

Communicating Rural Public Health: *Stories and Best Practices from Public Health Peers*



Listening to Rural Health Communicators

A Focus on Rural Health Now

Approximately one-quarter of the United States population lives in a [Duty to Serve \(DTS\) defined rural area](#). Rural areas typically have lower populations and housing density than non-rural areas. While people and economic activity may be more concentrated in suburban and urban areas than rural ones, what happens in rural communities plays a significant part in U.S. public health.

In 2025, contagious diseases, such as measles, increased in some rural areas and then spread across county and state lines. Rural populations are also more likely to rely on Medicaid, and with forthcoming cuts to the program, rural public health has become a greater part of the national conversation. Even as the Centers for Medicare & Medicaid Services (CMS) launches the Rural Health Transformation Program, the federal funding cuts are likely to leave significant gaps in care for rural communities.

There's no better moment for rural public health professionals to share what rural public health means, the stories that define their communities, and the communications approaches that work.



Understanding the Rural Public Health Workforce

The Public Health Workforce Interests and Needs Survey (PH WINS), fielded from 2021-2024, revealed that rural public health professionals receive less funding, have fewer staff, and receive less training compared to their urban peers. This [snapshot of the rural public health workforce](#) highlighted that there is much to learn from the experiences of rural public health professionals. What you'll find in this resource are the words and stories directly from the people who understand the challenges and opportunities found not only in rural communities, but in public health overall.

In May 2025, PHCC shared a questionnaire via the Public Health Communications Collaborative's (PHCC) email and social media accounts to prompt learnings and stories from rural public health communicators. Respondents were asked to share their workplace and jurisdiction to help validate the findings. PHCC also contacted select subject matter experts to fill out the questionnaire. PHCC reviewed all submissions and connected with respondents to verify their identities and stories. Only responses from U.S.-based public health professionals informed the development of this resource.

The following resource is informed by and designed for both public health communicators working in rural settings, and those working nationwide to learn from their peers. At the core of what we do is ensuring no public health communicator has to go it alone.

In Their Own Words: A Definition of Rural Public Health

Rural public health professionals noted that definitions of rural public health can vary even within the field. To develop a working definition, the field must listen to the depth and breadth of experiences of rural public health professionals and communities to gain a comprehensive understanding of rural public health. Importantly, the definition is evolving and requires regular reevaluation.

For some respondents, rural means “isolated,” “less populated areas,” “smaller,” “with fewer resources,” and “with limited access.” Much like public health in non-rural areas, rural public health provides information to prevent disease and support the health and well-being of communities.

For many respondents, what differentiates rural public health from public health in non-rural areas is the surrounding environment – the community and conditions that impact how public health professionals strategize, plan, monitor, and intervene. Rural public health has to account for more barriers: the distance between healthcare professionals and communities, the scarcity of healthcare professionals with specialized skills, and limited resources and mechanisms for information sharing.

The bottom line: *Rural public health professionals keep their communities informed about emergent public health issues, but often face more barriers to sharing information quickly and efficiently.*

Common Barriers to Rural Public Health Communications

Community hesitancy and polarization	According to respondents, rural communities, like many communities nationwide, are navigating through more polarizing religious and political narratives.
Fewer public health professionals	The ratio of public health professionals to the total rural population served is typically disproportionate.
Lack of transportation options	Most rural communities lack public transportation options, and public health professionals may be located hours away from the communities they serve.
Decreasing local media opportunities	Print and digital media are struggling on a national level, and it is even worse at a local level. Several respondents noted that there is no print media circulation in their communities.
Safety and wellbeing concerns	Some staff are still rebuilding trust after the COVID-19 pandemic and experiencing increasing pushback from their communities.
Limited capacity and understanding of the value of public health communications	Communicators wear many hats and lack the time to execute new ideas. Rural public health agencies can be small and may not understand the importance of establishing a communications and evaluation strategy.
Diminishing trust in institutions and lower health literacy	Most respondents shared that they face waning trust in public health from their communities, which leads to lower health literacy and an increase in false information.

“Many residents aren’t online regularly, or they live ‘off the grid’ (literally or digitally). Local newspapers reach a small slice of the population and are expensive. Social media reaches a fraction of residents; we know people use it for socializing, not health info. There is no centralized way to get messages out to the whole community at once.”

Several rural health professionals who responded to the questionnaire admit that they were not prepared for the increasing barriers to reaching their communities. The complexities of rural public health require resources which many public health professionals working in rural communities often lack. Despite the challenges, those who work in rural areas shared stories of successful campaigns and critical communications approaches that can support both new and experienced public health communicators who face similar barriers.

Best Practices for Rural Public Health Communications

Even through the barriers, rural public health communicators acknowledged that they have learned a great deal by surmounting them. From campaigns to day-to-day administration, here are their recommended best communications practices:

1. Build relationships with the community’s **trusted messengers**.
2. **Leverage word of mouth**, especially when you can craft and share the message early.
3. **Get to know your audience**—their needs, desires, perceptions, preferences, interests—before creating messaging.
4. **Ensure strategy is a priority** in departments, agencies, and communities/audiences.
5. Build the basic structures of the Communications department and proactively **share the importance of communication with your teams**.
6. **Be proactive**, not just reactive.
7. **Show humility and transparency**.

“I believe that our messaging is more effective when we are transparent with the public about what we know, and even more so what we don’t know. The public will give us grace if we are open with them and let them know that messaging may change as more information is learned.”

Get to Know Your Rural Public Health Trusted Partners

Health & Care Providers

- Hospitals and clinic staff
- Pharmacists
- Doctors
- Nurse practitioners
- Community health workers
- Tribal health partners

Education & Youth Focused

- School staff (K-12)
- PTA members
- Librarians

Information Hubs

- Local media
- Librarians

Public Safety & Civic Infrastructure

- Faith leaders
- Local nonprofits
- Community organizations
- Police and fire departments
- Veteran groups

Local Economy & Business

- Local media
- Business owners
- Chamber of Commerce
- Farmers markets
- Agricultural offices and programs

Top Tools to Support Rural Public Health Communications



PARTNERSHIPS

From community organizations to local institutions like the library, rural public health communicators rely on relationships to help spread important information and build trust. Additionally, some communicators have built a network of other rural health departments to develop communications strategies and support capacity-building.



MEDIA RELATIONS

When available, local papers are still an essential communications channel in rural communities. Nearly all respondents recommend building relationships with local media early and maintaining contact, even outside of press releases.



SOCIAL MEDIA

Respondents noted that engagement is not always consistent or impressive on social media platforms like Facebook and Instagram, but they still see social media as a valuable tool to test and grow.



WEBSITES

Even in areas with limited or mixed internet access, public health websites are utilized for public health information, especially in emergencies and outbreaks.



IN-PERSON OUTREACH

Public religious, school, and business meetings to county fairs, farmers markets, and parades are essential moments to build trust and talk directly to communities.



RADIO

Many rural communities have radio stations, and some are even seeing the growth of audio formats like podcasts. Advertising and partnerships are a critical way to connect with audiences, especially in times of urgency.

Rural Public Health Communications in Practice

The challenges of working in rural health are real, but they don't stop public health communicators from finding ways to reach their communities where they are and change hearts and minds about the public health issues that matter most.

Increasing Program Enrollment by Applying Plain Language Practices

Kyle Pasche (Chambers), Communications Strategist, Chatham County Public Health Department

Pittsboro, NC, 27312

Population: 85,000

In 2025, the Chatham County Public Health Department's Environmental Health Team faced a common communications challenge: generating interest in a new program. Their reduced-fee well water testing initiative was not effectively reaching their target audience of households with pregnant individuals or children under a specific age. So, they intentionally took a step back, spending time with their messages, applying plain language principles, and revising their audience profile. The team decided to partner with Chatham County's Geographic Information Systems (GIS) to identify households whose property values were below a minimum level.



Partnership with local radio station WCHL Chapelboro

By expanding the benefit to this new audience, the Communications team leveraged more targeted outreach: a postcard mailer to reach these pre-identified households to inform them about well water testing, how frequently to test, and to connect them with testing resources. They simplified their language, so information was easy to understand, and ensured there was a clear call to action to boost enrollment. The postcard provided a direct link and phone number to request a reduced-fee well-water test. They supplemented the direct mailer by partnering with local radio station WCHL Chapelboro to inform the community about well water testing and this new initiative.

The radio campaign had the highest listenership in the month it aired. Many community members even shared that they were activated by the radio segment and appreciated this type of outreach from the Environmental Health Team.

The Takeaway: Use plain language principles in your communication. Using clear language can help your audience understand what's at stake, whether in a postcard or radio ad, and then act quickly and easily.

Meeting the Community Where They Are Through Partnerships

Julie Dabrowski, Communications and Support Coordinator, Crawford County Health and Human Services

Crawford County, WI

Population: 16,000

Like many communities across the United States, Prairie du Chien, Wisconsin, is experiencing growing substance use at the same time as declining access to health care. Crawford County Health and Human Services decided to address both issues by meeting people where they are. Their Health Box Vending Machines are strategically placed throughout the county to provide free hygiene products, fentanyl testing strips, naloxone (also known as Narcan), gun locks, and other health-related items.

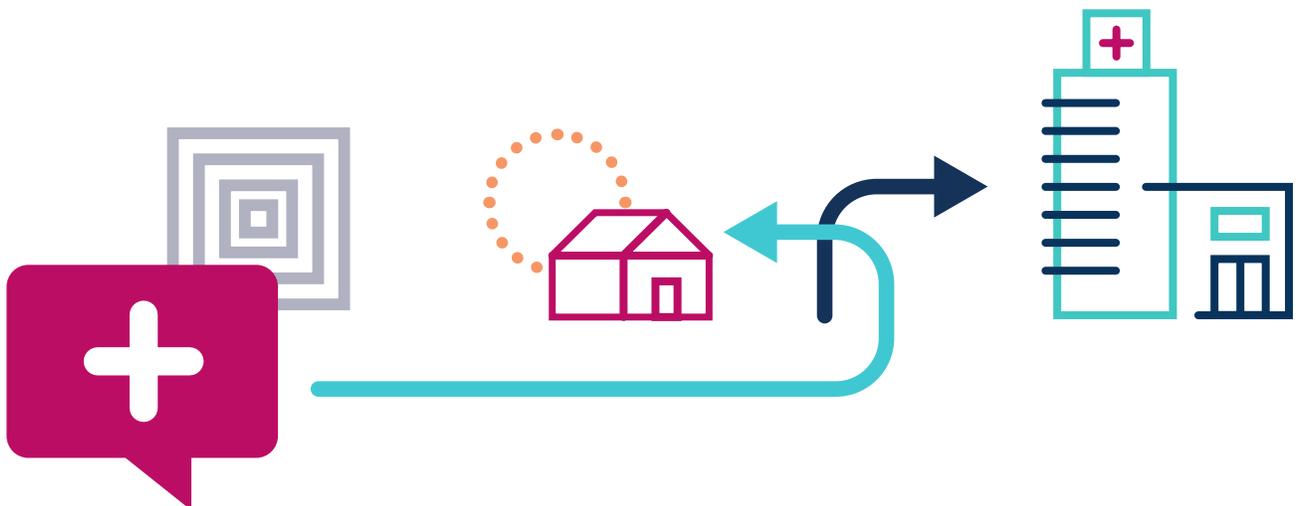
While the Health Box Vending Machines increase access to essential products and care, community members need education about their purpose. The Communications team leveraged social media, their newsletter, and local fairs to share information about the machines. The tactic that had the most significant impact was working with local partners to help communicate about the vending machines, including first responders and municipalities, libraries, hospitals, clinics, human services employees, and engaged community members. Many of the machines are placed in or near these community partners, which has helped build community awareness and trust.

Since building and maintaining relationships with community groups, Crawford HHS has seen an increase in machine usage, indicating community engagement and a need. Importantly, they have been able to observe fluctuations in which products are being utilized, with some items moving quickly while others remain in the machines, offering insight into community needs.



Health Box Vending Machine at Wauzeka Village Hall

The Takeaway: *Relationships in rural communities are key. Prioritize building connections over time to ensure your partnerships are relational, not transactional.*



By the Community, For the Community

Danette Layne, Communications Coordinator, Northeast Tri County Health District

Headquarters in Colville, WA 99114

Population: 71,000 across three counties: Ferry, Stevens, Pend Oreille

It only takes one major accident to activate a complete emergency response in a rural area. In 2025, the Northeast Tri-County Health District recognized a need to supplement and enhance current response efforts by recruiting volunteers for a new Medical Reserve Corps (MRC) to support local emergency response and ongoing community health needs. The MRC would help fill critical gaps in EMS, Search and Rescue (SAR) and Community Emergency Response Team (CERT), by training local volunteers to assist in emergencies, from answering phones to being on the scene, and conducting public health outreach.



New MRC volunteers at Wildlife First Aid training, in Colville, WA.

To help inform the community about this new program, Danette and the MRC coordinator developed a campaign focused on raising awareness of what the MRC is, why it's needed, and how community members can step up and contribute to the community's resilience, even in small ways or with "micro commitments." Before developing the materials, the team focused on key messages, understanding that community service and values would be at the core of engaging members, as well as a simple sign-up process. They employed a combination of digital, print, in-person, and media outreach tactics, all of which included QR codes with links to an accessible, user-friendly, and clear recruitment page on their website.

"Instead of leading with urgent needs, a recruitment push strategy, or a 'push out information about a program' tactic, we built a values-driven story that focused on pride in our rural communities, the excellence of our current EMS and healthcare teams, and the unique opportunity for community members to be part of the solution — on their own terms."

Importantly, all key messages highlighted the professionals already working in EMS, and focused on what makes the area special: tight-knit communities, natural beauty, and a shared sense of responsibility. The messages were intended to be inspirational, while also focusing on individual decision-making. They also deliberately met people where they were, from a "Is this right for me?" decision-making tool to in-person engagements at other community events, meetings, and organizations. They delivered this presentation at EMS meetings across all three counties, local service clubs like Rotary and Lions, and even to the team's own Board of Health, asking all of them to sign up if appropriate and to help spread the word.

Initially, they aimed to recruit approximately five volunteers per county. However, the campaign — which included seven live presentations and 45 versions of the flyer (by using core artwork and 39 distinct QR codes) — exceeded expectations: they now have at least 38 new Medical Reserve Corps (MRC) volunteers, with more in progress. They built a recruitment effort that was respectful, hopeful, and rooted in community values. These touchpoints demonstrated that layered outreach and trusted messengers are particularly effective in rural communities.

The Takeaway: *Lead with your community's values, and be prepared with messages and talking points that are respectful, clear, and centered on knowing your audience.*

The Visuals Tell the Story: Boosting Vaccine Understanding

Wyoming Department of Health Immunization Unit, Submitted by Cody Loveland, Public Vaccine Program Manager

Cheyenne, WY 82002

Statewide Population: 587,000

During the latter stages of the COVID-19 pandemic, the Wyoming Department of Health (WDH) recognized a need to proactively address perceptions about vaccination. WDH contracted with a media company to develop a campaign called “Thank a Vaccine,” which utilized traditional media channels, such as local newspapers, social media ads, and radio commercials, as well as less traditional spaces, including movie theater pre-show commercials and print ads on pharmacy bags.

Highly visual campaign materials were shared through various approaches: posters were displayed at local healthcare providers’ offices and local public health nursing offices, and bags displaying the assets were distributed by local pharmacies. The campaign incorporated a touch of humor and a little history, along with beautiful imagery from throughout the state that was easily recognizable to locals.



Top right and above: The “Thank a Vaccine” media campaign in action.

The communications team conducted a post-campaign phone survey of over 400 people from around the state regarding their attitudes, beliefs, and behaviors regarding vaccines that have been around for a long time (i.e., MMR, tetanus, diphtheria, polio, etc.). When asked if the information shared in the campaign made them think differently about these kinds of vaccinations, over half (55%) of those who recalled seeing the campaign said it made them think more positively about these vaccinations, while only 6% said the campaign made them feel less positively about them. In addition, nearly three out of ten (28%) said the information shared in the campaign led them to wonder if their own and their families’ vaccinations were up-to-date.

The campaign also prompted measurable behavior changes in some viewers: one in ten of those who saw the campaign (12%) said they went and checked the status of their vaccinations and/or got those vaccinations updated after seeing the campaign, and 3% said they went to the WDH website to look for more information about vaccinations.

The Takeaway: Use visuals that are recognizable and relatable to your community, and invest in stories, images, and videos from community members rather than stock photos.

Don't Got It Alone: Partnerships and Resources for Better Communication

These stories make it clear, that despite the challenges rural public health communicators face, best communications practices work:

- Use plain language and have a clear call to action.
- Prioritize community partnerships.
- Lead with values.
- Craft stories, whether visual or through words, that are from and recognizable by the community.

The bottom line is that, as public health communicators, we can't do it alone. Partnerships at the local level are as essential as connections with other public health communicators and resources that can support better communication and better health. Learn more about opportunities to connect with peers through the Public Health Communications Collaborative, and use these suggested resources to support your work:

- [Plain Language for Public Health Checklist](#)
- [How to Build Cross-Sector Partnerships to Improve Public Health](#)
- [Communicating with H.E.A.R.T. in Public Health](#)
- [Strategies for Developing Culturally Driven Public Health Communications](#)
- [Resilience: A Practical Guide for Public Health Communicators](#)
- [Communications Planning: Layers of Strategy](#)

“I think we have an opportunity – and a need – to be more intentional about identifying and cultivating partnerships with other local leaders and organizations. We need to be clear and have a plan about who is responsible for building and maintaining those relationships across our agency – whether that’s with healthcare providers, service clubs, business groups, or faith-based leaders. This is one of the next steps for us: having a shared map of our partnerships and a way to regularly engage, listen, and take the pulse of those relationships – and report to our staff.”