HEALTH DISPARITIES IN RURAL COLORADO AND THE PROMISE OF PROGRAMS AIMED AT REDUCING READMISSIONS

Colorado faces many obstacles to health in the vast rural parts of the state. The Colorado Rural Health Center manages the iCARE program (Improving Communication and Readmission), designed to build off of the success of Colorado’s Critical Access Hospitals (CAHs) by aiding in reducing readmissions for pneumonia, lung disease, and diabetes.

COLORADO IS A RURAL STATE

**Demographics**
- 73% of Colorado’s 64 counties are rural; 17 are urban, 34 are rural and 23 are frontier.
- 77% of Colorado’s land mass, or approximately 79,884 square miles, is rural (see map for designations).
- 18% of the population, or 965,106 people, reside in rural counties. Five rural counties have less than one person per square mile.

**Disparities in Disease Rates**
- Rural counties are those counties that meet the Office of Management and Budget criteria for metropolitan counties. Frontier is a subset of rural; they are counties with a population density of less than six people per square mile.

**Income and Poverty**
- The income gap between rural and urban counties persists. The median household income in rural counties is 26.5% less than the median household income in urban ($45,307 compared to $61,642).
- 9.8% of families living in rural counties live below the Federal Poverty Level.
- In urban counties, 8.9% of families live below the FPL.

**Positive Trends in the Rural Healthcare Delivery System**

**Cancer Screening vs. Outcomes**
- Critical Access Hospitals provide cost-effective primary care. In fact, in comparing IDENTICAL MEDICAL SERVICES IN A RURAL SETTING TO AN URBAN SETTING, THE COST OF CARE IN A RURAL SETTING IS ON-AVERAGE 3.7% LESS EXPENSIVE.
- Hospitals in rural areas have significantly higher ratings on patients’ assessments of care than those located in urban areas.

**Faced with rural health disparities**
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**CAHs save money & have higher satisfaction**
- Despite a worse Sigmoidoscopy/Colonoscopy rate in rural counties (53% vs. 60% in urban), colorectal cancer deaths remained near even in rural vs. urban counties.
- Average colorectal cancer deaths per 100,000 people:
  - Rural: 15.5
  - Urban: 15.4

**Building on the Successes of Colorado’s rural healthcare delivery system**

As Colorado’s State Office of Rural Health, the Colorado Rural Health Center (CRHC) receives the Federal Medicare Rural Hospital Flexibility (FLEX) Grant through the Health Resources and Services Administration (HRSA) to provide support and resources to Colorado’s 29 rural Critical Access Hospitals (CAHs).

CAHs, which have a federal designation allowing them to receive 101 percent of Medicare cost reimbursement, must meet certain criteria including being located in rural areas and at least 35 miles (or 15 miles in the case of mountainous terrain or only secondary road access) from other hospitals, and have no more than 25 inpatient beds. Because CAHs are often overlooked in national and statewide healthcare initiatives, CRHC created iCARE (Improving Communications and Readmissions) as an opportunity to engage Colorado CAHs and their clinics in a statewide improvement project aligning with national trends and funding priorities demonstrating sustainable improvements and outcomes.

iCARE’s three primary goals are:
- Improve communication in transitions of care.
- Maintain low readmission rates, and
- Maintain high quality of care, particularly for heart failure, pneumonia and diabetic patients.

iCARE has a Direct effect on Readmission Rates

**The iCARE IMPACT**

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**iCARE has a Direct effect on Readmission Rates**

**CAHs save money & have higher satisfaction**

**Crisis Access Hospitals provide cost-effective primary care. In fact, in comparing identical medical services in a rural setting to an urban setting, the cost of care in a rural setting is on-average 3.7% less expensive.**

**Hospitals in rural areas have significantly higher ratings on patients’ assessments of care than those located in urban areas.**

www.corchalrealth.org

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