

# SNAPSHOT OF RURAL HEALTH IN COLORADO

- 2021 -

 **OLORADO  
RURAL HEALTH  
CENTER**

*The State Office of Rural Health*

# COLORADO RURAL HEALTH CENTER

## *The State Office of Rural Health*

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

### *Our Organization*

The Colorado Rural Health Center (CRHC) was established in 1991 as Colorado's State Office of Rural Health. As a 501(c)(3) nonprofit organization, CRHC serves dual roles as the State Office of Rural Health with the mission of assisting rural communities in addressing healthcare issues; and as the State Rural Health Association, advocating for policy change on behalf of its members and all rural healthcare providers.

### *Mission & Vision*

Our mission is to enhance healthcare services in the state by providing information, education, linkages, tools, and energy toward addressing rural health issues. Our vision is to improve healthcare services available in rural communities to ensure that all rural Coloradans have access to comprehensive, affordable, high quality healthcare.

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### *Definitions*

#### **CRITICAL ACCESS HOSPITALS**

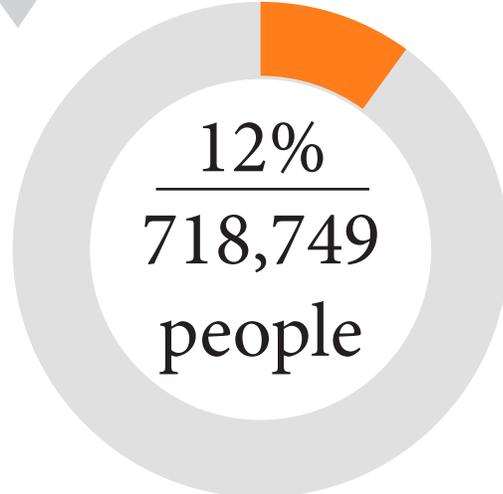
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#### **Federally Certified RURAL HEALTH CLINICS**

Rural Health Clinics (RHCs) were created by the Rural Health Clinic Services Act of 1977 to support and encourage access to primary healthcare services for rural residents. RHCs must be located in a federally-designated provider shortage area. RHCs are paid an all-inclusive rate of \$83.45-\$110.36 per visit furnished by an eligible practitioner though the rate often does not cover the cost of a visit. The 57 RHCs across Colorado provide primary and preventative health services to an estimated 130,000 Coloradans annually.



# Demographics



The estimated Colorado population in 2021 is 5,872,697. The rural population is 718,749, 12.2% of the total state population.

## An Aging Population

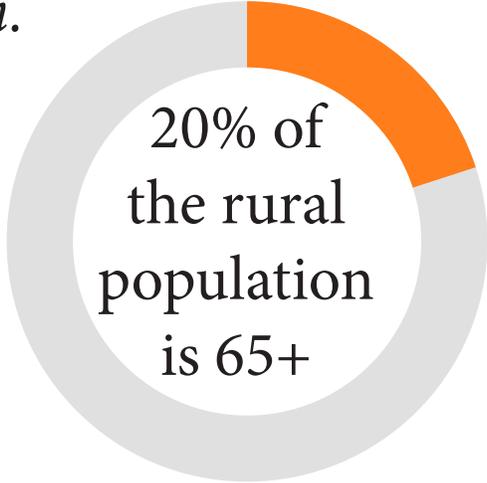
Median Projected Age: 2025

Rural - 42

Urban - 40



The state's top 3 oldest counties represent rural areas and have a median age of over 53 including Custer, Mineral and Huerfano Counties.



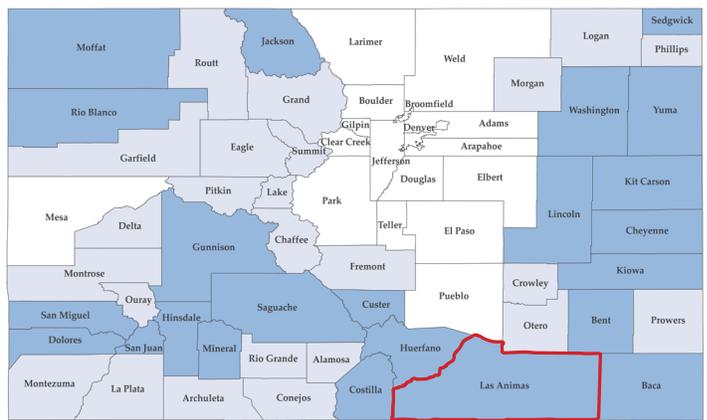
15% of the urban population is 65+



## Colorado is a rural state

47 of Colorado's 64 counties are rural or frontier (73%)

77% of Colorado's landmass (square miles) is considered rural or frontier



- Urban (17)
- Rural (24)
- Frontier (23)

Rural Las Animas County is roughly the size of Connecticut, yet has only 1 hospital

*"Rural" - a non metropolitan county with no cities over 50,000 residents*  
*"Frontier" - a county that has a population density of 6 or fewer residents per square mile*



# Demographics

## PEOPLE

### Race and Origin of Coloradans

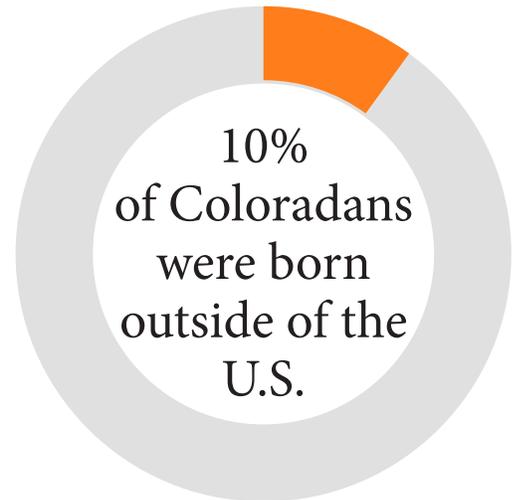


- 67.7%** White (Not Hispanic or Latino)
- 21.8%** Hispanic or Latino
- 4.6%** Black or African American
- 3.5%** Asian
- 3.1%** Two or More Races
- 1.6%** American Indian & Alaska Native
- 0.2%** Native Hawaiian & Other Pacific Islander

*People of color comprise about 26% of the population in rural communities and 31% in urban areas.*

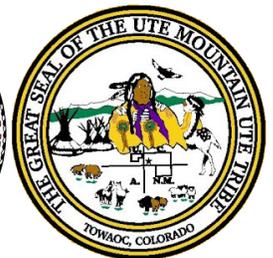


1 in 4 non-citizens (27.1%) are uninsured, compared with 1 in 20 citizens (5.8%).



### Native Americans in Colorado

- The Southern Ute Indian Tribe and the Ute Mountain Ute Tribe are the two federally recognized tribes residing in Colorado.
- There are about 56,010 American Indian (AI) and Alaska Natives (AN) in Colorado, which is 1.1 percent of the State's total population.
- 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%.
- 21.1% of AI/AN Coloradans are living below the poverty level compared to all Coloradans at 11.5% (a 59% difference).
- 45.7% of AI/AN Coloradans are food insecure compared to all Coloradans at 23.9%.
- 14.9% of American Indian/Alaska Native Coloradans are uninsured compared to all Coloradans at 11.2%.



# Demographics

## PEOPLE

### Veterans



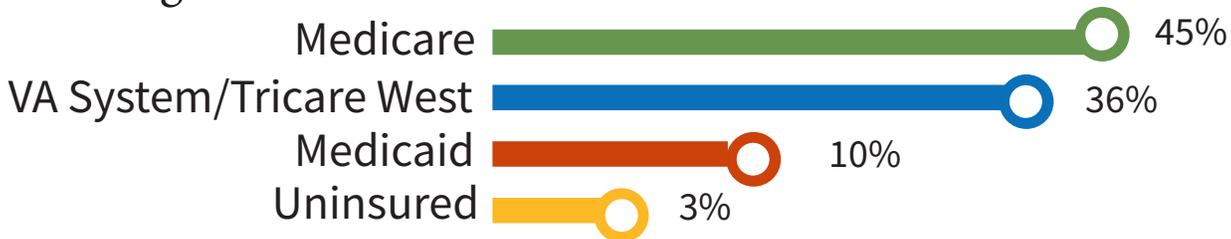
2x

Coloradans who have served are more than twice as likely to have a disability that makes it difficult to get around. In August 2019, 4.7 million veterans in the US, or 25% of the total, had a service-connected disability.

An estimated 387,618 veterans currently live in Colorado (6.5% of the population).



### Covering Veterans' Healthcare



### Program Spotlight: Together with Veterans



*“Suicide among veterans has been steadily increasing, and rural veterans have a 20% increased risk of death by suicide compared to urban veterans.”*

“A program called Together With Veterans was formed to help rural communities address and prevent suicides among veterans. The initiative is veteran-led, collaborative, evidence-based, and community-centered.

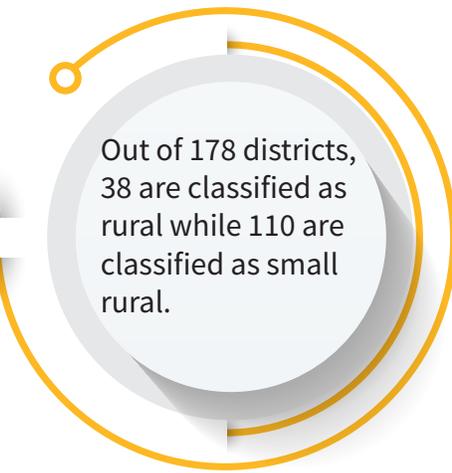
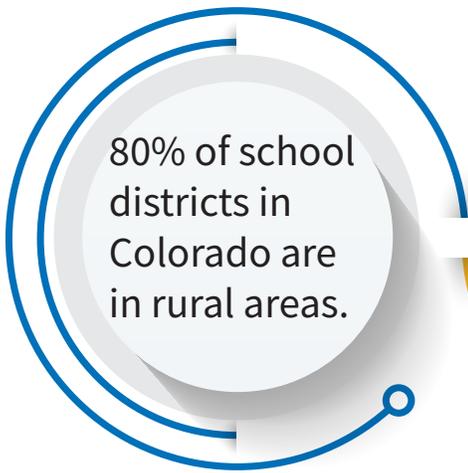
Based in Colorado, Together With Veterans (TWV) Rural Suicide Prevention Program recruits, trains, and organizes veterans and supporting organizations to lead evidence-informed veteran suicide prevention strategies in their communities. TWV was initially developed using a community-based participatory research approach and helps tailor these strategies to individual communities. By emphasizing veteran leadership, TWV maximizes opportunities to prevent suicide and encourage wellbeing among rural veterans.

Together With Veterans is making a difference for the veterans and partners who have participated. Every quarter, TWV reaches 1,500 rural veterans through direct contact at meetings, regional events, or local coordinators.

To reduce veteran suicide, especially in rural Colorado, it is important to understand and address social, economic, and cultural factors unique to their communities. Veterans have different life experiences than people who have never served in the military, and data show they often are reluctant to seek mental health care.”

-Together With Veterans Rural Suicide Prevention Program, Rural Health Information Hub

# EDUCATION



*Colorado spends on average \$10,202 per student compared to the national average of \$12,612.*

## Colorado's Rural Educational Achievement Gap



Nearly 40% of prime working age people in rural counties have a high school education or less, compared to 31% in urban areas.



86% of rural Colorado students graduate high school, surpassing 83% of urban students in the state.



60% of rural Coloradans attend some kind of post-secondary education, compared to 73% of urban Coloradans.



10% of adult Coloradans lack the most basic literacy skills.

## Teacher Pay

*Colorado teachers are paid far less than the national average when compared to comparable jobs for college graduates.*

"More than a third of Colorado school districts — mostly small, rural ones — have average teacher salaries of less than \$40,000 a year, and 85% of Colorado's districts have average teacher salaries under \$50,000." - The Colorado Independent

In the 2019-2020 teaching year, the 10 districts with the lowest average teacher salaries resided in rural counties. The average salaries for those 10 districts fell below \$36,000. The state's average salary for this same time period was \$57,745.



*Colorado teacher salaries in almost every rural district (95%) are below the regional cost of living.*



# Demographics

## INCOME AND 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.*

### - Cost of Living - Housing and Food



#### Foreclosure



15% of all rural foreclosures occurred in Fremont (8.6%) and Garfield (6.9%) counties.

#### Back Mortgages



The number of unpaid mortgages in Colorado in July 2020 spiked to near record levels widening a housing divide that existed in Colorado before the pandemic. The demand for housing pushed prices to record levels, increasing the state's homeless population to nearly twice the number from a year earlier.

#### Rent Burdened



In 48 of Colorado's 64 counties, families are rent burdened, defined as spending 35% or more of household income on rent.

#### Food Insecurity



Costilla and Crowley are the rural counties with the highest percentage of people facing food insecurity at 18%. The state average rate of food insecurity is 10%.

#### Food Stamps



Colorado ranks 43rd in the nation for access to food stamps with only 60% of those eligible getting the nutritious food they need, falling well below the national average of 73% for enrollment.

### Childhood Poverty



50% of rural children enrolled in public schools are eligible for free or reduced lunch compared to 37% of urban children.

71% of children in Huerfano County are eligible for free or reduced lunch, compared to the state average of 42%.



In Colorado, 1 in 8 children struggles with hunger.



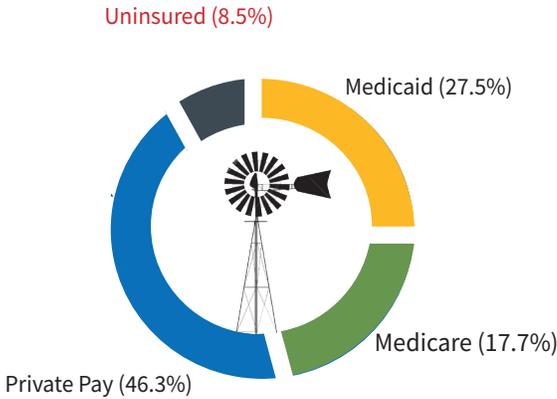
20% of rural kids live in poverty with an income of \$26,200/family of four, compared to 11% of urban kids. In Huerfano County, 37% of children are living in poverty.



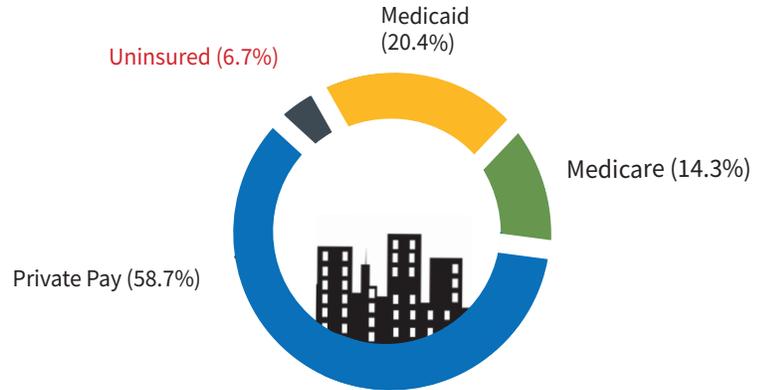
# HEALTHCARE COVERAGE

*Rural Colorado has higher rates of public insurance (a 32% difference) when compared to urban Colorado*

**Rural Payer Mix**



**Urban Payer Mix**



Insurance premiums in rural communities are often markedly higher than in urban areas of Colorado, with residents sometimes facing premiums that are twice as high as those living in the Denver metro region. The western slope observes the highest insurance rates in the state.

Rural premiums average 32% higher than urban parts of Colorado.

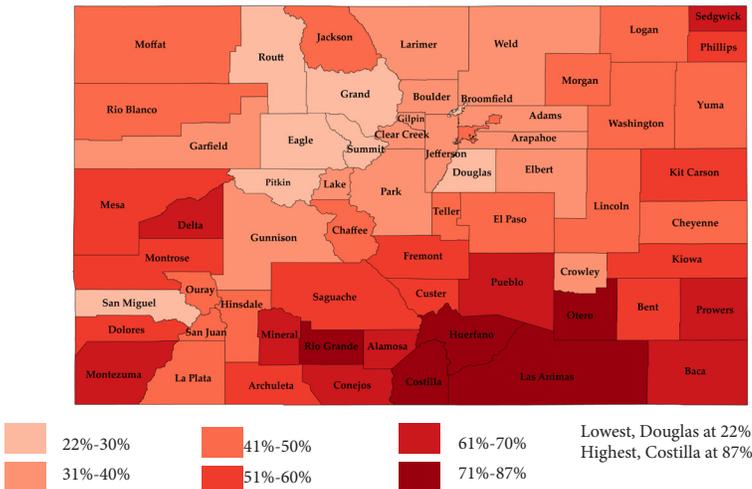
## Uninsured Rates, Pre-COVID

“Colorado’s uninsured rate remains steady at 6.5 %, or 361,000 Coloradans. Uninsured rate varies across the state, from 2.6 percent in Jefferson County to 14.3% in the I-70 mountain corridor, where insurance premiums are most expensive.” -Colorado Health Institute

## Uninsured Rates By Age Group



**Total Medicare and Medicaid Enrollees, Combined October 2020**



## Case Study: Costilla County

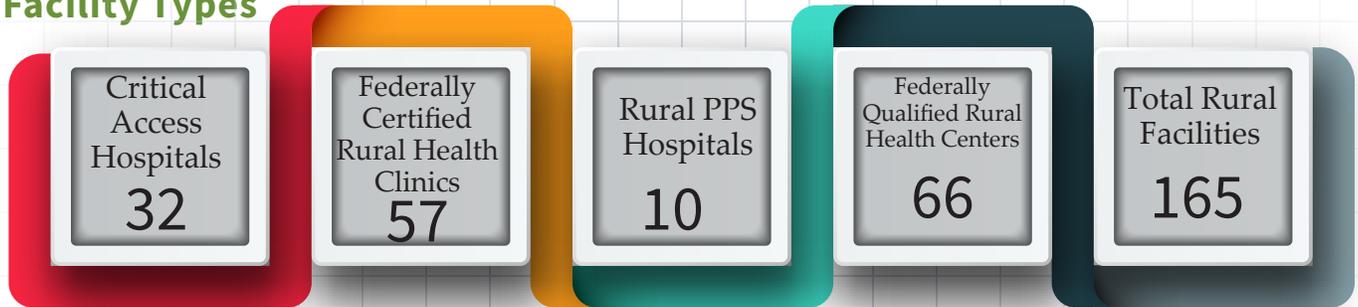
- Costilla County has the highest combined Medicare/Medicaid rate of all Colorado counties at 87%, while the top 5 counties with the highest Medicaid/Medicare enrollment in the state are rural and frontier.
- 15% of adults in Costilla County are uninsured (State: 9%)
- 4.3% of working adults were unemployed in Costilla County pre-COVID (State: 3.3%)
- Children in poverty in Costilla County: 37% (State: 12%)
- Children in single-parent households: 43% (State: 27%)



# The Health of Rural

## ACCESS

### Facility Types



### Definitions

#### CRITICAL ACCESS HOSPITALS

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## RURAL HEALTH INFORMATION TECHNOLOGY

### Broadband Access

- 91.9% of Coloradans have access to wired broadband 25mbps or faster.
- 96.8% of Coloradans have access to wireline service.
- 20.0% of Coloradans have access to fiber-optic service.
- 87.2% of Coloradans have access to cable service.
- 94.1% of Coloradans have access to DSL service.



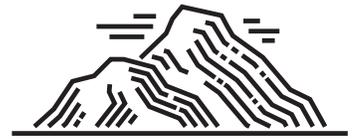
The geography of the Rocky Mountains may be appealing, but it serves as a barrier to accessible and reliable internet access. Despite efforts made by many rural communities to create unique local solutions, much of the state's rural and frontier counties are limited to fixed wireless or satellite connectivity.

*The five counties with the lowest broadband coverage (less than 40%) are all rural or frontier counties. Dolores County comes in last at 12.9%.*



Colorado is struggling to keep up with the rest of the U.S. in broadband affordability. Only a mere 3% of Colorado's residents have access to a standalone internet plan under \$60 per month. Of all 50 states, there are only 3 states that perform worse in this category.

As of February 2020, broadband expansion has been successful in Colorado with 87% coverage statewide.



Expansion is also in the works for the Western Slope where GigaPop wants to team with local governments to improve broadband in rural Colorado. Proposals are currently looking for funding for the \$2.2 million project.

*Definition: "Gigapop is short for gigabit point-of-presence, an access point to Internet2, the network collaboration between universities and partners in industry and government to develop advanced Internet technologies and applications such as telemedicine and digital libraries." - TechTarget*

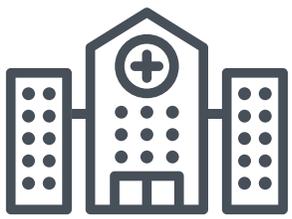
### Electronic Medical Records (EMR) Costs

Costs for one rural healthcare facility:



It costs \$162,000 for a small clinic to implement an Electronic Medical Record

\$85,000 of the price goes to first-year maintenance costs.



\$5-20 million to implement a large system EMR

The average cost of hospital EHR implementation would be higher given the larger scale. Estimates show that these costs vary widely for community hospitals with some organizations paying less than \$5 million and others more than \$20 million to implement an EHR.  
-EHR in Practice



38%

In 2019, 38% of healthcare CIOs listed 'EMR optimization' as their organization's top area of planned capital investment over the next three years.  
-EHR in Practice



*Colorado's rural healthcare facilities and the communities they serve have benefited from expanded telehealth capabilities during the pandemic. These regulatory changes have empowered rural providers to safely deliver vital services to patients while remaining financially sustainable.*

### Telemedicine: Opportunities and Barriers



#### Case Studies in Telehealth from Rural Healthcare Providers

- "Perhaps the strongest way to encourage telehealth is to expand the range of services for which public and private insurers will reimburse providers. Colorado is considered progressive among states for making strides in telehealth. One big step was enacting legislation in 2015 mandating that telemedicine services be reimbursed at the same rate as in-person services" - The Colorado Health Institute "Telemedicine in Colorado" Report
- "At Pediatric Partners of the Southwest, in Durango, telehealth has been an established part of its healthcare approach for more than five years. Still, the policy changes that came with COVID-19 dramatically changed how the clinic worked. Before March 2020, telehealth was mostly used for conditions that didn't need a physical exam, like pink eye, some rashes, and some mental health visits. By late April, most sick visits were conducted remotely through a mix of phone and video calls. The clinic is still offering some in-person check-ins, including car-side visits. " - The Colorado Health Institute "Telemedicine in Colorado" Report
- By April 6, 2020, 73% of adult and pediatric primary care visits at the state's largest safety net hospital (Denver Health) were being conducted remotely. In some healthcare specialties, between 80% and 100% of visits were telehealth visits.



Of patients who like using telehealth services, 65% say it is because telehealth visits are more convenient than in-office appointments, and 63% say it's because they do not have to worry about being exposed to other potentially sick patients. Americans who like using telehealth services also

like it because it is easier to schedule an appointment via telehealth than an in-office appointment (44%), and because follow-ups/communications post-appointment are more streamlined (38%).

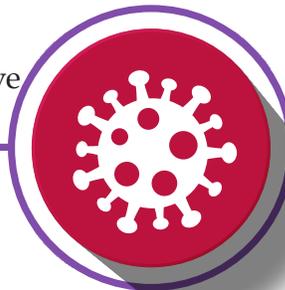


Rural providers across the state are using telehealth for a variety of services, including: primary care visits (specially for those at high-risk for COVID-19 complications), Oncology, mental health, Stroke assessment, home health, infectious disease control, chronic pain visits, and long-term care



Prior to COVID-19, many RHCs and CAHs were working on telemedicine initiatives to achieve lower healthcare costs, drive up

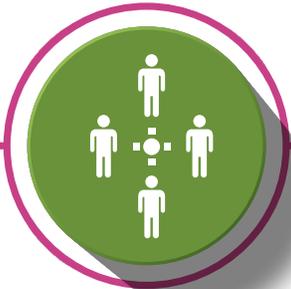
efficiency, promote financial viability, and improve access.



Due to restrictive regulations before the pandemic, CAHs and RHCs were essentially launching telehealth programs from scratch.



Rural patients are more reluctant to use telehealth services, and those that are willing often face challenges with poor broadband connectivity and little access to computers and cellphones.



Providers indicated that while they are seeing the same number of patients, the reimbursement is significantly less for telehealth, effectively punishing providers who prioritize safety over profit.



### *Rural Colorado Telehealth Win: SB20-212*

SB20-212 Reimbursement for Telehealth Services was signed into law in July 2020. The bill codifies into state law many of the COVID relaxed regulations for telehealth. The legislation allows RHCs to serve as the originating site for telehealth services and reimburses them at in-person rates, among other provisions. The bill allows rural Colorado healthcare providers to continue delivering safe and timely access to telehealth services across the state. CRHC members have been working diligently to provide these services in their communities as a means of keeping their patients safe and keep their doors open.



*54% of rural Colorado counties lack OB services.*



Half of U.S. counties lack a single OB-GYN. Predictions said that by 2020, there will be up to 8,000 fewer OB-GYNs than needed, and the number may rise to 22,000 by mid-century. Rural Colorado has a 43% higher teen pregnancy rate than urban parts of the state.



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.

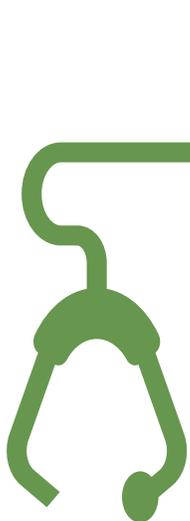
Title X provides about \$3.8 million a year to Colorado.



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.

*80% of maternal deaths in Colorado are preventable.*



*When one Colorado hospital was forced to shut down its labor and delivery department, the next closest hospital was 45 miles away, over mountain passes.*

*Of Colorado's 32 Critical Access Hospitals, just 18 now have obstetrics departments.*

# ORAL HEALTH



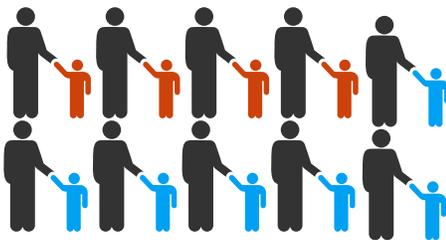
Although Colorado ranks in the top 3 states with the greatest percentage of seniors retaining their natural teeth, 18% of Coloradans over age 65 have lost ALL of their natural teeth.



Adults in rural areas have almost twice the prevalence of tooth loss vs. urban adults.

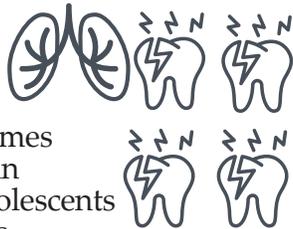


Rural communities lack access to oral health providers due to geographic isolation and workforce shortages.



By kindergarten, 40% of children in Colorado already have dental decay and this rate increases for children of low-income communities.

4x



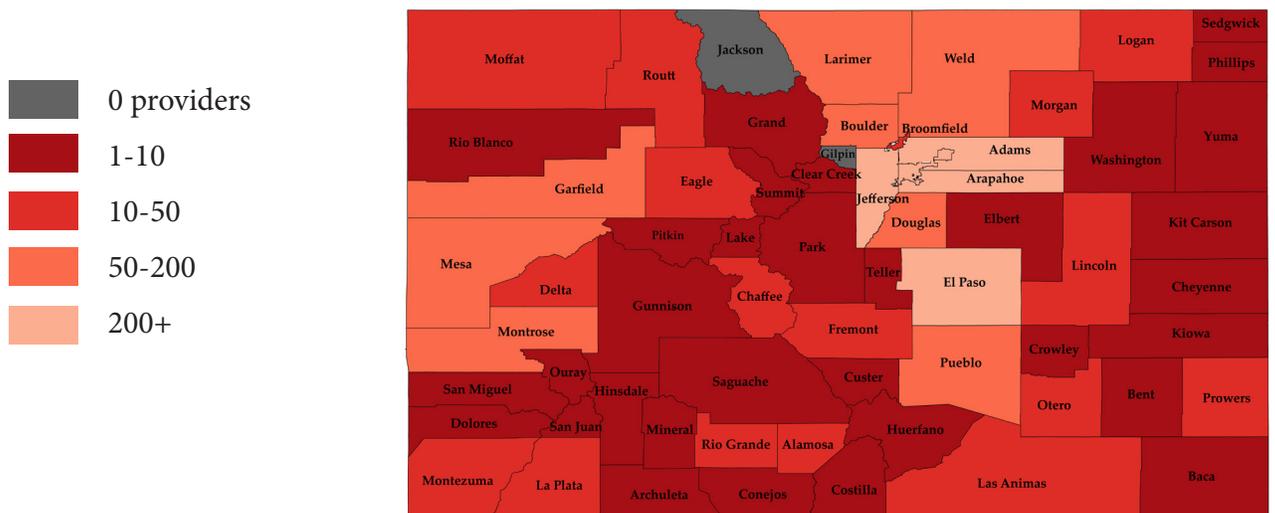
Tooth decay is 4 times more common than asthma among adolescents aged 14 to 17 years.



The installation and maintenance of fluoridated water systems in rural areas can be expensive.

According to the American Dental Association, fluoridation of community water sources can cost between 50 cents per year per person to \$3 per year per person, depending on community size.

## Number of Providers Providing Dental Services to Medicaid Patients



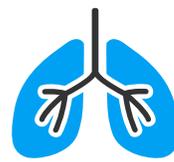


*According to the Colorado Health Institute, a changing climate is creating warmer temperatures, dirtier air, different precipitation patterns, and more intense wildfires in Colorado. These changes directly affect the health of people across the state.*



### \$136 Billion

The past decade has resulted in 29 climate disasters costing over \$136 billion in damages to Colorado and neighboring regions. It is expected that climate disasters are likely to increase as the climate crisis worsens.



### 3.5 Million Coloradans

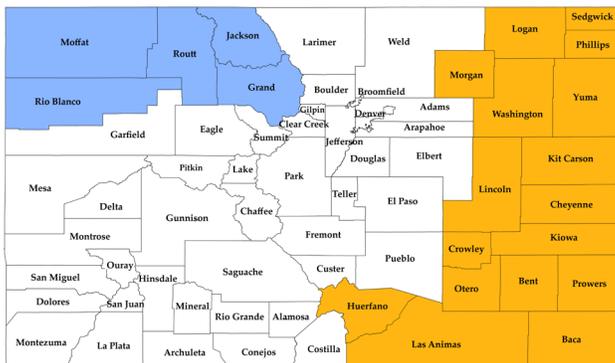
3.5 million Coloradans live in areas where the air is considered unhealthy. Unhealthy air can cause negative health outcomes.

*4 of the 5 largest wildfires in recorded Colorado history burned in 2020 alone. The 10 largest fires in history have occurred since 2002.*



Air quality can diminish for thousands of miles from the source of a wildfire, adversely affecting the health of residents with respiratory conditions, children and the elderly. Additionally, many tribal reservations are at high risk due to geographic location and economic vulnerability.

### Regional Climate Change Risk



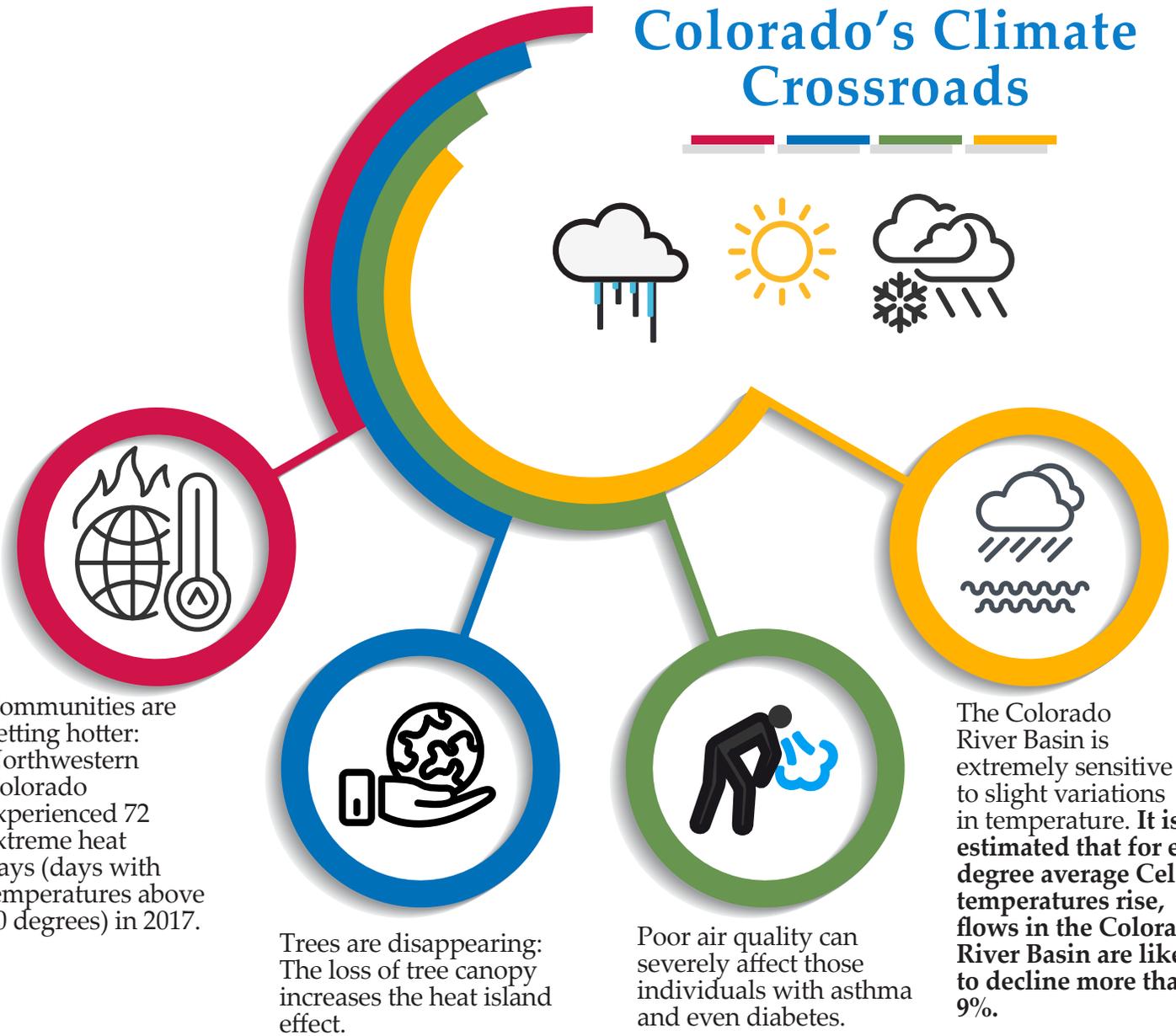
Southeast Colorado had the state's highest rates of emergency department visits due to heat-related illnesses, as well as 60 extreme heat days in 2017.

People in **Colorado's Eastern Plains** are most at risk from potential harmful effects of climate change on human health.

Southeastern Colorado has many residents that are older, struggle with health issues, and experience poverty. Therefore it was determined to be the state's most vulnerable area in terms of sensitive populations.

**Northwestern Colorado** has many residents that are younger and living in newer housing stock, therefore it was named the state's least vulnerable population.

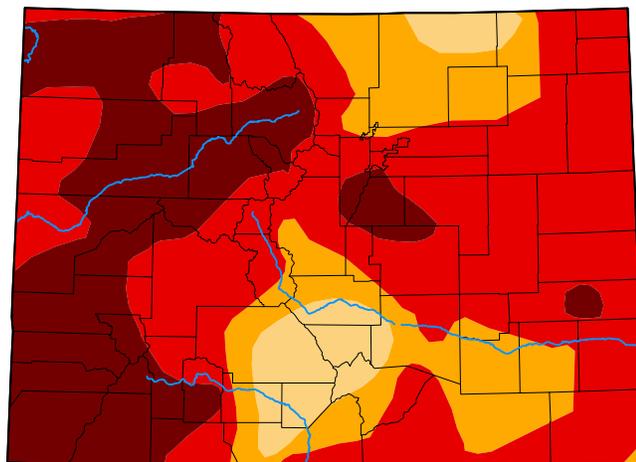
# Colorado's Climate Crossroads



## Colorado Drought Monitor 2020

Droughts impact the ecosystem, reduce crop production and increase wildfires. Agricultural and recreational economic losses increase as drought levels increase.

In recent years, droughts have deeply affected the Eastern Plains farming communities and they are expected to continue as climate change progresses. Poor crop yield produces financial loss in the farming economy, ultimately impacting individual and community health.



**Intensity:**

- None
- D0 Abnormally Dry
- D1 Moderate Drought
- D2 Severe Drought
- D3 Extreme Drought
- D4 Exceptional Drought

The Drought Monitor focuses on broad-scale conditions. Local conditions may vary. For more information on the Drought Monitor, go to <https://droughtmonitor.unl.edu/About.aspx>

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[droughtmonitor.unl.edu](https://droughtmonitor.unl.edu)



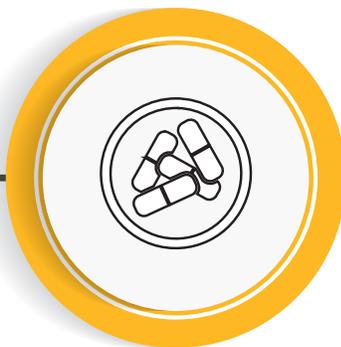
In Colorado, the fentanyl-related death rate is more than four times higher than in 2016.



Colorado ranks 27th in the nation for opioid related death rate (9.5 per 100,000), compared to the poorest ranking state, West Virginia, at 42.4 per 100,000 (2018).



Heroin emergency department visits in th state increased from 2011 to 2016 (an increase of over 3 times higher). The rate went from 4.4 per 100,000 to 13.7 per 100,000.



Deaths involving methamphetamines are six times greater when compared to 2012.

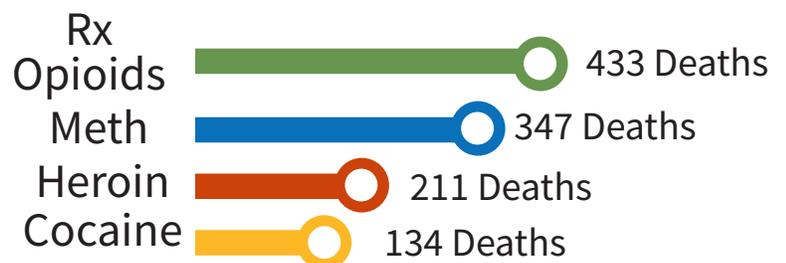
Although deaths linked with prescription opioids decreased in 2018, they increased in 2019.

Opioids kill one person in Colorado every 9.5 hours

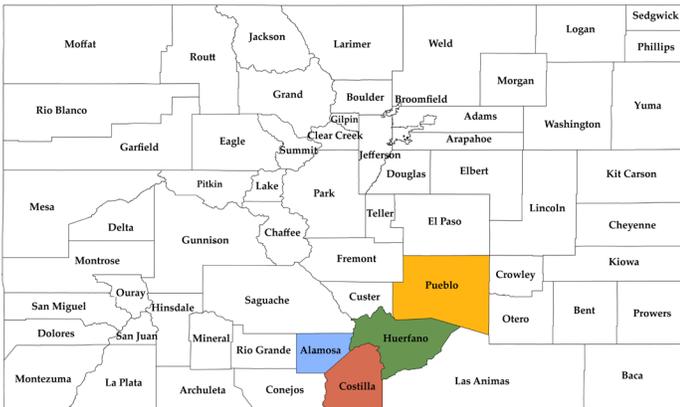
### Over 1,000 Coloradans Dead in 2019 from Overdoses

In 2019, 1,062 Coloradans, the highest number since 2017, died of a drug overdose. The drug overdose death rate also reached a record high in 2019 at 17.8 deaths per 100,000 people. Each category, except prescription opioids, saw an increase since 2017.

Fentanyl deaths climbed sharply in 2019 to 220 total, accounting for a fifth of all overdose deaths.



# 9 of the 10 Colorado counties with the highest overdose death rates are rural.



**Pueblo County's** heroin-related overdose rate from 2011-2016 was 8.1 deaths per 100,000 residents. This is the highest rate of all Colorado counties and is three times higher than the state rate.

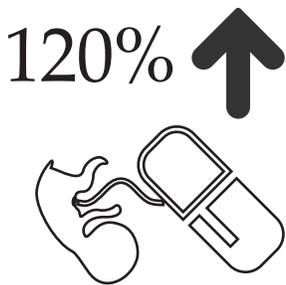
The number of felony drug cases in the **Alamosa** District Court rose from 88 in 2011 to 336 in 2017.

**Huerfano County:** An Opioid Case Study of Huerfano County reveals the State's highest overdose rate. There are no addiction recovery centers in the county.

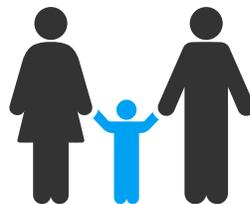
**Costilla County** saw enough opioid prescriptions written to amount to one for every resident, of all ages, in the county.

## Neonatal Abstinence Syndrome

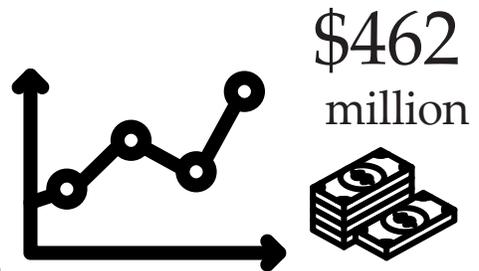
In 2016, 290 Neonatal Abstinence Syndrome (NAS) cases (or babies reported experiencing drug withdrawals at birth) were reported in Colorado.



From 2011 – 2016, NAS rates have increased by 120%.



In 2016, 5,212 Colorado children were placed in foster care with 39% of placements (approximately 2,033) noting parental substance use as a factor.



Medicaid provided care related to 82% of the nation's NAS-related births in 2014 at a cost of \$462 million.

## Naloxone

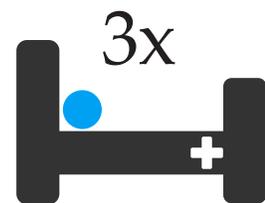
According to the National Harm Reduction Coalition, "Naloxone (also known as Narcan®) is a medication called an "opioid antagonist" used to counter the effects of opioid overdose, for example morphine and heroin overdose. Specifically, naloxone is used in opioid overdoses to counteract life-threatening depression of the central nervous system and respiratory system, allowing an overdose victim to breathe normally."



In 2019, 95,000 Coloradans said they needed but did not receive services for Substance Use Disorder Treatment.



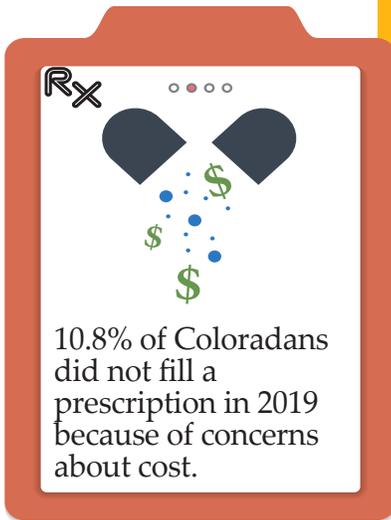
The documented use of Naloxone by emergency medical services (EMS) in Colorado to treat suspected heroin overdoses has increased 240% from 2011-2015.



The median number of overdose experiences (for individuals surveyed and who overdosed) was 3.

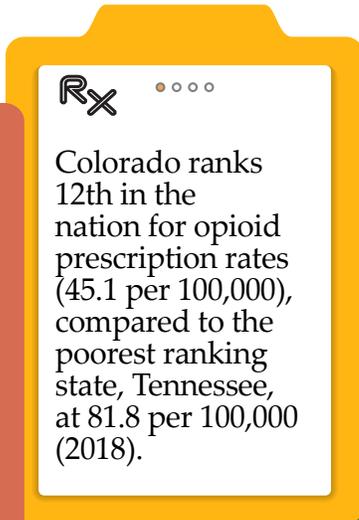


*In 2019, retail sales for prescription drugs filled at pharmacies in Colorado reached over \$6 Billion dollars.*



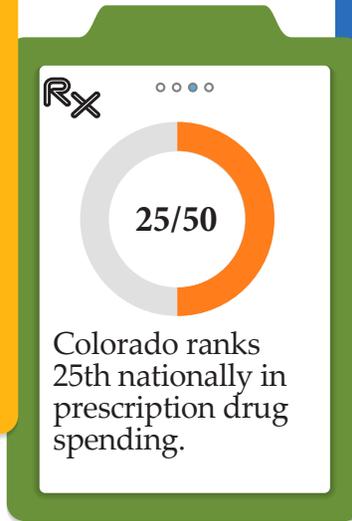
Rx

10.8% of Coloradans did not fill a prescription in 2019 because of concerns about cost.



Rx

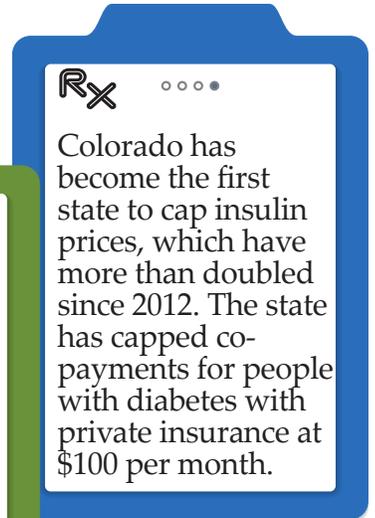
Colorado ranks 12th in the nation for opioid prescription rates (45.1 per 100,000), compared to the poorest ranking state, Tennessee, at 81.8 per 100,000 (2018).



Rx

25/50

Colorado ranks 25th nationally in prescription drug spending.



Rx

Colorado has become the first state to cap insulin prices, which have more than doubled since 2012. The state has capped co-payments for people with diabetes with private insurance at \$100 per month.



## MENTAL AND BEHAVIORAL HEALTH

**2x** *Rural youth are twice as likely to commit suicide.*

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% of all rural suicides with 20% of those suicides committed by children ages 10-14 years.



Saguache county has the highest suicide rate in rural Colorado



## Untreated youth with depression

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%).

## Access to Mental Health Care



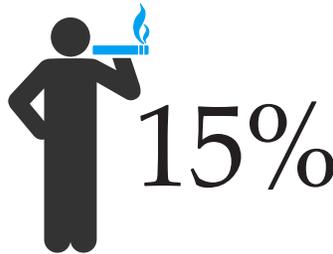
- Colorado ranked 6th out of all states for adults with mental illness who did not receive treatment (48.7%).
- Colorado ranks 17th of all states for mental health access. Access here refers to more than just clinic or hospital proximity or received services. Access also includes things like available workforce, affordability of and entry into an insurance plan, as well as accessibility to special education.

Colorado ranks **34th** for public psych. beds (534 beds)

## Alcohol and Cigarettes



Approximately 31% of motor vehicle crash deaths in rural Colorado involve alcohol.



15% of rural adults report smoking regularly. This has remained steady over the past 5 years.



18% of adult rural Coloradans report drinking excessively. This has remained steady over the past 5 years.

Smoking-related health care costs Coloradans \$1.89 billion per year. Colorado invests \$5.79 per smoker on the state's quit line (national average \$2.21). The state also has a mandated provision for quitting tobacco under private insurance to promote cessation.



Smoking is more common in rural areas than urban areas (27.7% of adults in nonmetro areas vs. 19.9% of adults in large metro areas). Similar trends are observed in smokeless tobacco use (7.3% of adults in nonmetro areas vs. 2.9% of adults in large metro areas). Both methods of tobacco use can cause oral health problems.

Colorado ranks 45th in the nation for alcohol-related deaths.



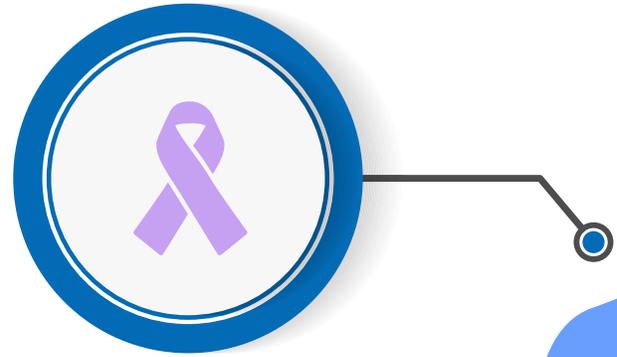
Of Coloradans ages 18 to 25, about half reported binge drinking in the past month (47.5%), compared with 41.4% nationwide.

Between 2005 and 2017, alcohol deaths in Colorado increased 57%, which is about 20% higher than the observed national growth during those years.



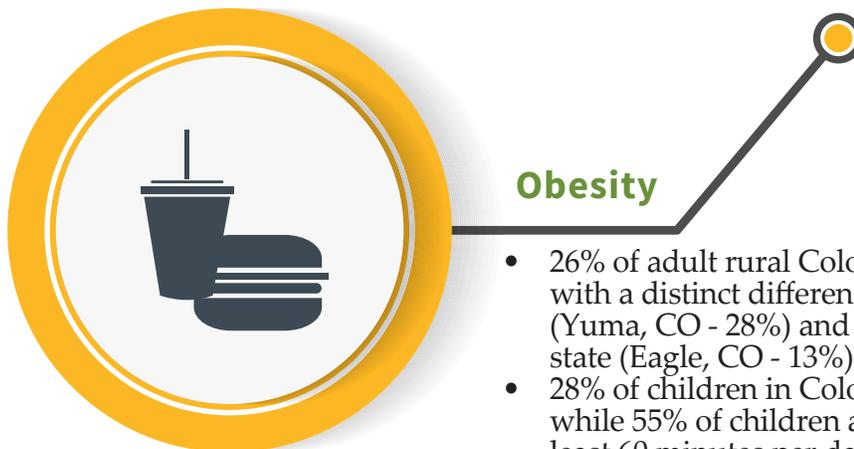


*7 of 10 deaths in Colorado can be attributed to four chronic diseases: heart disease, stroke, cancer and diabetes.*



### Cancer

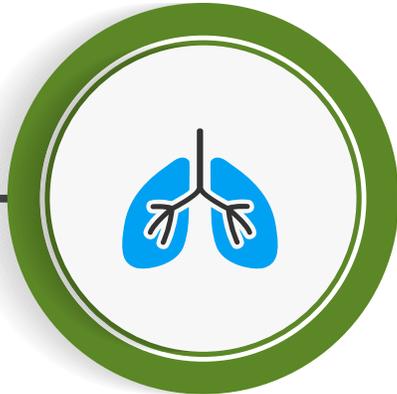
- Just over 14% of Colorado women will develop breast cancer in their lifetime, which is higher than the national average of less than 13%. About 1 in 3 Coloradans will be diagnosed with cancer at some point in their lives.
- In Colorado, one woman dies every day from breast cancer.
- In terms of cancer screenings, Colorado ranks 49th for “up-to-date mammography, women 45 years and older” and ranks 28th for “Pap/HPV test, women 21 to 65 years”
- In Colorado, four communities experience exceptional barriers to receiving breast cancer care. These include Hispanic/Latina women, women who live in the northeast, women who live in mountain and resort communities and women living in Front Range counties that are medically underserved. These communities observe high rates of breast cancer mortality due to barriers which can result in late detection.
- Both barriers to care and late detection lead to high rates of mortality from breast cancer in these communities.
- Despite the fact that Colorado’s cancer incidence rates are lower than the national average, cancer continues to be the second-leading cause of death in the state - just behind heart disease.
- The most common cancer type in the U.S. and Colorado is skin cancer. It is estimated that 1,830 Coloradans will be diagnosed with melanoma, with 120 dying from melanoma in 2019 alone.



### Obesity

- 26% of adult rural Coloradans are considered obese with a distinct difference between the eastern plains (Yuma, CO - 28%) and some mountain areas of the state (Eagle, CO - 13%).
- 28% of children in Colorado are overweight or obese while 55% of children are not physically active for at least 60 minutes per day.





### COPD

*The life expectancy in both rural and urban Colorado is 80.*

- The percentage of people with diagnosed Chronic Obstructive Pulmonary Disease (COPD) was greater among adults living in rural areas (about 8%) than among adults living in large metropolitan centers (about 5%).
- 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).
- The highest rate of COPD emergency department visit rates when considering rural areas of the state is observed in Huerfano County (106 per 10,000 people) with the lowest rate observed in Eagle County (4 per 10,000 people).
- The highest statistically significant rate of hospitalizations due to COPD when considering rural areas of the state is observed in Phillips County (103 per 10,000 people) with the lowest rate observed in Routt County (2 per 10,000 people).



### Diabetes

*Healthcare costs are 2.3 times greater for people with diabetes.*

- Over 8% of adult rural Coloradans have diabetes.
- In 2017, diabetes, undiagnosed diabetes, prediabetes, and gestational diabetes reached an economic burden of almost \$404 billion (an estimated \$1,240 per person), while prediabetes was associated with \$43.4 billion of that total (an estimated \$500 person).
- In terms of U.S. economic burden affiliated with prediabetes and diabetes, for every \$4, \$3 goes to medical costs while \$1 goes to nonmedical costs (things like absenteeism, reduced productivity and being unable to work).
- "Approximately 416,301 people in Colorado, or 9.8% of the adult population, have diabetes. Of these, an estimated 118,000 have diabetes but don't know it, greatly increasing their health risk. In addition, 1,342,000 people in Colorado, 34.8% of the adult population, have prediabetes with blood glucose levels higher than normal but not yet high enough to be diagnosed as diabetes." -The American Diabetes Association



### Cardiovascular Disease

- In Colorado, cardiovascular disease (such as coronary artery disease, heart attack, heart failure and arrhythmia) is the primary cause of death in women.
- A woman dies every 76 seconds from heart disease in the U.S.
- The mortality rate per 100,000 persons for heart disease in rural is 123 compared to urban at 146.
- On average, one Coloradan dies every hour due to cardiovascular disease.
- The cost of cardiovascular disease in the U.S. was \$555 billion in 2016. By 2035, the cost will reach an estimated \$1.1 trillion.



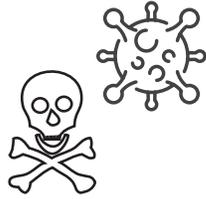
# The Health of Rural

## COVID-19

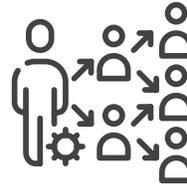
COVID-19 in Colorado, as of January 21, 2021



381,210 Cases



5,440 Deaths



3,350 Outbreaks



21,041

Hospitalizations

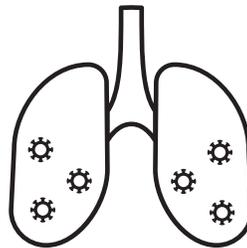
### COVID-19 Cases Demographics

The death rate associated with COVID-19 is strongly influenced by factors such as race, ethnicity, age and sex.



Patients aged 80+ were 20x more likely to die from COVID-19 when compared to patients in their 50s, and hundreds of times more likely to die compared to patients below the age of 40.

Men were more likely than women of the same age to die from the virus.



Medical conditions like obesity, diabetes, severe asthma, and compromised immunity or poor socioeconomic factors have been linked to poor outcomes.



COVID-19 patients that were White had lower risks of death when compared to Black and South Asian patients.

COVID-19 infection of Latino and African-American residents in the United States was 3 times higher than white residents, and Latino and African-American residents were nearly twice as likely to die from the virus.

### Self Reported Symptom Tracker



Headache  
66%



Cough  
61%



Body Aches  
51%



Fever  
41%



Vomiting,  
Diarrhea  
26%



Chills  
40%

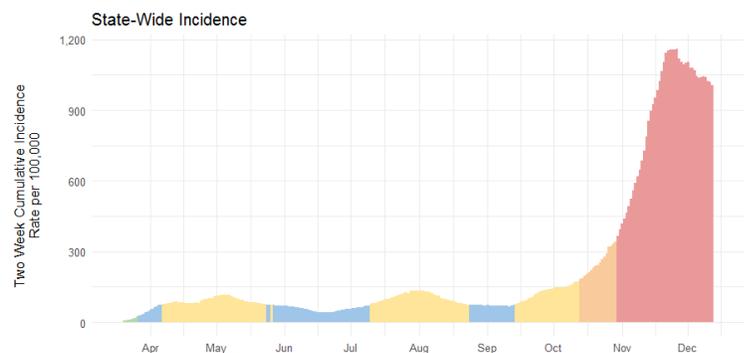


Sore Throat  
54%



Shortness of  
Breath  
38%

### Colorado Coronavirus Case Count



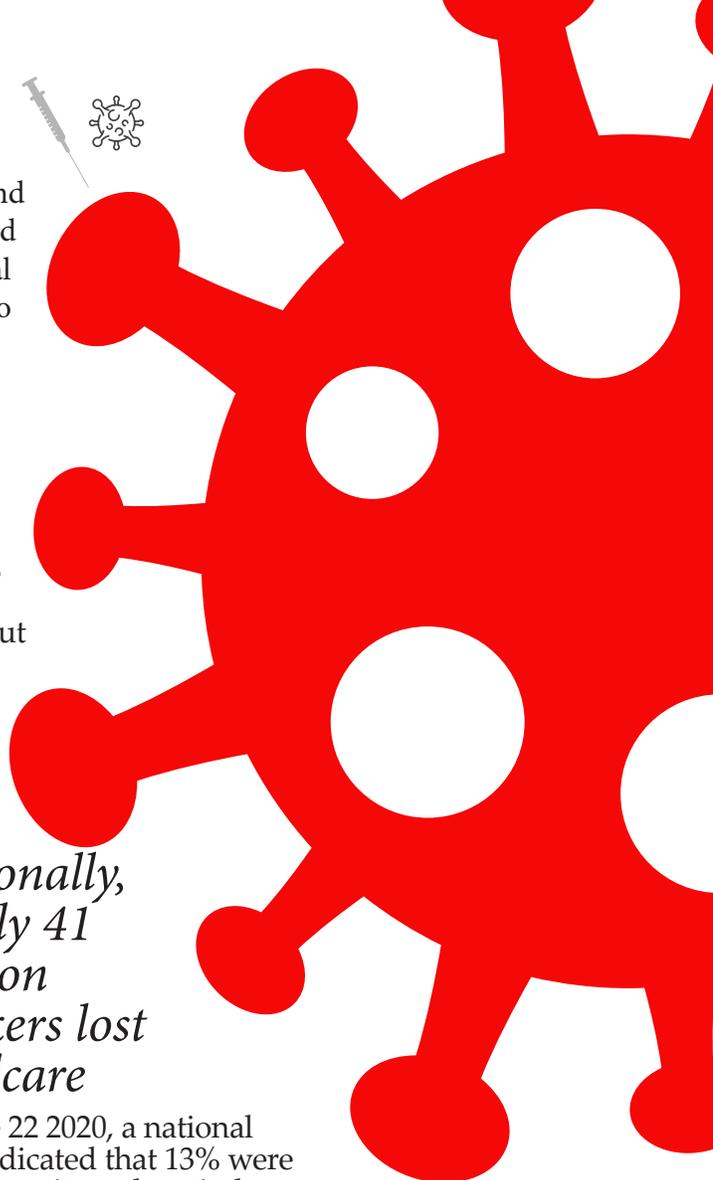
Source: CDPHE

## Overlapping Crises: Opioids and COVID-19



Due to the dominating presence of the Coronavirus pandemic and the ensuing economic downturn, the state of Colorado was forced to strip much needed funding that was budgeted for other critical statewide issues. This included reallocating the following funds to COVID-19:

- \$26 million from substance-abuse prevention, awareness and treatment
- \$5 million from rural sober living homes (particularly focused in the northeast and southwest)
- \$1 million from training doctors and nurses in substance abuse screening and referrals to treatment
- \$750,000 from a Naloxone campaign for public-awareness
- \$735,000 from continued Substance-Abuse Treatment programs for former inmates after release from jail, without which results in a 120 times higher risk of overdosing
- \$637,000 from addiction treatment program for pregnant women and new moms



## COVID's Effects on Childcare and SNAP



*Nationally, nearly 41 million workers lost childcare*

70,000 more Coloradans received SNAP benefits in April compared to March. State officials expect that number to continue to climb during the Coronavirus crisis.

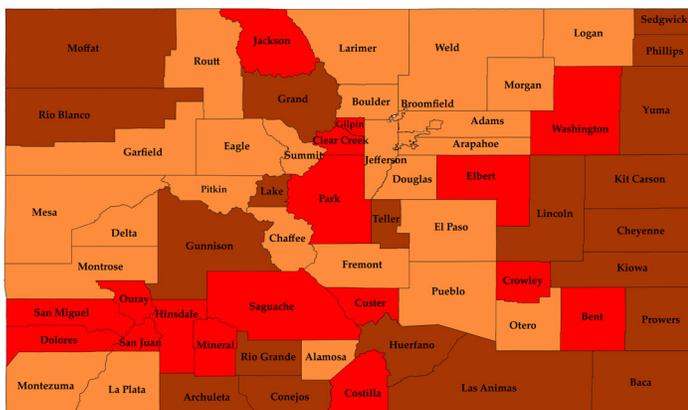
From May 10th through June 22 2020, a national survey of working parents indicated that 13% were forced to cut back on hours or quit work entirely because of issues with child care.

The same survey found that over 41 million workers had kids under 18 and nearly all of them lost child care because of the COVID-19 pandemic.

The pandemic caused over 250,000 childcare workers to lose their jobs.

## ICU Bed Access in Colorado

ICU Bed Locations in Colorado - 2019



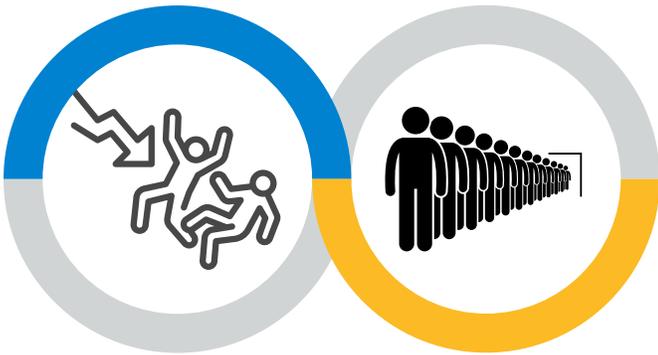
*There are ICU beds in only 27 of Colorado's 64 counties.*

- 17 Colorado counties **have no hospital** while only 27 counties do have a **hospital with ICU beds**.
- **There are 20 counties with a hospital, but no ICU beds.** This includes Archuleta, Baca, Cheyenne, Conejos, Grand, Gunnison, Huerfano, Kiowa, Kit Carson, Lake, Las Animas, Lincoln, Moffat, Phillips, Prowers, Rio Blanco, Rio Grande, Sedgwick, Teller, and Yuma.



### COVID-19 Unemployment

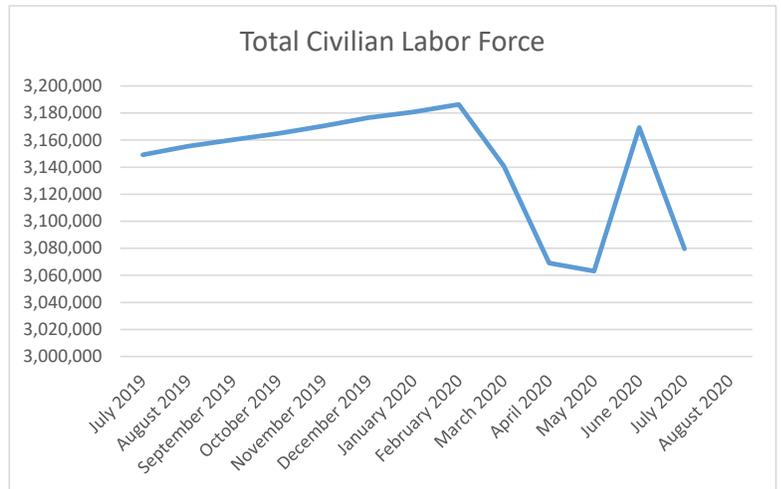
*From late March through the beginning of May 2020, a total of 419,547 people in Colorado filed for unemployment, an overwhelming number that is a record high when compared to any other single year in the state.*



Over 16% of Colorado's workforce has filed for unemployment since mid-march. Lower wage industries make up the majority of filings.

Due to COVID-19, it is estimated that 43% of Americans lost their jobs or had their wages cut as of April 2020.

Colorado Change in Labor Force July 2019 - July 2020



### Colorado's COVID Budget Crunch

# \$5.5 Billion



General fund revenue is expected to fall 14.9% percent during FY19-20 and FY20-21 totaling \$8.9 billion. The decline can be attributed to the pandemic-induced recession and federal tax policy changes to the CARES act. This will result in a loss of over \$400 million of Colorado's business income tax collections through the forecast period through June 30, 2022.



"The state expects to add 500,000 people to its Medicaid rolls due to coronavirus-related job losses, bringing enrollment in the program to more than 1.8 million people. By December 2020, nearly one out of every three Coloradans will be covered by Medicaid.

This addition to Medicaid is larger than during any previous economic crisis. Combined with the roughly 14% of Coloradans who are on Medicare, it means that, for at least a brief period, nearly half of the state will be covered by a government-run health plan." - The Colorado Sun



# The Rural Economy

## INCOMES AND INDUSTRIES

*Colorado businesses have taken a hit due to COVID-19. New business filings in the state dropped 5.6% during the first quarter as the pandemic tanked the economy while applications for trademarks dropped 15.7%.*

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.

In 2019, Colorado welcomed approximately 86.9 million visitors (39.0 million overnight visitors) who spent more than \$24.2 billion. The tourism industry supports more than 180,000 jobs in Colorado. Tourism saves every Colorado household more than \$707 annually in taxes.



April 2020 saw 96% fewer oil and gas permits filed in Colorado compared with April 2019. The number of rigs actively drilling in the state has fallen from 22 at the start of the year to 15 at the end of April resulting in over 300 layoffs in Weld and Adams counties.

Agriculture provides 195,000 jobs among 38,500 farms. This contributes \$47 billion dollars for the Colorado economy.

May 2020 forecasts, project net farm income to decline by \$3 billion in 2020 and possibly beyond that in 2021.

### Income

Colorado ranks #10 out of all states overall for economic prosperity. #1 for economy and #8 for infrastructure, although large economic gaps between urban and rural areas across the state still exist. The state ranks #29 in fiscal stability, as well as crime and corrections.

According to the USDA Economic Research Service, the average per capita income for Coloradans in 2018 was \$58,456 although rural per capita income lagged at \$52,841 (approximately \$5,600 less, a 10% difference).



Of Colorado's 64 Counties, 11 have a median household income of less than \$40,000, all of which are rural or frontier.



>\$40,000



### Healthcare Drives the Rural Economy

*In rural America, a hospital is often one of the largest employers in the community and can represent up to 20% of a community's employment and income.*



Healthcare is one of the top 3 industries in rural Colorado.



Colorado has over 314,900 health and wellness workers across the state and a \$16.5 billion annual payroll.



Healthcare is the second fastest growing economic sector in the state, behind education.



*One rural physician's employment creates approximately 26 additional jobs and generates nearly \$1.4 million in income for the clinic and hospital.*

2. Personal Care Aides

3. Home Health Aides

1. Registered Nurses

4. Nursing Assistants

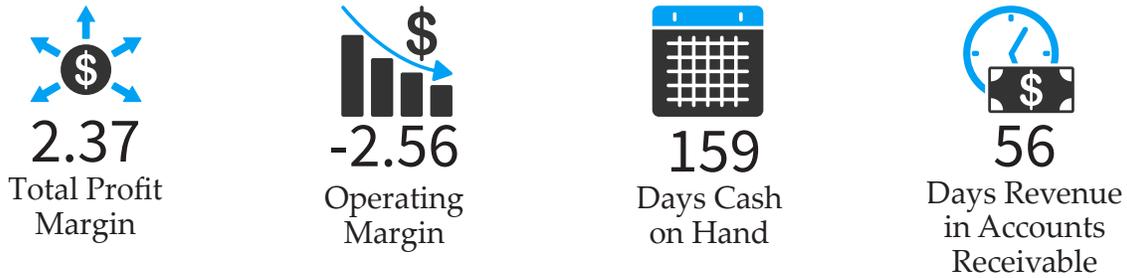


*The Top 5 Healthcare Occupations in Rural Colorado*

5. Receptionists/ Information Clerks

# CRITICAL ISSUE: HOSPITAL FINANCIAL SUSTAINABILITY

## Rural Colorado Hospital Averages: August 2020



From data provided by the CRHC FLEX monitoring team, from 2016 to 2017 Total Margin, Days Cash on Hand and Operating Margin all displayed decreasing values indicating greater financial hardships for Colorado CAHs.

**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.

**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.

**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.

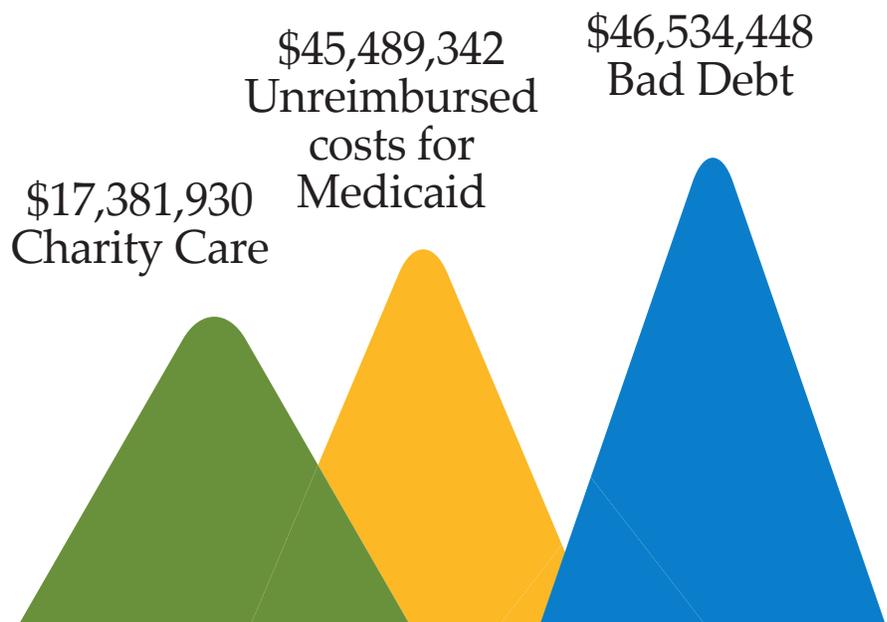
**Days Revenue in Accounts Receivable** measures the number of days that it takes an organization to collect its receivables. Low values means that it takes a hospital fewer days to collect its accounts receivable.

## In 2015, rural Colorado hospitals saw the effects of the following:

### Definitions

*“Charity Care” refers to healthcare provided for free or at reduced prices to low income patients.*

*“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.*

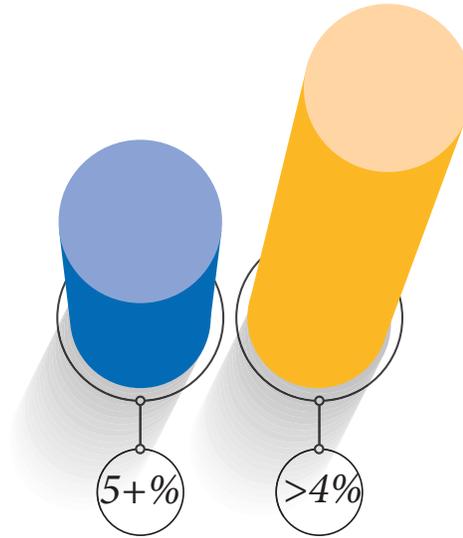


# HOSPITAL FINANCES DURING THE PANDEMIC

*As of July 2020, in Colorado, median operating margins of Critical Access Hospitals are down 1.6% and 46% are operating at a negative operating margin.*

Hospital profits will take a hit with increased Medicaid members, since Medicaid pays less than private insurance, this massive shift in payer mix will result in a lot less money coming in.

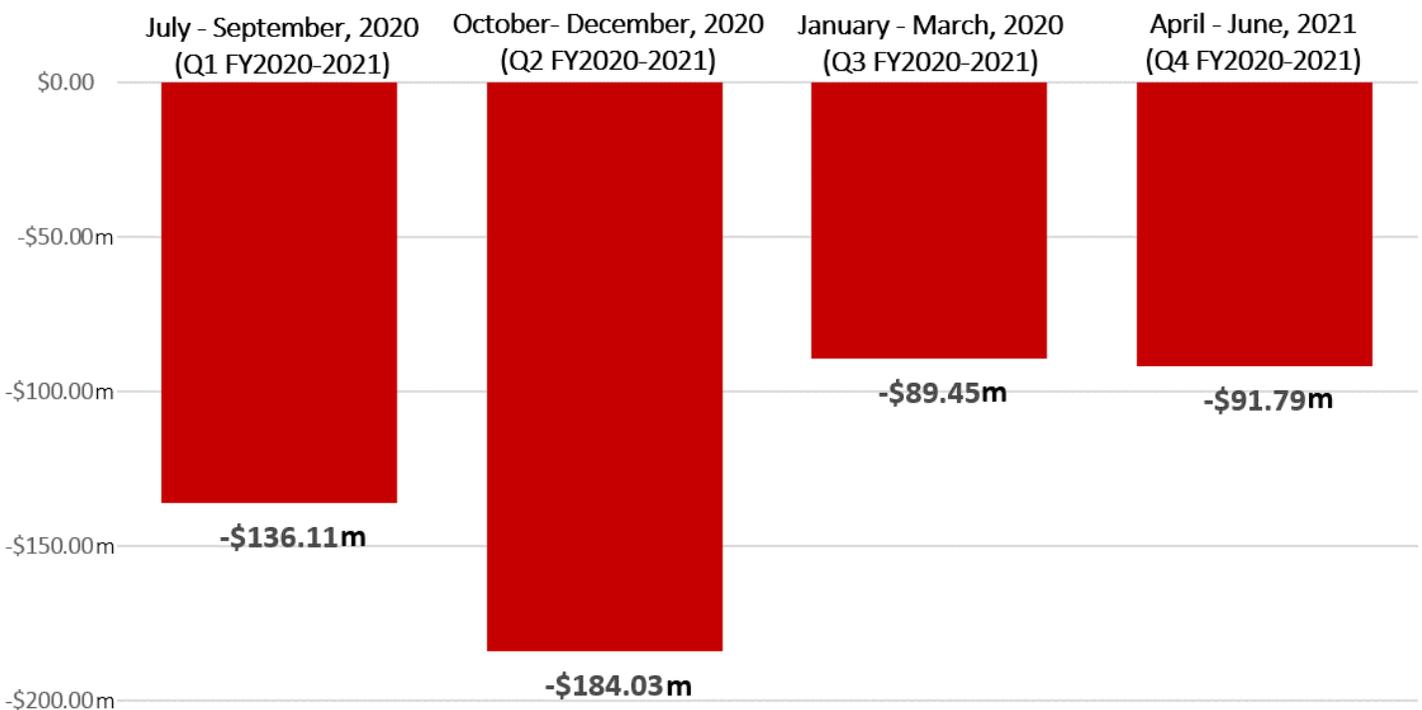
45 days without elective procedures would push five additional hospitals below a 4% margin, meaning about two-thirds of Colorado's 81 general and acute hospitals would be considered at-risk financially.



*\$500 Million*

*The surge in Medicaid enrollment is expected to reduce Colorado hospital revenue by \$500 million over the next year.*

## Colorado Hospitals' Projected Revenue Reduction by Quarter, FY 2020-21



*Note: Revenue reduction is compared against HCPF projection for Medicaid enrollment prior to COVID-19. Figures in the graphic may not sum to total due to rounding.*

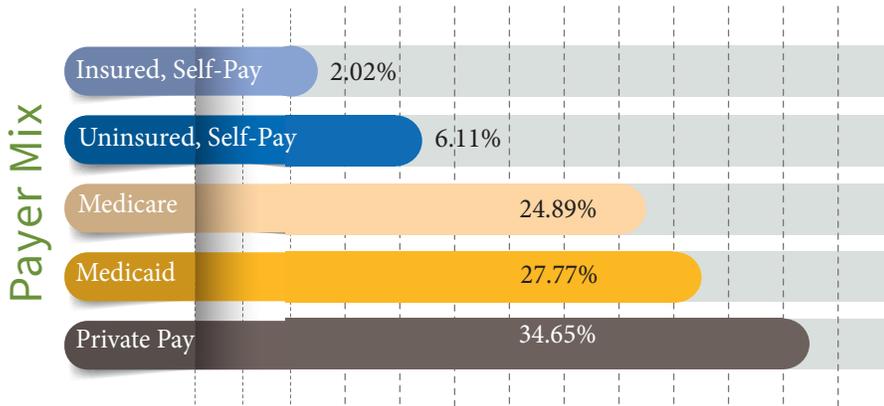
Data from the Colorado Health Institute



# Rural Health Infrastructure

## CASE STUDY: 2017-2020 CLINIC PROFILES DATA

The following data was collected by the Colorado Rural Health Center as a part of annual Clinic Profile Surveys conducted from 2017-2020. Data is self-reported.



### Electronic Health Record (EHR) Usage

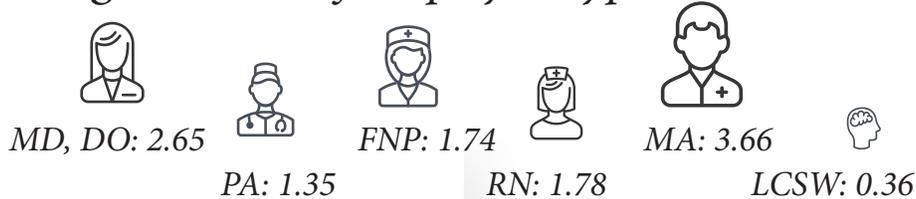


94% of Surveyed Clinics Use an EHR

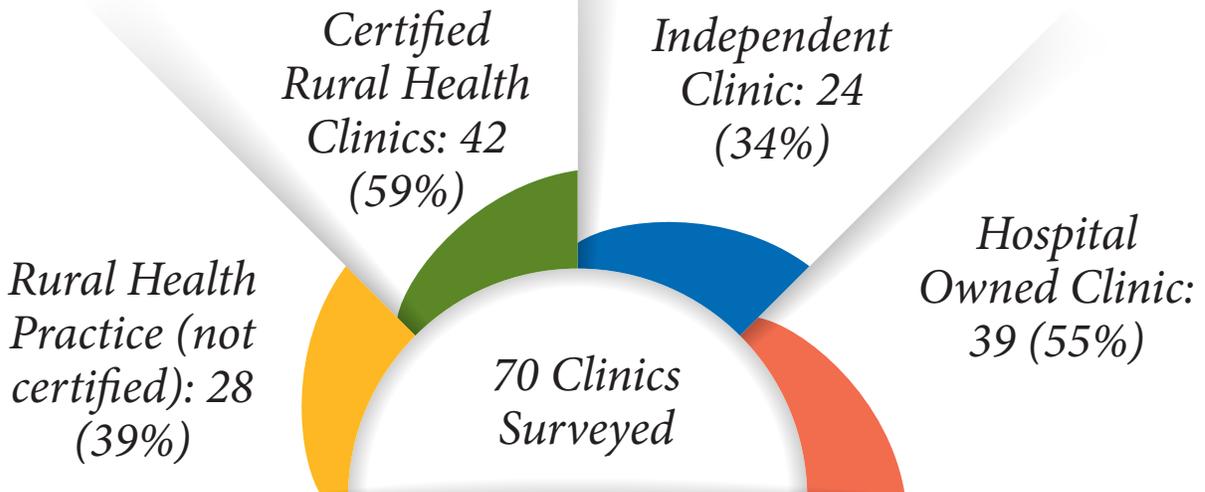
*Average Total Number of Staff at Each Clinic: 15.76*



*Average Number of Employee Types at Each Clinic:*



### Clinic Types and Ownership Models

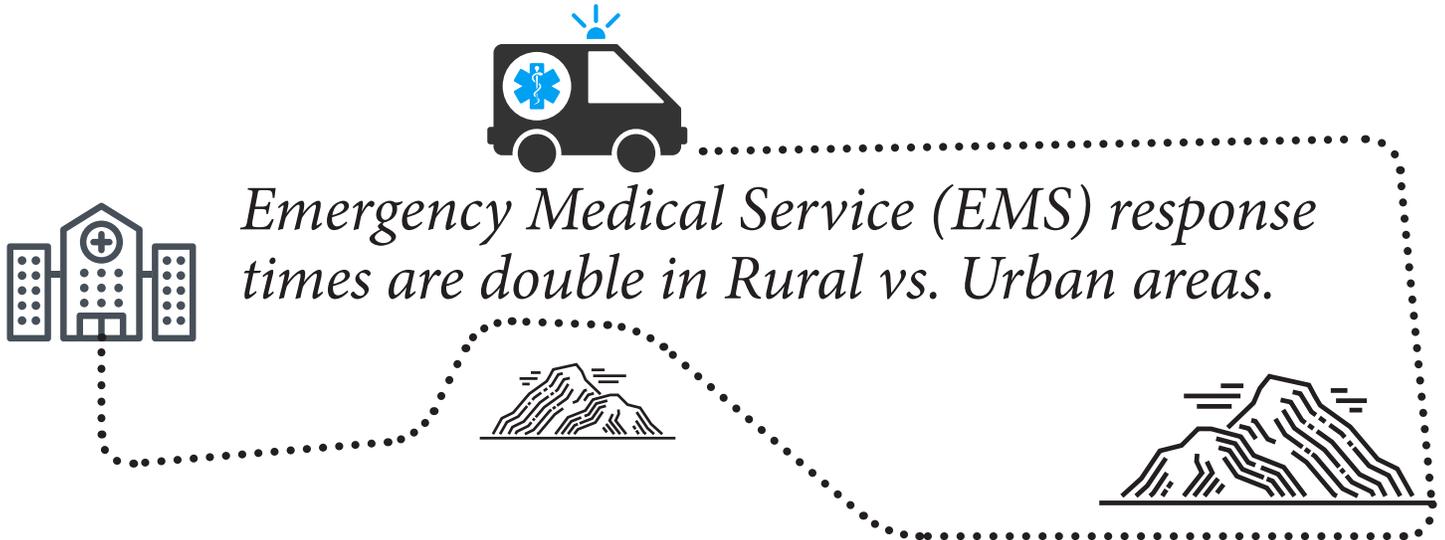




# Rural Health Infrastructure

**EMERGENCY  
MEDICAL  
SERVICES  
(EMS)**

## Transport Times



*Emergency Medical Service (EMS) response times are double in Rural vs. Urban areas.*

## EMS Labor and Equipment Costs

Rural and mountain emergency medical services are trying everything to keep their ambulances running across Colorado's rugged and remote terrain, even though they are not always profitable. Maintaining these routes with these vehicles results in high costs and low reimbursement, and with few job applicants, ambulance services have no choice but to consolidate with fire responders, fill down time with broader tasks, and outsource to bigger metro hospitals.

Summit County makes their EMS efforts sustainable, but still only collect about 62% on ambulance charges.

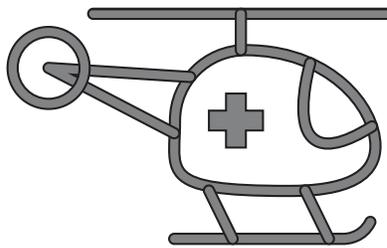
Revenue competes with emergency costs that include things like:

- New ambulances - \$190,000 with only basic equipment
- New engines - \$600,000
- New ladder trucks - \$1.2 million to \$1.5 million



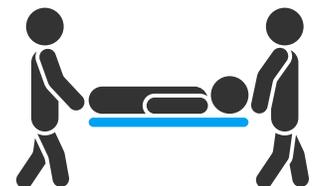
60% of trauma deaths occur in rural America, even though only 20% of Americans live in rural areas.

\$39,000



The median charge of an air ambulance trip was \$39,000 in 2016 (an increase of about 60% just four years earlier at \$24,000).

The median ambulance cost per transport for ground ambulance providers ranges from \$224 to \$2,204.



Of reported EMS responses for rural locations, 3.6% were for cardiac arrest (Urban: 2.4%) and 6.1% were for motor vehicle accidents (Urban: 5.1%).

## 2020 CENSUS PARTICIPATION

*The Census determines funding for crucial public services. Billions of dollars that fund services before, during, and after the coronavirus pandemic rely on an accurate count. These services include healthcare, Head Start programs, school lunches and summer lunch programs, Medicaid, food stamps, and more.*

### Rural Benefits from the Census

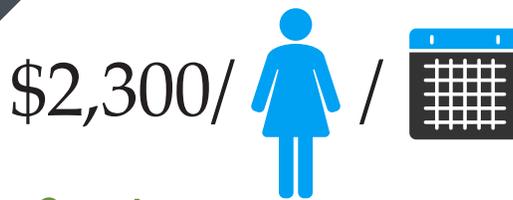


In 2016, Colorado received **\$13 Billion**

through 55 federal spending programs guided by data derived from the 2010 Census.

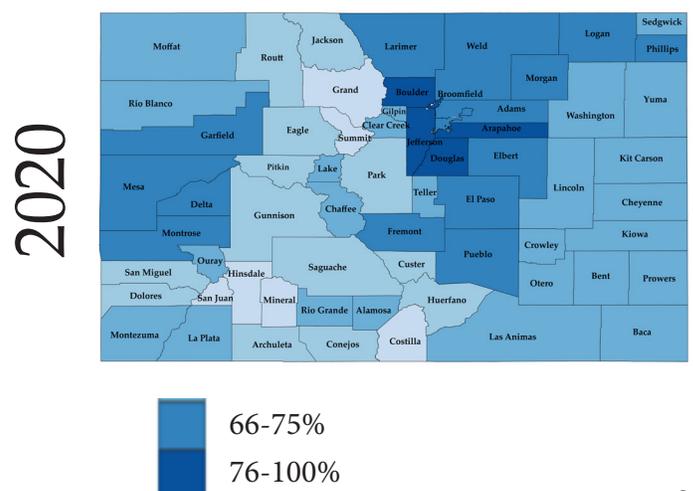
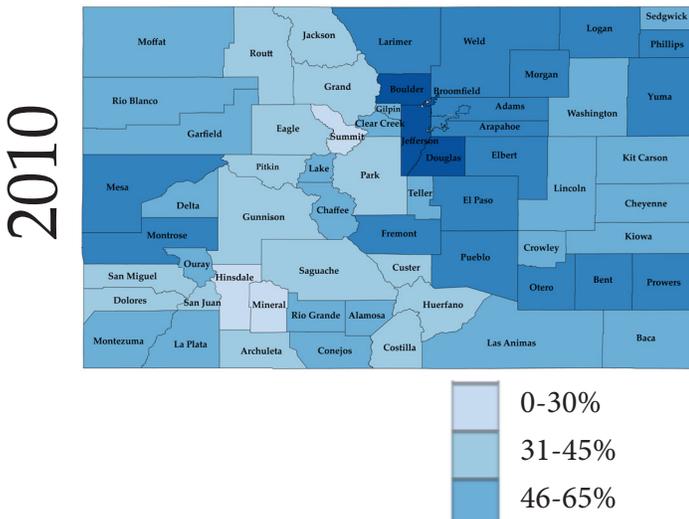


Among the full set of census-guided programs, 55 (one in six) are targeted to rural communities. For FY2016, spending across these programs totaled \$30.7 billion.



Census counts are used in distributing spending that translates to \$2,300 per person per year.

### Census Response Rates by County





# Rural Health Infrastructure

## WORKFORCE SHORTAGES



Physicians who receive part of their residency training in rural areas stay longer in rural practice.

Physicians involved in teaching remain in rural practice longer than those who are not involved.

Less than 40% of rural primary care providers remain in the same rural community for five consecutive years.

Recruitment for an advanced practice nurse or physician assistant takes six months on average.

On average, it takes 1-3 years to recruit a Physician in rural Colorado.

### Critical Access Hospital CEO Turnover

*Unstable leadership team can affect quality of care and also impact the organization's financial and operational health, and can impact the overall community.*

- In 2020, Colorado observed Chief Executive Officer staff turnover in 11 of 32 Critical Access Hospitals (CAHs). This equates to 34%.
- The complications of unstable leadership can have a significant short- and long-term impact on a hospital, quality of care and the broader community.
- "When a rural hospital loses a CEO unexpectedly, the cost of recruiting can be significant, and the hospital's strategic plans may come to a grinding halt. When an organization loses momentum, physicians may get very uncomfortable about building a future around their specialty. This negative snowball effect can result in increased turnover throughout the organization," -Larry Unroe, Rural/Critical Access Practice Lead for Yaffe & Company - As quoted by the National Rural Health Assoc.
- The recruitment time for a new CEO tends to be lengthy — sometimes it takes six, nine, or 12 months to bring someone in. "Not having executive leadership (or interim leadership) during that time can really compound the problem." - John Tolmie, Senior Vice President and Senior Consultant for Yaffe & Company.
- Nationally, rural hospital CEO turnover rates average 18-20% per year, with turnover rates as high as 30% in some states, according to a report by the American College of Healthcare Executives.

### Burnout and PTSD

Large-scale disasters are associated with significant increases in mental health disorders among healthcare providers. Similarly, burnout is associated with higher rates of substance abuse, depression, and suicide. In fact, a study following the SARS outbreak found that up to 10% of healthcare workers had high SARS-related PTSD symptoms three years after the outbreak.



Acute traumatic stress resulting from the COVID-19 Pandemic paired with burnout may intensify an already high pressure environment of assisting sick or distressed patients daily, increasing the risk of mental health trauma among health care professionals.



Rural healthcare providers have to consider that they will experience a heavy workload of patients who require more care, that they will be professionally isolated, and have fewer opportunities for continuing education. Additionally, there are considerations with their family such as limited job opportunities for spouses.

# Of all active, licensed registered practitioners, rural Colorado receives:

- 10% of the dentists (18% less than urban)
- 9% of the physicians (33% less than urban)
- 5% of the psychologists (67% less than urban)



22\* rural counties do not have a 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.

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.



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.

5\* rural counties do not have a licensed dentist. (Cheyenne, Crowley, Hinsdale, Kiowa, San Juan).

1\* rural county does not have dentist OR a physician (San Juan).

- 37 of 47 Rural/Frontier Counties (79% of rural/frontier counties) do not have a Direct Entry Midwife, compared to 6 of 17 Urban Counties (35%).
- 30 of 47 Rural/Frontier Counties (64% of rural/frontier counties) do not have a Licensed Certified Nurse Midwife compared to 1 of 17 Urban Counties (6%).
- 9 of 47 Rural/Frontier Counties (19% of rural/frontier counties) do not have a Licensed Physician's Assistant compared to 0 of 17 Urban Counties (0%). The 9 counties without one include: Bent, Cheyenne, Costilla, Custer, Dolores, Mineral, Saguache, Washington, and Phillips.
- 51%\* of all rural counties do not have an active, licensed addiction counselor.
- There is only 1\* urban county that does not have an active, licensed addiction counselor (Park).

*\*This has to do with practitioner license file address and does not represent where a provider actively practices. See citations page for notation details.*



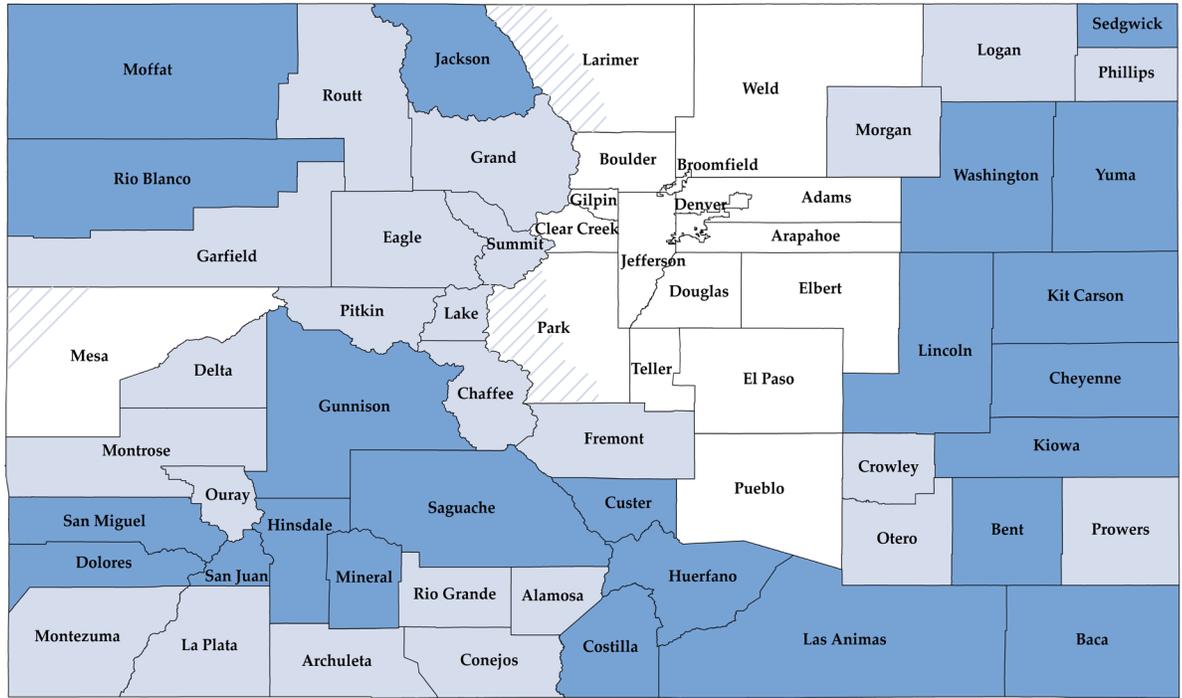
## Colorado: County Designations, 2021

### County Classifications

- Urban (17)
- Rural (24)
- Frontier (23)
- Rural areas of Urban Counties (approximate)

0 25 50 miles

Data Source Information:  
Site addresses were collected and geocoded by the State Office of Rural Health, current as of January 2016.



## Rural Colorado: Access to Healthcare, 2021

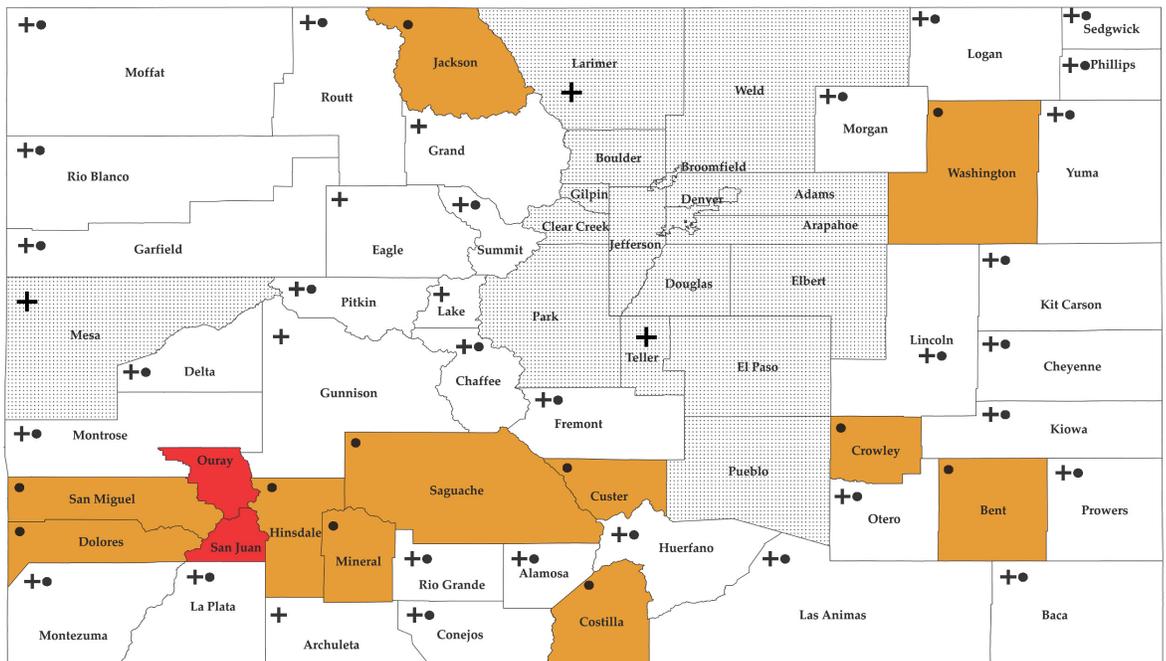
- Rural Clinic\*
- Rural Hospital\*

Symbols do not indicate location or quantity of facilities available.

- Urban County
- No Hospital
- No rural clinic or hospital

0 25 50 miles

Data Source Information:  
Site addresses were collected and geocoded by the State Office of Rural Health.

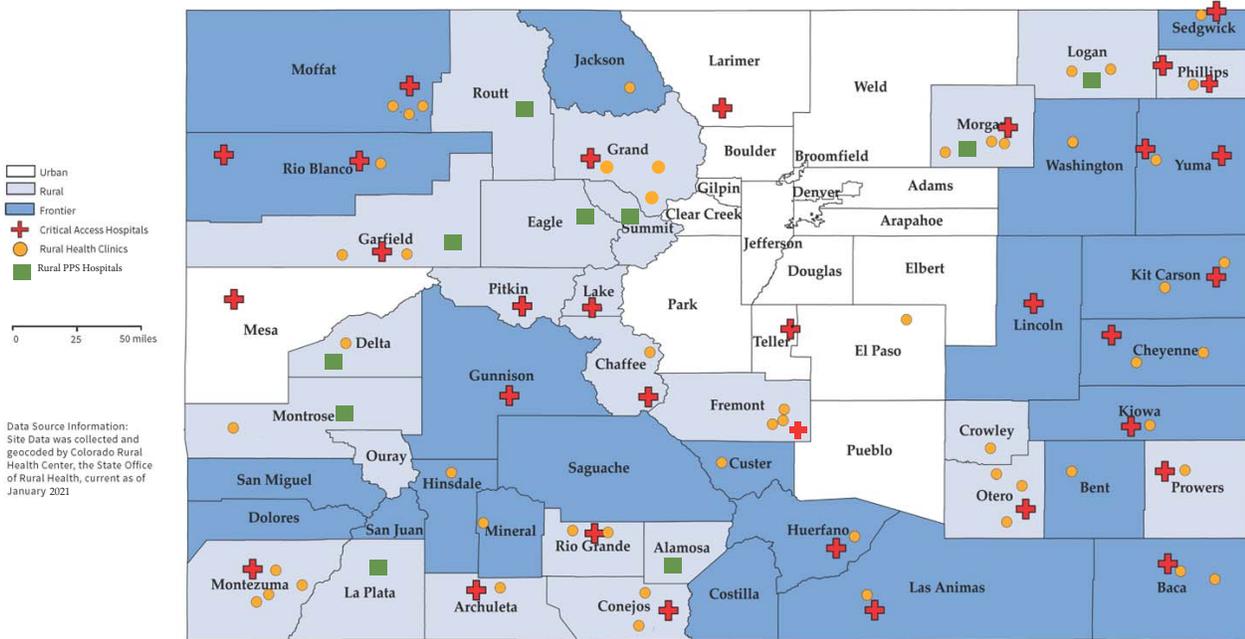


Of Colorado's 47 rural counties:

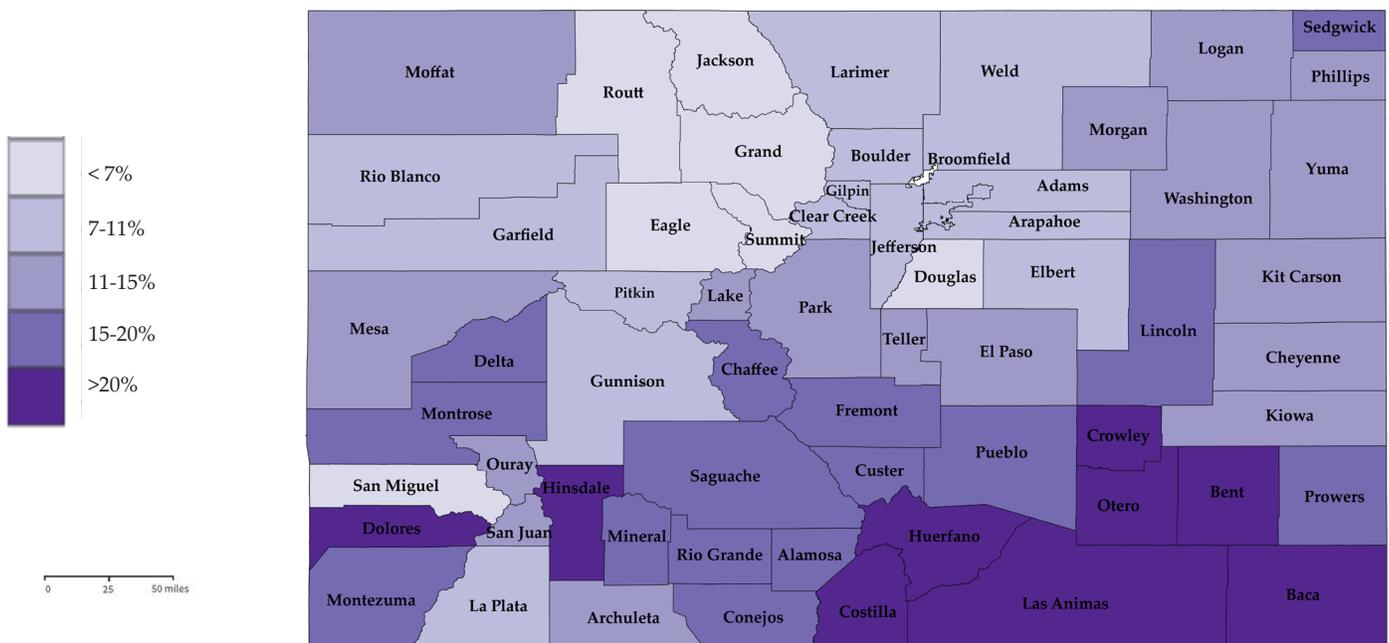
- 11 do not have a hospital
- 2 do not have a rural clinic or hospital



## Colorado: Rural Health Facilities within County Designations, 2021

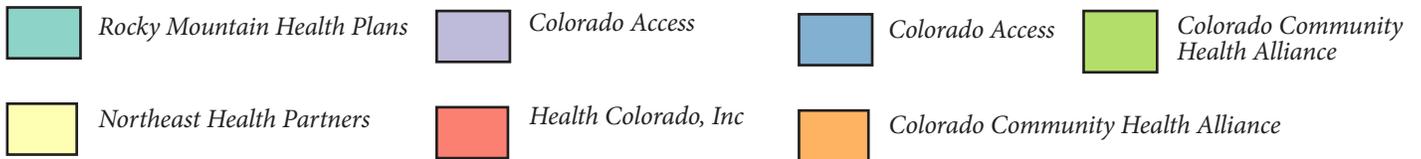
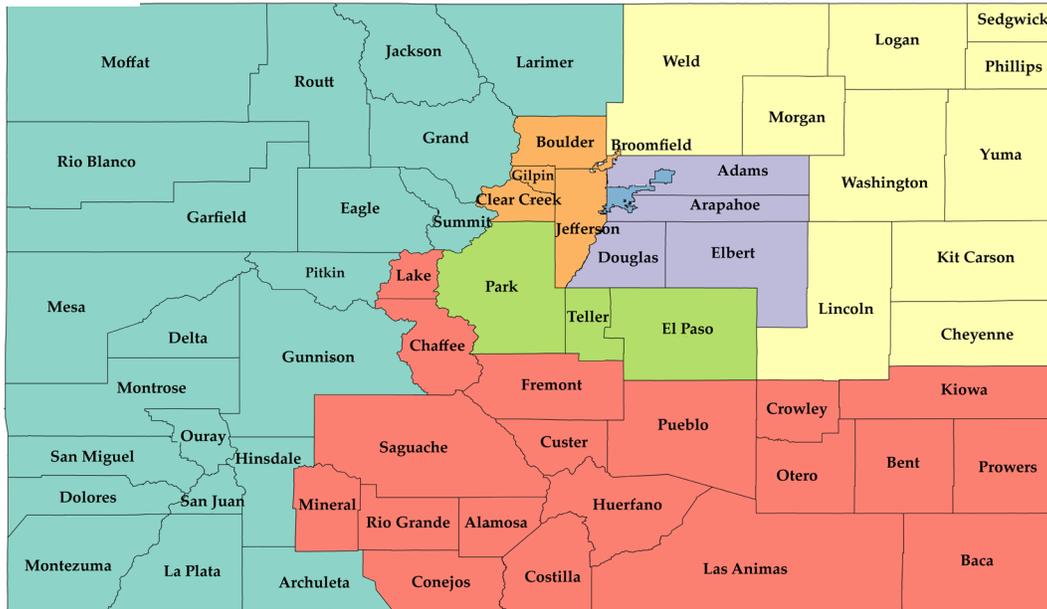


## Percent of the Population with a Disability, 2014-2018

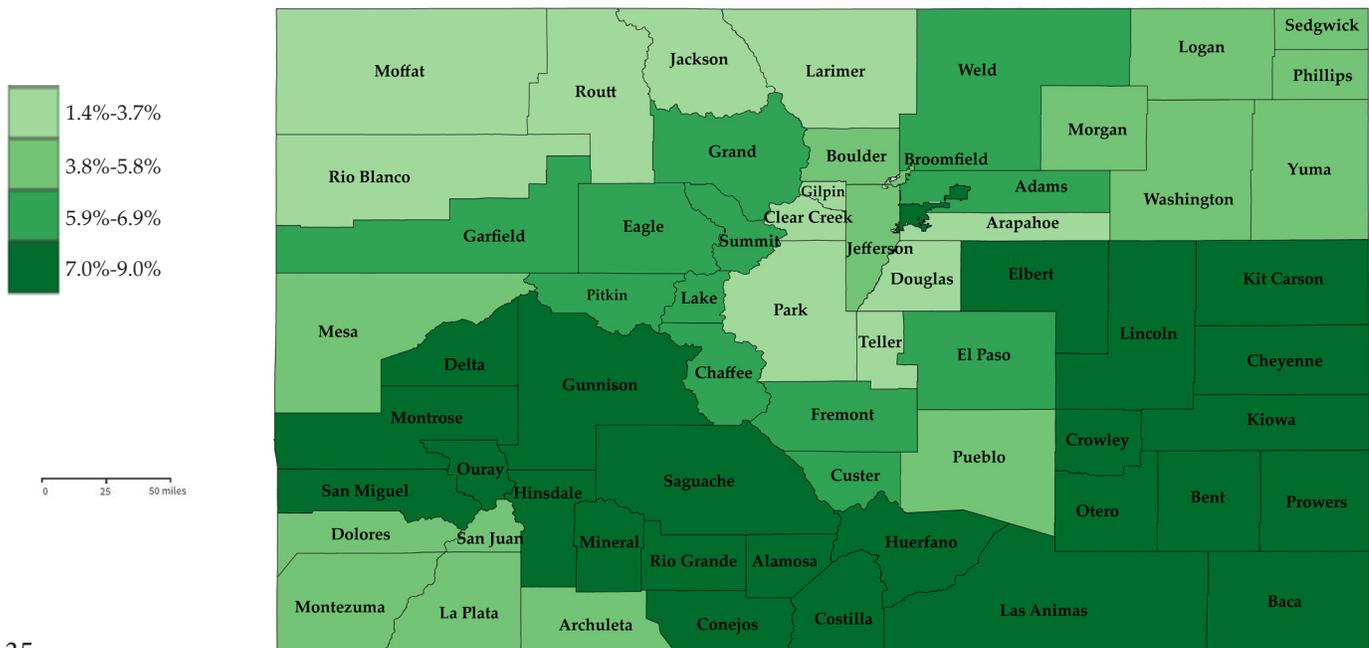


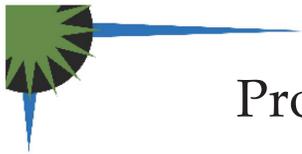


# Regional Accountable Entities (RAE) Regions in ACC Phase II

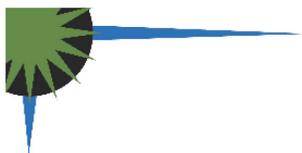
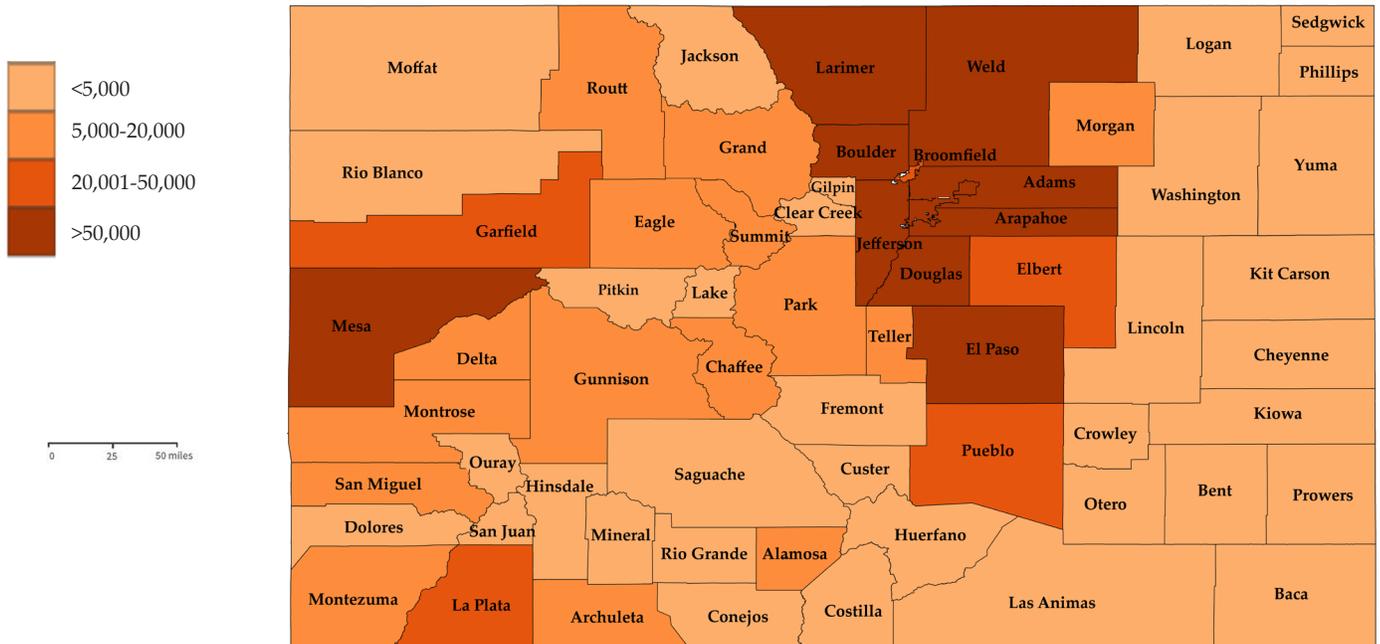


# Percentage of Coloradans Reporting Transportation as a Barrier to Healthcare, 2018

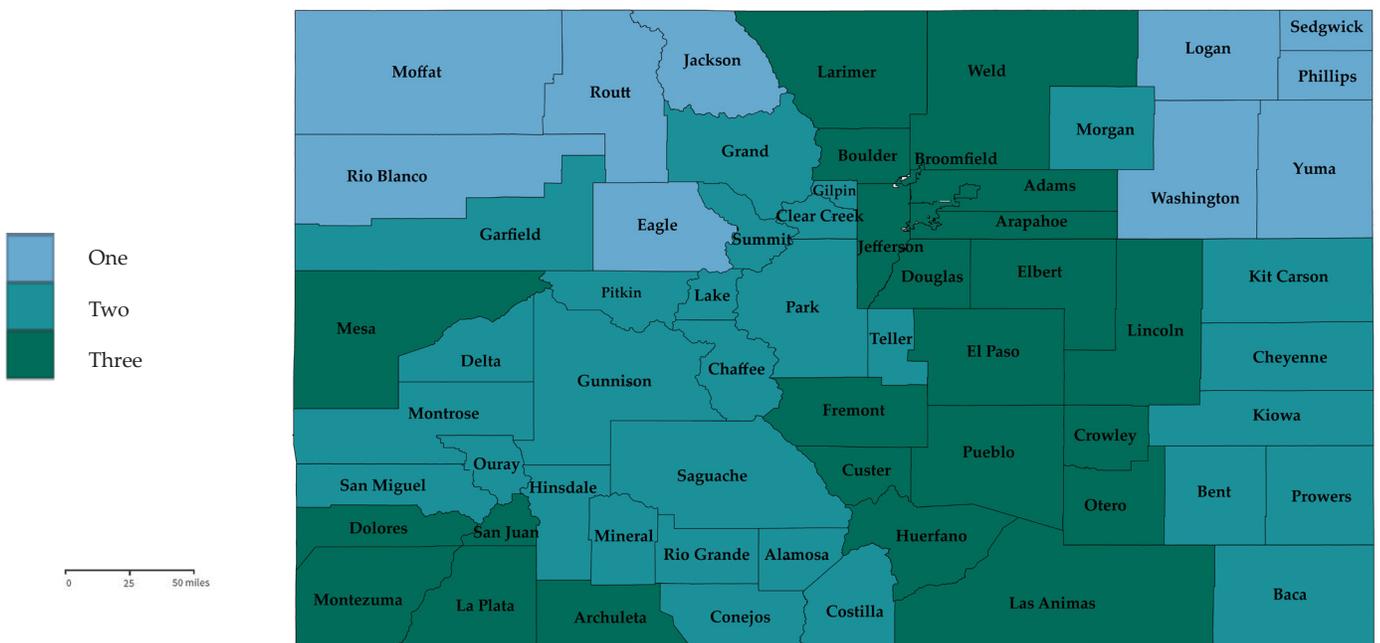


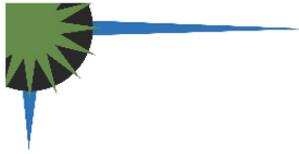


## Projected Population Change, 2010 - 2040

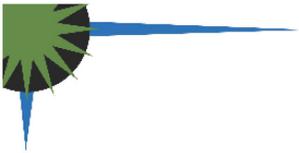
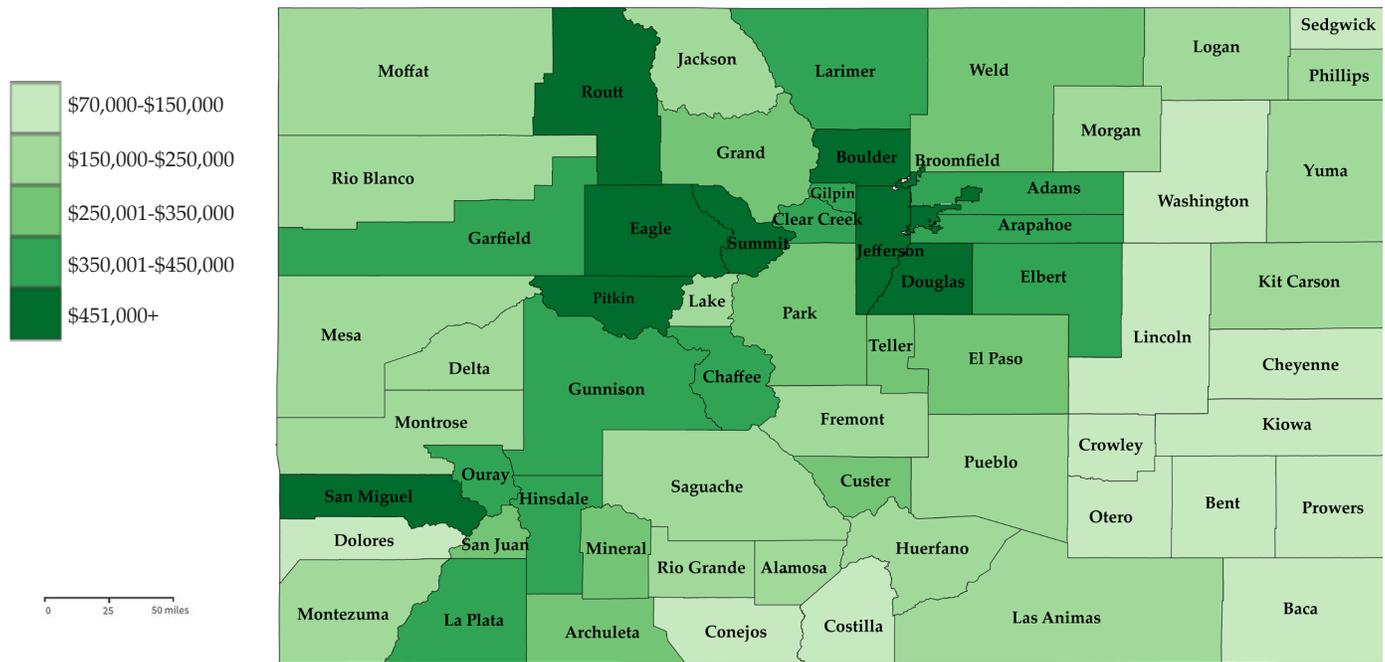


## Number of ACA Insurers on the Individual Marketplace 2014 to 2020

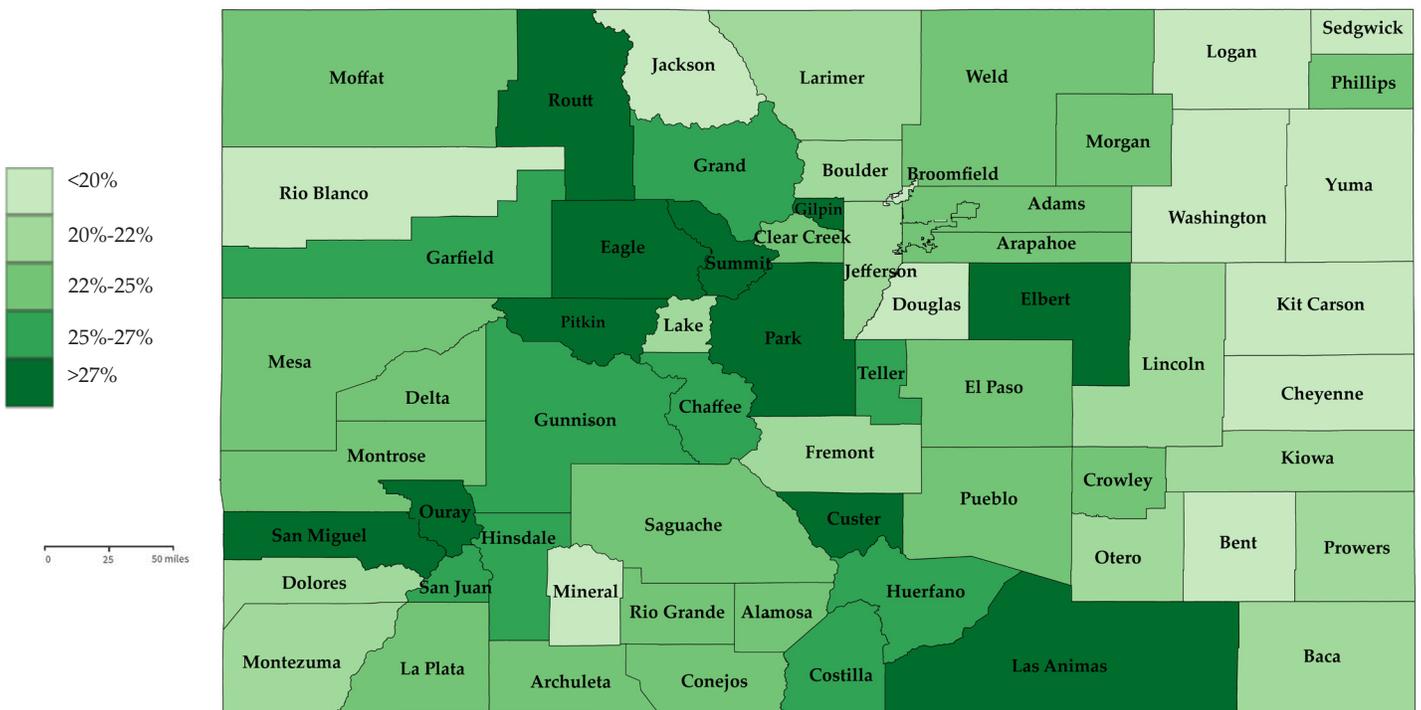


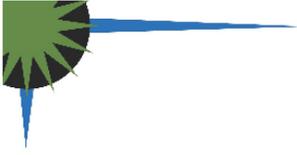


# Median Home Price



# Percent of Owners Spending >30% of Household Income on Housing, 2014-2018

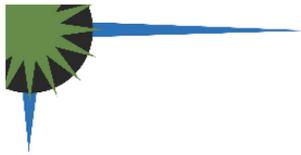
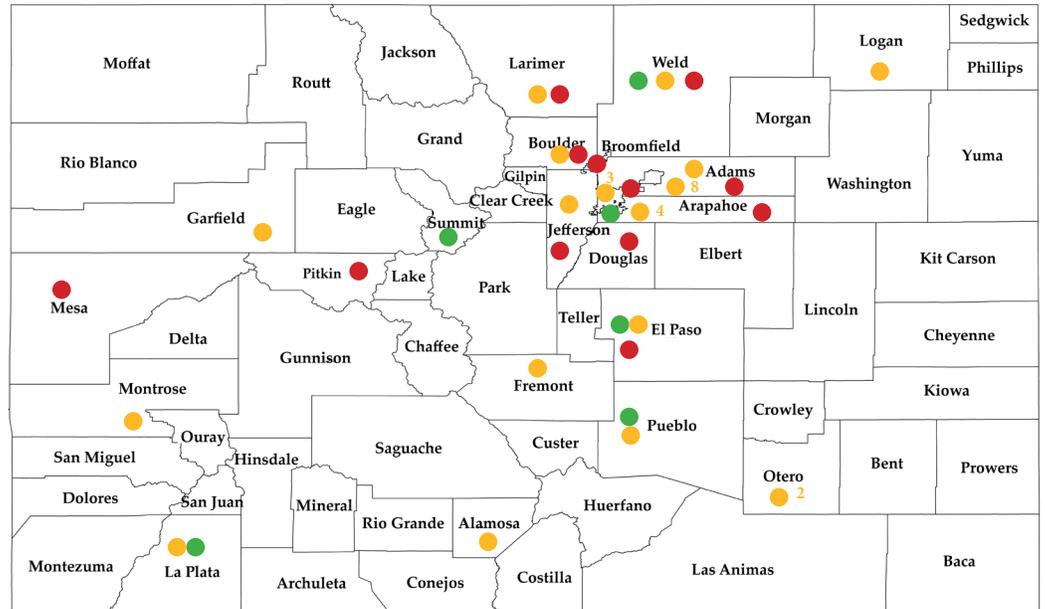




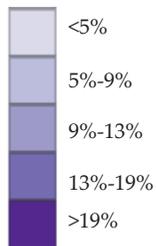
## Mental Health Facilities by Type

- Acute Treatment Units
- Community Mental Health Centers
- Residential Inpatient Treatment Centers

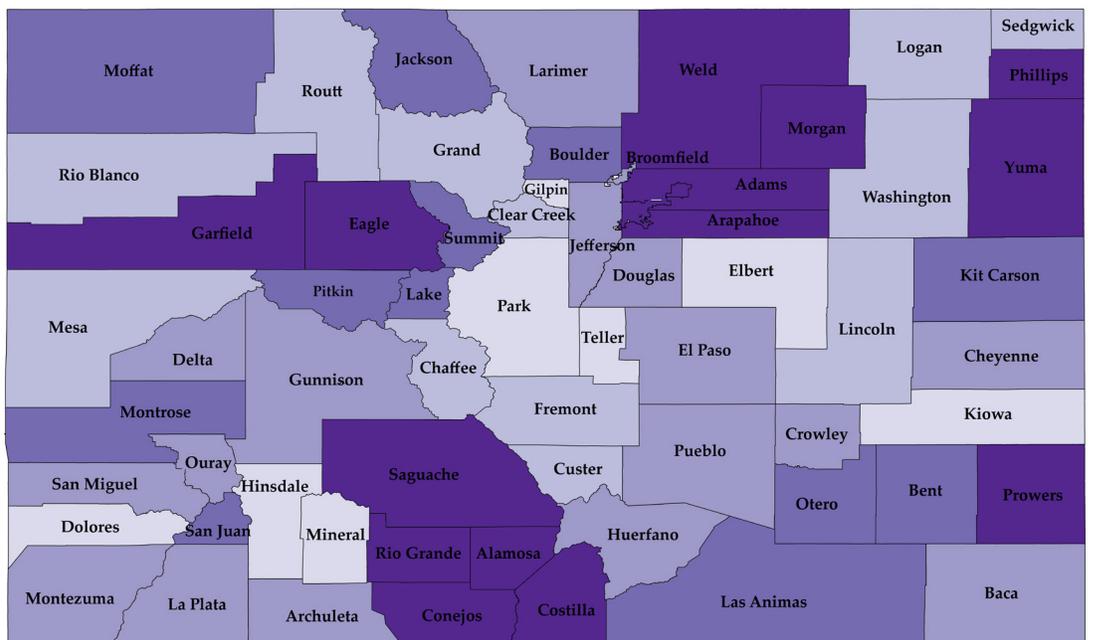
*Note: Numbers next to a dot on the map indicate multiple facilities of that type in the county*

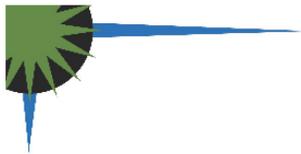


## Percentage of People Who Speak a Language Other than English at Home, 2014-2018



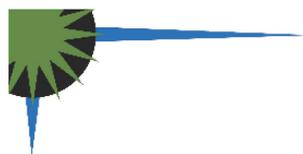
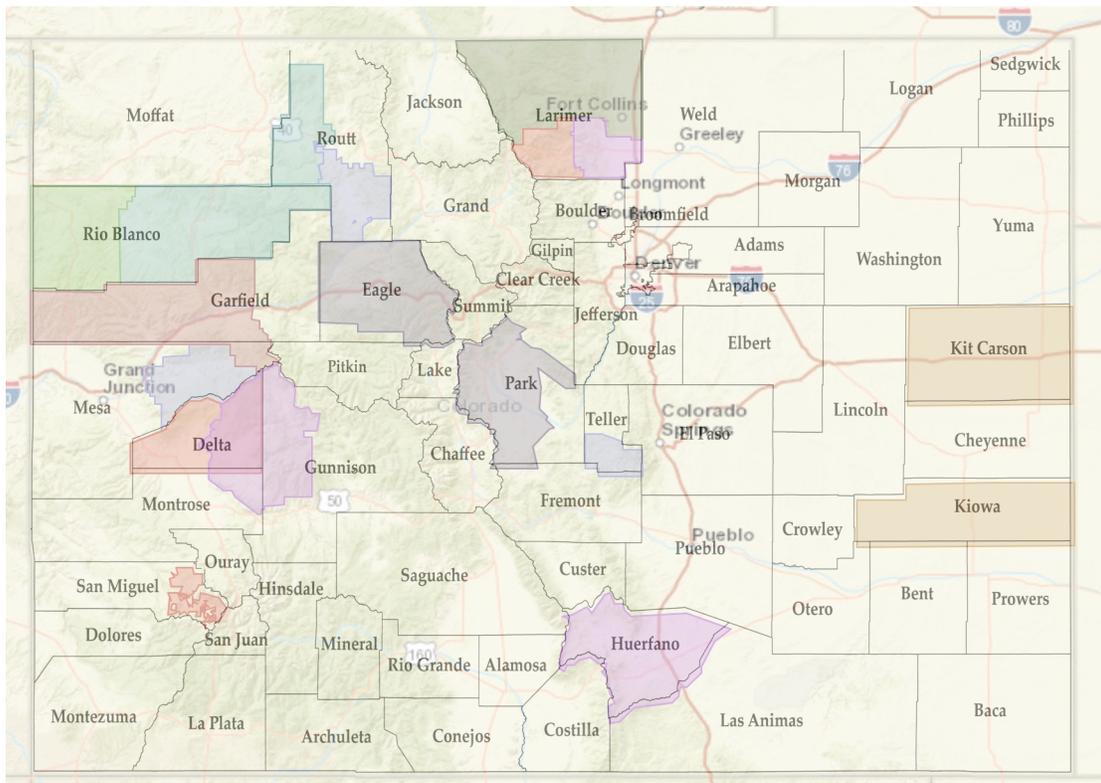
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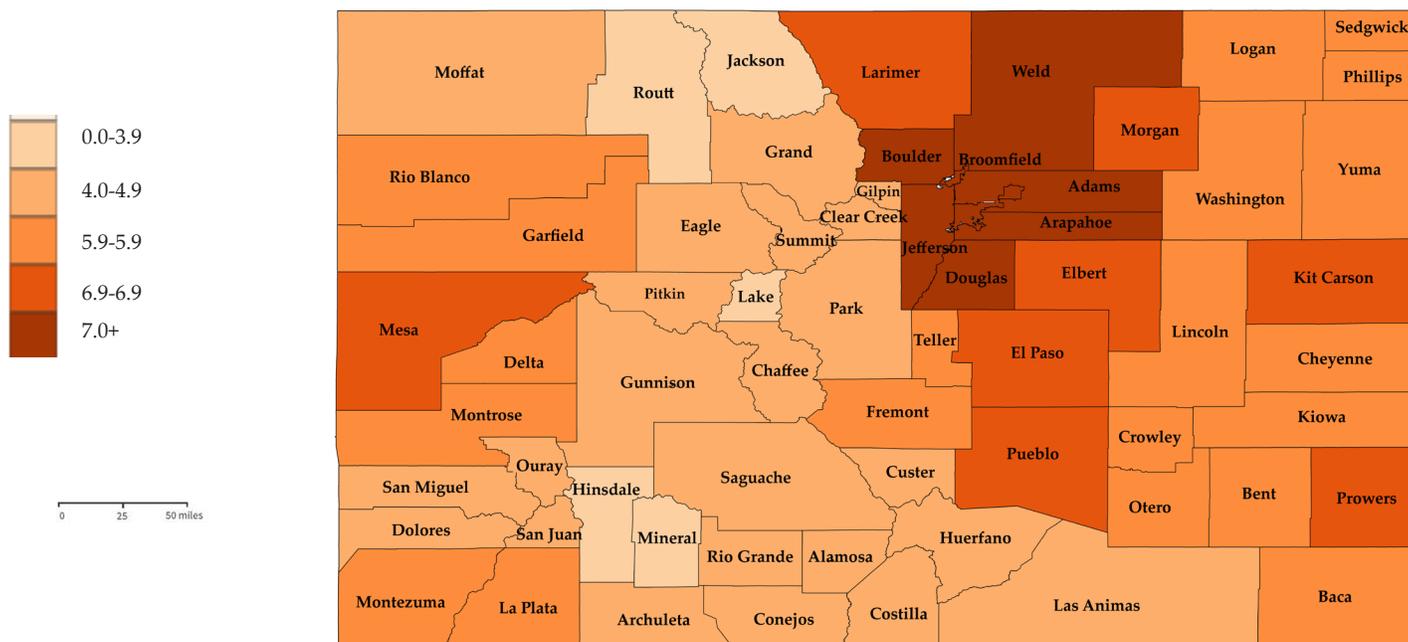


# Colorado Hospital Districts

Source: Colorado Department of Local Affairs



# Air Pollution Particulate Matter Days



# Expanded Definitions and County Breakdowns

## **RURAL COUNTIES**

A “rural county” is a county that is located in a nonmetropolitan area in the state that either has no municipality within its territorial boundaries with 50,000 or more permanent residents based upon the most recent population estimates published by the United States Census Bureau or that satisfies alternate criteria for the designation of a rural area as may be promulgated by the Federal Office of Management and Budget.

- Alamosa
- Archuleta
- Chaffee
- Conejos
- Crowley
- Delta
- Eagle
- Fremont
- Garfield
- Grand
- La Plata
- Lake
- Logan
- Montezuma
- Montrose
- Morgan
- Otero
- Ouray
- Phillips
- Pitkin
- Prowers
- Rio Grande
- Routt
- Summit

## **FRONTIER COUNTIES**

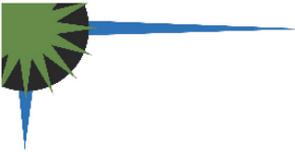
A “frontier county” is a county in the state that has a population density of six or fewer individuals per one square mile.

- Baca
- Bent
- Cheyenne
- Costilla
- Custer
- Dolores
- Gunnison
- Hinsdale
- Huerfano
- Jackson
- Kiowa
- Kit Carson
- Las Animas
- Lincoln
- Mineral
- Moffat
- Rio Blanco
- Saguache
- San Juan
- San Miguel
- Sedgwick
- Washington
- Yuma

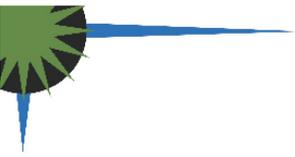
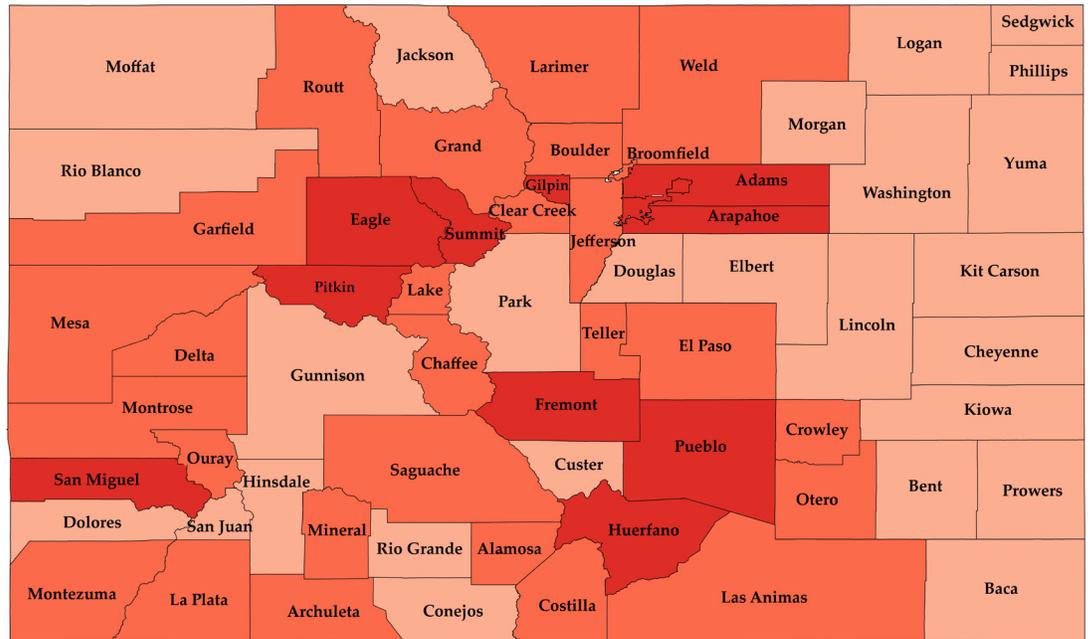
## **URBAN COUNTIES**

- Adams
- Arapahoe
- Boulder
- Broomfield
- Clear Creek
- Denver
- Douglas
- El Paso
- Elbert
- Gilpin
- Jefferson
- Larimer
- Mesa
- Park
- Pueblo
- Teller
- Weld

For additional information on the varying definitions of “rural” and “frontier,” please visit <https://www.ruralhealthinfo.org/am-i-rural>



## Unemployment Rates, Not Seasonally Adjusted, October 2020



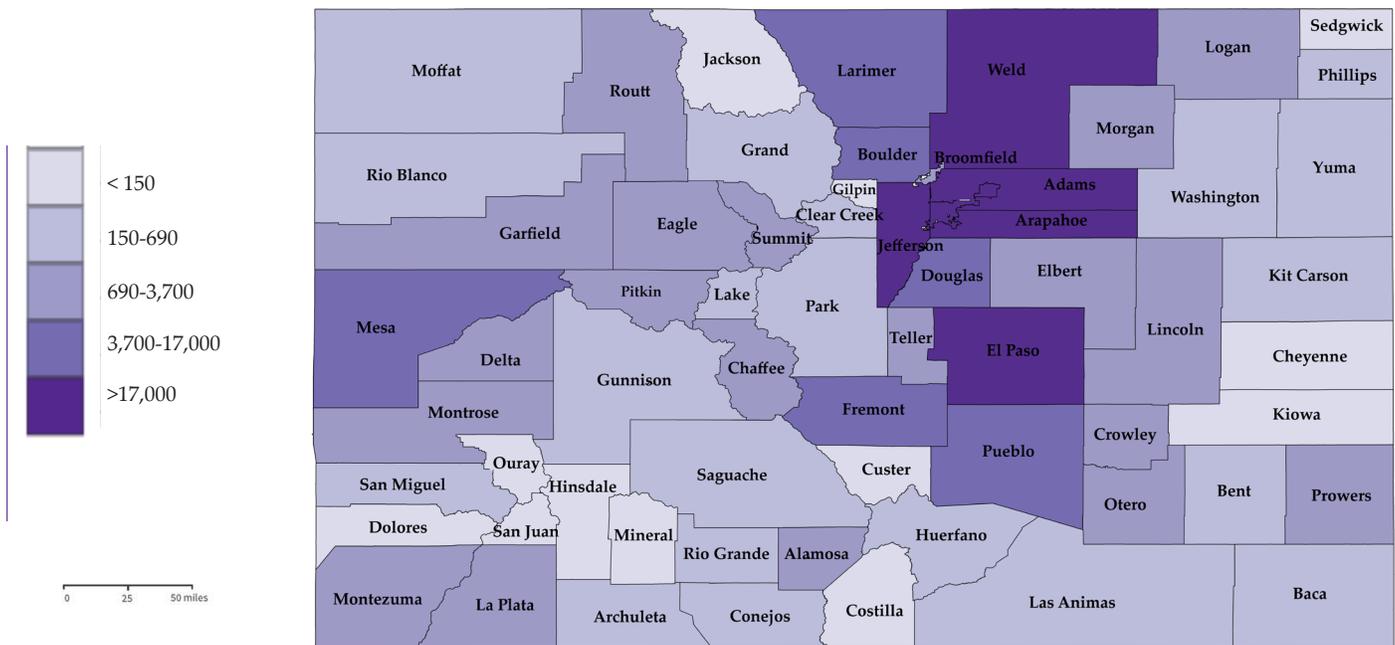
## Bureau of Labor and Statistics 2019 Occupational Salaries by Region

### Bureau of Labor and Statistics 2019 Occupational Salaries By Region

Occupation	Denver-Aurora-Lakewood, CO	Eastern and Southern Colorado (Non-Metro Area)
Medical Assistants	\$38,680	\$31,150
Emergency Medical Technicians and Paramedics	\$44,550	\$35,470
Clinical Laboratory Technologists and Technicians	\$56,220	\$59,420
Firefighter	\$73,320	\$41,430
Registered Nurses	\$77,770	\$64,330
Clinical, Counseling, and School Psychologists	\$97,870	\$79,250
Dental Hygienists	\$90,030	\$82,630
Dentist, General	\$179,840	Not Available
Psychiatrists	\$221,760	Not Available
Family and General Practitioners	\$207,530	\$243,300



# Colorado Confirmed Coronavirus Cases by County

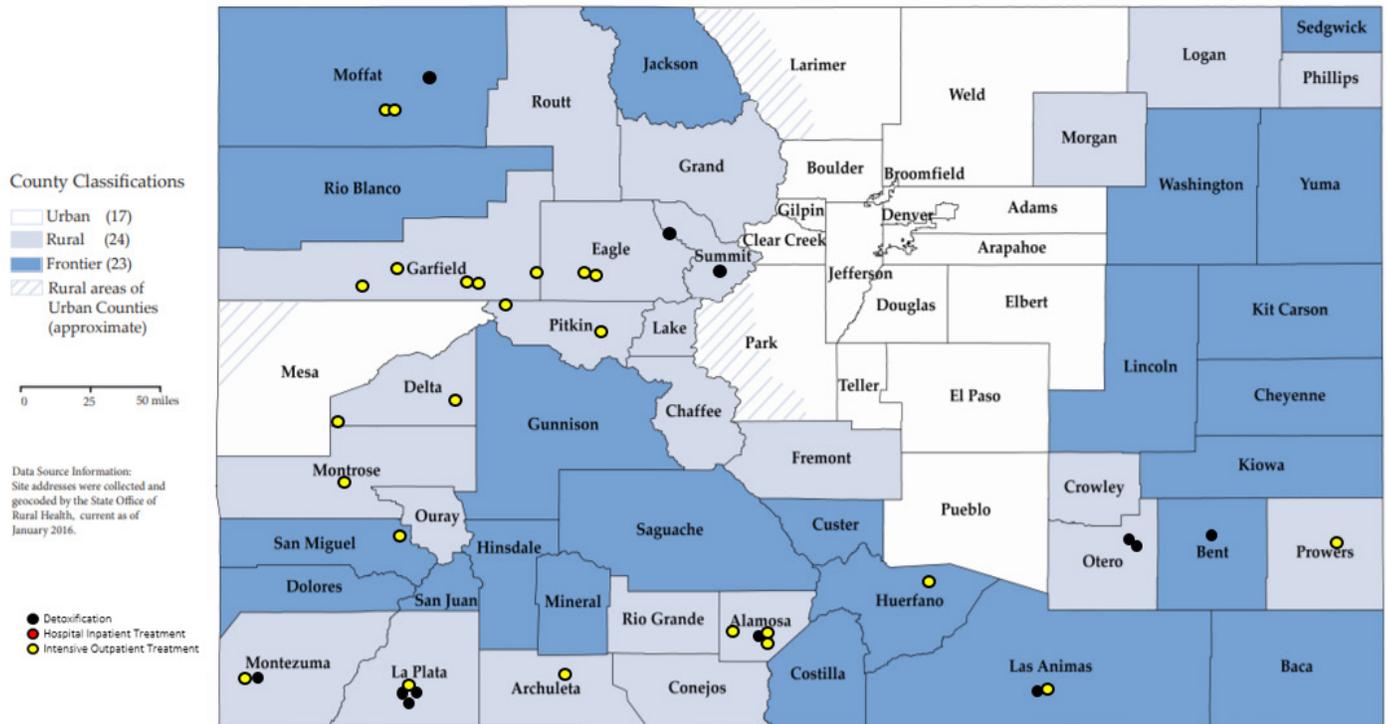


## Cases and Deaths per County, December 15, 2020

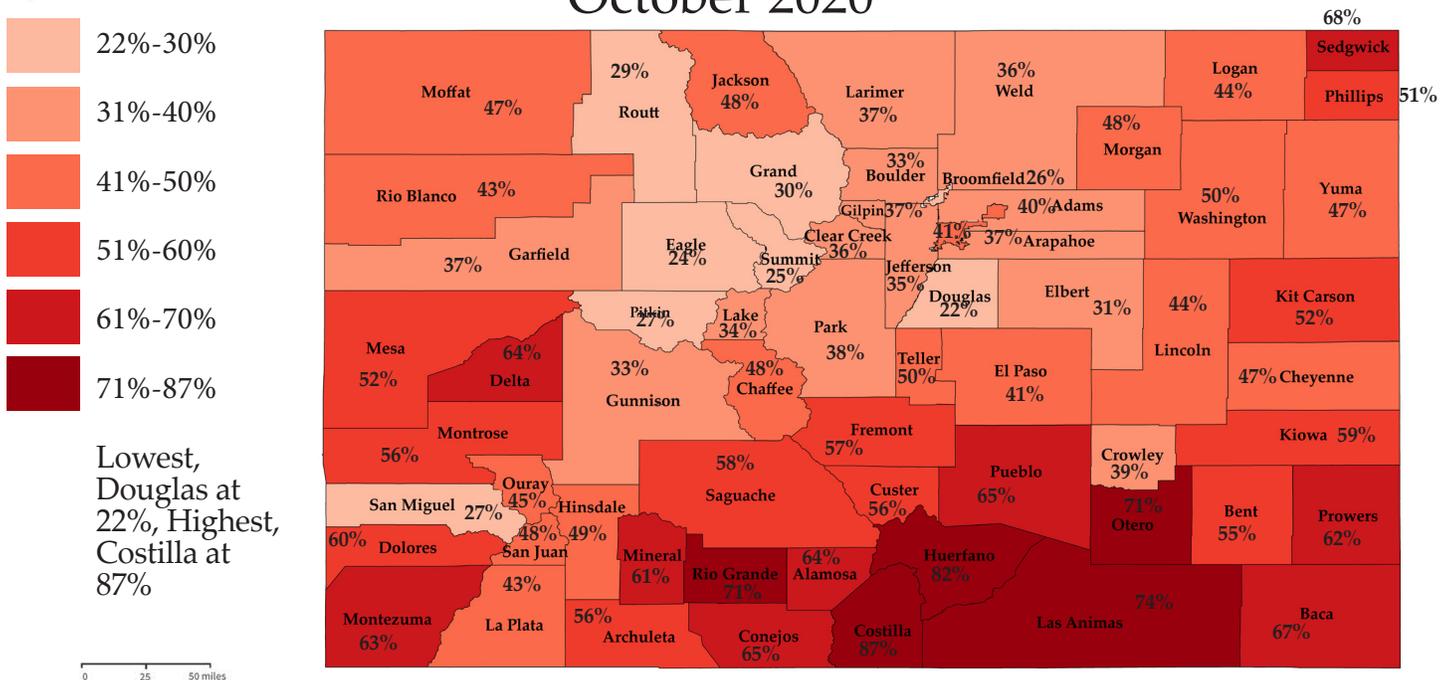
County	Cases	Deaths	County	Cases	Deaths	County	Cases	Deaths
Adams	35,483	429	Elbert	823	5	Montezuma	1,013	11
Alamosa	801	21	Fremont	3,733	12	Montrose	1,667	22
Arapahoe	33,292	503	Garfield	3,047	18	Morgan	1,918	64
Archuleta	415	0	Gilpin	105	1	Otero	1,325	18
Baca	156	0	Grand	529	5	Ouray	138	3
Bent	685	3	Gunnison	545	7	Park	314	4
Boulder	13,057	147	Hinsdale	12	0	Phillips	206	4
Broomfield	2,479	57	Huerfano	238	11	Pitkin	699	2
Chaffee	833	22	Jackson	28	0	Prowers	882	17
Cheyenne	85	3	Jefferson	25,931	552	Pueblo	11,615	218
Clear Creek	233	2	Kiowa	53	0	Rio Blanco	223	2
Conejos	247	4	Kit Carson	390	8	Rio Grande	299	5
Costilla	117	2	La Plata	1,907	11	Routt	892	17
Crowley	1,452	10	Lake	356	0	Saguache	241	4
Custer	121	0	Larimer	13,158	95	San Juan	26	0
Delta	1,123	17	Las Animas	377	3	San Miguel	291	0
Denver	42,850	608	Lincoln	694	1	Sedgwick	117	2
Dolores	43	0	Logan	2,776	49	Summit	1,842	5
Douglas	13,620	146	Mesa	7,654	98	Teller	861	6
Eagle	2,904	12	Mineral	37	1	Washington	299	10
El Paso	35,496	431	Moffat	451	16	Weld	17,432	241
						Yuma	443	4



## Rural Substance Use Disorder Facilities, 2020



## Total Medicare and Medicaid Enrollees, Combined October 2020

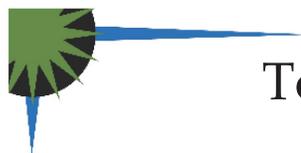
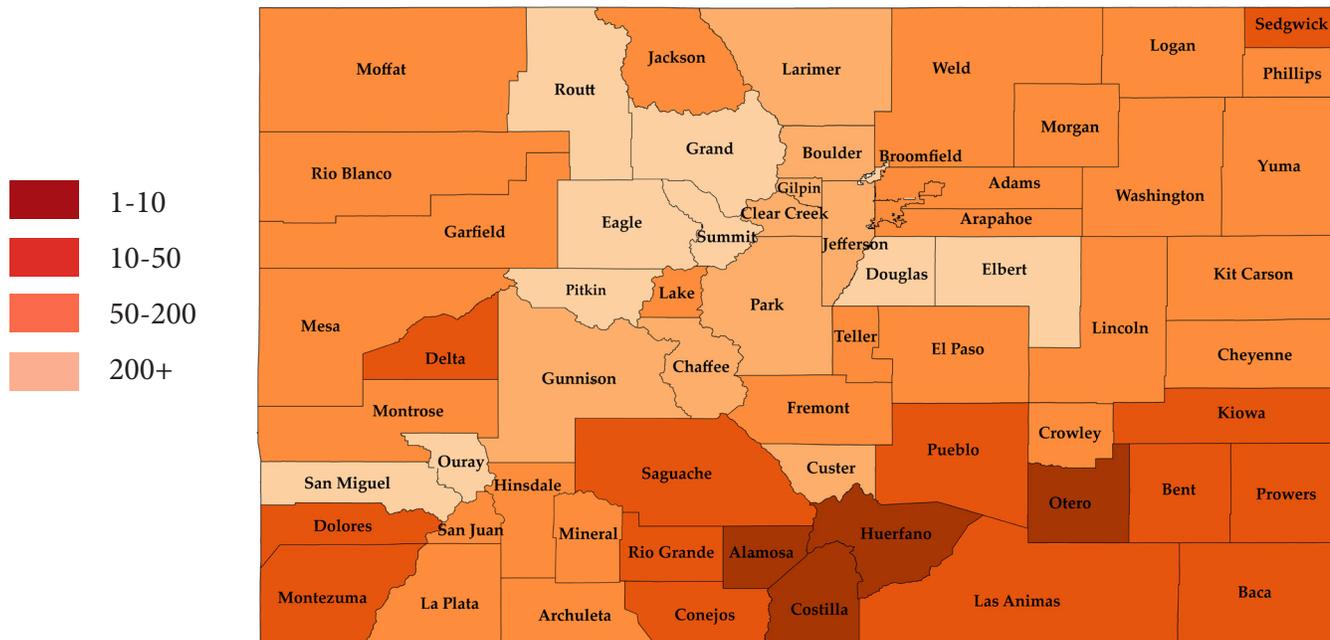


\*Medicaid counts and estimates for Hinsdale, Mineral, and San Juan include only those enrollees aged 20 or under.

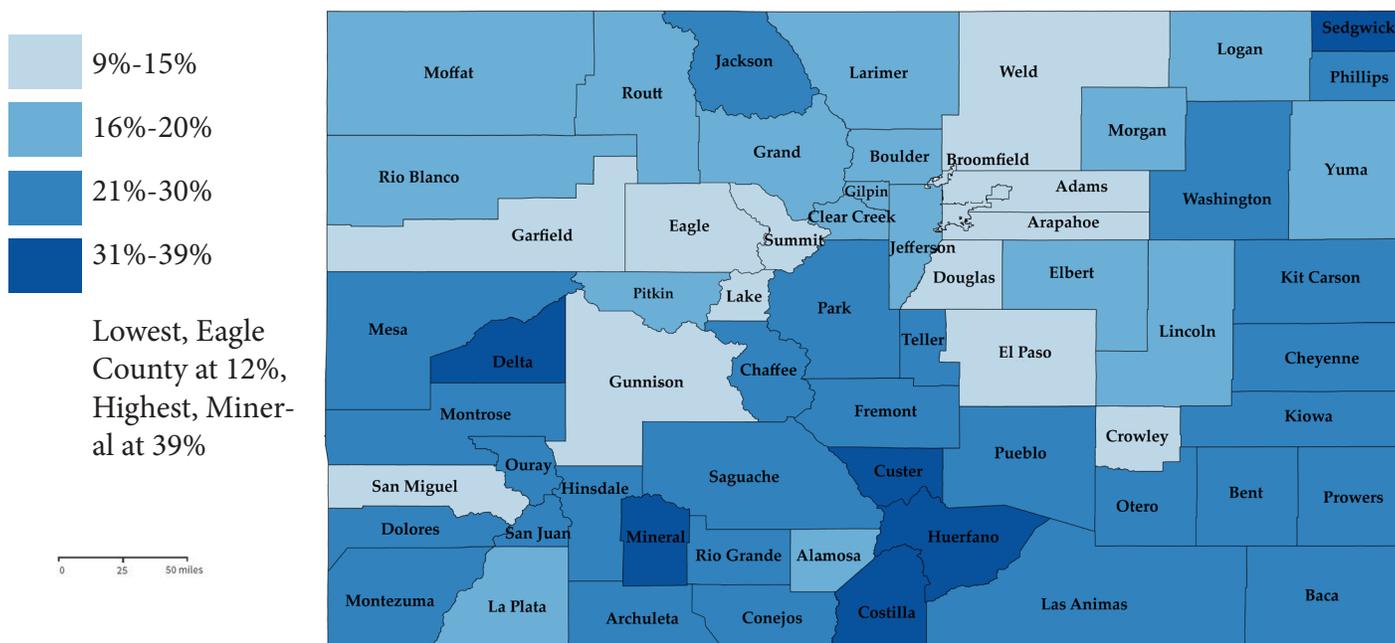
\*\*Combined Medicaid and Medicare enrollee rates by county are calculated using September 2020 Medicaid counts and October 2020 Medicare counts provided by the Centers for Medicare and Medicaid Services (CMS) and is a point in time depiction of enrollment.



# Medicaid Member Caseload by County, All Ages, Reporting Month Ending on 09/30/2020



# Total Medicare Enrollees, October 2020



For a complete list of Snapshot data sources,  
please visit [coruralhealth.org/snapshot-data-2021](https://coruralhealth.org/snapshot-data-2021)

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Jenny Olson, Data Analyst