



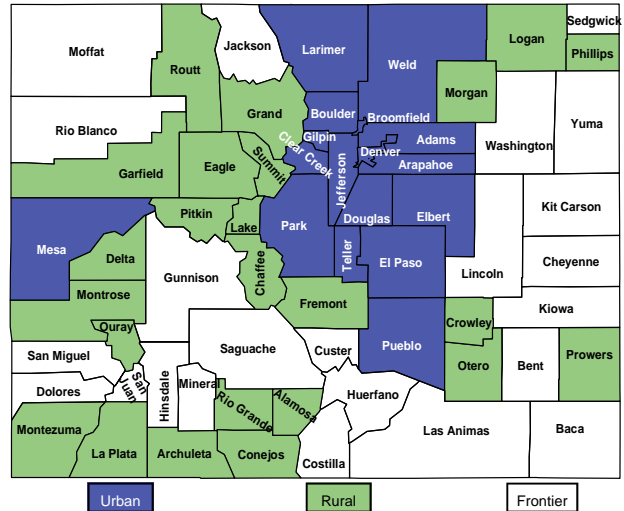
# Snapshot of Rural Health in Colorado

The Colorado Rural Health Center has prepared this resource to highlight and advance interest in rural health issues in Colorado. A strong statewide healthcare infrastructure must include an awareness of, and attention to, healthcare in rural Colorado.

## Demographics of Rural Colorado:

- Rural State:**  
 73.0% of Colorado's 64 counties are rural: 17 urban, 23 frontier, and 24 rural; 76.7% of state, or approximately 79,872 miles<sup>2</sup>, is rural
- Population Growth:**  
 The average rural county gained 32.5% in population from 1990-2000
- Large Counties:**  
 The average rural county covers 1,632 square miles
- Low Income:**  
 The average median income for Colorado's rural counties is \$36,892, compared to \$53,799 for urban counties
- Poverty:**  
 The average rural county has 12.7% population in poverty, compared to 8.6% in the average urban county
- Older Community:**  
 The median age in rural areas is 38.1 compared to 34.0 in urban areas
- More Elderly:**  
 10.0% of the rural population is over 65 years old v. 9.6% in urban areas.

Colorado's Urban, Rural, and Frontier Counties



Note that counties are technically designated as metropolitan or non-metropolitan; here, "urban" and "rural" serve as proxies for these designations. Frontier counties are a subset of rural counties.

- Transportation:**  
 5.8% of households in rural counties have no car compared to 4.8% in urban counties. Additionally, of the 20 counties with the highest percentage of households without a car, 18 are rural.

## Key Issues Facing Rural Colorado:

*"Anecdotal evidence is often the best way to understand the issue at hand."*

### Access to Care

"[Insurance] coverage alone isn't going to lead to access [to healthcare services]."

- Director, Weld County Public Health Department

### Insurance Availability

"One issue is choice –having only two insurance carriers to choose from doesn't help lower prices. We have seen a 33% increase in the number of uninsured over the last 4 months, placing incredible stress on the finances and resources of our clinic."

- CHC Administrator, Prowers County

### Emergency Care

"We have one EMT that is making 3 to 4 runs a day that are 3.5 to 4.5 hours EACH. When our one ambulance and one EMT are gone, we hope there is not another emergency at the same time!"

- Hospital Administrator, Springfield

### Methamphetamine

"The Meth epidemic has taken over rural Colorado-impacting ALL levels of health including physical, mental, environmental, and oral."

- NE Public Health Dept., Haxtun

### Migrant Population

"Our Hispanic and indigent patient pool doubles or triples between May and September, putting immense pressure on our scheduling, finances, and resources to serve a population where at least 50% of them have uncontrolled chronic conditions such as diabetes and hypertension and haven't had meds in over 6 months!"

- Rural Health Clinic Manager, Olathe

### Provider Shortage

"Primary care physicians account for 70% of primary care providers in rural CO and the supply is aging and interest is dwindling."

- Director, CO Commission on Family Medicine

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Notes from the Publisher:

- Please visit [www.coruralhealth.org](http://www.coruralhealth.org) or call (303) 832-7493 for detailed source listing and definitions.
- Majority of data from: U.S. Census Bureau, Colorado Department of Public Health & Environment, and the Colorado Hospital Association.
- The Colorado Rural Health Center is not responsible for any inaccuracies or misinformation. This data is for informational purposes only.
- Thank you to everyone who contributed to this publication.

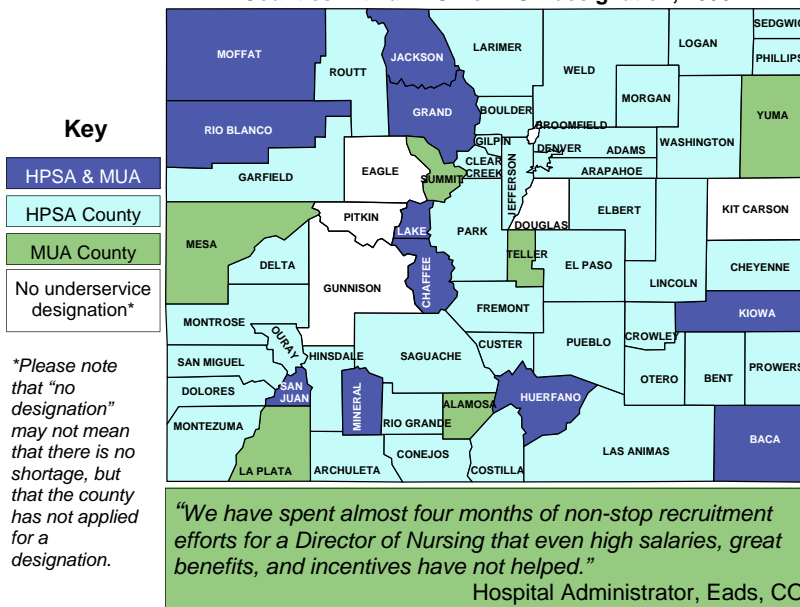
## Healthcare Workforce in Rural Colorado:

*"Over 90% of Colorado counties are designated wholly, or in part, as Health Professional Shortage Areas."*

The Health Professional Shortage Area (HPSA) and the Medically Underserved Area (MUA) are two key federal designations that help identify areas of the country with severe health provider access issues and areas in need of assistance with healthcare delivery.

- 53% of Colorado's counties are partially designated as Mental Health HPSAs and 37% are at least partially designated as Dental HPSAs
- 7 rural counties have *no* dentist
- 14 rural counties do not have a dentist accepting Medicaid
- 6 rural counties do not have providers willing to accept new patients on CHP+ (Child Health Plan Plus)
- 6 rural counties do not have primary care physicians willing to accept new patients on Medicaid
- 6 rural counties do not have a full-time primary care physician; 1 rural county has *no* primary care physician
- 8 rural counties have only one full-time primary care physician; 4 of which do not accept new Medicaid patients

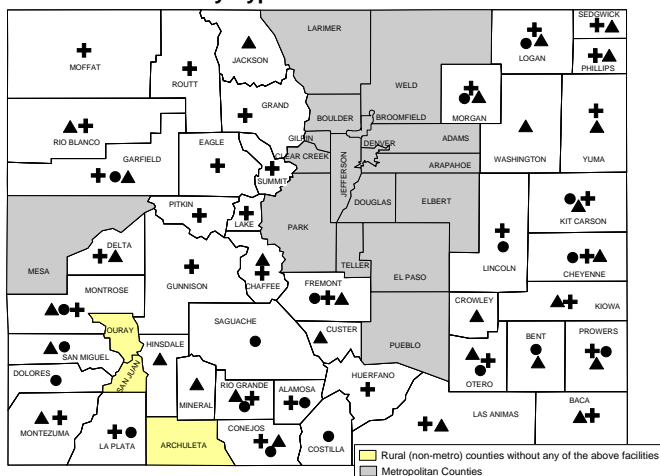
Counties with a HPSA or MUA designation, 2006



## Health Facilities in Rural Colorado:

*"Health facilities and providers in rural Colorado have learned to do a lot with a little."*

Facility-Types in Rural Counties



Critical Access Hospitals (CAHs); Rural Health Clinics (RHCs); Community Health Centers (CHCs); Public Health Departments; rural hospitals; and private, rural providers are the backbone of Colorado's rural health infrastructure. However, when addressing healthcare issues in Colorado, if you limit resources or participation to specific facility-types, entire counties can be excluded. Of Colorado's 47 rural counties:

- 28 do not have a Community Health Center (FQHC)
- 18 do not have a Certified Rural Health Clinic (RHC)
- 14 do not have a hospital
- 3 do not have any of these facilities
- 11 of 47 rural counties are served by an organized public health department
- 36 of 47 rural counties are served by a public health nursing service
- 13 public health nursing services have only one public health nurse responsible for the entire county

## Health Insurance in Rural Colorado:

*"It is difficult to find affordable health insurance in Denver, let alone in rural Colorado."*

There are a variety of factors closely related to the high rate of uninsured in rural Colorado, including the following:

- **Limited Availability:** Health insurance options are extremely limited in rural communities; this often hinders choice, competition, affordability, and quality.
- **Lack of Data:** An ongoing challenge in addressing the uninsured in rural Colorado is a lack of quantifiable data to fully assess and address the severity of this rural issue.
- **Fewer Group Plans:** Due to a smaller number of large employers, there are fewer group-sponsored health insurance plans available in rural communities.

- **Increased Cost of Insurance:** If available, rural health insurance often costs more than urban. Lower income mixed with higher insurance premiums leaves rural Coloradoans with a higher likelihood of being uninsured.
- **Lack of Provider Participation:** In rural Colorado, it is often difficult to locate a rural provider who accepts Medicaid, Medicare, or Child Health Plan Plus (CHP+).

*"Every day, there are people waiting in pain outside our door because they lack insurance and access to adequate oral healthcare."*

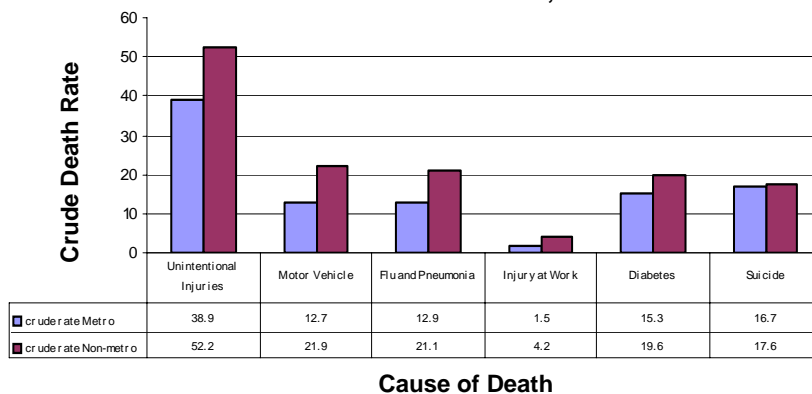
Marillac Clinic Director, Grand Junction, CO

## Health Disparities in Rural Colorado:

"In a variety of health status indicators, rural counties are consistently disproportionately represented in crude death rates."

- Fewer women receive prenatal care in their 1st trimester in rural areas—only 75.6% in rural v. 83.9% in urban counties
- Significantly higher rates of motor-vehicle deaths are found in rural areas compared to urban—21.9 in rural (*per 100,000 people*) v. 12.7 in urban
- Suicide rates are consistently found to be higher in rural areas
- In 2005, infant death rates were higher in rural areas than infant death rates in urban areas
- Work-related injuries tend to be higher in rural areas (4.2% in rural vs. 1.5% in urban)
- Adults in rural areas are less likely to always wear a seatbelt: 70.5% of adults in rural areas always wear their seatbelt compared to 80.6% in urban areas
- Mothers in rural areas are more likely to have less than 12 years of education than mothers in urban areas: 22.7% in rural v. 20.5% in urban
- The fertility rate for 15-17 yr. olds in rural areas is higher with a 23.8% average rate compared to 19.4% in urban

**Metro/Non-Metro Disparity in Crude Death Rates for Selected Causes, 2005**



Source: Crude death rates per 100,000 population-CDPHE Health Statistics Division, graph by CRHC

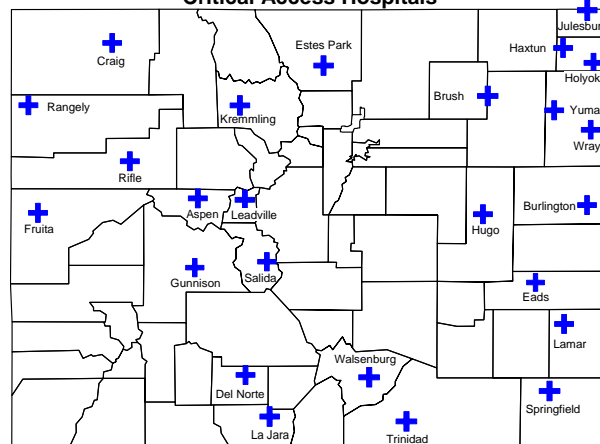
Please note that counties are technically designated as metropolitan or non-metropolitan; "urban" and "rural" may serve as proxies for these designations.

## Rural Hospitals in Colorado:

"Critical Access Hospital status provides potential stability for the already fragile and resource-strained rural hospital."

- 14 rural counties in Colorado have no hospital
- The Critical Access Hospital (CAH) Program was created by Congress in 1997 to help alleviate the negative impact of the Balanced Budget Act on the fragile rural healthcare delivery system. A small, rural hospital with no more than 25 beds that provides emergency care and is not located within 35 miles of another hospital, can qualify for CAH status and receive cost-based reimbursement for all Medicare patients. *This can greatly impact the bottom line of a rural hospital and help a facility to stay open*
- Colorado's CAHs provide the backbone of many rural economies by directly employing almost 2,000 people with a total payroll well over \$30 million going directly to the rural economy and residents
- 25 of Colorado's rural hospitals have been licensed as CAHs, and an additional 11 hospitals are technically eligible
- While the elderly population (65+) comprises only 9.7% of the state's population, they comprise 15% of the CAH counties' population (increasing the impact of Medicare reimbursement)
- Of the 30 hospitals in 2006 that lost money on patient care, 23 of them were rural
- In 2006, the Patient Service Margin for rural hospitals was only 0.6% compared to a statewide average of 8.6%

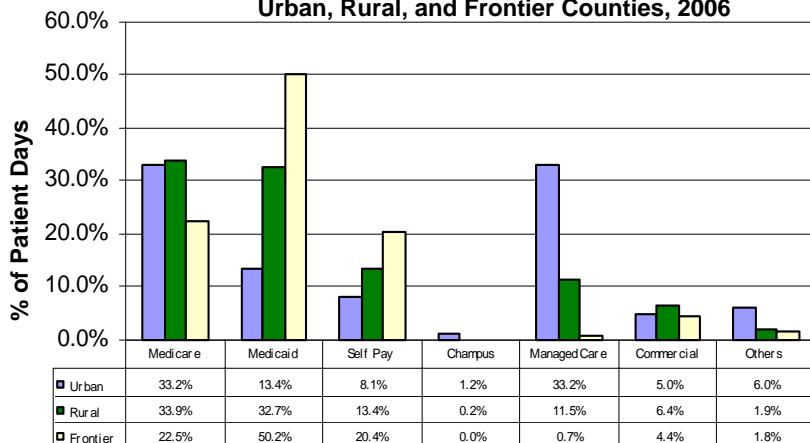
**Critical Access Hospitals**



**Colorado's Certified CAHs**

1. Aspen Valley Hospital, Aspen
2. Conejos County Hospital, La Jara
3. East Morgan County Hospital, Brush
4. Estes Park Medical Center, Estes Park
5. Family Health West, Fruita
6. Grand River Hospital District, Rifle
7. Gunnison Valley Hospital, Gunnison
8. Haxtun Hospital District, Haxtun
9. Heart of the Rockies Regional Medical Center, Salida
10. Kit Carson County Memorial Hospital, Burlington
11. Kremmling Memorial Hospital District, Kremmling
12. Lincoln Community Hospital, Hugo
13. Melissa Memorial Hospital, Holyoke
14. Mt. San Rafael Hospital, Trinidad
15. Prowers Medical Center, Lamar
16. Rangely District Hospital, Rangely
17. Rio Grande Hospital, Del Norte
18. Sedgwick County Health Center, Julesburg
19. Southeast Colorado Hospital, Springfield
20. Spanish Peaks Regional Health Center, Walsenburg
21. St. Vincent General Hospital District, Leadville
22. The Memorial Hospital, Craig
23. Weisbrod Memorial Hospital, Eads
24. Wray Community District Hospital, Wray
25. Yuma District Hospital, Yuma

**Percentage of Acute Patient Days by Payer Type for Urban, Rural, and Frontier Counties, 2006**



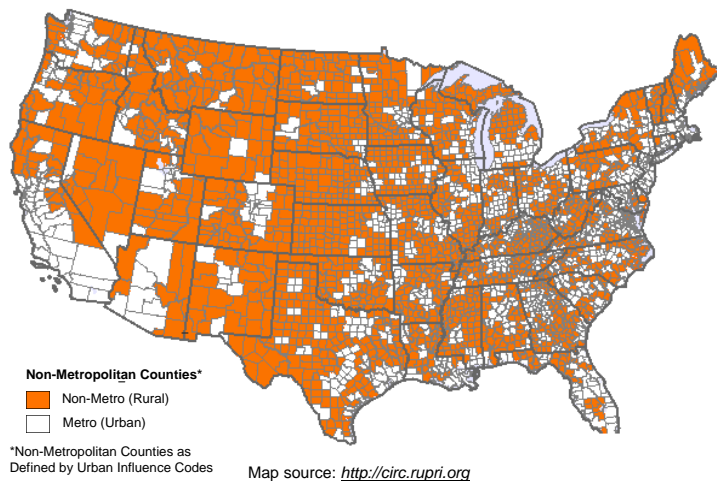
Source: CHA DATABANK 2006, Graph by CRHC

Payer

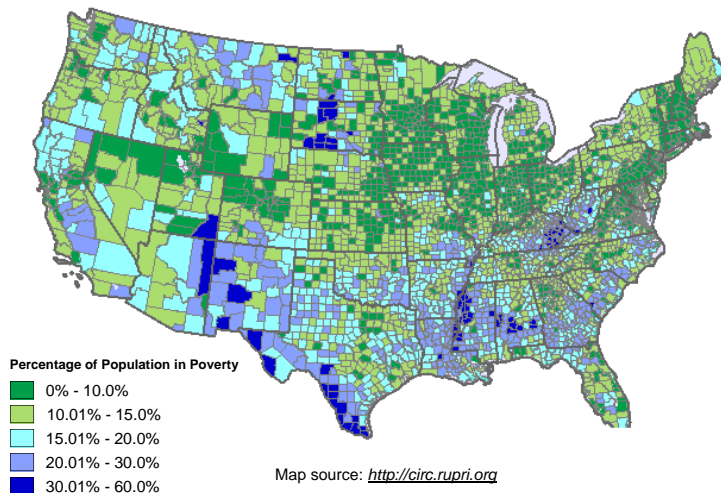
## National Look at Rural Health:

*"Geographic isolation, limited resources, economic challenges, and provider shortages compound healthcare challenges in rural America."*

**Demographics:** Non-Metropolitan Counties, 2007



**Disparities:** HRSA Estimates of Population in Poverty, 2004



- 60 million Americans (approx. 20.0%) live in a rural area
- A key and persistent characteristic of the rural health landscape is the uneven distribution and shortage of healthcare providers
- 22 million Americans (36.0% of the rural population) live in a HPSA or MUA
- Only 10.0% of specialists practice in rural areas
- Rural hospitals rely more heavily on Medicare and Medicaid reimbursement than do urban hospitals
- Before the Critical Access Hospital Program was established, 300 small rural hospitals closed over a ten year period

- Median household income for rural residents is significantly less than median household income for urban residents (\$38,293 compared to \$50,616)
- Healthcare can represent up to 20.0% of a rural community's employment and income
- Rural residents are more likely to be uninsured. 23.7% of non-elderly rural residents are uninsured, compared to 17.9% of their urban counterparts
- Rural adults are more likely than urban adults to have untreated dental decay (32.6% versus 25.7%)

## The Colorado Rural Health Center:

*"Colorado's independent, non-profit, State Office of Rural Health."*

### What is the Colorado Rural Health Center?

The Colorado Rural Health Center (CRHC) is a diverse mix of people, programs, and places interested in Colorado's rural healthcare. CRHC's mission is to *enhance healthcare services in Colorado by providing information, education, linkages, tools, and energy toward addressing rural healthcare issues*. The Colorado Rural Health Center is one of only three non-profit offices of rural health in the country.

### What does CRHC do?

Since its inception in 1991, the Colorado Rural Health Center has generated almost 9 million dollars to identify and address rural healthcare issues in Colorado. CRHC provides, or helps arrange for, technical assistance to rural communities so they can take full advantage of federal, state, public, and private resources. CRHC builds linkages among various rural and urban programs, communities, and colleagues working toward identifying and addressing rural healthcare problems.

### How do we do it?

Through our membership base, a variety of public and private funders, and a lot of hard work, CRHC is able to serve rural and underserved Colorado through a wide spectrum of programs

including:

- Annual Rural Health Conference
- Colorado Critical Access Hospital (CAH) Program
- Colorado Provider Recruitment (CPR) Program
- Colorado Rural Outreach Program (CROP)
- Linking Rural Needs to Services (LiRNS)
- MJJ Rural Community Health Scholarships
- Rural Health Clinic (RHC) Assistance
- Rural Health Seed Grants
- Sharing Healthcare Accomplishments in Rural Environments
- USWAP (Used Supplies with a Purpose)

### Investing Memberships:

Student, Individual, Organizational, and Corporate Investing Memberships are available. Please contact CRHC to learn how your organization can partner with Colorado's not-for-profit State Office of Rural Health.

### Where can I get more information about CRHC?



#### Colorado Rural Health Center

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