Snapshot of Rural Health in Colorado

2015 Edition

The Colorado Rural Health Center (CRHC) is Colorado's nonprofit State Office of Rural Health. CRHC works with federal, state and local partners to offer services and resources to rural healthcare providers, facilities and communities. CRHC has maintained its mission to enhance healthcare services in Colorado by providing information, education, linkages, tools and energy toward addressing rural healthcare issues since 1991.

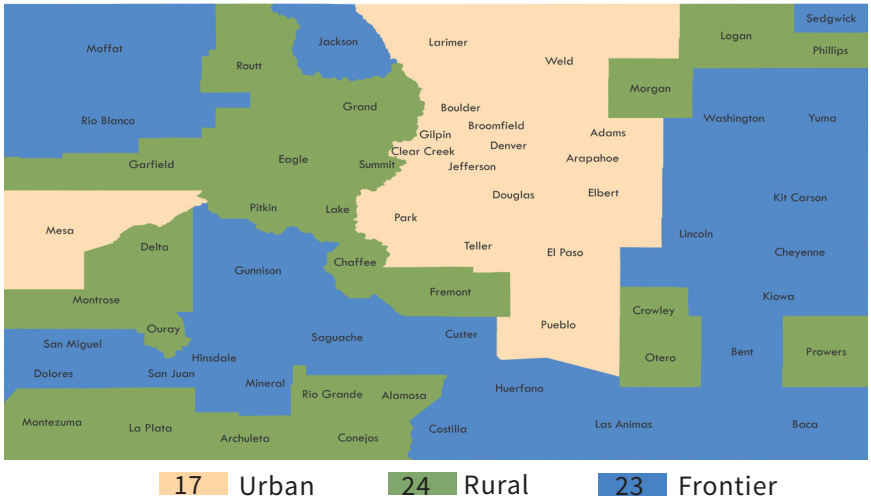
The Snapshot of Rural Health is prepared as a resource to highlight and advance interest in rural health issues in Colorado.

Demographics of Rural Colorado

Rural State

- 73% of Colorado's 64 counties are rural; 17 are urban, 24 are rural and 23 are frontier.
- 77% of Colorado's landmass is rural, while only 13% of the population, or 697,748 people, reside in rural counties.
- The average rural county covers nearly 1,700 square miles. Las Animas is the largest county with nearly 4,775 square miles, is almost the same size as the entire state of Connecticut!

5 rural counties have less than 1 person per square mile



Urban counties are those counties that meet the Office of Management and Budget criteria for metropolitan counties. Frontier is a subset of rural; they are counties with a population density of six or fewer people per square mile.

Population

- 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%
- Meanwhile, rural total population is projected to grow by 7.47% by 2018, compared to almost 10% projected growth in urban areas.
- Rural Colorado communities are diverse, with a total minority population of 23% compared to 21% in urban Colorado.

Income and Poverty

- Almost 10% of rural families are living below the 2014 Federal Poverty Line, which is $23,850 for a family of four.
- Average household income is $45,000 and more than 50% is spent on housing for 20% of rural Colorado
- 23.3% of rural kids in Colorado live in poverty and 36.4% of rural school children are eligible for free or reduced lunch.
- 24% of families in rural Colorado are single family households.

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Rural Health Facilities

The facilities that make up the rural health safety net are essential to the health and well-being of rural communities. Critical access hospitals, federally certified rural health clinics, federally qualified health centers, community safety net clinics, public health departments, mental health centers, rural hospitals, long-term care centers, and medical and dental practices are the backbone of the rural health infrastructure.

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.

13 counties in Colorado do not have a hospital, and 2 counties do not have a hospital, a rural health clinic or a federally qualified health center.

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.

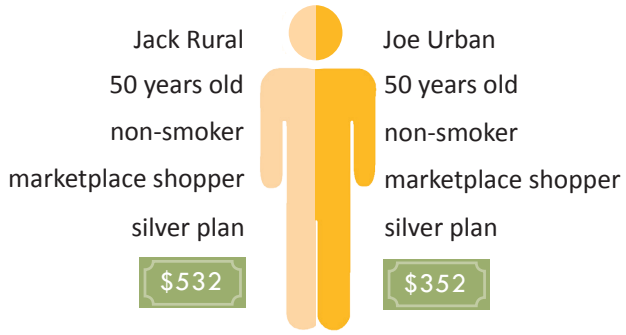
Coverage and Access

- Rural populations have historically faced higher premiums and less competition compared with urban populations, primarily due to lack of economies of scale and lack of competition among providers.

$ out-of-pocket expenses are almost 8 times greater for the underinsured than those of the adequately insured.

- Even post-ACA implementation, rural Coloradans do not have as many choices as urban residents in terms of premiums, issuers, plans and plan types.
- Rural Coloradans have a high rate of uninsurance (20.9%) compared to their urban counterparts (14.4%)

The Cost of Health Coverage per Month...



...the difference is $180 in groceries.

Disparities

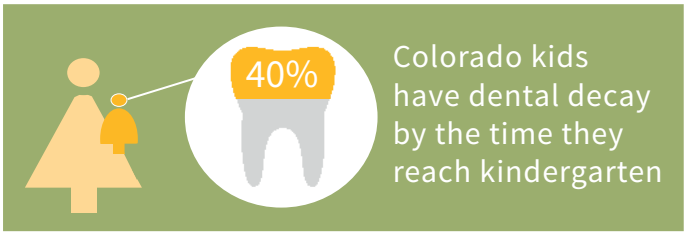
Behavioral and Mental Health

The mental health crisis responder for most rural Americans is a law enforcement officer

- 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

- The oral health landscape in Colorado is changing. 2014 was the first year an oral health benefit was available for adults with Medicaid coverage
- 10 counties in Colorado do not have a dental provider



- The rate of tooth loss due to decay for rural adults is 46.6% versus 35.4% for urban adults
- Dental disease is the leading chronic disease of children
- Only 10% of Colorado kids have visited a dentist by their first birthday as recommended by the American Dental Association

Education

- Coloradans with higher levels of education attainment have lower rates of obesity, physical inactivity and smoking
- Rural kids engage in reading at a young age less than their urban peers, with 8.6% families not reading with their children in rural compared to 9.4% in urban.
- 7% of rural Coloradans over the age of 25 have no high school diploma
- 17.6% of rural Coloradans over age 25 have a Bachelor's Degree compared to 22% in urban.

Teen Pregnancy

- The rate of births to teens between the ages of 15 and 19 is 1.6 times higher in rural than urban Colorado.
- Rural Baca County has the highest teen birth rate in the state; 71% of babies born in 2014 were to mothers under the age of 20.

Food Security

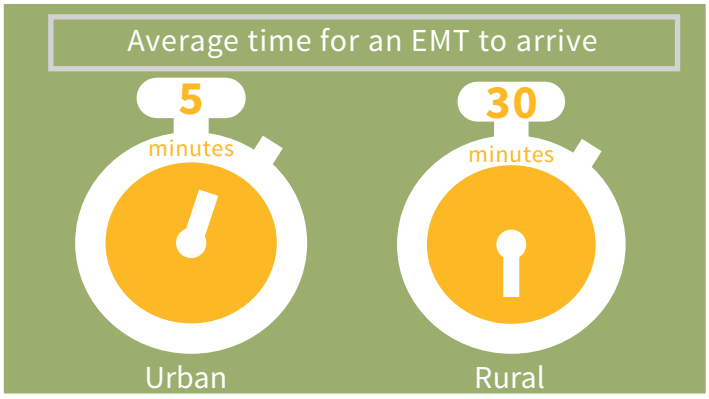
- Rural communities face many geographic, economic and cultural barriers to accessing healthy foods.
- Nationally, one in nine of rural households contain a Supplemental Nutrition Assistance Program (SNAP) recipient that is either 60 years or older or a child under 18.

46% of single mothers in rural Colorado are enrolled in the Woman Infant and Children (WIC)Program

- Rural Coloradans have almost 60% less access to reliable, healthy and affordable food than urban residents.

Vehicles, Transportation and Safety

- Transportation is important to healthcare access and the security of basic needs.
- 14% of rural adults have low incomes and lack transportation compared to the state average of 8%.
- Rural Colorado Medicaid and Medicare enrollees both cite transportation and proximity to care as highly significant barriers to access to care.
- Motor vehicle deaths are more than 2 times higher in rural than in urban Colorado. (24.6 people per 100,000 versus 10.4 in urban)



Workforce

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.

Nearly all counties in Colorado are either totally or partially designated as a shortage or underserved area.

- 12 counties do not have a licensed psychologist or a licensed social worker.
- 6 counties in Colorado do not have a licensed dentist or dental hygienist
- 1 county does not have a licensed physician
- 1 county does not have an advanced practicing nurse or a physician assistant.

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

- The rural economy is largely based on self-employment and small business; Compared to urban residents, rural employees are more likely to work in establishments with 10 or fewer employees.

Recruiting Rural Providers

- Recruitment for an advanced practice nurse or physician assistant is six months.

The need will continue to be significant, as less than 40% of rural primary care providers remain in the same rural community

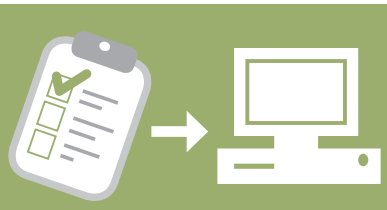
- 82 additional rural primary care preceptors are needed annually to train new Colorado medical school graduates.

How long does it take to recruit a physician for rural Colorado?

On average, it takes 1 to 3 years.

Health Information Technology

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

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