Colorado faces many obstacles to health in the vast rural parts of the state. The Colorado Rural Health Center manages the iCARE program (Improving Communication and Readmission), designed to build off of the success of Colorado’s Critical Access Hospitals (CAHs) by aiding in reducing readmissions for pneumonia, lung disease, and diabetes.

### Demographics
- 73% of Colorado’s 64 counties are rural; 17 are urban, 24 are rural and 23 are frontier.
- 77% of Colorado’s land mass, or approximately 79,884 square miles, is rural (see map for designations).
- 18% of the population, or 965,106 people, reside in rural counties.

Five rural counties have less than one person per square mile.

### Income and Poverty
- The income gap between rural and urban counties persists. The median household income in rural counties is 26.5% less than the median household income in urban ($45,307 compared to $61,642).
- 9.8% of families living in rural counties live below the Federal Poverty Level (FPL). In urban counties, 8.9% of families live below the FPL.
- The income in rural counties is 26.5% less than the median household income in urban ($45,307 compared to $61,642).
- 77% of Colorado’s land mass, or approximately 79,884 square miles, is rural (see map for designations). 23 are frontier.

### Cancer Screening vs. Outcomes
- CAHs save money & have higher satisfaction
- iCARE has a Direct effect on Readmission Rates

### Cancer Screening and Outcomes
- As Colorado’s State Office of Rural Health, the Colorado Rural Health Center (CRHC) receives the Federal Medicare Rural Hospital Flexibility (FLEX) Grant through the Health Resources and Services Administration (HRSA) to provide support and resources to Colorado’s 29 rural Critical Access Hospitals (CAHs).
- CAHs, which have a federal designation allowing them to receive 101 percent of Medicare cost reimbursement, must meet certain criteria including being located in rural areas and at least 35 miles (or 15 miles in the case of mountaneous terrain or only secondary road access) from other hospitals, and have no more than 25 inpatient beds. Because CAHs are often overlooked in national and statewide healthcare initiatives, CRHC created iCARE (Improving Communications and Readmissions) as an opportunity to engage Colorado CAHs and their facilities.

iCARE’s three primary goals are:
1. Improve communication in transitions of care.
3. Improve clinical processes contributing to readmissions, particularly for heart failure, pneumonia and diabetic patients.

### Positive Trends in the Rural Healthcare Delivery System

#### Cancer Screening vs. Outcomes

#### CAHs Save Money & Have Higher Satisfaction

### Building on the Successes of Colorado’s Rural Healthcare Delivery System

#### The iCARE Program Impact

For 2014 (through August 31), iCARE facilities provided vaccinations at a rate of 43.5% of patients ages 65+.

#### 30-day Readmission Rate for iCARE CAHs is lower than the cited national average of 20%

### Disparities in Disease Rates

#### Kidney Disease Deaths (Average per 100,000)

#### Coronary Heart Disease Deaths (per 100,000)

#### All statistics are from the HARC Database, a service of the Colorado Rural Health Center