NACCHO
National Association of County & City Health Officials

[ISSUE BRIEF]
July 2026

Advancing Heart Health in Rural Communities: Strategies for Local Health Departments

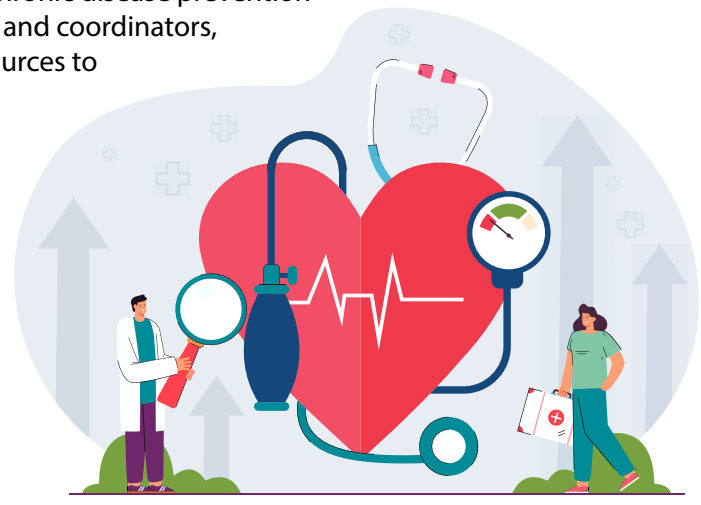
Background

Cardiovascular disease (CVD) remains the leading cause of death in the United States, disproportionately impacting rural communities. Rural residents face higher rates of heart disease mortality and key risk factors including hypertension, obesity, and diabetes compared to their urban counterparts.[1] Local health departments (LHDs), as frontline public health agencies in rural areas, are uniquely positioned to lead efforts in prevention, care coordination, and community health promotion to address these differences.

Underlying these health gaps are non-medical factors such as lower income, education, limited food access, and housing instability that strongly influence cardiovascular outcomes in rural populations.[2] Additionally, rural adults participate less frequently in health-promoting behaviors, such as regular physical activity and tobacco avoidance, largely due to environmental constraints like fewer safe exercise spaces and less availability of nutritious foods.[3]

Healthcare access barriers further compound these challenges. Rural areas often face provider shortages, long travel distances, and hospital closures, limiting timely acute care for heart attacks and strokes.[4] These realities underscore the critical role of LHDs in developing innovative partnerships with healthcare providers, community organizations, and alternative care teams, including community health workers (CHWs) and pharmacists, to expand hypertension management and improve medication adherence.

Furthermore, structural constraints such as limited broadband access reduce rural communities' ability to benefit from telehealth and digital health solutions. Workforce shortages and limited funding restrict many rural LHDs' ability to implement and sustain chronic disease prevention efforts.[5] Despite these challenges, LHDs serve as conveners and coordinators, linking health systems, social services, and community resources to deliver integrated interventions tailored to local needs.



Addressing rural CVD outcomes requires that LHDs expand their focus beyond clinical care to also improve the non-medical factors that shape cardiovascular health. Strengthening prevention, care delivery, and cross-sector collaboration together offers the greatest promise for reducing disease burden and improving health in rural communities.

Evidence-Based Strategies for Improvement

For rural LHDs, effective cardiovascular health improvement relies on multi-level approaches that integrate clinical care, community support, and actions on social drivers of health. The following evidence-based strategies can guide local efforts:

Expanding Access Through Telehealth and Remote Monitoring

Telehealth offers critical opportunities to overcome geographic and transportation barriers common in rural areas. LHDs can implement telehealth-supported self-measured blood pressure (SMBP) programs, conduct follow-up care and care coordination, and deliver education or coaching via CHWs. Offering flexible options such as phone or text-based outreach accommodates limited broadband access typical of many rural communities.[6] When combined with clinical care and community engagement, telehealth strengthens hypertension control and continuity of care.[3]

Strengthening Community-Clinical Linkages

Bridging clinical care with community resources enhances prevention, care coordination, and chronic disease management.[7] LHDs serve as conveners to align healthcare providers, social services, and community-based organizations, facilitating seamless referrals and support. CHWs are especially effective in rural settings, providing education, screenings, counseling, and navigation services that improve treatment adherence and access.[7] Care coordination models that foster communication between providers, patients, and families reinforce long-term management and outcomes.[7]

Addressing Non-Medical Factors

Non-medical factors, such as food insecurity, transportation difficulties, and the built environment, significantly influence cardiovascular risk. LHDs can collaborate across sectors to expand access to nutritious foods (e.g., fruit and vegetable incentive programs), improve transportation options to care, and create safe spaces for physical activity.[8] These partnerships involving housing, transportation, food systems, and community organizations help tackle root causes of health differences.

Implementing Community-Based Prevention Approaches

Local, culturally relevant community programs are essential for reducing behavioral risk factors. LHDs can lead, coordinate, or partner in delivering blood pressure screenings, nutrition education, physical activity opportunities, and tobacco cessation in trusted settings. Evidence supports comprehensive lifestyle interventions combining physical activity, healthy eating, and smoking cessation, alongside community improvements such as walking trails, parks, and community gardens, to promote sustained healthy behaviors.[7] Effective programs build long-term trust and engagement in rural populations.

Expanding and Supporting the Rural Health Workforce

Persistent workforce shortages limit rural access to clinical and preventive services. Team-based care models that include nurses, pharmacists, CHWs, and other allied health professionals have proven effective in improving blood pressure control and medication adherence.[3] LHDs play an important role in supporting these models by facilitating partnerships and extending care beyond traditional clinical settings. Telehealth additionally enables remote training and collaboration to maximize rural workforce capacity.

Enhancing Data and Population Health Infrastructure

Data-driven decision-making enables LHDs to target resources and measure impact more effectively. Strengthening surveillance systems and fostering data-sharing agreements with healthcare systems and community partners allow identification of high-risk individuals and better care coordination. Rural-specific metrics and improved interoperability support proactive outreach and population health management, leading to timely interventions to control hypertension and reduce cardiovascular risk.

Recommendations

Building on the evidence-based strategies described above, the following recommendations identify policy priorities and practical actions that can help LHDs strengthen cardiovascular health in rural communities.

Policy and System-Level Recommendations

Sustained improvements in rural cardiovascular health require supportive policies and system changes that empower local health departments and their partners. Key areas for action include:

1. Invest in Rural Public Health Infrastructure

Provide stable and flexible funding streams to strengthen rural LHD capacity for chronic disease prevention, workforce development, and core public health functions. This foundational support enables LHDs to convene partners, coordinate services, and implement population health strategies effectively.

2. Expand Telehealth-Enabling Policies and Infrastructure

Increase investment in broadband infrastructure and enact reimbursement policies that support remote monitoring and virtual hypertension and CVD care. Policies should encourage flexible telehealth delivery models, including audio-only options, to accommodate rural connectivity challenges and sustain LHD-supported programs.

3. Promote and Formalize Community-Clinical Partnerships

Support state and federal models that incentivize structured collaboration between healthcare providers, public health, and community organizations. Policies encouraging shared accountability for cardiovascular outcomes strengthen care coordination and advance cross-sector efforts with LHDs as key conveners.

4. Address Non-Medical Drivers through Cross-Sector Policy Alignment

Integrate health policy with housing, transportation, food systems, and economic development to address non-medical factors impacting cardiovascular risk. Such coordination enables LHDs and partners to tackle root causes of health differences in rural areas.

5. Strengthen Data and Surveillance Systems

Invest in rural-specific data infrastructure, interoperability, and timely access. Enhance data-sharing agreements among LHDs, health systems, and community partners to improve population health management and targeted interventions.

6. Support Value-Based Care Models that Prioritize Prevention

Encourage payment reforms that reward chronic disease management and population health outcomes, incentivizing health systems to partner with LHDs and community organizations. These models facilitate integrated, team-based, and community-linked approaches critical for rural cardiovascular health improvement.

Recommendations for Local Health Departments

Rural LHDs play a pivotal role in advancing heart health within their communities. These actionable recommendations highlight steps LHDs can take to improve cardiovascular outcomes despite resource constraints:

1. Strengthen Workforce Capacity

Action: Evaluate internal training needs related to CVD prevention and chronic disease management and prioritize recruitment or training of CHWs, nurses, pharmacists, and allied health professionals.

Short-Term Steps:

- Utilize free or low-cost online training on hypertension control, motivational interviewing, telehealth delivery, and chronic disease self-management.
- Pilot small-scale interventions, such as CHW-led nutrition education or community blood pressure screenings, to build staff skills and community familiarity with LHD-led programs.

Resources:

- National Association of Community Health Workers (NACHW)
- Rural Health Information Hub: Chronic Disease Self-Management Program
- AHRQ: Clinician's Pocket Guide for Motivational Interviewing

2. Leverage Telehealth and Remote Monitoring

Action: Implement or expand self-measured blood pressure (SMBP) programs with appropriate patient education and follow-up, using telehealth modalities suited to local broadband availability.

Short-Term Steps:

- Pilot SMBP programs with flexible delivery options, including audio-only or text-based outreach, to accommodate connectivity gaps.

Resources:

- National Association of Community Health Centers – SMBP Implementation Guide and Resources
- Centers for Disease Control and Prevention – SMBP Best Practices Guide

3. Build and Formalize Community-Clinical Partnerships

Action: Convene healthcare providers, pharmacies, community organizations, and social service agencies to form referral networks and shared cardiovascular health goals.

Short-Term Steps:

- Develop MOUs with local pharmacies for medication adherence and counseling support.
- Implement care coordination strategies involving CHWs to reinforce continuity between clinical and community settings.
- Launch community awareness campaigns using evidence-based materials through trusted local venues such as faith communities, schools, and workplaces.

Resources:

- Getting Further Faster Initiative - Capacity Building Guides and Resources
- Heart Disease and Stroke Prevention: Interventions Engaging Community Health Workers
- RHI Hub: Community Health Workers in Rural Settings
- Heart Disease and Stroke Prevention: Team-based Care to Improve Blood Pressure Control
- NASPA: Pharmacy's Role in the Rural Health Transformation Program
- National Forum Social Media Messaging Toolkits
- Live to the Beat Campaign Resources

4. Engage Cross-Sector Partners to Address Non-Medical Factors

Action: Collaborate with organizations in housing, transportation, food security, and recreation to address barriers influencing cardiovascular health.

Short-Term Steps:

- Partner with local mayors to expand reach of program services- mayors can serve as champions for cross-sector initiatives, helping to align city resources and increase community visibility for LHD-led efforts.
- Explore opportunities to support community gardens, improve physical activity infrastructure such as walking trails and parks, or implement healthy food incentives programs.
- Connect residents with existing programs through trusted community partners, making referrals a routine part of health outreach.

Resources:

- National Forum for Heart Disease and Stroke Prevention – Mayors and LHD Partnerships Guide
- NACCHO Mobilizing for Action through Planning and Partnerships (MAPP)
- The Community Guide: Physical Activity- Built Environment Approaches Combining Transportation System Interventions with Land Use and Environmental Design
- Rural Health Information Hub: Improving Neighborhoods and the Built Environment

5. Use Data to Inform Targeted Outreach and Programming

Action: Utilize local surveillance data to identify high-risk populations and focus on prevention efforts accordingly. Develop data-sharing mechanisms with healthcare and community partners to enhance follow-up and monitoring.

Short-Term Step:

- Use CDC PLACES and the CDC Atlas of Heart Disease and Stroke to identify geographic and demographic patterns in cardiovascular risk within your jurisdiction.
- Establish basic data-sharing agreements with local health systems or community organizations to support coordinated outreach.

Resources:

- CDC Atlas of Heart Disease and Stroke
- CDC PLACES Local Data
- Public Health Informatics Institute: Data Modernization Communications Toolkit

6. Advocate for Resources and Supportive Policies

Action: Communicate rural health needs to state and federal agencies, emphasizing workforce, broadband access, and telehealth infrastructure. Participate in coalitions and advocacy efforts to advance rural public health investment.

Short-Term Steps:

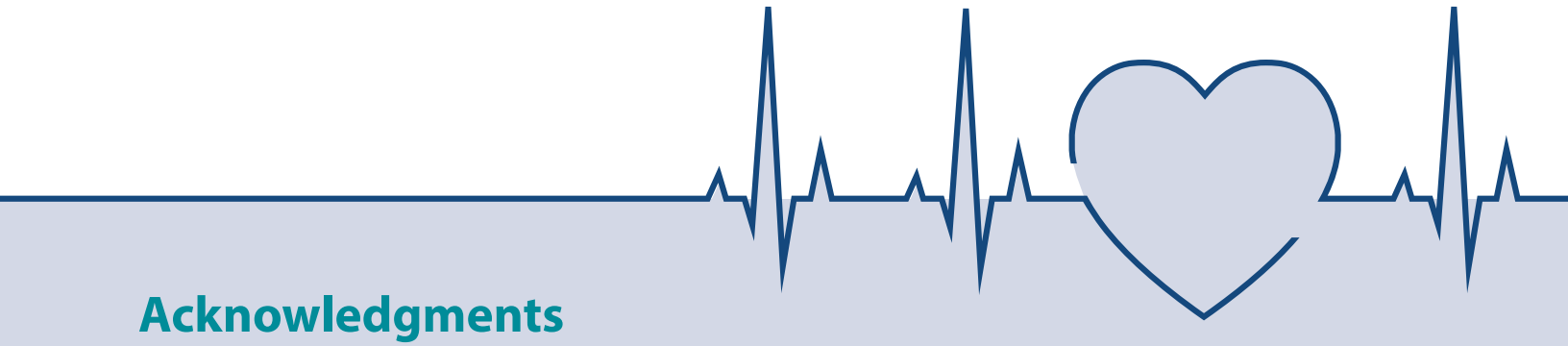
- Engage with state and national rural health associations to stay informed on policy opportunities and funding announcements.

Resources:

- NACCHO Advocacy Toolkit
- Getting Further Faster Initiative – Policy Resources
- Rural Health Association Policy Briefs
- NACCHO Funding Opportunities
- HRSA Telehealth grants

To support implementation of these recommendations, NACCHO's Cardiovascular Health Resource Hub provides local health departments with curated tools, guidance, and evidence-based resources related to hypertension control, community partnerships, data and surveillance, and cardiovascular disease prevention.

NACCHO Cardiovascular Health Resource Hub



Acknowledgments

This publication was developed in collaboration and supported by the Centers for Disease Control and Prevention, Division for Heart Disease and Stroke Prevention, Cooperative Agreement # 1 NU38PW000037-01-00. NACCHO is grateful for this support. The contents of this publication are solely the views of the authors and do not necessarily represent the official views of the sponsor.

Sources

1 CDC (2024, August 27). Leading Causes of Death in Rural America. Rural Health. https://www.cdc.gov/rural-health/php/about/leading-causes-of-death.html

2 Liu M, Marinacci LX, Joynt Maddox KE, Wadhera RK. Cardiovascular Health Among Rural and Urban US Adults-Healthcare, Lifestyle, Social Factors. JAMA Cardiol. 2025;10(6):585-594.doi:10.1001/jamacardio.2025.0538

3 Harmon S, Langley G, Peng Y, et al. Community Preventive Services Task Force Recommends Interventions to Address Leading Causes of Death in Rural Settings. Sage Journals. 2026. https://doi.org/10.1177/00333549251412788

4 Chartis (2026, Feb 10). 2026 Rural Health State of the State. https://www.chartis.com/insights/2026-rural-health-state-state

5 Cunningham, M., Patel, K., McCall, T., et al. (2024). 2022 National Profile of Local Health Departments. National Association of County and City Health Officials. Washington, DC. https://www.naccho.org/resources/lhd-research/national-profile-of-local-health-departments

6 HHS. Telehealth for rural areas. https://telehealth.hhs.gov/providers/best-practice-guides/telehealth-for-rural-areas

7 RHIhub. (2026, April 23). Chronic Disease in Rural America. https://www.ruralhealthinfo.org/topics/chronic-disease

8 CDC. (2024, Dec 19). Prevention Chronic Diseases and Promoting Health in Rural Communities. Advancing Health Equity in Chronic Disease. https://www.cdc.gov/health-equity-chronic-disease/health-equity-rural-communities/

About NACCHO

The National Association of County and City Health Officials is the voice of more than 3,000 local health departments across the country. These city, county, metropolitan, district, and tribal departments work every day to ensure the safety of the water we drink, the food we eat, and the air we breathe.

For more information, please contact:

Chronic Disease Team
National Association of County and City Health Officials
chronicdisease@naccho.org

NACCHO
National Association of County & City Health Officials

Public Health
Prevent. Promote. Protect.

www.naccho.org

The mission of the National Association of County and City Health Officials (NACCHO) is to improve the health of communities by strengthening and advocating for local health departments.

1201 Eye Street, NW • 4th Floor • Washington, DC 20005

P 202.783.5550 F 202.783.1583