

2020 Snapshot of Rural Health: Sources & Citations

Page	Section	Heading	Fact	Citation
0	Table of Contents	Definitions	Definition provided for Critical Access Hospitals (CAHs).	Rural Health Information Hub. (n.d.). Retrieved February 28, 2018. Last Reviewed February 27, 2018 by Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS). Link to Rural Health Information Hub.
0	Table of Contents	Definitions	Definition provided for Federally Certified Rural Health Clinics (RHCs).	1."Rural Health Clinics Act of 1977 - P.L. 95-210" (PDF). 91 Stat. 1485. (n.d.). Retrieved February 28, 2018. U.S. Government Printing Office. December 13, 1977. 2. Nickerson,G. , Rural Health Clinic CG Chair, (2014, April). National Rural Health Association Policy Brief: Rural Health Clinics. Retrieved February 28, 2018, from. National Rural Health Association (NRHA). Link to Association Policy Brief: Rural Health Clinic.
1	Demographics	People	People of color comprise about 26% of the population in rural communities and 31% in urban areas.	Colorado Health Equity Report: Vital Signs Report (Rep.). (n.d.). "The Changing Face of Colorado" Colorado Center on Law & Policy. Retrieved December 11, 2018. Link the Colorado Health Equity Report: Vital Signs Report.
1	Demographics	People	Race & Origin of Coloradans: 67.9% White (Not Hispanic or Latino) 21.7% Hispanic or Latino 4.6% Black or African American 3.5% Asian 3.1% Two or More Races 1.6% American Indian & Alaska Native 0.2% Native Hawaiian & Other Pacific Islander	U.S. Census Bureau QuickFacts: Colorado. (n.d.). July 2018 (V2018). Retrieved December 11, 2019. Link to U.S. Census Bureau Quick Facts: Colorado
1	Demographics	People	An estimated 389,476 veterans currently live in Colorado (6.67% of the population).	[Veteran Population by County - Population Projections 2020]. (2017). Published raw data. US Department of Veteran Affairs. Retrieved June 3, 2019 from website "Population Tables">"Demographics">"Counties" Link to Veteran Population Projections - US Department of Veteran Affairs.
1	Demographics	People	Approximately 11.1% of all Colorado veterans live in rural, while 88.9% live in urban areas of Colorado.	[Veteran Population by County - Population Projections 2020]. (2017). Published raw data. US Department of Veteran Affairs. Retrieved June 3, 2019 from website "Population Tables">"Demographics">"Counties" (Table 9L: VetPop2016 County-Level Veteran Population by STATE, AGE GROUP, GENDER, 2015-2045). For total population estimates for 2020, projected/forecasted populations were used from the Colorado Department of Local Affairs. Link to Veteran Population Projections - US Department of Veteran Affairs.
1	Demographics	People	Approximately 6.01% of the rural population in Colorado are veterans compared to 6.77% in urban Colorado (2020).	[Veteran Population by County - Population Projections 2020]. (2017). Published raw data. US Department of Veteran Affairs. Retrieved June 3, 2019 from website "Population Tables">"Demographics">"Counties" (Table 9L: VetPop2016 County-Level Veteran Population by STATE, AGE GROUP, GENDER, 2015-2045). For total population estimates for 2020, projected/forecasted populations were used from the Colorado Department of Local Affairs. Link to Veteran Population Projections - US Department of Veteran Affairs.
1	Demographics	People	721,500 Coloradans live in a rural or frontier county. 19% of the rural population is 65+, while only 14% of the urban population is 65+.	Colorado State Demography Office, & Department of Local Affairs. (n.d.). Population by Single Year of Age - County (Forecasted). Retrieved June 3, 2019. Link to the Colorado State Demography Office.
1	Demographics	People	The state's 10 oldest counties represent rural areas and have a median age of at least 50.	Simpson, K. (2017). Colorado Divide: Seismic shifts create rural-urban chasm in the culture, economy, and politics of the state. The Denver Post, 1-12. Published: July 21, 2017 Updated: January 24, 2018. Link to Denver Post Article.
1	Demographics	People	The median projected age in rural Colorado in 2021 is 43, versus 40 in urban counties.	Colorado State Demography Office, & Department of Local Affairs. (n.d.). Age and Gender Population Data. Retrieved June 3, 2019. Link to Colorado State Demography Office & Local Affairs.

1	Demographics	People	77% of Colorado's landmass is considered rural or frontier (SqMi) 73% of Colorado is considered rural or frontier when considering the counties (47/64).	National Association of Counties (NACO). (n.d.). Colorado: 64 Counties in Colorado. Retrieved June 19, 2018. Please Note: NACO information for Colorado Counties accessed through "Wikipedia - The Free Encyclopedia". Calculation SqMi Rural-Frontier/Total SqMi. Link to the National Association of Counties (NACO).
1	Demographics	People	47 of Colorado's 64 counties are rural or frontier (24 rural, 23 frontier).	Colorado: County Designations, 2018 [Map]. Colorado: County Designations, 2018 (p. 1). CO: State Office of Rural Health (SORH). Colorado Rural Health Center. Retrieved June 3, 2019. Link to County Designations Map.
1	Demographics	People	Rural Las Animas County is roughly the size of Conneticut, yet has only 1 hospital	1. National Association of Counties (NACO). (n.d.). Colorado: 64 Counties in Colorado. Retrieved June 19, 2018. Search of Las Animas and Search of Connecticut. 2. "Facility directory by city and county". Colorado Department of Public Health and Environment. Retrieved June 19, 2018. Link to Colorado Department of Public Health & Environment: Facility Directory.
1	Demographics	People	"Rural" - A non-metropolitan county containing no cities over 50,000 residents.	Department of Health and Human Services: Federal Office of Rural Health Policy. (2017, January). Defining Rural Population. Retrieved September 19, 2017. Link to Department of Health and Human Services: Defining Rural Populations.
1	Demographics	People	"Frontier" - A county that has a population density of 6 or fewer residents per square mile.	Rural Health Information Hub. (n.d.). Retrieved December 11, 2019. "Health and Healthcare in Frontier Areas". Last Reviewed June 7, 2018 by Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS). Link to Rural Health Information Hub.
2	Demographics	Education	50% of rural children enrolled in public schools are eligible for free or reduced lunch compared to 37% of urban children.	Robert Wood Johnson Foundation & University of Wisconsin Population Health Institute. (2019, April). Colorado County Data: Children eligible for free or reduced price lunch. Retrieved June 4, 2019. Link to County Health Rankings.
2	Demographics	Education	60% of rural Coloradans attend some kind of post-secondary education, compared to 74% of urban Coloradans.	Robert Wood Johnson Foundation & University of Wisconsin Population Health Institute. County Health Rankings (2019, April). Colorado County Data: Some College. Retrieved June 4, 2019. Link to County Health Rankings.
2	Demographics	Education	10% of adult Coloradans lack the most basic literacy skills.	STAND for Children Colorado. The State of Literacy in Colorado. 2017 Report. Retrieved June 19, 2018. Link to STAND for Children Colorado Report.
2	Demographics	Education	By 2020, it is estimated that 64% of all jobs, nationally, will require post-secondary education. In Colorado, however, 74% of all jobs statewide will require some level of post-secondary education or training by the year 2020, well exceeding the national average.	Colorado Talent Pipeline Report.Colorado Workforce Development Council. Retrieved June 4, 2019. Link to Colorado Talent Pipeline Report.
2	Demographics	Education	Last year, teachers in districts ranked in the top 9% in salary made 84% more than those employed in districts ranked in the bottom 9%. All the school districts in that bottom 9 percent last year were in rural areas and the average salary \$39,592, which was, on average, 21% below the annual cost of living in those districts.	Osher, C. "Teachers living in campers: How rural Colorado districts are coping with growing teacher shortage". The Colorado Sun. Published March 7, 2019. Retrieved December 11, 2019. Link to the Colorado Sun Article.
2	Demographics	Education	The high school graduation rate in rural Colorado is 85%, compared to the overall state average of 79%.	Robert Wood Johnson Foundation & University of Wisconsin Population Health Institute. County Health Rankings (2019, April). Colorado County Data: High school graduation. Retrieved June 4, 2019. Link to County Health Rankings.
2	Demographics	Education	Nearly 40% of prime working age people in rural counties have a high school education or less, compared to 31% in urban areas.	Colorado Health Equity Report: Vital Signs Report (Rep.). (n.d.). Colorado Center on Law & Policy. Retrieved September 18, 2018. Link to Colorado Health Equity Report.
2	Demographics	Education	Colorado ranks 38th out of all states for per pupil spending (\$9,575). The top ranked state is New York (\$22,366) spending over 2 times more.	Education Spending Per Student by State: Fiscal Year 2016 Public Elementary-Secondary School Per Pupil Spending By Function. U.S. Census Bureau 2016 Annual Survey of School System Finances. Retrieved 7/1/2019 from Governing.com. Link to Spending Per Student By State Article.
2	Demographics	Education	Nationally, the most recent data indicates \$11,762 is spent on public education per student, however significant variation exists across states. Some factors that influence state education spending totals include cost of living, class sizes and student demographics.	Education Spending Per Student by State: Fiscal Year 2016 Public Elementary-Secondary School Per Pupil Spending By Function. U.S. Census Bureau 2016 Annual Survey of School System Finances. Retrieved 7/1/2019 from Governing.com. Link to Spending Per Student By State Article.
2	Demographics	Education	HB19-1262 funds universal full-day kindergarten in Colorado in 178 school districts, extending the option for full-day kindergarten to every family in Colorado. It also adds 5,100 pre-k slots in school districts.	"Full-Day, Free Kindergarten Officially Becomes Law In Colorado". Denver CBS4. Published May 21, 2019, retrieved July 1, 2019. Link to "Full-Day, Free Kindergarten Officially Becomes Law In Colorado" Article.

2	Demographics	Education	Roughly 20% of Colorado kindergartners are not enrolled in a full-day program, according to the Colorado Department of Education. The other 80% of students attending full-day kindergarten do so through a combination of	"Full-Day, Free Kindergarten Officially Becomes Law In Colorado". Denver CBS4. Published May 21, 2019, retrieved July 1, 2019. Link to "Full-Day, Free Kindergarten Officially Becomes Law In Colorado" Article.
2	Demographics	Education	HB19-1262 has added funds in cash-strapped, rural school districts and counties with high percentages of lower-income families or which have experienced economic distress.	"Full-Day, Free Kindergarten Officially Becomes Law In Colorado". Denver CBS4. Published May 21, 2019, retrieved July 1, 2019. Link to "Full-Day, Free Kindergarten Officially Becomes Law In Colorado" Article.
2	Demographics	Education	The 2019-20 session legislation provided \$20 million for large and small-rural districts' kindergarten, less than the \$30 million provided in the previous two years.	Goodland, M., "Rural Colorado schools to see benefits from 2019 education legislation". Published May 31, 2019, retrieved July 1, 2019. Link to "Rural Colorado schools to see benefits from 2019 education legislation" Article.
2	Demographics	Education	The largest enrollment increases for full day kindergarten are expected in Morgan and Logan Counties.	Goodland, M., "Rural Colorado schools to see benefits from 2019 education legislation". Published May 31, 2019, retrieved July 1, 2019. Link to "Rural Colorado schools to see benefits from 2019 education legislation" Article.
3	Demographics	Highlighted Population: Native Americans in Colorado	There are two federally recognized Tribes in Colorado, the Southern Ute Indian Tribe and the Ute Mountain Ute Tribe.	Colorado Official State Portal - "Tribes". Retrieved July 21, 2019. Link to Colorado Official State Portal - "Tribes" Website.
3	Demographics	Highlighted Population: Native Americans in Colorado	There are about 56,010 American Indian and Alaska Natives in Colorado, which is 1.1 percent of the State's total population.	Colorado Office of Health Equity, Colorado Department of Public Health and Environment, "2015 Health Disparities Fact Sheet - American Indians/Alaska Natives in Colorado". Retrieved July 21, 2019. Link to 2015 Health Disparities Fact Sheet.
3	Demographics	Highlighted Population: Native Americans in Colorado	The median household income for American Indian/Alaska Native Coloradans is \$22,965 less than the Colorado median.	Colorado Office of Health Equity, Colorado Department of Public Health and Environment, "2015 Health Disparities Fact Sheet - American Indians/Alaska Natives in Colorado". Retrieved July 21, 2019. Link to 2015 Health Disparities Fact Sheet.
3	Demographics	Highlighted Population: Native Americans in Colorado	More American Indian/Alaska Native Coloradans are living below the poverty level than the overall state population.	Colorado Office of Health Equity, Colorado Department of Public Health and Environment, "2015 Health Disparities Fact Sheet - American Indians/Alaska Natives in Colorado". Retrieved July 21, 2019. Link to 2015 Health Disparities Fact Sheet.
3	Demographics	Highlighted Population: Native Americans in Colorado	More American Indian/Alaska Native Coloradans are uninsured compared to the overall state population.	Colorado Office of Health Equity, Colorado Department of Public Health and Environment, "2015 Health Disparities Fact Sheet - American Indians/Alaska Natives in Colorado". Retrieved July 21, 2019. Link to 2015 Health Disparities Fact Sheet.
3	Demographics	Highlighted Population: Native Americans in Colorado	Diabetes is more prevalent among AI/AN adults compared to the total population. In Colorado, 13.3% of AI/AN individuals have diabetes, compared to the overall state average of 6.5%	Colorado Office of Health Equity, Colorado Department of Public Health and Environment, "2015 Health Disparities Fact Sheet - American Indians/Alaska Natives in Colorado". Retrieved July 21, 2019. Link to 2015 Health Disparities Fact Sheet.
3	Demographics	Highlighted Population: Native Americans in Colorado	45% of Colorado AI/AN are food insecure, compared to 23.9% of all Coloradans	Colorado Office of Health Equity, Colorado Department of Public Health and Environment, "Health Inequities Impacting Colorado Communities of Color: When some groups suffer more than others, it hurts us all". Retrieved July 21, 2019. Link to Health Inequities Impacting Colorado Communities of Color.
3	Demographics	Income & Poverty	21% of rural kids live in poverty (income: \$25,750/family of four) compared to 11% of Urban kids. In Costilla County, 43% of children are living in poverty.	1. Prior HHS Poverty Guidelines and Federal Register References. (n.d.). Retrieved June 4, 2019. Federal Register 2016 Vol. 81, No.15, January 25, 2016, pp. 4036-4037. Office of the Assistant Secretary for Planning and Evaluation (ASPE). 2. Robert Wood Johnson Foundation & University of Wisconsin Population Health Institute. (2019, April). Colorado County Data: Children in Poverty. Retrieved June 4, 2019. Link to County Health Rankings.

3	Demographics	Income & Poverty	In 2016, 17% of all foreclosures in Colorado occurred in rural/frontier counties.	[Colorado Information Marketplace (CIM) - Housing Foreclosures by County - Colorado]. (2016).Published raw data. Retrieved September 20, 2018. Link to Housing Foreclosures by County.
3	Demographics	Income & Poverty	17% of all rural foreclosures occurred occurred in Fremont (9%) and Delta (8%) counties.	[Colorado Information Marketplace (CIM) - Housing Foreclosures by County - Colorado]. (2016).Published raw data. Retrieved September 20, 2018. Link to Housing Foreclosures by County.
3	Demographics	Income & Poverty	In 40 of Colorado's 64 counties, more than 40% of families are rent burdened (spending > 30% of household income on rent).	Colorado Health Equity Report: Vital Signs Report (Rep.). (n.d.). Colorado Center on Law & Policy. Retrieved September 18, 2018. Link to Colorado Health Equity Report: Vital Signs Report.
3	Demographics	Income & Poverty	The economic gap between urban and rural areas of Colorado has continued to widen since the Great Recession and the uneven recovery that followed.	Colorado Health Equity Report: Vital Signs Report (Rep.). (n.d.). Colorado Center on Law & Policy. Retrieved September 18, 2018. Link to Colorado Health Equity Report: Vital Signs Report.
3	Demographics	Income & Poverty	Colorado ranks #1 for Economy and #2 for Employment of all states, although large economic gaps between urban and rural areas across the state still exist.	Economy Rankings. U.S.News McKinsey&Company. Retrieved June 5,2019. Link to Economy Rankings - U.S. News.
3	Demographics	Income & Poverty	Median household income is 29% lower in rural areas of the state compared to urban areas (about a \$14k difference). Poverty and unemployment rates are higher in rural counties.	Colorado Health Equity Report: Vital Signs Report (Rep.). (n.d.). Colorado Center on Law & Policy. Retrieved September 18, 2018. Link to Colorado Health Equity Report: Vital Signs Report.
3	Demographics	Income & Poverty	Approximately 28% of families in rural Colorado are single parent households.	Robert Wood Johnson Foundation & University of Wisconsin Population Health Institute. (2019, April). Colorado County Data: Children in Single Parent Households. Retrieved June 4, 2019. Link to County Health Rankings.
3	Demographics	Income & Poverty	43% of children under the age of 18 are living in poverty in Costilla County (state average is 12%). 83% of children in Costilla County are eligible for free or reduced lunch (state average is 42%).	Robert Wood Johnson Foundation & University of Wisconsin Population Health Institute. (2019, April). Colorado County Data: Children in Poverty & Free and Reduced Lunch. Retrieved June 5, 2019. Link to County Health Rankings. Link to County Health Rankings.
4	Demographics	Food Access	11% of Coloradans are food insecure – meaning they lack consistent access to a reliable food source during the past year. That's over a half a million Coloradans.	Gomez, A."Hunger in a Land of Plenty". Colorado Health Institute (CHI). Retrieved June 20, 2019. Link to "Hunger in a Land of Plenty".
4	Demographics	Food Access	Crowley and Dolores are the rural counties with the highest percentage (15%) of people facing food insecurity. Conejos County, conversely, fares among the best among all Colorado counties, with only 7% of the residents facing such insecurity.	Gomez, A."Hunger in a Land of Plenty". Colorado Health Institute (CHI). Retrieved June 20, 2019. Link to "Hunger in a Land of Plenty".
4	Demographics	Food Access	Rural areas tend to have higher poverty and unemployment rates, which affect people's ability to access nutritious food.	Gomez, A."Hunger in a Land of Plenty". Colorado Health Institute (CHI). Retrieved June 20, 2019. Link to "Hunger in a Land of Plenty".
4	Demographics	Food Access	10% of rural Coloradans are enrolled in the Supplemental Nutrition Assistance Program (SNAP) compared to 8% of urban.	Hamm, K. (2017, January 10). Food stamps in Colorado: An Interactive county-by-county breakdown . Retrieved September 20, 2017, from The Denver Post. Link to Denver Post Article.
4	Demographics	Food Access	11 of the 14 CO counties (79%) with a share of the population with income at or below 125 percent Federal Poverty Level (FPL) were rural.	Hunger Free Colorado. Food Stamp Impact Reports. Retrieved June 4, 2019, from Hunger Free Colorado 2019. Link to Hunger Free Colorado Impact Reports.
4	Demographics	Food Access	In four rural Colorado counties, almost half of low-income residents do not live near a grocery store — Dolores, San Juan, Costilla, and Kiowa. Living in food deserts is correlated with a higher prevalence of overweight, obesity, diabetes, and premature death.	Gomez, A."Hunger in a Land of Plenty". Colorado Health Institute (CHI). Retrieved June 20, 2019. Link to "Hunger in a Land of Plenty".
4	Demographics	Highlighted Population: Women in Colorado	Title X is a federal program that provides preventative services, including access to contraception and sexually transmitted infection testing and treatment, to low-income and uninsured individuals. This program provides about \$3.8 million a year to Colorado.	Leins, C., "Colorado Family Planning Initiative Reduced Teen Pregnancies". US News Report. Published March 22, 2019, retrieved July 7, 2019. Link to "Colorado Family Planning Initiative Reduced Teen Pregnancies Article.

4	Demographics	Highlighted Population: Women in Colorado	The Title X federal funding is used to provide family planning services at 76 clinics across Colorado.	Leins, C., "Colorado Family Planning Initiative Reduced Teen Pregnancies". US News Report. Published March 22, 2019, retrieved July 7, 2019. Link to "Colorado Family Planning Initiative Reduced Teen Pregnancies Article."
4	Demographics	Highlighted Population: Women in Colorado	There are 18 Planned Parenthood locations in Colorado. 6 of these are located in rural or frontier counties (33%).	Planned Parenthood:Health Center Locations. Retrived July 7, 2019 from Planned Parenthood. Link to Planned Parenthood Colorado.
5	Demographics	Healthcare Coverage	Rural Colorado has higher rates of public insurance (a 32% difference) when compared to urban Colorado.	Silvernale, R. (2017, April 5). Colorado Health Institute: Analysis of the 2015 American Community Survey, Health Insurance Status by County. Retrieved October 3, 2017. Please Note: Due to Rounding and statistical modeling, numbers/percentages may not total to exactly "100%" of total population. Link to Colorado Health Institute.
5	Demographics	Healthcare Coverage	Rural Payer Mix (Medicaid 26.0%, Medicare 15.7%, Private Pay 46.6%, Uninsured 11.4%)	Silvernale, R. (2017, April 5). Colorado Health Institute: Analysis of the 2015 American Community Survey, Health Insurance Status by County. Retrieved October 3, 2017. Please Note: Due to Rounding and statistical modeling, numbers/percentages may not total to exactly "100%" of total population. Link to Colorado Health Institute.
5	Demographics	Healthcare Coverage	Urban payer mix (Medicaid 17.6%, Medicare 12.6%, Private Pay 62.7%, Uninsured 6.7%)	Silvernale, R. (2017, April 5). Colorado Health Institute: Analysis of the 2015 American Community Survey, Health Insurance Status by County. Retrieved October 3, 2017. Please Note: Due to Rounding and statistical modeling, numbers/percentages may not total to exactly "100%" of total population. Link to Colorado Health Institute.
5	Demographics	Highlighted Population: Immigrants	104,201 of Colorado's uninsured, or 27% of the state's total uninsured, were undocumented immigrants.	Center for Health Progress. Demographics. Published February 15, 2018, retrieved July 21, 2019. Link to Center for Health Progress Report.
5	Demographics	Highlighted Population: Immigrants	Across the United States, it is estimated that 25% of the people who will remain without health insurance, despite full implementation of the Affordable Care Act, will be immigrants without documentation, making up the nation's second largest population of uninsured individuals.	Center for Health Progress. Demographics. Published February 15, 2018, retrieved July 21, 2019. Link to Center for Health Progress Report.
5	Demographics	Highlighted Population: Immigrants	In a survey of health care providers from the Mile High Health Alliance, 75% indicated an increase in apptinment no-shows or cancellations by immigrants and refugees. 88% indicated decreases in apptinments made by immigrants and refugees. 67% indicated patients fear sharing of their inforation will threaten their residency.	Center for Health Progress. Demographics. Published February 15, 2018, retrieved July 21, 2019. Link to Center for Health Progress Report.
5	Demographics	Healthcare Coverage	Insurance premiums in rural communities are often markedly higher than in urban areas of Colorado. For example, the eastern plains, and the San Luis Valley face premiums that are sometimes twice as high as those living in the Denver metro region (a difference of approximately 32%).	Colorado Commission on Affordable Health Care - Final Report, Published June 30, 2017. Retrieved June 20, 2018. Link to Colorado Commission on Affordable Health Care - Final Report.
5	Demographics	Healthcare Coverage	Costilla County has the highest combined Medicare/Medicaid rate of all Colorado counties at 78%, while the top 5 counties with the highest Medicaid/Medicare enrollment in the state are rural and frontier.	Silvernale, R. (2017, April 5). Colorado Health Institute: Analysis of the 2015 American Community Survey, Health Insurance Status by County. Retrieved October 3, 2017. Please Note: Due to Rounding and statistical modeling, numbers/percentages may not total to exactly "100%" of total population. Link to Colorado Health Institute.
5	Demographics	Healthcare Coverage	[MAP] Combined Medicaid (2016) and Medicare (2015) Enrollment by County (State Average: 42%)	1. Colorado Health Institute (2016). Medicaid Caseload (2016). Retrieved on January 14, 2019. 2. Colorado Health Institute (2015). Medicare Enrollees. Retrieved on January 14, 2019. 3. Total Population estimates retrieved from Colorado Department of Local Affairs, 2015. Census Estimates. Retrieved January 14, 2019. <i>*Please note: Total population estimates were not available through Colorado Health Institute for 2015.</i> Link to Colorado Health Institute. Link to Colorado Department of Local Affairs.

6	The Health of Rural	Access	32 Critical Access Hospitals, 51 Federally Certified Rural Health Clinics, 10 Small Rural PPS Hospitals, 66 Federally Qualified Rural Health Centers, 159 Total Rural Facilities	<p>1. Critical Access Hospital Locations. Flex Monitoring Team: A Performance Monitoring Resource for Critical Access Hospitals, States, and Communities. Retrieved January 8, 2019. Link to Flex Monitoring Team: CAH Designations.</p> <p>2. Colorado Rural Health Center - State Office of Rural Health (SORH). Designated Facilities: RHC, Rural Facilities. Retrieved January 8, 2019 from CRHC sources and organizational database [CRM].</p> <p>3. Colorado Community Health Network (CCHN) - "Community Health Centers Map". Retrieved January 25, 2019. Link to CCHN Community Health Centers Map.</p> <p><i>*Please Note: The number represented for "Total Rural Health Facilities" is indicative of those facilities with a designation type, and is not a comprehensive number indicating all rural practices/practice locations.</i></p>
6	The Health of Rural	Access	Definition provided for Critical Access Hospitals (CAHs).	<p>Rural Health Information Hub. (n.d.). Retrieved February 28, 2018. Last Reviewed February 27, 2018 by Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS). Link to Rural Health Information Hub.</p>
6	The Health of Rural	Access	Definition provided for Federally Certified Rural Health Clinics (RHCs).	<p>1."Rural Health Clinics Act of 1977 - P.L. 95-210" (PDF). 91 Stat. 1485. (n.d.). Retrieved February 28, 2018. U.S. Government Printing Office. December 13, 1977.</p> <p>2. Nickerson, G., Rural Health Clinic CG Chair, (2014, April). National Rural Health Association Policy Brief: Rural Health Clinics. Retrieved February 28, 2018, from. National Rural Health Association (NRHA). Link to Association Policy Brief: Rural Health Clinic.</p>
6	The Health of Rural	Rural Health Information Technology	As of May 2019, high-speed internet access is improving for people who live in rural areas of Colorado. The state broadband office says coverage is up 86% (an increase of 3% from last October). The next goal is to reach 92% by June 2020.	<p>High-Speed Internet Access Coverage On The Rise Across Rural Colorado. (2019, May 14). CBS4 Denver. Retrieved June 5, 2019 from CBS4. Link to the CBS4 Article.</p>
6	The Health of Rural	Rural Health Information Technology	The Rocky Mountains are beautiful, but they make Internet access difficult — that's the long and short of our research on Colorado. While community networks are making some headway in providing much needed connectivity, much of the state still may only have access to fixed wireless or Satellite service.	<p>Trostle, H. Institute for Local Self-Reliance, "Mapping Colorado's Internet Service Options". Published May 7, 2018. Retrieved July 21, 2019. Link to Mapping Colorado's Internet Service Options Article.</p>
6	The Health of Rural	Rural Health Information Technology	In the first 60 Days of adopting a new EMR (Electronic Medical Record), a practice of 5 providers spends an average \$233,298 on startup, training, software and hardware, and data transfer.	<p>O'Neill Hayes, T. (2015, August 6). Are Electronic Medical Records Worth the Costs of Implementation? Retrieved August 7, 2018 from American Action Forum (AAF). Link to American Action Forum Article.</p>
6	The Health of Rural	Rural Health Information Technology	The average cost of hospital EHR implementation is higher given the larger scale. Estimates show that these costs vary widely for community hospitals, ranging between \$5 million and more than \$20 million to implement an EHR.	<p>Green, J. "How much EHR costs and how to set your budget" published March 7, 2019 retrieved from EHR In Practice on December 13, 2019. Link to EHR in Practice Article.</p>
6	The Health of Rural	Rural Health Information Technology	Implementing an EMR System costs a single physician approximately \$163,765.	<p>O'Neill Hayes, T. (2015, August 6). Are Electronic Medical Records Worth the Costs of Implementation? Retrieved August 7, 2018 from American Action Forum (AAF). Link to American Action Forum Article.</p>
7	The Health of Rural	Critical Opioid Issue	974 Coloradans dead in 2018 from drug poisonings, a figure that includes intentional and unintentional overdoses, 543 of which were attributed to opioids (229 of which were attributed to heroin).	<p>"Colorado's Opioid Crisis Slows, In Part Because Of A Drug That Reverses Overdoses" - Colorado Public Radio. Daley, J. Published May 28, 2019. Retrieved June 12, 2019. Link to Colorado Public Radio Article.</p>
7	The Health of Rural	Critical Opioid Issue	Prescription Opioids are the leading cause of drug poisoning deaths in Colorado. Heroin was the second leading cause. Between 2001 and 2016, there was an increase of prescription opioid deaths by approximately 154%.	<p>Death by Drugs: Colorado at Record High (Report pp. 1-12). (April 2018). Colorado Health Institute: Informing Policy, Advancing Health. Published April 2018, retrieved August 10, 2018. Link to Death By Drugs: Colorado at Record High.</p>
7	The Health of Rural	Critical Opioid Issue	The number of felony drug cases in Alamosa District Court rose from 88 in 2011 to 336 last year.	<p>Booth, M. (n.d.). A Rural Crisis: The Opioid Epidemic in the San Luis Valley. Retrieved August 10, 2018, from The Colorado Health Foundation. Link to A Rural Crisis: The Opioid Epidemic in the San Luis Valley.</p>
7	The Health of Rural	Critical Opioid Issue	Huerfano County: An Opioid Case Study: Huerfano County has the State's highest overdose rate. There are no addiction recovery centers in the county.	<p>Death by Drugs: Colorado at Record High (Report pp. 1-12). (April 2018). Colorado Health Institute: Informing Policy, Advancing Health. Published April 2018, retrieved August 10, 2018. Link to Death By Drugs: Colorado at Record High.</p>
7	The Health of Rural	Critical Opioid Issue	Costilla County saw enough opioid prescriptions written to amount to 1 for every resident – of all ages – in the county.	<p>Booth, M. (n.d.). A Rural Crisis: The Opioid Epidemic in the San Luis Valley. Retrieved August 10, 2018, from The Colorado Health Foundation. Link to A Rural Crisis: The Opioid Epidemic in the San Luis Valley.</p>

7	The Health of Rural	Critical Opioid Issue	Opioids kill one person in Colorado about every 9.5 hours.	Frank, J. (2017, November 6). Here's how Colorado is combating the prescription opioid and heroin epidemic. Retrieved August 10, 2018 from The Denver Post. Link to the Denver Post Article.
7	The Health of Rural	Critical Opioid Issue	Sixteen rural Eastern Plains counties — Sedgwick, Phillips, Yuma, Logan, Washington, Morgan, Kit Carson, Cheyenne, Lincoln, Kiowa, Powers, Bent, Otero, Crowley, Baca and Las Animas — recorded 93 total deaths between 2014 and 2016, up 158% from 36 in the three-year period between 2002 and 2004.	Death by Drugs: Colorado at Record High (Report pp. 1-12). (April 2018). Colorado Health Institute: Informing Policy, Advancing Health. Published April 2018, retrieved August 10, 2018. Link to Death By Drugs: Colorado at Record High.
7	The Health of Rural	Critical Opioid Issue	Eight counties near the San Luis Valley — Custer, Huerfano, Saguache, Alamosa, Rio Grande, Conejos, Costilla and Mineral — recorded 29 overdose deaths between 2014-2016, more than double the 14 fatalities between 2002-2004.	Death by Drugs: Colorado at Record High (Report pp. 1-12). (April 2018). Colorado Health Institute: Informing Policy, Advancing Health. Published April 2018, retrieved August 10, 2018. Link to Death By Drugs: Colorado at Record High.
8	The Health of Rural	Critical Opioid Issue	9 of the 10 counties with the highest overdose death rates are rural.	Death by Drugs: Colorado at Record High (Report pp. 1-12). (April 2018). Colorado Health Institute: Informing Policy, Advancing Health. Published April 2018, retrieved August 10, 2018. Link to Death By Drugs: Colorado at Record High.
8	The Health of Rural	Critical Opioid Issue	Colorado ranks 27th in the nation for opioid related death rate (10 per 100,000), compared to the poorest ranking state, West Virginia, at 49.6 per 100,000 (2017).	National Institute on Drug Abuse. (2018, February 28). Opioid Summaries by State. Revised May 2019. Retrieved June 12, 2019. *Ranking is based off those states that met criteria to be ranked (35 total). Link to National Institute on Drug Abuse.
8	The Health of Rural	Critical Opioid Issue	Colorado ranks 19th in the nation for opioid prescription rate (52.9 per 100,000 in 2017).	National Institute on Drug Abuse. (2018, February 28). Opioid Summaries by State. Revised May 2019. Retrieved June 12, 2019. Link to National Institute on Drug Abuse.
8	The Health of Rural	Critical Opioid Issue	In 2016, 290 Neonatal Abstinence Syndrome (NAS) cases (or babies reported experiencing drug withdrawals at birth) were reported in Colorado.	Foster, R. "Hospitals struggle with opioid-dependent newborns in the midst of an epidemic: The birth of a crisis". The Colorado Springs Independent. Published April 3, 2019. Retrieved June 12, 2019. Link to the Colorado Springs Independent Article.
8	The Health of Rural	Critical Opioid Issue	The rate of newborns addicted to opiates rose 83% in Colorado from 2010-2015. The problem is even more critical in portions of southern Colorado.	Booth, M. (n.d.). A Rural Crisis: The Opioid Epidemic in the San Luis Valley. Retrieved August 10, 2018, from The Colorado Health Foundation. Link to "A Rural Crisis: Opioid Epidemic in the San Luis Valley."
8	The Health of Rural	Critical Opioid Issue	In 2016, 5,212 Colorado children were placed in foster care with 39% (approximately 2,033) of placements noting parental substance use as a factor.	America's Opioid Crisis: The Unseen Impact on Colorado Children. Retrieved September 7, 2018, from the American Academy of Pediatrics (AAP). Link to America's Opioid Crisis: The Unseen Impact on Colorado Children.
8	The Health of Rural	Critical Opioid Issue	Medicaid covered care related to some 82% of the nation's NAS-related births in 2014 at a cost of \$462 million.	Foster, R. "Hospitals struggle with opioid-dependent newborns in the midst of an epidemic: The birth of a crisis". The Colorado Springs Independent. Published April 3, 2019. Retrieved June 12, 2019. Link to the Colorado Springs Independent Article.
8	The Health of Rural	Critical Opioid Issue	According to the Harm reduction Coalition, "Naloxone (also known as Narcan®) is a medication called an "opioid antagonist" used to counter the effects of opioid overdose, for example morphine and heroin overdose. Specifically, naloxone is used in opioid overdoses to counteract life-threatening depression of the central nervous system and respiratory system, allowing an overdose victim to breathe normally."	Harm Reduction Coalition. "Understanding Naloxone." Retrieved December 14, 2019. Link to Harm Reduction Coalition.
8	The Health of Rural	Critical Opioid Issue	The documented use of Naloxone by emergency medical services (EMS) in Colorado to treat suspected heroin overdoses has increased 240% from 2011-2015 (2011 – 997 events, 2015 – 3,393 events).	Heroin in Colorado: April 2017 Preliminary Report (Rep.). (2017). Heroin Response Work Group Steering Committee & Heroin Response Work Group Advisory Committee. Retrieved September 18, 2018. Link to Heroin in Colorado Preliminary Report.
8	The Health of Rural	Critical Opioid Issue	In 2018, the documented use of Naloxone by emergency medical services (EMS) in Colorado to treat suspected overdoses was close to 3,000 with various agencies reportedly administering the drug about 5,000 times.	"Colorado's Opioid Crisis Slows, In Part Because Of A Drug That Reverses Overdoses" - Colorado Public Radio. Daley, J. Published May 28, 2019. Retrieved June 12, 2019. Link to Colorado Public Radio Article.
8	The Health of Rural	Critical Opioid Issue	The median number of overdose experiences (for individuals surveyed and who overdosed) was 3.	Heroin in Colorado: April 2017 Preliminary Report (Rep.). (2017). Heroin Response Work Group Steering Committee & Heroin Response Work Group Advisory Committee. Retrieved September 18, 2018. Link to Heroin in Colorado Preliminary Report.
9	The Health of Rural	Health Outcomes	Rural Colorado has a 47% higher teen pregnancy rate than urban parts of the state.	Robert Wood Johnson Foundation & University of Wisconsin Population Health Institute. (2019, April). Colorado County Data: Teen Births. Retrieved June 11, 2019. *Utilized percent difference to calculate. Link to County Health Rankings.

9	The Health of Rural	Health Outcomes	Black infant mortality (8.8 per 1,000) is twice the rate of White, non-Hispanic infant mortality (4.4 per 1,000) in Colorado.	America's Health Rankings: Colorado - 2018. United Health Foundation. Retrieved June 11, 2019* that this data is subject to change through the America's Health Rankings site and is representative of a point in time. Link to America's Health Rankings: Colorado	*Please note
9	The Health of Rural	Health Outcomes	In the past ten years, infant mortality decreased 25% from 6.3 to 4.7 deaths per 1,000 live births.	America's Health Rankings: Colorado - 2018. United Health Foundation. Retrieved June 11, 2019* that this data is subject to change through the America's Health Rankings site and is representative of a point in time. Link to America's Health Rankings - Colorado	*Please note
9	The Health of Rural	Health Outcomes	The lowest rate is 4.1 deaths per 1,000 births in the Douglas County region and the highest rate is 8.8 in the region formed by counties in the southeast.	Infant Mortality in Colorado: Maternal and Child Health Issue Brief #2. (2013). Retrieved September 5, 2018. Colorado Department of Public Health and Environment (CDPHE). Link to Infant Mortality in Colorado: Maternal and Child Health Issue Brief #2	
9	The Health of Rural	Health Outcomes	54% of rural Colorado counties lack OB services.	Johnson, C. Y. (2017, September 6). More than half of rural counties don't have a hospital where women can give birth. Denver Post via the Washington Post. Retrieved September 10, 2018 The Denver Post. Link to the Denver Post Article	
9	The Health of Rural	Health Outcomes	2.4 million women of child-bearing age live in counties without hospitals that deliver babies.	Johnson, C. Y. (2017, September 6). More than half of rural counties don't have a hospital where women can give birth. Denver Post via the Washington Post. Retrieved September 10, 2018 The Denver Post. Link to the Denver Post Article	
9	The Health of Rural	Health Outcomes	When hospitals are struggling financially, as many rural hospitals are, obstetric services are often first on the chopping board, because of the cost associated with providing this service.	Johnson, C. Y. (2017, September 6). More than half of rural counties don't have a hospital where women can give birth. Denver Post via the Washington Post. Retrieved September 10, 2018 The Denver Post. Link to the Denver Post Article	
9	The Health of Rural	Health Outcomes	In Colorado, nearly 1 in 9 women who give birth will experience signs and symptoms of depression, making depression the most common complication of pregnancy.	Pregnancy-related Depression. (n.d.). Retrieved September 5, 2018, from the Colorado Department of Public Health and Environment (CDPHE) Link to Pregnancy-related Depression in Colorado	
9	The Health of Rural	Health Outcomes	In a study performed on maternal deaths from suicide and overdose in Colorado between 2004-2012, it was determined that self-harm was the most common cause of pregnancy-associated mortality, with most deaths occurring in the postpartum period. Among the 211 total maternal deaths reviewed, opioids were the drugs identified in 10% of them (21) and the pregnancy-associated death ratio from overdose was 5.0 per 100,000 live births.	Maternal Deaths From Suicide and Overdose in Colorado, 2004-2012. Pubmed.gov. Released December 2016, retrieved June 30, 2019. Link to Maternal Deaths From Suicide and Overdose in Colorado, 2004-2012.	
9	The Health of Rural	Health Outcomes	[MAP] Strength of Screening Processes for Pregnancy-Related Depression in Rural Colorado (2013)	K.M. Beckwith, MSPH. The State of Pregnancy-Related Depression Efforts in Colorado - March 2014. Colorado Department of Public Health and Environment (CDPHE). *Map recreated by the Colorado Rural Health Center (CRHC). Link to "The State of Pregnancy-Related Depression Efforts in Colorado" Article	
10	The Health of Rural	Health Outcomes	Approximately 29% of motor vehicle crash deaths in rural Colorado involve alcohol.	Robert Wood Johnson Foundation & University of Wisconsin Population Health Institute. (2019, April). Colorado County Data: Alcohol Impaired Driving Deaths. Retrieved June 10, 2019. Link to County Health Rankings	
10	The Health of Rural	Health Outcomes	18% of adult rural Coloradans report drinking excessively.	Robert Wood Johnson Foundation & University of Wisconsin Population Health Institute. (2019, April). Colorado County Data: Excessive Drinking. Retrieved June 10, 2019. Link to County Health Rankings	
10	The Health of Rural	Health Outcomes	15% of rural adults report smoking regularly.	Robert Wood Johnson Foundation & University of Wisconsin Population Health Institute. (2019, April). Colorado County Data: Adult Smoking. Retrieved June 10, 2019. Link to County Health Rankings	
10	The Health of Rural	Mental Health	22* rural counties do not have an Active Psychologist (Baca, Cheyenne, Conejos, Costilla, Crowley, Dolores, Hinsdale, Huerfano, Jackson, Kiowa, Kit Carson, Las Animas, Lincoln, Mineral, Moffat, Phillips, Prowers, Rio Blanco, Saguache, San Juan, Sedgwick, Washington)	Silvernale, R. (2017, April 5). Colorado Health Institute: Active Licensed Psychologists. Retrieved October 4, 2017. Colorado Department of Regulatory Agencies (March 2017). <i>Please Note: A "*** symbol indicates a disclaimer to this data. This data is sourced by the Colorado Health Institute in collaboration with the Department of Regulatory Agencies. Limitations exist with this data as dentists, physicians, and other healthcare providers are only counted once even though they may practice in additional, neighboring counties. Counts are solely based on the mailing address in the provider's licensure file and it is unknown whether that address is a home residence or a practice location. Additionally, on occasions where CRHC has been able to verify that a provider is practicing in a county where data indicates otherwise, this has been reflected in the data estimates provided.</i> Link to Colorado Health Institute	
10	The Health of Rural	Mental Health	11 counties in Colorado have no mental health beds.	Brown, J. (2017, January 5). Colorado must stop using jails for people in mental health crisis, panel says. Retrieved October 24, 2017 from The Denver Post. Link to the Denver Post Article	
10	The Health of Rural	Mental Health	51%* of all rural counties do not have an active, licensed addiction counselor.	Silvernale, R. (2017, April 5). Colorado Health Institute: Active Licensed Addiction Counselors. Retrieved October 4, 2017. Colorado Department of Regulatory Agencies (March 2017). <i>Please Note: A "*** symbol indicates a disclaimer to this data. This data is sourced by the Colorado Health Institute in collaboration with the Department of Regulatory Agencies. Limitations exist with this data as dentists, physicians, and other healthcare providers are only counted once even though they may practice in additional, neighboring counties. Counts are solely based on the mailing address in the provider's licensure file and it is unknown whether that address is a home residence or a practice location. Additionally, on occasions where CRHC has been able to verify that a provider is practicing in a county where data indicates otherwise, this has been reflected in the data estimates provided.</i> Link to Colorado Health Institute	

10	The Health of Rural	Mental Health	There is only 1* urban county that does not have an active, licensed addiction counselor (Park).	Silvener, R. (2017, April 5). Colorado Health Institute: Active Licensed Addiction Counselors. Retrieved October 4, 2017. Colorado Department of Regulatory Agencies (March 2017). Please Note: A *** symbol indicates a disclaimer to this data. This data is sourced by the Colorado Health Institute in collaboration with the Department of Regulatory Agencies. Limitations exist with this data as dentists, physicians, and other healthcare providers are only counted once even though they may practice in additional, neighboring counties. Counts are solely based on the mailing address in the provider's licensure file and it is unknown whether that address is a home residence or a practice location. Additionally, on occasions where CRHC has been able to verify that a provider is practicing in a county where data indicates otherwise, this has been reflected in the data estimates provided. Link to Colorado Health Institute.
10	The Health of Rural	Mental Health	Colorado ranked 6th out of all states for adults with mental illness who did not receive treatment (48.7%).	Mental Health in America - Access to Care Data: Colorado. (2016, October 17). Retrieved June 11, 2019, from Mental Health America (MHA). Link to Mental Health America (MHA).
10	The Health of Rural	Mental Health	The state of Colorado ranks 20th for prevalence of untreated youth with depression (55.6%) and ranked 33rd for youth with severe major depressive episode who received some consistent treatment (25.6%).	Mental Health in America - Access to Care Data: Colorado. (2016, October 17). Retrieved June 11, 2019, from Mental Health America (MHA). Link to Mental Health America (MHA).
10	The Health of Rural	Mental Health	Colorado ranked 11th out of all states for Mental Health Workforce Availability.	Mental Health in America - Access to Care Data: Colorado. (2016, October 17). Retrieved June 11, 2019, from Mental Health America (MHA). Link to Mental Health America (MHA).
10	The Health of Rural	Mental Health	Rural youth are twice as likely to commit suicide.	National Rural Health Association. "About Rural Health Care". Rural Health Information Hub. (2016). Social Determinants of Health. Retrieved August 7, 2018. Link to National Rural Health Association, "About Rural Health Care".
10	The Health of Rural	Mental Health	Of the 1,246 suicides reported, 190 took place in rural or frontier counties (15.3%). Individuals under the age of 25 accounted for approximately 11% (30) of all rural suicides with 20% (6) of those suicides committed by children ages 10-14 years.	Colorado Violent Death Reporting System (COVDRS). (2018). Retrieved Decemebr 14, 2019, from The Colorado Office of Planning, Partnerships and Improvement & Colorado Center for Health and Environmental Data. <i>* Please Note: In some cases, the population may be too small, indicating that numbers may not be statistically significant and that some county data can be suppressed.</i> Link to Colorado Violent Death Reporting System (COVDRS).
10	The Health of Rural	Mental Health	Saguache county has the highest suicide rate in rural Colorado.	Colorado Violent Death Reporting System (COVDRS). (2018). Retrieved Decemebr 14, 2019, from The Colorado Office of Planning, Partnerships and Improvement & Colorado Center for Health and Environmental Data. <i>* Please Note: In some cases, the population may be too small, indicating that numbers may not be statistically significant and that some county data can be suppressed.</i> Link to Colorado Violent Death Reporting System (COVDRS).
11	The Health of Rural	Health Outcomes	As of 2017, Colorado has 58 SBHCs, 17 of which are Rural.	Colorado Health Institute, "Mountains, Plains, Cities, Schools: An Analysis of Colorado's Rural and Urban School-Based Health Centers". Published May 2017, retrieved June 24, 2019. Link to the Colorado Health Institute's Analysis of Colorado's Rural and Urban School-Based Health Centers.
11	The Health of Rural	Health Outcomes	To meet recommended staffing rates, Colorado districts would have to nearly double the number of nurses and social workers working in schools and bolster the hiring of school psychologists by 40%, according to a study by Mental Health Colorado.	Brown, J. & Osher, C. "No Colorado school districts meet federal safety standards for behavioral health staffing, investigation shows". The Colorado Sun. Published April 19, 2019, retrieved June 24, 2019. Link to Colorado Sun Article.
11	The Health of Rural	Health Outcomes	The uninsured rate among rural SBHC users is 30.2 percent — over 12 times higher than the statewide rate for children and youth.	Colorado Health Institute, "Mountains, Plains, Cities, Schools: An Analysis of Colorado's Rural and Urban School-Based Health Centers". Published May 2017, retrieved June 24, 2019. Link to the Colorado Health Institute's Analysis of Colorado's Rural and Urban School-Based Health Centers.
11	The Health of Rural	Health Outcomes	Although Colorado ranks in the top 3 states with the greatest percentage of seniors retaining their natural teeth, 18% of Coloradans over age 65 have lost ALL of their natural teeth.	The Impact of Oral Disease on the Health of Coloradans. Page 15. (n.d.). Colorado Department of Public Health and Environment Oral Health Program. Retrieved August 8, 2018. Link to The Impact of Oral Health Disease on the Health of Coloradans.
11	The Health of Rural	Health Outcomes	Adults in rural areas have almost twice the prevalence of tooth loss vs. urban adults.	Oral health status of rural adults in the United States (American Dental Association). Retrieved March 28, 2018. Link to Oral Health Status of Rural Adults in the United States Research.
11	The Health of Rural	Health Outcomes	One health disparity that exists for under-represented racial and ethnic minority groups, low-income Coloradans, elderly adults, migrant and seasonal farm workers, and those in rural areas is the disproportionate burden of oral disease.	The Impact of Oral Disease on the Health of Coloradans. Page 15. (n.d.). Colorado Department of Public Health and Environment Oral Health Program. Retrieved August 8, 2018. Link to The Impact of Oral Health Disease on the Health of Coloradans.
11	The Health of Rural	Health Outcomes	Nearly 40% of Colorado children have experienced dental decay by the time they reach kindergarten. This rate increases for children from low-income communities.	Rural Health Information Hub. (n.d.). "Cavity Free at Three". Retrieved June 30, 2019. Link to "Cavity Free at Three" Rural Health Information Hub.

11	The Health of Rural	Health Outcomes	The Cavity Free at Three program, although a statewide effort, works with target counties, 87% of which are rural or frontier. Since its start in 2007, the program has trained 4,938 professionals in performing preventive dental health.	Rural Health Information Hub. (n.d.). "Cavity Free at Three". Retrieved June 30, 2019. Link to "Cavity Free at Three" Rural Health Information Hub.
11	The Health of Rural	Health Outcomes	Virtually every Medicaid enrollee has a dental benefit, but 1 in 5 does not realize it (19%).	Colorado Health Access Survey (2017 ed., pp. 1-30, Rep. No. 2017). (2017). Denver, CO: Colorado Health Institute. Retrieved July 18, 2018. Link to 2017 Colorado Health Access Survey.
11	The Health of Rural	Health Outcomes	22.7% of Children did not have a dental visit in the past year.	Colorado Health Access Survey (2017 ed., pp. 1-30, Rep. No. 2017). (2017). Denver, CO: Colorado Health Institute. Retrieved July 18, 2018. Link to 2017 Colorado Health Access Survey.
11	The Health of Rural	Health Outcomes	Tooth decay is 4 times more common than asthma among adolescents aged 14 to 17 years.	Water, Sanitation & Environmentally-related Hygiene. (2016, September 22). Retrieved September 7, 2018, from the Centers for Disease Control and Prevention. Link to Water, Sanitation & Environmentally-related Hygiene.
11	The Health of Rural	Health Outcomes	Older Adults Have the Highest Rate of Medical Coverage (99.9%) but the Lowest Rate of Dental Insurance (52.7%).	Colorado Health Access Survey (2019 ed., pp. 1-32, Rep. No. 2019). (2019). Denver, CO: Colorado Health Institute. Retrieved December 14, 2019. Link to 2019 Colorado Health Access Survey.
11	The Health of Rural	Health Outcomes	In 2019, 75% of Coloradans reported having dental insurance.	Colorado Health Access Survey (2019 ed., pp. 1-32, Rep. No. 2019). (2019). Denver, CO: Colorado Health Institute. Retrieved December 14, 2019. Link to 2017 Colorado Health Access Survey.
12	The Health of Rural	The Climate Crisis	A changing climate is creating warmer temperatures, dirtier air, different precipitation patterns, and more intense wildfires in Colorado. These changes directly affect the health of people across the state.	Global Issue, Local Risk. CHI's Health and Climate Index Identifies Colorado's Most Vulnerable Regions. Colorado Health Institute April 2019. Retrieved June 10, 2019. Link to Global Issue, Local Risk Report.
12	The Health of Rural	The Climate Crisis	Storms this past winter have caused the highest avalanche danger since the ratings started in 1973. As of March 2019, more than 3,000 avalanches had taken place in Colorado alone, and they're unusually large.	Avalanche Forecasters Say Rocky Mountain Region Now At Higher Risk. National Public Radio (NPR), March 20, 2019. Retrieved June 10, 2019. Link to the NPR Article "Avalanche Forecasters Say Rocky Mountain Region Now at Higher Risk"
12	The Health of Rural	The Climate Crisis	As the climate warms, severe, wet snow avalanche could start two to four weeks earlier than normal meaning a longer avalanche season and an uptick in slides is likely, which makes controlling avalanches difficult.	Avalanche Forecasters Say Rocky Mountain Region Now At Higher Risk. National Public Radio (NPR), March 20, 2019. Retrieved June 10, 2019. Link to the NPR Article "Avalanche Forecasters Say Rocky Mountain Region Now at Higher Risk"
12	The Health of Rural	The Climate Crisis	Health impacts include more heat-related illnesses, breathing and heart troubles, food and water contamination, traumatic injuries during extreme weather, mental health threats, and increased exposure to infectious diseases. These threats will only increase as big polluters and our transportation systems continue to pump climate-changing pollution from burning coal, oil, and natural gas into the air.	Climate Change and Health in Colorado - An Issue Brief by NRDC. June 2018. Retrieved June 10, 2019. Link to Climate Change and Health in Colorado Issue Brief.
12	The Health of Rural	The Climate Crisis	Southeast Colorado also had the state's highest rates of emergency department visits due to heat-related illnesses, as well as 60 extreme heat days in 2017.	Global Issue, Local Risk. CHI's Health and Climate Index Identifies Colorado's Most Vulnerable Regions. Colorado Health Institute April 2019. Retrieved June 10, 2019. Link to Global Issue, Local Risk Report.
12	The Health of Rural	The Climate Crisis	People in Colorado's Eastern Plains are most at risk from potential harmful effects of climate change on human health.	Global Issue, Local Risk. CHI's Health and Climate Index Identifies Colorado's Most Vulnerable Regions. Colorado Health Institute April 2019. Retrieved June 10, 2019. Link to Global Issue, Local Risk Report.
12	The Health of Rural	The Climate Crisis	Southeastern Colorado has many residents that are older, struggle with health issues, and experience poverty, therefore it was the state's most vulnerable in terms of sensitive populations. Northwestern Colorado has many residents that are younger and living in newer housing stock, therefore it is the state's least vulnerable population.	Global Issue, Local Risk. CHI's Health and Climate Index Identifies Colorado's Most Vulnerable Regions. Colorado Health Institute April 2019. Retrieved June 10, 2019. Link to Global Issue, Local Risk Report.
13	Rural Health Infrastructure	Emergency Medical Services (EMS)	The average EMS transport time for dispatch calls from scene to hospital arrival time is 34.1 minutes in rural Colorado compared to 23.3 in urban.	[Colorado EMS Database V2.2 - Colorado Urban / Rural EMS Responses Prepared by the EMTS Branch]. (2017). Unpublished raw data. Retrieved from Colorado Health Facilities and Emergency Medical Services Division December 2017. *Data represents 1/1/2016 through 12/31/2016. Link to Colorado Health Facilities and Emergency Medical Services Division.
13	Rural Health Infrastructure	Emergency Medical Services (EMS)	60% of trauma deaths occur in rural America, even though only 20% of Americans live in rural areas.	National Rural Health Association (NRHA). (n.d.). Rural Hospital Closures Decimating Rural Health Care Delivery [Brochure]. Retrieved August 8, 2018. <i>Please Note: This is a downloadable word document file from the NRHA website. For more information, send inquiries to CRHC.</i> Link to the National Rural Health Association.
13	Rural Health Infrastructure	Emergency Medical Services (EMS)	The average EMS "on scene time" for rural Colorado is 21.8 minutes, compared to 24.9 in urban.	[Colorado EMS Database V2.2 - Colorado Urban / Rural EMS Responses Prepared by the EMTS Branch]. (2017). Unpublished raw data. Retrieved from Colorado Health Facilities and Emergency Medical Services Division December 2017. *Data represents 1/1/2016 through 12/31/2016. Link to Colorado Health Facilities and Emergency Medical Services Division.

13	Rural Health Infrastructure	Emergency Medical Services (EMS)	Of reported EMS Responses for rural locations, 3.6% were for cardiac arrest (Urban: 2.4%) and 6.1% (Urban: 5.1%) were for motorvehicle accidents.	[Colorado EMS Database V2.2 - Colorado Urban / Rural EMS Responses Prepared by the EMTS Branch]. (2017). Unpublished raw data. Retrieved from Colorado Health Facilities and Emergency Medical Services Division December 2017. *Data represents 1/1/2016 through 12/31/2016. Link to Colorado Health Facilities and Emergency Medical Services Division.
13	Rural Health Infrastructure	Community Paramedicine	Community paramedicine is a relatively new and evolving healthcare model that allows paramedics and emergency medical technicians (EMTs) to operate in expanded roles with public health, primary care, and preventive services to underserved populations in the community with the goal to improve access to care and avoid duplicating existing services.	Rural Health Information Hub. "Community Paramedicine". Published June 26, 2018, retrieved July 1, 2019. Link to Rural Health Information Hub.
13	Rural Health Infrastructure	Community Paramedicine	Eagle County Community Paramedicine marks ten years of service. At implementation, the idea was to put emergency medical professionals to work in preventative medicine. Unlike traditional medical services, community paramedics come to the patient instead of forcing the patient to come to a doctor's office. Instead of arriving on the scene of a medical emergency, community paramedics are tasked with checking a patient's vitals or drawing blood to determine how a prescription regimen is working with the idea of keeping people from needing an ambulance ride.	Boyd, P., " Eagle County Community Paramedic program marks 10 years of service, celebrates ever-expanding reach". Vail Daily. Published April 21, 2019, retrieved July 1, 2019. Link to "Eagle County Paramedic Program" Article.
13	Rural Health Infrastructure	Community Paramedicine	In 2011, Eagle County's program decided to write a handbook detailing its operation and offering advice to other agencies that might be interested in launching a program. Since being posted, the handbook has been downloaded an average of five times a day.	Boyd, P., " Eagle County Community Paramedic program marks 10 years of service, celebrates ever-expanding reach". Vail Daily. Published April 21, 2019, retrieved July 1, 2019. Link to "Eagle County Paramedic Program" Article.
13	Rural Health Infrastructure	Community Paramedicine	What started as simply filling a gap in health care services by providing short-term home health care to Eagle County residents has since grown to routinely check in with the parents of newborns, a day or two after they leave the hospital, work with physicians and patients on at-home alcohol detox, or even collaborating in crisis co-response efforts with the Hope Center Eagle River Valley . 10 years later, roles continue to expand.	Boyd, P., " Eagle County Community Paramedic program marks 10 years of service, celebrates ever-expanding reach". Vail Daily. Published April 21, 2019, retrieved July 1, 2019. Link to "Eagle County Paramedic Program" Article.
13	Rural Health Infrastructure	Community Paramedicine	It is estimated that Eagle County's program saves the health care system about \$5,200 per patient on average.	Boyd, P., " Eagle County Community Paramedic program marks 10 years of service, celebrates ever-expanding reach". Vail Daily. Published April 21, 2019, retrieved July 1, 2019. Link to "Eagle County Paramedic Program" Article.
14	Rural Health Infrastructure	Workforce Shortages	Less than 40% of rural primary care providers* remain in the same rural community for 5 consecutive years. *Indicates providers placed and surveyed by the CRHC.	[Colorado Rural Health: Colorado Provider Recruitment (CPR) Retention Survey]. (2015). Unpublished raw data. Data retrieved from the CPR retention survey conducted in 2015 by the CRHC through SurveyMonkey.com (updated survey to be conducted in 2017). Link to Colorado Rural Health Center Website.
14	Rural Health Infrastructure	Workforce Shortages	Recruitment for an advanced practice nurse or physician assistant is 6 months on average.	[Colorado Rural Health: Colorado Provider Recruitment (CPR) Retention Survey]. (2015). Unpublished raw data. Data retrieved from the CPR retention survey conducted in 2015 by the CRHC through SurveyMonkey.com (updated survey to be conducted in 2017). Link to Colorado Rural Health Center Website.
14	Rural Health Infrastructure	Workforce Shortages	On average, it takes 1-3 years to recruit a Physician in rural Colorado.	[Colorado Rural Health: Colorado Provider Recruitment (CPR) Retention Survey]. (2015). Unpublished raw data. Data retrieved from the CPR retention survey conducted in 2015 by the CRHC through SurveyMonkey.com (updated survey to be conducted in 2017). Link to Colorado Rural Health Center Website.
14	Rural Health Infrastructure	Workforce Shortages	Of all active, licensed registered practitioners, rural Colorado receives only: 10% of the dentists (18% less than urban) 9% of the physicians (33% less than urban) 5% of the psychologists (67% less than urban)	Silvernale, R. (2017, April 5). Colorado Health Institute: Active Licensed Dentist/Physician/Psychologists. Retrieved October 4, 2017. Colorado Department of Regulatory Agencies (March 2017). <i>Please Note: A "" symbol indicates a disclaimer to this data. This data is sourced by the Colorado Health Institute in collaboration with the Department of Regulatory Agencies. Limitations exist with this data as dentists, physicians, and other healthcare providers are only counted once even though they may practice in additional, neighboring counties. Counts are solely based on the mailing address in the provider's licensure file and it is unknown whether that address is a home residence or a practice location. Additionally, on occasions where CRHC has been able to verify that a provider is practicing in a county where data indicates otherwise, this has been reflected in the data estimates provided.</i> Link to Colorado Health Institute.
14	Rural Health Infrastructure	Workforce Shortages	22* rural counties do not have an Active Psychologist (Baca, Cheyenne, Conejos, Costilla, Crowley, Dolores, Hinsdale, Huerfano, Jackson, Kiowa, Kit Carson, Las Animas, Lincoln, Mineral, Moffat, Phillips, Prowers, Rio Blanco, Saguache, San Juan, Sedgwick, Washington)	Silvernale, R. (2017, April 5). Colorado Health Institute: Active Licensed Psychologists. Retrieved October 4, 2017. Colorado Department of Regulatory Agencies (March 2017). <i>Please Note: A "" symbol indicates a disclaimer to this data. This data is sourced by the Colorado Health Institute in collaboration with the Department of Regulatory Agencies. Limitations exist with this data as dentists, physicians, and other healthcare providers are only counted once even though they may practice in additional, neighboring counties. Counts are solely based on the mailing address in the provider's licensure file and it is unknown whether that address is a home residence or a practice location. Additionally, on occasions where CRHC has been able to verify that a provider is practicing in a county where data indicates otherwise, this has been reflected in the data estimates provided.</i> Link to Colorado Health Institute.

14	Rural Health Infrastructure	Workforce Shortages	22* rural counties do not have a Licensed, Social Worker (Baca, Bent, Cheyenne, Conejos, Costilla, Custer, Dolores, Hinsdale, Huerfano, Jackson, Kiowa, Lincoln, Logan, Mineral, Phillips, Rio Blanco, Rio Grande, Saguache, San Juan, Sedgwick, Washington, Yuma).	Silvernale, R. (2017, April 5). Colorado Health Institute: Active Licensed Social Worker. Retrieved October 4, 2017. Colorado Department of Regulatory Agencies (March 2017). <i>Please Note: A "*" symbol indicates a disclaimer to this data. This data is sourced by the Colorado Health Institute in collaboration with the Department of Regulatory Agencies. Limitations exist with this data as dentists, physicians, and other healthcare providers are only counted once even though they may practice in additional, neighboring counties. Counts are solely based on the mailing address in the provider's licensure file and it is unknown whether that address is a home residence or a practice location. Additionally, on occasions where CRHC has been able to verify that a provider is practicing in a county where data indicates otherwise, this has been reflected in the data estimates provided.</i> Link to Colorado Health Institute.
14	Rural Health Infrastructure	Workforce Shortages	24* rural counties do not have a Licensed, Addiction Counselor (Baca, Bent, Cheyenne, Costilla, Crowley, Custer, Dolores, Hinsdale, Huerfano, Jackson, Kiowa, Lake, Mineral, Moffat, Morgan, Ouray, Phillips, Rio Blanco, Saguache, San Juan, San Miguel, Sedgwick, Washington, Yuma).	Silvernale, R. (2017, April 5). Colorado Health Institute: Active Licensed Addiction Counselor. Retrieved October 4, 2017. Colorado Department of Regulatory Agencies (March 2017). <i>Please Note: A "*" symbol indicates a disclaimer to this data. This data is sourced by the Colorado Health Institute in collaboration with the Department of Regulatory Agencies. Limitations exist with this data as dentists, physicians, and other healthcare providers are only counted once even though they may practice in additional, neighboring counties. Counts are solely based on the mailing address in the provider's licensure file and it is unknown whether that address is a home residence or a practice location. Additionally, on occasions where CRHC has been able to verify that a provider is practicing in a county where data indicates otherwise, this has been reflected in the data estimates provided.</i> Link to Colorado Health Institute.
14	Rural Health Infrastructure	Workforce Shortages	5* rural counties do not have a licensed dentist. (Cheyenne, Crowley, Hinsdale, Kiowa, San Juan).	Silvernale, R. (2017, April 5). Colorado Health Institute: Active Licensed Dentist. Retrieved October 4, 2017. Colorado Department of Regulatory Agencies (March 2017). <i>Please Note: A "*" symbol indicates a disclaimer to this data. This data is sourced by the Colorado Health Institute in collaboration with the Department of Regulatory Agencies. Limitations exist with this data as dentists, physicians, and other healthcare providers are only counted once even though they may practice in additional, neighboring counties. Counts are solely based on the mailing address in the provider's licensure file and it is unknown whether that address is a home residence or a practice location. Additionally, on occasions where CRHC has been able to verify that a provider is practicing in a county where data indicates otherwise, this has been reflected in the data estimates provided.</i> Link to Colorado Health Institute.
14	Rural Health Infrastructure	Workforce Shortages	1* rural county does not have a dentist or a physician (San Juan).	Silvernale, R. (2017, April 5). Colorado Health Institute: Active Licensed Physician & Active Licensed Dentist. Retrieved October 4, 2017. Colorado Department of Regulatory Agencies (March 2017). <i>Please Note: A "*" symbol indicates a disclaimer to this data. This data is sourced by the Colorado Health Institute in collaboration with the Department of Regulatory Agencies. Limitations exist with this data as dentists, physicians, and other healthcare providers are only counted once even though they may practice in additional, neighboring counties. Counts are solely based on the mailing address in the provider's licensure file and it is unknown whether that address is a home residence or a practice location. Additionally, on occasions where CRHC has been able to verify that a provider is practicing in a county where data indicates otherwise, this has been reflected in the data estimates provided.</i> Link to Colorado Health Institute.
15	Rural Health Infrastructure	Health Outcomes	7 of 10 deaths in Colorado can be attributed to 4 chronic diseases: heart disease, stroke, cancer and diabetes.	Chronic disease prevention. (2018). Retrieved June 5, 2019, from the Colorado Department of Public Health and Environment (CDPHE) Link to Chronic Disease Prevention: CDPHE.
15	Rural Health Infrastructure	Health Outcomes	Percentage with diagnosed COPD (Chronic Obstructive Pulmonary Disease) was greater among adults living in rural areas (about 8%) than among adults living in large metropolitan centers (about 5%).	Centers for Disease Control, "Urban-Rural Differences in COPD". Published in 2015 and page last reviewed March 8, 2018, retrieved June 30, 2019. Link to Urban-Rural Differences in COPD.
15	The Health of Rural	Health Outcomes	Death rates from COPD were also greater among people living in rural areas (about 55 per 100,000 people) versus people living in large metropolitan centers (32 per 100,000 people).	Centers for Disease Control, "Urban-Rural Differences in COPD". Published in 2015 and page last reviewed March 8, 2018, retrieved June 30, 2019. Link to Urban-Rural Differences in COPD.
15	The Health of Rural	Health Outcomes	The highest statistically significant rate of COPD emergency department visit rates when considering rural areas of the state is observed in Prowers County (68 per 10,000 people) with the lowest rate observed in Eagle County (3 per 10,000 people).	Colorado Department of Public Health and Environment (CDPHE). (2016). Chronic obstructive pulmonary disease (COPD) data. Retrieved June 30, 2019. Link to CDPHE COPD Interactive Data.
15	The Health of Rural	Health Outcomes	The highest statistically significant rate of hospitalizations due to COPD when considering rural areas of the state is observed in Bent County (33 per 10,000 people) with the lowest rate observed in Eagle County (3 per 10,000 people).	Colorado Department of Public Health and Environment (CDPHE). (2016). Chronic obstructive pulmonary disease (COPD) data. Retrieved June 30, 2019. Link to CDPHE COPD Interactive Data.
15	The Health of Rural	Health Outcomes	22% of adult rural Coloradans are considered obese with a distinct difference between the eastern plains (Yuma, CO - 25%) and some mountain areas of the state (Eagle, CO - 14%).	Robert Wood Johnson Foundation & University of Wisconsin Population Health Institute. (2019, April). Colorado County Data: Adult Obesity. Retrieved June 10, 2019. Link to County Health Rankings.
15	The Health of Rural	Health Outcomes	During 2016, nearly 1 in 4 children (or 22.3%) in Colorado are overweight or obese which equates to about 145,500 children ages 5-14 years.	Colorado.gov. (2017). Childhood Overweight and Obesity in Colorado: Chronic Diseases and Related Risk Factors in Colorado [Brochure]. Colorado. Retrieved August 7, 2018. Link to Childhood Overweight and Obesity in Colorado Fact Sheet.

15	The Health of Rural	Health Outcomes	Over 7% of adult rural Coloradans have diabetes. People with diabetes have health care costs 2.3 times greater than those without diabetes.	1. Robert Wood Johnson Foundation & University of Wisconsin Population Health Institute. (2019, April). Colorado County Data: Diabetes. Retrieved June 10, 2019. 2. American Diabetes Association (ADA). (2017). The Staggering Costs of Diabetes: A Growing Epidemic [Brochure]. Colorado. www.diabetes.org. Retrieved August 8, 2018. Link to County Health Rankings. Link to American Diabetes Association "Staggering Cost of Diabetes" Brochure
15	The Health of Rural	Health Outcomes	The Diabetes-Related Hospital Discharges (2013-2017) and Inpatient Hospitalizations per 100,000 persons in rural is 895 compared to urban at 1249.	Corado Department of Public Health and Environment. CDPHE Community Health Equity Map (2013-2017). Last Updated July 16, 2019. Retrieved July 23, 2019. Link to CDPHE Health Equity Map.
15	The Health of Rural	Health Outcomes	Costilla has roughly one in 10 (9%) adults diagnosed with diabetes – among the worst in the state. Kiowa ranked just behind Costilla at eight percent. Additionally, in Costilla and Kiowa one in five (22%) adults are obese.	Gomez, A."Hunger in a Land of Plenty". Colorado Health Institute (CHI). Retrieved June 20, 2019. Link to "Hunger in a Land of Plenty".
16	The Health of Rural	Health Outcomes	The life expectancy in both rural and urban is 80. The lowest life expectancy in rural is 76 in Sedgwick County while the highest life expectancy is 90 in Cheyenne County.	CDPHE. Life Expectancy (2010-2015). [Raw Data Source]. Retrieved 12/15/2019. Link to CDPHE Data Source.
16	The Health of Rural	Health Outcomes	The total cost of diabetes and prediabetes in the U.S. is \$322 billion.	American Diabetes Association (ADA). (2017). The Staggering Costs of Diabetes: A Growing Epidemic [Brochure]. Colorado. www.diabetes.org. Retrieved August 8, 2018. Link to American Diabetes Association "Staggering Cost of Diabetes" Brochure
16	The Health of Rural	Health Outcomes	Every 21 seconds someone in the U.S is diagnosed with diabetes.	American Diabetes Association (ADA). (2017). The Staggering Costs of Diabetes: A Growing Epidemic [Brochure]. Colorado. www.diabetes.org. Retrieved August 8, 2018. Link to American Diabetes Association "Staggering Cost of Diabetes" Brochure
16	The Health of Rural	Health Outcomes	The average price of insulin increased nearly 3 times between 2002 and 2013.	American Diabetes Association (ADA). (2017). The Staggering Costs of Diabetes: A Growing Epidemic [Brochure]. Colorado. www.diabetes.org. Retrieved August 8, 2018. Link to American Diabetes Association "Staggering Cost of Diabetes" Brochure
16	The Health of Rural	Health Outcomes	New Colorado Legislation passed in 2019 capping out-of-pocket costs of insulin at \$100 per month.	Min, S. "Colorado becomes first state to put cap on rising insulin prices". Published May 28, 2019, retrieved June 21, 2019. Link to "Colorado becomes first state to put cap on rising insulin prices".
16	The Health of Rural	Health Outcomes	The 5 year survival rate of lung cancer is 18.7%.	Cahill, C. (2017, November 08). Lung Cancer in Colorado. Retrieved September 5, 2018, from Colorado Cancer Coalition (CCC). Link to Colorado Cancer Coalition.
16	The Health of Rural	Health Outcomes	According to the CDC, Colorado has the 5th lowest overall rate of cancer in the United States, behind only District of Columbia, Arizona, New Mexico, and Nevada.	"The state of cancer in Colorado: Cancer death rate declines by 31 percent in the Centennial State". University of Colorado Anschutz Campus released February 2, 2019. Retrieved June 11, 2019 Link to "The State of Cancer in Colorado" Article.
16	The Health of Rural	Health Outcomes	U.S. cancer death rate has dropped 27% over 25 years.	"The state of cancer in Colorado: Cancer death rate declines by 31 percent in the Centennial State". University of Colorado Anschutz Campus released February 2, 2019. Retrieved June 11, 2019 Link to "The State of Cancer in Colorado" Article.
16	The Health of Rural	Health Outcomes	Colorado has the nation's highest per-capita rate of skin cancer which is attributed to altitude, climate, and that the state has among the highest UV exposures of any state.	"The state of cancer in Colorado: Cancer death rate declines by 31 percent in the Centennial State". University of Colorado Anschutz Campus released February 2, 2019. Retrieved June 11, 2019 Link to "The State of Cancer in Colorado" Article.
16	The Health of Rural	Health Outcomes	The Mortality Rate Per 100,000 Persons for Heart Disease in rural is 123 compared to urban at 146.	Corado Department of Public Health and Environment. CDPHE Community Health Equity Map (2013-2017). Last Updated July 16, 2019. Retrieved July 23, 2019. Link to CDPHE Health Equity Map.
16	The Health of Rural	Health Outcomes	Heart disease alone accounted for \$4.4 billion in annual costs in Colorado in 2010.	Colorado Department of Public Health and Environment (CDPHE). (2014). Cardiovascular Disease Burden and Disparities in Colorado:Facts for Action: Chronic Diseases and Related Risk Factors in Colorado [Brochure]. Author. Retrieved August 7, 2018. Link to Cardiovascular Disease Burden and Disparities in Colorado - Fact Sheet.
16	The Health of Rural	Health Outcomes	It is estimated that in 2019 there were 26,800 new cases of cancer and 8,120 deaths due to cancer. The largest number of deaths (1,500) are attributed to Lung and Bronchus cancers.	American Cancer Society. Cancer Statistics Center: Colorado. Link to the Cancer Statistics Center: Colorado

16	The Health of Rural	Health Outcomes	The Lung Cancer incidence rate in Colorado is 40.6 per 100,000 with a mortality rate of 27.3 per 100,000.	Cahill, C. (2017, November 08). Lung Cancer in Colorado. Retrieved September 5, 2018, from Colorado Cancer Coalition (CCC). Link to Colorado Cancer Coalition.
16	The Health of Rural	Health Outcomes	In Colorado, rates of Lung Cancer are decreasing.	Cahill, C. (2017, November 08). Lung Cancer in Colorado. Retrieved September 5, 2018, from Colorado Cancer Coalition (CCC). Link to Colorado Cancer Coalition.
17	Rural Health Infrastructure	Payment	Extensive evidence shows care delivered in advanced primary care models can improve quality, reduce unnecessary ER visits and hospitalizations, and reduce overall costs. Yet while primary care visits comprise 53% of all appointments, we only invest 5-8% of our health care dollars in primary care.	Statewide Affordability Standards through Value-Based Primary Care. Colorado Academy of Family Physicians Fact Sheet. State Legislative Session. January 2019. Retrieved July 21, 2019. Link to Colorado Rural Health Center's Website.
17	Rural Health Infrastructure	Payment	Rocky Ford Family Health Cost per Patient: \$130.57. Medicare Reimbursement per patient: \$82.30. Medicaid reimbursement per patient: 103.58. Rocky Ford loses \$48.27 on every Medicare visit, and \$26.99 on every Medicaid Patient.	Rocky Ford Family Health Center, LLC. Financial Discrepancies. 2019. Unpublished Raw Data, 2017. Link to Colorado Rural Health Center's Website.
17	Rural Health Infrastructure	Insurance Costs	In a study conducted by the Colorado Health Institute (CHI), 13 counties were identified as having low levels of both hospital and insurance carrier competition. Of the 13, 100% were rural/frontier counties.	Colorado Health Institute. "The Competition Conundrum" Published May 14, 2019 and updated May 17, 2019. Retrieved June 21, 2019. Link to "The Competition Conundrum" Report.
17	Rural Health Infrastructure	Insurance Costs	In general, rural areas have low levels of both hospital and carrier competition often due to: 1. Small patient volume can raise the average cost of patient care, driving up insurance premiums; 2. The individual market is uncertain and risky for carriers so they avoid the rural market.	Colorado Health Institute. "The Competition Conundrum" Published May 14, 2019 and updated May 17, 2019. Retrieved June 21, 2019. Link to "The Competition Conundrum" Report.
17	Rural Health Infrastructure	Insurance Costs	10.7% of Coloradans site cost as a barrier for prescription drugs. Specifically, 12.1% on Medicare, 12.8% on Medicaid/CHP+, and 19.8% of individuals who were uninsured.	Colorado Health Access Survey (2017 ed., pp. 1-30, Rep. No. 2017). (2017). Denver, CO: Colorado Health Institute. Retrieved July 18, 2018. Link to 2017 Colorado Health Access Survey.
17	Rural Health Infrastructure	Prescription Costs	In Colorado, some drug prices have increased nearly 500%, ultimately drowning patients in high healthcare costs.	Wingarter, J. "To Slash Prices, Colorado Moves to Import Canada's Prescription Drugs" by Tribune News Service, published May 21, 2019, retrieved June 21, 2019. Link to "To Slash Prices, Colorado Moves to Import Canada's Prescription Drugs" Article.
17	Rural Health Infrastructure	Prescription Costs	Colorado has become the first state to cap insulin prices, which have more than doubled since 2012. The state is capping co-payments for people with diabetes with private insurance at \$100 per month.	Min, S. "Colorado becomes first state to put cap on rising insulin prices". Published May 28. 2019, retrieved June 21, 2019. Link to "Colorado becomes first state to put cap on rising insulin prices".
17	Rural Health Infrastructure	Prescription Costs	Diabetics in the U.S. on average spent about \$5,700 for the drug in 2016.	Min, S. "Colorado becomes first state to put cap on rising insulin prices". Published May 28. 2019, retrieved June 21, 2019. Link to "Colorado becomes first state to put cap on rising insulin prices".
18	Rural Health Infrastructure	Critical Issue: Hospital Financial Sustainability	The average total profit margin of Critical Access Hospitals (CAHs) in Colorado is 1.74.	[FLEX Monitoring Program. CAHMPAS Critical Access Hospital (CAH) Data]. (2019). Unpublished raw data for 2017. Retrieved June 2019. <i>Please note that this data is not publically sourced.</i> Link to CAHMPAS Website.
18	Rural Health Infrastructure	Critical Issue: Hospital Financial Sustainability	The average operating margin of Critical Access Hospitals (CAHs) in Colorado is -3.0.	[FLEX Monitoring Program. CAHMPAS Critical Access Hospital (CAH) Data]. (2019). Unpublished raw data for 2017. Retrieved June 2019. <i>Please note that this data is not publically sourced.</i> Link to CAHMPAS Website.
18	Rural Health Infrastructure	Critical Issue: Hospital Financial Sustainability	The average days cash on hand of Critical Access Hospitals (CAHs) in Colorado is 152.	[FLEX Monitoring Program. CAHMPAS Critical Access Hospital (CAH) Data]. (2019). Unpublished raw data for 2017. Retrieved June 2019. <i>Please note that this data is not publically sourced.</i> Link to CAHMPAS Website.

18	Rural Health Infrastructure	Critical Issue: Hospital Financial Sustainability	The average days revenue in accounts receivable of Critical Access Hospitals (CAHs) in Colorado is 57.	[FLEX Monitoring Program. CAHMPAS Critical Access Hospital (CAH) Data]. (2019). Unpublished raw data for 2017. Retrieved June 2019. <i>Please note that this data is not publically sourced.</i> Link to CAHMPAS Website.
18	Rural Health Infrastructure	Critical Issue: Hospital Financial Sustainability	Total Margin is the percentage calculated by dividing net income by total revenues. The higher the Total Margin value the more the hospital retains on each dollar of sales (highest total margins - Gunnison County, lowest - Kit Carson County).	[FLEX Monitoring Program. CAHMPAS Critical Access Hospital (CAH) Data]. (2019). Unpublished raw data for 2017. Retrieved June 2019. <i>Please note that this data is not publically sourced.</i> Link to CAHMPAS Website.
18	Rural Health Infrastructure	Critical Issue: Hospital Financial Sustainability	Operating Margin measures how much profit a hospital makes on a dollar of sale, after paying for variable costs of production. The higher the Operating Margin the more profitable a hospital is (highest operationg margins - Gunnison County, lowest - Kit Carson County).	[FLEX Monitoring Program. CAHMPAS Critical Access Hospital (CAH) Data]. (2019). Unpublished raw data for 2017. Retrieved June 2019. <i>Please note that this data is not publically sourced.</i> Link to CAHMPAS Website.
18	Rural Health Infrastructure	Critical Issue: Hospital Financial Sustainability	Days Cash on Hand measures the number of days that an organization can continue to pay its operating expenses, given the amount of cash currently available. High Cash on Hand values imply higher liquidity and hence are viewed favorably by creditors (highest rural cash on hand hospital - Gunnison County, lowest - Morgan County).	[FLEX Monitoring Program. CAHMPAS Critical Access Hospital (CAH) Data]. (2019). Unpublished raw data for 2017. Retrieved June 2019. <i>Please note that this data is not publically sourced.</i> Link to CAHMPAS Website.
18	Rural Health Infrastructure	Critical Issue: Hospital Financial Sustainability	Days Revenue in Accounts Receivable measures the number of days that it takes an organization to collect its receivables. Low values means that it takes a hospital fewer days to collect its accounts receivable (highest days revenue in accounts receivable - Mesa County, lowest - Conejos County).	[FLEX Monitoring Program. CAHMPAS Critical Access Hospital (CAH) Data]. (2019). Unpublished raw data for 2017. Retrieved June 2019. <i>Please note that this data is not publically sourced.</i> Link to CAHMPAS Website.
18	Rural Health Infrastructure	Critical Issue: Hospital Financial Sustainability	"Charity Care" refers to health care provided for free or at reduced prices to low income patients. In 2015, rural Colorado Hospitalss bore the effects of the following: \$17,381,930 Charity Care	The Financial Health of Colorado Hospitals Trends 2011-2015 (2011-2015, pp. 1-138, Rep. No. 2015). (n.d.). Colorado Hospital Association (CHA). Retrieved August 14, 2018 on page 22 of report. Link to The Financial Health of Colorado Hospital Trends 2011-2015 Report.
18	Rural Health Infrastructure	Critical Issue: Hospital Financial Sustainability	"Bad Debt" is a loss that a company incurs when credit that has been extended to customers becomes worthless, either because the debtor is bankrupt, has financial problems or because it cannot be collected. In 2015, rural Colorado Hospitalss bore the effects of the following: \$46,534,448 Bad Debt	The Financial Health of Colorado Hospitals Trends 2011-2015 (2011-2015, pp. 1-138, Rep. No. 2015). (n.d.). Colorado Hospital Association (CHA). Retrieved August 14, 2018 on page 22 of report. Link to The Financial Health of Colorado Hospital Trends 2011-2015 Report.
18	Rural Health Infrastructure	Critical Issue: Hospital Financial Sustainability	In 2015, rural Colorado Hospitalss bore the effects of the following: \$45,489,342 of unreimbursed costs for Medicaid.	The Financial Health of Colorado Hospitals Trends 2011-2015 (2011-2015, pp. 1-138, Rep. No. 2015). (n.d.). Colorado Hospital Association (CHA). Retrieved August 14, 2018 on page 22 of report. Link to The Financial Health of Colorado Hospital Trends 2011-2015 Report.
19	The Rural Economy	Healthcare Drives the Economy	1 in 16 jobs in Colorado is in the healthcare sector.	Colorado Consumer Health Initiative. (2017, June). What Do Federal Health Care Changes Mean for Colorado's Economy? Colorado Consumer Health Initiative and Families USA [Press release]. Retrieved March 21, 2018. Link to Colorado Consumer Health Initiative.
19	The Rural Economy	Healthcare Drives the Economy	Healthcare is one of the top 3 industries in rural Colorado.	Colorado Center on Law and Policy: Forging Pathways from Poverty. (2016, December). Medicaid Works: Protect Rural Colorado. Retrieved March 9, 2018. Link to Colorado Center on Law and Policy.
19	The Rural Economy	Healthcare Drives the Economy	There are 9,800 employees on payroll (FTEs) in rural Colorado.	The Financial Health of Colorado Hospitals Trends 2011-2015 (2011-2015, pp. 1-138, Rep. No. 2015). (n.d.). Colorado Hospital Association (CHA). Retrieved August 14, 2018 on page 22 of report. Link to The Financial Health of Colorado Hospital Trends 2011-2015 Report.
19	The Rural Economy	Healthcare Drives the Economy	"Healthcare is the second fastest growing economic sector in the state, behind education."	Garner, E. (2017). Presentation on Population Trends Growth, Impact, Change [Colorado Overview 2017 - Colorado Demography Office and the Colorado Department of Local Affairs]. Retrieved August 14, 2018. <i>Please note: These statistics were taken from live, in-person conference presentation.</i> Link to Population Trends Growth, Impact, Change Presentation.
19	The Rural Economy	Healthcare Drives the Economy	In rural america, a hospital is often one of the largest employers in the community and can represent up to 20% of the community's employment and income.	National Rural Health Association (NRHA). (n.d.). Rural Hospital Closures Decimating Rural Health Care Delivery [Brochure]. Retrieved August 8, 2018. <i>Please Note: This is a downloadable word document file from the NRHA website. For more information, send inquiries to CRHC.</i> Link to the National Rural Health Association.

19	The Rural Economy	Outdoor Recreation	Outdoor recreation in Colorado creates nearly four times as many direct jobs (229,000) as the oil and gas industry (39,000) and the mining industry (19,000) combined.	Outdoor Industry Association: Colorado Report. Retrieved June 16, 2019. Link to Outdoor Industry Association Report: Colorado
19	The Rural Economy	Tourism	In 2018, Colorado welcomed approximately 85.2 million visitors (37.8 million overnight visitors) who spent more than \$22.3 billion. The tourism industry supports more than 174,000 jobs in Colorado. Tourism saves every Colorado household more than \$658.81 annually in taxes.	Tourism Pays for Colorado. Retrieved December 18, 2019. Additional Sources: Dean Runyan Associates, The Economic Impact of Travel on Colorado. Link to Tourism Pays for Colorado.
19	The Rural Economy	Oil & Gas	The natural gas and oil industry supports 232,900 jobs in Colorado. This accounts for 6.5% of Colorado's employment with workers receiving \$23 billion in wages and \$31.4 billion going back into Colorado's economy.	T. Bentley. (2018, Marc 3). Colorado's oil and gas industry pays its fair share already. Retrieved August 1, 2018 from the Denver Post. Link to the Denver Post Article.
19	The Rural Economy	Agriculture	Colorado's food and agriculture industry contributes \$40 billion to the State's economy. There are approximately 38,900 Colorado farms providing 173,000 jobs across the state.	FY19 Performance Plan: Food & Agriculture. Colorado Department of Agriculture. Retrieved August 1, 2018. Accessed under the link "FY2018-2019 Performance Plans" (Google Doc). Link to Colorado Department of Agriculture Performance Management.
20	The Rural Economy	The Rural Economy	1 rural physician's employment creates approximately 26 additional jobs and nearly \$1.4 million in income from the clinic and hospital.	Eilrich, F. C., Doeksen, G. A., & St. Clair, C. F. (2016). Estimate the Economic Impact of a Rural Primary Care Physician.Pg.1. National Center for Rural Health Works - October 2016 Research Study, 1-6. Retrieved September 25, 2017 from the Federal Office of Rural Health Policy (FORHP) and Health Resources and Services Administration (HRSA) Link to the "Estimate the Economic Impact of a Rural Primary Care Physician" Article.
20	The Rural Economy	The Rural Economy	The Top 5 Healthcare Occupations in rural Colorado: Registered Nurses Personal Care Aides Home Health Aides 4. Nursing Assistants Receptionists/Information Clerks	1. Colorado Key Industry: Health and Wellness [Pamphlet]. (n.d.). Denver, CO: Colorado Office Of Economic Development and International Trade. A Division of the Colorado Governor's Office - John W. Hickenlooper. Retrieved June 20, 2018. Link to Colorado Key Industry: Health and Wellness.
20	The Rural Economy	The Rural Economy	"The healthcare workforce in Colorado has increased 22% since 2008"	Garner, E. (2017). Presentation on Population Trends Growth, Impact, Change [Colorado Overview 2017 - Colorado Demography Office and the Colorado Department of Local Affairs].Retrieved August 14, 2018. <i>Please note: These statistics were taken from live, in-person conference presentation.</i> Link to Population Trends Growth, Impact, Change Presentation.
20	The Rural Economy	The Rural Economy	The salaries and benefits in rural Colorado total to \$904,409,165.	The Financial Health of Colorado Hospitals Trends 2011-2015 (2011-2015, pp. 1-138, Rep. No. 2015). (n.d.). Colorado Hospital Association (CHA). Retrieved August 14, 2018 on page 22 of report. Link to The Financial Health of Colorado Hospital Trends 2011-2015 Report.
20	The Rural Economy	The Rural Economy	Colorado has over 314,900 health and wellness workers across the state and a \$16.5 billion annual payroll. The industry has a compelling impact.	Colorado Key Industry: Health and Wellness [Pamphlet]. (n.d.). Denver, CO: Colorado Office Of Economic Development and International Trade. A Division of the Colorado Governor's Office - John W. Hickenlooper. Retrieved June 20, 2018. Link to Colorado Key Industry: Health and Wellness.
21	Appendix	iCARE Network 2019	iCARE Network May 2019 Fact Sheet Page 1	1. iCARE Program Information. State Office of Rural Health (SORH), Colorado Rural Health Center. Retrieved May 2019. 2. Quality Health Indicators (QHI) Website. [Raw Data] Data retrieved 2019 for communities that submitted data for at least Link to the Quality Health Network.
22	Appendix	iCARE Network 2019	iCARE Network - Aggregate Data for iCARE Communities 2019 Fact Sheet Page 2	1. iCARE Program Information. State Office of Rural Health (SORH), Colorado Rural Health Center. Retrieved May 2019. 2. Quality Health Indicators (QHI) Website. [Raw Data] Data retrieved 2018 for communities that submitted data for at least three quarters of the grant year. Link to the Quality Health Network. 3. Robert Wood Johnson Foundation & University of Wisconsin Population Health Institute. County Health Rankings (2018, April). Colorado County Data: Diabetic Monitoring, Diabetes Prevalence*. Retrieved June 19, 2018. Link to County Health Rankings.
23	Appendix	Maps	Colorado: County Designations, 2020	Metropolitan and Micropolitan - Population Density by Census Tract: 2010. Retrieved October 23, 2018 from the United Census Bureau. Link to Thematic Maps at the United Census Bureau.

23	Appendix	Maps	Rural Colorado: Access to Healthcare, 2020	Rural Health Information Hub. (n.d.). Retrieved February 28, 2018, from Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services. Last Reviewed January 2019. Link to Rural Health Information Hub.
24	Appendix	Maps	Colorado: Rural Health Facilities within County Designations, 2020	1. Critical Access Hospital Locations. Flex Monitoring Team: A Performance Monitoring Resource for Critical Access Hospitals, States, and Communities. Retrieved January 8, 2019. 2. Colorado Rural Health Center - State Office of Rural Health (SORH). Designated Facilities: RHC, Rural Facilities. Retrieved January 8, 2019 from CRHC sources and organizational database [CRM]. Link to Flex Monitoring Team: CAH Designations.
24	Appendix	Maps	Percent of the Population with a Disability, 2013-2017	Percent Disabled - ACS 5-Year 2013-2017. (n.d.). Colorado Department of Local Affairs (2013-2017). Retrieved on June 10, 2019. Link to Percent Disabled Map - Colorado Department of Local Affairs.
25	Appendix	Maps	Colorado Medicare Enrollment by County, 2011-2015 (State Average: 19%)	1. Colorado Health Institute (2015). Medicare Enrollees. Retrieved on January 14, 2019. 2. Total Population estimates retrieved from Colorado Department of Local Affairs, 2015. Census Estimates. Retrieved January 14, 2019. *Please note: Total population estimates were not available through Colorado Health Institute for 2015. Link to Colorado Health Institute. Link to Colorado Department of Local Affairs.
25	Appendix	Maps	Colorado Medicaid Enrollment by County, 2016 (State Average: 20%)	Colorado Health Institute (2016). Medicaid Caseload (2016). Retrieved on January 14, 2019. Link to Colorado Health Institute.
26	Appendix	Maps	Combined Medicaid (2016) and Medicare (2015) Enrollment by County (State Average: 42%)	1. Colorado Health Institute (2016). Medicaid Caseload (2016). Retrieved on January 14, 2019. 2. Colorado Health Institute (2015). Medicare Enrollees. Retrieved on January 14, 2019. 3. Total Population estimates retrieved from Colorado Department of Local Affairs, 2015. Census Estimates. Retrieved Link to Colorado Health Institute. Link to Colorado Department of Local Affairs.
26	Appendix	Maps	Rural Substance Use Disorder Treatment Facilities, 2018	Behavioral Health Treatment Services Locator. (2018). Retrieved September 18, 2018, from Substance Abuse and Mental Health Services Administration (SAMHSA). Link to Interactive Behavioral Health Treatment Services Locator.
27	Appendix	Maps	Bureau of Labor and Statistics: 2018 Bureau of Labor and Statistics Colorado Salaries	Bureau of Labor and Statistics: 2018 BLS Colorado Salaries - Regional Mean Wages. Retrieved May 2019 and is a point in time review of salaries. Link to Bureau of Labor and Statistics.
27	Appendix	Maps	2017 Median Home Value	United States Census Bureau - FactFinder: Median Housing Value of Owner - Occupied Housing Units. Retrieved December 15, 2019. Link to the Census Bureau FactFinder Tool.
28	Appendix	Maps	Unemployment Rates by County Not Seasonably Adjusted, October 2019	The Annie E. Casey Foundation. Unemployment rate by county in Colorado. Retrieved January 7, 2019. Link to Unemployment Rates.
28	Appendix	Maps	2018 Percentage of Coloradans Reporting Transportation as a Barrier to Healthcare	"Transportation: A Barrier to Care Across Colorado. Retrieved from the Colorado Health Institute. August 2018. Retrieved December 15, 2019. Link to the Colorado Health Institute.
29	Appendix	Maps	Number of ACA Insurers on the Individual Marketplace 2014 to 2020	Kaiser Family Foundation (KFF). "Insurer Participation on ACA Marketplaces, 2014-2020". Retrieved December 23, 2019. Link to Insurer Participation on ACA Marketplaces, 2014-2020.
29	Appendix	Maps	Regional Accountable Entities (RAE) Regions in ACC Phase II	Colorado Health Institute. "The Ways of the RAEs". October 2018. Retrieved December 23, 2019. Link to Colorado Health Institute.
30	Appendix	Maps	Mental Health Facilities by Type (2019)	Colorado Department of Public Health and Environment (CDPHE). "Health Facilities". Retrieved December 23, 2019. Link to Health Facilities - CDPHE.
30	Appendix	Maps	Projected Population Change 2018 - 2050	Looking Back to See Ahead - Population Trends in Colorado. November 2019. Retrieved January 3, 2020. Link to Presentation of Population Trends in Colorado.
31	Appendix	Maps	Percent of People Who Speak a Language Other than English at Home, 2013-2017	Speak Language other than English at Home (n.d.). Colorado Department of Local Affairs (2013-2017). Retrieved on June 10, 2019. Link to Colorado Department of Local Affairs Map.
31	Appendix	Maps	Percent of Owners Spending >30% of Household Income on Housing, 2013-2017	Percent of Owners Spending >30% of Household Income on Housing Costs. (n.d.). Colorado Department of Local Affairs (2013-2017). Retrieved on June 10, 2019. Link to Colorado Department of Local Affairs Map.
32	Appendix	Expanded Definitions and County Breakdowns	Rural Counties List, Frontier Counties List, and Urban Counties List	Metropolitan and Micropolitan - Population Density by Census Tract: 2010. Retrieved October 23, 2018 from the United States Census Bureau. Link to Thematic Maps at the United States Census Bureau. Link to "Am I Rural?"