

# 2013

## RURAL HEALTH IN COLORADO SNAPSHOT



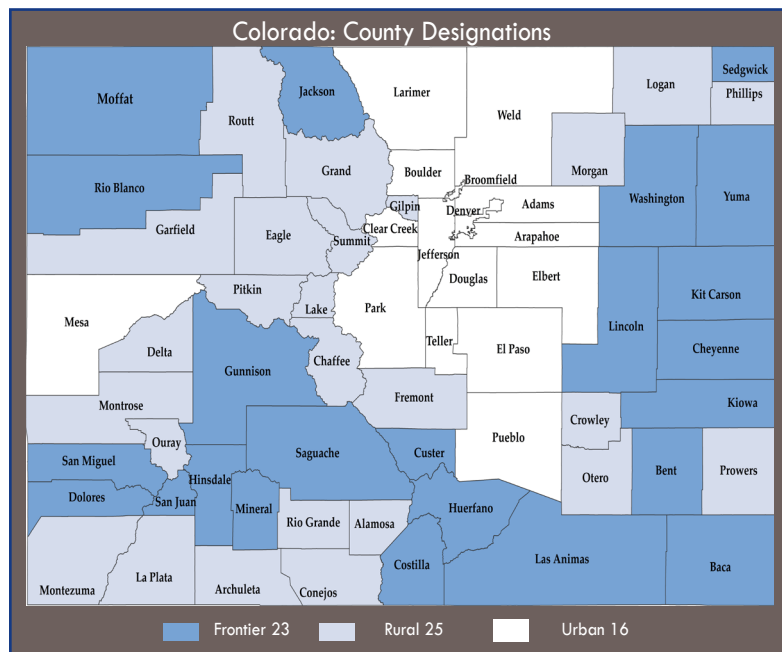
**COLORADO**  
**RURAL HEALTH**  
**CENTER**

*The State Office of Rural Health*

This snapshot highlights key health issues facing Colorado’s rural and frontier counties, including access and coverage, health professional workforce shortages, technology, unemployment and poverty, and other issues impacting geographic health disparities. Addressing and solving these issues is critical for rural communities as Colorado implements the Affordable Care Act, and policies are considered to improve rural healthcare.

## COLORADO IS A RURAL STATE

Of Colorado's 64 counties, 48 are classified as rural or frontier. There is no single, standard definition of rural. CRHC assumes the definition published by the Office of Management and Budget using statistics from the US Census Bureau. Rural counties can be further categorized as frontier. Most commonly, counties with a population density lesser than or equal to six persons per square mile are considered frontier.



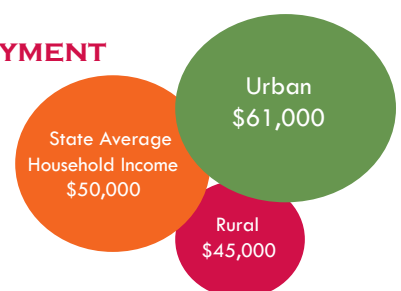
- More than 75 percent of Colorado's land mass is in rural and frontier counties, but 85 percent of the population lives in urban counties.
- The average rural county covers nearly 1,670 square miles, which is larger than the state of Rhode Island.
- Rural counties have an average population density of 11 people per square mile.
- Of Colorado's rural counties, Summit County has the highest density at 45 people per square mile, and Hinsdale, Kiowa, Mineral and Jackson counties each have less than one person per square mile.
- Colorado's urban counties average a population density of 543 people per square mile, and Denver County has approximately 3,872 people per square mile.

## RURAL COLORADANS HAVE LOWER INCOMES AND HIGHER RATES OF POVERTY

- The average household income in Colorado is just under \$50,000. The average income per household in rural counties is \$45,000, as compared to approximately \$61,000 in urban counties.
- Approximately 15 percent of Colorado children under 18 live in poverty. In rural counties, over 16 percent of children live in poverty, as compared to nearly 12 percent in urban counties. The five counties with the highest percentage of children living in poverty are rural or frontier counties (ranging from 24 percent in Otero County to 48 percent in Crowley County).
- Just over 13 percent of adults in Colorado live in poverty. The average poverty rate for rural counties is more than 16 percent, as compared to less than 12 percent in urban counties. The county with the lowest rate of poverty is Douglas County (urban) at four percent, and the county with the highest rate of adults living in poverty is 48 percent in Crowley County (rural).

## RURAL COLORADANS EXPERIENCE HIGH RATES OF UNEMPLOYMENT

- Of Colorado's 64 counties, 26 have unemployment rates over the state average of 8.3 percent. Nearly 75 percent of those 26 counties are rural, and the five counties with the highest rates of unemployment in the state are rural.



## RURAL COLORADANS HAVE HIGH RATES OF UNINSURANCE

- Just over 20 percent of Colorado adults are uninsured. Of the ten counties in Colorado with the highest rates of uninsured adults, nine of those counties are rural. The average rate of uninsured adults among Colorado's rural counties is nearly 23 percent, compared to 18 percent for the average rate of uninsured adults among Colorado's urban counties.
- Just over 10 percent of Colorado children are uninsured. The average rate of uninsured children among Colorado's rural counties is nearly 16 percent, compared to just over nine percent for the average rate of uninsured children among Colorado's urban counties.

## RURAL COLORADANS FACE CHALLENGES OBTAINING AND AFFORDING COMMERCIAL COVERAGE

- The rural economy is largely based on self-employment and small businesses. As compared with urban residents, rural residents are less likely to work in large establishments (those with 100 or more employees) and more likely to work in establishments with 10 or fewer employees.
- Between 2001 and 2011, the number of small businesses offering health insurance in Colorado declined by nearly nine percent. Small businesses often pay more for employee health benefits because they don't have the buying power of big employers.
- Carriers can adjust small group health plans by geography and age, and carriers can underwrite individual health insurance plans based on zip codes, as well as on health status.

## THERE IS A LIMITED AVAILABILITY OF HEALTH INSURANCE PLANS

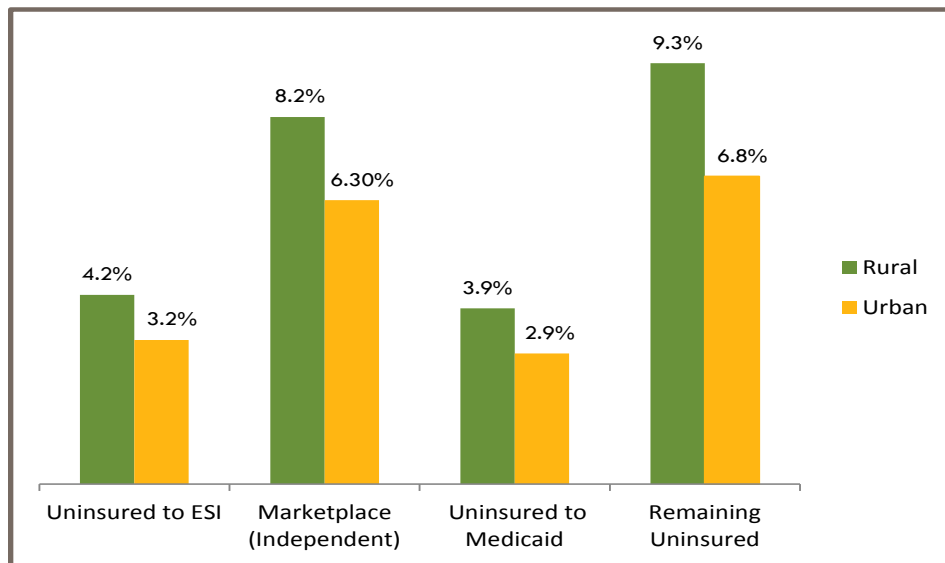
- Ten carriers covered 99.8% of all covered lives in 2011.
- The number of small group health plans in Colorado decreased by seven percent between 2010 and 2011.

## IMPACT OF THE AFFORDABLE CARE ACT

- In October of 2013, Coloradans will be able to purchase insurance in the independent and small group markets through the marketplace, Connect for Health Colorado. Many of these Coloradans will be eligible for premium subsidies to offset the cost of coverage.
- In 2014, eligibility for the Medicaid program will significantly expand in Colorado.
- In 2014, some Coloradans who were previously uninsured will begin getting coverage through their employer.

Therefore, with nearly full implementation of the Affordable Care Act in 2016, there will be a significant shift in coverage status and sources in the state. Approximately 320,000 Coloradans who were previously uninsured will gain coverage through their employer, approximately 632,000 will purchase insurance products offered through the marketplace, and nearly 293,000 Coloradans who were previously uninsured will gain coverage through the expansion of the Medicaid program. Despite these changes, as many as 720,000 Coloradans are expected to remain uninsured.

Given the high rates of uninsurance in rural counties and the current difficulty rural Coloradans face obtaining affordable coverage, this shift in coverage status and sources will be more significant in rural counties than urban. The graphic below depicts the difference in those coverage categories between rural counties and urban.



## RURAL HEALTH FACILITIES FACE BARRIERS IMPLEMENTING INFORMATION TECHNOLOGY

Many of Colorado's rural providers already use electronic health records (EHR) and health information technology (HIT). However, barriers in implementing HIT include: substandard internet access and connectivity, staffing shortages that impact clinic availability for training and implementation, insufficient internal HIT personnel to effectively implement and sustain HIT, and resource limitations when purchasing systems. Providers treating Medicare patients have to meet criteria for what health officials call "meaningful use," demonstrating that they are using certified EHR technology to improve quality and safety, engage patients and family, improve care coordination and maintain privacy and security of patient health information.

- Nearly all federally certified Rural Health Clinics (RHCs) in Colorado are using EHR or have begun planning to purchase and implement HIT.
- Nearly all of Colorado's Critical Access Hospitals (CAHs) and RHCs are on schedule to implement EHR by 2016 to meet federal meaningful use standards and requirements.

## RURAL COMMUNITIES FACE HEALTHCARE WORKFORCE CHALLENGES

Colorado's rural healthcare workforce includes not only physicians and dentists, but also nurse practitioners, physician assistants, dental hygienists, social workers, and other allied health providers. Most rural communities experience provider shortages, and the current workforce is also nearing retirement.

- Colorado is experiencing an increasingly mature workforce approaching retirement in the coming decade. Nearly 34 percent of rural physicians are 55 years and older. Of rural dentists, 41 percent are 55 years and older. Of Advanced Practice Nurses, 44 percent are 55 years and older.
- Health Professional Shortage Areas and Medically Underserved Areas are two key designations that identify areas of the country with healthcare needs, either with the number of healthcare providers available or the health status and needs of a population. Nearly all Colorado counties are either totally or partially designated as a shortage or underserved area.
- On average, recruiting a physician to a rural community takes at least one year, and recruitment for a nurse practitioner or physician assistant is three to six months.

## RURAL COLORADANS ARE AGING

- Nearly 12 percent of Coloradans are 65 years or older. On average, 17 percent of Coloradans living in rural counties are 65 years or older, compared to less than 12 percent in urban counties.
- The median age for Coloradans is 36, while in rural counties the median age is 40. The highest median age in an urban county is 40 (Jefferson County). Many rural counties are above that average, with Huerfano County at 52 and Mineral County at 53.

## OTHER FACTORS IMPACT HEALTH EQUITY IN RURAL COLORADO

### *Mental Health*

Nearly 1.5 million Coloradans are in need of treatment for mental or substance use disorder care.

- There is a critical shortage of mental health providers for rural areas; 82 percent of practicing psychiatrists, 86 percent of child psychiatrists and nearly all psychiatrists specializing in substance use disorder treatment practice in Denver or Colorado Springs.
- In 2010, suicide was the seventh leading cause of death for Coloradans. Analysis of county level data suggests that rural areas experience certain unique risk factors. For instance, the percentage of older adults who die by suicide is higher in rural areas compared to urban. However, urban residents are more likely to have been identified as having depression or attempting suicide in the past than rural residents.

### *Chronic Disease*

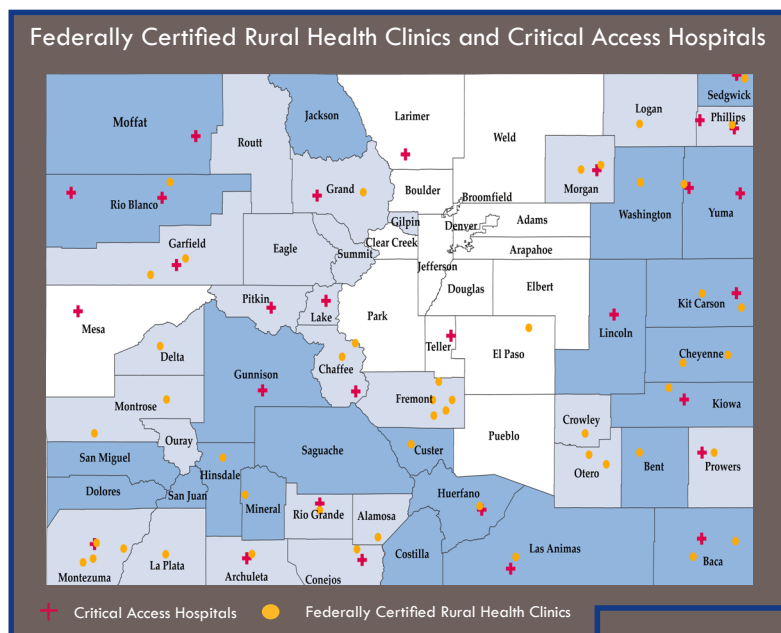
- Cardiovascular disease is the leading cause of death in Colorado. On average one Coloradan dies every hour due to cardiovascular disease. Twenty seven of Colorado's 64 counties had rates above the state average for major cardiovascular deaths. Of those 27 counties, 20 were rural or frontier counties.

### *Transportation*

- Rural residents have greater transportation difficulties reaching healthcare providers, often traveling great distances to reach a doctor or hospital. According to a previous study, rural cancer patients reported having to travel six to 10 times farther for chemotherapy and two to four times farther for radiation therapy than those who live in urban areas.

## MANY TYPES OF FACILITIES MAKE UP THE RURAL HEALTH SAFETY NET

The facilities that make up the rural health safety net are essential to the health and well-being of rural communities. The backbone of Colorado's rural health infrastructure includes small hospitals (including Critical Access Hospitals), federally certified Rural Health Clinics (RHCs), Federally Qualified Health Centers, community safety net clinics, local public health departments, mental health centers, long-term care facilities, dental offices, and private rural practices.

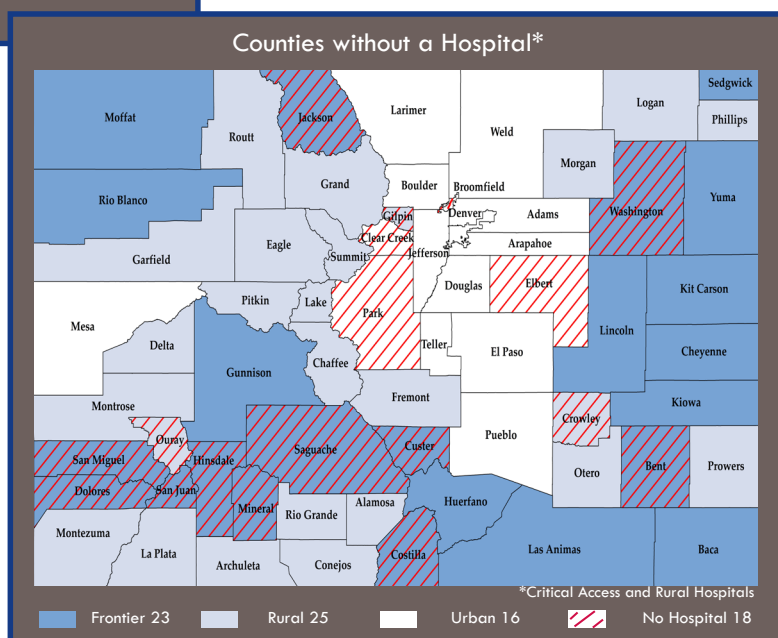


### Rural Health Clinics

Federally certified Rural Health Clinics (RHCs) are located in non-urban healthcare professional shortage areas. The 52 RHCs across Colorado provide outpatient primary care services using a collaborative healthcare delivery model. RHCs must be staffed by at least one nurse practitioner, physician assistant or certified nurse midwife, who must be on-site to see patients at least 50 percent of the time the clinic is open. RHCs depend on sound businesses practices, Medicare, Medicaid, private insurance and minimal grant funding to keep their doors open.

### Critical Access Hospitals

Hospitals have different ways to get paid depending on their location and the population and volume they serve. Several different types of hospitals are found in rural areas, but likely the most vulnerable type is a Critical Access Hospital (CAH). Congress created the CAH Program in 1997 to support these fragile rural hospitals. To qualify for CAH status and receive Medicare cost-based reimbursement, a facility must be a rural hospital with no more than 25 beds. The 29 CAHs across Colorado provide local integrated health delivery systems, including acute, primary, emergency and long-term care.



References for this Snapshot were primarily collected from the **Colorado Health Institute**, **County Health Rankings** and the **CO Department of Public Health and Environment**. Click [here](#) to see the document with a full list of references and endnotes.

CRHC supports rural providers and communities through the following programs: Critical Access Hospitals, Rural Health Clinics, Health Information Technology, Emergency Preparedness and Training, Workforce, and Policy and Advocacy.

### COLORADO RURAL HEALTH CENTER

#### The State Office of Rural Health

3033 S. Parker Rd., Ste. 606

Aurora, CO 80014

T: 303.832.7493 F: 303.832.7496

info@coruralhealth.org [www.coruralhealth.org](http://www.coruralhealth.org)

#### Mission

To enhance healthcare services by providing information, education, linkages, tools, and energy toward addressing rural healthcare issues.

#### Vision

For all Coloradans to have access to comprehensive, affordable healthcare services of the highest quality.