

Public Health Funding in Rural Communities

How CDC Funds and Guides Grantees to Work in Rural Communities

People who live in rural areas of the United States are more likely than urban residents to die prematurely from all of the five leading causes of death: heart disease, cancer, unintentional injury, chronic lower respiratory disease, and stroke.

CDC's [National Center for Chronic Disease Prevention and Health Promotion](#) uses several approaches to help improve the health of rural residents. One approach is funding and guiding states, universities, territories, and tribes to reach rural populations with proven interventions and innovative projects. Examples of efforts to help specific populations are described below.

Mississippi Delta Counties Where Heart Disease Risk Is High

High blood pressure can lead to heart disease and stroke and is common among residents of the rural Mississippi Delta region. Adults in this 18-county region may face challenges in accessing health care and taking blood pressure medicine as prescribed.

With CDC funding, the Mississippi State Department of Health created the Mississippi Delta Health Collaborative to prevent and control high blood pressure among local residents and reduce health disparities associated with high blood pressure. The collaborative has partnered with community health workers, pharmacists, community organizations, local leaders and businesses, and faith-based groups to improve screening and care for heart disease and stroke and to identify and address medication challenges.

Rural Counties With High Obesity Rates

CDC's [High Obesity Program](#) funds land-grant universities to work with community extension services to increase access to healthier foods and safe places for physical activity in counties that have an adult obesity rate of 40% or more, most of which are rural counties.

Compared to urban areas, rural areas have:



higher rates of unhealthy behaviors



less access to health care



less access to healthy foods





During 2014–2018, the High Obesity Program reached over 1.6 million residents across 11 states in mostly rural communities in the South and Midwest. Accomplishments include:

- Setting healthier nutrition standards for food and beverages in public venues.
- Increasing access to healthy food retailers and safe places for physical activity.
- Promoting farm-to-preschool programs to increase access to fresh fruits and vegetables.
- Promoting physical activity and reducing screen time at early care and education centers.
- Making streets safer through community design initiatives.

For example, Auburn University worked with 14 Alabama counties to create new walking and biking trails and start a [Safe Routes to School](#) program, giving 105,000 people (32% of county residents) better access to physical activity opportunities. In addition, farmers' markets and food pantries increased access to fresh, healthy foods for 103,000 people.

Rural Counties With High Rates of Diabetes

Compared to the rest of the nation, the people of Appalachia have higher rates of diabetes, as well as cancer, heart disease, and stroke. The rate of diabetes is even higher for residents of 78 rural counties classified as socioeconomically “distressed.” Overall, rates in these counties are 1.4 times higher than the rates of people living in other parts of the country.

The [Appalachian Diabetes Control and Translation Project](#), supported in part by CDC’s [Division of Diabetes Translation](#), seeks to prevent type 2 diabetes and reduce diabetes complications in distressed counties. The project works to improve access and increase participation in the National Diabetes Prevention Program (National DPP) for people with prediabetes.

The CDC-led National DPP is a public-private partnership working to build a nationwide system to deliver an affordable, evidence-based lifestyle change program to prevent or delay type 2 diabetes. Participants in the lifestyle change program learn to make healthy food choices, be more physically active, and find ways to cope with problems and stress. In 2017, CDC released new funding to expand the National DPP in underserved areas, more than half of which are rural.

The Appalachian Diabetes Control and Translation Project also works to increase access to [diabetes self-management education and support](#) for rural residents with diabetes. These services help people manage their diabetes by eating healthy food, being active, checking their blood sugar, taking medicines, and handling stress.

American Indian and Alaska Native Communities

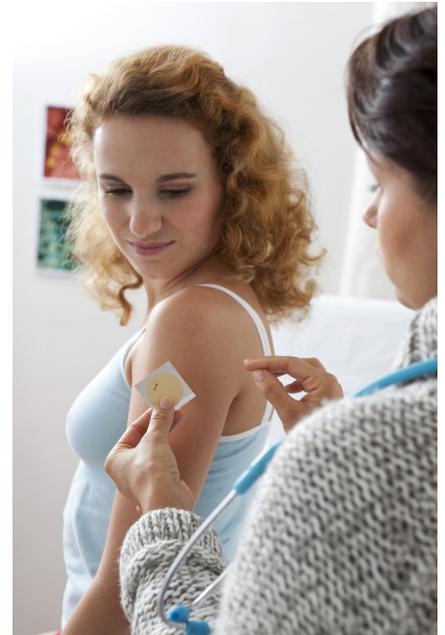
CDC's largest investment to improve the health of American Indians and Alaska Natives is the [Good Health and Wellness in Indian Country](#) program. This 5-year, \$78 million initiative supports tribes, tribal organizations, and Tribal Epidemiology Centers to create science-based interventions that prevent and control chronic diseases. The program seeks to prevent diabetes, heart disease, and stroke and associated risk factors through a holistic approach to population health and wellness that uses locally developed and culturally appropriate strategies.

Many of the funded tribes are in rural areas. For example, the Lower Brule Tribal Council of the Lower Brule Sioux Tribe in South Dakota adopted a policy in June 2016 that gives its employees 1 hour of administrative leave 3 days a week to attend National DPP classes or activities. Participation in these classes increased 186% from 2016 to 2018.

Rural Areas With High Rates of Tobacco Use and Cancer

The health of people living in rural areas is affected by tobacco use more so than those in urban and metropolitan areas, often because of socioeconomic factors, culture, policies, and lack of proper health care. CDC provides funding to the [Geographic Health Equity Alliance](#) (GHEA), a national network that works to eliminate geographic health disparities related to tobacco use and cancer. GHEA supports the use of effective public health practices in places that need them the most, including rural areas. It works closely with state tobacco and cancer programs and their partners to provide training and support to reduce health disparities and improve the health of communities. For example, GHEA:

- Trained [National Tobacco Control Programs](#) and community coalitions in multiple states on how to use comprehensive smokefree strategies to reduce geographic health disparities.
- Led the Geographic Surveillance Learning Collaborative for National Tobacco Control and Comprehensive Cancer Control Programs, in partnership with the nonprofit organization [Counter Tools](#). State teams worked together to share best practices and learn how their peers have used geographic surveillance systems to identify health disparities and improve their program planning and communications efforts.
- Collaborated with partners to create a [toolkit](#) with social media messages for specific audiences, including people living in rural communities, on issues related to tobacco prevention and cessation.
- Developed a [series of web-based trainings](#) to help states and communities identify and eliminate geographic health disparities and promote health equity in rural communities.
- Promoted the National Network of Public Health Institutes' [Advancing Tobacco Prevention and Control in Rural America](#) report.





Rural Areas With Racial and Ethnic Minority Populations

CDC's [Racial and Ethnic Approaches to Community Health](#) (REACH) program works to reduce racial and ethnic health disparities, including those found in rural communities. Interventions focus on proper nutrition, physical activity, tobacco use and exposure, and chronic disease prevention, risk reduction, and management. For example, Partners in Health (PiH) used REACH funding to:

- Set up community health teams (CHT), chronic disease self-management programs, and a fruit and vegetable prescription program for Navajo Nation residents.
- Develop a CHT curriculum and work with seven medical centers to create teams of clinic-based medical providers and community outreach workers.
- Partner with the New Mexico Department of Health's Office of Community Health Workers to begin certifying community health workers (CHWs) in the Navajo Nation Department of Health.



PiH helped link over 90,000 American Indian residents of the Navajo Nation to better clinical and community services by training CHWs in 57 medical centers. REACH staff also trained and certified 15 CHWs in specialized clinical skills. Lead trainers in the CHW program receive continual support and coaching to help them build their skills.

People With Arthritis Living in Rural Counties

About 32% of adults in the most rural areas in the United States have arthritis (compared to 21% in the most urban areas), and more than half of them are limited in their everyday activities by this condition. Adults with arthritis can reduce or better manage their symptoms by being physically active or participating in proven arthritis-appropriate interventions, like [Walk with Ease](#) or the [Chronic Disease Self-Management Program](#) (CDSMP). These programs can reduce arthritis pain and improve freedom of movement, mood, and quality of life.



CDC also [funds activities in several states](#) to promote the health of adults with arthritis in rural areas. For example, the Utah Arthritis Program (UAP) at the Utah Department of Health is collaborating with a major health care system, a quality improvement organization, and local health departments to expand arthritis lifestyle management programs to rural and remote counties. UAP plans to strengthen the infrastructure in these counties to offer CDSMP workshops, thereby reducing disparities caused by the lack of program availability. Workshops are now offered in 22 communities.