

Health in Rural Colorado



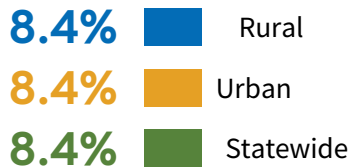


The 10 leading causes of death in rural Colorado

- | | |
|--------------------------------------|---------------------------------------|
| 1 Heart Disease | 6 Suicide |
| 2 Cancer | 7 Alzheimers |
| 3 Unintentional Injuries | 8 Chronic Liver Disease and Cirrhosis |
| 4 Chronic Lower Respiratory Diseases | 9 Diabetes |
| 5 Cerebrovascular Disease | 10 Other Respiratory Diseases |

PREVALENCE OF CHRONIC DISEASE AMONG COLORADO ADULTS IN 2024

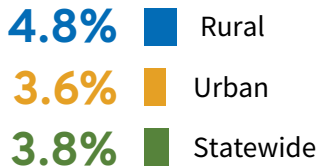
Diabetes



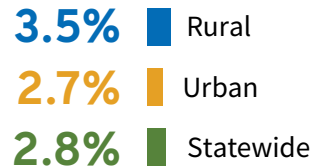
High Cholesterol



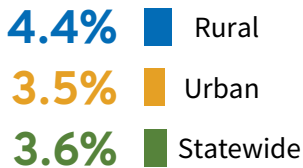
Heart Attack



Stroke



Heart Disease



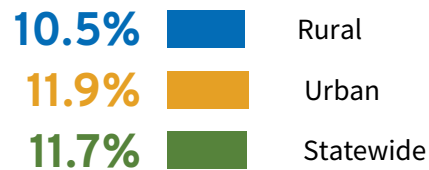
Arthritis



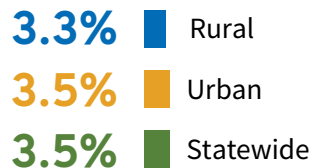
High Blood Pressure



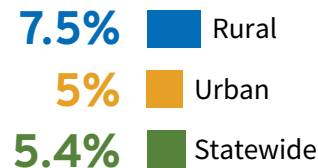
Asthma



Kidney Disease



COPD



CANCER IN COLORADO

The cancer mortality to incidence ratio (MIR) is a key metric used to assess a population's overall cancer outcomes, with a high MIR indicating poor prognosis and a low MIR suggesting better outcomes.

25,976

new cancer cases in 2022

From 2017 to 2022, rural Colorado had a **6% higher cancer mortality to incidence ratio**

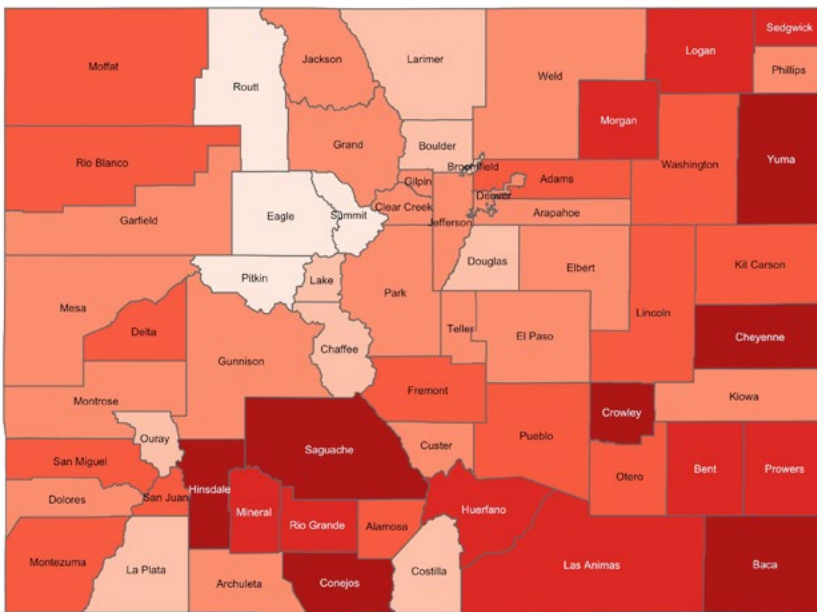
0.34

Rural mortality-to-incidence ratio

0.32

Urban mortality-to-incidence ratio

TOTAL CANCER MORTALITY TO INCIDENCE RATIO (2017-22)



Mortality to Incidence Ratio

0.20 to 0.25	0.30 to 0.35	0.40 to 0.45
0.25 to 0.30	0.35 to 0.40	0.45 to 0.50



Age adjusted cancer diagnosis rate per 100,000 (2017-2022)

358 Rural **395.5** Urban

9.5% lower in rural areas



Age adjusted rate for cancer deaths per 100,000 (2017-2022)

121.6 Rural **126.6** Urban

3.9% lower in rural areas

Top 4 most lethal cancers in Colorado

- Lung and Bronchus
- Cancer of Lymphatic, hematopoietic, and related tissue
- Colorectum
- Breast

Cancer death rates per 100,000 from 2020 to 2022



Lung

21.8 Rural
20.9 Urban

4% ↑ in rural



Blood

12.4 Rural
13.4 Urban

7% ↓ in rural



Colorectum

12.1 Rural
11.2 Urban

8% ↑ in rural

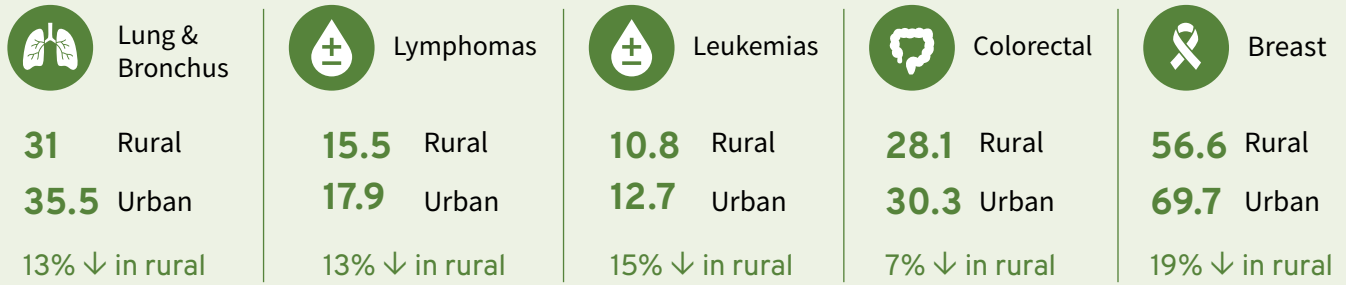


Breast

9.6 Rural
10.2 Urban

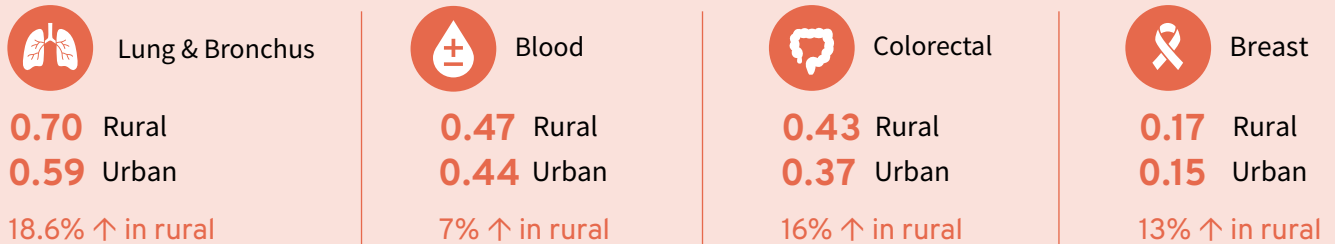
6% ↓ in rural

Cancer incidence rates per 100,000 from 2020 to 2022



Even though cancer incidence is lower in rural Colorado, Rural Colorado has a higher mortality to incidence ratio across the 4 most lethal cancers in Colorado indicating worse cancer outcomes.

Mortality-to-Incidence Ratios (MIRs)




In 2024, screenings for breast and colorectal cancer were lower among the rural population

Women 40–74 had mammogram screenings within the past 2 years
65.5% Rural **73.2%** Urban

Adults 45 - 75 met colorectal cancer screening guidelines
64.8% Rural **72.3%** Urban

MELANOMA IN COLORADO

 ~2,000 new melanoma cases are expected every year in Colorado

 From 2020 to 2022, the incidence rate of melanoma per 100,000 in rural Colorado was 24.9

» 18% higher than the urban rate of 21.1

Due to high elevation and high outdoor recreation
 Colorado is one of the 10 states with the highest death rates for melanoma

99% five-year survival rate for early melanoma treatment nationally

CHRONIC RESPIRATORY DISEASE

Chronic lower respiratory diseases like COPD and asthma cause irreversible airway obstruction and breathing difficulties. Key risk factors include tobacco smoke, workplace exposures, and genetics. Treatments focus on smoking cessation, medications, and pulmonary rehab. Asthma and COPD are responsible for 2 out of every 5 healthcare dollars spent on respiratory diseases.

11.6% higher chronic lower respiratory disease death rate in rural Colorado (2022-24)

38.6

rural rate

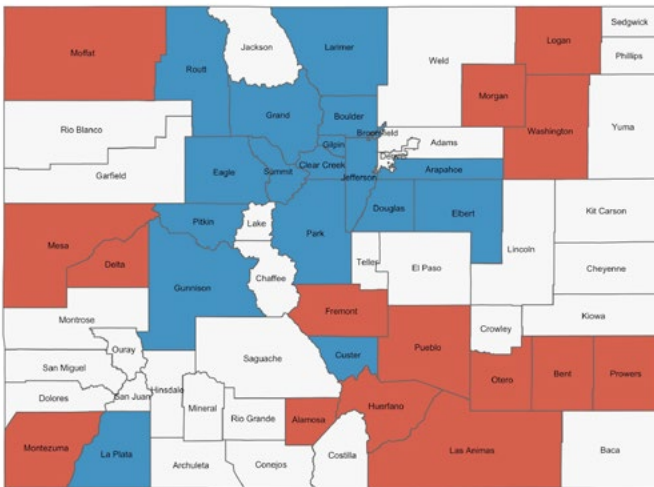
34.6

urban rate



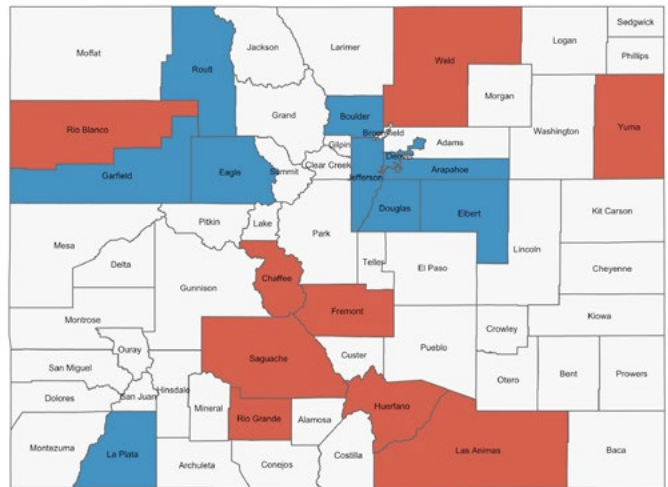
CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD) AMONG ADULTS 25+

COPD ED VISITS PER 10,000



Compared to State Average ■ Statistically Higher ■ Statistically Lower □ No Difference

COPD HOSPITALIZATIONS PER 10,000



Compared to State Average ■ Statistically Higher ■ Statistically Lower □ No Difference



31% increase
in COPD emergency department visits statewide from 2021

29.4 visits per 10,000 adults 25+



6 COPD hospitalizations per 10,000 adults 25+

Despite increases in the COPD ED visit rate, this has remained constant since 2021

Age groups with the highest rates **61.2** ages 65–84
63 ages 85+

Counties with the highest rates **28.8** Rio Grande
19.2 Las Animas

ASTHMA VISITS PER 10,000 RESIDENTS



45% increase

in asthma emergency department visits statewide from 2020

29.3 visits per 10,000 people

Age groups with the highest rates

63

ages 0-4

51.2

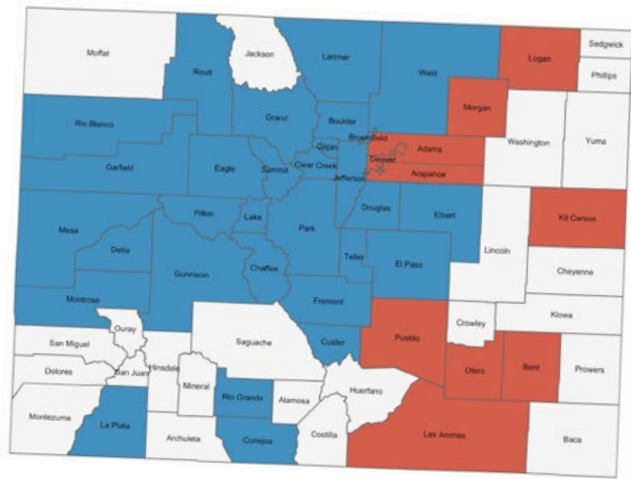
ages 5-14

32.2

ages 15-34

As individuals get older, the likelihood of an ED visit due to asthma decreases

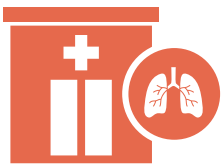
Age adjusted rates of Asthma emergency visits per 10,000



Significantly higher than the state average



Significantly lower than the state average



Asthma hospitalizations per 10,000 Coloradans have doubled since 2020

	2020	2023	
Colorado	2.3	4.6	↑100%
Ages 0-4	7.28	22.3	↑200%
Ages 5-14	3.76	10.6	↑180%

AIR QUALITY

Air pollution from sources such as wildfire smoke, dust, and car exhaust can harm health and increase the risk of premature death. People most vulnerable include those with chronic diseases like asthma, lung, and heart conditions, as well as older adults, children, outdoor workers, and pregnant women.



Rural Colorado experiences less unhealthy air quality days because of fewer pollution sources



Days on record with air quality unhealthy for sensitive groups or worse in 2024

5.3%

across urban areas

<1%

across rural areas

However, PM2.5 pollution from wildfire smoke is the main pollutant in Rural CO

» Pollution is predicted to increase by as much as 50% across the American West over the next three decades, [increasing risks of asthma, heart failure, and respiratory irritation](#)



A 1 unit increase in wildfire PM2.5 concentration increases respiratory ER visits

by **1.6%** for asthma by **0.4%** for COPD

DIABETES

In 2022, the total estimated cost of diabetes in the U.S. was \$412.9 billion, with 61% directly attributable to the disease. Caring for people with diabetes accounts for 1 in every 4 healthcare dollars, and their average medical expenses are 2.6 times higher than without diabetes.

38.4 million Americans have diabetes (11.6%)

29.2% of adults 65+ live with diabetes

Diabetes rates are the same among rural and urban Colorado adults

8.4% Rural
8.4% Urban






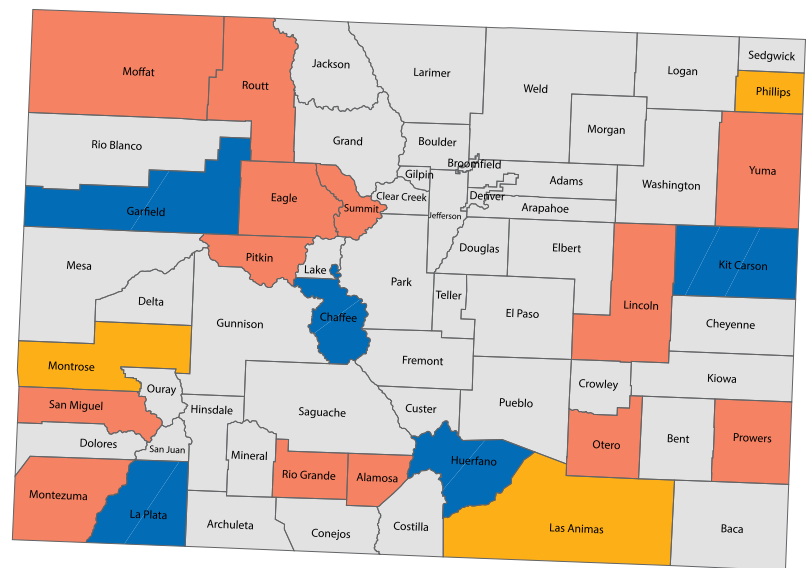
Diabetes self-management course participation among adults

62.3% Rural
64.4% Urban

RURAL COUNTIES WITH DIABETES EDUCATION, SUPPORT AND PREVENTION PROGRAMS

Diabetes Self-Management Education and Support (DSMES) helps people manage diabetes through healthy eating, activity, blood sugar monitoring, medication, and coping strategies. It's evidence based, lowers healthcare costs, and improves healthcare outcomes.

-  Rural counties with a DSMES program
-  Rural counties with a National Diabetes Prevention Program
-  Rural counties with both programs



Medically tailored meals, crafted by a dietitian to treat chronic disease through nutrition, could prevent

1.6M hospitalizations **\$13.6B** yearly insurer savings



Project Angel Heart and Colorado Community Health Alliance study of medically tailored meals showed

62% reduction in inpatient care costs (\$1,142 savings per member)



In rural Colorado, the age adjusted death rate for diabetes was **16.5 per 100,000**

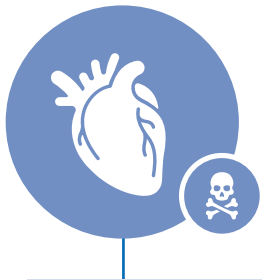
3.7% lower than the urban rate of 17.2



The age adjusted death rates for diabetes among American Indians/Alaska Natives and Hispanic individuals in rural Colorado **were 2X more than Non-Hispanic White population**

HEART DISEASE

In 2020, one in three U.S. adults sought care for cardiovascular risk factors or disease. Cardiovascular disease and stroke remain the top causes of illness and death nationwide. Healthcare costs linked to these conditions are projected to surge from \$393 billion in 2020 to \$1.5 trillion by 2050.



Age adjusted heart disease death rate per 100,000 from 2022-24



Age adjusted stroke death rate per 100,000 from 2022-24

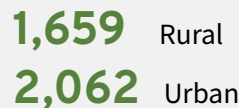


In rural Colorado, the age adjusted death rate is 61% higher for males (155) than for females (96)

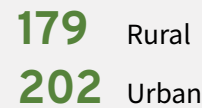


Age adjusted hospitalization rates per 100,000 in 2022

Heart disease



Heart attack



Stroke



High Cholesterol in Ages 20+



High Blood Pressure



Cholesterol screenings in ages 20+ within 5 years



Blood Pressure Medication (Adults with High Blood Pressure)



In 2024, rural Colorado adults report higher rates of heart attacks



Adults who have had a heart attack and are attending cardiac rehab



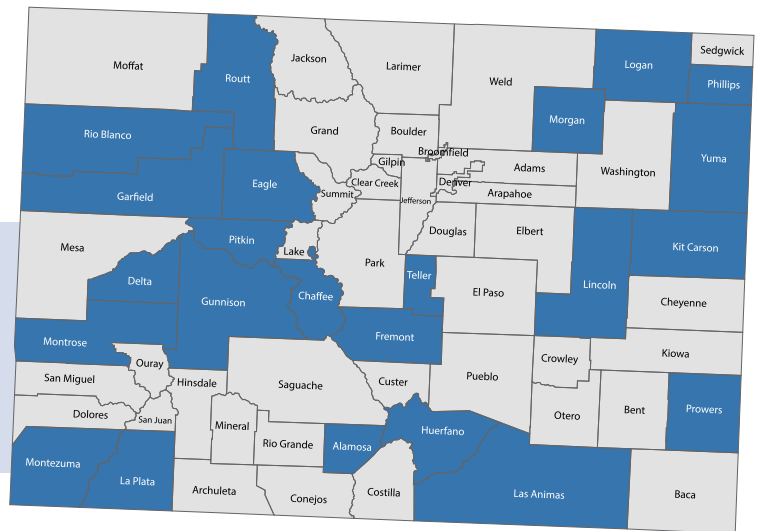
CARDIAC REHABILITATION SERVICES

Cardiac rehab is a supervised program that helps patients recover and lower future risk after a cardiac event.



23 rural and frontier

counties have at least one site offering cardiac rehabilitation services



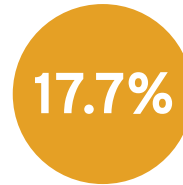
NUTRITION AND LIFESTYLE AMONG COLORADO ADULTS

Obesity

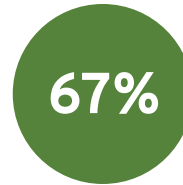
24.6% Rural
25% Urban
24.9% Statewide

Underweight

3.2% Rural
2.5% Urban
2.6% Statewide



of rural adults reported no leisure time for physical activity (15.3% urban)



of both rural and urban adults met aerobic guidelines



The highest prevalence is reported in the San Luis Valley and Eastern Plains

CHRONIC LIVER DISEASE AND CIRRHOSIS

Chronic liver disease is a progressive deterioration of liver function and the most common causes are long-term alcohol abuse, hepatitis and other viruses, and nonalcoholic fatty liver disease which can stem from diabetes, obesity, and high cholesterol.



Age adjusted death rate per 100,000 from 2022-24

20.2 Rural
17.6 Urban
 14.8% higher in rural

In 2022, rural adults received less screening and advice on alcohol use



74.4% Rural
80.7% Urban

8% less likely to be asked relative to urban



21.2% Rural
23.8% Urban

11% less likely to be offered advice relative to urban



Rural Colorado males (24.6) had a death rate 60% higher than females (15.4)

Older Adults

Rural aging comes with a host of challenges including the lack of medical services, infrastructure needs regarding transportation and internet connectivity, affordable, safe and manageable housing, and an increased risk of social isolation.

1 in 5  **people in rural Colorado are 65+**

By 2035, 1 in 4 residents will be 65+



8.7% of rural older adults

(aged 65+) had income within the past 12 months below the federal poverty level in 2023

7.7%

Urban Colorado

8.2%

Rural counties

11.2%

Frontier counties



The median household income for adults aged 65+ in 2023

\$52,131

Rural

\$70,433

Urban

21% of rural adults 65+ spent 35% or more of their income on housing costs (Urban 23%)

Coloradans 65+ who received social security benefits

84.6%

Rural

83.5%

Urban



Of people who received Supplemental Security Income (SSI) Benefits, those aged 65+

26.7%

Rural

31.9%

Urban

15% of all SSI benefits are rural recipients

DISABILITY OR DIFFICULTY AMONG ADULTS 65+



29%

Rural Colorado

29.6%

Urban Colorado

Disability	Rural	Urban
Hearing	15.7%	13.9%
Vision	5.1%	5.1%
Cognitive	6.1%	6.9%
Ambulatory	14.5%	16.6%
Self care	4.5%	5.2%
Independent living	9.1%	10.7%

COLORADO SURVEY OF ADULTS 60+

33%

reported providing care for someone age 55+

20%

reported providing care for someone under 18

10%

reported receiving paid or unpaid assistance (shopping, cooking, etc)

ACCESS TO CARE FOR OLDER ADULTS



1,198 additional physicians

are needed in rural Colorado for equal access—that's a 75% increase



As of June 2025, Colorado providers opted out of Medicare

1,189

total providers

103

rural providers



56 of Colorado's 211 nursing homes are located in rural areas



1 certified nursing home bed per 42 individuals

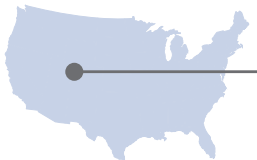
aged 65+ in rural Colorado (compared to 1 per 45 in urban)

20 rural counties do not have a nursing home

See appendix page 105 for detailed map

Programs of All-inclusive Care for the Elderly (PACE)

24
in rural areas nationally



ONLY 2
in rural Colorado (Montrose and Delta)

Provides comprehensive healthcare and support services to help older adults remain in their communities. Every urban county is served by a PACE program.



25 home health agencies registered

with Medicare are located in rural Colorado (11.3% of all in the state)



45 additional agencies in rural Colorado accepting Medicaid and offering personal care, homemaker, and in home support services

Access among older adults in rural areas is:

44% lower
for home health services



78% lower
for in-home support services

Rural adults travel TWICE AS FAR

as urban adults for dental or primary care



of rural trips depend on personal vehicles, leaving many older adults isolated from services and social connections once they stop driving

RURAL OLDER ADULTS LACK TRANSPORTATION OPTIONS



Public transit use

31% Urban

8% Rural



Rideshare access (Lyft, Uber)

36% Urban

6% Rural



Trouble finding transportation most of the time

2% Urban

5% Rural



Trouble getting to medical appointments

36% Urban

66% Rural

HEALTH AMONG OLDER COLORADO ADULTS



23.2%

of rural adults 65+ reported being up to date on core clinical preventative services in 2024

37.4% of urban adults

Older Medicare Beneficiaries (65-74) with 3+ Chronic Conditions



36%

rural Colorado



43%

urban Colorado



41%

Statewide



53%

Nationally

An estimated 54% of rural Colorado Medicare beneficiaries have 2+ chronic conditions (61% urban)



Adults 45+ experience more frequent or worsening difficulties with memory or thinking

19.3%

Rural

16.2%

Urban



38.2%

of rural adults said difficulties interfered with household chores (34.6% urban)



26.3%

of rural adults 45+ reported rarely or never got needed help (20.4% urban)



55.6%

of rural adults 45+ reported discussing memory loss with their healthcare provider (50.4% urban)

MENTAL HEALTH OF OLDER ADULTS

From 2022-24, the suicide rate among adults 65+ in Colorado was:

31.5 per 100,000

older adults in rural areas



39% higher than the urban rate

Depression rates in Colorado among adults 65+ in 2023

14.8%

urban areas



12.9%

rural areas



11.2% of rural adults 65+

reported frequent mental distress compared to 7.2% of urban adults



The drug overdose rate per 100,000 among those 65+ from 2022 to 2024

10.8

rural Colorado

16.8

urban Colorado

15.8

Statewide

65+ smoking

9.3% rural

5.8% urban



65+ alcohol use

7.1% rural

6.9% urban

Fall prevalence among those 65+



29.9% Rural

25.5% Urban



Colorado ranked as the #2 healthiest state for older adults

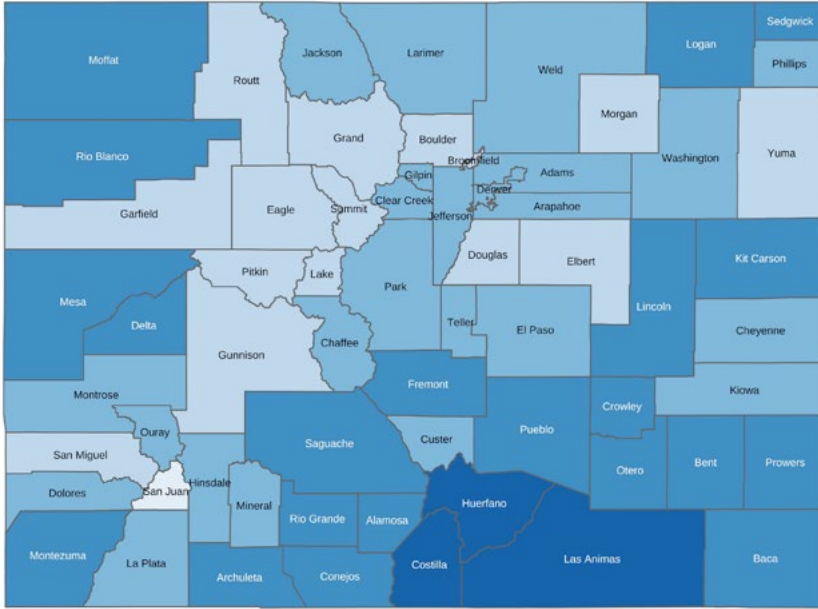
Strengths for older adults

- Low poverty rate
- Low preventable hospitalization rate
- Low chronic conditions

Challenges for older adults

- High suicide rate
- High drug overdose rate
- High prevalence of falls

POPULATION WITH DISABILITY OR DIFFICULTY



% of the Population

0 to 5	5 to 10	10 to 15	15 to 20	20 to 25
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15.1% of people

living in frontier counties are living with a disability or difficulty



12% in rural counties



11% in urban counties

Counties by Age

	Frontier	Rural	Urban
Under 18	4.5%	3%	4.1%
Ages 18-64	12.5%	9.6%	9.1%
Ages 65+	32.2%	28.3%	29.6%

COLORADO ADULTS WITH DIFFICULTIES

	Rural	Urban
Hearing	4.8%	3.3%
Vision	2.4%	2%
Cognitive	4.4%	4.5%
Ambulatory	5.5%	4.4%
Self care	1.9%	1.7%
Independent living	3.9%	3.4%

Rural Coloradans with disabilities have lower uninsured rates

With disabilities

5.2%

rural adults
(5% urban)



Without disabilities

10.5%

rural adults
(7.6% urban)



76% of rural Coloradans

with a disability or difficulty are covered by public insurance alone or in combination (67.6% urban)

24% of rural Coloradans with IDD* reported No or Maybe to receiving adequate overall healthcare (23.7% urban)

31% of rural participants reported inadequate access to a medical specialist (19.8% urban)

49% of rural participants reported inadequate access to behavioral health providers (39.6% urban)



Types of rural care accessed at least once per year

90%



Primary Care
(84% urban)

71%



Medical Specialist
(60% urban)

67%



Behavioral Health
(55% urban)

39%

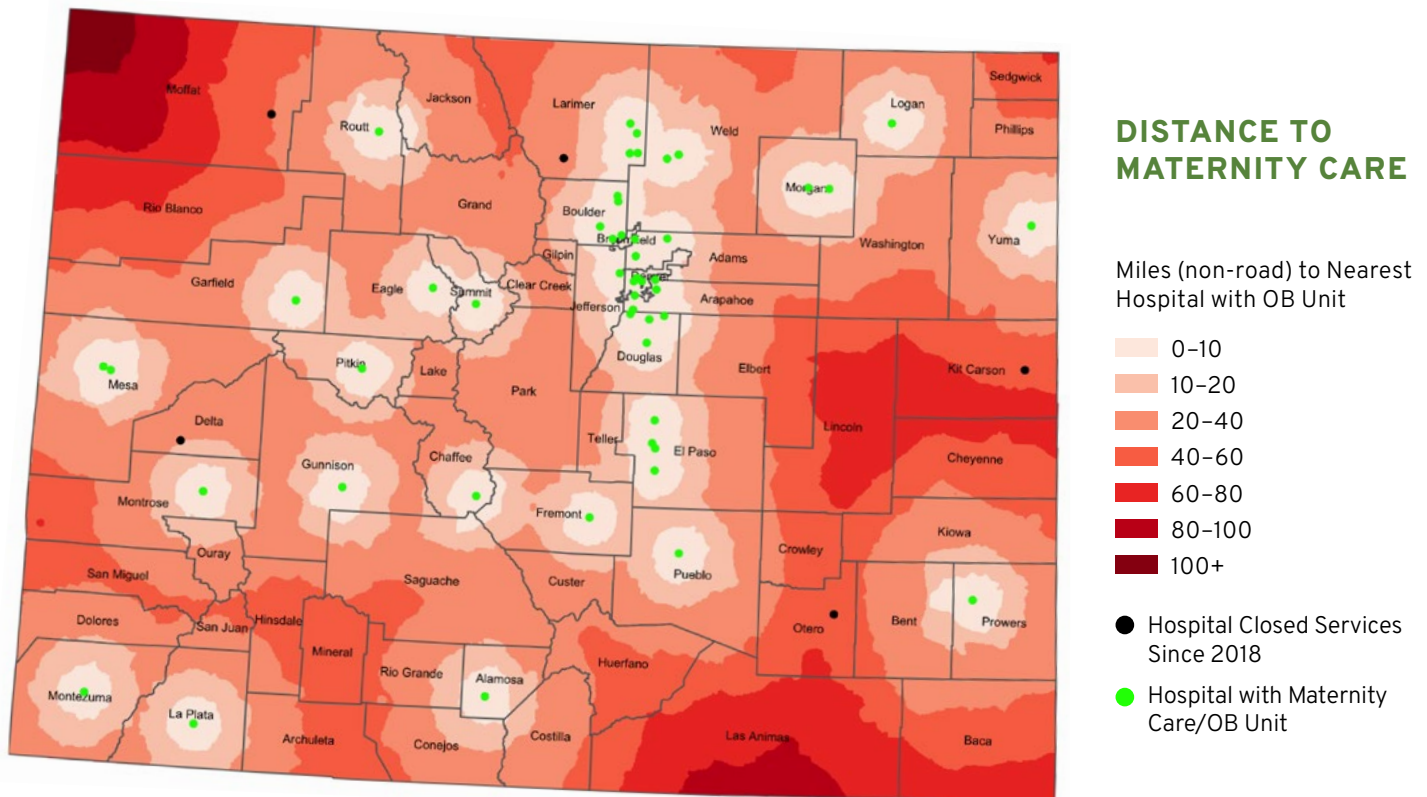


Emergency or Urgent care
(27% urban)

*IDD = Intellectual/Developmental Disabilities

Maternal Health

When a rural hospital struggles financially, OB services are often one of the first service lines to be eliminated. Since 2018, 5 rural hospitals in Colorado have closed their labor and delivery units. Only 17 of the 43 rural hospitals in Colorado (39.5%) have a hospital OB department. Low Medicaid reimbursement rates (which is half the rate of private insurers on average) and high staffing and insurance costs are significant barriers to keeping OB units open in rural hospitals.



~1 in 2 women (45%)

in rural Colorado live over 30 minutes from the nearest birthing hospital or birth center (3.3% urban)

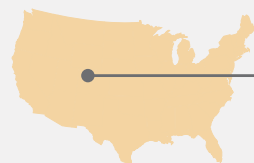
Longer travel times to delivery are linked to worse maternal and infant outcomes



	37 miles	50 miles
Increased risk of adverse maternal outcomes	22%	53%
increased risk of infant NICU admission	70%	125%

ABORTION IS PROTECTED UNDER COLORADO LAW

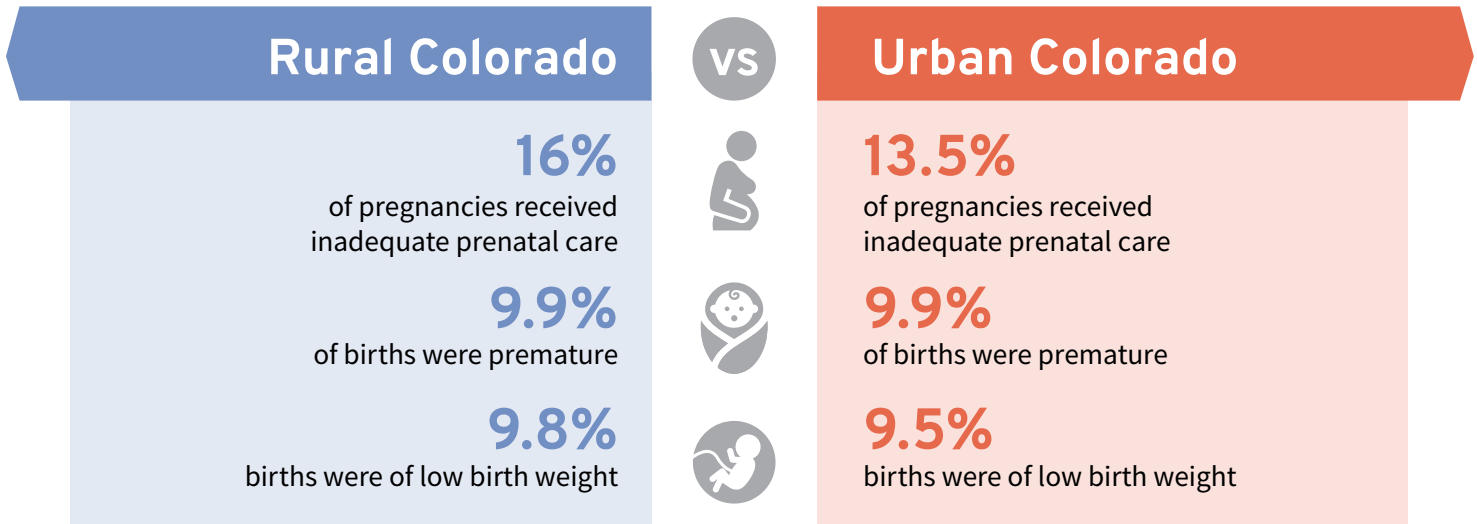
13 states have abortion bans
28 restrict it earlier in pregnancy



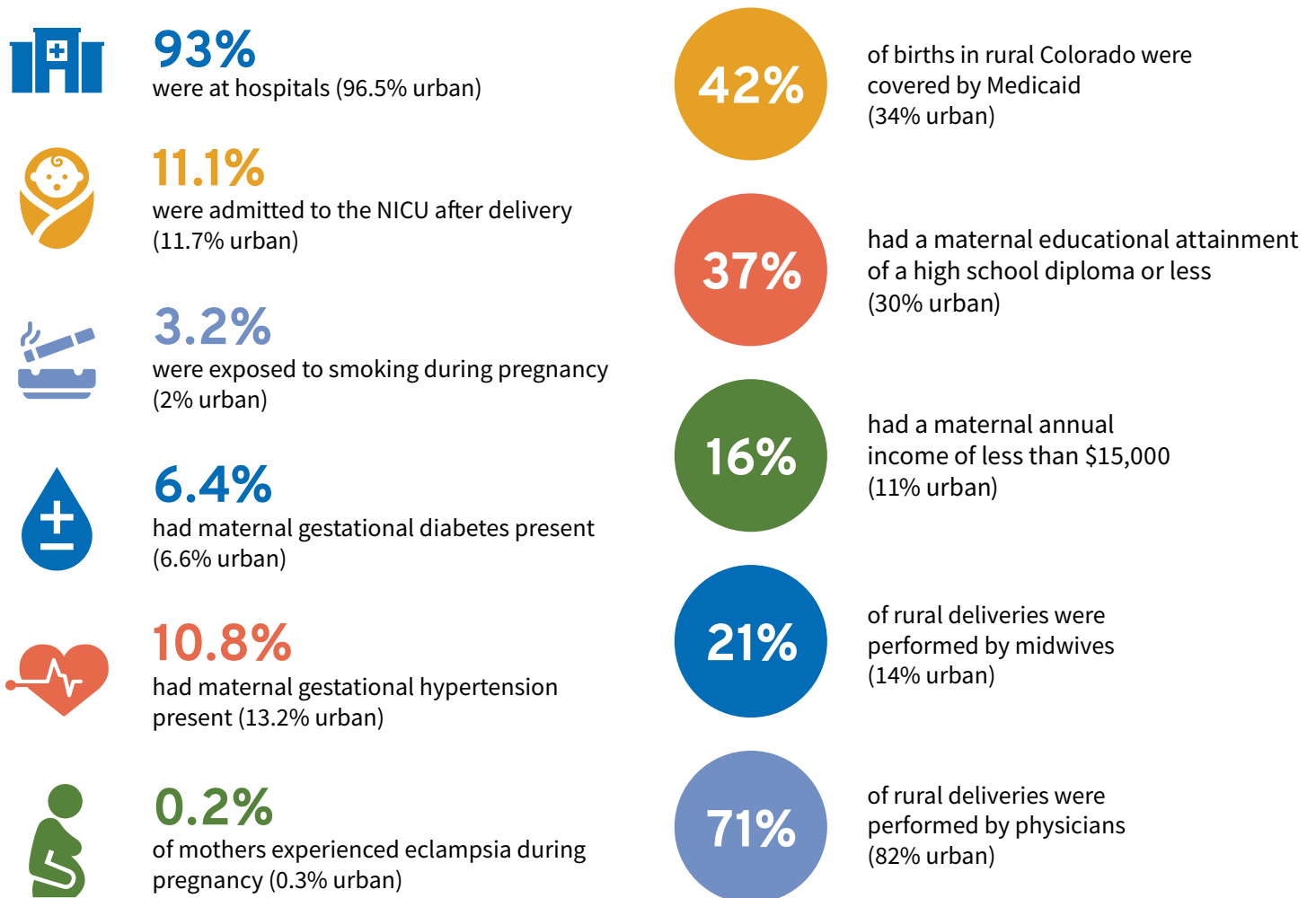
23,980 abortions were reported in Colorado in 2024 (26% were from out of state)

28% of the abortions reported by Colorado residents were reported in non-metro areas in 2022

Childbirth and Infant Health



RURAL BIRTHS IN 2024



IN AN AVERAGE WEEK IN COLORADO

1,236 babies
are born



143
rural babies

122 babies
are born preterm



14
rural babies

117 babies
are born low birth weight



14
rural babies

976 women
receive prenatal care
within the first trimester



111
rural women

32% of rural births

had maternal participation in Women Infant and Children (WIC) during pregnancy



24.5% Urban



78% rural woman

began care in the first trimester (79% urban)



6% rural woman

began care in the last trimester or received no care (5.6% urban)

COLORADO'S MEDIAN COST FOR BIRTHS

\$5,503

Colorado vaginal delivery

\$14,768

nationally



\$11,164

Colorado C-section

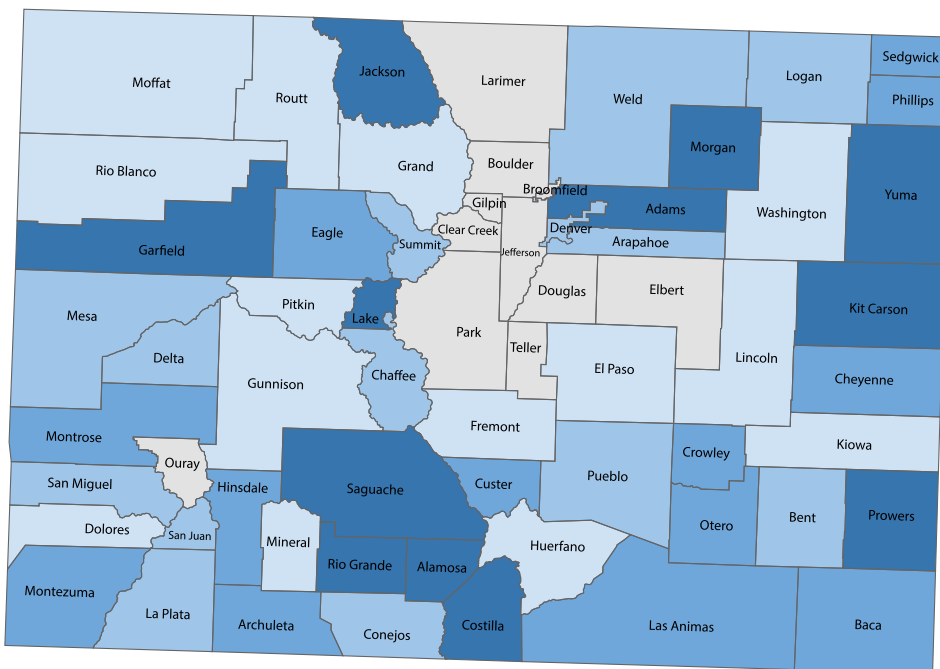
\$26,280

nationally

Ranged from \$4,580 to \$15,000

Ranged from \$9,280 to \$38,760

UNINSURED HEALTH INSURANCE RATES AMONG WOMEN



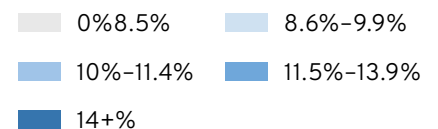
13%

of rural women ages 19-54 didn't have health insurance (9% urban)

44% higher

uninsured rates among rural women aged 19-54 relative to urban women

Uninsured rates



MATERNAL MORTALITY

16.1 deaths per 100,000 live births in Colorado



18.6 deaths per 100,000 live births in the U.S.



National pregnancy related deaths per 100,000 women

2020	34.2	Rural	22.7	Urban
2023	23.3	Rural	18.4	Urban

GYNECOLOGICAL CARE IN COLORADO



75% of rural women

aged 21 to 65 are meeting cervical cancer screening guidelines (81% urban)



Females reported having a mammogram within the last 2 years

Ages 40-49	49%	Rural	60%	Urban
Ages 50-74	71%	Rural	80%	Urban



Only 10% of OBGYN Physicians practice in rural Colorado

Practicing OBGYNs in a patient care role per 100,000 women

21	Rural
29	Urban



Only 10% of Advanced Practice Nurse Midwives practice in rural Colorado

Practicing APN Midwives in a patient care role per 100,000 women

9	Rural
12	Urban

28 more practicing OBGYNs are needed in rural Colorado for equal access

14 more practicing APN Midwives are needed in rural Colorado for equal access



In 2024, the teen birth rate is

30% higher in rural Colorado compared to urban areas

Per 1,000 women ages 15-19

13	Rural
10	Urban



Birth rates are slightly higher in rural Colorado

Per 1,000 women in 2024

59	Rural
56	Statewide

Vaccines and Immunizations

Different diseases have different thresholds to reach herd immunity. Research shows that when vaccine rates fall below those thresholds, the risk of vaccine-preventable disease outbreaks increases. Low vaccination rates can leave populations vulnerable to serious preventable diseases and stress rural health systems.

Colorado requires several vaccines for children in school or childcare

Hepatitis B
MMR
Polio

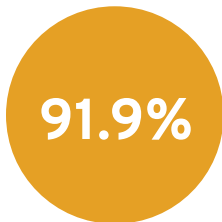
DTap
Chickenpox



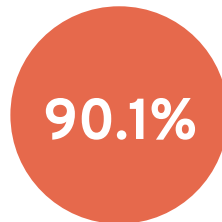
There are additional, optional vaccines that public health officials recommend

COVID-19
Hepatitis A
Rotavirus

Human papillomavirus
Meningococcal
Influenza



91.9% of all K-12 students across the state are compliant with vaccine requirements for the 2024-25 school year



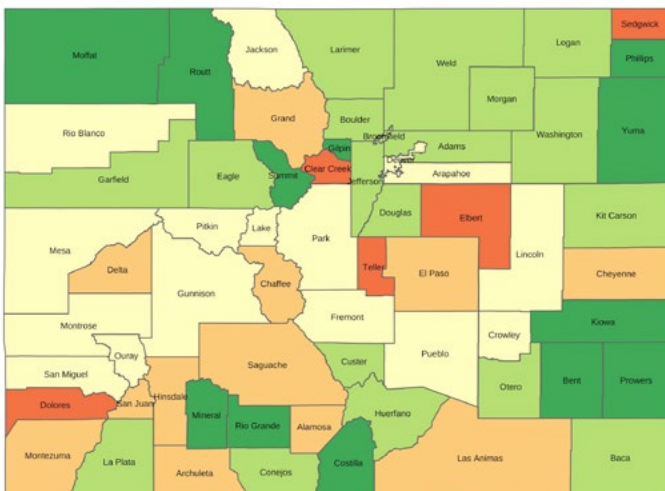
90.1% of all kindergartners across the state are compliant with vaccine requirements for the 2024-25 school year



Kindergarten immunization compliance rates for the 2024-25 school year

	DTaP	HepB	MMR	Polio	Varicella
Rural	88.6%	91%	88.5%	88.7%	87.4%
Urban	87.3%	91.3%	88%	87.5%	86.7%

MMR VACCINATION RATE AMONG KINDERGARTNERS (24-25)



88% of kindergartners

were protected against measles, mumps, and reubella in the 2024-25 school year

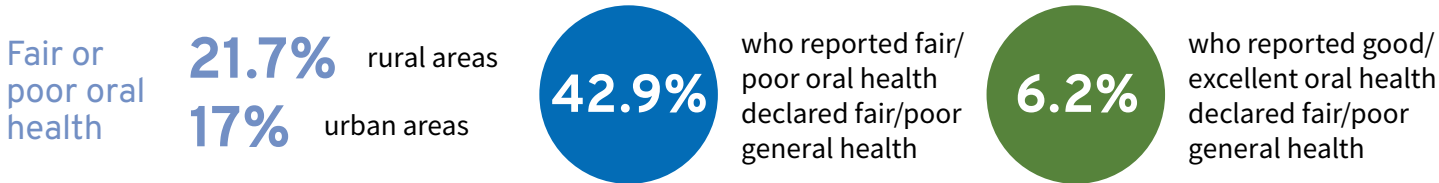
24 rural/frontier counties had MMR immunization rates below the state rate of 88%

% of kindergartners

- 75-78
- 84-88
- 94-100
- 78-84
- 88-94

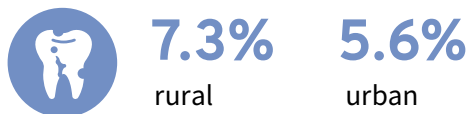
Oral Health


Physical, oral, and mental health are all interconnected. Coloradans with fair or poor oral health are 7 times more likely to rate their overall health as fair or poor compared to those with excellent oral health.

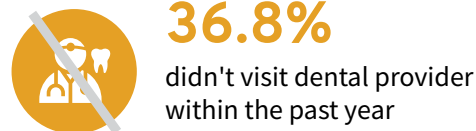
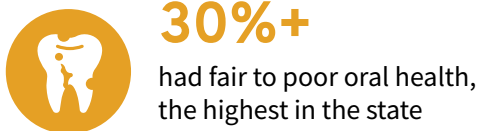


Coloradans in rural areas are **5.7% LESS LIKELY** to report good/excellent oral health than relative to urban

Dental pain limiting activities like work or school in the past twelve months



 People in the San Luis Valley and Southeastern Plains reported




Coloradans ages 65+ who have lost ALL of their natural teeth



Rural adults 18-64 experienced higher rates of toothloss than urban adults



ORAL HEALTH AND TOBACCO USE

 Cigarettes and smokeless chew tobacco are known to cause oral health problems

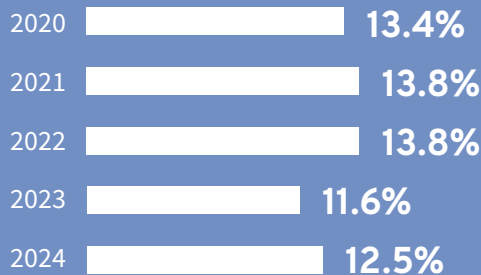
Adults who are currently smoking cigarettes (2024)



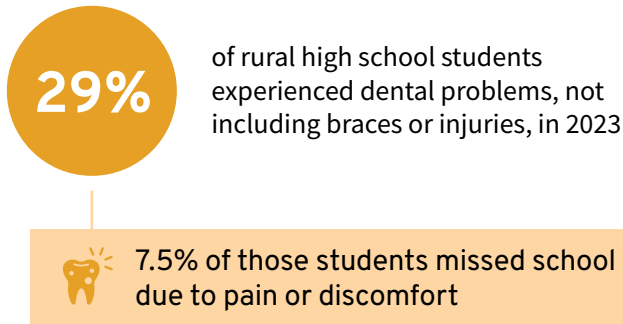
Adult males who use smokeless tobacco (2024)



Rural cigarette use from 2020 to 2024



ORAL HEALTH IN COLORADO YOUTH



Children who suffer from poor oral health are



12X more likely

to have days where they are unable to perform school related activities days than those who do not

More than half of Colorado children have a cavity by third grade

46%
by kindergarten



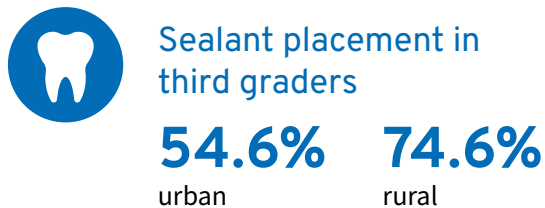
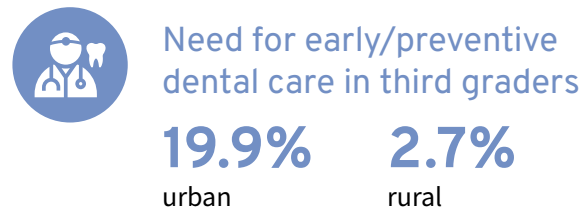
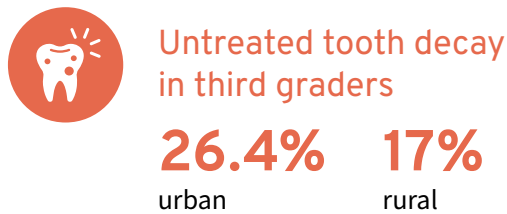
60%
by third grade



56% higher

cavity risk for children in schools where 75%+ of students receive free or reduced lunch, compared to schools with $\leq 25\%$

COLORADO BASIC SCREENING SURVEY (BSS) FROM 2022-23



Why rural students had better oral health

100% of participating rural schools were served by a Regional Oral Health Specialist or had a school-based oral health program (57% of urban schools)

SEALANTS AND CAVITY PREVENTION

Sealants are thin coatings applied to the molars, where 90% of tooth decay occurs

Sealants prevent over **80% of cavities within the first 2 years**

Remain effective for **up to 9 years into adolescence**

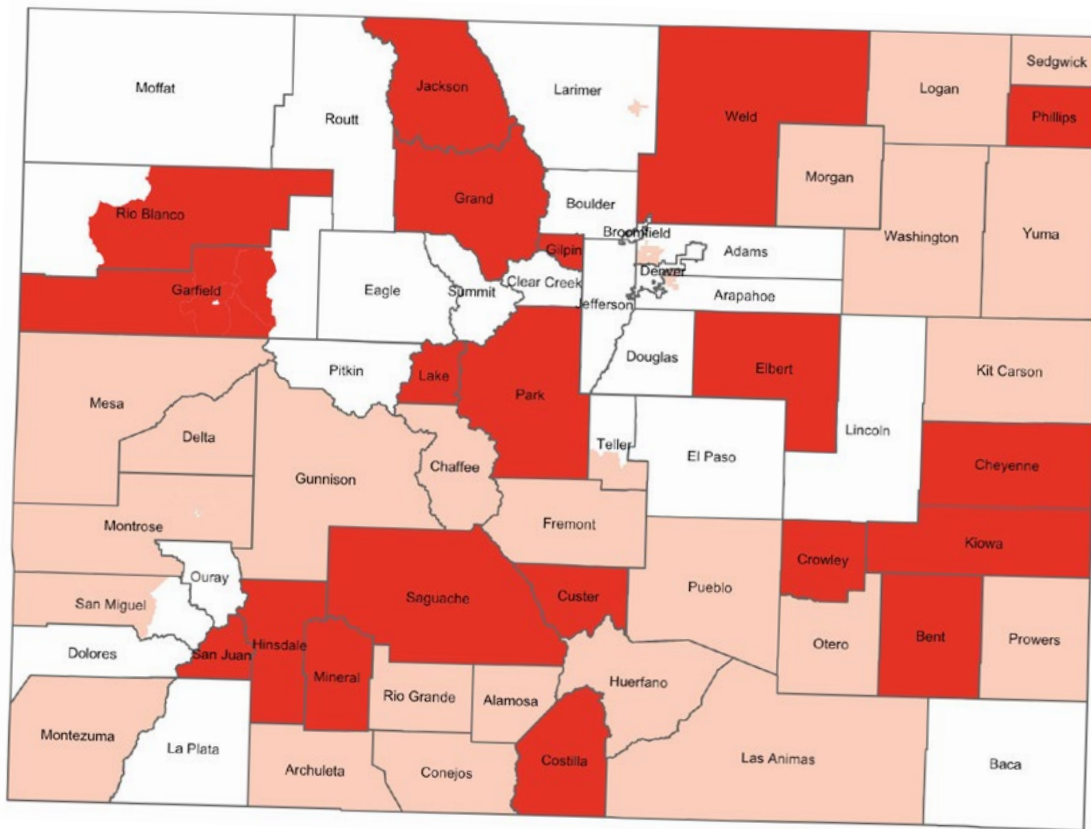


School sealant programs are

estimated to save \$8.43 per child

Dental Care Access

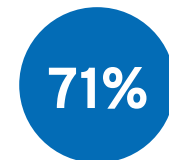
41 of Colorado's 52 (79%) rural or frontier counties are designated as either partly or entirely in a Dental Health Professional Shortage Areas (HPSAs). In rural CO, 19 counties are designated as a Dental HPSA for the whole population and 22 counties are designated as an HPSA for low-income populations.



DENTAL HEALTH PROFESSIONAL SHORTAGE AREAS

HPSA Type

- Low Income Population HPSA
- Geographic HPSA



71% of rural Coloradan's visited a dentist or dental hygienist within the past 12 months (75% urban)

Individuals in rural Colorado have less access to dental providers

(number of dentists per 100,000 people)



64

in rural areas



93

in urban areas

↑45% or 230 more dentists

increase is needed to achieve equal dental provider rates



Dental care utilization per 1,000 in 2024

Among commercial payers

62.5

in rural areas

79.6

in urban areas

21.5% lower in rural Colorado

By age

	0-17	18-34	35-64	65+
Rural	59	41.5	61.2	87.1
Urban	81.5	50.5	78	106.9

DISPARITIES IN DENTAL CARE VISITS

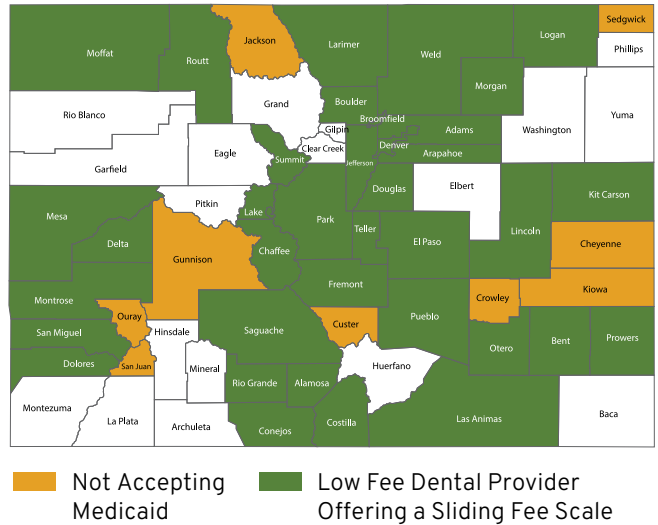


Didn't have a dental visit in the past 12 months (2023)

25.7% Colorado	25.1% Urban	29.2% Rural
61.2% Uninsured	35.2% Medicaid	32.8% Income below FPL

138% more likely to not have a dental visit relative to all Coloradans

LOW FEE DENTAL PROVIDERS



Reasons why Coloradans skipped dental care within the last year

Dental office or clinic was not in their community	6.4% Rural 2.5% Urban
Dental office or clinic was not accepting new patients	5.6% Rural 3.9% Urban
They did not have a way to get to a dentist/clinic	4.5% Rural 3.8% Urban



Rural Colorado has higher rates of uninsured individuals and those on public insurance

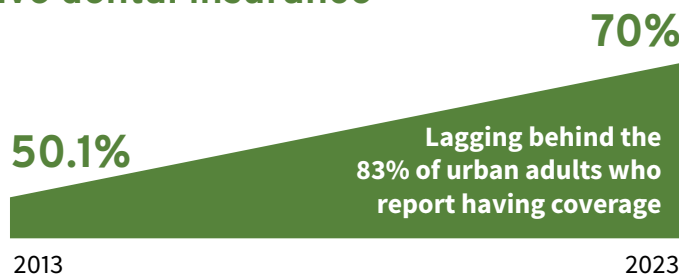
	Visited a dentist	Excellent oral health
Public Insurance	70%	75%
Uninsured	38.8%	58%
Private Insurance	80.4%	90%



Medicare doesn't cover services for teeth or structures directly supporting the teeth.
Only 45% of rural adults 65+ in Colorado reported dental coverage (27% lower relative to urban).

Relative to urban Coloradans, rural Coloradans are 15.7% less likely to have dental insurance

Dental insurance coverage has increased in rural Colorado

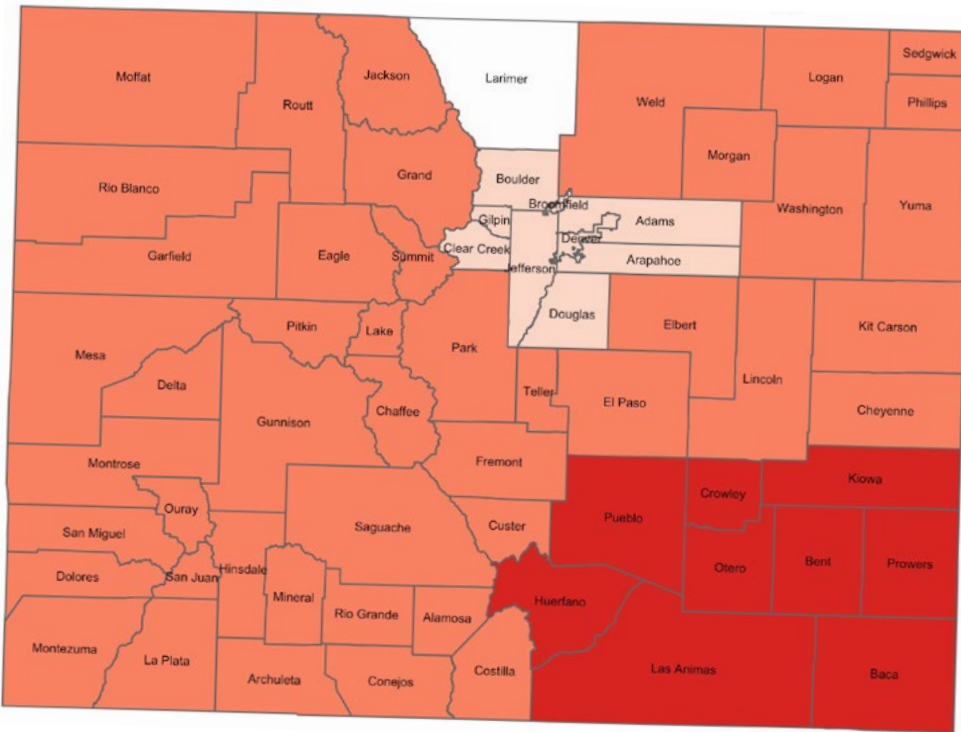


Rural Coloradans are 27.7%

more likely to avoid needed dental care due to cost relative to urban Coloradans

Behavioral Health in Colorado

All 52 of Colorado's rural and frontier counties are designated mental health professional shortage areas. Eight rural and frontier counties in the Southeast corner of the state are designated as high needs areas with a severe shortage of mental health providers for the entire population.



MENTAL HEALTH PROFESSIONAL SHORTAGE AREAS



1 in 3 (32.5%)

people ages 5+ in the high needs geographic HPSA area reported poor mental health

HPSA Type

- Low Income Population HPSA
- Geographic HPSA
- High Needs Geographic HPSA



28,769

mental health providers in Colorado

8.4% are located in rural Colorado

Mental health providers per 1,000 people

3 in rural

5.2 in urban



↑70% or +1,690

increase is needed to achieve equal access to mental health providers



15.2% of rural Coloradoans reported needing mental healthcare but were unable to get it (17.3% urban)

Top Rural Reasons:

- ✓ 55% had concerns about the cost of treatment
- ✓ 53% reported having a hard time getting an appointment

28%

more likely to skip mental healthcare due to stigma or privacy concerns, relative to urban Coloradans



Coloradans who received mental healthcare

	Rural	Urban
Primary care provider	21.7%	26.6%
Mental health specialist	17%	26%



28%

more likely to receive care from a primary care provider than a mental health specialist



Age adjusted rate of mental health diagnosed hospitalizations

(per 100,000 from 2020-22)

2,338 Rural

2,993 Urban

Baca (3,796), Rio Grande (3,672) and Costilla (3,667) had some of the highest



Relative to Coloradans with private insurance

More likely to report poor mental health

59%
Uninsured

32%
Public Insurance



More likely to not get needed healthcare



72%
Uninsured



9%
Public Insurance

Adults who reported 14+ poor mental health days per month

14.4%
rural areas

15.7%
urban areas



Rates of mental distress have increased since 2019

+22%
rural areas

+26%
urban areas

The 18-24 age group in Colorado experiences the most mental distress (27.9%) and depression (29.3%)

Adults who reported having depression

17.8%
rural areas

21.9%
urban areas

↑18%

increase in rural Colorado since 2019 (25% urban)

IN 2024, COLORADO RANKED 5TH HIGHEST IN THE NATION FOR YOUTH DEPRESSION

High school students reporting recent poor mental health

28.4%
rural students

27.8%
urban students



High school students reporting unmanageable stress levels most days

22.5%
rural students

21.3%
urban students

Non-Binary students were **over 2X as likely**

to report recent poor mental health than cisgender students

High school students who felt so sad or hopeless they stopped usual activities

25.7%
rural students

24.8%
urban students

Suicide



Age adjusted suicide rate per 100,000 in Colorado (2024)

30.3
19.4

Rural
Urban

56% higher than the urban rate

68% of rural suicides were by firearm (51% urban)



Suicide rates among rural males were over 4 times higher than females

47.8

Males

11.1

Females

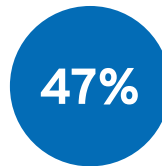
The rural suicide rate increased 16% between 2023-24, and is the highest on record



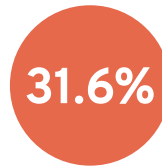
6.6% of adults in rural Colorado had a suicidal ideation within the past year (6.1% urban)



19.7% of rural adults who had a suicidal ideation attempted suicide (14.5% urban)



47% of rural adults who had a suicidal ideation had firearms at home (35% urban)



31.6% of rural suicide deaths were ever treated for a mental health condition (44.6% urban)

YOUTH SUICIDE IN COLORADO



27 lives under age 25 were lost to suicide in rural areas in 2024

12.1%

in rural areas



10.9%

in urban areas

High school students considered suicide attempts in the past 12 months

15.2%

in rural areas



13.5%

in urban areas

High school students would not seek help if concerned about mental health



The youth suicide rate (under 25) is

31% higher in rural Colorado

19.8 per 100,000 in rural (15.1 urban)



The youth suicide rate involving firearms is

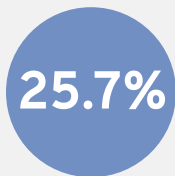
39% higher in rural Colorado

11 per 100,000 in rural (7.9 urban)

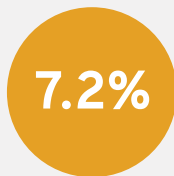
Protective factors to reduce risk of suicide among youth include

- ✓ Safe schools and strong adult connections
- ✓ Access to culturally competent, evidence-based care
- ✓ Reduced access to substances or devices used in/for suicide

Substance Use



of rural high school students reported having at least one drink in the past 30 days
(20.4% urban)



of rural adults report heavy drinking
(7.2% urban)



of rural adults report binge drinking
(17.6% urban)

TOBACCO USE IN RURAL COLORADO



12.5%

of rural adults reported currently smoking cigarettes (9.3% urban)



12.5%

of rural high school students reported using any tobacco product in the past 30 days (8.9% urban)



11.8%

of rural high school students reported using a vape product in the past 30 days (8.5% urban)



5.1%

of rural high school aged youth reported smoking cigarettes in the past 30 days (2.8% urban)



19.2%

of rural high school aged youth are exposed to tobacco products in their home



2.19 billion

in annual healthcare costs directly caused by smoking



24.3%

of all cancer deaths are attributable to smoking



26.4% of fatal

car crashes in rural Colorado involve a driver with a BAC of 0.08 or higher



7.7% of rural teens

reported driving after drinking alcohol in the past 30 days (5.4% urban)



18% of rural adults

reported using marijuana one or more times in the past 30 days (19.2% urban)



15.2% of rural youth

reported using marijuana one or more times in the past 30 days (12.3% urban)



12% of rural teens

reported using stimulants not prescribed to them (9.5% urban)

TOP 5 REASONS RURAL YOUTH REPORT USING SUBSTANCES



18%

to have a good time with friends



14%

to feel good



12%

to cope

12%

to experiment

8%

boredom

BENZODIAZEPINE PRESCRIPTIONS DISPENSED PER 100,000 POPULATION



The rural age adjusted rate of prescriptions in 2024

17,328 rural **17,579** urban

18% decrease in the rural rate since 2020

Benzodiazepine prescriptions filled



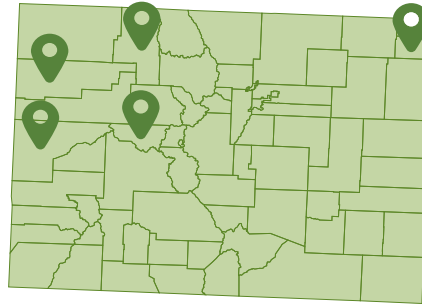
22,081
rural females



12,901
urban males

71% higher for rural females

Top 5 counties with the highest prescription rates (2024)



37,813 Pitkin
25,308 Rio Blanco
24,201 Mesa
23,564 Phillips
23,200 Routt

OPIOID PRESCRIPTIONS DISPENSED PER 100,000 POPULATION



The rural age adjusted rate of prescriptions in 2024

41,609 rural **41,037** urban

10% decrease in the rural rate since 2020

Opioid prescriptions filled



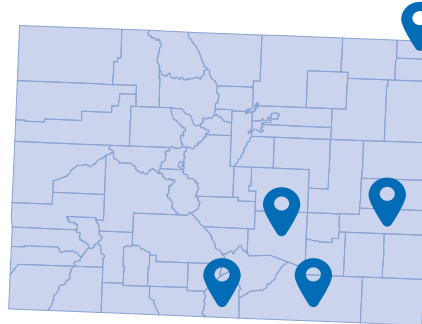
44,415
rural females



38,862
urban males

14.3% higher for rural females

Top 5 counties with the highest prescription rates (2024)



69,875 Pueblo
67,390 Kiowa
65,968 Las Animas
65,538 Costilla
64,149 Sedgwick

STIMULANT PRESCRIPTIONS DISPENSED PER 100,000 POPULATION



The rural age adjusted rate of prescriptions in 2024

19,982 rural **29,411** urban

53% increase in the rural rate since 2020

Stimulant prescriptions filled



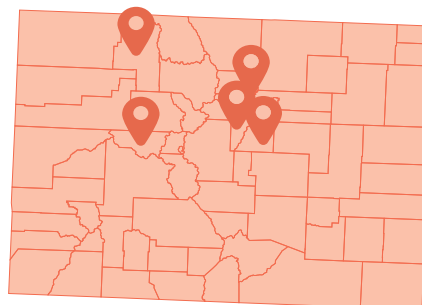
22,265
rural females



18,103
urban males

23% higher for rural females

Top 5 counties with the highest prescription rates (2024)



61,265 Pitkin
37,315 Broomfield
36,018 Douglas
34,828 Jefferson
34,546 Routt

Substance Use Disorder

In 2024, 1,603 drug overdose deaths occurred in Colorado. This represents a 14% decrease from 2023, but still represents a 50% increase from 2019. 10,453 emergency department visits in 2024 involved drug overdoses.

DRUG OVERDOSES PER 100,000 RESIDENTS FROM 2022-24

Age adjusted rate of drug overdose deaths

26.2

rural areas

29.3

urban areas



The greatest burden was among the American Indian/Alaska Native population in rural areas

32.8

American Indian/
Alaska Native

26.6

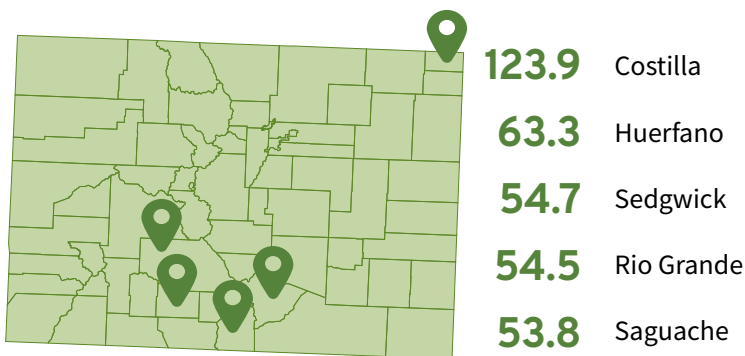
Non-Hispanic
White

28.7

Hispanic

Top 5 counties with the highest

age adjusted drug overdose death rates 2022-24



Rural males had 53.4% higher drug overdose death rate compared to females



31.3

Men



20.4

Women



Patients with 2+ overdose-related ED visits are

4X more likely
to be hospitalized later

DRUG-RELATED EMERGENCY DEPARTMENT VISITS PER 100,000 RESIDENTS

Rural Colorado sees a higher rate of ED visits for drug overdoses which stresses the emergency department and reduces capacity in already thin rural departments.



Age adjusted rate of emergency department visits for drug overdose

188.7

in urban areas

195.4

in rural areas



3.6% higher than
the urban rate



Counties with the highest drug overdose ED visit rates

455.3

Alamosa

436.1

Huerfano

354.9

Pueblo

348.6

Las Animas

341.4

Conejos

25%

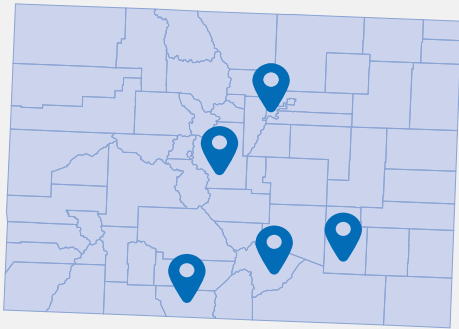
of rural overdose emergency department visits involved ages 15-24

Females in rural Colorado have higher rates (229) compared to males (164)

OPIOID DRUG OVERDOSES PER 100,000 RESIDENTS

Top 5 counties with the highest

age adjusted opioid overdose death rates from 2022-24



- 77.2** Huerfano
- 60.4** Conejos
- 34.8** Denver
- 32.6** Park
- 31.3** Otero

2024 age adjusted rate of opioid overdose death

14.5 in rural areas  **16.3** in urban areas

Rural males had a 68% higher opioid overdose rate than rural females

 **19.6** Males  **11.7** Females

The Rural Hispanic Population experienced the largest burden

20.1 Hispanic
17.1 Native Americans/Alaska Natives



From 2023-24, the average annual age adjusted **rate of emergency room visits for overdose involving opioids**

21.3 in rural areas **28.6** in urban areas

Conejos (88.6) had the highest rate

47.5%

of the 1,603 drug overdose deaths in 2024 involved synthetic opioids containing fentanyl

Age adjusted rate of overdose deaths mentioning fentanyl per 100,000 in 2024

10.9 rural areas **12.9** urban areas



A 20% decrease in rural areas from 2023, the first drop on record

METHAMPHETAMINE OVERDOSES PER 100,000 RESIDENTS

2024 age adjusted rate of meth overdose

11.9 rural areas **13.3** urban areas

Costilla (44.2), Huerfano (40.6) and Rio Grande (35.7) had the highest rates



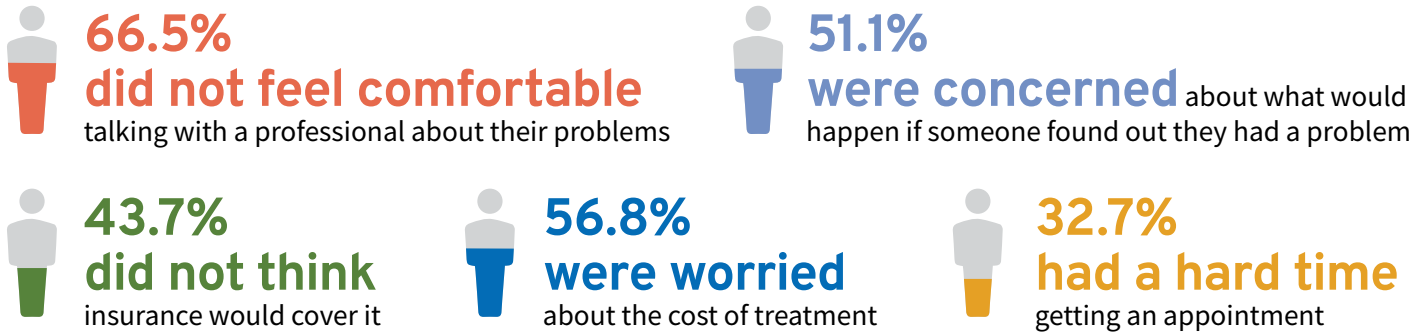
Males had a **41.5%** higher rate of meth overdose deaths

 **13.3** Males  **9.4** Females

Substance Use Disorder Treatment

Expansion of MAT (Medication-Assisted-Treatment) through the Colorado Consortium for Prescription Drug Abuse Prevention and University of Colorado Anschutz has provided medications for opioid use disorder and behavioral health services to 4,219 people in 25 rural and frontier counties as of 2023.

100,000 COLORADANS DIDN'T RECEIVE NEEDED SUBSTANCE USE TREATMENT IN 2023



RURAL BARRIERS TO CARE AMONG THOSE WHO DIDN'T GET TREATMENT

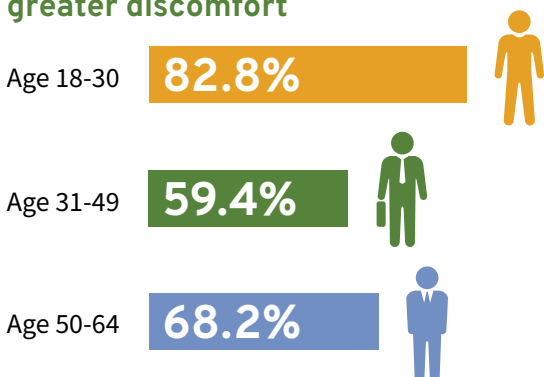
Stigma/concerns of someone finding out about needing care



Discomfort talking to healthcare providers



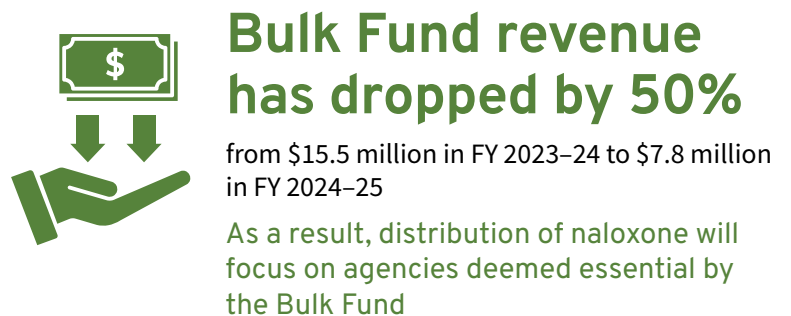
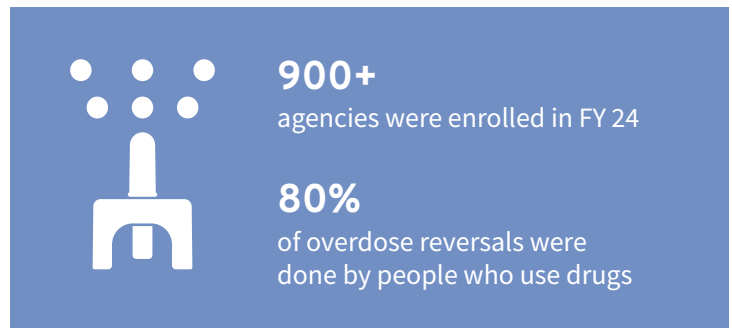
Younger Coloradans report greater discomfort



The Naloxone (Narcan) Bulk Fund has provided free naloxone to eligible entities in Colorado since 2019



In 2021, one third of eligible entities were in rural areas



MEDICATION ASSISTED TREATMENT (MAT)

Medication assisted treatment (MAT) for opioid use disorder includes methadone, buprenorphine, and naltrexone. Methadone is only available at specialized centers, while buprenorphine and naltrexone can be prescribed in primary care. Buprenorphine and methadone reduce cravings and withdrawal early in recovery, but naltrexone, which blocks opioid effects completely, is used only after detox.

High-Dose Opioid Prescriptions (>90 MME/day)

5.1% Rural **4.9%** Urban
 -17% rural, -20% urban since 2020

Long-Acting Opioids Prescribed to New Patients

16.6% Rural **12.1%** Urban
 -3.5% rural, -4% urban since 2020

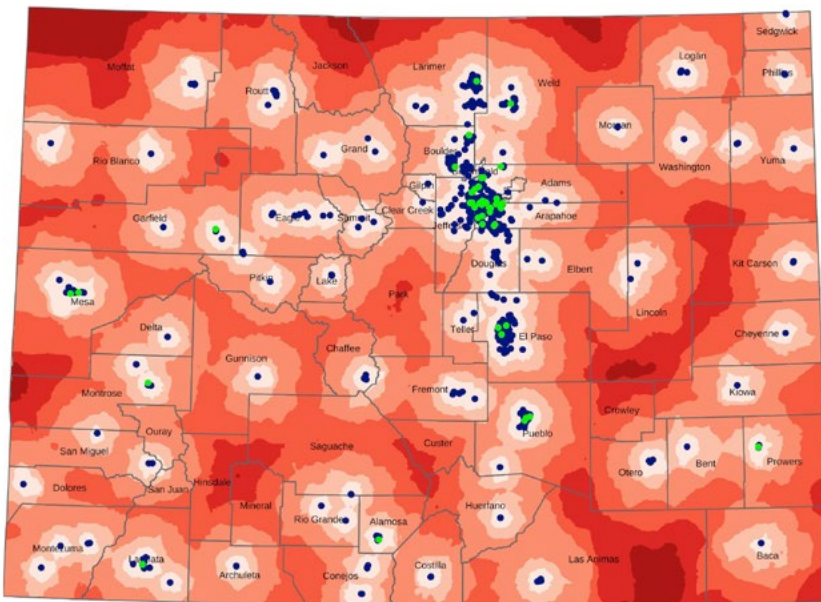
Overlap of Opioid Prescriptions (Days)

15% Rural **16.1%** Urban
 -8% rural, -10% urban since 2020

Overlap of Opioids and Benzodiazepines (Days)

6.1% Rural **5.8%** Urban
 -22% rural, -16% urban since 2020

DISTANCE TO OPIOID MEDICATION ASSISTED TREATMENT PROVIDER



5 SAMHSA certified

Opioid Treatment Programs in rural counties

Lamar, Durango, Alamosa, Montrose, Glenwood Springs

8 rural/frontier counties don't have MAT services within the county

Distance in miles (non-road)
 0-5 5-10 10-20 20-30 30-40 40+

MAT Service
 Certified Opioid Treatment Center

Opioid overdose deaths are 29% higher farther from MAT programs

18.9 per 100,000 rural residents who live 7+ miles away



14.7 per 100,000 rural residents who live within 7 miles

* Average distance to MAT in rural CO is 7 miles



31 rural/frontier counties (60%)


report over 60% of substance use disorder cases untreated with buprenorphine, compared to 1 urban county (8.3%)

Gun Violence

36.5% of adult Coloradans indicate they currently have at **least one firearm in their home**

28.3% of those with firearms in their homes **stored their firearms while loaded**

15.1% of those who kept loaded firearms in their home reported that those **firearms were stored unlocked and loaded**

 **1 in 20 adult Coloradans** have a loaded gun stored unlocked in their home

GUN ACCESS AMONG YOUTH IS HIGHER IN RURAL COLORADO

 **30% of high school**

students report having access in under one hour without adult permission (19.1% urban)

PARENTS AND CHILDREN OFTEN DISCONNECT ON FIREARM ACCESS



66% of parents

from a national survey who own firearms said their children could not get their hands on the guns

But 36.5% of kids

from those same families said they could access the firearms in under 5 minutes

Over 1 in 3 children have access to firearms despite parents believing otherwise

FIREARM DEATHS IN COLORADO FROM 2022 TO 2024

Average age adjusted death rate due to firearms per 100,000

15.6

in urban areas

20.9

in rural areas

34% higher than urban rate



Age adjusted homicide rate involving firearms per 100,000

3.2

in rural areas

4.6

in urban areas

Suicides deaths were the driving factor behind the increased firearm related death rate

87% of rural firearm deaths

71% of urban firearm deaths

Climate Change

Climate change is creating challenges for Colorado. Rising temperatures can lead to lower snowpacks, greater wildfire risks, and worsening drought conditions. These changes not only damage Colorado's economy, but impact the mental and physical health of rural and urban Coloradans alike.

CURRENT WATER LANDSCAPE

83%

of the water Coloradans drink, use, and recreate in comes from the snowpack and spring runoff



Summer 2025 precipitation

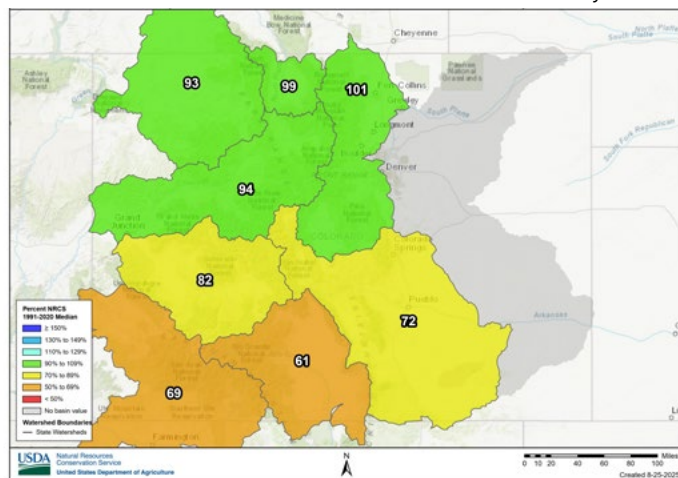
was below average in western Colorado, while the eastern plains saw average to above-average rainfall

88% of Colorado's median snowpack remained as of April 8, 2025, the state's typical peak snow water equivalent (SWE) date (1991-2020)



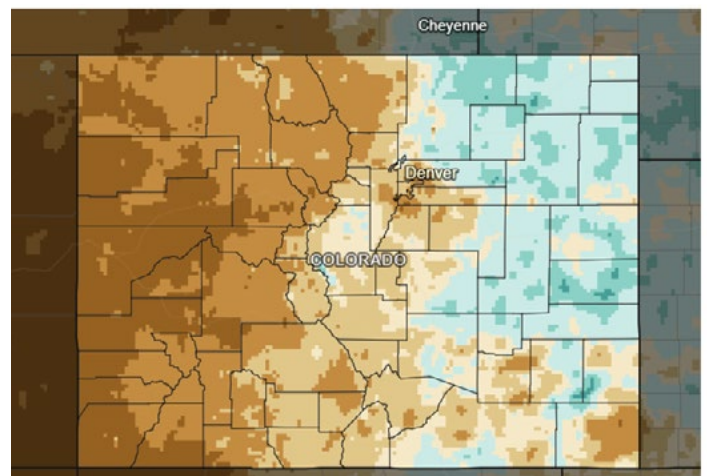
SWE APRIL 8, 2025 COMPARED TO NRCS 1991-2020 MEDIAN

Courtesy of USDA



60-DAY PERCENT OF NORMAL PRECIPITATION (6/23/2025 to 8/22/2025)

Courtesy of USDA



In 2025 Colorado experienced the 16th driest January to July on record since 1895



Colorado may face mandatory water cuts soon due to ongoing policy disagreements between upper and lower basin states

policy disagreements between upper and lower basin states



This risk could become real in just 1 or 2 more "bad" water years



Colorado's headwaters supply 19 states and Mexico

75% of streamflow sites for the Upper Colorado River Basin are below normal as of August 2025

30% capacity at Lake Powell

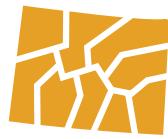
31% capacity at Lake Mead

DROUGHT AND TEMPERATURE

Low winter snowpack and below average summer precipitation have worsened drought conditions across Colorado's western slope.

69.6%

of the state is abnormally dry or in drought conditions (August 2025)

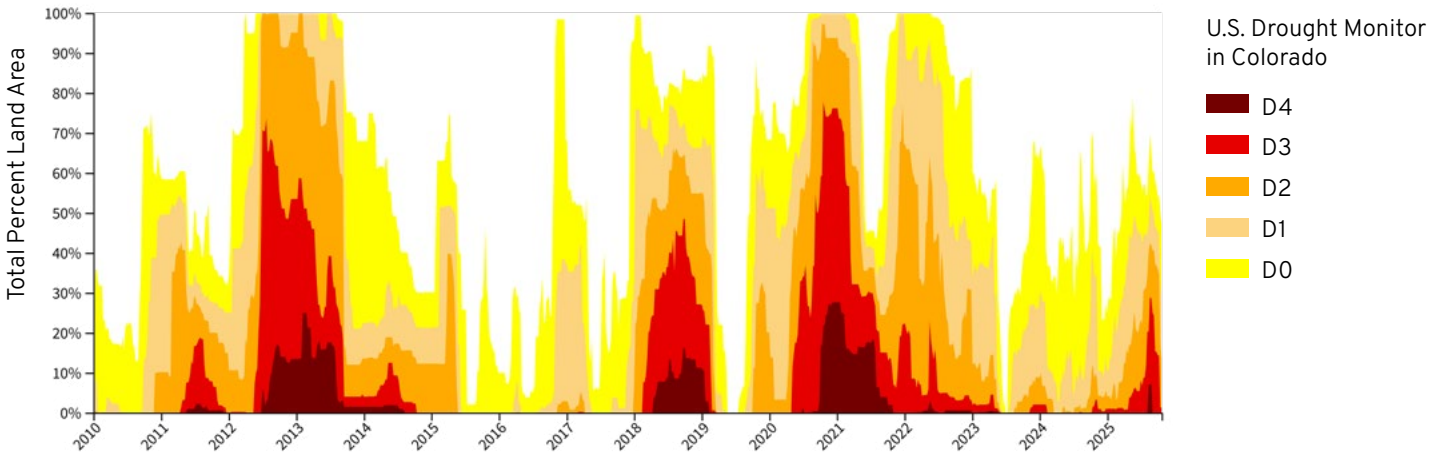


54.2%

of the state is in drought conditions



Colorado only saw zero drought after historic snowfalls in 2019 and 2023



Over the past 40 years, Colorado's snowpack has generally declined

The decline is strongest in the southern mountains

↓ **3-5%**

decrease in peak SWE per decade

2-4 weeks

earlier shift in peak SWE timing

Large snowpacks still happen but are less frequent

5 of the last 10 years

(2015, 2018, 2021, 2022, 2025) had below-median peak SWE

Extreme heat episodes disproportionately impact the well-being of young people, older adults, and those with certain medical conditions such as asthma and heart disease.



7 of the top 10 hottest years

on record in Colorado have occurred since 2010

Heat-related medical visits in Colorado have increased by 80%

per 10,000 people

9 in 2024
↑
5 in 2020



By 2050, Colorado statewide annual temps are projected to warm by +2.5°F to +5.5°F compared to the 1971-2000 baseline

The average year in 2050 will be the warmest years on record through 2024



52% rise in extreme heat days (over 90°F)

has occurred in Colorado since 1990

ENVIRONMENTAL CLIMATE CHANGE IMPACTS



Annual Streamflow and Snowpack

Decreases in most projections



Peak Runoff Timing
Earlier



Crop Water Demand
Increases



Wildfires
More and larger



Drought
More frequent/Intense



Summer Soil Moisture
Lower



The 4 largest Colorado wildfires have occurred since 2020



400% increase is estimated in the occurrence of very large wildfires (>50,000 acres) under a warming prediction of 2.5°F - 5°F



It's estimated that 1°F of warming **reduces streamflow by 3% to 5% in Colorado River Basins**



Warming is projected to shift seasonal peak runoff **1-4 weeks earlier by 2050**

WATER USE AND AGRICULTURE



90% of water used is for agriculture

7% Municipal
3% Industrial



Over 500,000-acre feet of water is diverted

annually through 27 tunnels and ditches from west to east



32% of Colorado's irrigated farmland has been lost since 1997

90%

in Crowley

60.2%

in Pueblo

37.6%

in Bent

35.2%

in Otero



Ranchers and farmers fuel Colorado's \$47 billion agriculture economy



+400,000 to +500,000 acre loss of irrigated

farmland is projected due to urbanization, water transfers and ground water loss by 2050



Water-based recreation contributes ~\$19 billion to the economy



85% Ground water is used for agriculture
60% Pulled from non-renewable aquifers