contributions span an array of topics, from maternal and child health to the social drivers of health in rural areas. Mariana also serves as communications lead for the RHRC, which involves disseminating RHRC research, website management and strategic planning. As well as working on research projects and directing communication, she also is the project manager and handles administration for all RHRC grant projects.

Affiliates



CAITLIN CARROLL, PHD

Caitlin Carroll is an Assistant Professor in the Division of Health Policy and Management whose research is focused on health economics and health policy, with a particular interest in the productivity of health care providers. Caitlin studies hospital and service line closures and is a core member of the Center's maternity care team, working on both RHRC and RMHD projects.



DORI CROSS, PHD

Dori Cross is an Associate Professor in the Division of Health Policy and Management whose research advances understanding of, and seeks solutions to, the complex management challenges that impede the digital transformation of health care organizations. Currently, Dori is leading a 2026-27 project exploring how rural hospitals access and use interoperable information exchange.



SARA HANDLEY, MD, MDSCE

Sara Handley is a health services researcher and attending physician in the Division of Neonatology at the Children's Hospital of Philadelphia, Assistant Professor of Pediatrics at the Perelman School of Medicine and Associate Fellow at the Leonard Davis Institute of Health Economics at the University of Pennsylvania. Sara is a core member of the Center's maternity care team, working on both RHRC and RMHD projects.



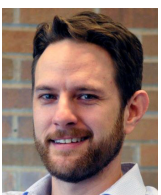
CORRIE MCDANIEL, DO, FAAP

Corrie McDaniel is a board-certified pediatric hospitalist with Seattle Children's Hospital and the University of Washington. Corrie's research centers around improving outcomes for children hospitalized in non-children's hospitals. Corrie is a consultant and member of the Center's maternity care team, working on pediatric aspects of both RHRC and RMHD projects.



HANNAH NEPRASH, PHD

Hannah Neprash is an Associate Professor in the Division of Health Policy and Management whose research focuses on health economics and capacity strain within the health care system. She has led multiple projects with RHRC, including on team-based primary care, and ransomware attacks on rural hospitals. Currently, Hannah is leading a 2025-26 project on cybersecurity in rural hospitals.



JONATHAN SCHROEDER, PHD

Jonathan Schroeder, PhD, is a Research Scientist with the Minnesota Population Center and an expert in demographic data analysis. He brings knowledge of a variety of data sets and their rural variables, as well as mapping and other data analysis skills to a range of RHRC projects. As a consultant, he provides expertise in U.S. population geography, map design, and geographic data analysis, with deep knowledge of U.S. census data resources for studying rural populations.

Postdoctoral Associates



CLARA BUSSE, PHD, MPH

Clara Busse joined the Rural Health Research Postdoctoral Program in 2024. She is an epidemiologist with a focus on understanding how pregnancy and perinatal health service use impact the health of birthing people throughout their lives. As a Postdoctoral Associate, Clara collaborated with the RHRC Maternity Care Team, working on topics related to access to and quality of care before, during and after pregnancy. She is now working in pediatric and perinatal epidemiology at the Childrens Hospital of Philadelphia.



ANNA SHETLER, PHD

Anna Shetler joined the Rural Health Research Postdoctoral Program in 2025. She is a sociologist and demographer by training whose work focuses on wellbeing and place across the life course. Her dissertation investigated how patterns of spatial inequality and mobility affect later-life health. As a Postdoctoral Associate, Anna has collaborated on RHRC projects related to dementia care for rural residents and rural older adults' mental health outcomes and access to care.



NALANI THOMAS, PHD

Nalani joined the Rural Health Research Postdoctoral Program in 2026. She is a maternal and child health services research and legal epidemiologist. Using mixed methods and guided by public health ethics, her research examines how the infrastructure of built, legal, and organizational contexts of health systems influences maternal health care delivery. As a Postdoctoral Associate, Nalani collaborates on RHRC projects related to rural maternity care.

Students



HAMDI ABAS, MHA

Hamdi Abas worked as a graduate research assistant focusing on quality of maternal health in Critical Access Hospitals. Hamdi recently graduated with a Master of Healthcare Administration degree from the School of Public Health.



ANDREW ABRAM, MPH, MSW

Andrew Abram worked as a graduate research assistant focusing on access to and quality of care for people with disabilities in rural areas in the 2024-2025 RHRC project period. Andrew recently graduated with an MSW (Clinical Mental Health) from the School of Social Work.



DIONNE BAILEY, PHD, MPH

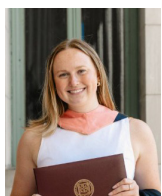
Dionne Bailey worked as a graduate research assistant on RHRC projects focused on medical debt, elder abuse, and services for homebound residents. Dionne recently completed her PhD in the Health Services Research, Policy & Administration (HSRPA) program at the School of Public Health.

Students



CERON FORD, PHD, MPH

CeRon Ford worked as a graduate research assistant focusing on projects related to the social drivers of health, including the mental health of older adults in rural communities. CeRon recently completed his PhD in the HSRPA program at the School of Public Health.



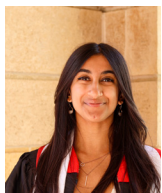
GRACE NEUGER, MPH

Grace Neuger worked as a graduate research assistant supporting FMT, focusing on the quality of maternal health in Critical Access Hospitals. Grace recently graduated with a master of public health (MPH) in Epidemiology from the School of Public Health.



ALONSO QUIJANO-RUIZ, MA

Alonso Quijano-Ruiz worked as a graduate research assistant supporting the Maternity Care Team at the RHRC in summer 2025. Alonso is a PhD student in the HSRPA program at the School of Public Health.



SUSHMA SHANKAR, BS

Sushma Shankar is a graduate research assistant supporting the Interdisciplinary Network on Rural Population Health and Aging (INRPHA) program. She is a second year MPH student in the Public Health Administration and Policy (PHAP) program.



JODI TERVO ROBERTS, MS

Jodi Tervo Roberts is a graduate research assistant supporting Project REACH and the Rural Health Program at the RHRC. Jodi is also a PhD student in the School of Nursing, and was a member of the second cohort of Project REACH as a participant in 2022-23.



EMILY SHEFFIELD, MPH

Emily Sheffield is a graduate research assistant on the Maternity Care Team focusing on perinatal access to and quality of care at the RHRC. Emily is also a PhD student in the HSRPA program at the School of Public Health.



Rural Health Research Center Grant

PROJECT HIGHLIGHTS, 2025-26

Higher-Level Neonatal and Obstetric/Well-Infant Care Access in Rural Communities

Team: Katy Backes Kozhimannil, PhD, MPA; Julia Interrante, PhD, MPH; Emily Sheffield, MPH; Clara Busse, PhD, MPH; Khadija Abdi, BS; Corrie McDaniel, DO; Sara Handley, MD, MSCE

Goals: This project described access to childbirth-related care for families living in rural communities, with a focus on neonatal care for infants with acute clinical needs. While basic well-infant care is routinely provided in conjunction with basic obstetric care, this project will examine access to higher-level neonatal care, which provides specialty care to infants with unexpected complications or conditions immediately after birth. Understanding the availability of higher-level neonatal care for rural communities compared with urban communities is not yet known, and recognizing the factors that predict whether a rural community has access to higher-level neonatal care can help inform clinical and policy efforts to ensure availability and access to essential, life-saving infant care at the time of childbirth.

Highlights: Our maternity care team collaborated with pediatric and neonatal specialists to develop an indicator of whether a hospital has the capacity to provide higher-level care for infants (neonatal intensive or intermediate care). Using these data, we described availability of higher-level neonatal care across the rural/urban continuum, and described the numbers of births occurring annually in rural and urban counties without higher-level neonatal services. Finally, we have also described variability across states and predictors of which rural and urban communities have access to higher-level neonatal services. We presented our research at local meetings and national conferences.

Mental Health Outcomes and Access to Care among Rural Older Adults

Team: Carrie Henning-Smith, PhD, MPH, MSW; CeRon Ford, PhD; Katie Rydberg, MPH; Anna Shetler, PhD; Mariana Tuttle, MPH

Goals: Rural older adults have poorer health outcomes than urban older adults, and distinctive barriers to accessing care. Mental health issues are widespread and costly and rural residents have barriers to accessing timely mental health care. However, less is known about the mental health of older adults in rural communities. This project seeks to identify: 1) rates of depression, anxiety, and other common mental health conditions among rural older adults, including differences in rates of mental health conditions by age, 2) use of and access to mental health care among rural older adults, including facility type and pharmaceutical interventions, and 3) promising models to reduce barriers to mental health care among rural older adults.

Highlights: We used multiple nationally representative surveys to examine rural-urban differences in mental health outcomes and access to mental health care among older adults (age 65+), as well as differences across age cohorts and by county-level provider availability. In doing so, we found significant differences in mental health outcomes by rurality, as well as differences in service utilization. We also identified exemplar programs serving rural older adults' mental health in clinical and community settings and will release those as case study series.

PROJECT HIGHLIGHTS, 2025-26

Alzheimer's Disease and Related Dementias (ADRD) among Rural Residents: The State of the Field and Promising Research Directions

Team: Carrie Henning-Smith, PhD, MPH, MSW; Dionne Bailey, PhD; Anna Shetler, PhD; Sushma Shankar, BS

Goals: As the U.S. population ages, the prevalence of Alzheimer's Disease and Related Dementias (ADRD) is increasing. ADRD is a leading cause of death among older adults and has significant impacts on quality of life, health care costs, and caregiver burden and wellbeing. Rural areas, which are older, on average, than urban areas, experience greater ADRD burden, including higher rates of ADRD mortality. However, more information is needed on the current state of rural ADRD research and the critical gaps that remain to inform effective policy. This project sought to identify what is known about rural ADRD prevalence, outcomes, and health care utilization, and what public data exist to inform research on rural ADRD going forward.

Highlights: In collaboration with the University of Minnesota libraries, we conducted a literature review of all published studies from the past decade focused on rural ADRD outcomes and care, from which we are creating a synthesis of findings and research gaps. We also conducted an environmental scan of publicly available, nationally representative data resources to inform research on rural ADRD outcomes and access to care in order to inform future research in this area.

Challenges to Implementing Recommended Cybersecurity Practices at Rural Hospitals

Team: Hannah Neprash, PhD; Noah Westfall, MPH; Carrie Henning-Smith, PhD, MPH, MSW

Goals: At present, little information exists to document the specific challenges faced by rural hospitals in implementing recommended cybersecurity practices. Known barriers include the high cost of many technology solutions and difficulty recruiting/retaining qualified information security professionals, but more detailed information is needed before policy efforts can effectively address these challenges for rural hospitals. This project sought to identify and describe financial costs of adopting recommended cybersecurity practices at rural hospitals, differences in cybersecurity challenges faced by critical access hospitals (CAHs) and other rurally-located hospitals, and workforce-related challenges such as recruitment and retention of qualified information technology and information security professionals.

Highlights: We used a national database of job postings to quantify rural-urban differences in hospital cybersecurity workforce demand by analyzing job postings for cybersecurity-related roles. Rural hospitals represented only 6% of hospital cybersecurity job postings overall, but rural representation has increased in recent years. Among rural hospitals seeking cybersecurity professionals, the vast majority are system-affiliated rather than independent. Interviews with cybersecurity professionals in rural areas have illuminated the financial and personnel challenges they face in implementing recommended cybersecurity practices.

WHERE TO FIND OUR WORK

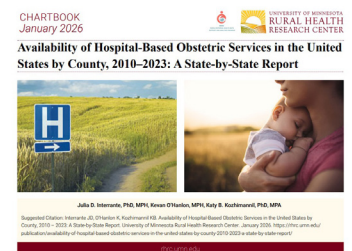
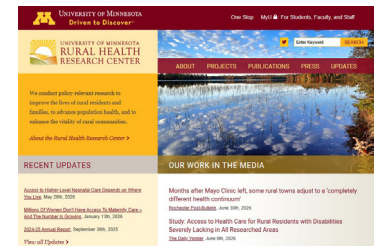
We strive to maintain an accessible, user-friendly website where people of all abilities and backgrounds can engage with our research. This effort resulted in metrics we are proud of for January 2025-June 2026.

- **Overview**

- Total # of website users: 33,000
- Total # of sessions (single visit to the website): 41,465 (1.3 per user)

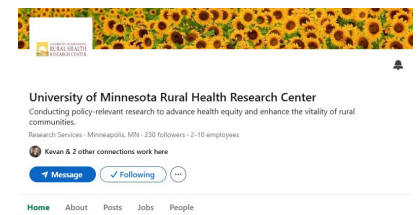
- **Content**

- Total number of products downloaded: 4,112
- Top 5 publications downloaded (number of downloads):
 - * **“Availability of Hospital-Based Obstetric Services in the United States by County, 2010-2023: A State-by-State Report” (539)**
 - * **“2010-2024 County-Level Hospital-Based Obstetric Care Status” (278)**
 - * **“Rural/Urban Differences in Health, Health Care Use, and Barriers to Care for Postpartum and Parenting Women, 2006-2018” (141)**
 - * **“County-Level Differences in Health Professional Shortage Areas by Rurality, Age, and Disability Status” (131)**
 - * **“Access to Health Care by Rurality and Disability Status” (122)**



Social Media

We are active on LinkedIn as a way to share our research (and research from other RHRCs across the country) in an ever-changing social media landscape. Find us by searching for the [University of Minnesota Rural Health Research Center](#) on LinkedIn.



Rural Health Research Gateway

Our products from our RHRC grant are housed alongside the products of all other federally funded Rural Health Research Centers on the Rural Health Research Gateway (Gateway): www.ruralhealthresearch.org. Our work is also regularly highlighted through the Gateway's research recaps, we have an opportunity to share our research on their platform through webinars.



WHO INFORMS OUR WORK

Expert Work Group

We have an Expert Work Group (EWG) for the RHRC grant, comprised of national stakeholders that help us identify urgent and emerging issues in rural health and provide feedback on the projects we undertake each year. The goal of the EWG is to provide our team with strategic guidance on RHRC grant projects, input on research questions and project design, connections to rural communities and stakeholders, advice on troubleshooting, feedback on research findings and implications, and support for effective dissemination and policy impact.



Expert Work Group Meeting, St. Paul, MN, February 2019.



JENNIFER BACANI MCKENNEY, MD

Physician Owner, Bacani/McKenney Clinic

Dr. Jennifer Bacani McKenney is a practicing Family Physician and serves as the Wilson County health officer in her hometown of Fredonia, a community of approximately 2500 people in southeast Kansas. She provides outpatient, inpatient, emergency department, surgical, and endoscopic services to her community. She serves on the local school board, on the Kansas Health Foundation Board, and as the President of the Kansas Academy of Family Physicians. She is Associate Dean for Rural Medical Education at the University of Kansas School of Medicine and is the founder of the Remote Scribe Company.



LISETTE BROWN, RN, BSN, PHN, CRHCP

Directory of Ambulatory Services, Plumas District Hospital

Lisette Brown is a public health nurse with a passion for rural medicine and a background in serving high risk maternal and newborn patients. In the last 27 years at Plumas District Hospital, she has served in multiple capacities, including Chief Nursing Officer and Chief Clinical Officer. She currently works as the Director of Ambulatory Services, overseeing two Rural Health Clinics and the Dental Clinic. Lisette is actively engaged in the promotion of the Plumas Model, to gain support for legislative change to allow continued access to maternity delivery services in underserved rural areas.



TOPHER JENTOFT, MD

Clinical Director, Chinle Comprehensive Health Care Facility

Dr. Topher Jentoft currently serves the Diné as Clinical Director at Chinle Comprehensive Health Care Facility after 10 years serving the White Mountain Apache Tribe at the Whiteriver Indian Hospital. While at Whiteriver, he served as Acting and then Deputy Director of the Emergency Department, Medical Director of the local EMS agency, and the made-up job of “Covid Czar”, which included Coordinating the High-Risk Team during Alpha and Delta COVID-19 surges and Deputy Infection Control Officer during Omicron. His professional interests include blunting morbidity and mortality resulting from man-made inequities in health while working towards their ultimate resolution.

JENNIFER LUNDBLAD, PHD, MBA

President & CEO, Stratis Health



Dr. Jennifer Lundblad has served as President and CEO of Stratis Health for nearly 20 years. Dr. Lundblad has an extensive background in leadership, organization development, and program management in both non-profit and education settings. She has expertise in change management, dissemination of innovation, process and workflow analysis and redesign, rural-specific quality measurement, and organizational culture improvement across the continuum of care. Jennifer is a member of the national RUPRI (Rural Policy Research Institute) Health Panel, the NRHA Age-Friendly Interest Group, and serves on various other national and local boards and in committee leadership positions. She has an adjunct assistant professor appointment at the University of Minnesota School of Public Health.

BROCK SLABACH, MPH

Chief Operations Officer, National Rural Health Association



Brock joined NRHA in 2008 and currently serves as Chief Operations Officer. He was a rural hospital administrator for more than 21 years and has served on the board of the National Rural Health Association and the regional policy board of the American Hospital Association. Brock specializes in rural health system development that encompasses population health and the varied payment programs moving rural providers into value based purchasing models. Brock received the American Society of Healthcare Pharmacists (ASHP) Board of Directors' Award of Honor in 2018 and the NRHA's President's Award in 2023. Brock earned a master of public health degree in health administration from the University of Oklahoma and is a fellow in the American College of Healthcare Executives.

PEGGY BROUSSARD WHEELER, MPH

Vice President, Policy, California Hospital Association



Peggy Broussard Wheeler served as Vice President of Policy, at the California Hospital Association (CHA) until her recent retirement in 2026. In her role, she advocated for small and rural hospitals and other members of the sponsoring organizations who provide service to rural populations in the State of California. Her portfolio also includes issues of workforce, telehealth, and diversity, equity, and inclusion. Peggy was responsible for developing, advocating and executing public policies, legislation and regulations on behalf of rural hospitals at the state and national levels.

KINA WHITE, DRPH

Founder & Principal Consultant, KIW Consulting, LLC



Dr. Kina White is the Founder and Principal Consultant of KIW Consulting, LLC, executively focused on healthcare strategy and transformation. She is a published author and nationally recognized healthcare leader, researcher, and community advocate with more than 20 years of experience strengthening health systems, expanding care opportunities, and influencing health policy. Kina formerly directed the Offices of State Health Planning & Research and Community Health Improvement at the Mississippi State Department of Health and served as the state lead for the Age-Friendly Public Health Systems Initiative with Trust for America's Health.



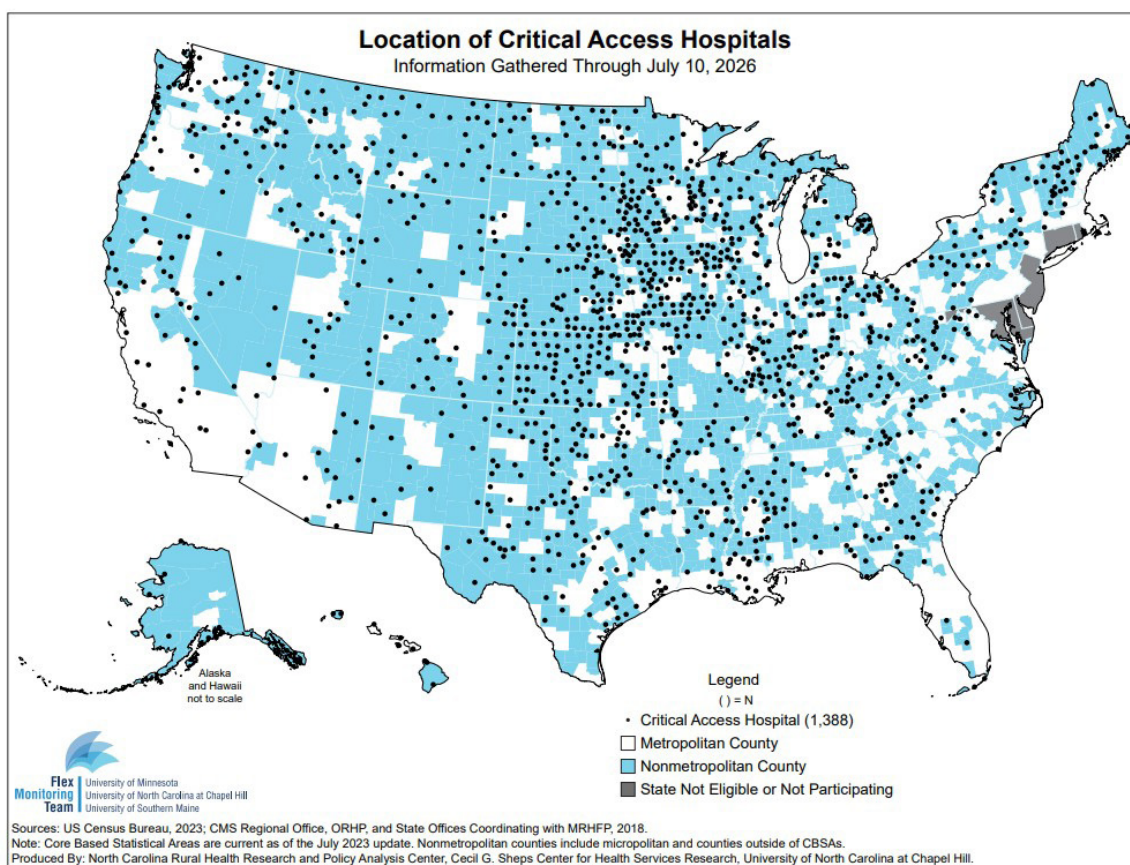
Flex Monitoring Team

FLEX MONITORING TEAM

The Flex Monitoring Team (FMT) is a partnership of the Rural Health Research Centers at the University of Minnesota (UMN), the University of North Carolina-Chapel Hill, and University of Southern Maine, led by the team at UMNHRHC. This team has led the Medicare Rural Hospital Flexibility Program Evaluation cooperative agreement for over 20 years and focuses on evaluation of core areas of the federal Flex Program providing support for Critical Access Hospitals (CAHs) across the country: Quality Improvement, Operational and Financial Improvement, and Community Impact, including population health and Emergency Medical Services (EMS). The UMNHRHC FMT staff complete a variety of projects in various topics each year, often focused on quality improvement in CAHs.

The FMT manages a website, flexmonitoring.org, that provides access to **all FMT products**, including policy briefs, data reports, and briefing papers. The FMT is also responsible for maintaining a **full list and map** of all CAHs across the country.

Additionally, the FMT operates the **Critical Access Hospital Measurement and Performance Assessment System (CAHMPAS) website**, which includes tools for exploring CAHs' performance on financial, quality, and community benefit measures.



SELECTION OF FMT PROJECTS

National CAH Quality Inventory and Assessment

Team: Robert Barclay, MPH; Madeleine Pick, MPH; Alyssa Furukawa, MPH; Carson Crane, MPH

Goals: This project is entering the fourth year of collecting, analyzing, and disseminating nationally standardized information on CAH quality improvement (QI) processes, data tracking, and quality reporting from the CAH Quality Inventory and Assessment (“Assessment”). The Assessment will include questions related to QI infrastructure in CAHs, service provision details, and related quality measurement efforts.

Highlights: Our team released the [national report from Year 3](#) of the Assessment in June 2026, and has been updating the Assessment based on CAH and State Flex Program feedback to prepare for fielding of Year 4 in fall 2026.

Use of AIM Patient Safety Bundles for OB Quality in CAHs

Team: Madeleine Pick, MPH; Carson Crane, MPH

Goals: The objective of this project is to build on previous FMT work and provide information about which CAHs are and are not using AIM Patient Safety Bundles, the challenges and successes CAHs have experienced with these bundles, and how they could be adapted to better suit CAH and other rural facilities.

Highlights: This project is nearly complete, and we anticipate briefs describing the findings from quantitative and qualitative analyses will be published on the FMT website in fall 2026.

Health Information Technology Maturity and Virtual Care in CAHs

Team: Carson Crane, MPH; Madeleine Pick, MPH; Alyssa Furukawa, MPH

Goals: This project has two main components: engagement with health data networks and telehealth adoption and best practices. The goals for the first part of this project are to evaluate CAH participation in Health Information Exchanges (HIEs), assess CAH awareness of and participation in the Trusted Exchange Framework and Common Agreement (TEFCA), and investigate characteristics of CAHs participating in one or both of these activities. The objectives for the second part of this project are to identify the most common service lines offered via telehealth in CAHs, investigate characteristics associated with high adoption of telehealth in CAHs, and explore best practices for sustaining telehealth adoption through qualitative interviews with high-adopting CAHs. This project will use data from the CAH Quality Inventory and Assessment, secondary data from the American Hospital Association, and primary data from qualitative interviews with CAH leadership.

Highlights: This project has just started.

Evaluation of Flex Program Activities and Impact on CAHs

Team: Madeleine Pick, MPH; Carson Crane, MPH

Goals: The objective of this project is to analyze, summarize, and report on trends in performance among State Flex Programs (SFPs) and Critical Access Hospitals (CAHs) using new data collected by FORHP. This project will organize data reported by SFPs for their CAHs, including participation in Flex Program projects and improvement across all Flex Program Areas (Quality Improvement, Financial and Operational Improvement, EMS, and Population Health). The analysis will support FORHP and Flex Partners in understanding Flex Program impact and identifying priority areas for technical assistance.

Highlights: This project has just started and will use data reported by SFPs in fall 2026.



University of Minnesota Rural Health Program

UNIVERSITY OF MINNESOTA RURAL HEALTH PROGRAM

In fall 2020, we launched the **University of Minnesota Rural Health Program** to provide training and support for addressing public health challenges in rural Minnesota, and to connect local experts with one another and with national research and policy work. Katy Backes Kozhimannil and Carrie Henning-Smith co-lead this program, alongside lead staff person Katie Rydberg. With funding from the Office of Academic and Clinical Affairs and Clinical and Translational Science Institute at the University of Minnesota, the Rural Health Program has three main components:

Rural Health Research Postdoctoral Program

The primary goal of this **program** is to train scholars who will become innovative research leaders in rural health. Our postdoctoral associates receive mentorship and support from the RHRC leadership and staff and closely collaborate on projects. The postdoctoral associates also have an opportunity to develop and implement an independent rural health research project specifically focused on rural Minnesota.



Clara Busse joined us as a postdoctoral associate in August 2024 after completing her PhD at the University of North Carolina. Throughout her two years with RHRC, Clara brought expertise in epidemiologic methods and analyses to the Maternity Care Team. She recently transitioned to a position at the Childrens Hospital of Philadelphia.



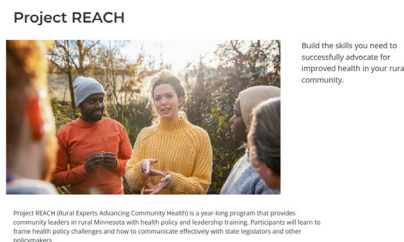
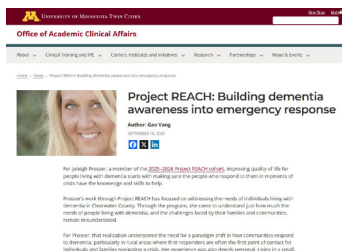
Anna Shetler joined us as a postdoctoral associate in August 2025 after completing her PhD at Pennsylvania State University. She brings expertise in demography and population health sciences. Anna has been an active collaborator on multiple RHRC research projects over the past year.



Nalani Thomas completed her PhD at Arizona State University and joined us as a postdoctoral associate in July 2026. She brings expertise in legal epidemiology and maternal and child health services research, and will contribute to projects on the Maternity Care Team in the year ahead.

Project REACH (Rural Experts Advancing Community Health)

Project REACH (Rural Experts Advancing Community Health) is a year-long program that provides diverse community leaders in rural Minnesota with health policy and leadership training. Participants learn to frame health policy challenges and how to communicate effectively with state legislators and other policymakers.



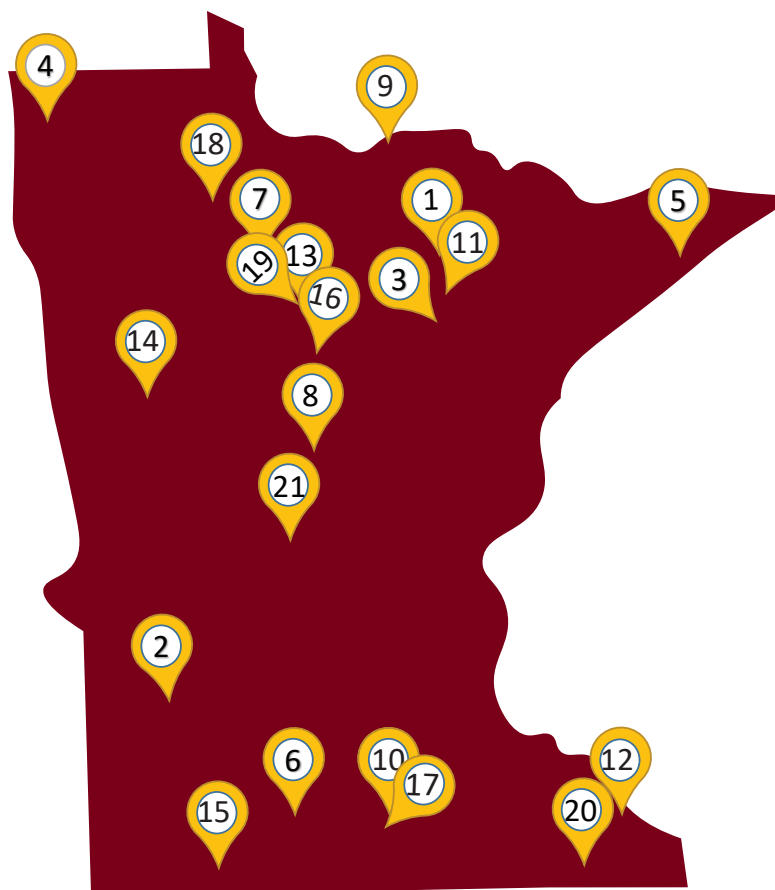
The **fifth cohort** began the year-long program in August 2025:

- Siham Amedy is a community project leader in Northwest Minnesota. During Project REACH, she focused on addressing on reducing opioid misuse among unhoused youth Ages 16–24 in Becker and Clay Counties. Her policy work aims to create a dedicated housing stabilization eligibility pathway for youth with substance use disorders or co-occurring mental illness.
- Deisy Cañón Lovera is a regional manager for a non-profit in Southern Minnesota. During Project REACH, she focused on addressing low rates of cervical cancer screenings among foreign-born Latinas in Watonwan County. Her policy work aims to increase access to low-cost cervical cancer screenings.
- Luke Ewald is a public health specialist from Jackson County. During Project REACH, he focused on addressing food insecurity-based malnutrition among 9th grade students in Jackson County. His policy work aims to implement an evidence-based food insecurity screening for all 9th-grade students.
- Andrew Kotz is an electrical engineer from Pine River, Minnesota. During Project REACH, he focused on addressing increased rates of childhood asthma in Cass County. His policy work aims to implement a structured education program for local providers offering weatherization assistance services.
- Juleigh Prosser is a retired entrepreneur from Clearbrook, Minnesota. During Project REACH, she focused on addressing low quality of life for individuals with dementia in Clearwater County. Her policy work aims to require a minimum of four standalone hours of dementia-specific training within each respective licensing renewal cycle for all emergency responders in Minnesota.

A **sixth cohort** recently began the program in August 2026:

- Marlee Morrison is a public health specialist from Walker, Minnesota. Through Project REACH, she will focus on policies related to childhood immunizations.
- Alicia Pearson is the Mayor of Lanesboro, Minnesota. Through Project REACH, she will focus on issues related to aging in Lanesboro.
- Alicia “Ifayomi” Rufus is a community health worker from Little Falls, Minnesota. Through Project REACH, she will focus on addressing social isolation among Black rural residents in Minnesota.

PROJECT REACH PARTICIPANTS, 2021-26



1. Side Lake <i>Ann Bussey, MS</i> Cohort 1 	8. Brainerd <i>Shelly Muñoz, MS</i> Cohort 3 	15. Jackson <i>Luke Ewald</i> Cohort 5 
2. Montevideo <i>Leah Lehtola, BS</i> Cohort 1 	9. International Falls <i>Christina Daniel-McKee</i> Cohort 4 	16. Pine River <i>Andrew Kotz</i> Cohort 5 
3. Grand Rapids <i>Adam Pavek, PharmD</i> Cohort 1 	10. St. Peter <i>Ana Garza, CHW</i> Cohort 4 	17. Mankato <i>Deisy Cañón Lovera</i> Cohort 5 
4. Hallock <i>Jeanna Kujava, RN, BA</i> Cohort 2 	11. Hibbing <i>Shawn Savolainen</i> Cohort 4 	18. Clearbrook <i>Juleigh Prosser</i> Cohort 5 
5. Grand Marais <i>Jodi Tervo Roberts, MS</i> Cohort 2 	12. Winona <i>Dan Wilson</i> Cohort 4 	19. Walker <i>Marlee Morrison</i> Cohort 6 
6. New Ulm <i>Erin Schwab, BS</i> Cohort 2 	13. Walker <i>Fatuma Youb, MPH</i> Cohort 4 	20. Lanesboro <i>Alicia Pearson</i> Cohort 6 
7. Bemidji <i>Ben Cahill, CHW</i> Cohort 3 	14. Frazee <i>Siham Amedy</i> Cohort 5 	21. Little Falls <i>Alicia "Ifayomi" Rufus</i> Cohort 6 

The alumni from the Project REACH program have continued to make an impact in their rural Minnesota communities and across the state:

- Several Project REACH alumni have used the Project REACH Alumni Fund to support special projects related to their policy work in the program. Jodi Tervo Roberts utilized Alumni Funds to present research stemming from her Project REACH policy work at the Early Hearing Detection and Intervention (EHDI) Annual Conference in March 2026. In May 2026, Shelly Muñoz used the Alumni Fund to support an event related to mental health and well-being for Brainerd Public Schools. Ana Garza utilized funds to participate in a workshop sponsored by the OpEd Project.
- This year, in partnership with **The Center for Leadership Education in Maternal and Child Public Health**, we were able to offer funding to a Project REACH alum who may be doing work related to rural maternal and child health. Adam Pavek was the recipient of this special Alumni Fund. He used this funding to support a maternal and child health summit at Leech Lake that brought together local public health and tribal health leaders to discuss maternal and child health needs in the local area in April 2026.
- In July 2025, Program Manager Katie Rydberg and Project REACH alum Dan Wilson presented at the Engaged Scholar Summer Institute. In October 2025, Dan presented about his policy work in Project REACH during a lecture at Winona State University. In February 2026, he presented at the Minnesota Cancer Alliance Summit.
- Project REACH alumni Adam Pavek and Ann Bussey shared about the impact of their policy work in Project REACH at the Rural Collective meeting at the Itasca Biological Station in September 2025.



Jodi Tervo Roberts at the EHDI Annual Conference in May 2026.



Dan Wilson at the July 2025 Engaged Summer Scholars Institute.



Adam Pavek at the Rural Collective meeting in Itasca, September 2025.

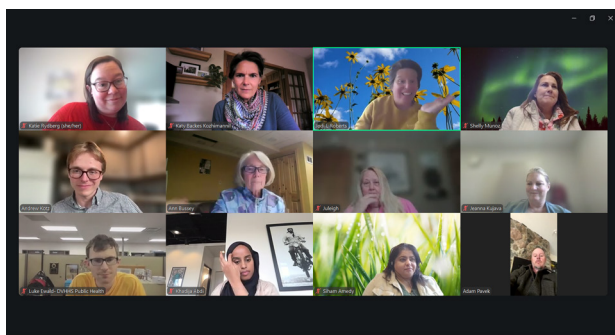
Each Project REACH participant is paired with two University of Minnesota based learning partners. These learning partners help the participants apply what they have learned in the program's monthly group session to the health policy issue in their rural community. They also connect participants to additional resources and information that are valuable for each person in their advocacy work.

We are greatly appreciative to the following Project REACH learning partners for their contributions to the program for Cohorts 5 and 6:

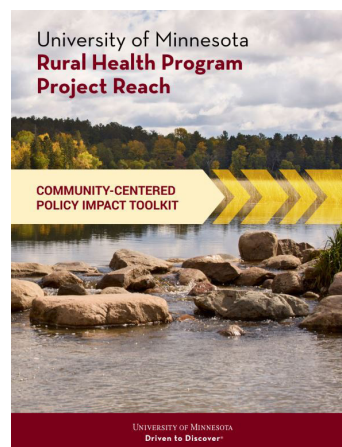
- | | |
|--|--|
| • Khadija Abdi, Rural Health Research Center (RHRC) (Alicia "Ifayomi" Rufus) | • Katy Backes Kozhimannil, RHRC (Siham Amedy and Alicia "Ifayomi" Rufus) |
| • Jennifer Aranda, UMN Extension (Alicia "Ifayomi" Rufus) | • Rajean Moone, Center for Healthy Aging and Innovation (Alicia Pearson) |
| • Carson Crane RHRC (Alicia Pearson) | • Madeleine Pick, MPH, Rural Health Research Center (Deisy Cañón Lovera) |
| • Kirsten Cruikshank, Memory Keeper Medical Discovery Team (Juleigh Prosser) | • Jodi Tervo Roberts, MS, Rural Health Research Center (Andrew Kotz and Marlee Morrison) |
| • Kiara Ellis, Masonic Cancer Center (Deisy Cañón Lovera) | • Drissa Toure, School of Public Health (Marlee Morrison) |
| • Abby Gold, UMN Extension (Luke Ewald) | • Mariana Tuttle, MPH, RHRC (Alicia Pearson) |
| • Joel Haskard, UMN Extension (Andrew Kotz) | • Lindsey Weiler, College of Education and Human Development (Siham Amedy) |
| • Carrie Henning-Smith, RHRC (Juleigh Prosser) | |
| • Julia Interrante, RHRC (Luke Ewald) | |

During Project REACH, there are monthly sessions via Zoom that feature various lecturers and guest speakers who discuss aspects of the policy process and best practices in advocacy and creating equitable policy change. We have had a wide range of experts in rural health and policy present in these sessions, including:

- Erica Barnes, Executive Director, MN Rare Disease Council
- Ann Bussey, former Project REACH participant
- Gwenia Fiskevold-Gould, City Council Member in Bemidji, Minnesota
- Betsy Haugen and Molly Niehls, Minnesota Legislative Library
- Jeff Howison, Senior Research Analyst at the Minnesota State Demographic Center
- Isabel Huot-Link, Jenifer McGuire, and Joe Rand, Educators with UMN Extension
- Monica Hurtado, Policy Director, Voices for Racial Justice
- Heather Keeler, Representative for Minnesota House District 04A
- Teresa Kittridge, Executive Director of 100 Rural Women
- Jeanna Kujava, former Project REACH participant
- Allison Liuzzi, PhD, Research Manager and Project Director of Minnesota Compass at Wilder Research
- Molly Malone, County Commissioner, Murray County
- Shelly Muñoz, former Project REACH participant
- Joan Naymark and Michael Jon Olson, Directors of Minnesotans for the American Community Survey (MACS)
- Catherine Neuschler, Executive Director, Minnesota Environmental Quality Board
- Pablo Obregon, Director of Community Growth for Willmar
- Adam Pavek, former project REACH participant
- Aric Putnam, Senator, Minnesota Senate District 14
- Jodi Tervo Roberts, former Project REACH participant
- Sarah Sandgren, Health Care and Aging Outreach Director, Office of Senator Tina Smith
- Dan Wilson, former Project REACH participant



Project REACH alumni from cohorts 1 (Ann Bussey and Adam Pavek), cohort 2 (Jeanna Kujava and Jodi Tervo Roberts), and cohort 3 (Shelly Muñoz) presenting at a meeting of cohort 5 participants.



In 2025, we published the **Community-Centered Policy Impact Toolkit**. The Community-Centered Policy Impact Toolkit is a framework designed to help guide individuals through the policy process to make an impact on health issues in their communities. While initially designed for Project REACH and based on a policy curriculum taught at the University of Minnesota School of Public Health, the strategies outlined in the toolkit may be broadly useful to rural community leaders who aim to effectively communicate with policymakers about local health problems. The toolkit follows an example of the policy work completed by Ann Bussey, member of the first cohort of the Project REACH program, presented as it was written and has been shared in her advocacy work.

Rural Collective

The **University of Minnesota Rural Collective** provides a forum for networking, learning, and collaborating across the University of Minnesota system with the ultimate aim of improving health, quality of life, and community resources for rural people and places throughout Minnesota and across the US. The Collective is an active and growing membership directory, and began regular meetings in spring 2021. As of August 2026, the Collective has a membership of more than 180 University of Minnesota staff, postdocs, and faculty, along with 42 affiliated centers and institutions from across all University campuses and the **Extension**.

This past year, the Rural Collective has hosted two in-person events. In September 2025, the Rural Collective held an event at the **UMN Itasca Biological Station**. This event highlighted the work of the Biological Station, the work of Project REACH alumni in Northern Minnesota and the efforts of the UMN Extension in Northwest Minnesota. In April 2026, we held an event at the **CentraCare Regional Medical School** in St. Cloud. This event provided an opportunity to tour the Medical School and learn about the rural-focused medical training program of this campus.

The Rural Collective also holds biannual virtual meetings. In October 2025, we held a virtual meeting featuring **Community Engagement to Advance Research and Community Health (CEARCH)**. In February 2026, another virtual meeting was held featuring the **Clinical Research Services Center**.



Rural Collective members catching up before hearing about the work of the UMN Extension in Northwest Minnesota.



Katie and Carrie enjoying a visit to the headwaters of the Mississippi River in Itasca.



Group photo of members after a successful Rural Collective gathering at the Itasca Biological Station, September 2025.



Carrie captured a tranquil moment on the headwaters of the "Mighty Mississippi" before leaving Itasca.



A beautiful day in April 2026 at the new UMN CentraCare Regional Medical School in St. Cloud, MN.



Rural Collective members learning about the new rural-focused training program at the CentraCare Regional Medical School.



Other Rural Health Research and Programs

OTHER RURAL HEALTH RESEARCH AND PROGRAMS

Rural Maternal Health Data and Support Program (RMHD)

Team: Katy Backes Kozhimannil, PhD, MPA; Julia Interrante, PhD, MPH; Kevan O'Hanlon, MPH; Khadija Abdi, BS; Clara Busse, PhD, MPH; Caitlin Carroll, PhD; Emily Sheffield, MPH; Alonson Quijano-Ruiz, MA

The **RHRC Maternity Care Team** collaborates with our partners at **Mission Analytics Group, Inc.** on the **Rural Maternal Health Data Support and Analysis Program (RMHD)**, a cooperative agreement funded by the Federal Office of Rural Health Policy (FORHP). Mission Analytics takes the lead on monitoring and technical assistance to support rural maternal health networks, and RHRC is leading the database construction, analysis, and research tasks. The RHRC Maternity Care Team has developed, validated, updated, and **published an advanced algorithm** that we use to identify the obstetric status of every short term acute care hospital in the U.S. Under RMHD, we create an annually updated database of obstetric unit closures by state and county, and we make that information publicly available to inform research, policy, and public health decisions on rural maternity care access and rural maternal health. We also author several reports each year, describing national-, state-, regional- and county-level changes in hospital-based obstetric care availability. Finally, we link the closure database with additional data useful for research, public health, clinical care, and policy. Over the past year, we have conducted research on the relationship between obstetric unit closures and hospital finances as well as the relationship between patient bypass and obstetric unit closures.



INRPHA

Team: Carrie Henning-Smith, PhD, MPH, MSW; Leif Jensen, PhD (Penn State); Shannon Monnat, PhD (Syracuse University); John Green, PhD (Mississippi State University); Lori Hunter, PhD (University of Colorado Boulder); Sushma Shankar, BS

The [Interdisciplinary Network on Rural Population Health and Aging](#) (INRPHA) is a multi-institution collaboration led by Carrie Henning-Smith (as principal investigator) that draws together researchers from across the United States with interests in rural population health and aging. This network is funded by the **National Institute on Aging** and facilitates innovative research on health and aging trends among different rural populations and regions in the United States.





Results and Impact on Rural Health, 2025-26

POLICY AND PUBLIC IMPACT

Policy Engagement

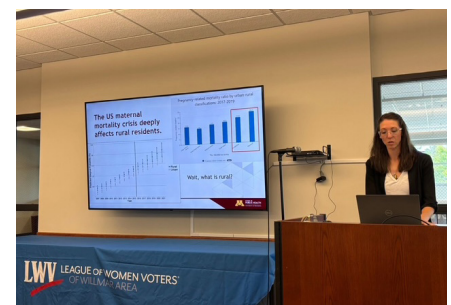
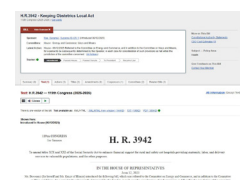
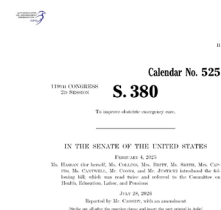
We are proud of the impact of our work on programs, legislation, and policy discussions at the local, state, and federal levels.

Over the past year, RHRC experts received frequent invitations to share our research findings and relevant insights with key individuals and organizations, and our work has been cited in major policies and reports – at the federal, tribal, regional, state, and local levels. Several examples are described below:

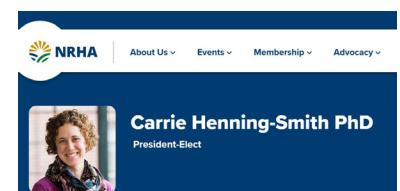
- Our team has continued to provide rural health research expertise to legislators and policy leaders at both the federal and state levels and to policymakers in the state of Minnesota. For example, Katy Backes Kozhimannil, Carrie Henning-Smith, and Julia Interrante met with Minnesota's Director of the Office of Rural Health and Primary Care to discuss the state's strategy for the Rural Health Transformation Program. In addition, Carrie met with staff from the Minnesota Management and Budget Office to provide guidance on their state plans on aging and on AI, and was also an invited participant and panelist in Brookings-AEI Commission on U.S. Rural Prosperity symposiums.
- During 2025-2026, members of the RHRC Maternity Care Team have been invited to present to multiple policymakers and policy groups on the topics of obstetric and neonatal service availability, barriers to obstetric and neonatal care, and efforts to improve access to obstetric and neonatal services in rural areas. For example, Katy presented on this topic for the National Academies of Sciences, Engineering and Medicine, Emily presented for the National Conference of State Legislators and the National Academy for State Health Policy, and Julia presented to the 2026 National Rural Health Transformation Summit.
- Maternity Care Team members have also responded to multiple stakeholder invitations, from the Centers for Medicare and Medicaid Services to HRSA regional offices to state and federal legislators to health care delivery systems.
- We have also presented to a wide variety of audiences invested in other rural health topics, including aging, access to care, and social drivers of health. For example, over the past year, Carrie Henning-Smith accepted invitations to present on rural mental health at the South Dakota Extension conference, on rural aging at the American Society on Aging, and on access to care for the Fluence Forum.
- Carrie is the current President of the National Rural Health Association (NRHA), the leading professional organization in rural health, with more than 21,000 members.



Katy kicked off the University of Iowa (UI) 2026 Obermann Symposium, which focused on rurality, by presenting on access to maternity care in rural communities. She is pictured here with Dr. Denise Jamison, the Dean of UI medical school.



Julia presenting research on maternity care access to the League of Women Voters of Willmar, Minnesota.



Policy Engagement (cont'd)

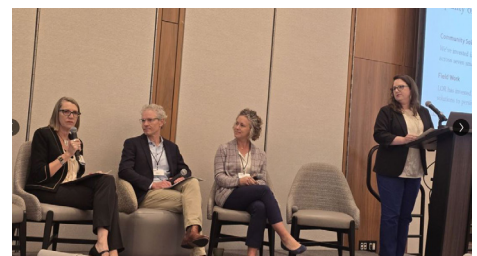
- Carrie was also an invited speaker at the meetings of various rural-relevant policy and leadership groups, including providing the plenary address at the 2025 Illinois Institute for Rural Affairs and Illinois Governor's Rural Affairs Council Annual Rural Community Economic Development Conference in Springfield, Illinois. Carrie also gave the 2025 Annual Chesley Lecture for the Minnesota State University Mankato Chesley Center on Aging.
- In June 2026, Carrie Henning-Smith joined directors from several other Rural Health Research Centers to present at a U.S. Congressional Briefing focused on critical trends in rural health, sponsored by the Congressional Bipartisan Rural Health Caucus.
- Carrie Henning-Smith, Mariana Tuttle, and UMN School of Social Work faculty colleague Hannah MacDougall consulted with staff at the Minnesota Attorney General's Office in early 2025 on the issue of medical debt, especially from the perspective of rural residents. They drafted a letter of support for the Medical Debt Reset Act (introduced in the 94th Minnesota Legislature), and Hannah spoke at a Rally at the Rotunda in April 2025, on behalf of the potential impact of the act to rural communities.
- During the past year, both Katy and Carrie attended the Rural Philanthropy meeting in October 2025, convened by Grantmakers in Health and FORHP, where Carrie presented on rural aging research. This year, the meeting also included a convening on Tribal philanthropy and Native American health in rural areas, and Katy presented at this meeting.
- Over the past year, Carrie worked closely with the LOR Foundation to develop a grant opportunity to address social wellbeing and mental health in rural communities across five western states: Colorado, Idaho, Montana, New Mexico, and Wyoming, which funded 25 awards to rural community members, budgeted at up to \$25,000 each. She provided scientific and strategy guidance as the grant opportunity was developed, is currently assisting with evaluation of the grant program.
- Katy received an invitation in May 2025 to join a working group through the office of U.S. Senator Ben Ray Luján on Improving American Indian, Alaska Native, and Hawaiian Native Maternal Health. The group authored a Congressional Report published in December 2025 on the topic, and Katy led the writing on the sections on access to care and on rural Native American maternal health.



RHRC leaders from North Carolina, Washington, Minnesota, South Carolina, and Iowa presented alongside the CEO of the National Rural Health Association at a U.S. Congressional Briefing in June 2026.



Hannah MacDougall at the Capitol Rotunda speaking in support of legislation that aims to address medical debt on behalf of rural Minnesotans.



Carrie sharing her rural aging research on a panel with other experts at the Rural Philanthropy meeting, convened by Grantmakers in Health and FORHP.



For Immediate Release
Date: December 1, 2025
Contact: Jocelyn Nolasco, jnolasco@benraylujan.senate.gov

Luján Convenes Experts to Create Roadmap for Native Maternal Health Solutions

Most American Indian/Alaska Native Pregnancy-Related Deaths Were Deemed Preventable

Washington, D.C. — U.S. Senator Ben Ray Luján (D-NM), a member of the Senate Committee on Indian Affairs, announced today that 22 American Indian, Alaska Native (AI/AN), and Native Hawaiian (NH) maternal health experts and organizations have authored a landmark set of five reports outlining the current state of Native maternal health. The five reports synthesize national findings on maternal mortality, workforce equity, access to health care services, data sovereignty, and funding pipelines.

AI/AN people face pregnancy-related mortality rates two to three times higher than non-Hispanic White counterparts, and Native Hawaiian mortality remains steadily elevated. The reports underscore that today's disparities are the result of generations of harmful federal Indian policies, underfunding of the Indian Health Service (IHS) and Tribal Health Organizations (THOs), and ongoing barriers to culturally-based, accessible maternal health care.

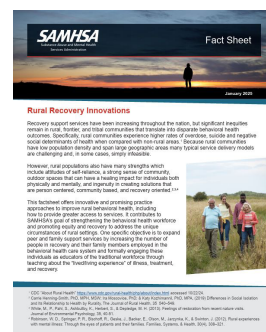
"For too long, Native families have had to be subjected to a maternal health system that was never built for them. These reports offer a roadmap that is based on data sovereignty, community-led care, and sustained federal investment and support," said Senator Luján. "I am proud of the work these experts have done to identify solutions to the unacceptable and preventable disparities in Native maternal health outcomes. I look forward to working with my colleagues and the public to make these changes happen for Native mothers and our families."

Policy Engagement (cont'd)

- Carrie participated in the 10th annual meeting of the Aspen Institute's Health Strategy Group in June 2025. The focus of the meeting was on rural health and Carrie wrote the first of three commissioned papers. The meeting was co-chaired by former U.S. Health and Human Services (HHS) Secretary Kathleen Sebelius and former U.S. Senate Majority Leader William Frist. Other participants included additional former HHS Secretaries, a former U.S. Surgeon General, current and former Presidents of the National Academy of Medicine, and other leaders in government, business, health care, and philanthropy.
- Hannah Neprash served on the U.S. Department of Health and Human Services Hospital Cyber Resiliency Project.
- RHRC research has been recently cited in numerous government and policy stakeholder documents, including:
 - Centers for Medicare & Medicaid Services (CMS). *Medicaid Program; 2028 Medicaid Home and Community-Based Quality Measure Set*. (2026)
 - U.S. Centers for Disease Control and Prevention (CDC). *Analyzing Demographics within Rural Populations: Considerations for Rural Public Health Research* (2026)
 - Substance Abuse and Mental Health Services Administration (SAMHSA). *Rural Recovery Innovations: Fact Sheet* (2025)
 - Numerous National Rural Health Association (NRHA) policy briefs and white papers, including on the topics of rural hospital cybersecurity, obstetric readiness in rural hospital lacking maternity units, rural maternal health, and the role of broadband in rural health.

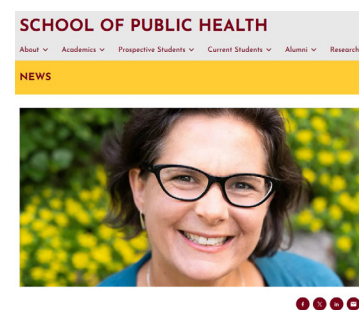


Carrie, with former U.S. Senate Majority Leader William Frist, and former HHS Secretary Kathleen Sebelius at the Aspen Institute's Health Strategy Group.



Honors and Awards

In October 2025, Katy Kozhimannil was elected to the **National Academy of Medicine (NAM)**, one of the highest honors in health and medicine, in recognition of her outstanding professional achievements and commitment to service. She was specifically honored for her influential research on health policy and health system factors affecting maternal and child health outcomes, particularly in rural communities and among Native American populations, as well as for her ability to effectively translate research findings into actionable insights for policymakers. Her election reflects both the national impact of her scholarship and her dedication to advancing health equity and improving access to perinatal care, as well as her collaborative approach with communities, colleagues, and partners to drive meaningful policy change.



University of Minnesota School of Public Health Professor Katy Kozhimannil Elected to the National Academy of Medicine

Carrie Henning-Smith was recently named to the inaugural cohort of the Public Impact Research Fellowship. The fellowship is an initiative of a network of 15 large public research institutions focused on increasing the reach and influence of research activities.

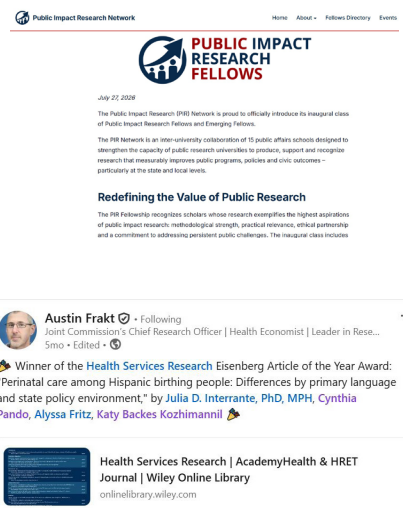
RHRC researchers Julia Interrante, Katy Kozhimannil, and Alyssa Fritz, with colleague Cynthia Pando were honored to receive the 2025 John M. Eisenberg Article of-the-Year Award from the top-in-our-field journal, *Health Services Research*. Their article, entitled **“Perinatal care among Hispanic birthing people: Differences by primary language and state policy environment”** was honored as the top article of the year published in the journal.

Alyssa Fritz, Alexis Swendener, and Carrie Henning-Smith won the Rural and Environment Research Award Honorable Mention in 2025 for their presentation entitled, “A Policy Analysis of Elder Abuse Laws: Examining Differences in Abuse Type Coverage and Reporting Laws by Rurality” from the American Public Health Association (APHA) Aging & Public Health section.

RHRC staff have received many commendations, including spring 2026 “Spot Awards” from the School of Public Health presented to Katie Rydberg, Kevan O’Hanlon, and Mariana Tuttle for their exceptional work on the Rural Health Program, county-level state reports on obstetric care access, and the growing scope of the RHRC, respectively. In June 2025, Carrie celebrated 10 years of service to SPH, and Mariana was also awarded a major School-wide honor: the Judy C. Peterson Staff Excellence Award.

From 2025-2026, RHRC research assistants have demonstrated success at the University of Minnesota School of Public Health in school-wide competitions. In 2025, RHRC research assistant Emily Sheffield, MPH, won “Best Poster” in the Staff/Community Member Category at the **UMN Women’s Health Research Conference**.

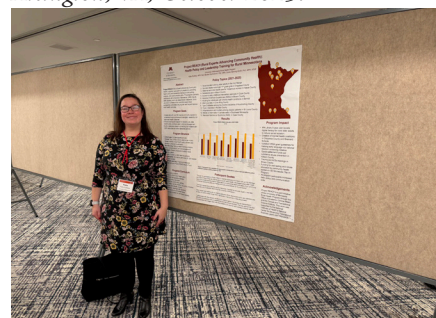
In October 2025, Katie Rydberg presented a poster about the model of the Project REACH program at the CTSA Fall Meeting, which was recognized as a top poster in the community and stakeholder engagement category.



Above: Mariana receiving her award from School of Public Health Dean Melinda Pettigrew. Below: Carrie, alongside others celebrating 10 years of service to SPH.



Below: Katie Rydberg showing off her top poster at the CTSA annual meeting in Arlington, VA, October 2025.



Press Coverage, 2025-26

Our researchers maintain working relationships with media contacts and recent work has been covered by local media in rural communities as well as national media like *NPR*, *The New York Times*, *US News & World Report*, and more. Additionally, our staff works with offices from the broader University of Minnesota media relations, University of Minnesota School of Public Health's media relations office, and the OACA and CTSI media teams, to produce research summaries and media-oriented news releases to help amplify our products, and also to make direct connections with additional local & national reporters who cover rural health.

From January 2025 through July 2026, our research was cited in 125 different press pieces, including news articles, radio interviews, and television interviews. These range in reach from smaller local newspapers (e.g. *Alexandria Echo Press*) to state-level (e.g. *Minnesota Star Tribune*, *Missouri Independent*) and large national media outlets (e.g. *The Washington Post*, *The 19th*). We also leverage opportunities to share our research further in timely commentaries and op-eds published in major media outlets. In 2025-26, our research was featured in 88 unique media outlets, from local to national, including:

- The 19th
- ABC News
- Albert Lea Tribune
- Alexandria Echo Press
- Arkansas Advocate
- Association of Health Care Journalists
- Ball State Daily News
- Becker's Hospital Review
- Bucks County Beacons
- Business Insider
- Charleston Post and Courier
- Charlottesville Tomorrow
- The Daily Yonder
- The Duluth News Tribune
- El Obsevador
- Farm Week Now
- Fergus Falls Daily Journal
- Forbes
- Greater Dakota News Service
- Hometown Source
- JAMA Clinical Reviews
- KFF Health News
- Kiowa County Press
- Lansing City Pulse
- Lexington Herald Leader
- Medical Xpress
- Medscape
- Miami Herald
- Minnesota Daily
- Minnesota Public Radio
- Minnesota Reformer
- Minnesota Star Tribune
- MinnPost
- Minot Daily News
- Missouri Independent
- MSN
- New Hampshire Public Radio
- The New York Times
- Newsweek
- Next Avenue
- North Carolina Health News
- NPR
- Oregon Live
- Park Rapids Enterprise
- Pennsylvania Capitol Star
- Pipestone County Star
- Plumas Sun
- Red River Radio
- Rochester Post Bulletin
- Sahan Journal
- Texas Tribune
- The Beacon
- The Washington Post
- TPT Almanac
- US News & World Report
- Wisconsin Examiner



Presentations, 2025-26

Members of our team have presented at an array of unique events, from academic conferences to policy panels, including:

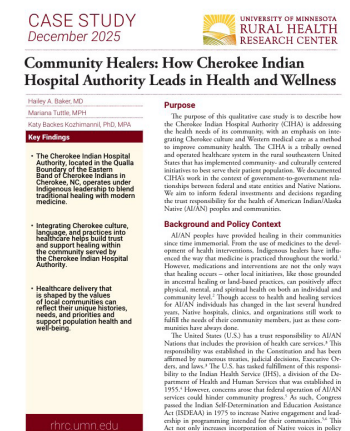
- 100 Rural Women, February 2025, Webinar
- AcademyHealth Annual Research Meeting: June 2025 Minneapolis, MN; June 2026, Seattle, WA
- Age-Friendly Minnesota Council, March 2025, Virtual
- American Association for the Advancement of Science SciLine, January 2025, Virtual
- American Society on Aging “On Aging” Conference, April 2026, Atlanta, GA
- Bi-State Primary Care Association Keynote, Oct 2025, Fairlee, VT
- Clinical Translational Sciences Institute Fall Meeting, October 2025, Arlington, VA
- Colorado Hospital Association Maternal Health Summit, April 2025, Virtual
- EduCivic Speaker Series, March 2025, Hopkins, MN
- Fairview Birth Justic Summit, November 2025, Minneapolis, MN
- Fluence Forum Conversations on Critical Issues Advisory Convening, December 2025, Virtual
- Georgetown University McCourt School of Public Policy Webinar, January and May 2025, Virtual
- Illinois Institute for Rural Affairs and Illinois Governor’s Rural Affairs Council Annual Rural Community Economic Development Conference, February 2025, Springfield, IL
- League of Women Voters Willmar, September 2025, Willmar, MN
- Minnesota Maternal Mortality Committee Presentation & Workshop, Sep 2025, St. Paul, MN
- Minnesota Rural Health Conference, June 2025, Duluth, MN
- Minnesota State University Mankato Chesley Center on Aging, April 2025, Mankato, MN
- MIT AgeLab Aging & Equity Series Webinar, May 2025, Virtual
- National Rural Health Association (NRHA) Annual Meeting and NRHA Health Access Conference: May 2025 Atlanta, GA; May 2026 San Diego, CA
- North Central Regional Center for Rural Development Webinar Series, September 2025, Virtual
- Northeast Center for Occupational Health and Safety Webinar Series, September 2025, Virtual
- Obstetric Life Support Virtual Conference, February 2025, Virtual
- Osher Lifelong Learning Institute OLLI At-the-U Lecture Series, April 2025, Virtual
- Public-Private Collaborations in Rural Health: Annual Meeting of the Rural Philanthropy Partnership, October 2025, Bethesda, MD
- Rural Health Transformation 2026 Summit Panel, March 2026, Virtual
- South Dakota Extension Conference, September 2025, Brookings, SD
- Tribal Health Funders Workshop, October 2025, Bethesda, MD
- University of California San Francisco Institute for Health Policy Studies Grand Rounds Lecture Series, February 2025, Virtual
- University of Iowa Grand Rounds Keynote, March 2026, Iowa City, IA
- University of Minnesota (UMN) Center for Bioethics Grand Rounds, March 2026, Minneapolis, MN
- UMN Engaged Scholar Summer Institute, July 2025, Minneapolis, MN
- UMN Public Engagement Conference, March 2025, Minneapolis, MN
- UMN School of Public Health Research Day, April 2025, Minneapolis, MN
- UMN Women’s Health Research Conference, February 2025 and February 2026, Minneapolis, MN
- UMN Extension “Breakfast Info Bites” Webinar Series, November 2025 and May 2026, Virtual
- University of Wisconsin Madison Institute for Research on Rural Poverty Webinar, December 2025, Virtual
- Vanderbilt University MEADOW Webinar, March 2025, Virtual
- West Virginia University CED Ability Grand Rounds Webinar, April 2025, Virtual
- World Elder Abuse Awareness Day Conference, June 2026, Brooklyn Center, MN

PUBLICATIONS, 2025-26

These publications come from current, recent, and affiliated research projects, faculty, and staff.

Research Products

- **“Supporting Rural Older Adults in Home and Community-Based Settings: Perspectives from Area Agencies on Aging,”** *RHRC Policy Brief*, June 2026
- **“MBQIP Quality Measures National Annual Report – 2024,”** *FMT Report*, June 2026
- **“2010-2024 County-Level Hospital-Based Obstetric Care Status,”** *RHRC Data Resource*, May 2026
- **“2025 National CAH Quality Inventory & Assessment Report”** *FMT Report*, April 2026
- **“County-Level Differences in Health Professional Shortage Areas by Rurality, Age, and Disability Status,”** *RHRC Policy Brief*, April 2026
- **“Reporting and Performance of Maternity-related Quality Measures in Critical Access Hospitals,”** *FMT Brief*, February 2026
- **“Delivering Quality: Maternity Care Innovation in Critical Access Hospitals,”** *FMT Brief*, February 2026
- **“Availability of Hospital-Based Obstetric Services in the United States by County, 2010-2023: A State-by-State Report,”** *RHRC Report*, January 2026
- **“Use of Preventive Services by Rurality, Disability Status, and Health Insurance,”** *RHRC Policy Brief*, January 2026
- **“Indian Health Service and Health Care Affordability Issues among American Indian/Alaska Native People by Rurality,”** *RHRC Policy Brief*, January 2026
- **“Access to Health Care by Rurality and Disability Status,”** *RHRC Policy Brief*, January 2026
- **“Rural-Urban Differences in Homebound Status by Health and Functional Limitations,”** *RHRC Policy Brief*, January 2026
- **“Transportation for Rural People with Disabilities: Example Programs from Minnesota and Idaho,”** *RHRC Case Series*, January 2026
- **“Availability of Higher-Level Neonatal Care Services in Rural US Counties, 2010-2022,”** *RHRC Policy Brief*, December 2025
- **“Community Healers: How Cherokee Indian Hospital Authority Leads in Health and Wellness,”** *RHRC Case Study*, December 2025



PUBLICATIONS, 2025-26

Research Products

- “Facilitators of Strong Quality and Financial Outcomes in Critical Access Hospitals,” *FMT Brief*, November 2025
- “Characteristics of Critical Access Hospitals with High Financial and Quality Metrics,” *FMT Brief*, November 2025
- “An Enhanced Method for Identifying Hospital-Based Obstetric Unit Status, Version 2 with Addendum” *RHRC Methodology Brief*, October 2025
- “2010-2023 County-Level Hospital-Based Obstetric Care Status,” *RHRC Data Resource*, October 2025
- “Reasons for Experiencing Delayed or Forgone Health Care among Rural American Indian/Alaska Native and Rural Non-Hispanic White Individuals, 2022,” *RHRC Policy Brief*, September 2025
- “Rural Resource: Availability of Obstetric Simulation Training by State,” *FMT Resource*, September 2025
- “Rural/Urban Differences in Health, Health Care Use, and Barriers to Care for Postpartum and Parenting Women, 2006-2018,” *RHRC Policy Brief*, August 2025
- “2010-2022 County-Level Hospital-Based Obstetric Care Status,” *RHRC Data Resource*, July 2025
- “Geographic and Demographic Correlates of Living in Manufactured Homes: Implications for Health,” *RHRC Policy Brief*, July 2025
- “Preventing Medical Debt among Rural Residents: Example Programs from Hospitals in Minnesota and Montana,” *RHRC Case Series*, June 2025
- “2024 National CAH Quality Inventory & Assessment Report,” *FMT Report*, May 2025
- “Resources for Measuring Rurality in Research on Maternity Care,” *RHRC Practical Implications*, January 2025
- “Rural-Urban Differences in PACE Organization and Enrollee Characteristics,” *RHRC Policy Brief*, January 2025

METHODOLOGY BRIEF October 2025



An Enhanced Method for Identifying Hospital-Based Obstetric Unit Status, Version 2 with Addendum

Authors: Julia D. Intermetz, MPH, PhD; Caitlin Connel, PhD; Emily C. Sheffels, MPH; Sara C. Hensley, MD, MScE; Kristin Kucharski, PhD, MPH

Purpose
Public service research has used a range of methods for measuring whether hospitals have an obstetric unit. Various access methods may lead to inaccurate or inconsistent findings and to different conclusions about access to obstetric services. Having a clear and consistent measurement of obstetric unit status is important for understanding on rural health as well as maternal and infant health. As such, there is a need for a transparent and replicable process for consistently defining whether a hospital has an obstetric unit. The purpose of this methodology brief is to describe an enhanced method for identifying hospital-based obstetric unit status and for identifying closures of obstetric units.

Background and Policy Context
Provision of hospital-based obstetric services has been consistently declining since the early 2000s, specifically in rural communities, with important consequences for maternal and infant health.^{1,2} Prior research indicates important differences between rural hospitals that provide obstetric care and those that do not, hospitals without obstetric units tend to be located in more remote rural areas and have lower patient volume.^{3,4} A wide range of methods have been used to identify the presence of obstetric units in hospitals, but none have been consistently validated. One approach uses individual indicators of obstetric services in the American Hospital Association (AHA) Annual Survey of Hospitals (i.e., self-reported presence of obstetric services) as an initial binary variable. Another approach uses data from the Centers for Medicare & Medicaid Services (CMS) Hospital Outpatient Department (HOPD) file. Yet another approach leverages administrative data from the CMS Hospital Inpatient Discharge (HID) file. The final approach leverages the International Classification of Diseases (ICD-9) and Current Procedural Terminology (CPT) codes associated with childbirth hospitalizations.^{5,6} From



NOVEMBER 2025

Characteristics of Critical Access Hospitals with High Financial and Quality Metric Performance

Authors: Lauren Wallace, DrPH; George H. Pinn, PhD; Kristine Thompson, MA; Megan Lahr, MPH; Robert Barclay, MPH; Kristina R. Foster, PhD

Purpose
The purpose of this study is to describe Critical Access Hospital (CAH) performance on five benchmark measures of financial performance and five benchmark measures of quality performance. The study also examines characteristics of CAHs that fall into different performance quartiles corresponding to whether they meet 0-2 benchmarks (indicating low performance) or 3-5 benchmarks (indicating high performance). Findings from this study can be used to inform rural communities and stakeholders, State Farm Programs, and hospital leaders about the current state of CAH performance across both financial and quality metrics. Further, these findings and their partners may benefit from understanding the contextual factors that may influence CAHs' ability to simultaneously maintain high financial and quality performance, both of which are important in determining hospital ability to be successful in value-based care models. For these reasons, we conducted this study, which provides additional information on the relationship between quality and finance in CAHs by examining the relationship of a quantitative analysis of CAHs' performance across financial and quality metrics, and related characteristics.

Background
It is well known that quality and finance are important in health care.^{1,2} As a value which is determined by both quality and cost, the Centers for Medicare & Medicaid Services (CMS) has recognized the importance of value since the passage of the Patient Protection and Affordable Care Act (ACA) in 2010 and its creation of the CMS Innovation Center, dedicated to developing and testing models

PRACTICAL IMPLICATIONS January 2025



Resources for Measuring Rurality in Research on Maternity Care

Authors: Kelly B. Kucharski, PhD, MPH; Emily C. Sheffels, MPH; Mary Jane Adair, MPH; Alyssa M. Fink, MPH, RD, CDE; Chris Bauer, PhD, MPH; Ingrid Jacobson, MPH; Julia D. Intermetz, MPH, PhD

Purpose
Definitions of rurality vary across research and policy, and these definitions directly affect health service eligibility, interpretation of research findings, and impact health outcomes. The primary objective of this brief is to explore the complexities inherent in defining rurality in maternal and health research. We report information about various measures and definitions commonly employed to categorize rural populations and discuss the implications of these definitions for research, public health interventions, and policy formulation. In addition, this brief aims to provide insights into how different measures of rurality influence research outcomes, with the goal of informing best practices in maternal health research.

Background and Policy Context
Research consistently indicates the individuals residing in rural areas of the United States (US) face significantly higher rates of maternal and infant mortality and morbidity compared to those in urban areas.¹⁻³ Barriers, including the loss of health care services and provider workforce shortages, have limited rural residents' access to essential maternal and obstetric care.⁴⁻⁶ Accurately identifying rural populations in research is essential for advancing policy, research, public health, and clinical efforts to address geographic disparities in maternal and infant health. Such research requires careful attention to how the concept of "rurality" is measured. Rural health systems have been challenged by the complexity of measuring rurality, including how individuals and communities are categorized, how data are collected, and how research interpretation, program planning, and policy decisions (including funding decisions)^{7,8} are influenced. Research made by maternal health researchers about how to measure rurality can have important implications for maternal health care access and health outcomes.

Journal Articles

- **“I Was Where I Needed To Be’: The Rural Health Care Workforce Experience During the COVID-19 Pandemic,”** *Medical Care Research and Review*, August 2026
- **“Access to Higher-Level Neonatal Care Depends on Where You Live,”** *AcademyHealth Blog*, May 2026
- **“Health Insurance Coverage and Rural-Urban Differences in Maternal Health Care Among Postpartum Women-National Health Interview Survey,”** *Birth*, March 2026
- **“Availability of Higher-Level Neonatal Care in Rural and Urban US Hospitals, 2010-2022,”** *JAMA Network Open*, February 2026
- **“Financial and Mental Health Challenges in Agriculture: Key Informants’ Perspectives on Farmers’ Ability and Willingness to Seek Help,”** *Journal of Rural Studies*, February 2026
- **“Millions Of Women Don’t Have Access To Maternity Care – And The Number Is Growing,”** *HealthAffairs Forefront*, January 2026
- **“Rural-Urban Differences in the Prevalence and Correlates of Elder Mistreatment,”** *Journal of Applied Gerontology*, December 2025
- **“Factors Associated with Mental and Behavioral Health Programming in U.S. Rural, Urban and Suburban Congregations,”** *Journal of Religion and Health*, December 2025
- **“Local Availability of Neonatal Intensive Care at Rural Hospitals with Childbirth Services,”** *Journal of Perinatology*, November 2025
- **“Rural/Urban Differences among American Indian/Alaska Native Peoples in Health Care Access and Outcomes, 2019–2023,”** *Journal of Community Health*, November 2025
- **“Chronic Health Conditions and Health Care Affordability Issues among U.S. Rural and Urban Adults,”** *Journal of Multimorbidity and Comorbidity*, November 2025
- **“Barriers to Health Care among Rural Adults by Disability Status,”** *Journal of Rural Health*, October 2025
- **“Adverse Childhood Experiences, Mental Health, and Access to Treatment: Differences among Rural and Urban Youth,”** *Social Work in Public Health*, October 2025
- **“Financial Challenges of Providing Obstetric Services at Rural US Hospitals,”** *Journal of Rural Health*, October 2025
- **“Sun Protection Beliefs among Adults Living in Rural United States: a Qualitative Study in Minnesota,”** *PLoS One*, September 2025
- **“Hospital Birth Volume and Rurality: Associations with Pregnancy Outcomes among Individuals with Chronic Hypertension,”** *Pregnancy*, September 2025

MEDICAL
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JOURNAL OF
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Journal of
Applied
GERONTOLOGY

Journal of
Religion & Health

Journal of
Perinatology

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& COMORBIDITY
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HEALTH

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Official Journal of the Society for Obstetrical and Gynecological Statistics

Journal Articles

- **“Rural–Urban Differences in Health Care Access for Postpartum Parent and Infant Dyads,”** *Journal of Rural Health*, August 2025
- **“Does Caregiver Well-Being Differ by Rurality and State Policy Environment? Identifying a Well-Being Typology for Rural, Suburban, and Urban Caregivers,”** *Journal of Rural Sociology*, August 2025
- **“Obstetric Care Access Declined In Rural And Urban Hospitals Across US States, 2010-22,”** *Health Affairs*, July 2025
- **“Occupational Transitions among Direct Care Workers in the United States,”** *Social Politics: International Studies in Gender, State & Society*, July 2025
- **“Self-Reported Versus County-Based Rurality of People Who Gave Birth in 6 US States, 2020,”** *American Journal of Public Health*, July 2025
- **“Seeking Connection: A Qualitative Study of Psychosocial Support Needs of Rural Cancer Survivors in Minnesota,”** *Journal of Rural Health*, June 2025
- **“Establishing a University-based Collaborative for Research and Engagement with Rural Communities,”** *Health Promotion Practice*, July 2025
- **“Rural-Urban Differences in Maternal Syphilis Trends in the United States, 2016-2023,”** *Obstetrics & Gynecology*, June 2025
- **“Author Response: Policy Context Matters for Midwifery,”** *Journal of Midwifery & Women’s Health*, June 2025
- **“The Landscape of Farmer Mental Health Programs in the US Midwest,”** *Journal of Agromedicine*, June 2025
- **“Social Well-Being among Rural County Fair Attendees: Results from a Pilot Study,”** *Journal of Rural Mental Health*, June 2025
- **“Recruitment and Retention of Rural Health Professionals in Minnesota,”** *Health Services Research*, June 2025
- **“Context Matters: Geographic and Age Differences Explain High Heterogeneity in Social Isolation,”** *Wellbeing, Space and Society*, May 2025
- **“The Relationship between Low Social/Emotional Support and Health Care Affordability among Rural and Urban Residents,”** *Journal of Rural Health*, May 2025
- **“Gender Differences in Factors Associated with Rural Health Care Practice in Minnesota,”** *Journal of Rural Health*, March 2025
- **“The Indian Health Service Is Associated With Higher-Quality Perinatal Care For American Indian And Alaska Native People,”** *Health Affairs*, March 2025

THE JOURNAL OF
RURAL HEALTH



Social Politics



**Journal of Midwifery
& Women’s Health**

JOURNAL OF
RURAL MENTAL
HEALTH

HSR



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Affairs**

OTHER COLLABORATIONS AND PARTNERSHIPS, 2025-26

Our team is actively engaged in other rural-relevant research collaborations and partnerships designed to address and improve rural health. Examples of this work include:

Upper Midwest Agricultural Safety and Health Center (UMASH)

UMASH is a multi-institution collaboration funded by the National Institute for Occupational Safety and Health (NIOSH) with the goal of promoting health and safety for agricultural workers and their families. Carrie Henning-Smith is a co-principal investigator on a current UMASH **five-year project** focused on identifying contextual factors associated with help-seeking behavior for mental health.



Carrie joined the UMASH project team in Brookings, South Dakota for an in-person meeting in September 2025.

Multi-Institution Collaboration to Identify Factors Associated with Rural Health Care Practice

Carrie Henning-Smith is a core collaborator in a partnership with researchers at the Minnesota Department of Health and multiple University of Minnesota schools or colleges (e.g., Medical School, School of Public Health, College of Education and Human Development). The partnership is designed to identify factors associated with choosing to practice in a rural setting across types of health care professionals. This work has resulted in multiple publications, including in *JAMA Network Open*, *Health Services Research*, *Medical Care Research and Review*, and *The Journal of Rural Health*. Hannah MacDougall (former Rural Health Program postdoc) presented this work at a June 2024 Minnesota Rural Health Conference plenary presentation and is actively engaged in this collaboration.





Snapshots of Our Team, 2025-26



RHRC teammates will take any excuse to connect with one another: over food, sight-seeing, and at conferences between presentations. We enjoy working and playing together!





RHRC summer parties, where we invite everyone who lives locally in Minnesota to gather for food, fun, and to celebrate all we've accomplished in the prior year, have become a highly anticipated annual tradition.



Acknowledgements

Funding

We are grateful for generous funding support from the **Federal Office of Rural Health Policy (FORHP)**. Part of the Health Resources and Services Administration, FORHP coordinates activities related to rural health care within the U.S. Department of Health and Human Services. For more information about all of the Rural Health Research Centers funded by FORHP, visit <http://www.ruralhealthresearch.org/>

We also receive funding support from the Office of Academic and Clinical Affairs and Clinical and Translational Science Institute at the University of Minnesota, and some of our faculty and staff are funded through grants from the National Institutes of Health, the Robert Wood Johnson Foundation, the National Center for Mobility Management, and the North Central Regional Center for Rural Development.

To support our work: <https://give.umn.edu/giveto/ruralhealth>

Acknowledgment of Native Lands

The University of Minnesota Rural Health Research Center acknowledges the Dakota people, who are the First People of Mni Sota Makoce. The Dakota people have a historical, spiritual, and ongoing connection to the land that the University of Minnesota Twin Cities was built and remains on. We commit ourselves to actions and practices that address the injustices from which our school benefits.

Today, the state of Minnesota is home to twelve federally and non-federally recognized Indigenous nations, including five Dakota Nations and seven Ojibwe Nations. Those nations include the Prairie Island Indian Community, Shakopee Mdewakanton Indian Community, Lower Sioux Indian Community, Upper Sioux Community, Mendota Mdewakanton Tribal Community, Bois Forte Band of Chippewa, Red Lake Nation, Leech Lake Band of Ojibwe, Mille Lacs Band of Ojibwe, White Earth Nation, Fond du Lac Band of Ojibwe, and Grand Portage Band of Lake Superior Chippewa.

University of Minnesota Environment

Our Center is located within the University of Minnesota, and we benefit from the breadth of expertise available among our colleagues at the University. Our Center's home is the Division of Health Policy and Management in the School of Public Health.

Photography

Kathleen Henning is a photographer who beautifully captures the awe-inspiring nature of rural places. Her work is reproduced with her permission on our website, and on the cover of this report.



**Rural Health Research
& Policy Centers**

Funded by the Federal Office of Rural Health Policy
www.ruralhealthresearch.org

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