COLORADO RURAL HEALTH CENTER

Snapshot of Rural Health in Colorado

2017 Edition
The Snapshot of Rural Health is prepared as a resource to highlight and advance interest the rural health issues in Colorado.

Our Organization

The Colorado Rural Health Center was established in 1991 as Colorado’s State Office of Rural Health. As a 501(c)(3) nonprofit corporation, CRHC serves dual roles as the State Office of Rural Health with the mission of assisting rural communities in addressing healthcare issues; and as the State Rural Health Association, advocating for policy change on behalf its members and all rural healthcare providers.

Mission & Vision

Our mission is to enhance healthcare services in the state by providing information, education, linkages, tools, and energy toward addressing rural health issues. Our vision is to improve healthcare services available in rural communities to ensure that all rural Coloradans have access to comprehensive, affordable, high quality healthcare.

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The Land

• 47 of Colorado’s 64 counties are rural or frontier (24 rural, 23 frontier)
• 73% of Colorado’s landscape is considered rural or frontier
• 718,539 Coloradans live in a rural or frontier county

The People

• The average age in rural Colorado is 41, versus 37 in urban counties.
• By 2018, the 65 and over rural population is projected to grow almost 10 percent from 16.4% to 24.4%
• Rural Colorado communities are diverse, with a total minority population of 23% compared to 21% in urban Colorado
• 40% of Coloradans over the age 80 live in rural Colorado
• 21% of rural Coloradans identify as Hispanic and 12% use Spanish as their primary language - both of which are higher than those in urban areas

EDUCATION

29% of adults in rural Colorado do not have at least a third grade reading proficiency level.

58% of rural Coloradans attend some kind of post-secondary education, compared to 72% of urban Coloradans.

The high school graduation rate in rural Colorado is 82%, compared to the overall state average of 77%.

Good to Know!

“Rural” - A non metropolitan county with no cities over 50,000 residents

“Frontier” - a county that has a population density of 6 or fewer residents per square mile.
INCOME & POVERTY
- The median household income in rural areas is 26.9% lower than in urban areas (Rural 47,458 State 61,324)
- For rural Coloradans aged 0-17, 23% live below the 2014 Federal Poverty Line compared to the state’s average of 15.6%
- 10% of rural Coloradans are enrolled in the Supplemental Nutrition Assistance Program (SNAP) compared to 8% urban Coloradans
- 38% of rural kids are on Free or Reduced Lunch
- Almost 14% of rural Coloradans are food insecure

THE RURAL ECONOMY
- Healthcare is one of the top 3 industries in rural Colorado
- In Colorado, active outdoor recreation contributes to $10 billion to the state annually
- Each year, 2.3 million people participate in hunting, fishing, and wildlife watching in Colorado contributing an estimated $3 billion to the Colorado economy.

HEALTHCARE COVERAGE AND COSTS
- Rural Colorado has higher rates of public insurance and therefore lower rates of private pay
- On average, Medicaid patient panels in rural Colorado increased by 44% as a result of the Affordable Care Act
- Rural Coloradans have a high rate of uninsurance (20.9%) compared to their urban counterparts (14.4%)
- In 2016, independent RHCs were paid almost 50% less per encounter than Federally Qualified Health Centers (FQHCs)

Alamosa County has a 46% Medicaid rate
The top 5 counties with the highest Medicaid enrollment in the state are rural and frontier

Rural Payer Mix
- Medicaid (28%)
- Medicare (20%)
- Private Pay (52%)

Urban Payer Mix
- Medicaid (21%)
- Medicare (15%)
- Private Pay (64%)

28% of families in rural Colorado are single parent households
73% of kids in Costilla County are on Free or Reduced Lunch
1 in 16 jobs in Colorado is in the healthcare sector
39% of rural Coloradans spend more than 30% of their income on housing
THE HEALTH OF RURAL

HEALTH OUTCOMES & BEHAVIORS

• Over 21% of rural Coloradans are considered obese with a distinct difference between the eastern plains (Yuma CO - 28%) and some mountain areas of the state (Eagle CO - 11%)
• Almost 9% of rural Coloradans have diabetes
• 27% of vehicle accident deaths in rural Colorado are alcohol related
• 18% of rural Coloradans report drinking excessively
• 15% of rural adults report smoking regularly
• The teen pregnancy rate (per 1000 births) in rural Colorado is 40, compared to the urban average of 27

MENTAL HEALTH

• Rural Coloradans have significantly less access to mental health providers than their urban counterparts, with one provider per 6,008 rural Coloradans versus one provider per 3,601 urban Coloradans
• 12 Colorado counties do not have a licensed psychologist or a licensed social worker
• Suicide remains disproportionately higher for rural Coloradans. The northwest and central mountain regions have a significantly higher than state average suicide rate at more than 38 suicide deaths per 100,000 people compared the state average of 25

ORAL HEALTH

• Adults in rural areas have almost twice the prevalence of tooth loss than urban adults
• 80% of dental-related ER visits are preventable, and cost $1.6 billion annually across the US
• Cavities are the most common disease in children

65.73% of rural Colorado EMS programs are partially or fully staffed by volunteers

9.67% of rural children are born at low birth weight

27% of vehicle accident deaths in rural Colorado that are alcohol related

Critical Issue:
Opioids in Rural CO

Between 2002-2014, rural Colorado saw a 140% increase in opioid overdose deaths, compared to a 96% increase in urban areas during the same time frame.

Washington County saw the biggest increase in the state, with a 400% increase in opioid overdose deaths between '02-14.

For more information, see the Appendix for maps on the spread of the Opioid Epidemic
The Health Professional Shortage Area (HPSA) and Medically Underserved Area (MUA) are two key federal designations that help identify areas of the country with health provider access issues and areas in need of assistance with healthcare delivery.

- 12 rural counties do not have a mental health provider (Baca, Cheyenne, Crowley, Dolores, Hinsdale, Jackson, Kiowa, Mineral, Phillips, Saguache, San Juan, Sedgwick)
- 8 rural counties do not have a dentist (Bent, Cheyenne, Costilla, Crowley, Hinsdale, Jackson, Kiowa, San Juan)
- 2 counties in rural Colorado do not have a physician (Bent, Crowley)

The healthcare industry is one of the top 3 industries in rural Colorado.

- Recruitment for an advanced practice nurse or physician assistant is six months
- 82 additional rural primary care preceptors are needed annually to train new Colorado medical school graduates

On Average, how long does it take to recruit a physician for rural Colorado?

1 to 3 years

Patients per Rural Provider

Rural APNs: 1:120
Urban APNs: 1:88

Rural Physicians: 1:1180
Urban Physicians: 1:1018

Rural Dentists: 1:3010
Urban Dentists: 1:2230

Rural Mental Health Providers: 1:3282
Urban Mental Health Providers: 1:1254

The need will continue to be significant, as less than 40% of rural primary care providers remain in the same rural community for 5 consecutive years.
ACCESS TO CARE

The number of healthcare facilities in rural Colorado by designation type:

- 51 Certified Rural Health Clinics
- 29 Critical Access Hospitals
- 52 Federally Qualified Health Centers

CRITICAL ACCESS HOSPITALS
Congress created the critical access hospital (CAH) program in 1997 to support the fragile rural health infrastructure and stop the closure of hospitals across the country. CAHs receive cost-based reimbursement from Medicare. This reimbursement is intended to improve their financial performance and reduce closures. CAHs must be located in rural areas, must have 25 beds or fewer and must be over 35 miles from another hospital or 15 miles from another hospital in mountainous terrain or areas with only secondary roads.

RURAL HEALTH CLINICS
Rural health clinic (RHC) criteria was established by Congress in 1977 to support and encourage access to primary healthcare services for rural residents. Therefore, an RHC is a federal designation that applies to a primary care clinic located in a non-urbanized area. RHCs must employ an advanced practice nurse, a physician assistant or a certified nurse midwife at least 50% of the time the clinic is open. RHCs receive no additional federal funding and as such are extremely vulnerable to local and state funding cuts.

FEDERALLY QUALIFIED HEALTH CENTERS
Federally qualified health centers (FQHCs) or community health clinics (CHCs) receive grants under Section 330 of the Public Service Act. To receive enhanced reimbursements from Medicare and Medicaid, FQHCs must serve an underserved area or population (may be located in a rural or urban area), offer a sliding fee scale, provide comprehensive services, have an ongoing quality assurance program and have a governing board of directors.

Average wait for reimbursement from CMS: 53.6 days

HIT: Opportunities & Obstacles
Many of Colorado’s rural health providers already use health information technology (IT).

All 29 CAHs and most RHCs have implemented an Electronic Health Record (EHR).

Barriers in the adoption and use of health IT include:

- Resource limitations when purchasing new or upgrading existing systems
- Inadequate broadband and Internet access
- Staffing shortages that impact availability for training and implementation
- Insufficient health IT personnel to effectively implement and sustain health IT
Colorado: Medicaid Enrollment by County

Medicaid Enrollment by County, 2014
- 0-15%
- 16-25%
- 26-35%
- >36%*

Data Source Information:
Data was County Health Rankings and geocoded by Colorado Rural Health Center, the State Office of Rural Health, current as of March 2016.

*Highest county enrollment is 47%

Colorado: Medicare Enrollment by County

Medicare Enrollment by County, 2012
- 0-10%
- 11-15%
- 16-20%
- >21%*

Data Source Information:
Data was County Health Rankings and geocoded by Colorado Rural Health Center, the State Office of Rural Health, current as of March 2016.

*Highest county enrollment is 25%
The definition of rural and frontier varies depending on the purpose of the program or policy in which they are used. Therefore, these are referred to as programmatic designations, rather than definitions. One designation commonly used to determine geographic eligibility for federal grant programs is based on information obtained through the Office of Management and Budget: All counties that are not designated as parts of Metropolitan Areas (MAs) are considered rural. The Colorado Rural Health Center frequently assumes this designation, as well as further classifies frontier counties as those counties with a population density of six or fewer persons per square mile. You may visit the Rural Health Grants Eligibility Advisor to determine if a county or address is designated rural, or contact the Office of Rural Health Policy at (301) 443-0835.

Data Source Information:
Site addresses were collected and geocoded by the State Office of Rural Health, current as of January 2016.
Colorado Drug Overdose Deaths, 2002-2014
## County Designations

### Rural
1. Alamosa
2. Archuleta
3. Chaffee
4. Conejos
5. Crowley
6. Delta
7. Eagle
8. Fremont
9. Garfield
10. Grand
11. La Plata
12. Lake
13. Logan
14. Montezuma
15. Montrose
16. Morgan
17. Otero
18. Ouray
19. Phillips
20. Pitkin
21. Prowers
22. Rio Grande
23. Routt
24. Summit

### Frontier
1. Baca
2. Bent
3. Cheyenne
4. Costilla
5. Custer
6. Dolores
7. Gunnison
8. Hinesdale
9. Huerfano
10. Jackson
11. Kiowa
12. Kit Carson
13. Las Animas
14. Lincoln
15. Mineral
16. Moffat
17. Rio Blanco
18. Saguache
19. San Juan
20. San Miguel
21. Sedgwick
22. Washington
23. Yuma

### Good to Know!

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“Frontier” - a county that has a population density of 6 or fewer residents per square mile.

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**Counties in Rural Colorado without a hospital, 2017**

1. Bent
2. Costilla
3. Crowley
4. Custer
5. Dolores
6. Hinsdale
7. Jackson
8. Mineral
9. Ouray
10. Saguache
11. San Juan
12. San Miguel
13. Washington