

SNAPSHOT OF RURAL HEALTH IN COLORADO 2026

 **COLORADO
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 health of rural Colorado.

WHO WE ARE

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.

OUR MISSION

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.

Twitter: @coruralhealth Instagram: @coruralhealthcenter

Colorado Rural Health Center | *The State Office of Rural Health*

6551 S Revere Parkway, Suite 155 | Centennial, CO 80111 | P: 303.832.7493 | web@coruralhealth.org | coruralhealth.org



Photo Credit: Stacy Cristelli, Spanish Peaks Regional Health Center

The Snapshot Team



Michelle Mills

Chief Executive Officer
mm@coruralhealth.org



Kelly Erb Zager

Director of Policy
and Advocacy
ke@coruralhealth.org



Greg Selinger

Public Health Data Specialist
gselinger@coruralhealth.org



Matt Enquist

Associate Director, Outreach
me@coruralhealth.org

FOR POLICY AND ADVOCACY INQUIRIES, CONTACT
Michelle Mills or Kelly Erb Zager

FOR DATA INQUIRIES, CONTACT
Greg Selinger or Matt Enquist

Table of Contents

DEMOGRAPHICS

People	6
Race and Origin	8
American Indians & Alaska Natives	11
LGBTQ+	12
Veterans	14
Education	17
Jobs and Income	20
Food and Housing	22
Healthcare Coverage	27

RURAL HEALTH

Chronic Disease	33
Older Adults	41
Maternal Health	45
Vaccines and Immunizations	49
Oral Health	50
Behavioral Health	54
Substance Use	57
Gun Violence	63
Climate Change	64

RURAL INFRASTRUCTURE

Healthcare Access and Sustainability	68
Healthcare Economy & Workforce	77
Cost to Patient Study	83
Broadband Access	84
Jobs and Labor Force	87
Childcare	89
Outdoor Industry and Tourism	92
Transportation	93
Agriculture	94
Oil, Gas, and Renewable Energy	96

APPENDIX

Maps	99
------	----



An aerial, high-angle photograph of a large, diverse crowd of people walking on a cobblestone plaza. The people are of various ages, ethnicities, and are dressed in casual summer attire. The plaza is composed of large, light-colored rectangular tiles. The text "Demographics of Colorado" is overlaid in the upper left quadrant in a large, white, sans-serif font. A thin white horizontal line runs across the middle of the image, just below the text.

Demographics of Colorado

64 TOTAL COUNTIES

 **12** urban

 **28** rural

 **24** frontier

 **82%**

of Colorado's landmass is considered rural or frontier

 **13.6%**

of the population, 809,253 people, lives in rural Colorado

2.2%

of the population, 130,538 people, lives in frontier counties

11.4%

of the population, 678,715 people, lives in rural counties

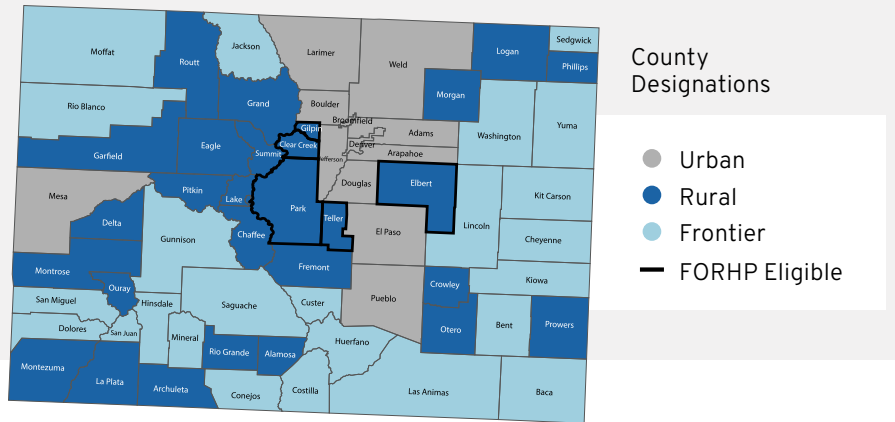


RURAL: An outlying or non-metropolitan county that does not contain a population from an urban area of 50,000 or more people.

FRONTIER: A county that has a population density of 6 or fewer residents per square mile.

Colorado is a Rural State

The Federal Office of Rural Health Policy has modified its list of areas eligible for rural health funding. The counties outlined in bold are eligible for FORHP funding and are now considered rural as they are outlying metro counties that do not have an urban area population of 50,000 or more people.



OUR STATE IS GROWING

 **5,957,493** people live in Colorado (July 2024)

Ranking 21st in size in the U.S.

3,158 new rural Colorado residents in 2024

FROM 2023 TO 2024 IN COLORADO

62,497 births in Colorado



11.8% (7,389) occurred in rural Colorado

45,203 deaths in Colorado



16.1% (7,290) occurred in rural Colorado

38,649 migrations to Colorado



7.9% (3,059) occurred in rural Colorado

Population Changes

From 2023 to 2024, 5.7% of Colorado's population growth occurred in rural areas, however urban Colorado's population grew twice as fast as the rural population. Since 2020, 7.5% of Colorado's population growth has occurred in rural Colorado, yet rural Colorado has seen a naturally declining population with 1,243 more deaths than births. Comparitively urban Colorado has had 68,004 more births than deaths.

POPULATION GROWTH AND DECLINE FROM APRIL 2020 TO JULY 2024

Fastest-growing rural counties by resident population

17.5% Custer
16% San Juan
12.1% Elbert



Fastest-declining rural counties by resident population

-7.6% Jackson
-5.5% Sedgwick
-5.1% Hinsdale

NATURAL AND MIGRATION POPULATION CHANGES (2020-2024)

71%

of rural counties experienced natural decline from 2020-2024 (births < deaths)



Rural counties with the biggest changes since 2020



Greatest natural decline
Fremont, Delta, and Montrose



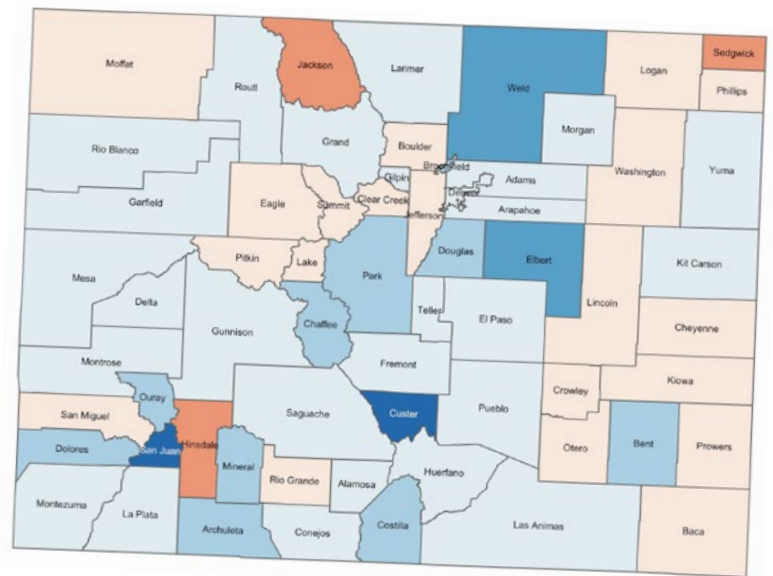
Greatest natural growth
Eagle, Garfield, and Summit



Greatest migration
Elbert, Montrose, and Fremont



Greatest outmigration
Eagle, Summit, and Pitkin



% population change from 2020-24

10 to 15	0 to 5	-10 to -5
5 to 10	-5 to 0	

2035

Colorado's population is forecast to increase by 697,000

2025

7.3% of this increase is projected across rural Colorado (51,000 people)

Age, Race, & Ethnicity

COLORADO MEDIAN AGES

43

Rural (2023)

37

Urban (2023)

41.8

Rural (2018)

36.4

Urban (2018)

From 2018 to 2023 the median age increased

↑ 1.2

years in rural Colorado



↑ 0.6

years in urban Colorado

AGE DISTRIBUTION IN 2018 VS 2023

Rural Colorado

20.6%

19.6%

Under 18

Urban Colorado

23.1%

21.6%

62%

60.2%

18-64

64.1%

64%

17.4%

20.2%

65+

12.8%

14.4%

2018

2023

2018

2023

OLDER ADULTS IN COLORADO



20.2% of the rural population and 14.4% of the urban population are aged 65+ in 2023



From 2025 to 2035, the 65+ age group is expected to **undergo the fastest and most significant growth**

» Representing a 40% larger share of the rural population compared to urban

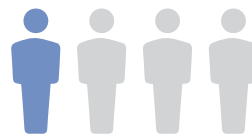
+23.8% Colorado +15.3% rural Colorado

The 65+ population grew at a similar rate since 2018



+18.8% Rural CO

+19.2% Urban CO



Despite the slower projected growth,

1 in 4 rural Coloradans will be 65+ by 2035

This growth will particularly impact the healthcare industry, given the higher demand for health services in this age group

TOP 5 COUNTIES WITH THE HIGHEST RATE OF 65+ RESIDENTS IN 2023

37.2%

Dolores

35.5%

Ouray

34.4%

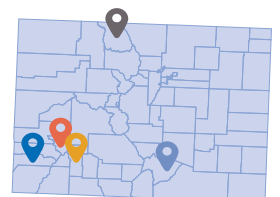
Hinesdale

34%

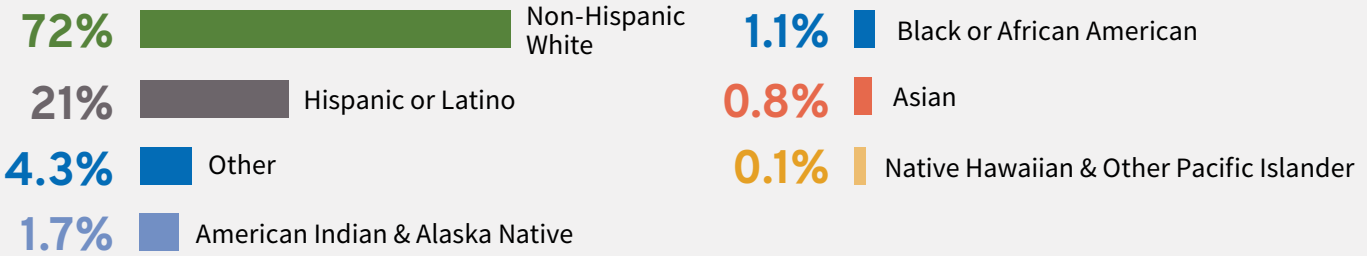
Huerfano

32.7%

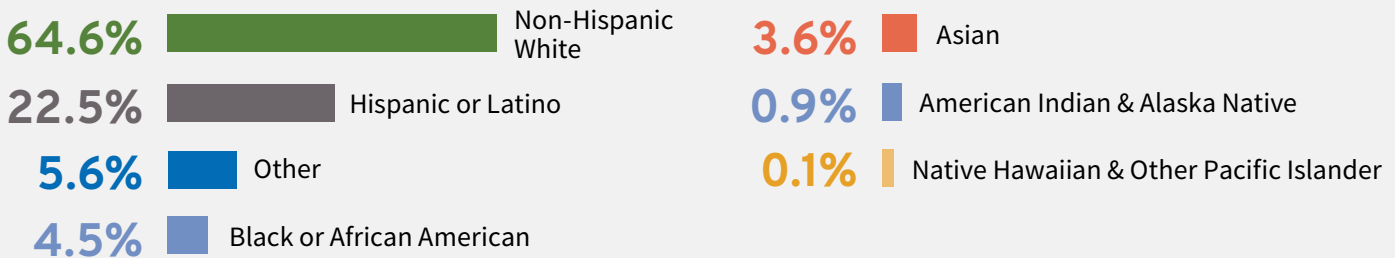
Jackson



RACE AND ETHNICITY OF RURAL COLORADO IN 2023



RACE AND ETHNICITY OF URBAN COLORADO IN 2023



COLORADO IS AN INCREASINGLY DIVERSE STATE

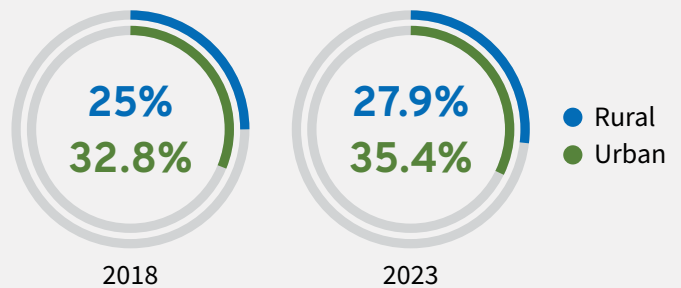


34.3% of people

identify as Hispanic or Latino, Black or African American, Asian, American Indian or Alaska Native, or from other racial or ethnic backgrounds in 2023

It is estimated that by 2040, this will increase to 45% of the population

Population who identified as people of color



Racial & Ethnic diversity increased more in rural Colorado between 2018 and 2023

↑ 2.9%
Rural Colorado

↑ 2.6%
Urban Colorado

New Americans



of rural Coloradans were born outside the U.S. in 2023



Nearly half of the immigrant population

in Colorado are naturalized U.S. Citizens

40%+

of rural Colorado immigrants are naturalized U.S. Citizens

WHERE ARE RURAL NATURALIZED CITIZENS COMING TO COLORADO FROM?



20.6% Europe

1.9% Oceania

12% Asia

57.3% Latin America

2.5% Africa

5.6% North America

THE IMPACT OF IMMIGRANTS IN COLORADO

3 of the top 5 counties with the largest immigrant representation are in rural Colorado

16%
Eagle

15.5%
Yuma

14.1%
Garfield



34%+

of Colorado immigrants have a bachelor's or an advanced degree



17.5%

of foreign born Coloradan's are employed in education, healthcare, and social assistance industries

UNINSURED RATES BY POPULATION



U.S. born citizens

8.3%
Rural

5.6%
Urban



Foreign-born, naturalized citizens

15.4%
Rural

9.3%
Urban



Foreign-born, non-citizens

44.5%
Rural

36.4%
Urban



12.2%

of Colorado's entrepreneurs are foreign-born and their businesses generate approximately \$1.8 billion in total income



Immigrants in Colorado pay \$6.6B in taxes each year,

including \$2.0B in state and local taxes

American Indians & Alaska Natives

The Southern Ute Indian Tribe and the Ute Mountain Ute Tribe are the only two federally recognized tribes residing in Colorado. Both of these tribes have reservations in southwestern Colorado. Each are governed by their own constitution, laws, and court systems that function independently of both the state and local governments.

AVERAGE LIFE EXPECTANCY

70.1 years

American Indians and Alaska Natives



78.4 years

U.S. population



The Indian Health Service (IHS) **provides comprehensive health services for 2.8M** American Indians and Alaska Natives in 574 federally recognized tribes



8.3 years lower than average



From 2018 to 2023, American Indians and Alaska Natives experienced **higher death rates**

2X higher

- unintentional injury
- diabetes
- suicide

4X higher

- chronic liver disease



4 locations for Indian Health Service in Colorado:

- Ute Mountain Ute Health Center
- White Mesa Health Station
- Southern Ute Health Center
- Denver Indian Health and Family Service



Southern Ute Reservation
Ute Mountain Ute Reservation

74,129 people

who identify as American Indians and Alaska Natives alone live in Colorado

About 1% of the population

The Southern Ute Tribe is the largest employer in La Plata County with revenue from:



Oil and gas production

Real estate development

Housing and construction

Ute Mountain Ute Reservation covers 575,000 Acres in the Four Corners region, with major industries:



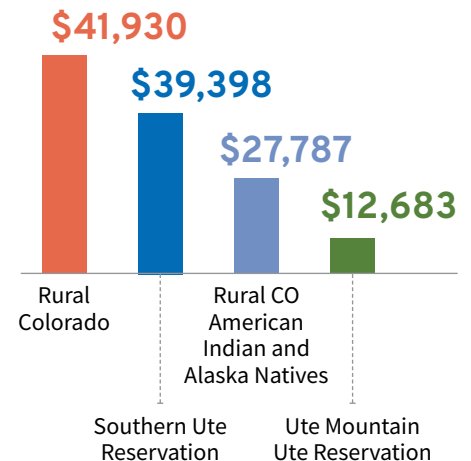
Tourism

Construction

Agriculture

PER CAPITA INCOME

In 2023 inflation-adjusted dollars

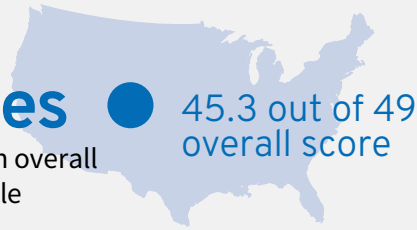


LGBTQ+ People in Colorado

Colorado is

1 of 15 states

considered to have a high overall equality of LGBTQ+ people



In 2023, rural Colorado had a slightly higher proportion of individuals identifying as LGBTQ+ compared to urban Colorado



54.4%

of LGBTQ+ Coloradans reported poor mental health (27.8% straight/cisgender)

20%

of LGBTQ+ Coloradans reported poor general health (16% straight/cisgender)

27%

of LGBTQ+ Coloradans reported poor oral health (22.7% straight/cisgender)

BARRIERS TO HEALTHCARE ACCESS FOR LGBTQ+ COLORADANS

38.2%

of LGBTQ+ couldn't access mental healthcare when needed (15% straight/cisgender)

90%

of LGBTQ+ unable to access care said insurance wouldn't cover it (50% straight/cisgender)

LGBTQ+ were over 2x more likely to be uninsured compared to straight/cisgender peers

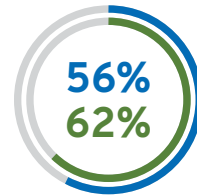


Rural LGBTQ+ youth were almost 2X as likely

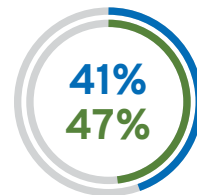
to report unsupportive communities relative to their urban peers (rural: 67% | urban 34%)



youth in Colorado reported symptoms of anxiety



youth in Colorado reported symptoms of depression



youth in Colorado seriously considered suicide

● LGBTQ+ ● Transgender/non-binary

LGBTQ+ YOUTH IN RURAL AREAS VS. URBAN PEERS

15% less likely

to receive desired mental healthcare

15% more likely

to have suicidal thoughts

27% more likely

to experience anxiety

28% more likely

to experience depression

Healthcare for LGBTQ+, Transgender, & Nonbinary Coloradans

More than ever before, Colorado needs health professionals with training in the specific needs of the LGBTQ+, transgender and nonbinary community.

AFTER BEING SEEN BY MEDICAL PROFESSIONALS

13%

LGBTQ+ patients

6.5%

Straight/cisgender patients

Felt they were treated with less respect or received lower quality services



25.9%

LGBTQ+ patients

14%

Straight/cisgender patients

Reported their provider dismissed their health concerns

MENTAL HEALTH OF LGBTQ+ YOUTH IN COLORADO

48%



Unable to access mental healthcare in the past year

Most Common Barriers

49%



Fear of discussing mental health concerns

42%



Could not afford it

41%



Fear of police involvement or involuntary hospitalization

91%

LGBTQ+ youth felt their well-being was significantly affected by recent politics



Transgender and non-binary people in rural areas are:



5X less likely

to have access to LGBTQ+ specific health services in their community



Over 3X more likely

than cisgender peers to choose providers known to serve LGBTQ+ patients



3X more likely

to travel 75+ miles for transgender-related medical care



2X more likely

to travel 25+ miles for routine care compared to all transgender and non-binary individuals

Veterans in Colorado



348,913 veterans

live in Colorado in 2023

14.5% are in rural areas

Veterans in Rural Colorado



91%
males



9%
females

COUNTIES IN RURAL COLORADO WITH THE HIGHEST RATE OF VETERANS

14.5%

Teller

14.1%

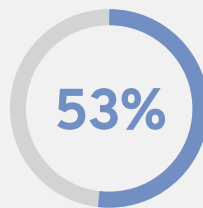
Jackson

11.5%

Dolores

11.1%

Fremont



53% of veterans living in rural Colorado are 65+

compared to 41.5% in urban areas

AMONG RURAL COLORADO VETERANS



30% reported there was inadequate housing available



29.8% reported spending 30% or more of income on housing costs



11.6% reported spending 50% or more of income on housing costs

WHERE DID COLORADO VETERANS LIVING IN RURAL AREAS SERVE?



20.8% Gulf War 2 (post 2001)

5.1% Korea

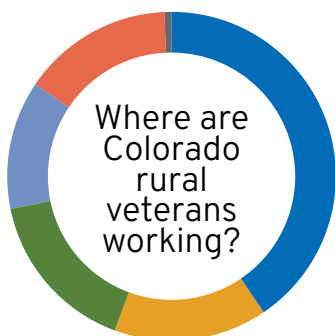
21.2% Gulf War 1 (pre 2001)

0.9% World War 2

38.1% Vietnam

23.1% Between conflicts

EMPLOYMENT, POVERTY & HOMELESSNESS AMONG RURAL VETERANS



Where are Colorado rural veterans working?

40.6% Management, business, science, and arts occupations

14.9% Service occupations

16.2% Sales occupations

12.7% Construction and extraction

15% Transportation

0.6% Farming, Fishing, and Forestry



7% of veterans

living in rural Colorado had income below the poverty level in 2023

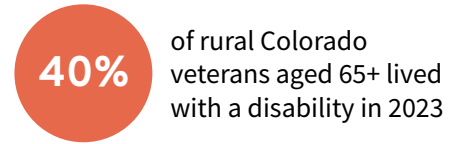
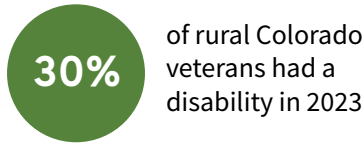
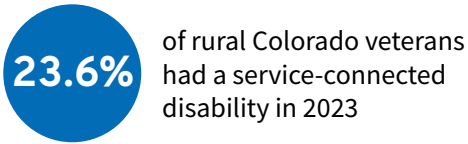


~20% of homeless

Colorado veterans reside in the Colorado BOS region (Rural CO + Pueblo and Mesa Counties)

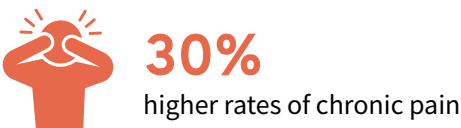
Health of Veterans

Compared to the general civilian population, those in the U.S. armed forces experience increased rates of mental health challenges, including depression, frequent mental distress, and suicidal thoughts. Veterans are also more likely to experience physical health challenges, including higher rates of chronic disease and pain.



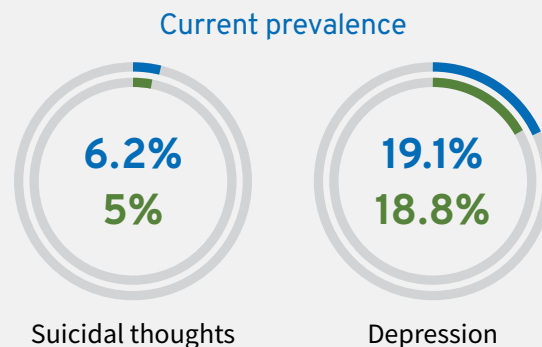
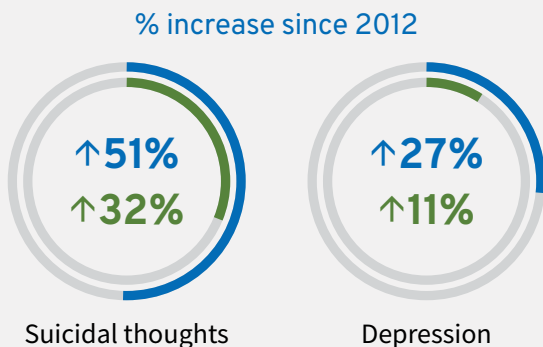
10.6% of rural veterans with a disability had income below the poverty line

VETERANS REPORT HIGHER RATES OF HEALTH CHALLENGES THAN CIVILIANS



VETERANS FACE FASTER GROWING MENTAL HEALTH CHALLENGES

● Veterans
● Civilians



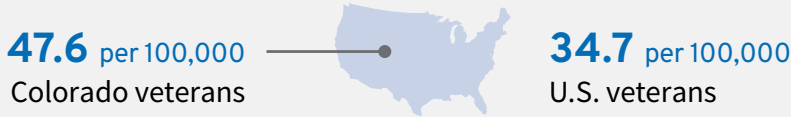
Female veterans experience 2x higher rates of mental health challenges than male veterans

Since 2012, substance use rates have declined for both veterans and civilians, but veterans remain:



SUICIDE RATES AMONG VETERANS

The veteran suicide rate in Colorado is 37% higher than the national rate (2022)



Since 2012, the veteran suicide rate in Colorado has increased 22%

Nationally, the suicide rate among rural veterans is

28% higher

compared to veterans living in urban areas



Nationally, veterans with mental health or substance use disorders had **a 90% higher suicide rate** than those without a diagnosis



Risk factors in the year prior to veteran suicide deaths

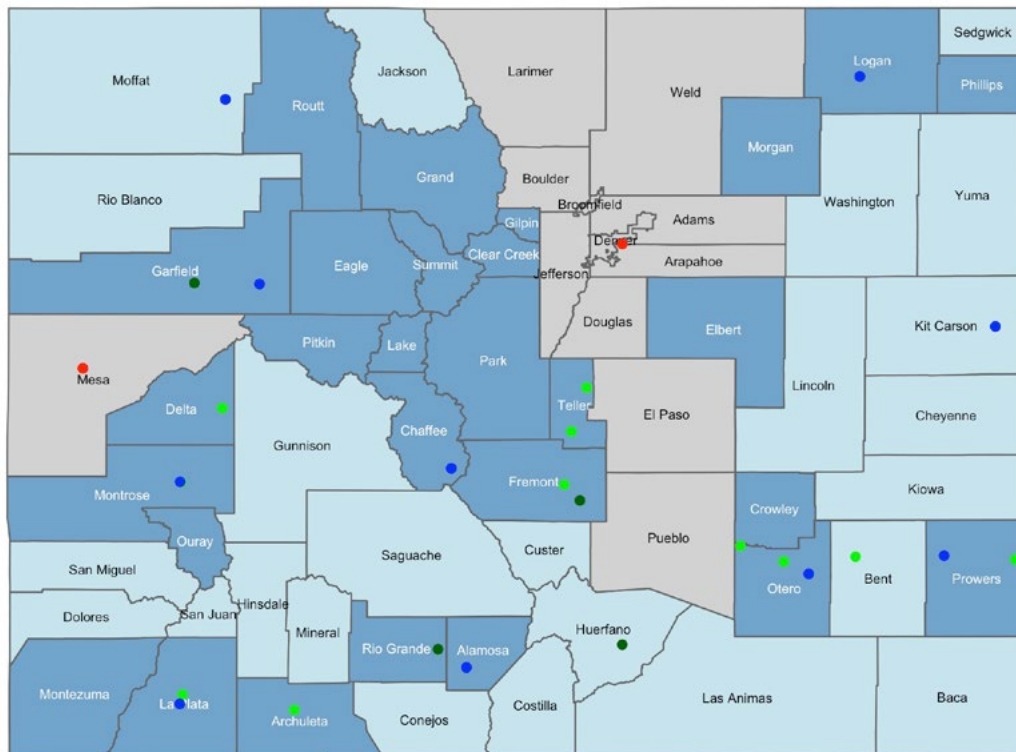
53.8%
Pain

51.4%
Sleep problems

42.5%
Increased health problems

MOST OF COLORADO'S VETERANS AFFAIRS FACILITIES ARE LOCATED IN URBAN AREAS

This leaves Colorado's rural veterans with fewer healthcare facilities in their communities than their urban counterparts, which can result in worse long-term health outcomes.



46.3%

of rural veterans eligible for VA healthcare weren't enrolled

The highest rates of non-enrollment

81.8% Pitkin

78.8% San Miguel

75.9% Lake

74.3% Eagle

County Designations

Frontier

Rural

Urban

Type

Medical Center

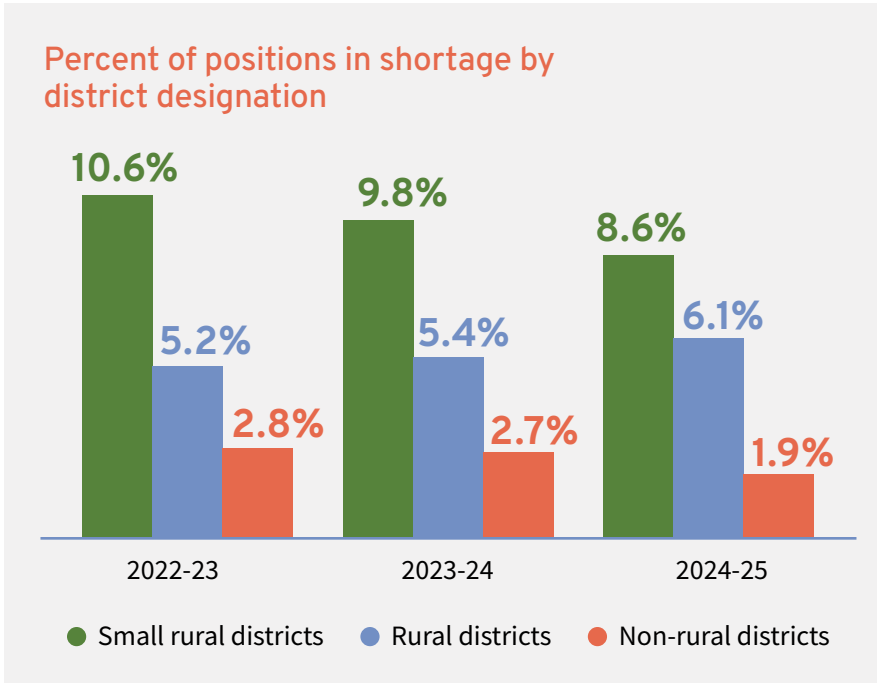
VA Clinic

State Veterans Home

Community Nursing Home

Education in Colorado

Small rural and rural districts continue to have a higher percentage of positions with staff shortages than non-rural districts.



For the 2024-2025 school year, less than 1% of positions at small rural and rural districts were left unfilled. The lowest since 2020.

Most common positions that remained unfilled in small rural and rural districts

- Paraprofessionals
- Elementary Education
- Special Education Generalists
- Mathematics
- Music
- School Counselor

AVERAGE TEACHER SALARIES IN 2024-25



\$60,182 is the overall average teacher salary in rural Colorado

20% less than the average teacher salary in urban Colorado



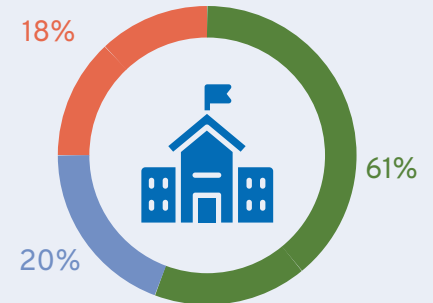
\$54,604 frontier counties



\$61,488 rural counties

179

SCHOOL DISTRICTS IN COLORADO



33 districts

are defined as 'urban'

36 districts

are defined as 'rural'

110 districts

are defined as 'small rural'

The 146 rural districts

comprise only 15% of Colorado's students (132,362)



SMALL RURAL: K-12, <1000 enrolled students

RURAL: K-12, 1,001-6,500 enrolled students

Education Enrollment, Health & Funding



Less than 50%

of schools had Comprehensive Health Education Required for all students

This covers mental health, relationships, healthy habits, substance use, and violence prevention

DIVERSITY IN RURAL SCHOOLS 2024-25



42% of students

in rural Colorado identify as people of color, including Hispanic or Latino, Black or African American, Asian, American Indian or Alaska Native, or from other racial or ethnic backgrounds

RURAL COLORADO COUNTIES WITHOUT SCHOOL-BASED PROVIDERS 2024-25

33

counties without licensed psychologists

(63% of rural/frontier counties)

12

counties without licensed RNs

(23% of rural/frontier counties)

30

counties without social workers

(58% of rural/frontier counties)

AVERAGE FUNDING PER STUDENT IN 2024-25



\$11,452 was spent per student in school districts across Colorado

\$12,697 per pupil

rural Colorado average

\$14,742

frontier counties

\$12,257

rural counties

Colorado public schools receive money from a variety of sources, but most revenue is provided through the Public School Finance Act of 1994.



For FY 2024-25, school districts in rural Colorado **received 13.7% of funding**

Graduation & Higher Education

The 4-year graduation rate reached 84.2% in 2024

Colorado's highest rate over the past decade

Rates have been steadily climbing since 2021

81.7% in 2021 **82.3%** in 2022 **83.1%** in 2023

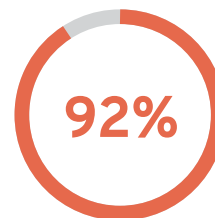
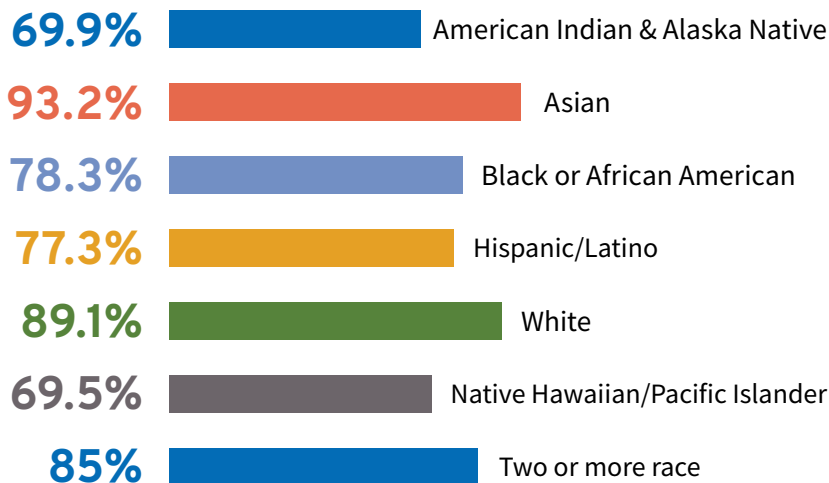
Rural Colorado led with an **87%** graduation rate in 2024 (3.3% higher relative to the state)



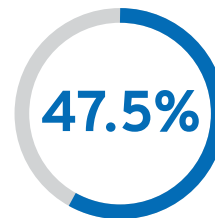
TOP 5 HIGH SCHOOL RURAL GRADUATION RATES

97% Pitkin **96%** Ouray **96%** Archuleta **95%** San Miguel **95%** Custer

4-YEAR HIGH SCHOOL GRADUATION RATES BY RACE/ETHNICITY IN 2024

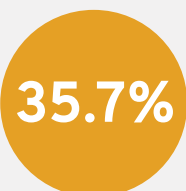


of the rural Colorado population over 25 has completed high school (93% urban)



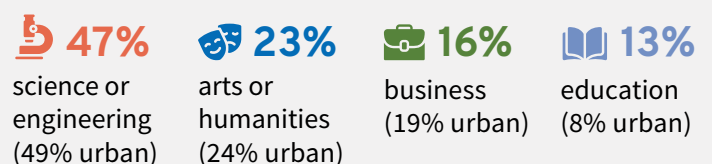
of 2021 rural high school graduates enrolled in college immediately after graduation (50% urban)

HIGHER EDUCATION RATES IN 2023




of individuals 25+ in rural Colorado have attained a bachelors degree or higher, compared to 46.2% in urban Colorado
11% increase since 2018


Bachelor's degrees by field among rural Coloradans in 2023

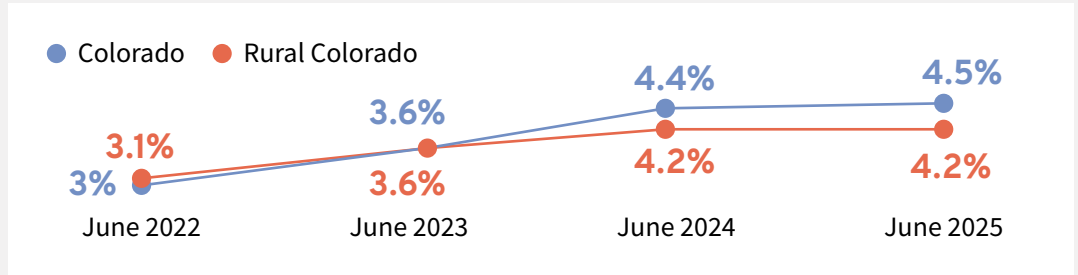


Jobs and Income in Colorado

JUNE 2025 UNEMPLOYMENT RATES

 **4.2%**
rural Colorado

 **4.5%**
Colorado
(unadjusted)



MEDIAN HOUSEHOLD INCOME

 **\$65,618** rural areas
\$92,484 urban areas

29% lower in rural compared to urban

INCOME DISPARITIES IN RURAL COLORADO

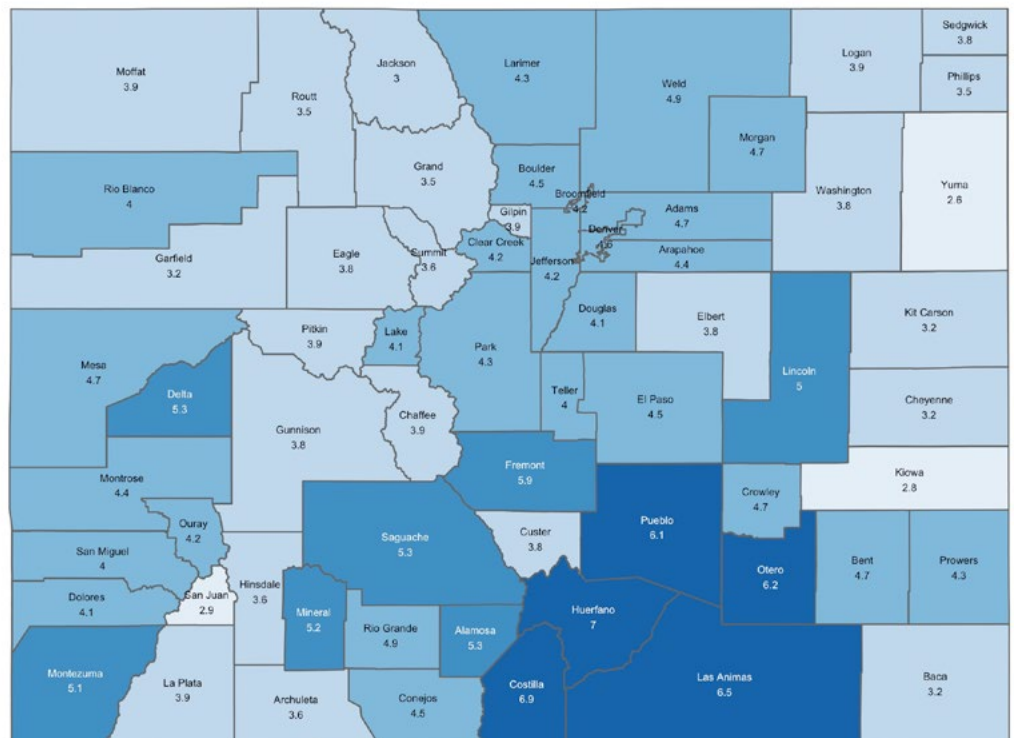
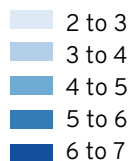
\$56,208 Black/African American
\$54,911 American Indian & Alaska Native
\$95,275 Asian
\$70,333 White Non-Hispanic
\$57,757 Hispanic

UNEMPLOYMENT RATE (JUNE 2025)

 **~1 unemployed person per available job**
across Colorado

0.8 rural Colorado
1.1 urban Colorado

% of the Labor Force




2023 POVERTY RATES IN COLORADO BY POPULATION

11.4% Rural

9% Urban

↓7.3% decrease in the rural rate since 2018

 Still 26% more likely to live under the Federal Poverty Level relative to urban Coloradans

Poverty rates are over 2X higher

among Black/African American, American Indian & Alaska Native, and Hispanic populations compared to the White Non-Hispanic population in rural Colorado

Urban counties

9% Poverty rate

10.8% Under 6

10.3% Under 18

7.6% Over 65

Rural counties

11% Poverty rate

16.2% Under 6

13.5% Under 18

8.2% Over 65

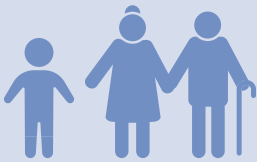
Frontier counties

14.2% Poverty rate

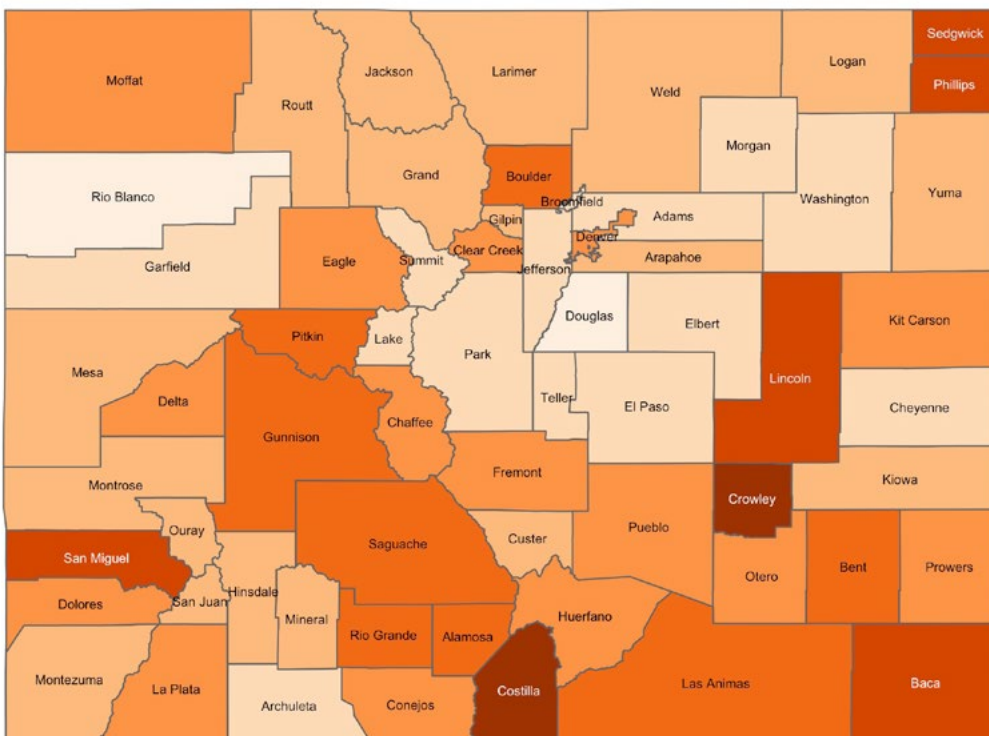
19.3% Under 6

15.8% Under 18

11.2% Over 65



INCOME INEQUALITY

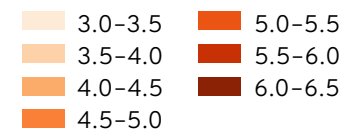


In Colorado, households with **income in the top 20% earn 4.4X more than** households with income in the bottom 20%

Income inequality by region

- 4.4X** Rural Colorado
- 4.1X** Urban Colorado
- 4.6X** Frontier counties

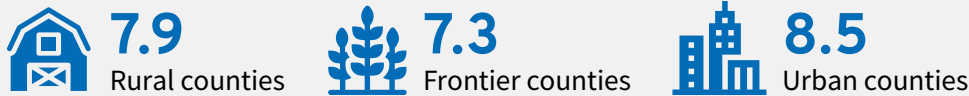
Income Inequality Ratio



Food Insecurity

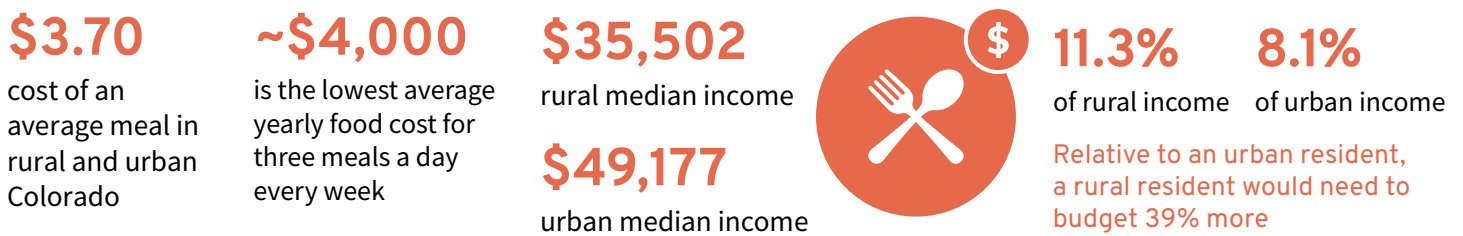
Gaining access to healthy and affordable food can be a challenge for rural residents. Many rural areas lack food retailers and are considered food deserts: areas with limited supplies of fresh, affordable foods. The food environment index is a score reflecting factors that contribute to a healthy food environment, ranging from 0 (worst) to 10 (best).

COLORADO'S FOOD ENVIRONMENT INDEX

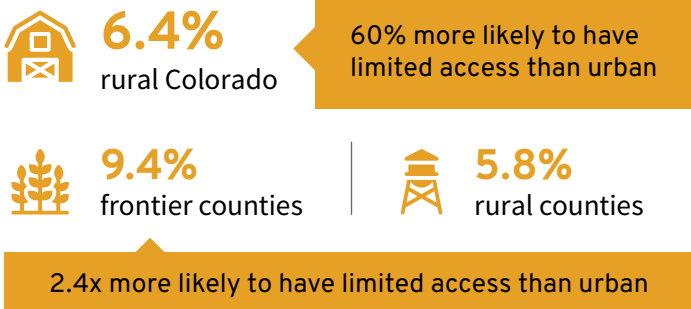


Food index scores vary throughout Colorado with index scores as low as **1.2 in Costilla**

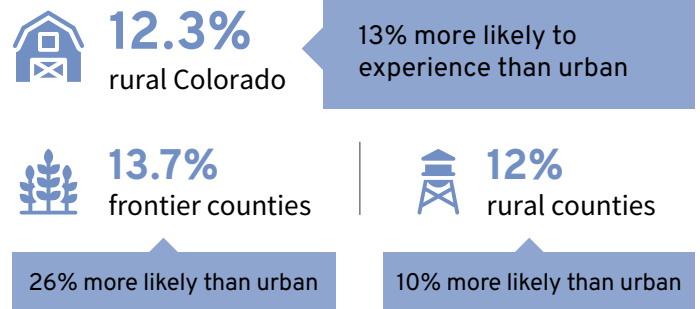
AVERAGE MEAL COSTS FOR ONE PERSON HOUSEHOLD IN 2023



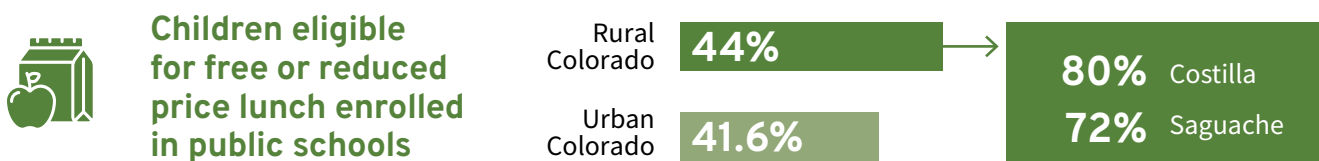
LIMITED ACCESS TO HEALTHY FOODS



FOOD INSECURITY



CHILDREN IN RURAL AREAS



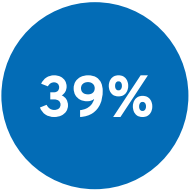
SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) IN RURAL COLORADO



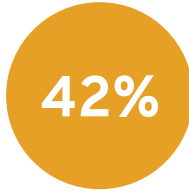
10% of households in rural Colorado received SNAP benefits (7.7% urban)
30% higher relative to urban Colorado



12.6% of households in frontier counties received SNAP benefits
9.5% of households in rural counties



39% of rural SNAP households included individuals aged 60+

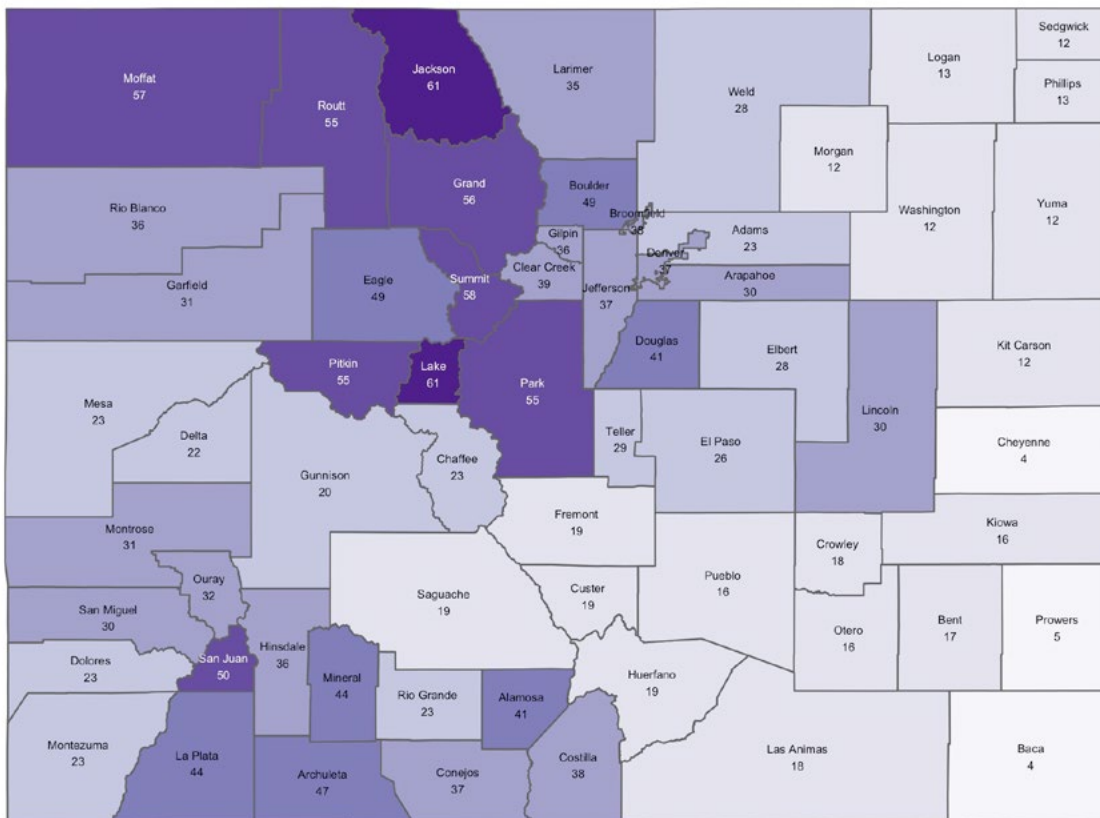


42% of rural SNAP households included children under 18

81% of rural households that received SNAP included individuals aged 60+ or under 18

SNAP BENEFITS FALL SHORT OF MEAL COSTS ACROSS COLORADO

In both rural and urban Colorado the average meal cost exceeded the maximum SNAP benefit by 32%. However this varied widely by county. Frontier counties had a smaller gap (24.4%) compared to rural (33.9%), and urban counties (32%).



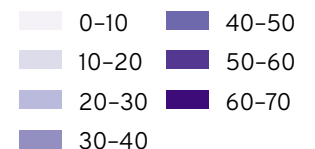
Food insecure households spend

\$ 45% more on medical care than secure ones

SNAP benefits help reduce food insecurity

- ↓16% Food insecure households
- ↓31% Households with children after 6 months of benefits

% Difference between average meal cost and maximum SNAP benefit



Colorado's Housing Crisis is Escalating

Rising rents, unaffordable mortgages, and a lack of affordable options are impacting residents, particularly those with low incomes. Rural ski towns have seen housing costs skyrocket, exacerbating the problem. Urgent action is needed to expand affordable housing options. Other rural regions of the state, namely the Eastern Plains, are facing an extreme lack of housing stock, especially rental properties.

	New Housing Units Since 2018	Percent Growth	Total Units (2023)	Household Population % Increase (2018-2023)
Rural	21,970	6.2%	374,834	2.6%
Frontier	3,627	4.8%	78,826	2.0%
Urban	192,338	9.7%	2,182,874	3.8%

Since 2018, Colorado built housing faster than population growth, reducing the household population to unit ratio

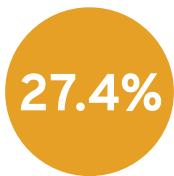
-3.3% 🏠
of rural counties
(1.80 → 1.74)

-2.4% 🏠
of frontier counties
(1.63 → 1.59)

-5% 🏠
of urban counties
(2.40 → 2.28)

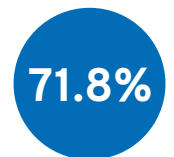
VACANT HOUSING UNITS IN 2023

While the decrease in the household population to housing unit ratio indicates an increased supply of housing, rural Colorado faces a greater lack of availability compared to urban Colorado despite a lower household population to housing unit ratio.



of housing units across rural Colorado were vacant
7.8% in urban Colorado

OF THOSE VACANT UNITS



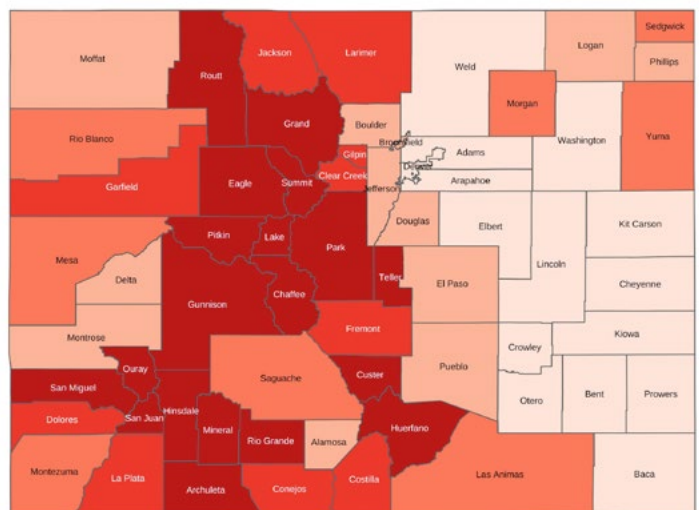
were for seasonal, recreational, or occasional use in rural Colorado
19.7% in urban Colorado



were for rent or for sale across rural Colorado
39.5% in urban Colorado

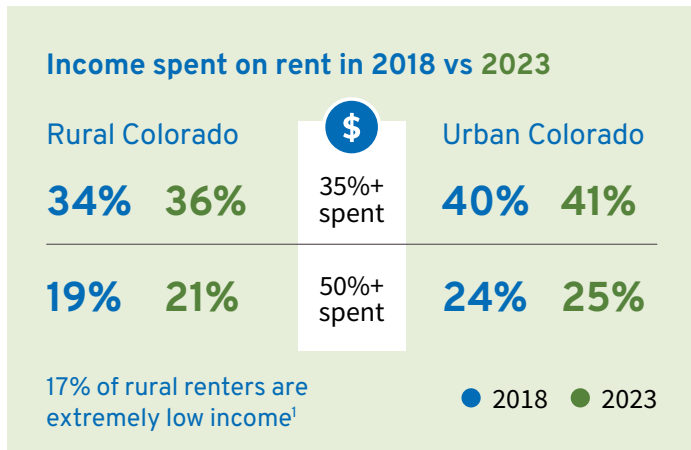
Removing seasonal vacancies **2.13** Rural ratio
raises housing ratio **2.31** Urban ratio

VACANT HOUSING UNITS USED FOR SEASONAL OR RECREATIONAL USE (UNAVAILABLE)

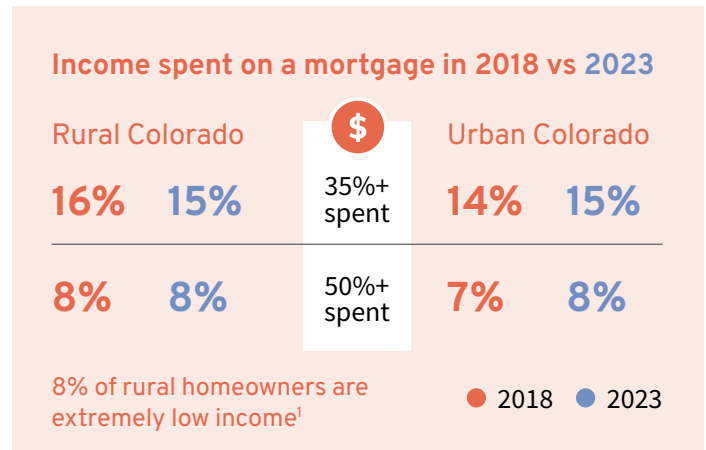


% of vacancies
0 to 20 20 to 40 40 to 60 60 to 80 80 to 100

HOUSING COST BURDENS ON RENTERS AND OWNERS



¹Income is less than 30% of area median income

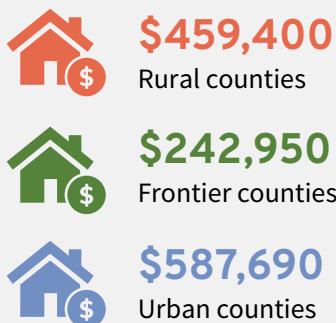


¹Income is less than 30% of area median income

MONTHLY HOUSING AFFORDABILITY IN RURAL COLORADO

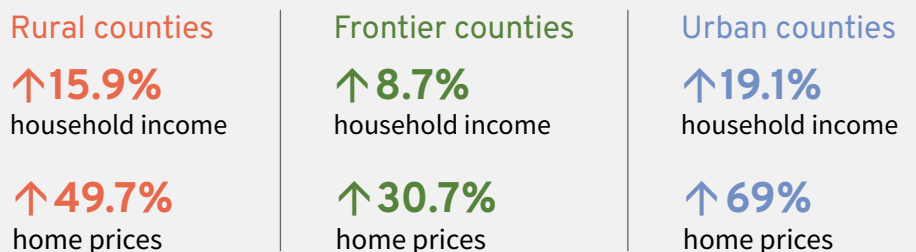
	Area Median Household Income	Median Renter Household Income	Average Monthly Price for a 2 Bed Fair Market Rental	Median Homeowner Household Income	Average Monthly Mortgage Payment (Q4 2024)
Rural Counties	\$1,913	\$1,344	\$1,513	\$2,109	\$2,953
Frontier Counties	\$1,495	\$1,143	\$1,132	\$1,732	\$1,825
Urban Counties	\$2,312	\$1,516	\$1,950	\$2,965	\$3,379

MEDIAN HOME PRICES

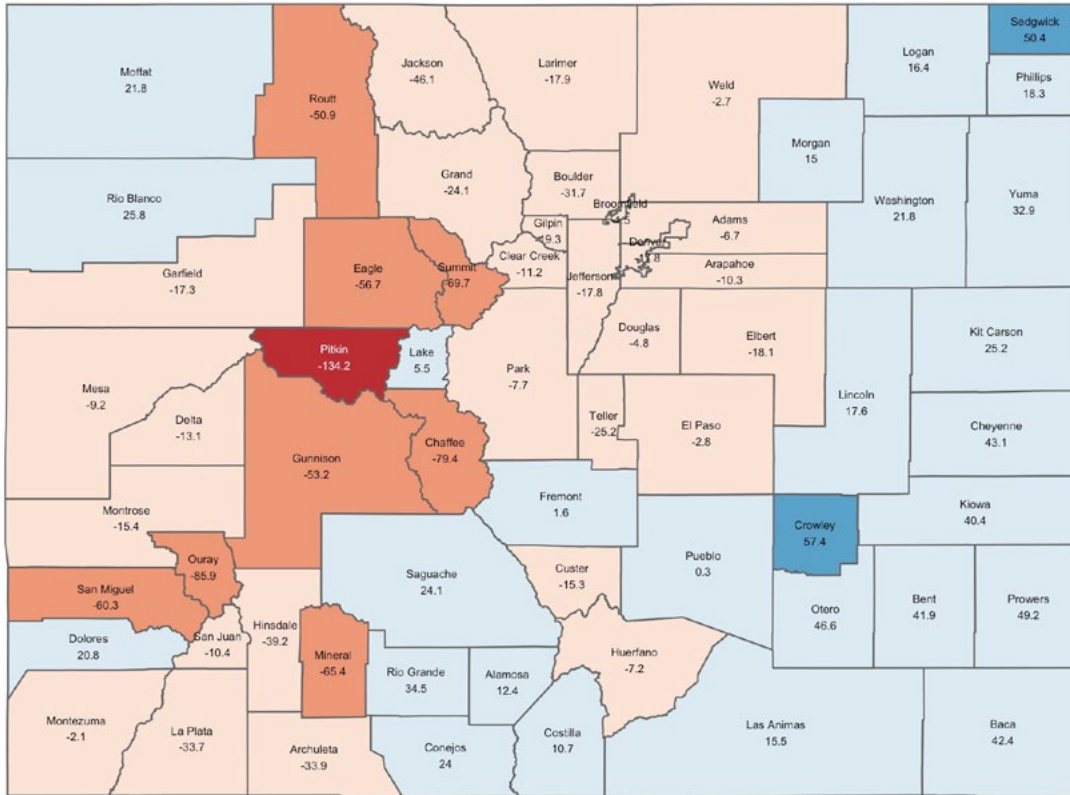


INCOME GROWTH VS. HOME PRICE GROWTH

(2013–2023, inflation-adjusted)



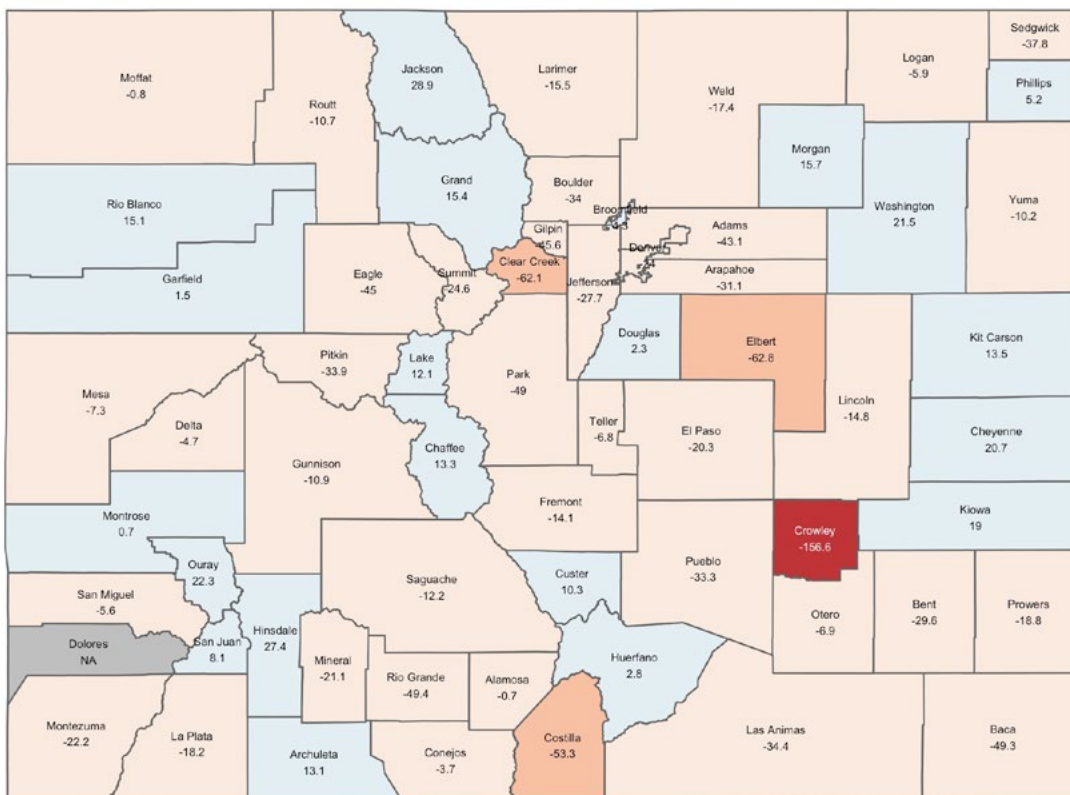
OWNER AFFORDABILITY GAP



% Difference between mortgage affordable at median owner income and average monthly mortgage price

- -150 to -100
- -100 to -50
- -50 to 0
- 0 to 50
- 50 to 100

RENTER AFFORDABILITY GAP



% Difference between monthly rent affordable at median renter income and price of a 2-bed fair market rental

- -200 to -150
- -150 to -100
- -100 to -50
- -50 to 0
- 0 to 50
- Missing

Healthcare Coverage

In rural Colorado, more people are covered by Medicare and Medicaid or are uninsured than urban residents. This is due to lower incomes, higher rates of seniors, higher costs of private insurance, and less private coverage options in rural Colorado. These coverage demographics emphasize the importance of supporting public insurance programs and the significant number of rural residents who utilize these coverage options.

ACS 5-Year Estimates	Total Population		Under 19		Over 65	
	Rural Coverage Mix	Urban Coverage Mix	Rural Coverage Mix	Urban Coverage Mix	Rural Coverage Mix	Urban Coverage Mix
Commercial	48.4%	58.7%	49.7%	58.5%	2.9%	4.2%
Medicare	17.5%	11.9%	0.3%	0.4%	96.6%	94.8%
Medicaid	18.5%	14.4%	37.3%	27.3%	11%	10.9%
Uninsured	9.8%	7.2%	7.2%	4.6%	0.4%	0.7%

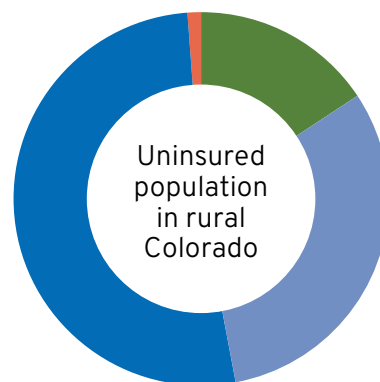
ACS 5-year estimates reflect data over a 5-year period and are needed for small rural areas to produce reliable estimates when 1-year data is not available. While these may produce more reliable estimates they are not effective at reflecting rapid changes among communities like we have seen recently with Medicaid coverage. Please refer to the sections below to get an in-depth point in time analysis of Medicaid and Medicare coverage across rural Colorado. For payer mix and patient days analysis see page 72 in the infrastructure section.

UNINSURED COLORADANS

Rural Colorado
9.8%
Total population



Urban Colorado
7.2%
Total population



15.7% Under 19
31.4% 19-34
52% 35-64
<1% 65+

» Relative to the urban rate, the rural uninsured rate is 36% higher, and 57% higher for those under 19

WHAT PREVENTS UNINSURED COLORADANS FROM HAVING COVERAGE?

25.9% lost their job or changed employers

86.9% cost is too high

25.7% don't know how to get insurance

17% don't need insurance

MEDICAID ENROLLMENT IN COLORADO AS OF JUNE 2025

1.2 Million

Coloradans are enrolled in Medicaid (Health First Colorado)

170,157 are in rural Colorado



21%

of the population in rural Colorado is enrolled in Medicaid (20.6% urban)



36.4% of the rural population 20 and under is enrolled in Medicaid

(33% urban)



16.5% of the rural population 21 and over is enrolled in Medicaid

(16.5% urban)

MEDICAID COVERAGE ALSO INCLUDES CHP+ ENROLLMENT

80,893 Coloradans

were enrolled in CHP+ as of June 2025

14,618 in rural Colorado



22.8%

of rural Colorado is covered by Medicaid and CHP+

21.9%

of urban Colorado is covered by Medicaid and CHP+

MEDICARE, MEDICAID, OR CHP+ ENROLLMENT IN 2025

45.8%

across rural Colorado (18.3% higher relative to the urban rate)



38.7%

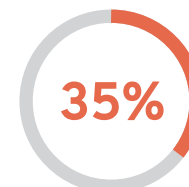
across urban Colorado



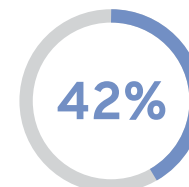
1 in 2 individuals in frontier counties are enrolled (50.4%)

Compared to 44.9% in rural counties

BIRTHS COVERED BY MEDICAID IN 2024

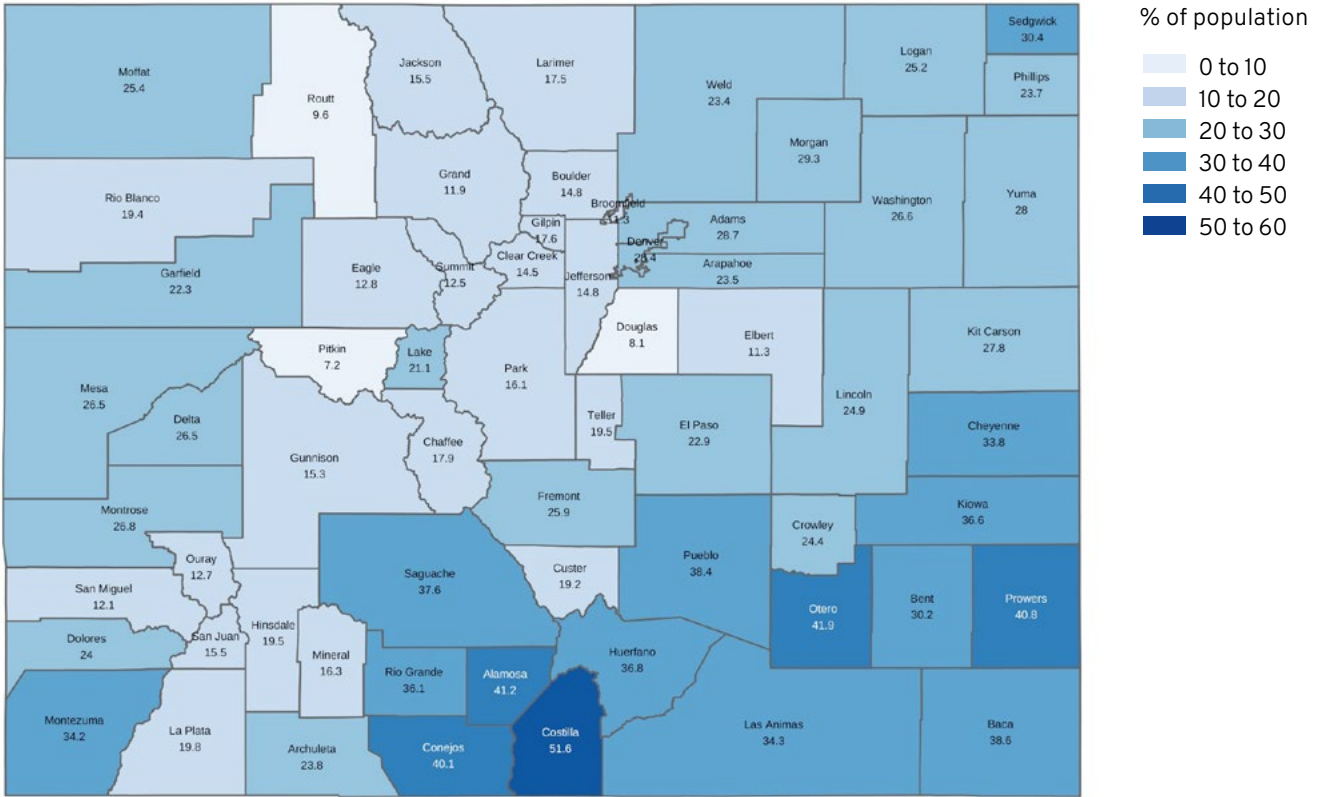


35% of births in Colorado

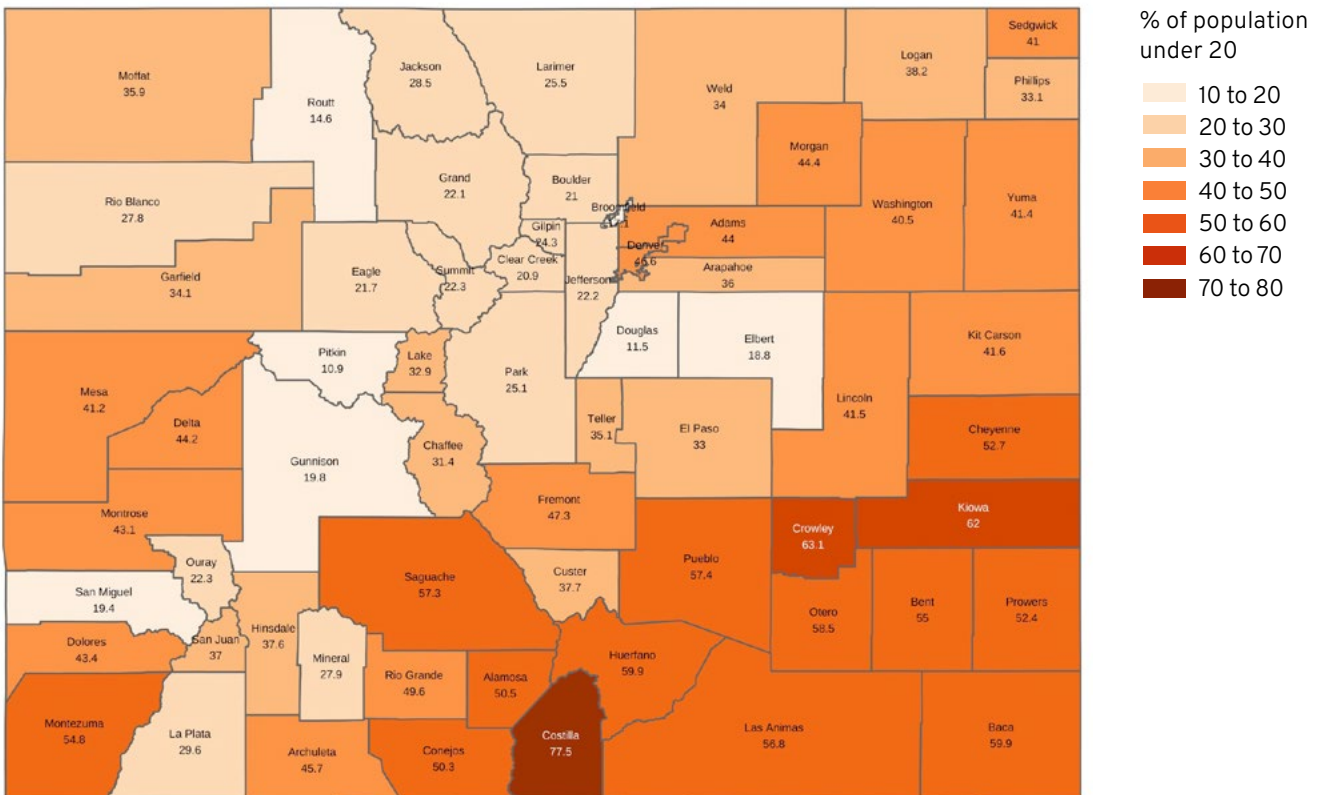


42% of all rural births

MEDICAID (INCLUDING CHP+) (2025)



MEDICAID 20 AND UNDER



FEDERAL CHANGES TO MEDICAID



377,000

Coloradans are in the Medicaid expansion population

95,000–108,000 adults could lose Medicaid under the work provisions

90%+



of expansion adults nationally are exempt or working

56%



of Colorado expansion adults subject to work rules are already working (does not include exempt population)

Most coverage losses were due to paperwork, not lack of work

Qualifying activities to meet work requirements



80 hrs

per month of work, community service, or a “work program”



Half-time

enrollment in school at a minimum



Seasonal

worker who meets minimum wage thresholds

EXEMPTIONS INCLUDE:

- Parents/caregivers
- Pregnant/postpartum
- Foster youth
- Medically frail or SUD participants
- SNAP/TANF recipients
- AI/AN members
- Disabled Veterans
- Medicare-eligible

*Estimates are based on previous data from Arkansas and New Hampshire

COST OF ADMINISTERING WORK REQUIREMENTS



Colorado admin costs for tracking work requirements and exemptions could exceed

\$57 Million

(based on Arkansas’ \$152/enrollee)

Medicaid Expansion and Losses by Congressional District (CD) in Rural Colorado



214,855

Expansion population total across (CDs 2, 3, 4, 7)

-12,200 to -14,200 CD2

-19,600 to -22,700 CD3



53,700 – 62,300

Projected loss (25–29%)

-9,400 to -10,900 CD4

-12,500 to -14,500 CD7

Affordable Care Act premium tax credits are expected to expire at the end of 2025, which would increase uninsured rates in Colorado

+90% average

rural monthly premium increase (\$140.8 → \$267.7)



+48% average

urban monthly premium increase (\$185.3 → \$273.7)

UNINSURED RATES ARE EXPECTED TO INCREASE BY 2034

Due to the One Big Beautiful Bill

150,000

increase in Colorado’s uninsured population

15,300

increase in rural Colorado’s uninsured



Combined with ACA premium tax credit expiration

+190,000

total projected increase in Colorado

+23,100

total projected increase in rural Colorado

20% increase compared to current rates

30% increase compared to current rates

2025 MEDICARE ENROLLMENT IN COLORADO

23%

of rural Colorado

16.8%

of urban Colorado

» Relative to the urban rate, the rural rate is 37% higher



24.3%

in frontier counties

22.8%

in rural counties



38.7%

of Medicare enrollees across rural Colorado are enrolled in Medicare Advantage plans in 2025

» 13% increase since Jan 2023, compared to a 4.5% increase in urban areas



56.3%

urban Medicare enrollees



34.3%

frontier counties



39.6%

rural counties

DUAL ENROLLMENT (MEDICARE + MEDICAID)



~12%

of both rural and urban Medicare enrollees receive dual benefits



15.3%

frontier counties



12.1%

rural counties

PRESCRIPTION DRUG (PART D) ENROLLMENT



79%

of rural enrollees

81%

of urban enrollees

Those who use standalone drug plans

54.7%

Rural Colorado

34.3%

Urban Colorado

50% fewer drug plan options since 2021, which may drive rural enrollees to Medicare Advantage

BARRIERS TO CARE DUE TO COST IN 2023

29.2%

of rural Coloradans skipped needed care



25.8%

of urban Coloradans skipped needed care

12.5%

of rural Coloradans skipped primary care



10.9%

of urban Coloradans skipped primary care

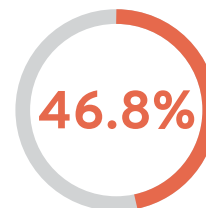
21.2%

of rural Coloradans skipped dental care



16.6%

of urban Coloradans skipped dental care



of rural Coloradans were unable to make an appointment for primary healthcare as soon as they thought one was needed

1 in 4

Coloradans had a **surprise medical bill in the past 12 months**

Health in Rural Colorado



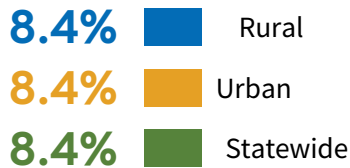


The 10 leading causes of death in rural Colorado

- | | |
|--------------------------------------|---------------------------------------|
| 1 Heart Disease | 6 Suicide |
| 2 Cancer | 7 Alzheimers |
| 3 Unintentional Injuries | 8 Chronic Liver Disease and Cirrhosis |
| 4 Chronic Lower Respiratory Diseases | 9 Diabetes |
| 5 Cerebrovascular Disease | 10 Other Respiratory Diseases |

PREVALENCE OF CHRONIC DISEASE AMONG COLORADO ADULTS IN 2024

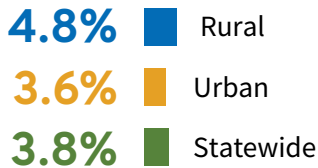
Diabetes



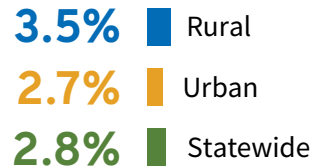
High Cholesterol



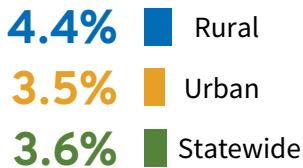
Heart Attack



Stroke



Heart Disease



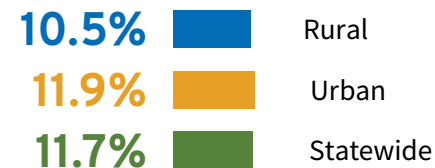
Arthritis



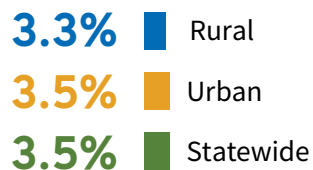
High Blood Pressure



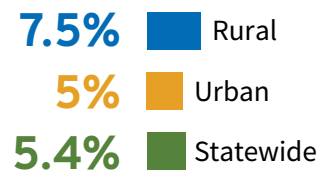
Asthma



Kidney Disease



COPD



CANCER IN COLORADO

The cancer mortality to incidence ratio (MIR) is a key metric used to assess a population's overall cancer outcomes, with a high MIR indicating poor prognosis and a low MIR suggesting better outcomes.

25,976

new cancer cases in 2022

From 2017 to 2022, rural Colorado had a **6% higher cancer mortality to incidence ratio**

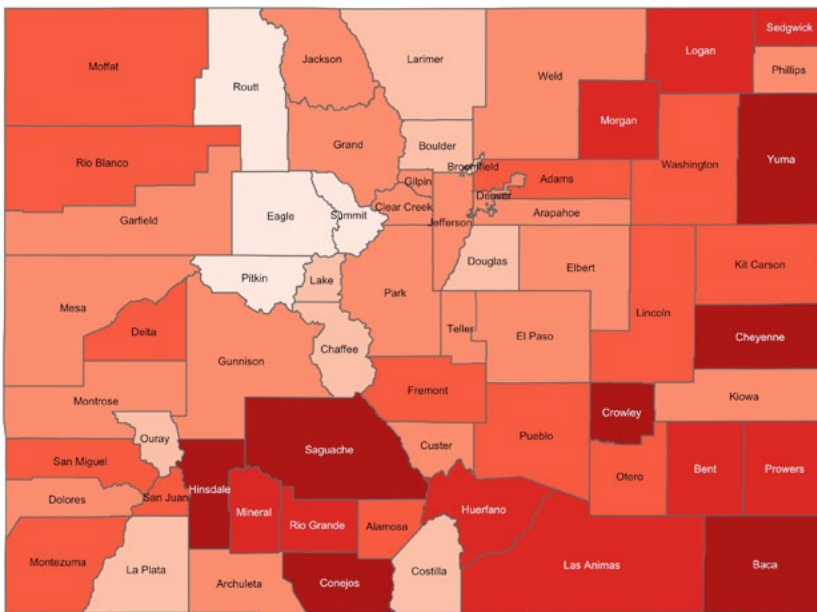
0.34

Rural mortality-to-incidence ratio

0.32

Urban mortality-to-incidence ratio

TOTAL CANCER MORTALITY TO INCIDENCE RATIO (2017-22)



Mortality to Incidence Ratio

0.20 to 0.25	0.30 to 0.35	0.40 to 0.45
0.25 to 0.30	0.35 to 0.40	0.45 to 0.50



Age adjusted cancer diagnosis rate per 100,000 (2017-2022)

358 Rural **395.5** Urban

9.5% lower in rural areas



Age adjusted rate for cancer deaths per 100,000 (2017-2022)

121.6 Rural **126.6** Urban

3.9% lower in rural areas

Top 4 most lethal cancers in Colorado

- Lung and Bronchus
- Cancer of Lymphatic, hematopoietic, and related tissue
- Colorectum
- Breast

Cancer death rates per 100,000 from 2020 to 2022



Lung

21.8 Rural
20.9 Urban

4% ↑ in rural



Blood

12.4 Rural
13.4 Urban

7% ↓ in rural



Colorectum

12.1 Rural
11.2 Urban

8% ↑ in rural

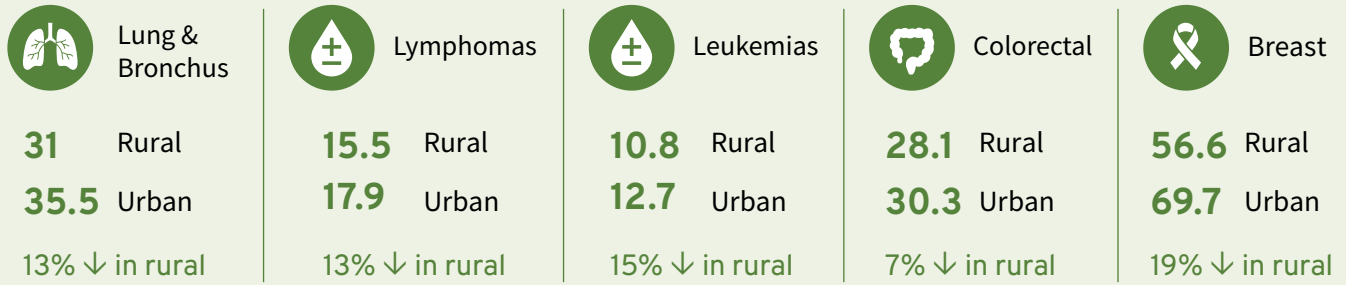


Breast

9.6 Rural
10.2 Urban

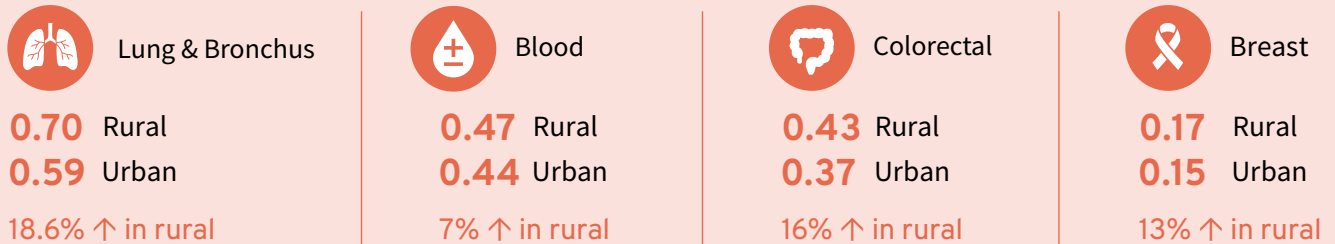
6% ↓ in rural

Cancer incidence rates per 100,000 from 2020 to 2022



Even though cancer incidence is lower in rural Colorado, Rural Colorado has a higher mortality to incidence ratio across the 4 most lethal cancers in Colorado indicating worse cancer outcomes.

Mortality-to-Incidence Ratios (MIRs)




In 2024, screenings for breast and colorectal cancer were lower among the rural population

Women 40–74 had mammogram screenings within the past 2 years
65.5% Rural **73.2%** Urban

Adults 45 - 75 met colorectal cancer screening guidelines
64.8% Rural **72.3%** Urban

MELANOMA IN COLORADO

 ~2,000 new melanoma cases are expected every year in Colorado

 From 2020 to 2022, the incidence rate of melanoma per 100,000 in rural Colorado was 24.9

» 18% higher than the urban rate of 21.1

Due to high elevation and high outdoor recreation
 Colorado is one of the 10 states with the highest death rates for melanoma

99% five-year survival rate for early melanoma treatment nationally

CHRONIC RESPIRATORY DISEASE

Chronic lower respiratory diseases like COPD and asthma cause irreversible airway obstruction and breathing difficulties. Key risk factors include tobacco smoke, workplace exposures, and genetics. Treatments focus on smoking cessation, medications, and pulmonary rehab. Asthma and COPD are responsible for 2 out of every 5 healthcare dollars spent on respiratory diseases.

11.6% higher chronic lower respiratory disease death rate in rural Colorado (2022-24)

38.6

rural rate

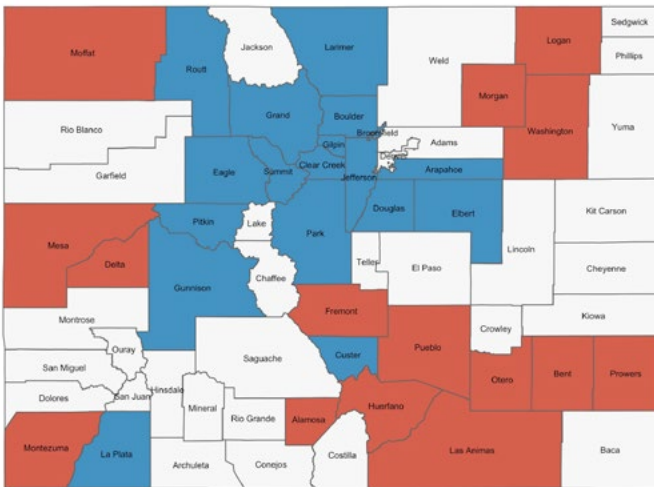
34.6

urban rate



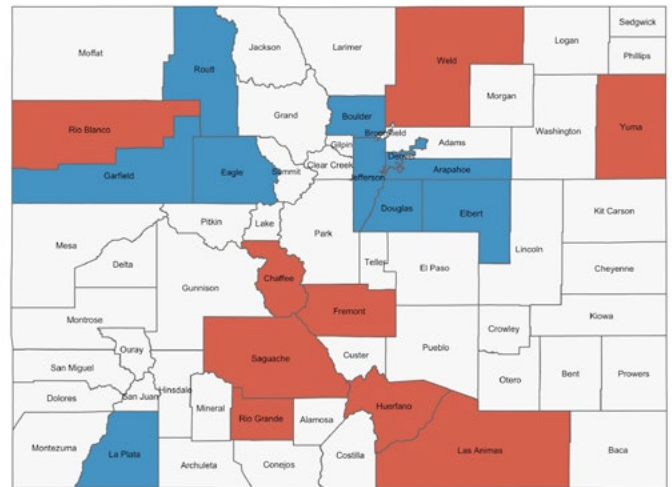
CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD) AMONG ADULTS 25+

COPD ED VISITS PER 10,000



Compared to State Average ■ Statistically Higher ■ Statistically Lower □ No Difference

COPD HOSPITALIZATIONS PER 10,000



Compared to State Average ■ Statistically Higher ■ Statistically Lower □ No Difference



31% increase

in COPD emergency department visits statewide from 2021

29.4 visits per 10,000 adults 25+



6 COPD

hospitalizations per 10,000 adults 25+

Despite increases in the COPD ED visit rate, this has remained constant since 2021

Age groups with the highest rates

61.2 ages 65–84

63 ages 85+

Counties with the highest rates

28.8 Rio Grande

19.2 Las Animas

ASTHMA VISITS PER 10,000 RESIDENTS



45% increase

in asthma emergency department visits statewide from 2020

29.3 visits per 10,000 people

Age groups with the highest rates

63

ages 0-4

51.2

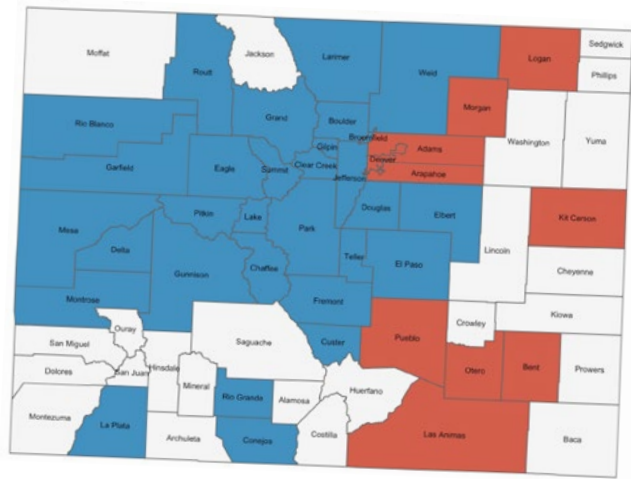
ages 5-14

32.2

ages 15-34

As individuals get older, the likelihood of an ED visit due to asthma decreases

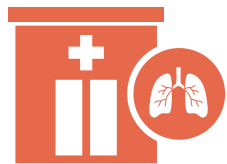
Age adjusted rates of Asthma emergency visits per 10,000



Significantly higher than the state average



Significantly lower than the state average



Asthma hospitalizations per 10,000 Coloradans have doubled since 2020

	2020	2023	
Colorado	2.3	4.6	↑100%
Ages 0-4	7.28	22.3	↑200%
Ages 5-14	3.76	10.6	↑180%

AIR QUALITY

Air pollution from sources such as wildfire smoke, dust, and car exhaust can harm health and increase the risk of premature death. People most vulnerable include those with chronic diseases like asthma, lung, and heart conditions, as well as older adults, children, outdoor workers, and pregnant women.



Rural Colorado experiences less unhealthy air quality days because of fewer pollution sources

However, PM2.5 pollution from wildfire smoke is the main pollutant in Rural CO

» Pollution is predicted to increase by as much as 50% across the American West over the next three decades, [increasing risks of asthma, heart failure, and respiratory irritation](#)



Days on record with air quality unhealthy for sensitive groups or worse in 2024

5.3%

across urban areas

<1%

across rural areas



A 1 unit increase in wildfire PM2.5 concentration increases respiratory ER visits

by **1.6%** for asthma by **0.4%** for COPD

DIABETES

In 2022, the total estimated cost of diabetes in the U.S. was \$412.9 billion, with 61% directly attributable to the disease. Caring for people with diabetes accounts for 1 in every 4 healthcare dollars, and their average medical expenses are 2.6 times higher than without diabetes.

38.4 million Americans
have diabetes (11.6%)

29.2% of adults 65+ live with diabetes

Diabetes rates are the same among rural and urban Colorado adults

8.4% Rural
8.4% Urban






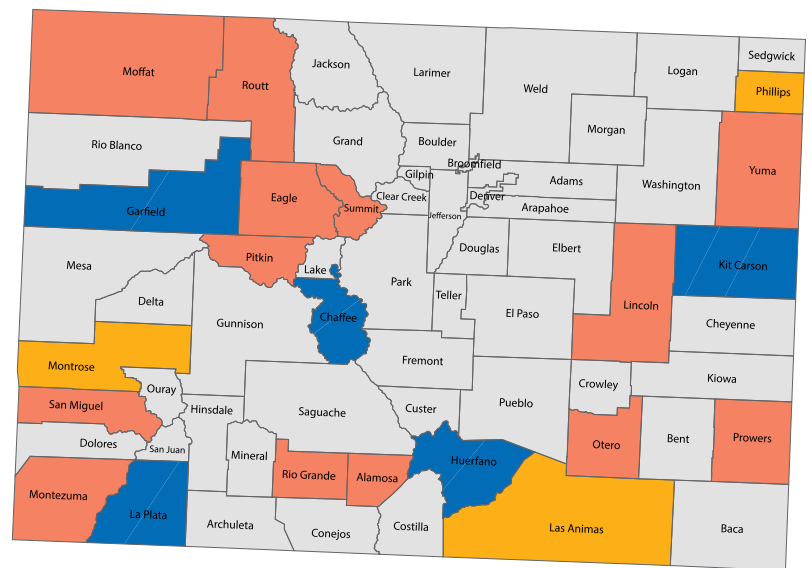
Diabetes self-management course participation among adults

62.3% Rural
64.4% Urban

RURAL COUNTIES WITH DIABETES EDUCATION, SUPPORT AND PREVENTION PROGRAMS

Diabetes Self-Management Education and Support (DSMES) helps people manage diabetes through healthy eating, activity, blood sugar monitoring, medication, and coping strategies. It's evidence based, lowers healthcare costs, and improves healthcare outcomes.

-  Rural counties with a DSMES program
-  Rural counties with a National Diabetes Prevention Program
-  Rural counties with both programs



Medically tailored meals, crafted by a dietitian to treat chronic disease through nutrition, could prevent

1.6M hospitalizations **\$13.6B** yearly insurer savings



Project Angel Heart and Colorado Community Health Alliance study of medically tailored meals showed

62% reduction in inpatient care costs (\$1,142 savings per member)



In rural Colorado, the age adjusted death rate for diabetes was **16.5 per 100,000**

3.7% lower than the urban rate of 17.2



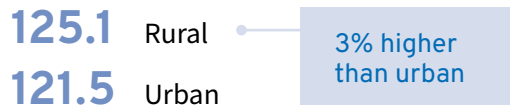
The age adjusted death rates for diabetes among American Indians/Alaska Natives and Hispanic individuals in rural Colorado **were 2X more than Non-Hispanic White population**

HEART DISEASE

In 2020, one in three U.S. adults sought care for cardiovascular risk factors or disease. Cardiovascular disease and stroke remain the top causes of illness and death nationwide. Healthcare costs linked to these conditions are projected to surge from \$393 billion in 2020 to \$1.5 trillion by 2050.



Age adjusted heart disease death rate per 100,000 from 2022-24



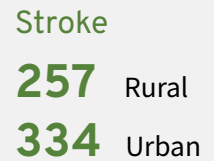
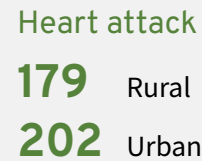
Age adjusted stroke death rate per 100,000 from 2022-24



In rural Colorado, the age adjusted death rate is 61% higher for males (155) than for females (96)



Age adjusted hospitalization rates per 100,000 in 2022



High Cholesterol in Ages 20+



High Blood Pressure



Cholesterol screenings in ages 20+ within 5 years



Blood Pressure Medication (Adults with High Blood Pressure)



In 2024, rural Colorado adults report higher rates of heart attacks



Adults who have had a heart attack and are attending cardiac rehab



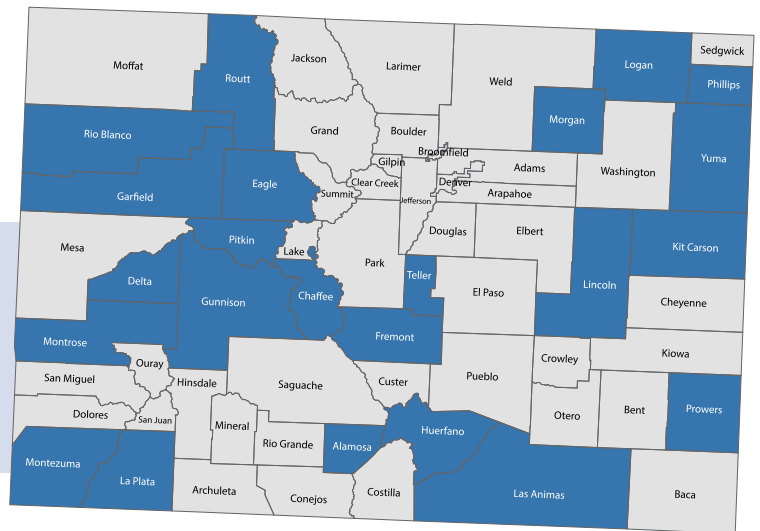
CARDIAC REHABILITATION SERVICES

Cardiac rehab is a supervised program that helps patients recover and lower future risk after a cardiac event.



23 rural and frontier

counties have at least one site offering cardiac rehabilitation services



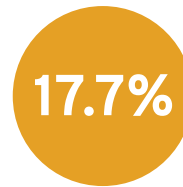
NUTRITION AND LIFESTYLE AMONG COLORADO ADULTS

Obesity

24.6% Rural
25% Urban
24.9% Statewide

Underweight

3.2% Rural
2.5% Urban
2.6% Statewide



of rural adults reported no leisure time for physical activity (15.3% urban)



of both rural and urban adults met aerobic guidelines



The highest prevalence is reported in the San Luis Valley and Eastern Plains

CHRONIC LIVER DISEASE AND CIRRHOSIS

Chronic liver disease is a progressive deterioration of liver function and the most common causes are long-term alcohol abuse, hepatitis and other viruses, and nonalcoholic fatty liver disease which can stem from diabetes, obesity, and high cholesterol.



Age adjusted death rate per 100,000 from 2022-24

20.2 Rural
17.6 Urban
 14.8% higher in rural

In 2022, rural adults received less screening and advice on alcohol use

74.4% Rural
80.7% Urban
 8% less likely to be asked relative to urban

21.2% Rural
23.8% Urban
 11% less likely to be offered advice relative to urban



Rural Colorado males (24.6) had a death rate 60% higher than females (15.4)

Older Adults

Rural aging comes with a host of challenges including the lack of medical services, infrastructure needs regarding transportation and internet connectivity, affordable, safe and manageable housing, and an increased risk of social isolation.

1 in 5  **people in rural Colorado are 65+**

By 2035, 1 in 4 residents will be 65+



8.7% of rural older adults (aged 65+) had income within the past 12 months below the federal poverty level in 2023

7.7% Urban Colorado	8.2% Rural counties	11.2% Frontier counties
-------------------------------	-------------------------------	-----------------------------------



The median household income for adults aged 65+ in 2023

\$52,131 Rural
\$70,433 Urban

21% of rural adults 65+ spent 35% or more of their income on housing costs (Urban 23%)

Coloradans 65+ who received social security benefits

84.6% Rural
83.5% Urban



Of people who received Supplemental Security Income (SSI) Benefits, those aged 65+

26.7% Rural
31.9% Urban

15% of all SSI benefits are rural recipients

DISABILITY OR DIFFICULTY AMONG ADULTS 65+



29% Rural Colorado
29.6% Urban Colorado

Disability	Rural	Urban
Hearing	15.7%	13.9%
Vision	5.1%	5.1%
Cognitive	6.1%	6.9%
Ambulatory	14.5%	16.6%
Self care	4.5%	5.2%
Independent living	9.1%	10.7%

COLORADO SURVEY OF ADULTS 60+

33%

reported providing care for someone age 55+

20%

reported providing care for someone under 18

10%

reported receiving paid or unpaid assistance (shopping, cooking, etc)

ACCESS TO CARE FOR OLDER ADULTS



1,198 additional physicians

are needed in rural Colorado for equal access—that's a 75% increase



As of June 2025, Colorado providers opted out of Medicare

1,189

total providers

103

rural providers



56 of Colorado's 211 nursing homes are located in rural areas



1 certified nursing home bed per 42 individuals

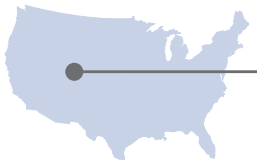
aged 65+ in rural Colorado (compared to 1 per 45 in urban)

20 rural counties do not have a nursing home

See appendix page 105 for detailed map

Programs of All-inclusive Care for the Elderly (PACE)

24
in rural areas nationally



ONLY 2
in rural Colorado (Montrose and Delta)

Provides comprehensive healthcare and support services to help older adults remain in their communities. Every urban county is served by a PACE program.



25 home health agencies registered

with Medicare are located in rural Colorado (11.3% of all in the state)



45 additional agencies in rural Colorado accepting Medicaid and offering personal care, homemaker, and in home support services

Access among older adults in rural areas is:

44% lower
for home health services



78% lower
for in-home support services

Rural adults travel TWICE AS FAR

as urban adults for dental or primary care



of rural trips depend on personal vehicles, leaving many older adults isolated from services and social connections once they stop driving

RURAL OLDER ADULTS LACK TRANSPORTATION OPTIONS



Public transit use

31% Urban

8% Rural



Rideshare access (Lyft, Uber)

36% Urban

6% Rural



Trouble finding transportation most of the time

2% Urban

5% Rural



Trouble getting to medical appointments

36% Urban

66% Rural

HEALTH AMONG OLDER COLORADO ADULTS



23.2%

of rural adults 65+ reported being up to date on core clinical preventative services in 2024

37.4% of urban adults

Older Medicare Beneficiaries (65-74) with 3+ Chronic Conditions



36%

rural Colorado



43%

urban Colorado



41%

Statewide



53%

Nationally

An estimated 54% of rural Colorado Medicare beneficiaries have 2+ chronic conditions (61% urban)



Adults 45+ experience more frequent or worsening difficulties with memory or thinking

19.3%

Rural

16.2%

Urban



38.2%

of rural adults said difficulties interfered with household chores (34.6% urban)



26.3%

of rural adults 45+ reported rarely or never got needed help (20.4% urban)



55.6%

of rural adults 45+ reported discussing memory loss with their healthcare provider (50.4% urban)

MENTAL HEALTH OF OLDER ADULTS

From 2022-24, the suicide rate among adults 65+ in Colorado was:

31.5 per 100,000

older adults in rural areas



39% higher than the urban rate

Depression rates in Colorado among adults 65+ in 2023

14.8%

urban areas



12.9%

rural areas



11.2% of rural adults 65+

reported frequent mental distress compared to 7.2% of urban adults



The drug overdose rate per 100,000 among those 65+ from 2022 to 2024

10.8

rural Colorado

16.8

urban Colorado

15.8

Statewide

65+ smoking

9.3% rural

5.8% urban



65+ alcohol use

7.1% rural

6.9% urban

Fall prevalence among those 65+



29.9% Rural

25.5% Urban



Colorado ranked as the #2 healthiest state for older adults

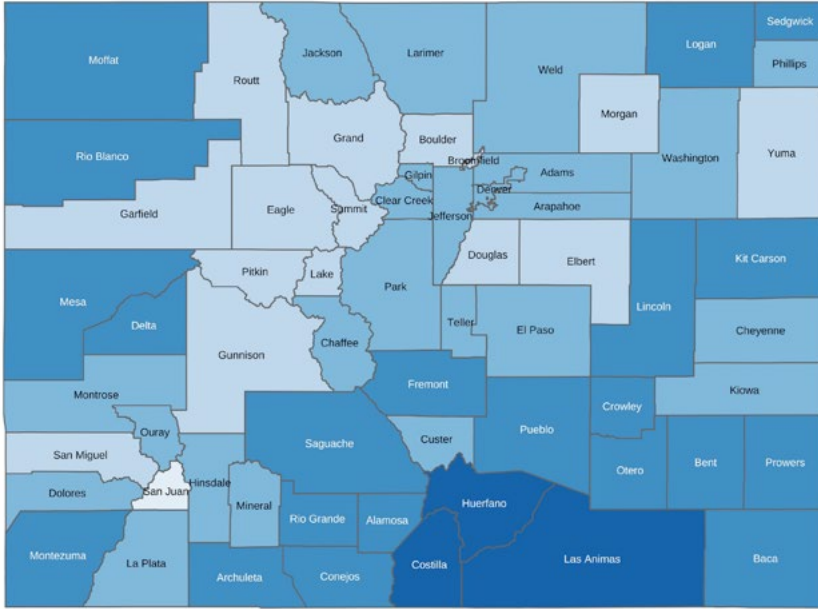
Strengths for older adults

- Low poverty rate
- Low preventable hospitalization rate
- Low chronic conditions

Challenges for older adults

- High suicide rate
- High drug overdose rate
- High prevalence of falls

POPULATION WITH DISABILITY OR DIFFICULTY



% of the Population

- 0 to 5
- 5 to 10
- 10 to 15
- 15 to 20
- 20 to 25



15.1% of people

living in frontier counties are living with a disability or difficulty



12% in rural counties



11% in urban counties

Counties by Age

	Frontier	Rural	Urban
Under 18	4.5%	3%	4.1%
Ages 18-64	12.5%	9.6%	9.1%
Ages 65+	32.2%	28.3%	29.6%

COLORADO ADULTS WITH DIFFICULTIES

	Rural	Urban
Hearing	4.8%	3.3%
Vision	2.4%	2%
Cognitive	4.4%	4.5%
Ambulatory	5.5%	4.4%
Self care	1.9%	1.7%
Independent living	3.9%	3.4%

Rural Coloradans with disabilities have lower uninsured rates

With disabilities

5.2%
rural adults
(5% urban)



Without disabilities

10.5%
rural adults
(7.6% urban)



76% of rural Coloradans with a disability or difficulty are covered by public insurance alone or in combination (67.6% urban)

24% of rural Coloradans with IDD* reported No or Maybe to receiving adequate overall healthcare (23.7% urban)

31% of rural participants reported inadequate access to a medical specialist (19.8% urban)

49% of rural participants reported inadequate access to behavioral health providers (39.6% urban)



Types of rural care accessed at least once per year

90% Primary Care (84% urban)

71% Medical Specialist (60% urban)

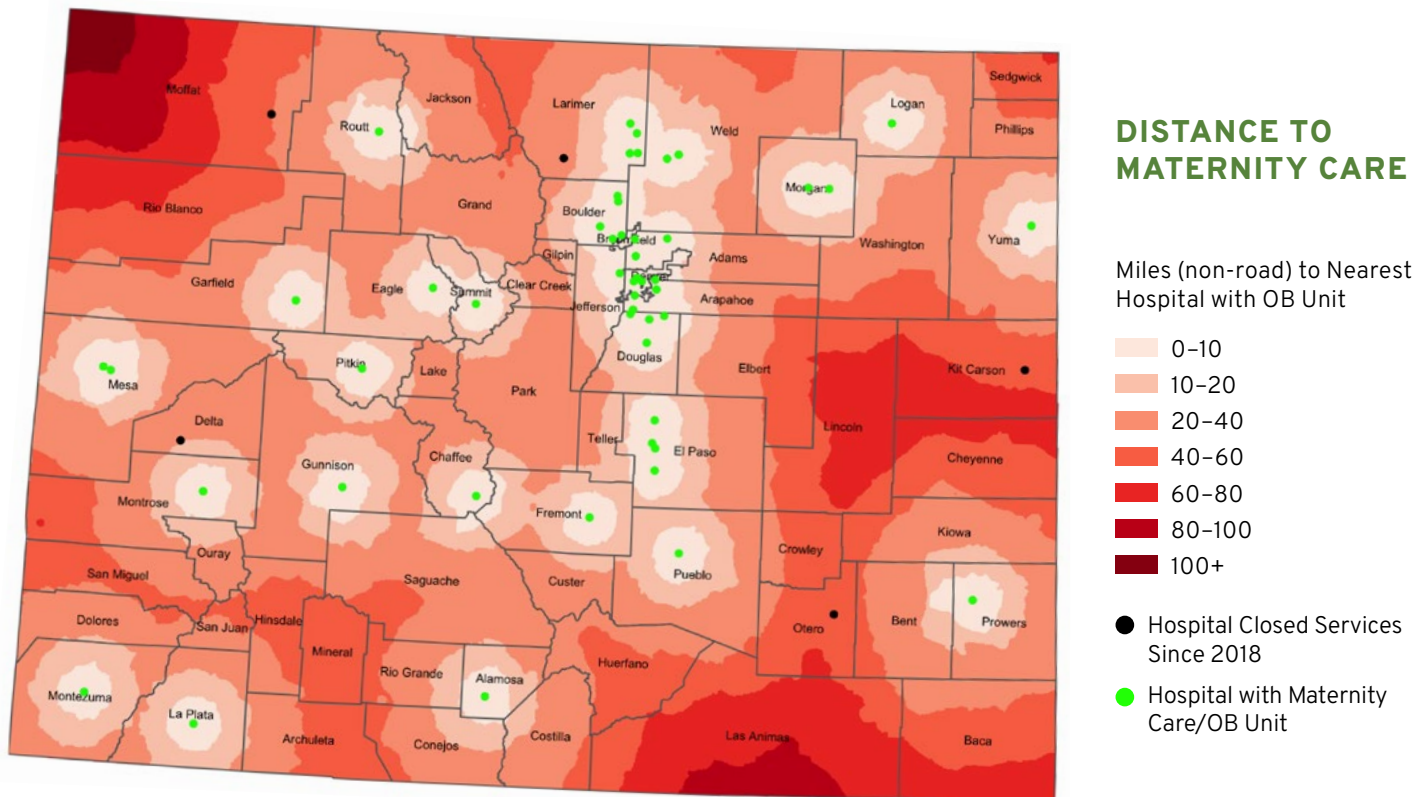
67% Behavioral Health (55% urban)

39% Emergency or Urgent care (27% urban)

*IDD = Intellectual/Developmental Disabilities

Maternal Health

When a rural hospital struggles financially, OB services are often one of the first service lines to be eliminated. Since 2018, 5 rural hospitals in Colorado have closed their labor and delivery units. Only 17 of the 43 rural hospitals in Colorado (39.5%) have a hospital OB department. Low Medicaid reimbursement rates (which is half the rate of private insurers on average) and high staffing and insurance costs are significant barriers to keeping OB units open in rural hospitals.



~1 in 2 women (45%)

in rural Colorado live over 30 minutes from the nearest birthing hospital or birth center (3.3% urban)

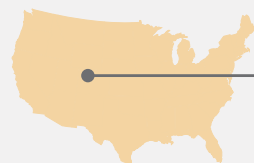
Longer travel times to delivery are linked to worse maternal and infant outcomes



	37 miles	50 miles
Increased risk of adverse maternal outcomes	22%	53%
increased risk of infant NICU admission	70%	125%

ABORTION IS PROTECTED UNDER COLORADO LAW

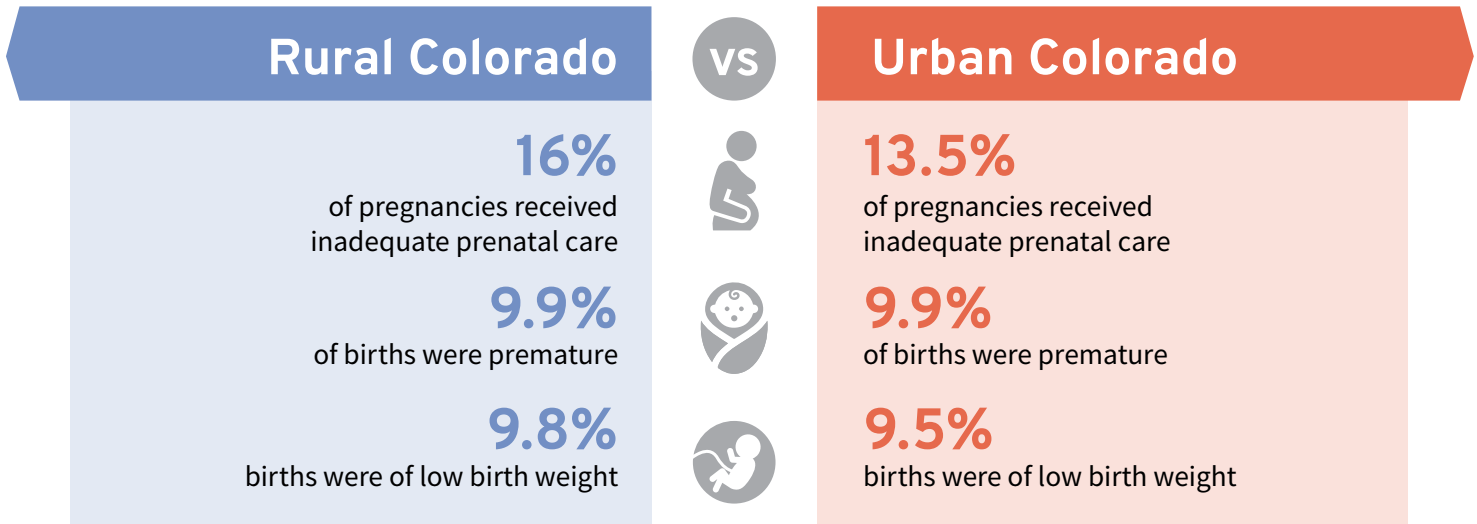
13 states have abortion bans
28 restrict it earlier in pregnancy



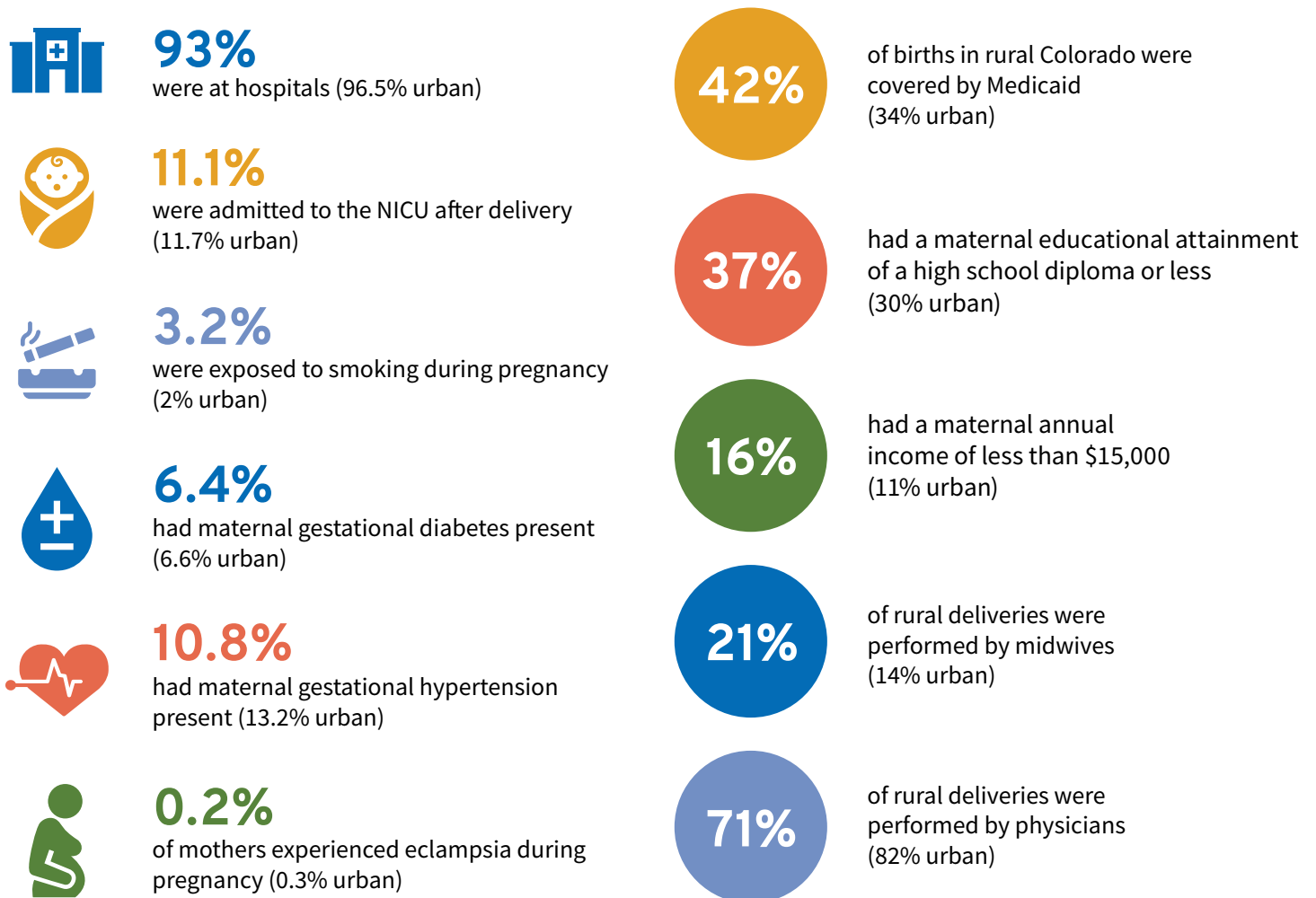
23,980 abortions were reported in Colorado in 2024 (26% were from out of state)

28% of the abortions reported by Colorado residents were reported in non-metro areas in 2022

Childbirth and Infant Health



RURAL BIRTHS IN 2024



IN AN AVERAGE WEEK IN COLORADO

1,236 babies
are born



143
rural babies

122 babies
are born preterm



14
rural babies

117 babies
are born low birth weight



14
rural babies

976 women
receive prenatal care
within the first trimester



111
rural women

32% of rural births

had maternal participation in Women Infant and Children (WIC) during pregnancy



24.5% Urban



78% rural woman

began care in the first trimester (79% urban)



6% rural woman

began care in the last trimester or received no care (5.6% urban)

COLORADO'S MEDIAN COST FOR BIRTHS

\$5,503

Colorado vaginal delivery

\$14,768

nationally



\$11,164

Colorado C-section

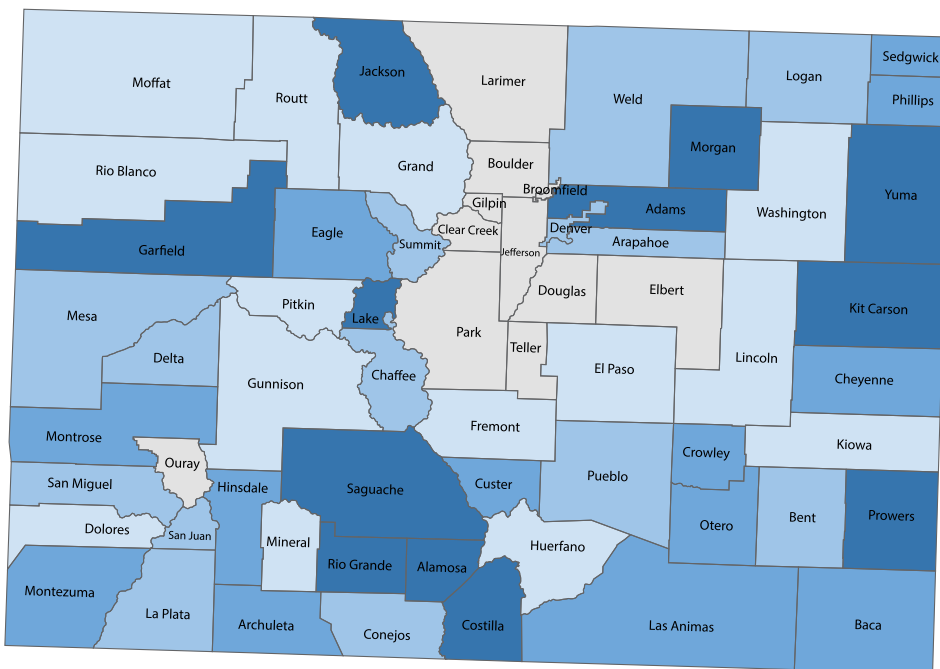
\$26,280

nationally

Ranged from \$4,580 to \$15,000

Ranged from \$9,280 to \$38,760

UNINSURED HEALTH INSURANCE RATES AMONG WOMEN



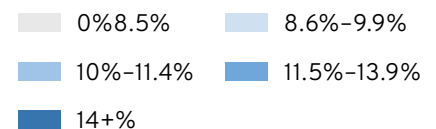
13%

of rural women ages 19-54 didn't have health insurance (9% urban)

44% higher

uninsured rates among rural women aged 19-54 relative to urban women

Uninsured rates



MATERNAL MORTALITY

16.1 deaths per 100,000 live births in Colorado



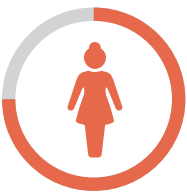
18.6 deaths per 100,000 live births in the U.S.



National pregnancy related deaths per 100,000 women

2020	34.2	Rural	22.7	Urban
2023	23.3	Rural	18.4	Urban

GYNECOLOGICAL CARE IN COLORADO



75% of rural women

aged 21 to 65 are meeting cervical cancer screening guidelines (81% urban)



Females reported having a mammogram within the last 2 years

Ages 40-49	49%	Rural	60%	Urban
Ages 50-74	71%	Rural	80%	Urban



Only 10% of OBGYN Physicians practice in rural Colorado

Practicing OBGYNs in a patient care role per 100,000 women

21	Rural
29	Urban



Only 10% of Advanced Practice Nurse Midwives practice in rural Colorado

Practicing APN Midwives in a patient care role per 100,000 women

9	Rural
12	Urban

28 more practicing OBGYNs are needed in rural Colorado for equal access

14 more practicing APN Midwives are needed in rural Colorado for equal access



In 2024, the teen birth rate is

30% higher in rural Colorado compared to urban areas

Per 1,000 women ages 15-19

13	Rural
10	Urban



Birth rates are slightly higher in rural Colorado

Per 1,000 women in 2024

59	Rural
56	Statewide

Vaccines and Immunizations

Different diseases have different thresholds to reach herd immunity. Research shows that when vaccine rates fall below those thresholds, the risk of vaccine-preventable disease outbreaks increases. Low vaccination rates can leave populations vulnerable to serious preventable diseases and stress rural health systems.

Colorado requires several vaccines for children in school or childcare

Hepatitis B
MMR
Polio

DTap
Chickenpox



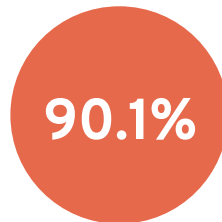
There are additional, optional vaccines that public health officials recommend

COVID-19
Hepatitis A
Rotavirus

Human papillomavirus
Meningococcal
Influenza



91.9% of all K-12 students across the state are compliant with vaccine requirements for the 2024-25 school year



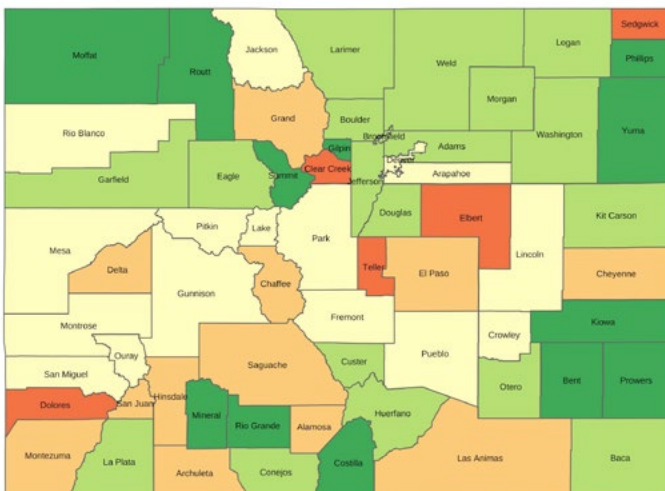
90.1% of all kindergartners across the state are compliant with vaccine requirements for the 2024-25 school year



Kindergarten immunization compliance rates for the 2024-25 school year

	DTaP	HepB	MMR	Polio	Varicella
Rural	88.6%	91%	88.5%	88.7%	87.4%
Urban	87.3%	91.3%	88%	87.5%	86.7%

MMR VACCINATION RATE AMONG KINDERGARTNERS (24-25)



88% of kindergartners

were protected against measles, mumps, and reubella in the 2024-25 school year

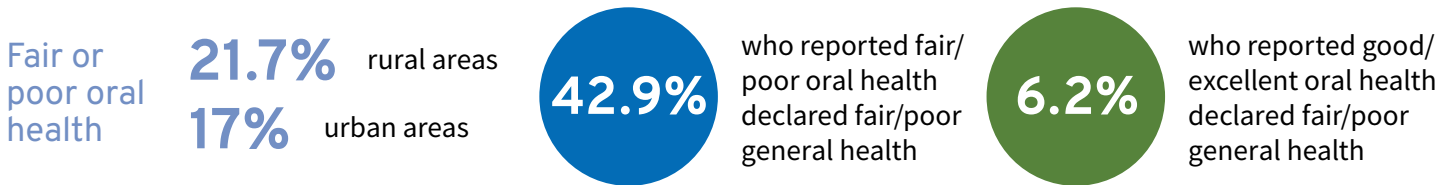
24 rural/frontier counties had MMR immunization rates below the state rate of 88%

% of kindergartners

- 75-78
- 84-88
- 94-100
- 78-84
- 88-94

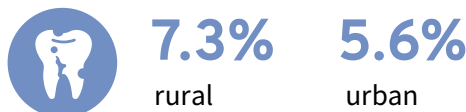
Oral Health

Physical, oral, and mental health are all interconnected. Coloradans with fair or poor oral health are 7 times more likely to rate their overall health as fair or poor compared to those with excellent oral health.

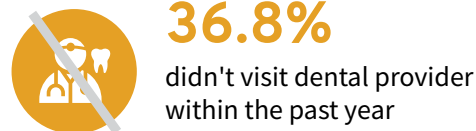
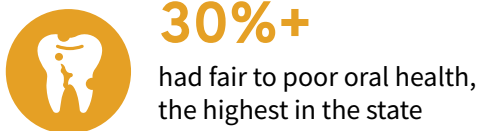


Coloradans in rural areas are **5.7% LESS LIKELY** to report good/excellent oral health than relative to urban

Dental pain limiting activities like work or school in the past twelve months



People in the San Luis Valley and Southeastern Plains reported



Coloradans ages 65+ who have lost ALL of their natural teeth



Rural adults 18-64 experienced higher rates of toothloss than urban adults



ORAL HEALTH AND TOBACCO USE

Cigarettes and smokeless chew tobacco are known to cause oral health problems

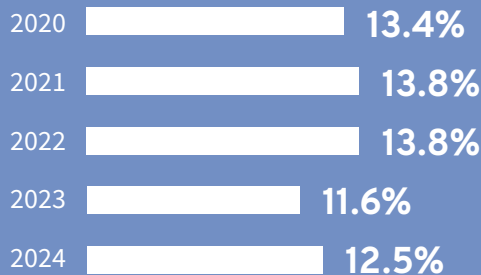
Adults who are currently smoking cigarettes (2024)



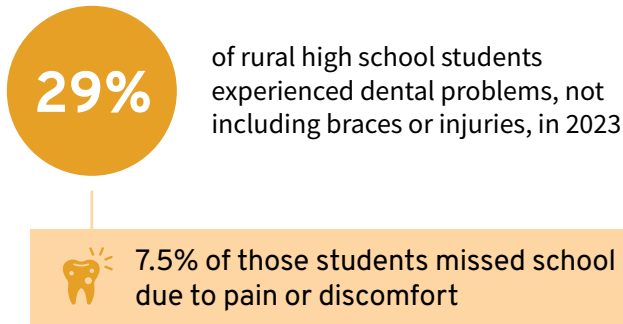
Adult males who use smokeless tobacco (2024)



Rural cigarette use from 2020 to 2024



ORAL HEALTH IN COLORADO YOUTH



Children who suffer from poor oral health are



12X more likely

to have days where they are unable to perform school related activities days than those who do not

More than half of Colorado children have a cavity by third grade

46%
by kindergarten



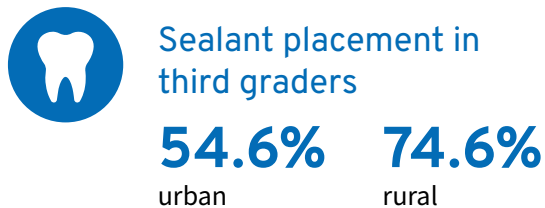
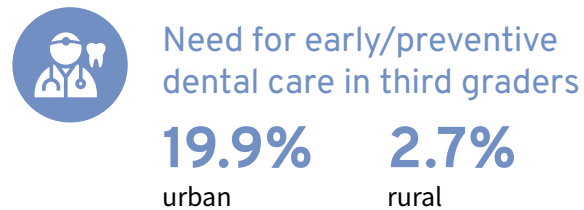
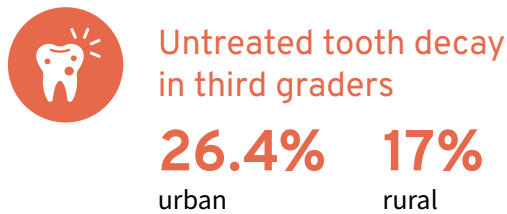
60%
by third grade



56% higher

cavity risk for children in schools where 75%+ of students receive free or reduced lunch, compared to schools with $\leq 25\%$

COLORADO BASIC SCREENING SURVEY (BSS) FROM 2022-23



Why rural students had better oral health

100% of participating rural schools were served by a Regional Oral Health Specialist or had a school-based oral health program (57% of urban schools)

SEALANTS AND CAVITY PREVENTION

Sealants are thin coatings applied to the molars, where 90% of tooth decay occurs

Sealants prevent over **80% of cavities within the first 2 years**

Remain effective for **up to 9 years into adolescence**

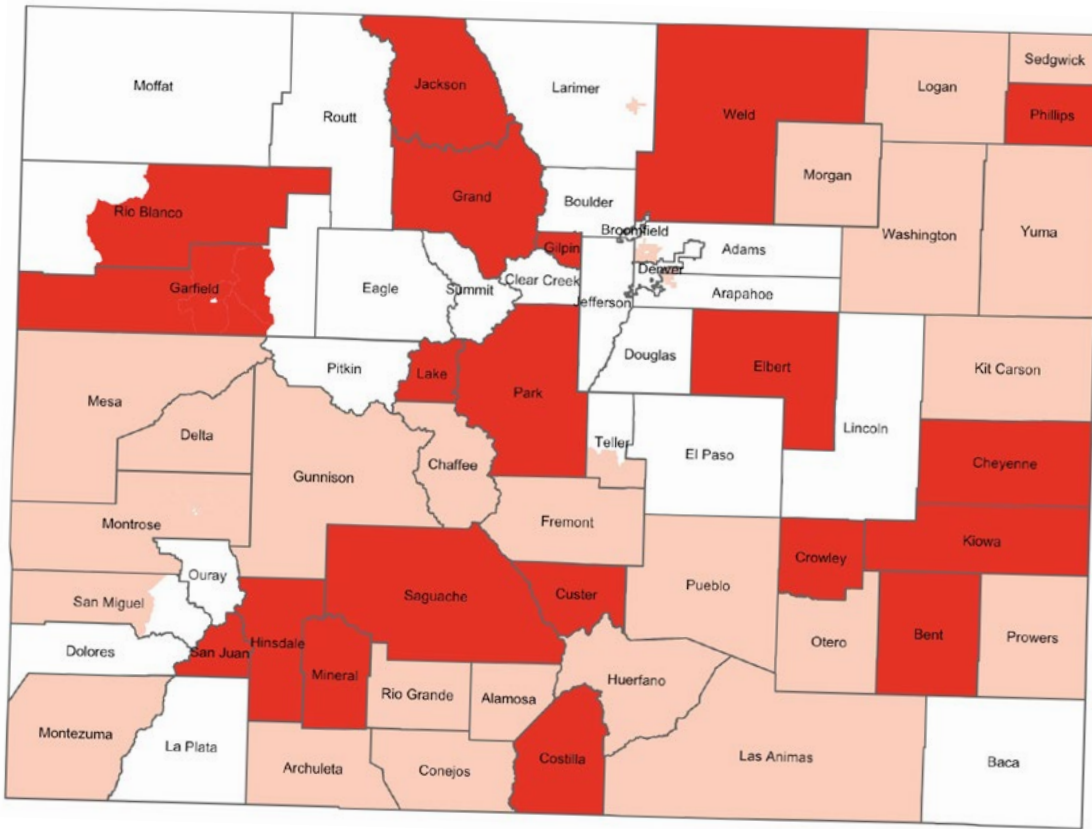


School sealant programs are

estimated to save \$8.43 per child

Dental Care Access

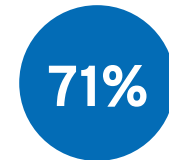
41 of Colorado's 52 (79%) rural or frontier counties are designated as either partly or entirely in a Dental Health Professional Shortage Areas (HPSAs). In rural CO, 19 counties are designated as a Dental HPSA for the whole population and 22 counties are designated as an HPSA for low-income populations.



DENTAL HEALTH PROFESSIONAL SHORTAGE AREAS

HPSA Type

- Low Income Population HPSA
- Geographic HPSA



of rural Coloradan's visited a dentist or dental hygienist within the past 12 months (75% urban)

Individuals in rural Colorado have less access to dental providers

(number of dentists per 100,000 people)



64

in rural areas



93

in urban areas

↑45% or 230 more dentists

increase is needed to achieve equal dental provider rates



Dental care utilization per 1,000 in 2024

Among commercial payers

62.5

in rural areas

79.6

in urban areas

21.5% lower in rural Colorado

By age

	0-17	18-34	35-64	65+
Rural	59	41.5	61.2	87.1
Urban	81.5	50.5	78	106.9

DISPARITIES IN DENTAL CARE VISITS



Didn't have a dental visit in the past 12 months (2023)

25.7% Colorado	25.1% Urban	29.2% Rural
61.2% Uninsured	35.2% Medicaid	32.8% Income below FPL

138% more likely to not have a dental visit relative to all Coloradans



Reasons why Coloradoans skipped dental care within the last year

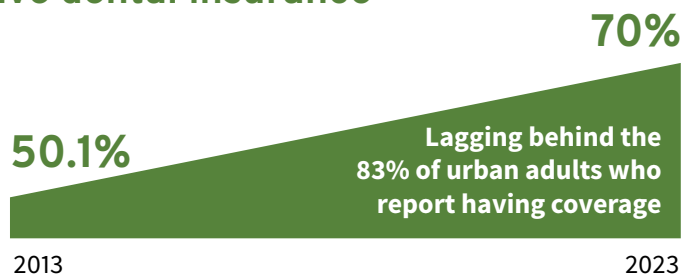
Dental office or clinic was not in their community	6.4% Rural 2.5% Urban
Dental office or clinic was not accepting new patients	5.6% Rural 3.9% Urban
They did not have a way to get to a dentist/clinic	4.5% Rural 3.8% Urban



Medicare doesn't cover services for teeth or structures directly supporting the teeth.
Only 45% of rural adults 65+ in Colorado reported dental coverage (27% lower relative to urban).

Relative to urban Coloradans, rural Coloradans are 15.7% less likely to have dental insurance

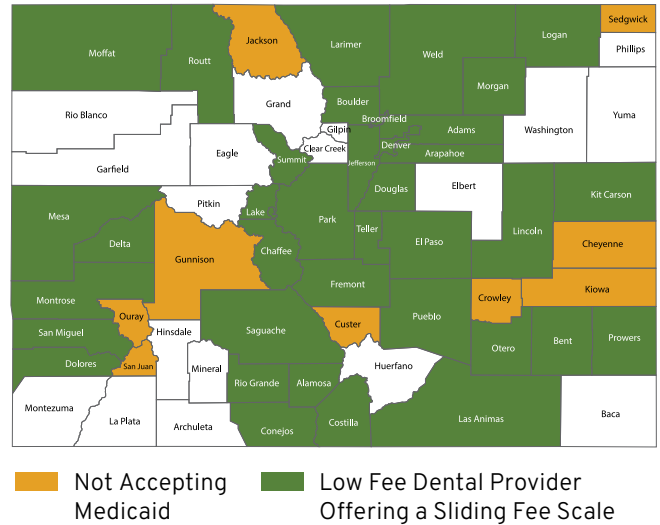
Dental insurance coverage has increased in rural Colorado



Rural Coloradans are 27.7%

more likely to avoid needed dental care due to cost relative to urban Coloradans

LOW FEE DENTAL PROVIDERS

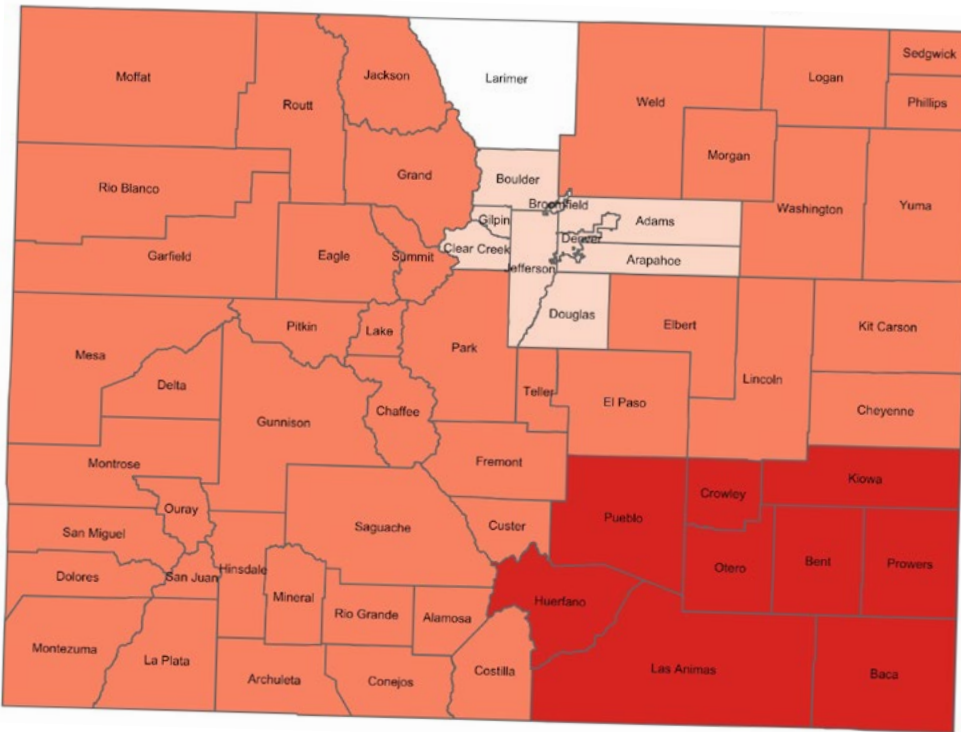


Rural Colorado has higher rates of uninsured individuals and those on public insurance

	Visited a dentist	Excellent oral health
Public Insurance	70%	75%
Uninsured	38.8%	58%
Private Insurance	80.4%	90%

Behavioral Health in Colorado

All 52 of Colorado's rural and frontier counties are designated mental health professional shortage areas. Eight rural and frontier counties in the Southeast corner of the state are designated as high needs areas with a severe shortage of mental health providers for the entire population.



MENTAL HEALTH PROFESSIONAL SHORTAGE AREAS



1 in 3 (32.5%)

people ages 5+ in the high needs geographic HPSA area reported poor mental health

HPSA Type

- Low Income Population HPSA
- Geographic HPSA
- High Needs Geographic HPSA



28,769

mental health providers in Colorado

8.4% are located in rural Colorado

Mental health providers per 1,000 people

3 in rural

5.2 in urban



↑70% or +1,690

increase is needed to achieve equal access to mental health providers



15.2% of rural Coloradoans reported needing mental healthcare but were unable to get it (17.3% urban)

Top Rural Reasons:

- ✓ 55% had concerns about the cost of treatment
- ✓ 53% reported having a hard time getting an appointment

28%

more likely to skip mental healthcare due to stigma or privacy concerns, relative to urban Coloradans



Coloradans who received mental healthcare

	Rural	Urban
Primary care provider	21.7%	26.6%
Mental health specialist	17%	26%



28%

more likely to receive care from a primary care provider than a mental health specialist



Age adjusted rate of mental health diagnosed hospitalizations

(per 100,000 from 2020-22)

2,338 Rural

2,993 Urban

Baca (3,796), Rio Grande (3,672) and Costilla (3,667) had some of the highest



Relative to Coloradans with private insurance

More likely to report poor mental health

59%
Uninsured

32%
Public Insurance



More likely to not get needed healthcare



72%
Uninsured



9%
Public Insurance

Adults who reported 14+ poor mental health days per month

14.4%
rural areas

15.7%
urban areas



Rates of mental distress have increased since 2019

+22%
rural areas

+26%
urban areas

The 18-24 age group in Colorado experiences the most mental distress (27.9%) and depression (29.3%)

Adults who reported having depression

17.8%
rural areas

21.9%
urban areas

↑18%

increase in rural Colorado since 2019 (25% urban)

IN 2024, COLORADO RANKED 5TH HIGHEST IN THE NATION FOR YOUTH DEPRESSION

High school students reporting recent poor mental health

28.4%
rural students

27.8%
urban students



High school students reporting unmanageable stress levels most days

22.5%
rural students

21.3%
urban students

Non-Binary students were **over 2X as likely**

to report recent poor mental health than cisgender students

High school students who felt so sad or hopeless they stopped usual activities

25.7%
rural students

24.8%
urban students

Suicide



Age adjusted suicide rate per 100,000 in Colorado (2024)

30.3
19.4

Rural
Urban

56% higher than the urban rate

68% of rural suicides were by firearm (51% urban)



Suicide rates among rural males were over 4 times higher than females

47.8

Males

11.1

Females

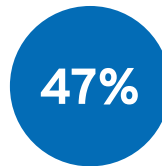
The rural suicide rate increased 16% between 2023-24, and is the highest on record



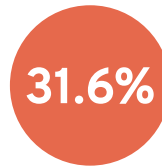
of adults in rural Colorado had a suicidal ideation within the past year (6.1% urban)



of rural adults who had a suicidal ideation attempted suicide (14.5% urban)



of rural adults who had a suicidal ideation had firearms at home (35% urban)



of rural suicide deaths were ever treated for a mental health condition (44.6% urban)

YOUTH SUICIDE IN COLORADO



27 lives under age 25 were lost to suicide in rural areas in 2024

12.1%

in rural areas



10.9%

in urban areas

High school students considered suicide attempts in the past 12 months

15.2%

in rural areas



13.5%

in urban areas

High school students would not seek help if concerned about mental health



The youth suicide rate (under 25) is

31% higher in rural Colorado

19.8 per 100,000 in rural (15.1 urban)



The youth suicide rate involving firearms is

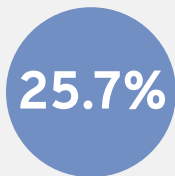
39% higher in rural Colorado

11 per 100,000 in rural (7.9 urban)

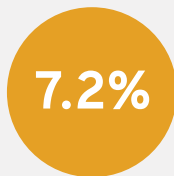
Protective factors to reduce risk of suicide among youth include

- ✓ Safe schools and strong adult connections
- ✓ Access to culturally competent, evidence-based care
- ✓ Reduced access to substances or devices used in/for suicide

Substance Use



of rural high school students reported having at least one drink in the past 30 days
(20.4% urban)



of rural adults report heavy drinking
(7.2% urban)



of rural adults report binge drinking
(17.6% urban)

TOBACCO USE IN RURAL COLORADO



12.5%

of rural adults reported currently smoking cigarettes (9.3% urban)



12.5%

of rural high school students reported using any tobacco product in the past 30 days (8.9% urban)



11.8%

of rural high school students reported using a vape product in the past 30 days (8.5% urban)



5.1%

of rural high school aged youth reported smoking cigarettes in the past 30 days (2.8% urban)



19.2%

of rural high school aged youth are exposed to tobacco products in their home



2.19 billion

in annual healthcare costs directly caused by smoking



24.3%

of all cancer deaths are attributable to smoking



26.4% of fatal

car crashes in rural Colorado involve a driver with a BAC of 0.08 or higher



7.7% of rural teens

reported driving after drinking alcohol in the past 30 days (5.4% urban)



18% of rural adults

reported using marijuana one or more times in the past 30 days (19.2% urban)



15.2% of rural youth

reported using marijuana one or more times in the past 30 days (12.3% urban)



12% of rural teens

reported using stimulants not prescribed to them (9.5% urban)

TOP 5 REASONS RURAL YOUTH REPORT USING SUBSTANCES



18%

to have a good time with friends



14%

to feel good



12%

to cope

12%

to experiment

8%

boredom

BENZODIAZEPINE PRESCRIPTIONS DISPENSED PER 100,000 POPULATION



The rural age adjusted rate of prescriptions in 2024

17,328 rural **17,579** urban

18% decrease in the rural rate since 2020

Benzodiazepine prescriptions filled



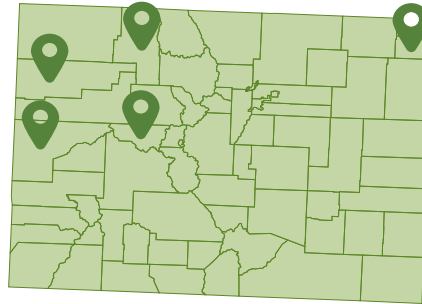
22,081
rural females



12,901
urban males

71% higher for rural females

Top 5 counties with the highest prescription rates (2024)



37,813 Pitkin
25,308 Rio Blanco
24,201 Mesa
23,564 Phillips
23,200 Routt

OPIOID PRESCRIPTIONS DISPENSED PER 100,000 POPULATION



The rural age adjusted rate of prescriptions in 2024

41,609 rural **41,037** urban

10% decrease in the rural rate since 2020

Opioid prescriptions filled



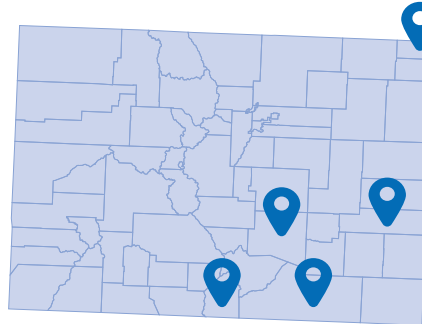
44,415
rural females



38,862
urban males

14.3% higher for rural females

Top 5 counties with the highest prescription rates (2024)



69,875 Pueblo
67,390 Kiowa
65,968 Las Animas
65,538 Costilla
64,149 Sedgwick

STIMULANT PRESCRIPTIONS DISPENSED PER 100,000 POPULATION



The rural age adjusted rate of prescriptions in 2024

19,982 rural **29,411** urban

53% increase in the rural rate since 2020

Stimulant prescriptions filled



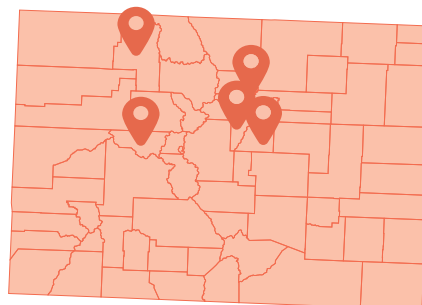
22,265
rural females



18,103
urban males

23% higher for rural females

Top 5 counties with the highest prescription rates (2024)



61,265 Pitkin
37,315 Broomfield
36,018 Douglas
34,828 Jefferson
34,546 Routt

Substance Use Disorder

In 2024, 1,603 drug overdose deaths occurred in Colorado. This represents a 14% decrease from 2023, but still represents a 50% increase from 2019. 10,453 emergency department visits in 2024 involved drug overdoses.

DRUG OVERDOSES PER 100,000 RESIDENTS FROM 2022-24

Age adjusted rate of drug overdose deaths

26.2

rural areas

29.3

urban areas



The greatest burden was among the American Indian/Alaska Native population in rural areas

32.8

American Indian/
Alaska Native

26.6

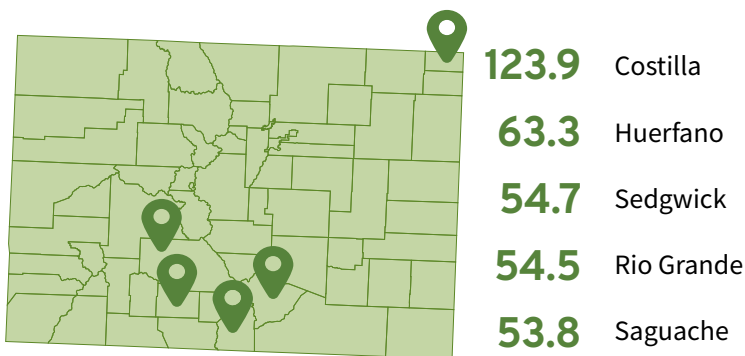
Non-Hispanic
White

28.7

Hispanic

Top 5 counties with the highest

age adjusted drug overdose death rates 2022-24



Rural males had 53.4% higher drug overdose death rate compared to females



31.3

Men



20.4

Women



Patients with 2+ overdose-related ED visits are

4X more likely
to be hospitalized later

DRUG-RELATED EMERGENCY DEPARTMENT VISITS PER 100,000 RESIDENTS

Rural Colorado sees a higher rate of ED visits for drug overdoses which stresses the emergency department and reduces capacity in already thin rural departments.



Age adjusted rate of emergency department visits for drug overdose

188.7

in urban areas

195.4

in rural areas



3.6% higher than
the urban rate



Counties with the highest drug overdose ED visit rates

455.3

Alamosa

436.1

Huerfano

354.9

Pueblo

348.6

Las Animas

341.4

Conejos

25%

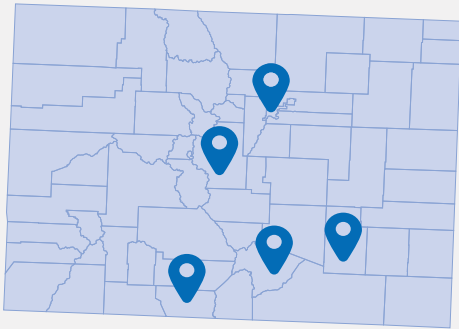
of rural overdose emergency department visits involved ages 15-24

Females in rural Colorado have higher rates (229) compared to males (164)

OPIOID DRUG OVERDOSES PER 100,000 RESIDENTS

Top 5 counties with the highest

age adjusted opioid overdose death rates from 2022-24



- 77.2** Huerfano
- 60.4** Conejos
- 34.8** Denver
- 32.6** Park
- 31.3** Otero

2024 age adjusted rate of opioid overdose death

14.5 in rural areas  **16.3** in urban areas

Rural males had a 68% higher opioid overdose rate than rural females

 **19.6** Males  **11.7** Females

The Rural Hispanic Population experienced the largest burden

20.1 Hispanic
17.1 Native Americans/Alaska Natives



From 2023-24, the average annual age adjusted **rate of emergency room visits for overdose involving opioids**

21.3 in rural areas **28.6** in urban areas

Conejos (88.6) had the highest rate

47.5%

of the 1,603 drug overdose deaths in 2024 involved synthetic opioids containing fentanyl

Age adjusted rate of overdose deaths mentioning fentanyl per 100,000 in 2024

10.9 rural areas **12.9** urban areas



A 20% decrease in rural areas from 2023, the first drop on record

METHAMPHETAMINE OVERDOSES PER 100,000 RESIDENTS

2024 age adjusted rate of meth overdose

11.9 rural areas **13.3** urban areas

Costilla (44.2), Huerfano (40.6) and Rio Grande (35.7) had the highest rates



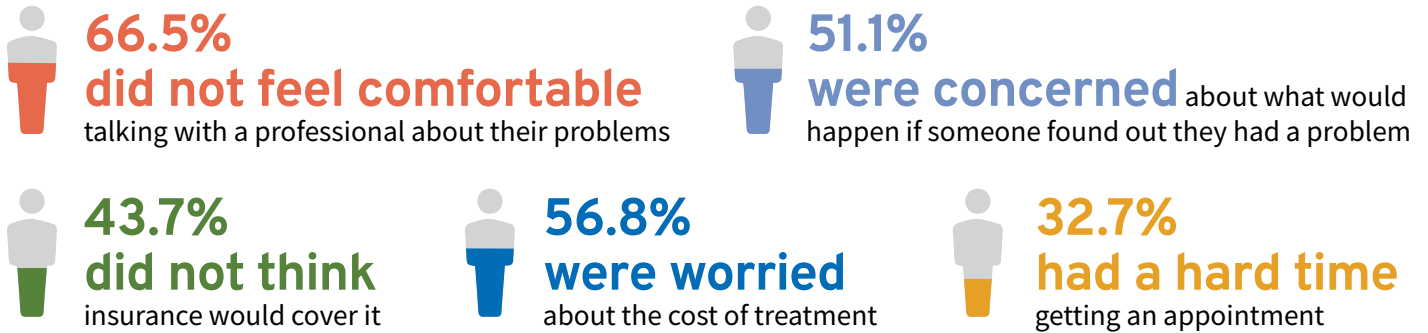
Males had a **41.5%** higher rate of meth overdose deaths

 **13.3** Males  **9.4** Females

Substance Use Disorder Treatment

Expansion of MAT (Medication-Assisted-Treatment) through the Colorado Consortium for Prescription Drug Abuse Prevention and University of Colorado Anschutz has provided medications for opioid use disorder and behavioral health services to 4,219 people in 25 rural and frontier counties as of 2023.

100,000 COLORADANS DIDN'T RECEIVE NEEDED SUBSTANCE USE TREATMENT IN 2023



RURAL BARRIERS TO CARE AMONG THOSE WHO DIDN'T GET TREATMENT

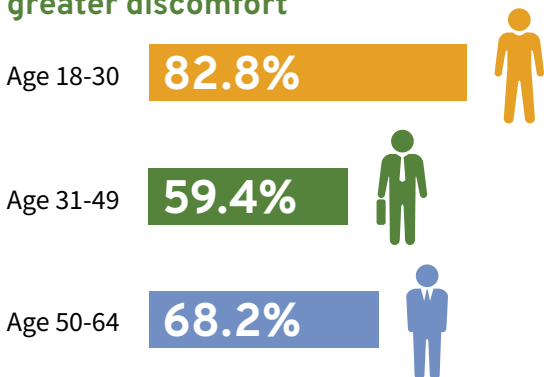
Stigma/concerns of someone finding out about needing care



Discomfort talking to healthcare providers



Younger Coloradans report greater discomfort



The Naloxone (Narcan) Bulk Fund has provided free naloxone to eligible entities in Colorado since 2019



In 2021, one third of eligible entities were in rural areas



Bulk Fund revenue has dropped by 50%



from \$15.5 million in FY 2023-24 to \$7.8 million in FY 2024-25

As a result, distribution of naloxone will focus on agencies deemed essential by the Bulk Fund

MEDICATION ASSISTED TREATMENT (MAT)

Medication assisted treatment (MAT) for opioid use disorder includes methadone, buprenorphine, and naltrexone. Methadone is only available at specialized centers, while buprenorphine and naltrexone can be prescribed in primary care. Buprenorphine and methadone reduce cravings and withdrawal early in recovery, but naltrexone, which blocks opioid effects completely, is used only after detox.

High-Dose Opioid Prescriptions (>90 MME/day)

5.1% Rural **4.9%** Urban
 -17% rural, -20% urban since 2020

Long-Acting Opioids Prescribed to New Patients

16.6% Rural **12.1%** Urban
 -3.5% rural, -4% urban since 2020

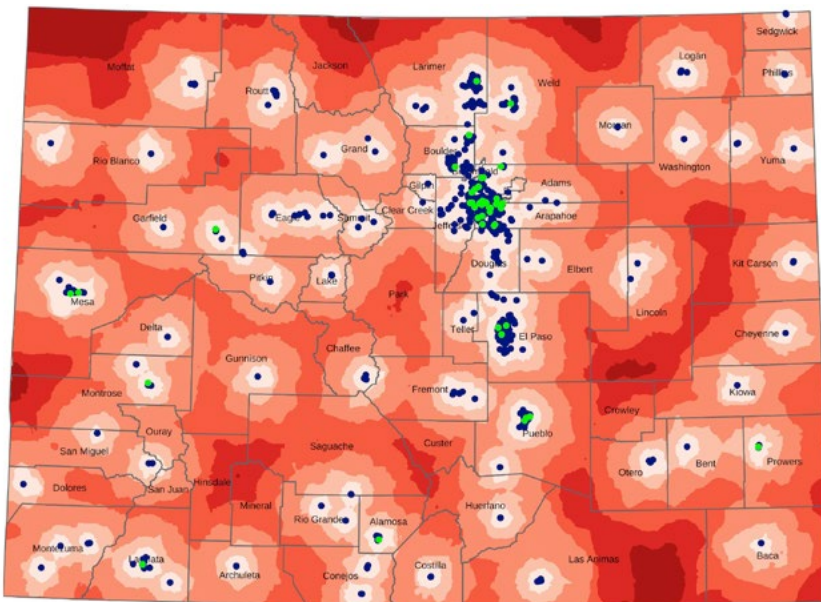
Overlap of Opioid Prescriptions (Days)

15% Rural **16.1%** Urban
 -8% rural, -10% urban since 2020

Overlap of Opioids and Benzodiazepines (Days)

6.1% Rural **5.8%** Urban
 -22% rural, -16% urban since 2020

DISTANCE TO OPIOID MEDICATION ASSISTED TREATMENT PROVIDER



5 SAMHSA certified

Opioid Treatment Programs in rural counties

Lamar, Durango, Alamosa, Montrose, Glenwood Springs

8 rural/frontier counties don't have MAT services within the county

Distance in miles (non-road)
 0-5 5-10 10-20 20-30 30-40 40+

MAT Service
 Certified Opioid Treatment Center

Opioid overdose deaths are 29% higher farther from MAT programs

18.9 per 100,000 rural residents who live 7+ miles away



14.7 per 100,000 rural residents who live within 7 miles

* Average distance to MAT in rural CO is 7 miles



31 rural/frontier counties (60%)

report over 60% of substance use disorder cases untreated with buprenorphine, compared to 1 urban county (8.3%)


Gun Violence

36.5% of adult Coloradans indicate they currently have at **least one firearm in their home**

28.3% of those with firearms in their homes **stored their firearms while loaded**

15.1% of those who kept loaded firearms in their home reported that those **firearms were stored unlocked and loaded**

1 in 20 adult Coloradans have a loaded gun stored unlocked in their home



GUN ACCESS AMONG YOUTH IS HIGHER IN RURAL COLORADO

30% of high school



students report having access in under one hour without adult permission (19.1% urban)

PARENTS AND CHILDREN OFTEN DISCONNECT ON FIREARM ACCESS



66% of parents

from a national survey who own firearms said their children could not get their hands on the guns

But 36.5% of kids

from those same families said they could access the firearms in under 5 minutes

Over 1 in 3 children have access to firearms despite parents believing otherwise

FIREARM DEATHS IN COLORADO FROM 2022 TO 2024

Average age adjusted death rate due to firearms per 100,000

15.6

in urban areas

20.9

in rural areas

34% higher than urban rate



Age adjusted homicide rate involving firearms per 100,000

3.2

in rural areas

4.6

in urban areas

Suicides deaths were the driving factor behind the increased firearm related death rate

87% of rural firearm deaths

71% of urban firearm deaths

Climate Change

Climate change is creating challenges for Colorado. Rising temperatures can lead to lower snowpacks, greater wildfire risks, and worsening drought conditions. These changes not only damage Colorado's economy, but impact the mental and physical health of rural and urban Coloradans alike.

CURRENT WATER LANDSCAPE

83%

of the water Coloradans drink, use, and recreate in comes from the snowpack and spring runoff



Summer 2025 precipitation

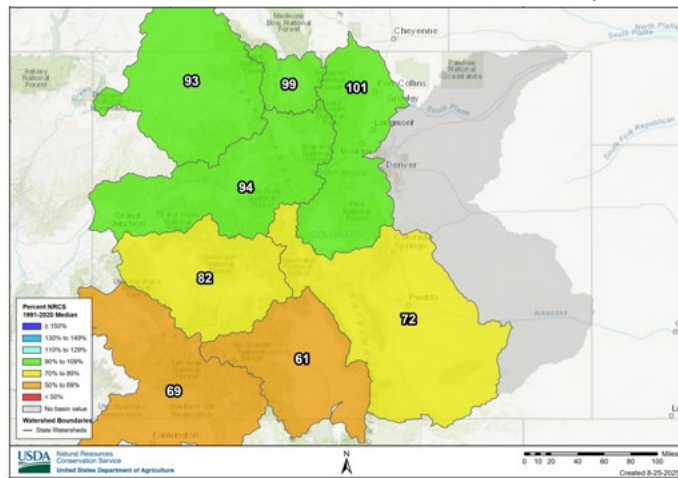
was below average in western Colorado, while the eastern plains saw average to above-average rainfall

88% of Colorado's median snowpack remained as of April 8, 2025, the state's typical peak snow water equivalent (SWE) date (1991-2020)



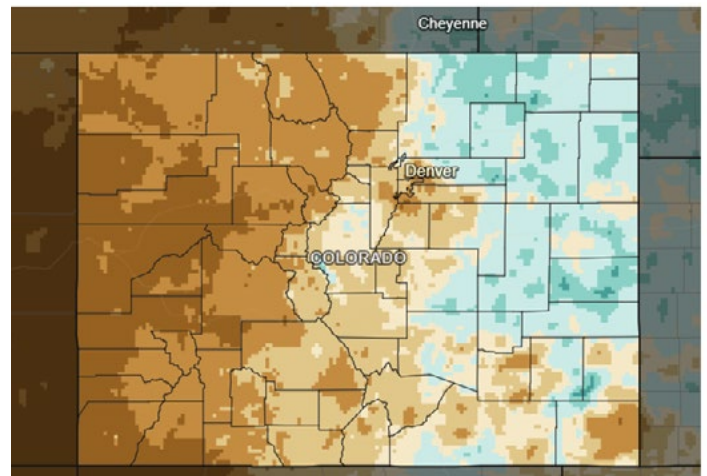
SWE APRIL 8, 2025 COMPARED TO NRCS 1991-2020 MEDIAN

Courtesy of USDA



60-DAY PERCENT OF NORMAL PRECIPITATION (6/23/2025 to 8/22/2025)

Courtesy of USDA



In 2025 Colorado experienced the 16th driest January to July on record since 1895



Colorado may face mandatory water cuts soon due to ongoing

policy disagreements between upper and lower basin states



This risk could become real in just 1 or 2 more "bad" water years



Colorado's headwaters supply 19 states and Mexico

75% of streamflow sites for the Upper Colorado River Basin are below normal as of August 2025

30% capacity at Lake Powell

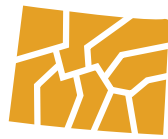
31% capacity at Lake Mead

DROUGHT AND TEMPERATURE

Low winter snowpack and below average summer precipitation have worsened drought conditions across Colorado's western slope.

69.6%

of the state is abnormally dry or in drought conditions (August 2025)

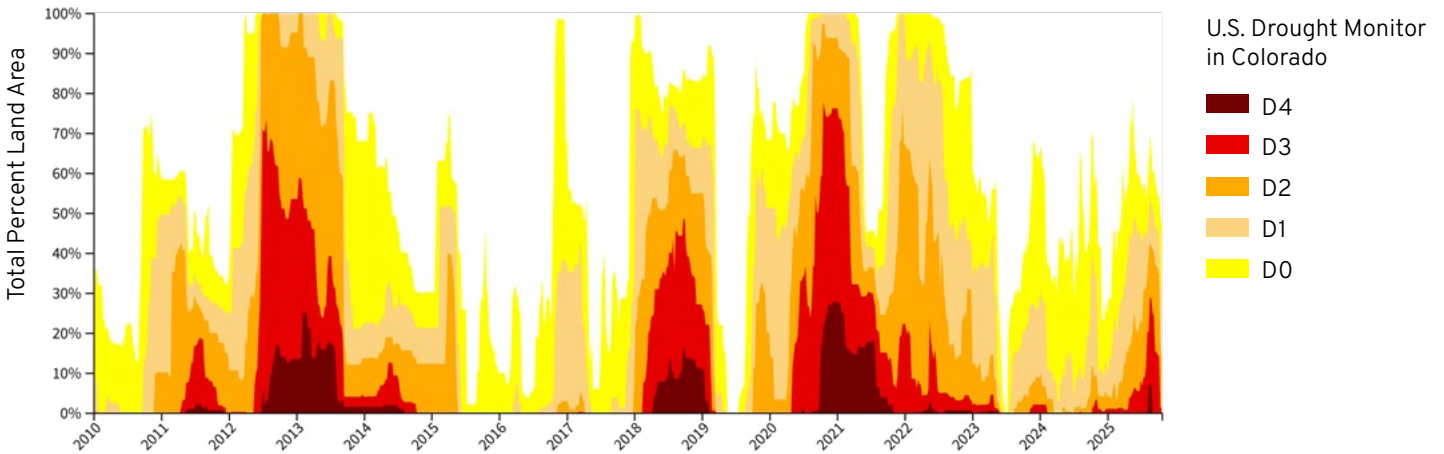


54.2%

of the state is in drought conditions



Colorado only saw zero drought after historic snowfalls in 2019 and 2023



Over the past 40 years, Colorado's snowpack has generally declined

The decline is strongest in the southern mountains

↓ **3-5%**

decrease in peak SWE per decade

2-4 weeks

earlier shift in peak SWE timing

Large snowpacks still happen but are less frequent

5 of the last 10 years

(2015, 2018, 2021, 2022, 2025) had below-median peak SWE

Extreme heat episodes disproportionately impact the well-being of young people, older adults, and those with certain medical conditions such as asthma and heart disease.



7 of the top 10 hottest years

on record in Colorado have occurred since 2010

Heat-related medical visits in Colorado have increased by 80%

per 10,000 people

9 in 2024
↑
5 in 2020



By 2050, Colorado statewide annual temps are projected to warm by +2.5°F to +5.5°F compared to the 1971-2000 baseline

The average year in 2050 will be the warmest years on record through 2024



52% rise in extreme heat days (over 90°F)

has occurred in Colorado since 1990

ENVIRONMENTAL CLIMATE CHANGE IMPACTS



Annual Streamflow and Snowpack

Decreases in most projections



Peak Runoff Timing
Earlier



Crop Water Demand
Increases



Wildfires
More and larger



Drought
More frequent/Intense



Summer Soil Moisture
Lower



The 4 largest Colorado wildfires have occurred since 2020



400% increase is estimated in the occurrence of very large wildfires (>50,000 acres) under a warming prediction of 2.5°F - 5°F



It's estimated that 1°F of warming **reduces streamflow by 3% to 5% in Colorado River Basins**



Warming is projected to shift seasonal peak **runoff 1-4 weeks earlier by 2050**

WATER USE AND AGRICULTURE



90% of water used is for agriculture

7% Municipal
3% Industrial



Over 500,000-acre feet of water is diverted

annually through 27 tunnels and ditches from west to east



32% of Colorado's irrigated farmland has been lost since 1997

90% in Crowley

60.2% in Pueblo

37.6% in Bent

35.2% in Otero



Ranchers and farmers fuel Colorado's \$47 billion agriculture economy



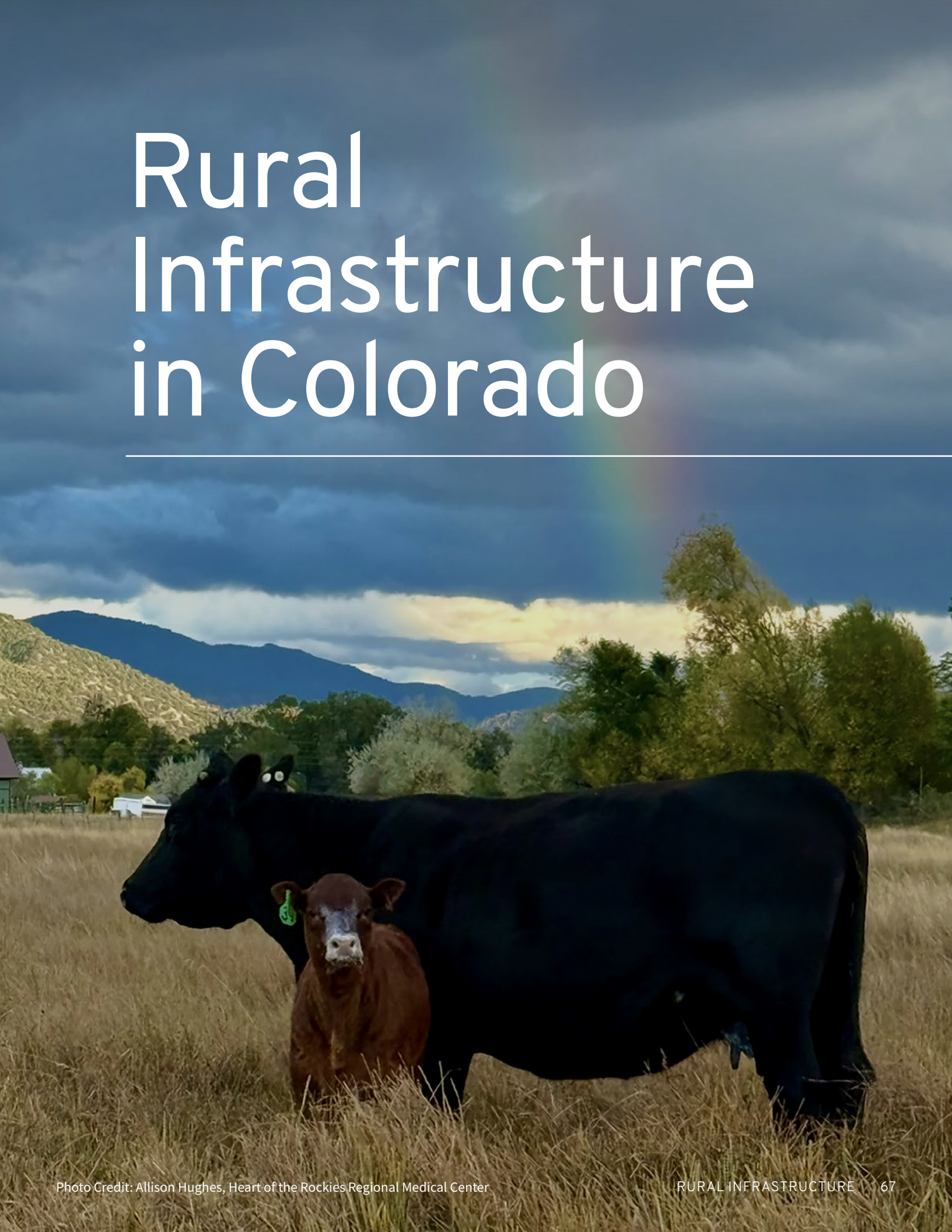
+400,000 to +500,000 acre loss of irrigated

farmland is projected due to urbanization, water transfers and ground water loss by 2050

➤ Water-based recreation contributes ~\$19 billion to the economy

➤ 85% Ground water is used for agriculture
60% Pulled from non-renewable aquifers

Rural Infrastructure in Colorado



HEALTHCARE FACILITIES IN RURAL COLORADO

32

Critical Access Hospitals (CAH)

11

Rural Prospective Payment System (PPS) Hospitals

316

Primary Care Clinics

98 of which are affiliated with a hospital

58

Federally Certified Rural Health Clinics (RHC)

48 of which are affiliated with a hospital

15

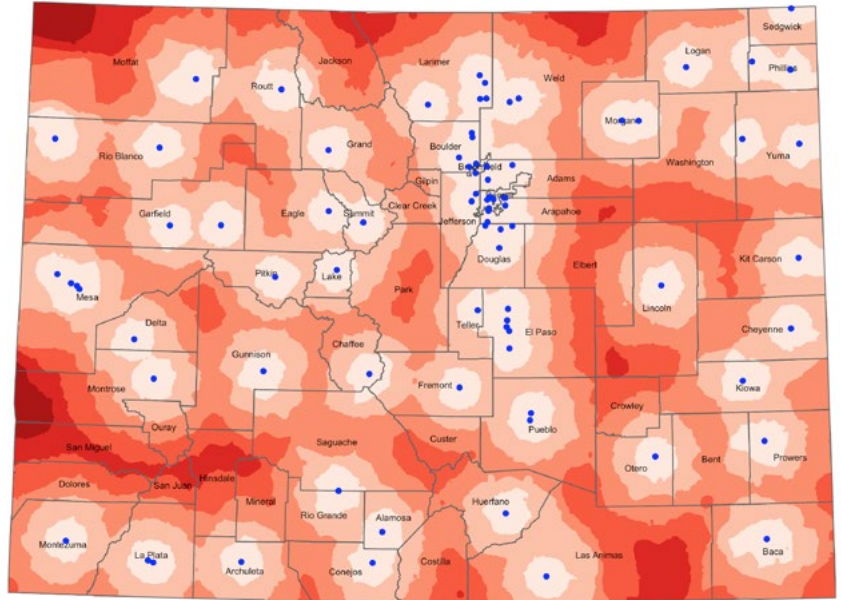
Community Health Centers operating

77 Federally Qualified Health Centers (FQHC)

21 School Based Health Centers

Healthcare Access

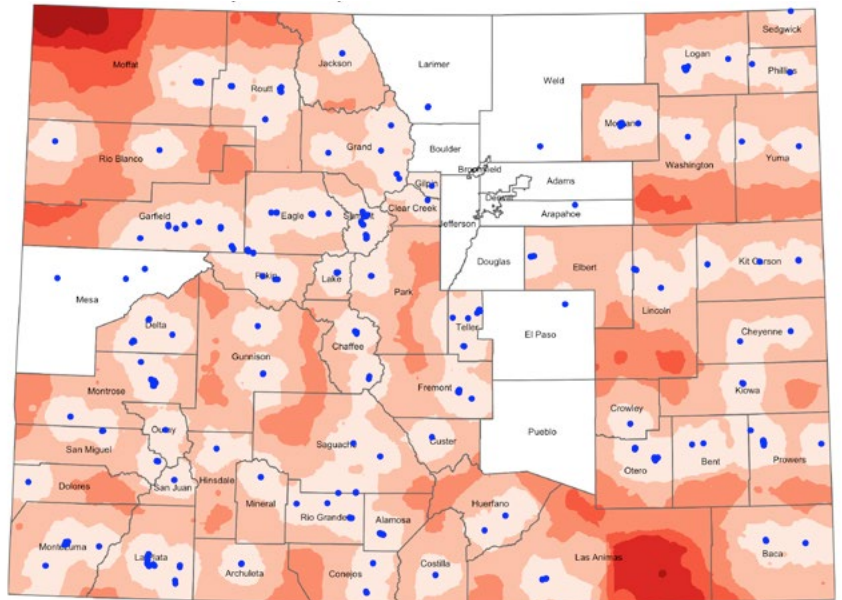
ON AVERAGE, RURAL COLORADANS ARE 3 TIMES FURTHER FROM THE NEAREST HOSPITAL THAN URBAN COLORADANS



Distance to Nearest Hospital (miles)

0 - 10	10 - 20	20 - 30	30 - 40	40 - 50	50 - 60	● Hospitals
--------	---------	---------	---------	---------	---------	-------------

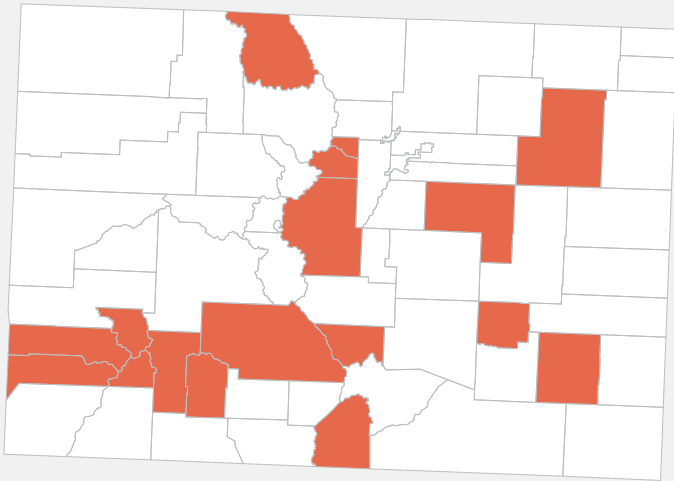
ACROSS RURAL COLORADO, THERE ARE 316 FACILITIES PROVIDING PRIMARY CARE



Distance to Nearest Primary Care Facility (miles)

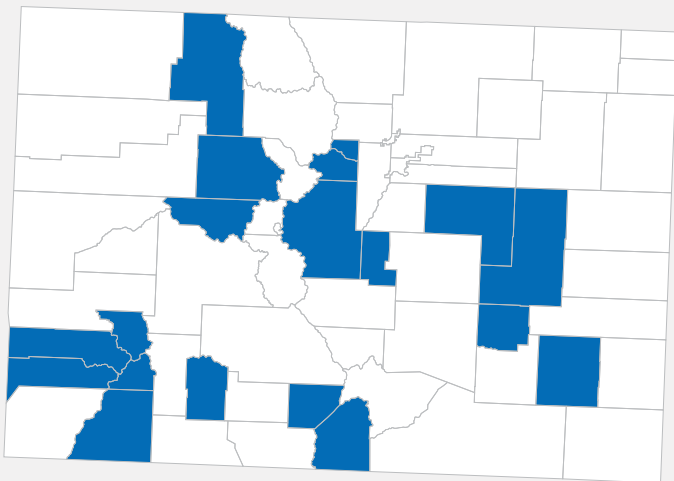
0 - 10	10 - 20	20 - 30	30 - 40	40 - 50	50 - 60	● Primary Care Sites
--------	---------	---------	---------	---------	---------	----------------------

HEALTHCARE ACCESS GAPS IN RURAL COLORADO



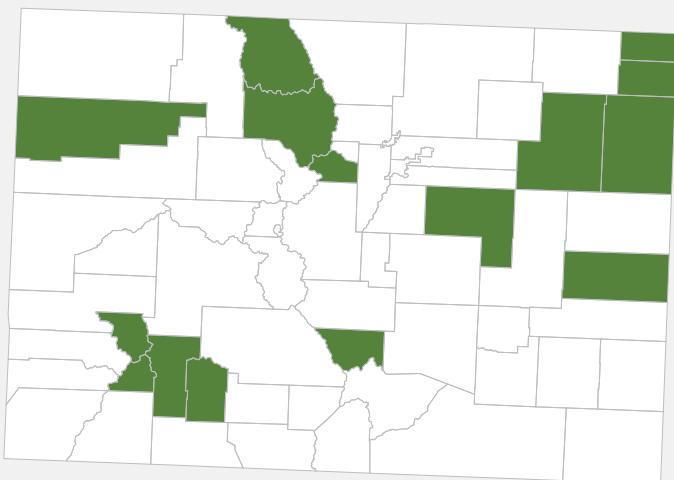
17 counties don't have a hospital in the county

Jackson	Crowley	Hinsdale
Washington	Bent	San Juan
Clear Creek	Costilla	San Miguel
Gilpin	Custer	Ouray
Park	Saguache	Dolores
Elbert	Mineral	



19 counties don't have a Certified Rural Health Clinic

Clear Creek	Pitkin	Alamosa
Elbert	Ouray	Costilla
Park	San Juan	Lincoln
Teller	San Miguel	Crowley
Gilpin	Dolores	Bent
Routt	La Plata	
Eagle	Mineral	



15 counties don't have a Federally Qualified Health Center

Sedgwick	Custer	Rio Blanco
Phillips	Clear Creek	Grand
Yuma	Mineral	Jackson
Washington	Ouray	
Cheyenne	San Juan	
Elbert	Hinsdale	

Rural Colorado Hospitals

Rural Colorado hospitals are facing continued sustainability challenges, impacted by inadequate reimbursement rates, workforce shortages, an increase in the uninsured population, and mounting regulatory burdens.

COLORADO'S RURAL HOSPITALS ACCOUNT FOR



6%

of inpatient discharges



6.4%

of inpatient days



16.7%

of outpatient visits



5.3%

of inpatient surgeries



8.1%

of births



11.5%

of emergency department visits

Colorado CAHs have seen a decrease in inpatient discharges but an increase in inpatient days over the past five years, suggesting higher patient acuity, workforce shortages, or reduced capacity. Outpatient visits have also risen 70.7% since 2020, reflecting a shift toward outpatient care and growing demand from an aging, more medically complex population.

HOSPITAL VOLUME AND UTILIZATION CHANGES FROM 2020 TO 2024



All Rural Hospitals

-3.1% inpatient discharges

+12.3% inpatient days

+37% outpatient visits

+12.4% inpatient surgeries

+2.1% births

+25% emergency department visits



Urban Hospitals

+10% inpatient discharges

+9.7% inpatient days

+41.2% outpatient visits

+18.2% inpatient surgeries

+2.5% births

+30.9% emergency department visits



Critical Access Hospitals

-18% inpatient discharges

+24.4% inpatient days

+70.7% outpatient visits

+34.8% inpatient surgeries

-5.8% births

+16% emergency department visits



Rural PPS Hospitals

+3.9% inpatient discharges

-0.2% inpatient days

+20% outpatient visits

+4.6% inpatient surgeries

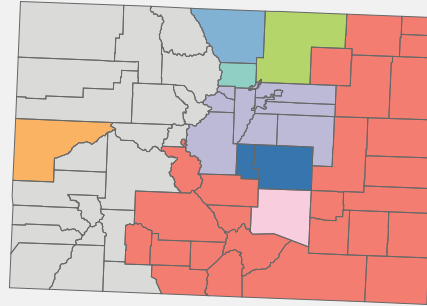
+3.8% births

+32% emergency department visits

HOSPITAL FINANCIAL SUSTAINABILITY







60.4% 26 of the 43 hospitals
of Colorado's rural hospitals had negative operating incomes in 2023

67.4% 29 of the 43 hospitals
of Colorado's rural hospitals had negative patient service incomes in 2023



HOSPITAL REPORTING REGIONS

- Boulder
- Colorado Springs
- Denver
- Grand Junction
- Fort Collins
- East
- Greeley
- Pueblo
- West

Financial Indicator	All Colorado hospitals (2023)	Eastern Rural Hospitals	Western Rural Hospitals
 Operating expenses Total operating expenses include materials, supplies, contract services, fees, depreciation, interest, taxes, utilities and more	\$22.7B up 6% from 2022	\$878M up 13%	\$2.1B up 10.5%
 Net patient revenue Payments a hospital receives after deducting allowances, bad debt, and charity care from billed charges	\$22.3B up 4.8% from 2022	\$847.7M up 11%	\$2.02B up 6%
 Bad debt The sum of all charged amounts a provider billed but did not receive payment for the service	\$214.5M down 1.7% from 2022	\$19.2M up 41.8%	\$37.1M down 6.3%
 Charity care The sum of all charged amounts determined by the healthcare provider to be charity care and thus unreceived revenue	\$330.4M up 1.4% from 2022	\$5.3M up 14.4%	\$26.1M up 3.7%
 Operating income Measures profitability by subtracting operating expenses from all generated revenues	\$750.4M down 23.5% from 2022	\$15.2M down 47%	\$33.2M down 54%
 Net patient income The difference between net patient revenue and all costs associated with direct patient care	\$8.5M down 97.4% from 2022	-\$6.9M down 185%	-\$17.1M down 159%




LABOR AND SUPPLY COSTS DROVE 2023 OPERATING EXPENSE GROWTH

 **45%**
of operating expenses

represented by wages, salaries, and benefits (All Colorado hospitals)

Among Rural Colorado Hospitals

52%
of operating expenses went toward wages, salaries, and benefits

	From 2022	All hospitals
 Payroll	↑10.7%	↑6.8%
 Benefits	↑8.1%	↑11.5%
 Labor	↑17.3%	↓20.8%

UNCOMPENSATED CARE (CHARITY CARE + BAD DEBT) BREAKDOWN BY PAYER (2023)

Hospital Type	All Colorado	All Rural	Eastern Rural	Western Rural
Medicare	4.2%	5.4%	7.7%	4.5%
Medicaid	3.2%	2.6%	3.2%	2.4%
Commercial	11.4%	15.5%	12.5%	16.7%
Self Pay	56.9%	43.6%	54.3%	39.4%
Colorado Indigent Care Program	24.3%	32.9%	22.4%	37%

NET PATIENT REVENUE BY PAYER (2023)

Hospital Type	All Colorado	All Rural	Eastern Rural	Western Rural
Medicare	28.3%	32%	33.9%	31.2%
Medicaid	17.9%	17%	23.8%	13.9%
Commercial	48.1%	44.8%	35.7%	48.7%
Self Pay	0.7%	3%	3%	3.1%
Colorado Indigent Care Program	5%	3.2%	3.6%	3.1%

PATIENT DAYS (2023)

Hospital Type	All Colorado	All Rural	Eastern Rural	Western Rural
Medicare	41.2%	34.9%	25.5%	43.6%
Medicaid	27.7%	37.5%	46.1%	29.6%
Commercial	21.8%	11.7%	6.3%	16.6%
Self Pay	2.8%	10.9%	18.9%	3.6%
Colorado Indigent Care Program	6.5%	5%	3.2%	6.6%

MEDICAID AND UNCOMPENSATED CARE

Federal Medicaid changes are increasing uninsured rates and reducing reimbursements, putting rural hospitals and clinics at a disproportionate risk of layoffs, service cuts and closures due to a higher Medicaid population than urban healthcare facilities.

Medicaid had the lowest share of uncompensated care costs

2.6%

rural hospitals in 2023

4%

urban hospitals in 2023



Highest shares of uncompensated care costs among rural hospitals

43.6%

Self Pay/Uninsured

32.9%

CICP/Other

15.5%

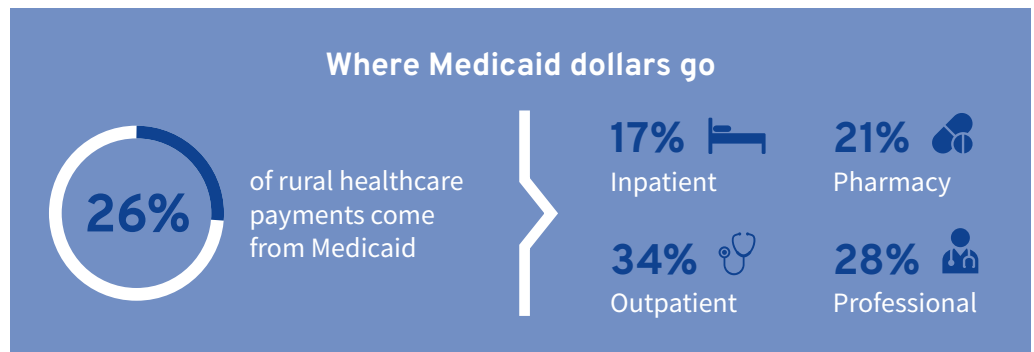
Commercial

Accounts for 92% among rural hospitals

MEDICAID'S ROLE IN RURAL HOSPITALS IN 2023

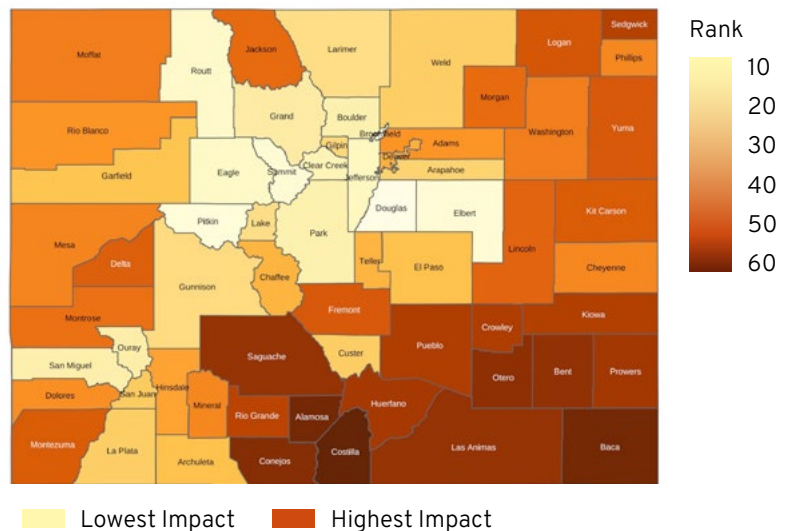
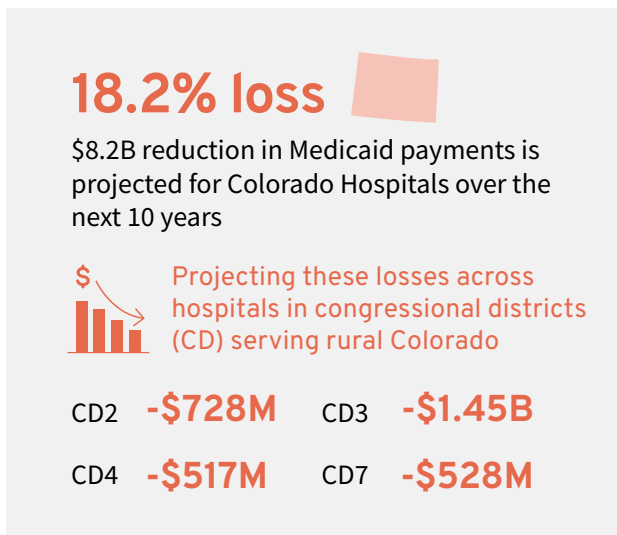


37.5% of all patient days in rural Colorado are paid by Medicaid (a 35% greater share in rural relative to urban)



PROJECTED MEDICAID REDUCTIONS UNDER THE “ONE BIG BEAUTIFUL BILL”

Fewer people enrolled in Medicaid or Marketplace plans will reduce revenue for healthcare facilities. The One Big Beautiful Bill and federal Medicaid changes represent a tradeoff—tax cuts in exchange for a weakened social safety net. Counties with high Medicaid and SNAP use, and lower incomes, will be most affected.



LOWER PAYMENT BENCHMARKS SHOW RURAL HOSPITALS ARE EFFICIENT

Rural Colorado hospitals receive lower commercial payments relative to costs compared to urban hospitals. However, their commercial payments needed to breakeven are lower, which indicates cost efficiency. Rural hospital sustainability relies on efficiency. Changes in payer mix (like an increase in self-pay and decreased Medicaid volume) could threaten viability.

Medicare costs covered by Medicare payments by region	95%	92%	88%	104%
	Eastern Rural Hospitals	Western Rural Hospitals	Denver	Pueblo
84%	83%	81%	82%	71%
Colorado Springs	Grand Junction	Greeley	Fort Collins	Boulder

The Medicare Payment-to-Cost Ratio helps quantify hospital efficiency. A higher ratio means Medicare payments are covering more of the costs.

Commercial payments needed to breakeven relative to Medicare	116%	120%	160%	115%
	Eastern Rural Hospitals	Western Rural Hospitals	Denver	Pueblo
175%	168%	203%	183%	202%
Colorado Springs	Grand Junction	Greeley	Fort Collins	Boulder

Benchmarking to Medicare encourages cost efficiency; lower percentages indicate hospitals can operate with commercial payments closer to Medicare reimbursement rates.

Commercial payments needed to breakeven	110%	110%	141%	120%
	Eastern Rural Hospitals	Western Rural Hospitals	Denver	Pueblo
148%	140%	164%	150%	143%
Colorado Springs	Grand Junction	Greeley	Fort Collins	Boulder

Benchmarking to actual costs better reflects current operations. Breakeven shows needed commercial payments to account for losses from other payers, and actual shows what's being paid relative to costs.

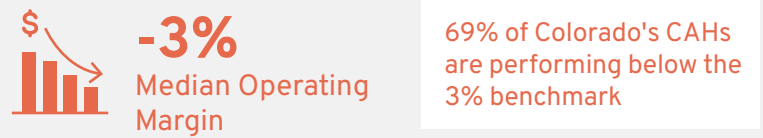
Actual commercial payments relative to cost	133%	158%	204%	310%
	Eastern Rural Hospitals	Western Rural Hospitals	Denver	Pueblo
189%	191%	178%	224%	177%
Colorado Springs	Grand Junction	Greeley	Fort Collins	Boulder

COLORADO CRITICAL ACCESS HOSPITAL (CAH) FINANCIAL SUSTAINABILITY

Colorado CAHs have experienced faster expense growth and slower revenue growth than CAHs nationally. Over the past three years, Colorado CAHs saw median operating expenses rise 27% while revenue rose 20%—a 7-point gap, meaning expenses grew 35% faster than revenue. Nationally, CAHs had a smaller gap: expenses increased 23% and revenue 21%, a 2-point difference, with expenses growing only about 9.5% faster than revenue.



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.

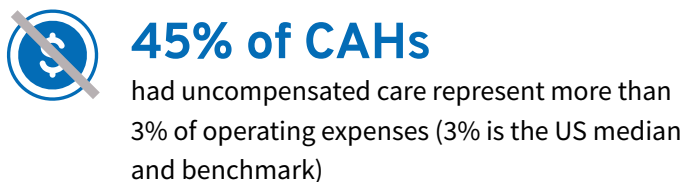
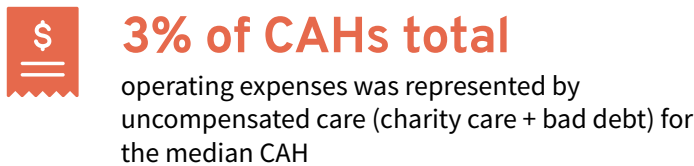


Days Cash on Hand measures the number of days that an organization can continue to pay its operating expenses, given the amount of cash currently available.



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

COLORADO CRITICAL ACCESS HOSPITALS EXPERIENCED THE FOLLOWING IMPACTS



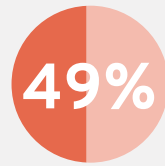
31 of 32 CAHs reported Medicare cost report data

- 2.2%** non-Medicare and non-reimbursable Medicare bad debt (2.9% national)
- 1.1%** charity care (2.1% national)
- 3.3%** uncompensated care (5% national)
- 3.7%** unreimbursed cost of Medicaid, CHIP, and state & local indigent care programs (3.2% national)

* % of adjusted revenue

RURAL HOSPITALS AT RISK

Since 2010, 188 rural hospitals have closed or ceased inpatient services nationally. Zero closures have occurred in Colorado, but risks remain, threatening rural Colorado communities

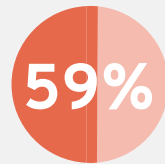


of rural Colorado hospitals have negative operating margins

-3.4%

is the average operating margin among rural Colorado hospitals

21 of 43 hospitals



of CAHs in Colorado have negative operating margins

-6.2%

is the average operating margin among Colorado CAHs

19 of 32 hospitals

A study of 56 rural hospitals that closed between 2017 and 2020 found consistent warning signs in the year leading up to closure



87.5%

had a negative operating margin



89%

had a negative total margin



84%

had less than a month cash on hand

IMPACTS OF RURAL HOSPITAL CLOSURES



292 jobs

(220 hospital and 72 non-hospital) are lost when a rural hospital closes, on average

↓ up to 4%
decrease in per capita income

↑ up to 3%
increase in community unemployment rate

⌚ 11-15

more minutes in EMS transport

📍 20 mile

increase in non-emergent distance to care



1.4%

decrease in the working age population in rural communities when a hospital closes



1.2%

increase in surrounding hospital's admissions two years post closure



10.2%

increase in surrounding hospitals' ED visits two years post closure

Healthcare Economy & Workforce

A strong healthcare workforce is fundamental to providing care in rural Colorado. It also plays a critical role in rural economic development. Rural healthcare facilities must have sufficient providers, administrators, and support staff to operate sustainably and meet the care needs of their communities.



Healthcare is one of the top 3 industries in Colorado

Healthcare and social assistance industry contributions in 2024

6.8%
Colorado's private industry GDP



6%
Colorado's total GDP (includes government)

Healthcare's Economic Impact in Rural Colorado

7.1% of total rural GDP came from the educational services, healthcare, and social assistance industry*

Ranked 4th largest GDP among private industries in rural areas behind real estate, hospitality & food, and retail trade

* Data unavailable for 4 rural counties



In a rural community, a hospital is often one **of the largest employers**



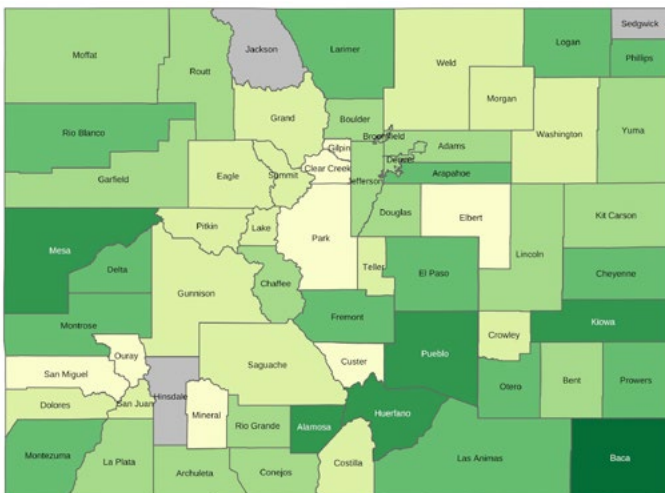
~1 in 10 rural

Coloradans are employed in the healthcare and social assistance sectors

Rural healthcare and social assistance jobs

39% Hospitals	31% Outpatient care services	19% Social assistance	11% Nursing/Residential Care Facilities
-------------------------	--	---------------------------------	---

EMPLOYMENT IN THE HEALTHCARE AND SOCIAL ASSISTANCE INDUSTRY




Counties where 1 in 5 jobs is in healthcare or social assistance

27.2% Baca	24.5% Huerfano	21.9% Alamosa	21.9% Kiowa	20% Otero
----------------------	--------------------------	-------------------------	-----------------------	---------------------

% of Total Employment	0-5	15-20	Missing
	5-10	20-25	
	10-15	25-30	

PRACTICING PHYSICIANS IN RURAL COLORADO

 **51% are aged 55+**
(35% in urban)

Only 3.5% are < 35 years old
(13.8% in urban)




On average, a single rural Coloradan physician supports

14
jobs

\$2.4M
in economic output

\$1.2M
in wages and benefits

Early results from rural medical school tracks show strong placement in rural communities

100% graduates  who found employment are working in Colorado (2023–2025)

87% of the graduates are in rural areas

HEALTHCARE PROVIDERS IN RURAL COLORADO

Health Provider Type	Percent in Rural Colorado	Rural per 100,000	Urban per 100,000	Additional needed in Rural for equal access	Percent Increase Needed for equal access
Practicing Licensed Physicians	8.4%	200.3	350.3	1,198	75%
Practicing Licensed MDs	8.1%	173.8	314.7	1,126	
Practicing Licensed DOs	10.6%	26.5	35.5	72	

Specialties/Taxonomy - All Physicians

Primary Care	11.3%	69.2	86.4	137	25%
Family Medicine	14.9%	49.1	44.7		
Cardiology/Vascular	7.0%	2.3	4.8	20	113%
Gastroenterology	4.6%	1.3	4.1	23	230%
Internal Medicine	6.3%	14.8	34.9	161	137%
Pediatrics*	5.9%	37.1	85.6	76	131%
Pulmonary	3.6%	1.3	5.3	32	323%
General Surgery	8.4%	8.0	14.0	48	75%
OB-GYN^	10.2%	21.2	28.5	28	34%
Orthopedic Surgery	16.3%	12.9	10.5		
Emergency Medicine	15.4%	22.9	20.1		
Psychiatry	5.7%	4.8	12.5	62	162%

* Population Under 18 ^ Female Population

Non-Physician Providers

Physician Assistants w/NPI 2023	9.1%	54.6	86.6	256	59%
Adv Practice Regist Nurse w/NPI 2023	9.6%	90.7	135.6	359	49%
Nurse Practitioners w/NPI 2023	9.4%	74.7	114.5	318	53%
Cert Regist Nurse Anesthetist w/NPI 2023	11.9%	9.6	11.3	14	18%
Adv Pract Nurse Midwives w/NPI 2023^	9.8%	8.7	12.2	14	41%
RNs/LPNs	10.9%	974	1,257	2,292	29%

HEALTHCARE WORKFORCE



The annual mean wage of rural registered nurses in 2024 was **\$93,380**

2.2% lower than the state average



Travel nurses in Colorado earn up to **\$3,040 per week on average**, compared to the annual average RN salary, travel nurses are paid 65% more



Annual Mean Wages of Registered Nurses

\$99,290	Northwest Non-Metro Colorado
\$90,730	Southwest Colorado
\$88,960	Eastern & Southern Colorado

AGES OF COLORADO LICENSED & EMPLOYED NURSES

Registered Nurses		Advanced Practice RNs
22%	55+	22%
45%	45+	46%
27%	34 or under	14%

Over the next ten years, rural Colorado healthcare job demand is expected to increase

↑21%

for healthcare practitioners and technical occupations (21% urban)

↑17%

for healthcare support occupations (27% urban)

2024 REGISTERED NURSE SHORTAGE

19,407 RN job postings **5,381** certified RN job seekers **14,000+** job gap

72% shortage between demand & supply

Projected increase in job demand by 2034 in rural Colorado

+21.5%
Registered Nurses

+52.1%
Nurse Practitioners

+39.6%
Physician Assistants

+15.7%
Family Practice Physicians

+20%
Substance Use/Mental Health Counselors

RURAL COLORADO HEALTHCARE JOB MARKET (SEPT 2024 - AUG 2025)



9,280 rural job openings

advertised online in the healthcare and social assistance industry in rural Colorado

Representing 19.7% of all rural job openings



65.2%

of the advertised healthcare and social assistance industry rural job openings were at hospitals

Healthcare practitioners and technical occupations (HPTO) had the most online job postings of all rural occupations

42% of all job postings were for HPTO, the most common were

10,797 registered nurses (45%*)

1,853 physical therapists (7.7%*)

1,465 radiology techs (6.1%*)

*HPTO postings

RURAL HEALTHCARE WORKFORCE SHORTAGES



Nationally, 28.7% of healthcare workers report intending to leave the industry



Nationally, 18.3% hospital staff turned over in 2024 (↓ 25.9% from 2021)

Beyond staffing shortages, a challenge found in the Colorado Hospital Workforce Survey was integrating new staff. Even with adequate headcount, limited facility experience can make teams feel overworked.



54% of Colorado hospital healthcare workers have 10+ years of clinical experience



55% of these workers have been at their current hospital <5 years (including 18% with <1 year)

Work overload greatly increased these risks



Physicians

Wanting to Leave

+73%

Burnout

+142%



Nurses

+87%

+121%



57% of rural Colorado healthcare facilities reported staffing shortages as their biggest challenge

PHYSICIAN BURNOUT (2024)



49% feel burned out

↓7.5% from 2023

20% feel depressed

↓13% from 2023



Emergency Medicine physicians continued to have the highest burnout rates among specialties

Top Reported Causes of Burnout

- 62%** Too many bureaucratic tasks
- 41%** Too many hours worked
- 40%** Lack of respect from coworkers

NURSING BURNOUT (2024)

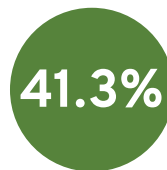


40% of registered nurses indicated they plan to quit within the next 5 years

Specific reasons for leaving

21.9%

Planned to retire
Leave nursing



41.3% of registered nurses who intend to leave the profession cited burnout/stress as the main cause

Other reasons for leaving

33%

Workload
Understaffing

BENEFITS AMONG RURAL HEALTHCARE FACILITIES



Only 3% offer a housing stipend



43% offer loan repayment



38% offer a bonus/productivity structure



Over 50% said a housing stipend would help recruitment and retention



50% listed it as a desired benefit



56% listed it as a desired benefit

Emergency Medical Services



758,327 EMS dispatches with patient transport

Jan 1, 2023, to Dec 31, 2024

658,758

Urban areas

81,294

Rural areas

18,275

Frontier areas

13.1% of these responses were in rural Colorado

IN URBAN COLORADO

3,663 EMTs

2,697 Paramedics

144 Advanced EMTs

10 EMS Agency providers per 1,000 patients

IN RURAL COLORADO

836 EMTs

731 Paramedics

149 Advanced EMTs

21 EMS Agency providers per 1,000 patients

IN FRONTIER COLORADO

391 EMTs

166 Paramedics

86 Advanced EMTs

35 EMS Agency providers per 1,000 patients

AVERAGE INCIDENT TIMES IN COLORADO



Incident response time

8 min
Urban

9 min
Rural

12 min
Frontier



Incident transport time

13 min
Urban

18 min
Rural

22 min
Frontier



In frontier counties, on average, over 30 minutes pass from dispatch to patient arrival, excluding time on-scene

TOP 3 REASONS FOR DISPATCH (2023-24)



Sick person

22.6%
Urban

16.1%
Rural

12.2%
Frontier



Falls

11.7%
Urban

13.3%
Rural

13.4%
Frontier



Breathing problem

8.7%
Urban

8.3%
Rural

9.2%
Frontier

Volunteers make up 6% and 27% more of the rural and frontier EMS workforce compared to urban, respectively.



101 EMS agencies

in urban counties

8% volunteer 36% mixed 56% paid



66 EMS agencies

in rural counties

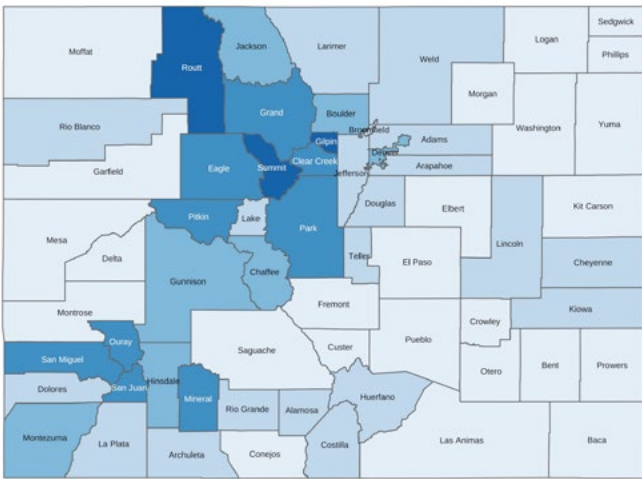
14% volunteer 44% mixed 42% paid



43 EMS agencies

in frontier counties

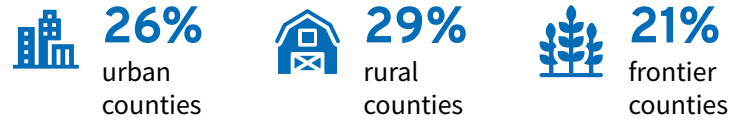
35% volunteer 37% mixed 28% paid



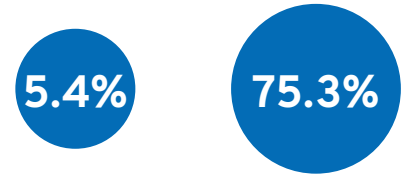
% of EMS Responses for Non-County Residents

8-18	18-29	29-42	42-59	59-75
------	-------	-------	-------	-------

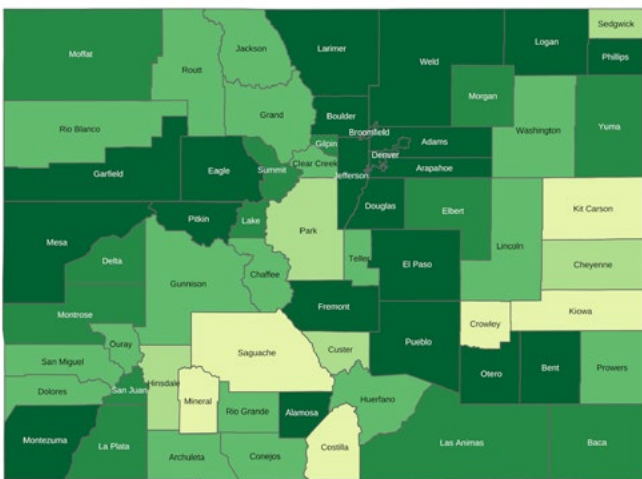
Dispatches and transports for non-county residents



EMS responses for non-county residents



in Pueblo county in Gilpin county



Average EMS Response Time (Minutes)

6-8	8-11	11-13	13-16	16-21
-----	------	-------	-------	-------

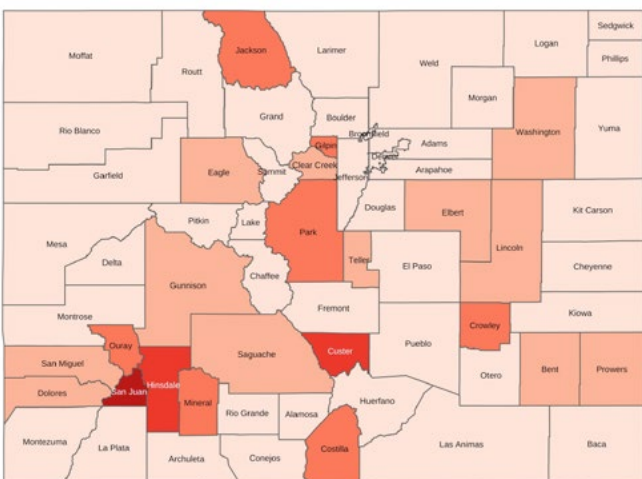
30.2% of EMS 911 responses

with transports in rural Colorado had a possible trauma injury (25.7% urban)

Average incident response times (minutes)



in Phillips county in Kiowa county



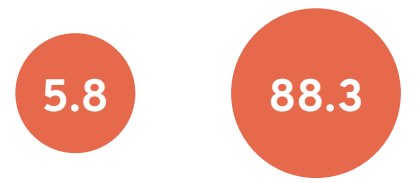
Average EMS Transport Time (Minutes)

0-20	20-40	40-60	60-80	80-100
------	-------	-------	-------	--------

26.6% of EMS providers

are located in rural CO, their service areas cover almost 82% of the State's landmass

Average incident transport times (minutes)



in Phillips county in San Juan county

Cost to Patient Case Study

THE BACKGROUND

Health insurance companies often create programs to encourage patients to receive care outside of their local hospitals to control costs by using narrow networks. For patients living in urban areas, this means better access to care, a higher volume of providers, and a greater diversity in options for primary care and specialty care providers.

For rural patients, this is not the case. It is important to consider the additional hidden costs affiliated with this concept. Rural areas often do not have many options outside of local hospitals. In turn, when insurance prompts a patient to seek care outside of the local hospital, the patient often is required to spend time and money to travel further (sometimes a day) to receive care.

THE CHALLENGE

Examples of extra costs to patients when traveling to non-local hospitals



Lost wages due to travel



Gas Money



One day federal meal per diem (cost of food)



Accommodations due to travel

While insurance companies have a cost savings of ~\$585 from rural patients traveling to non-local hospitals, the patient has a cost burden upwards of \$700.

THE RESULTS

Average Overall Cost Burden Observed by Rural Patients traveling to distant, non-local hospital/clinic

Cost Burden Description	Amount in USD	Running Total of Cost Burden (USD)
Average Member Liability Amount ¹	-13.87 (savings)	-13.87 (savings)
Mileage Reimbursement ²	\$175.00	\$161.13
One Day of Lost Wages ³	\$234.00	\$395.13
One Night of Accommodations ⁴	\$163.00	\$558.13
One Day Federal Meal Per Diem ⁵	\$146.00	\$704.13
Total Cost Burden		\$704.13

Average Cost Savings of Insurance Providers if Rural Patients travel to distant, non-local hospital/clinic

Scenario	Amount in USD
Scenario 1: Patient living in Kit Carson, CO but travels to Denver, CO	\$687.3
Scenario 2: Patient lives in Eads, CO but travels to Colorado Springs, CO	\$634.9
Scenario 3: Patient lives in Rangely, CO but travels to Grand Junction, CO	\$433.9
Average Cost Savings to Insurance Company¹	\$585.37

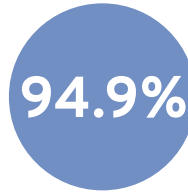
Broadband Access

High-speed broadband is defined by the FCC as 100 Mbps download and 20 Mbps upload speeds. The FCC defines broadband services as speeds of 25 Mbps download and 3 Mbps upload.



Colorado aims to have 99% of households

connected to high-speed broadband by 2027



of homes and businesses in Colorado are connected to high-speed broadband
81% rural counties, 66.5% frontier counties, 97.6% urban counties

Homes and businesses who lack broadband service (access to 25/3 mbps)

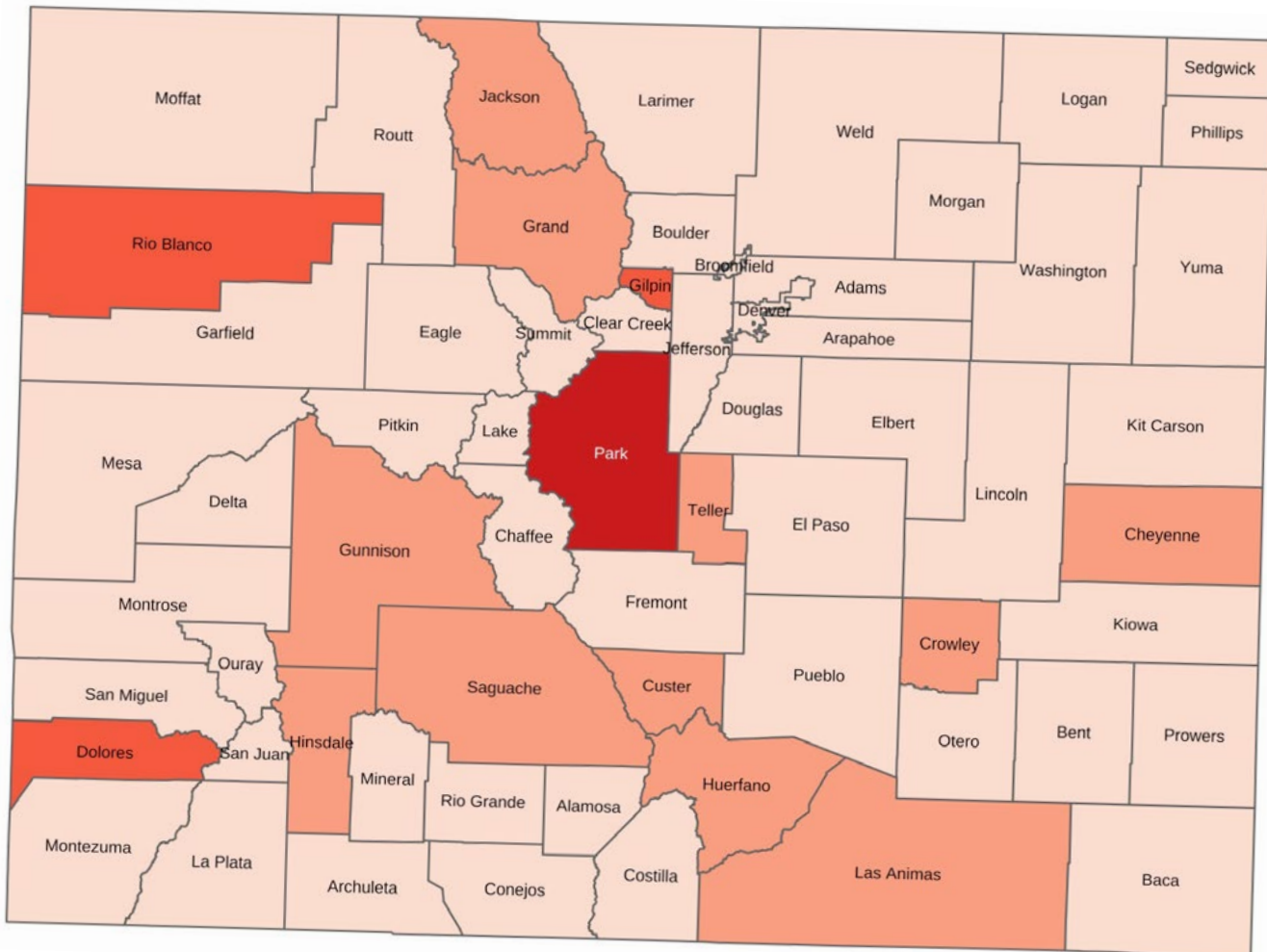


11.1%
rural counties

19%
frontier counties

1.5%
urban counties

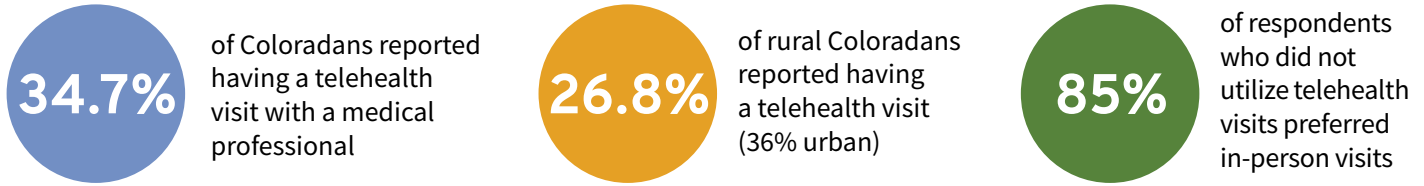
RESIDENTIAL AND BUSINESS LOCATIONS WITH NO ACCESS TO 25-3 BROADBAND



% Total Locations: 0 to 20 (lightest orange), 20 to 40 (medium orange), 40 to 60 (dark orange), 60 to 80 (darkest red)

TELEHEALTH AND TELEMEDICINE IN COLORADO

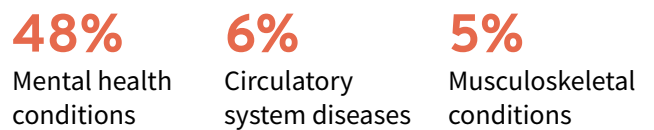
According to the National Rural Health Association, Telehealth helps to improve access to healthcare and health outcomes. The increased utilization of telehealth in rural area has helped to bridge the gap in rural healthcare by providing more access to quality healthcare.



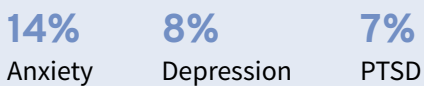
Most common rural Colorado telehealth/telemedicine providers



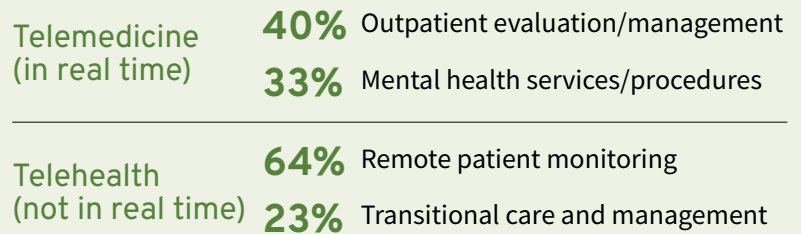
Most common conditions treated in rural Colorado via telehealth/telemedicine



Most common mental health diagnosis treated

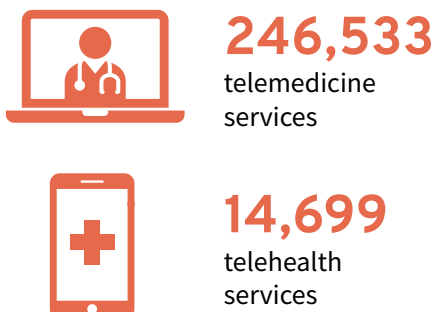


Most common services provided in rural Colorado



TELEMEDICINE IS FAR MORE UTILIZED THAN TELEHEALTH

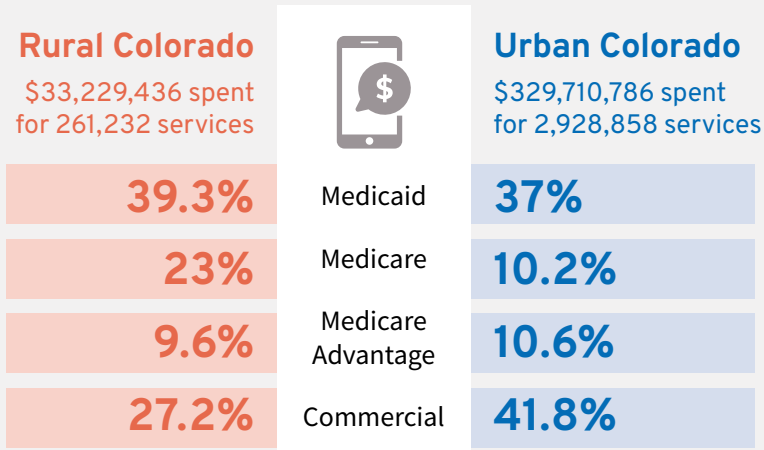
Services provided in rural Colorado



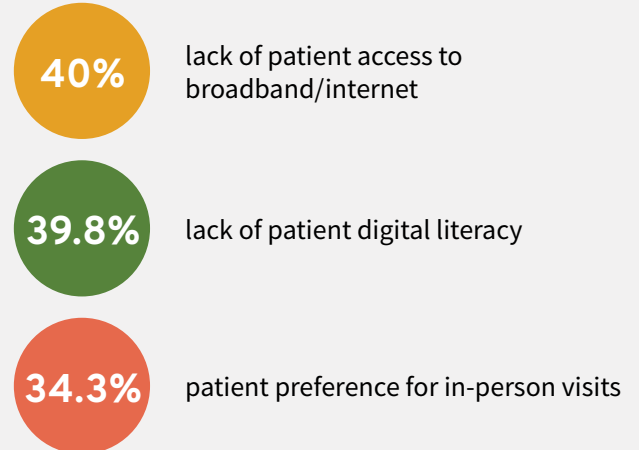
Comparison of utilization in rural Colorado

	Telemedicine		Telehealth	
	20,714	2019	3,507	2019
	373,656	2020	6,261	2020
	335,610	2021	6,972	2021
	251,186	2022	10,432	2022
	246,533	2023	14,699	2023

TOTAL SPENDING ON TELEHEALTH/MEDICINE SERVICES IN 2023



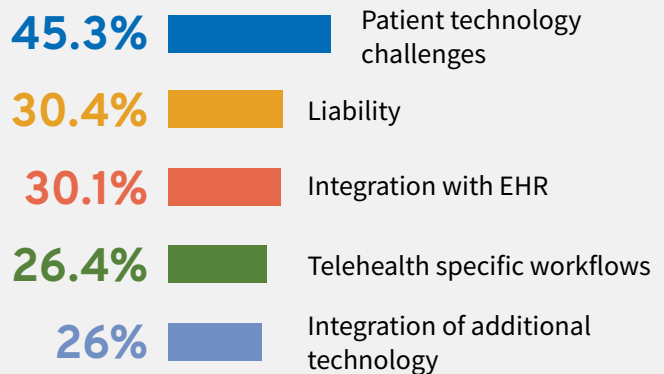
PROVIDER PERCEIVED TELEHEALTH BARRIERS FOR PATIENTS



2022 COLORADO TELEHEALTH SAFETY NET PROVIDER SURVEY



Largest barriers to telehealth among safety net providers

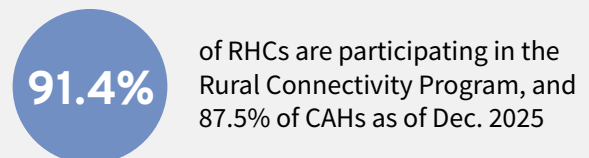


2025 RURAL CONNECTIVITY PROGRAM

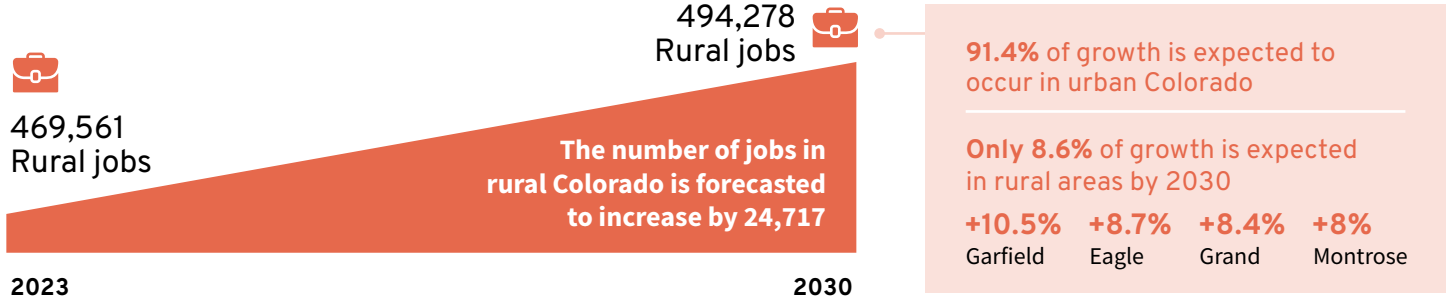
The CAP (Community Analytics Platform) brings together essential data on patient populations, chronic disease, outmigration, Discharge and Transfer (ADT), immunizations, and more. Rural health providers can use it to shape programs, assess costs, refine workflows, and build effective population health strategies.



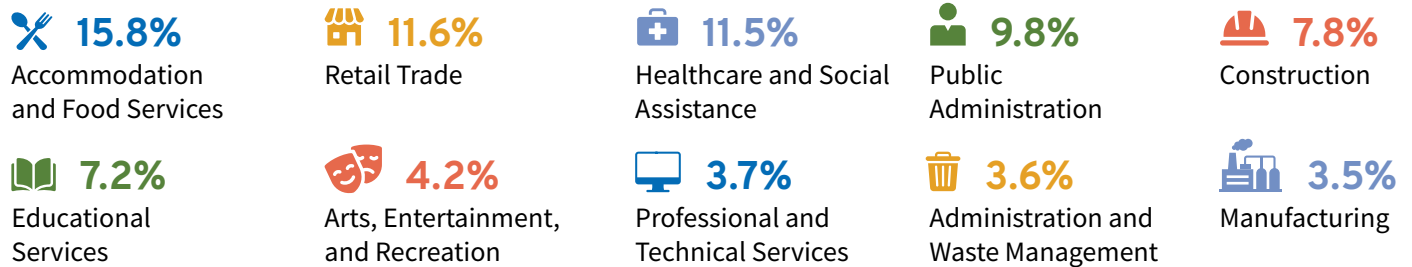
The most viewed projects



Jobs and Labor Force



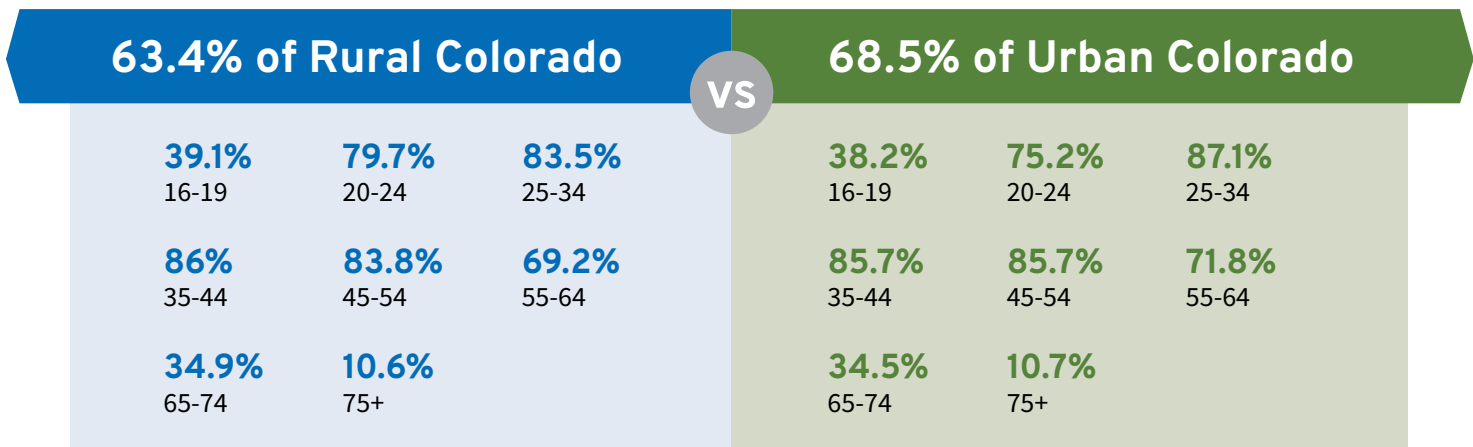
TOP 10 MOST COMMON JOBS IN RURAL COLORADO



WORK-RELATED INJURIES




LABOR FORCE PARTICIPATION FOR THE POPULATION AGED 16+ IN 2023



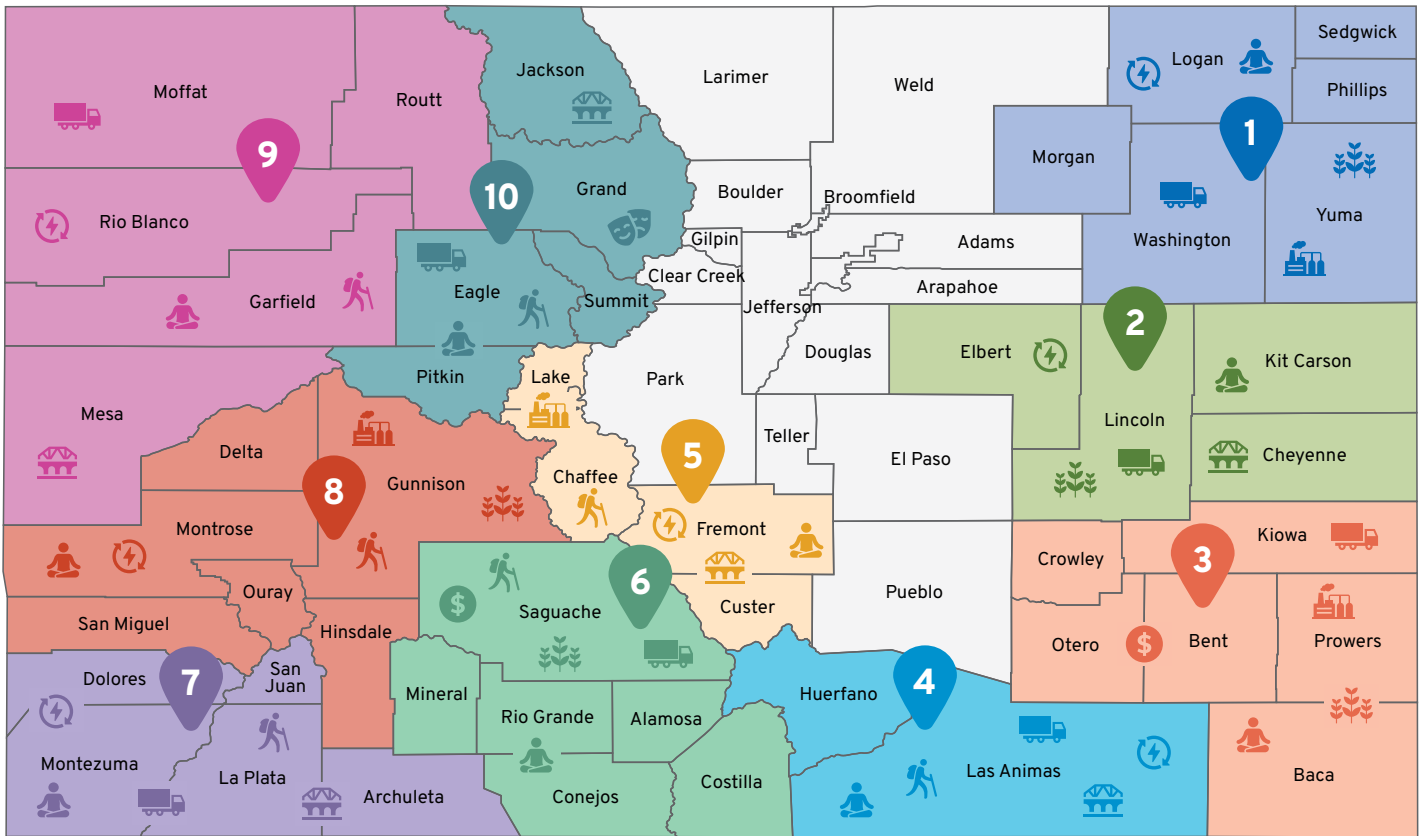
RURAL COLORADO HEALTH & SOCIAL ASSISTANCE SHOWS FASTER 10-YEAR GROWTH

 **21.8% increase**
for the Healthcare and Social Assistance Industry in rural Colorado

 **13.1% increase**
across all industries in rural Colorado since 2014










 **66% greater increase**
in average employment in the Healthcare and Social Assistance Industry

REGIONAL INDUSTRIES



- 1 Northeastern**
- 2 Central Plains**
- 3 Southeastern**
- 4 Southern**
- 5 Upper Arkansas**


- 6 San Luis Valley**
- 7 Southwestern**
- 8 Central Western Slope**
- 9 Northwestern**
- 10 Rocky Mountain Resort**

-  Food & Agriculture
-  Manufacturing
-  Health & Wellness
-  Outdoor Recreation
-  Transportation & Logistics
-  Energy & Natural Resources
-  Infrastructure Engineering
-  Financial Services
-  Arts

Childcare

Childcare services are a critical component of early childhood learning and development. However, rural communities face chronic child-care shortages. As a result, rural families do not have sufficient options for affordable and accessible childcare.

COLORADO CHILDREN UNDER AGE 6

 **44,052**
rural children

29,121 had all available parents in the workforce

 **327,303**
urban children

217,870 had all available parents in the workforce

In rural Colorado,

 **61%**

of children under 6 in two-parent households need childcare

 **80%**

of children under 6 in single-parent households need childcare

Licensed childcare slots primarily serving children under 6

19,856

rural slots

147,201

urban slots



Children under 6 needing childcare with parents who are in the workforce

29,121

rural children

217,870

urban children

This leaves 32% without a licensed slot



Only 45% of children

under age 6 in rural and urban Colorado can be accommodated by the state's available licensed childcare slots



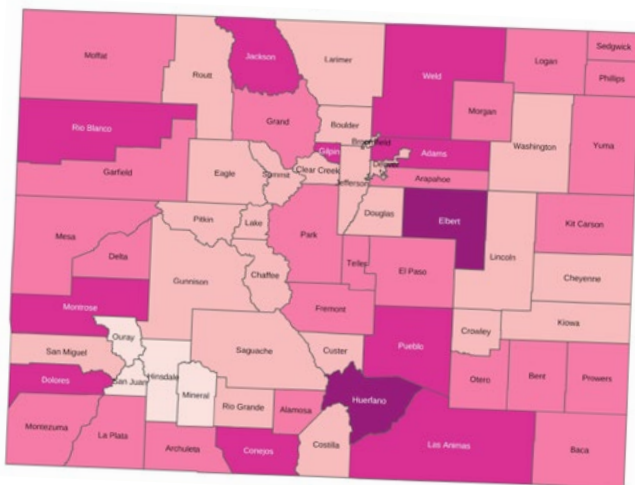
2,210 childcare professionals in rural Colorado

Preschool teachers, childcare workers, and administrators

That's only 1 professional

for every

9 licensed childcare slots



Children per childcare slot

-  0 to 1
-  1 to 2
-  2 to 3
-  3 to 4
-  4 to 5

Any county with 3 or more children per childcare slot is considered a licensed childcare desert



of Coloradoans live in a licensed childcare desert

14 rural counties

4 urban counties

Only 4 counties

have enough licensed childcare slots to accommodate the population under 6

CHILDCARE COST BURDEN (COST AS A % OF HOUSEHOLD INCOME)

\$11,904

average annual cost of rural childcare

\$16,440

average annual cost of urban childcare

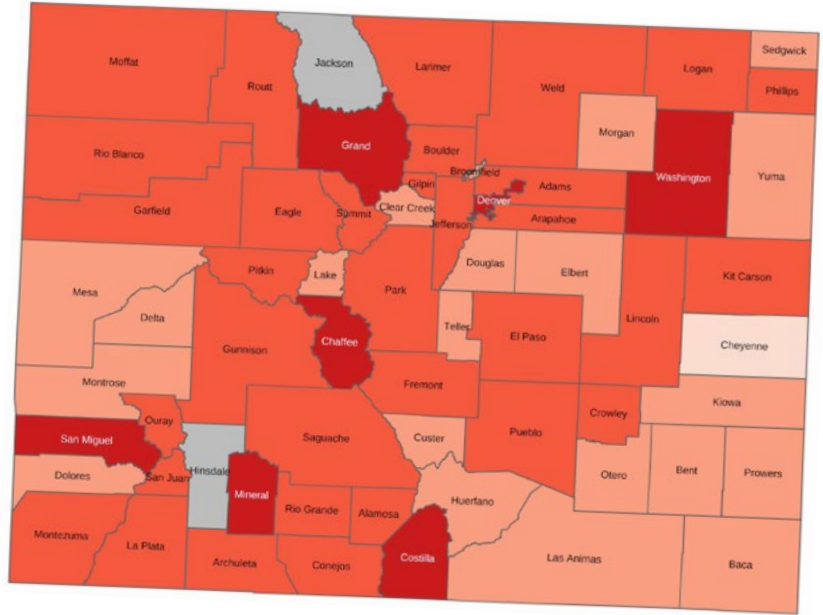
\$65,618

median rural household income

\$92,484

median urban household income

18.1% is the average childcare cost burden in rural Colorado (17.8% urban)



Colorado ranks most expensive

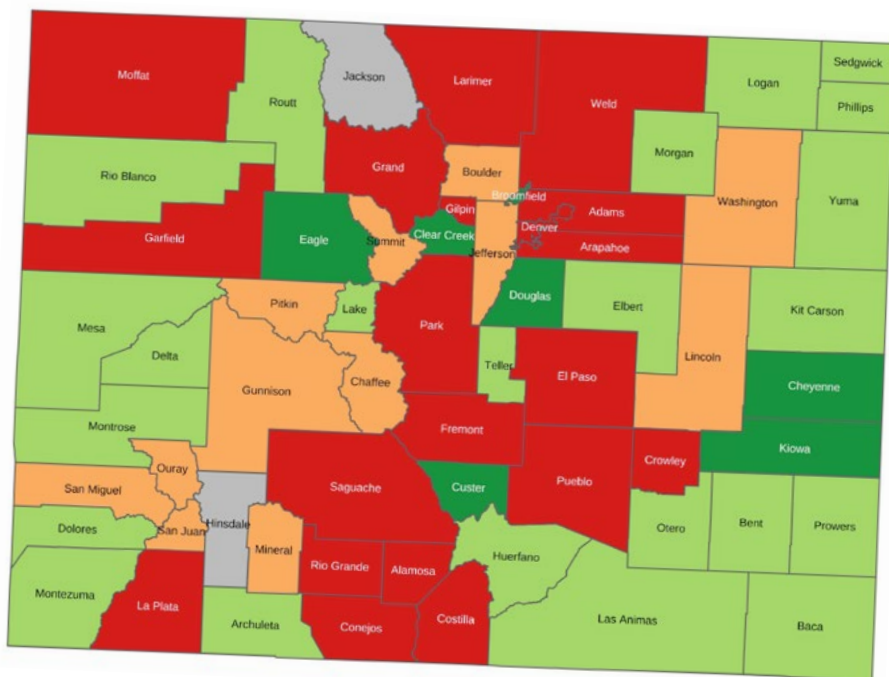
8th for childcare

5th for infant care

% of Median Income
 5-10 (light orange), 10-15 (orange), 15-20 (red), 20-25 (dark red), Missing (grey)

CHILDCARE AFFORDABILITY AND AVAILABILITY

Childcare availability and affordability often don't overlap. Compared to the average childcare cost burden and number of children per licensed slot, only six counties in Colorado offer childcare that is both affordable and available.



K-12 schools and childcare options




are among the top 5 factors influencing rural healthcare staff retention

Compared to State Averages

- Affordable & Available
- Affordable but Unavailable
- Unaffordable but Available
- Unaffordable & Unavailable
- Missing


*Note this is a county wide comparison of total licensed childcare slots, average cost, and median income and may not represent childcare conditions in specific locations.

AVERAGE COST OF CHILDCARE IN COLORADO BY AGE

Rural Colorado		Urban Colorado	
\$13,843	Infant Center Based	\$21,831	 \$20,899 annual average cost of center based infant childcare
\$11,531	Infant Home Based	\$14,048	 \$23,843 average in-state cost (tuition, room, and board) to attend a Colorado public university
\$12,679	Toddler Center Based	\$18,834	 One year of infant care would pay for 2.1 years of in state tuition alone
\$10,824	Toddler Home Based	\$13,049	
\$12,261	Preschool Center Based	\$16,329	
\$10,790	Preschool Home Based	\$13,050	

 **39%** of a median-income rural Colorado household's annual income would go toward center-based care for an infant and a preschooler


2024 ANNUAL MEDIAN WAGE OF CHILDCARE WORKERS



\$38,410
in Colorado

\$37,803
in rural Colorado

A rural childcare worker living alone would **spend 46%** of their income on a 2-bedroom rental (\$17,412/year)




A rural childcare worker would **spend 37%** of their annual income to place their own infant in center-based childcare

COLORADO'S CHILDCARE CRISIS

 **0 counties in Colorado have affordable childcare**

U.S. Department of Health and Human Services defines affordable as ≤7% of a family's income

 Capping childcare costs at 7% of a family's income would **save \$13,289** on infant childcare costs

 This reform could **add \$4.2B** to Colorado's economy by enabling 25,000 parents to work

Outdoor Industry & Tourism



Outdoor recreation added \$17.2 billion

to Colorado's economy in 2023

>> 10.6% increase from 2022



Snow sports lead Colorado's outdoor industry, ranking 1st in the U.S.

\$1.56 billion contributed to the state's economy

>> 59% increase since 2021

90%

of total spending by recreationists in Colorado

to support their outdoor activities goes toward trip related items such as food, fuel, and lodging



The outdoor recreation participant base grew 3% in 2024 to a record

181 million people

58.6% of the U.S. population ages 6+

In 2023, outdoor recreation compensation and employment continues to grow in Colorado



4.4% 132,594 jobs

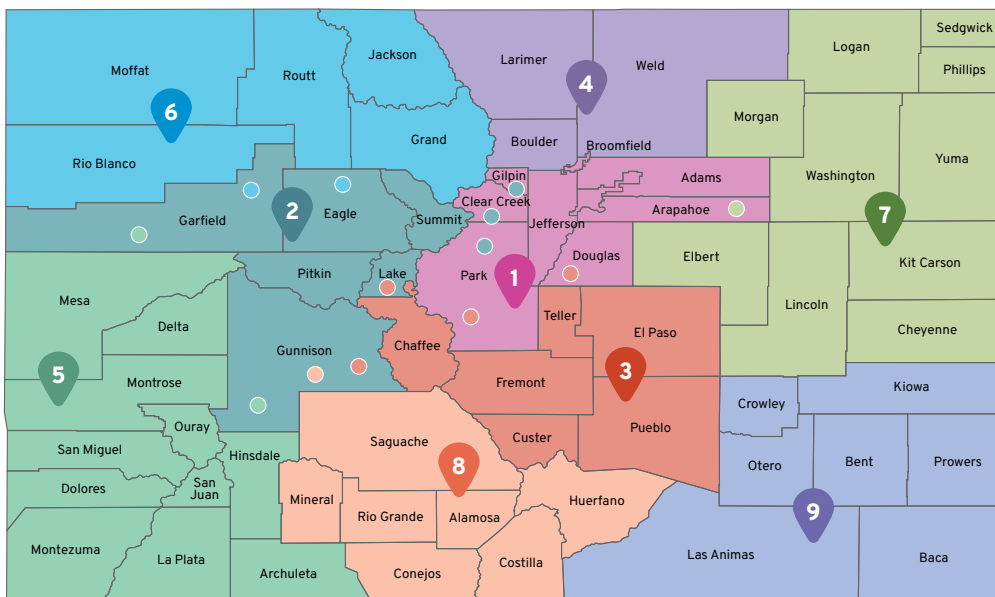
increase in employment in Colorado compared to 3.3% increase nationally



11.3% \$64,545 average compensation

increase in compensation in Colorado compared to 9% increase nationally

BENEFITS OF COLORADO TOURISM IN 2024



Total Spending by region

- 1 **\$13.9B** 73,520 jobs
- 2 **\$4.4B** 30,210 jobs
- 3 **\$3.1B** 26,320 jobs
- 4 **\$2.5B** 21,370 jobs
- 5 **\$2.47B** 19,290 jobs
- 6 **\$1.45B** 10,390 jobs
- 7 **\$316.5M** 2,670 jobs
- 8 **\$212.6M** 2,560 jobs
- 9 **\$131M** 1,870 jobs



94.5 million tourism trips in Colorado



\$29.5 billion in visitor spending

Transportation

Access to transportation supports the economic health and overall wellbeing of rural communities. As a key social determinant of health, transportation barriers, such as long travel distances and a lack of transportation options in rural areas, can lead to missed healthcare appointments, delayed care, and gaps in medication use, making it harder to manage health conditions.

CDOT's 2019 10-year strategic plan showed Colorado

ranked 47th

in the U.S. for rural road conditions

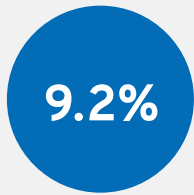
Since 2021, 2,500+ miles of rural roads have been improved



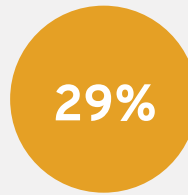
CDOT's updated 2025 10-year plan allocates a total of

over \$935 million

to rural pavement condition



9.2% of rural Colorado workers 16+ travel more than 60 minutes to get to work
6.7% urban




29% of rural Colorado road miles (2,500 miles) had a low drivability life, as of 2024
30% of urban road miles (824 miles)


CAR CRASHES PER 1,000 COLORADANS FROM 2022-2025


Car crashes	59.5 rural	49 urban	21.4% higher relative to urban
Serious injury or death	3.5 rural	2.1 urban	63.5% higher relative to urban



	Rural	Urban
Car crashes	47,600	245,700
Serious injuries	2,324	9,232
Deaths	463	1,537

 **5% of rural adults 60+** have trouble finding transportation for needed or desired trips (2% urban)

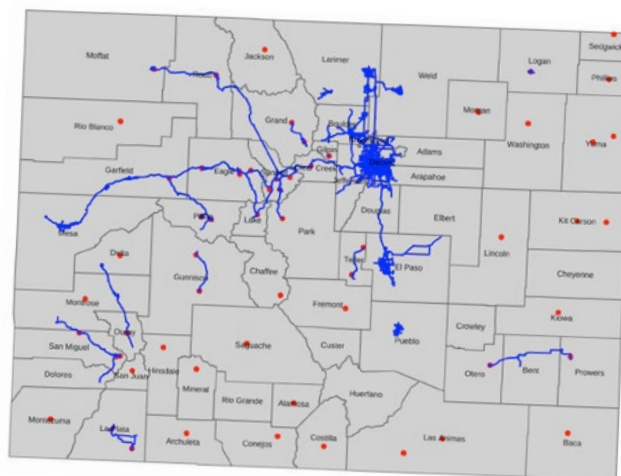
 **Medical appointments**
66% rural | 36% urban

 **Shopping/pharmacy trips**
44% rural | 28% urban

Most common barriers to public transportation among rural respondents

- 59%** No service closeby or where needed
- 43%** Not at needed times
- 41%** Not frequent enough

PUBLIC TRANSPORTATION AVAILABILITY



● Cities with Public Transit Reported by APTA
— Public Transit Routes Reported by CDOT

Agriculture

79.5% of all farms and ranches are owned and operated by individuals and families in Colorado (28,652 farms)

30.2M acres of farm/ranch land in Colorado

36,056 farms and ranches in Colorado

838 acres
average size of farm and ranch

44% <50 acres	35% 50-500 acres	21% 500+ acres
-------------------------	----------------------------	--------------------------

2024 COSTS OF COLORADO AGRICULTURE

Total production value for agriculture was **\$8.8 billion**

Livestock accounted for **\$6.4B (72%)**

Crops accounted for **\$2.4B (28%)**

\$10.5 billion
total revenue of the agriculture industry

\$8.4 billion in farm production expenses

\$2.1 billion
net farm income

Prices for Colorado field crops dropped significantly from 2023 to 2024

\$6.04 → \$4.60 per bushel
↓ 24% decrease

\$6.45 → \$5.14 per bushel
↓ 20% decrease

10.4% decrease in Colorado ag producers' net income from 2023-24

12.2% net income increase is forecasted for 2025

6.0% rise in livestock production value is driving the 12.2% increase

4.4% decline in crop value is expected due to lower commodity prices

AGRICULTURAL MENTAL HEALTH

Farming is a stressful, often isolating job affected by uncontrollable factors like weather, pests, prices, and interest rates. Farmers also face the fear of losing family land passed down for generations. For them, farming is more than work—it's a core part of their identity. These pressures significantly impact agricultural workers' mental health.

Mental health access and stigma is worse in rural Colorado



28% more likely to skip mental healthcare due to stigma

Needs 1,690 more providers to match urban access (70% increase)

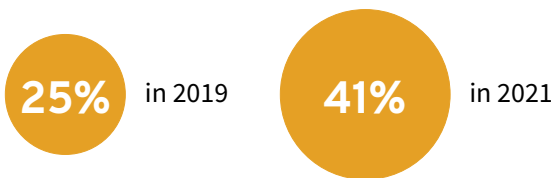
Top factors affecting farmers' and farm workers' mental health

- 80%** Financial issues
- 82%** Weather or other factors beyond their control
- 80%** State of the farm economy



61% of farmers/farm workers reported experiencing more mental health challenges than they had the previous year (52% of rural adults)

Farmers and farm workers seeking mental healthcare has increased from 2019 to 2021



Top barriers for farmers and farm workers seeking mental health treatment

- 73%** Cost
- 69%** Availability
- 61%** Stigma
- 56%** Embarrassment

Both stigma and embarrassment have declined by 11% and 7% compared to the 2020, respectively



National suicide rates among working males aged 16-64 per 100,000

32 Noninstitutionalized workers

49.9 Farming, fishing, and forestry

52.1 Farmers and ranchers

63% higher than males in all industries

Oil and Gas

In 2024, Colorado produced almost twice as much crude oil than in 2010, primarily from the increased use of horizontal drilling and hydraulic fracturing technologies. Demand for refined petroleum products in Colorado is about three times more than the state's refining capacity. Several pipelines, primarily from Wyoming, Texas, and Kansas, help supply the Colorado market.



Colorado is the **4th largest oil producing state in the U.S.**

The state has 2% of the nation's economically recoverable crude oil reserves

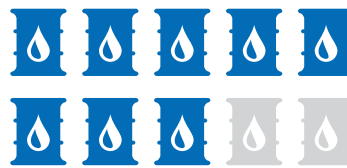
Colorado's total value of oil and gas production in 2024 was **\$14.9 billion**



Colorado oil is worth **2.5X** more than natural gas



170.3 million barrels of crude oil in 2024



8 out of 10 barrels of crude oil produced in Colorado come from Weld county

An increase of **↑10.9%** from 2021



Rural Colorado accounted for only **4%** of crude oil production in the state in 2024



192.2 million barrels peak in 2019



2024 production in Colorado was **1.8X higher** compared to a decade ago

Rural counties with the highest production by barrel

3.0M
Rio Blanco

4th
largest producer

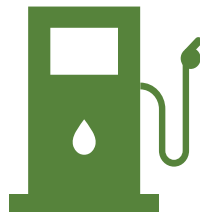
966,241
Garfield

6th
largest producer

784,205
Jackson

8th
largest producer

Nationwide, Colorado is the **8th largest in both natural gas reserves and production**



Accounting for **3%** of the U.S. total reserve



36.3% of natural gas and coalbed methane gas production came from rural Colorado

Besides Weld County, the largest producers in 2024 were in rural CO

334,157,923 MCF

Garfield

195,071,993 MCF

La Plata

50,623,712 MAF

Rio Blanco

Renewable Energy



43%

of Colorado's total electricity generation was from renewable sources in 2024, an all time record

The largest shares

67%
wind power

27%
solar

6%
hydroelectric



↑155%

increase in renewable electricity generation since 2014

Driven mainly by wind generation (+139%)



Colorado ranked 14th among all states

in utility-scale solar power-generating capacity (2024)

Utility-scale solar power generation has experienced dramatic growth



29% of Colorado's

total electricity generation was from wind power in 2024



Colorado ranks

7th in the U.S. in installed wind power capacity



~11% of Colorado's electricity generation in 2024

228% increase since 2020

COLORADO MINING

2024 Electricity net generation



27%

Coal-fired power plants

↓ down from 60% in 2014



29%

Natural gas



43%

Renewable resources



7 coal mines

operated in 2023



\$545 million
coal sold

by Colorado mines in 2023

↓ 27% from 2022



1,292 employees

in the coal mining industry in 2023

In 2022, Colorado was the



Largest producer of molybdenum

3rd largest producer of gold



The combined production value was about \$915 million

3.3% decrease

in Colorado's coal production from 2022 to 2023



~50% decrease

since 2014, falling from 24M to 12.4M short tons



9.3 million tons

of coal were shipped domestically from Colorado

Appendix



Table of Contents

Facilities and Providers 101

Hospitals and Certified RHCs | Distance to Nearest Hospital | ICU beds | FQHCs | Primary Care Sites | Behavioral Health facilities | Medication Assisted Treatment | Oral Health facilities | Nursing Homes | Home Health | EMS providers | EMS deserts | Physicians per 100,000 | Advanced Practice Providers per 100,000 | Nurses per 100,000 | Primary Care HPSA | Mental Health HPSA | Dental Health HPSA

People 107

Population | Births | Deaths | Migration | Population 65+ | Population Under 18 | Race/Ethnicity Maps | New Americans | English as Non-Primary Home Language | Veterans | Projected Population Change by 2035

Education and Broadband 118

Four-Year Highschool Graduation Rate | Bachelor's Degree or Higher | Average Teacher Salary | County Average Per Pupil Funding | No Access to 25-3 Broadband | No Access to 100-20 Broadband | Travel 60 Minutes+ to Work

Jobs, Income, Housing, and Food 121

Median Household Income | Poverty Rate | Unemployment Rate | Projected Job Change by 2030 | Housing Unit Growth since 2018 | Median Home Price | Spending 35%+ of Income on Housing | Food Environment Index Map | Food Insecurity | Limited Access to Healthy Foods | SNAP Coverage | Average Cost of a Meal (1 person)

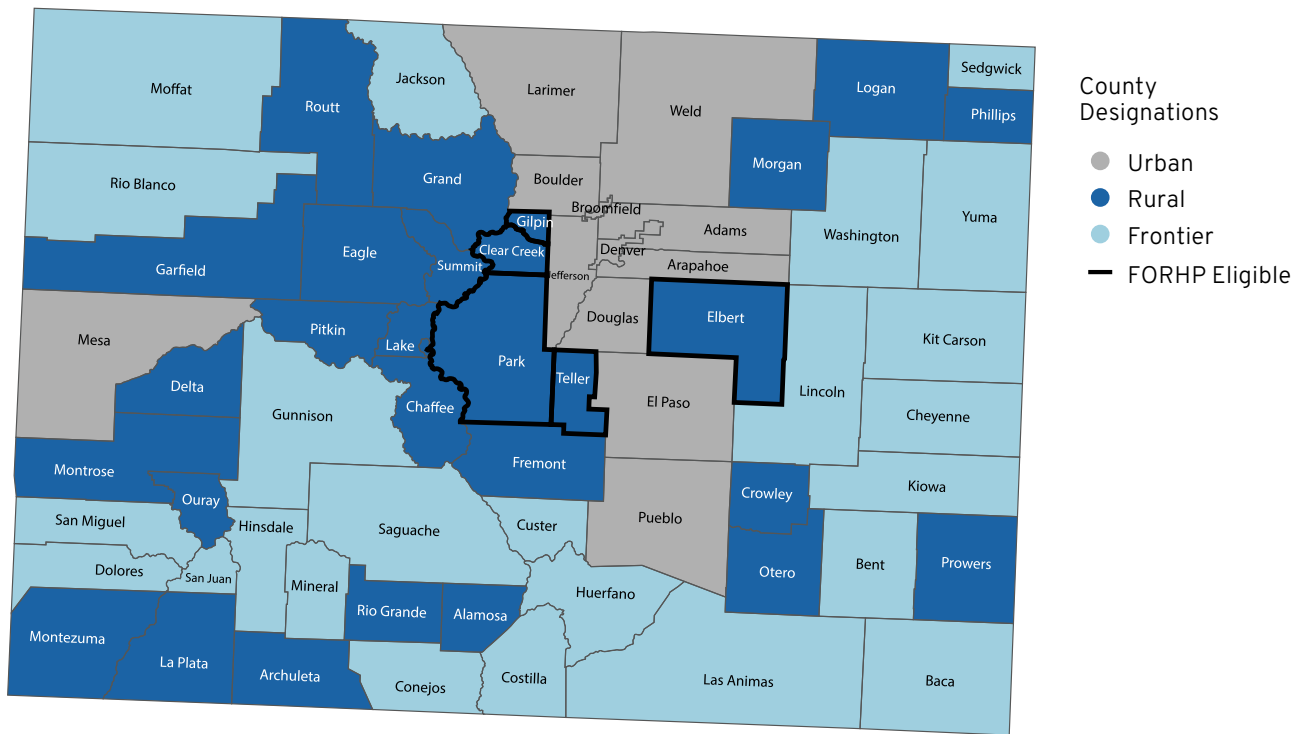
Healthcare Coverage 128

Medicaid (including CHP+) | Medicaid Over 21 | Medicaid Under 20 | Medicare | Medicare and Medicaid | Medicare Advantage Penetration | Commercial | Expiring Premium Tax Credits Projection | Uninsured Under 65 | Dental Coverage

Health Outcomes and Factors 133

Life Expectancy | Visited a Dentist or Dental Clinic | Fair or Poor Oral Health | Visited a Doctor for Preventative Care | Inadequate Prenatal Care | Age Adjusted Heart Attack Hospitalizations | Age Adjusted Heart Failure Hospitalizations | Age Adjusted Stroke Hospitalizations | Arthritis | Asthma | Cancer | Colorectal Cancer Screenings | Mammography Screenings | COPD (Chronic Obstructive Pulmonary Disease) | Coronary Heart Disease | High Blood Pressure | High Cholesterol | Cholesterol Screenings | Stroke | Diagnosed Diabetes | Obesity | Current Cigarette Use | Frequent Mental Distress | Depression | Age Adjusted Rate of Mental Health Diagnosed Hospitalizations | Suicide Deaths Ever Treated for a Mental Health Problem | Substance Use Disorder Treatment | High Risk Opioid Prescription Practices

FORHP Eligible Areas



The Federal Office of Rural Health Policy has modified its list of areas eligible for rural health funding. The counties outlined in bold are eligible for FORHP funding and are now considered rural as they are outlying metro counties that do not have an urban area population of 50,000 or more people. The newly adopted designation method designates outlying Metropolitan counties that do not contain any Urbanized Area (UA) population as fully eligible for rural health grants.

RURAL COUNTIES

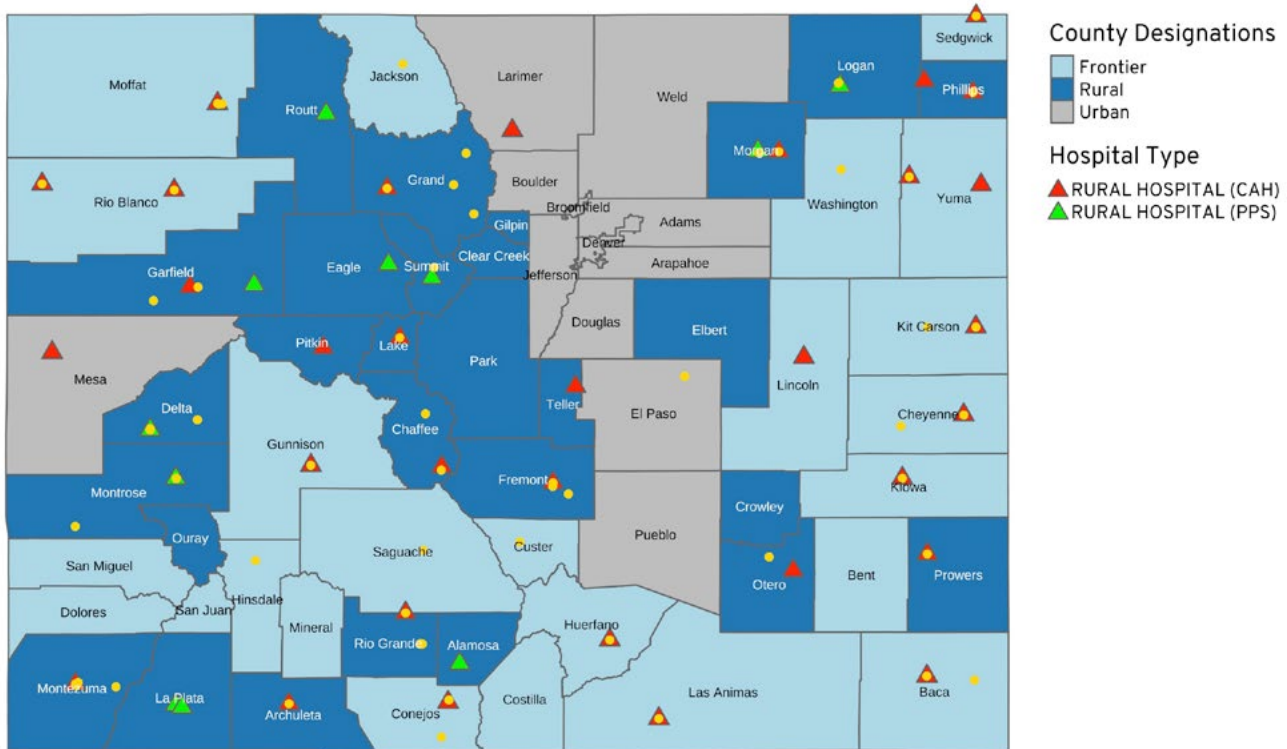
A “rural county” is a county that is located in a nonmetropolitan area in the state that either has no municipality within its territorial boundaries with 50,000 or more permanent residents based upon the most recent population estimates published by the United States Census Bureau or that satisfies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

FRONTIER COUNTIES

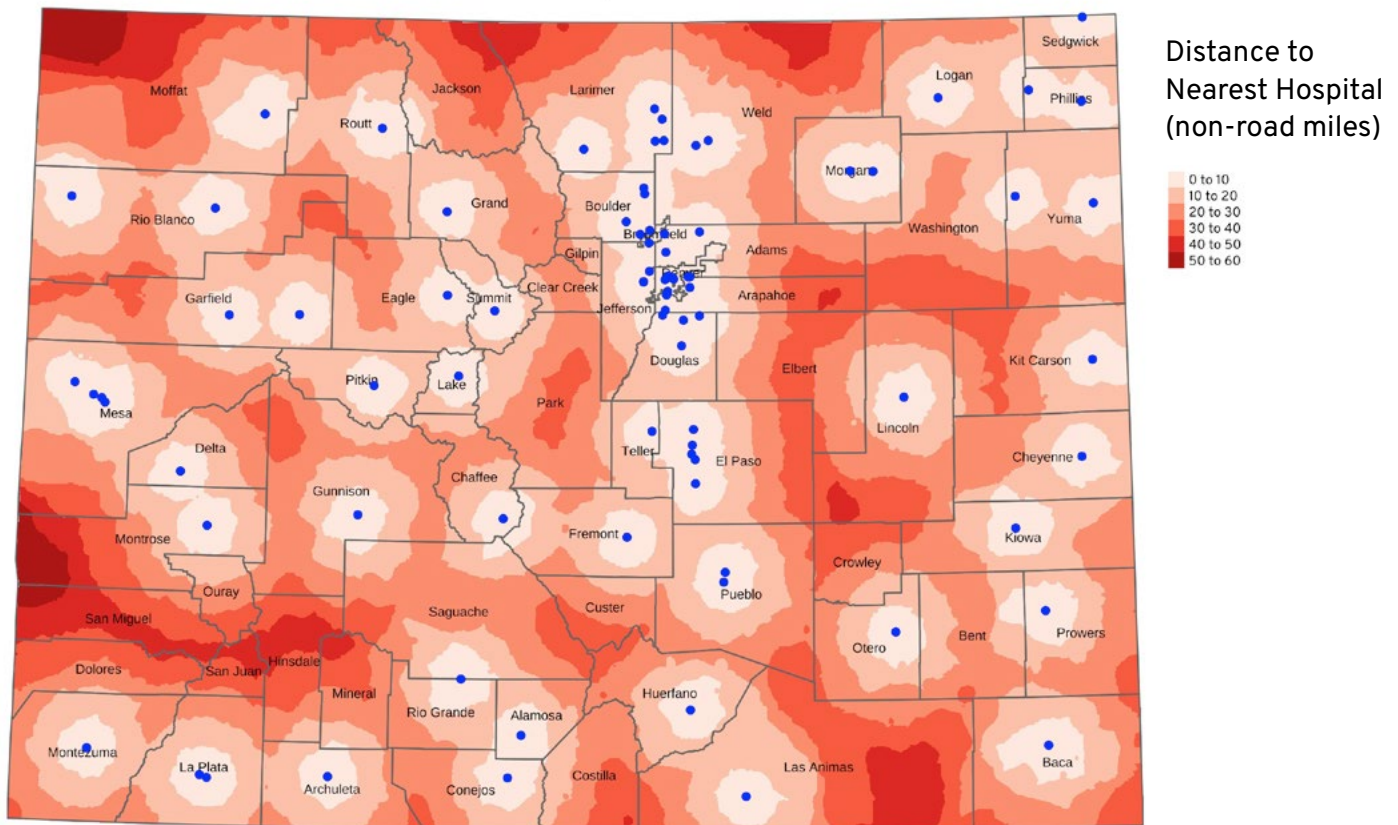
A “frontier county” is a county in the state that has a population density of six or fewer individuals per one square mile.

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

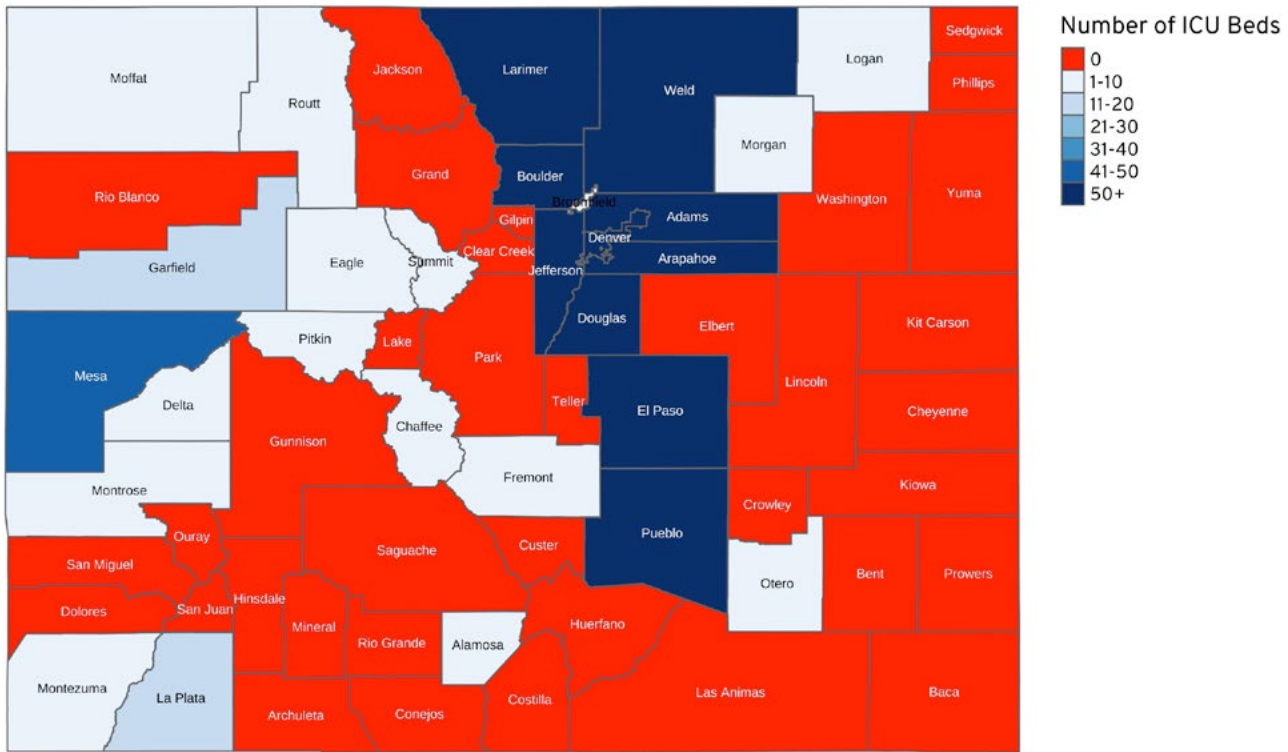
Rural Colorado Hospitals and Certified Rural Health Clinics (RHCs)



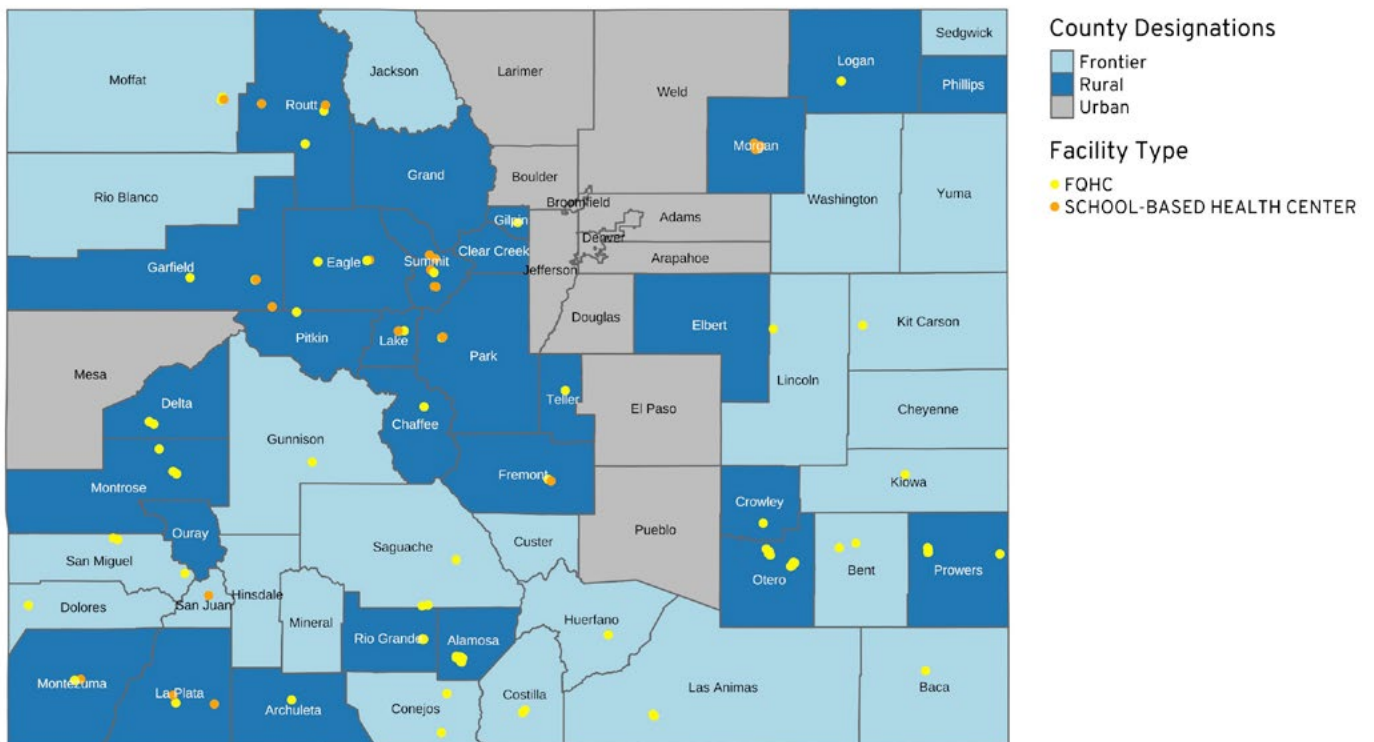
Distance to Nearest Hospital



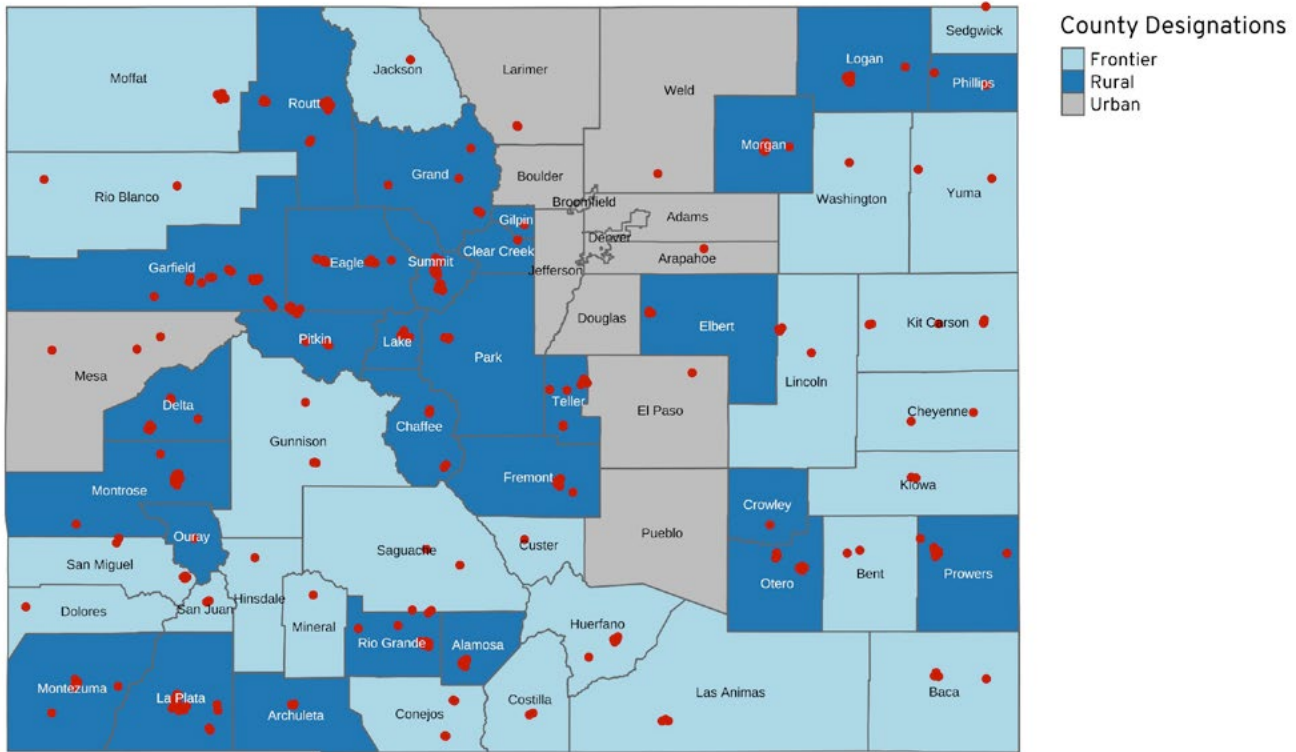
Intensive Care Unit Beds by County



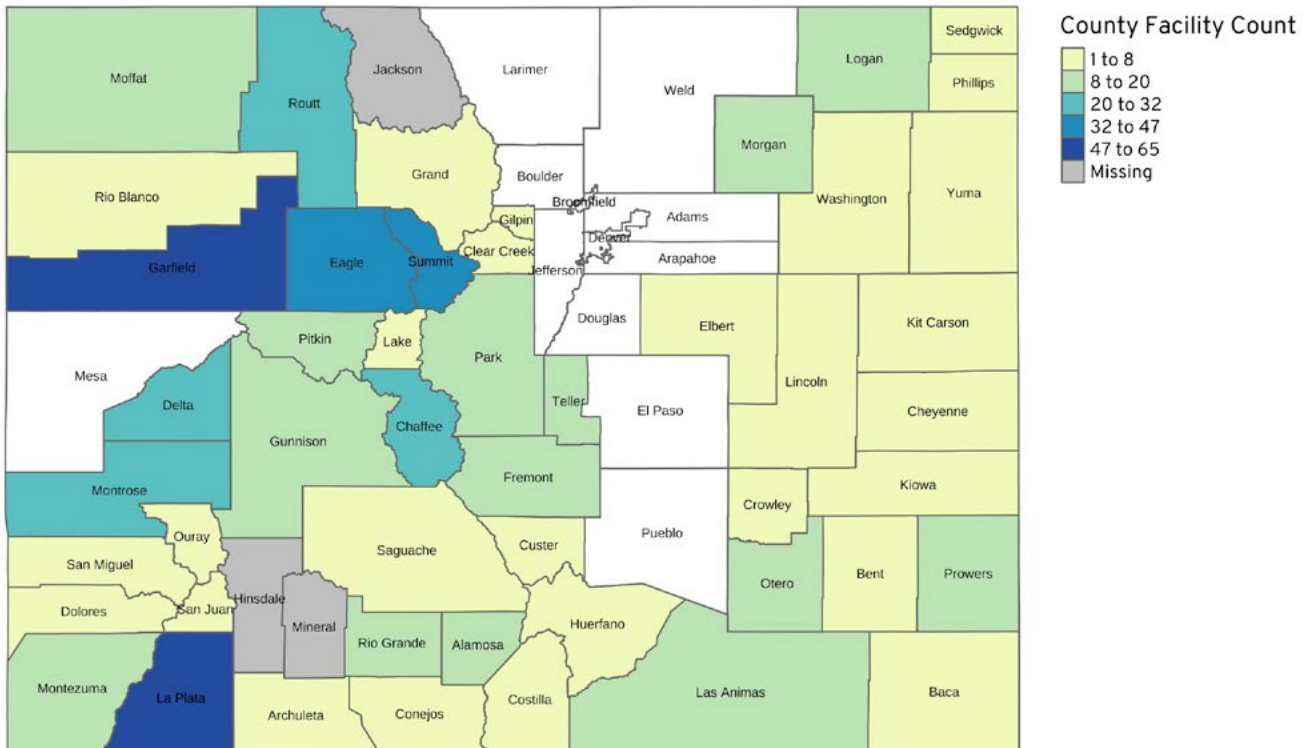
Rural Colorado Federally Qualified Health Centers (FQHCs)



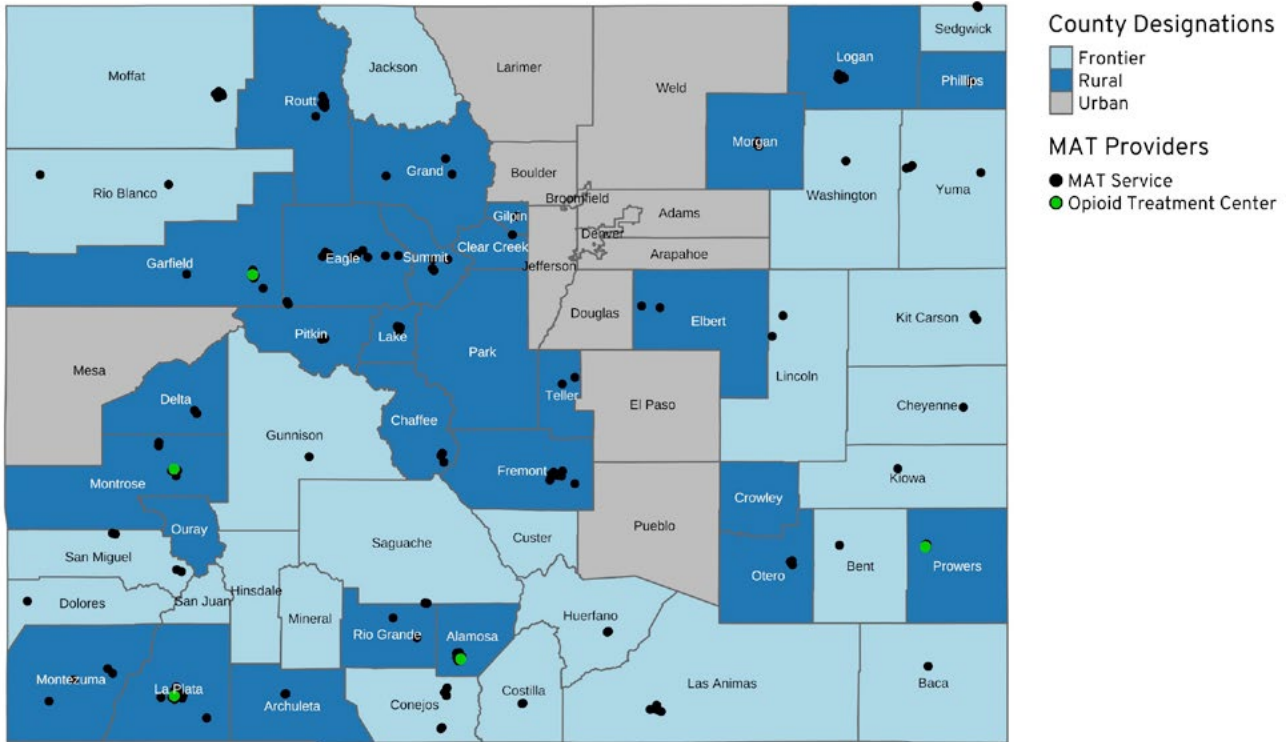
Rural Colorado Primary Care Sites



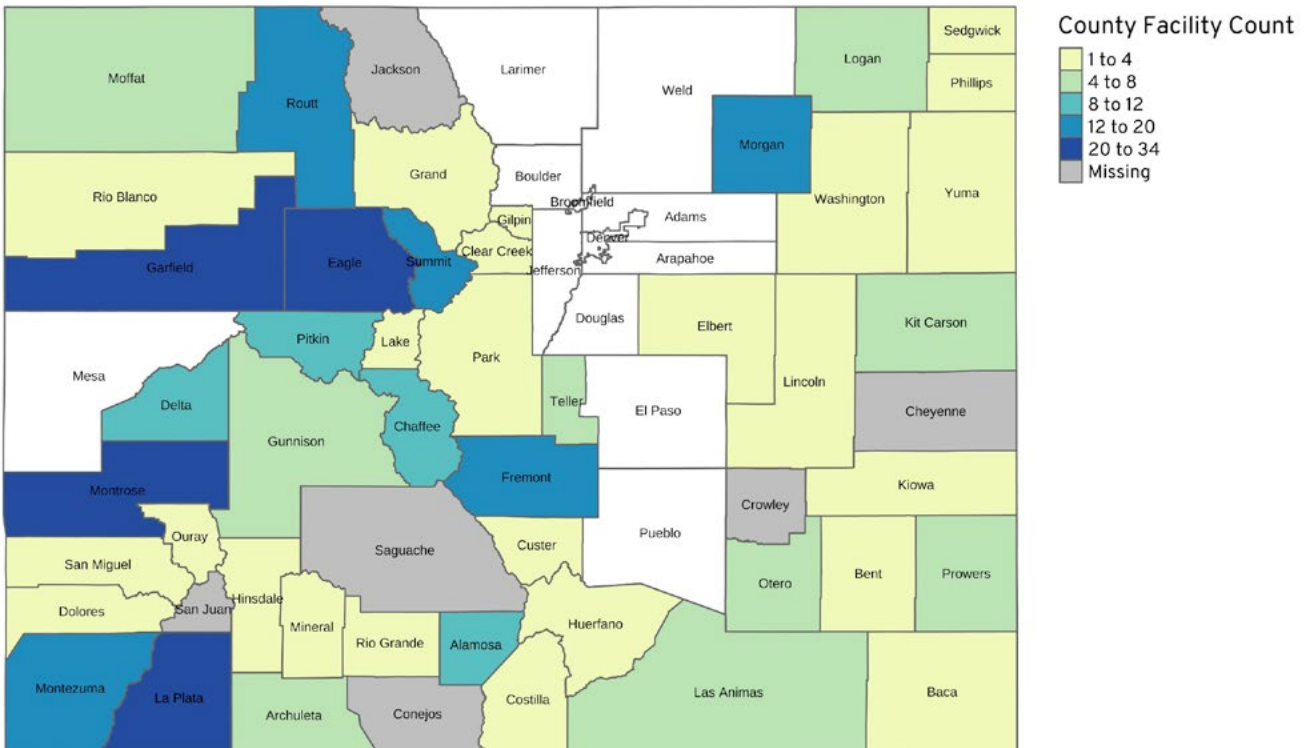
Behavioral Healthcare Facilities in Rural Colorado



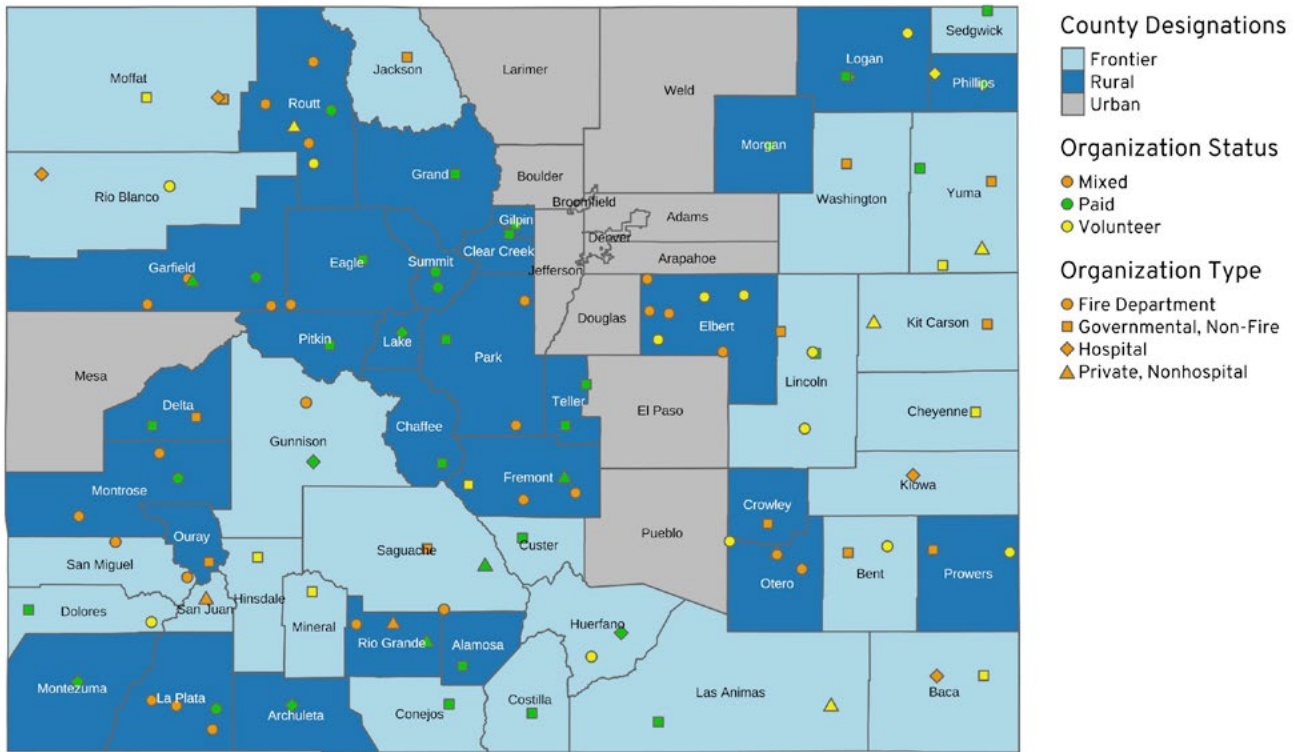
Medication Assisted Treatment (MAT) in Rural Colorado



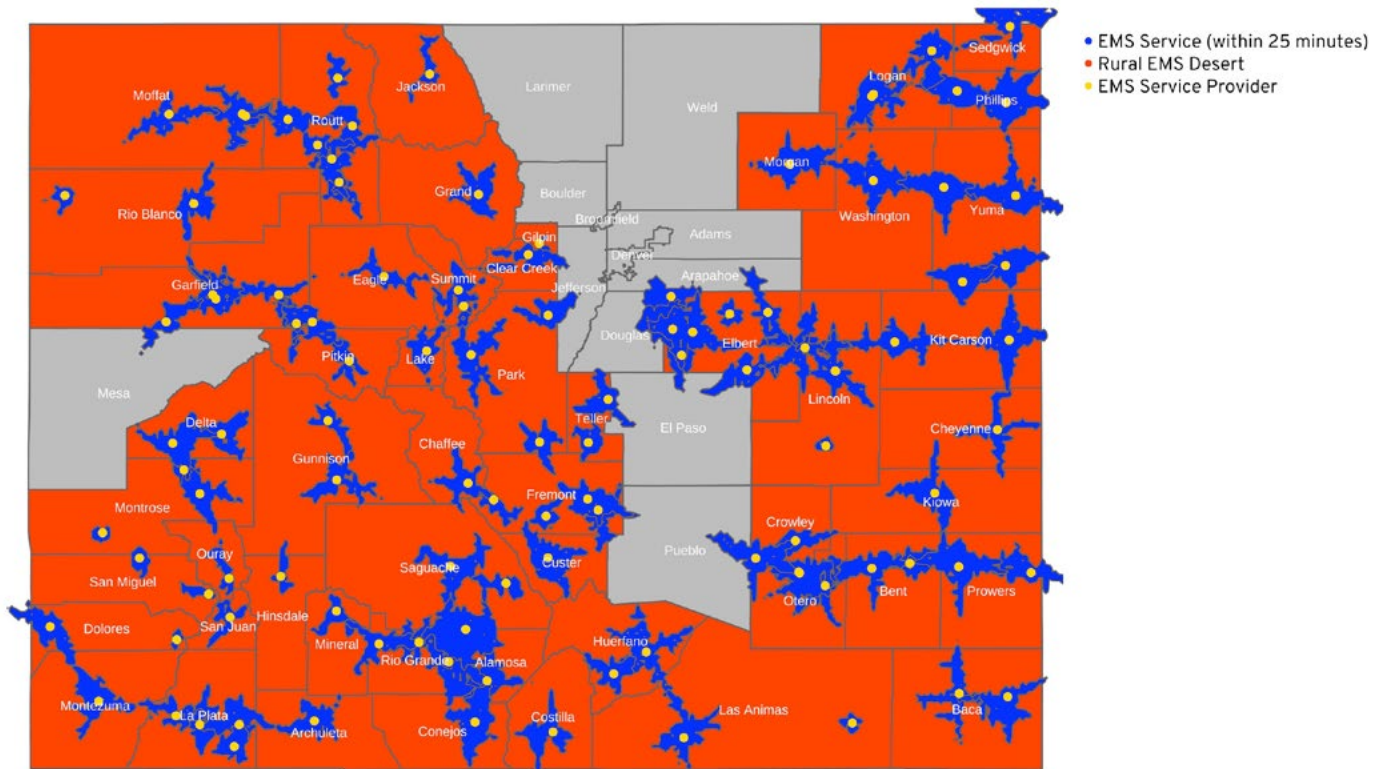
Oral Healthcare Facilities in Rural Colorado



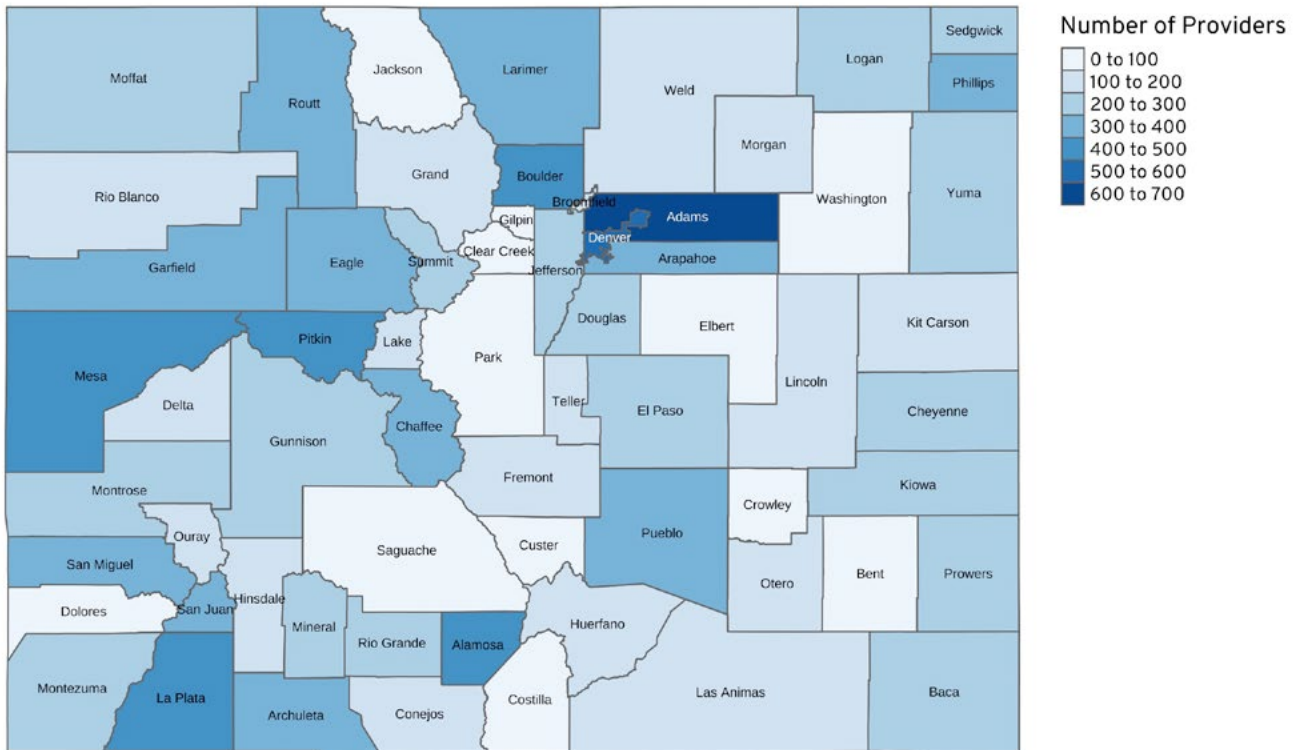
Emergency Service Providers in Rural Colorado



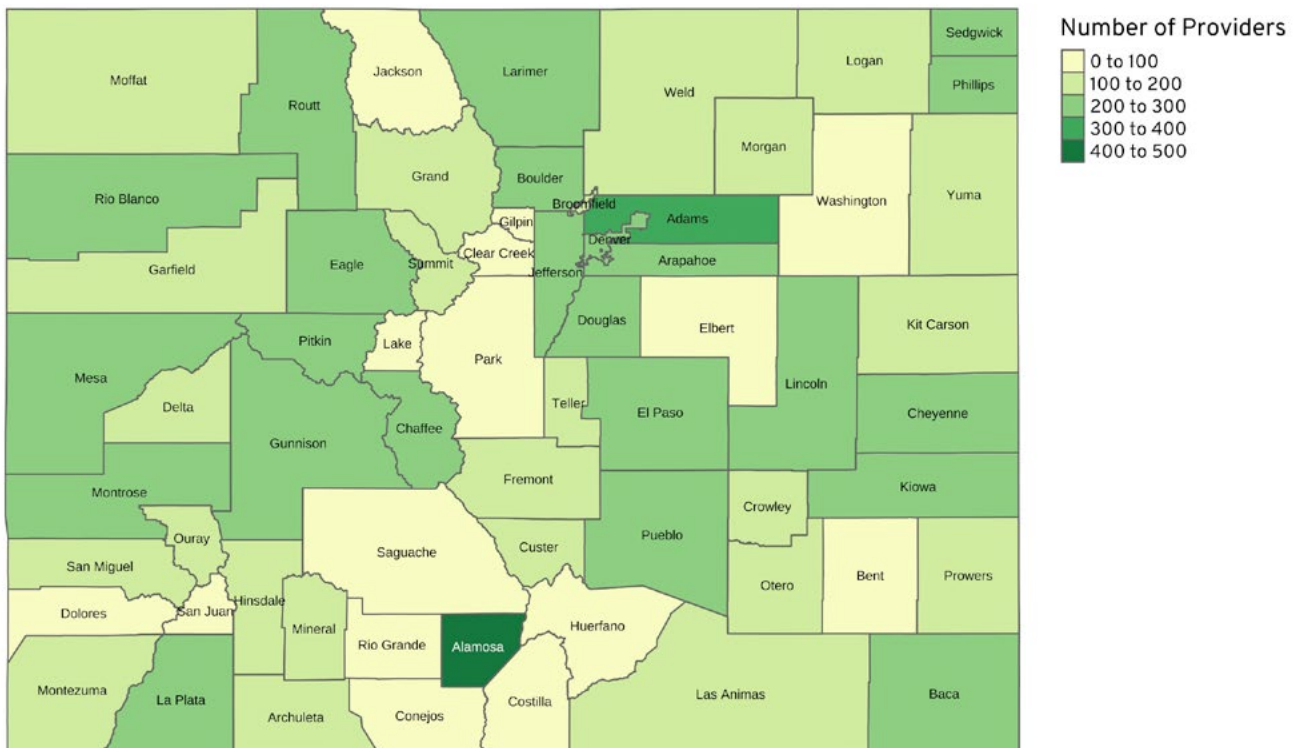
Rural Colorado EMS Deserts



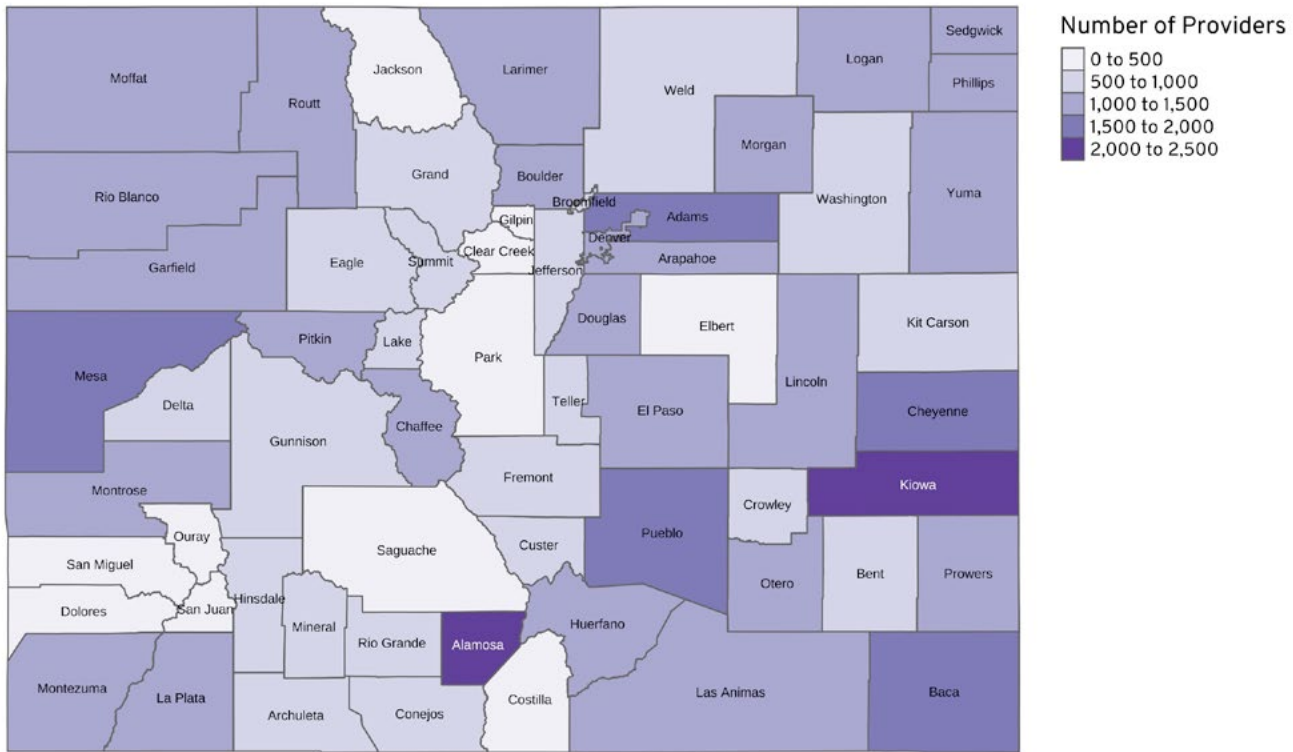
Physicians per 100,000 Population



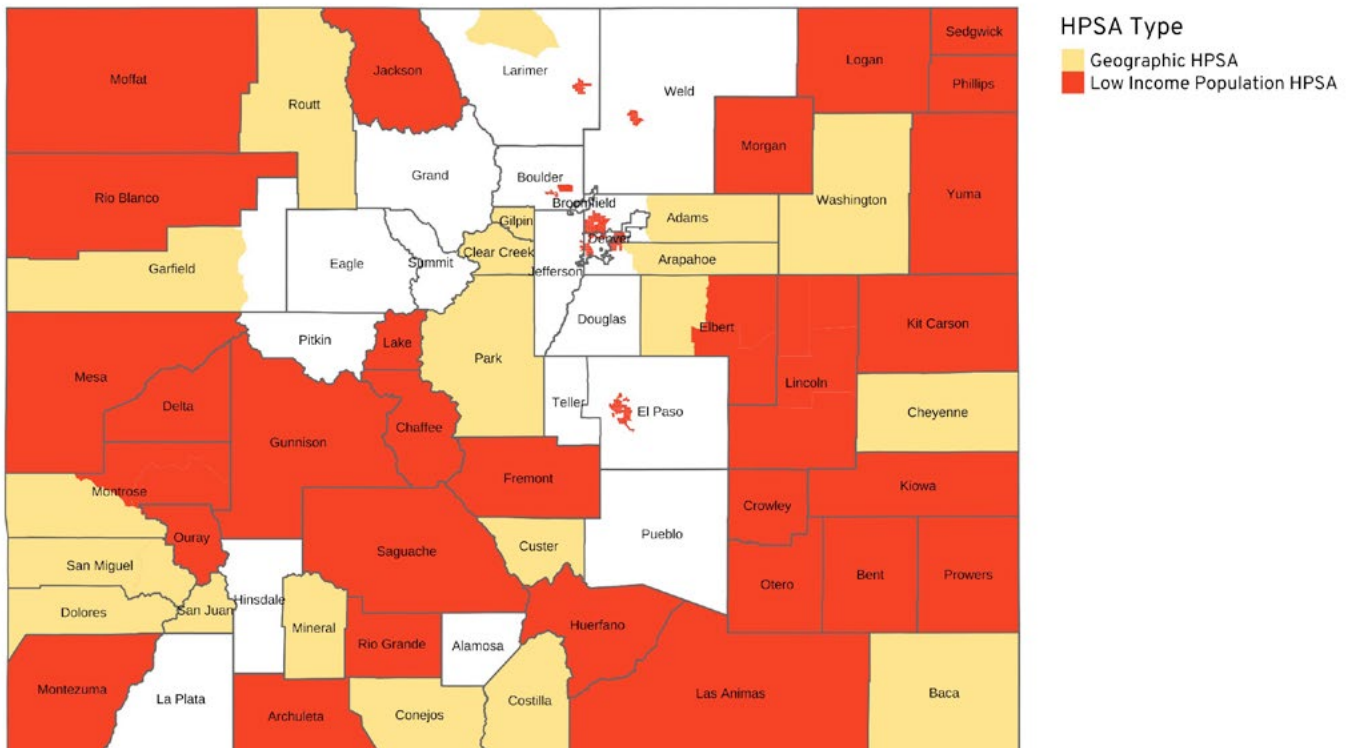
Advanced Practice Providers per 100,000 Population



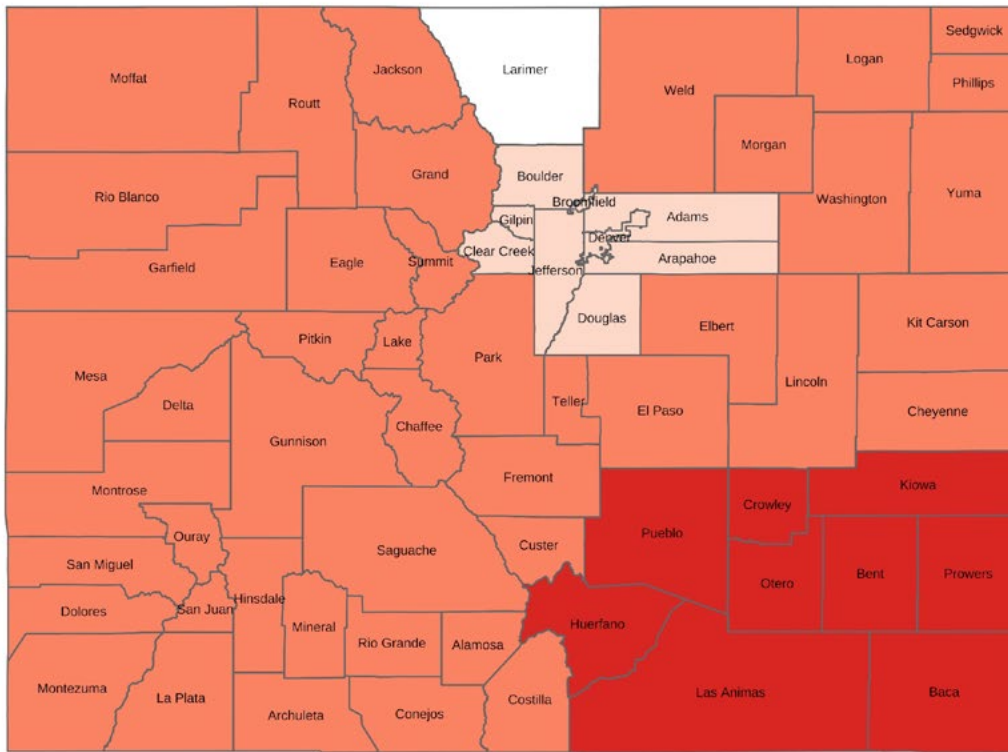
Nurses per 100,000 Population



Primary Care Professional Shortage Areas



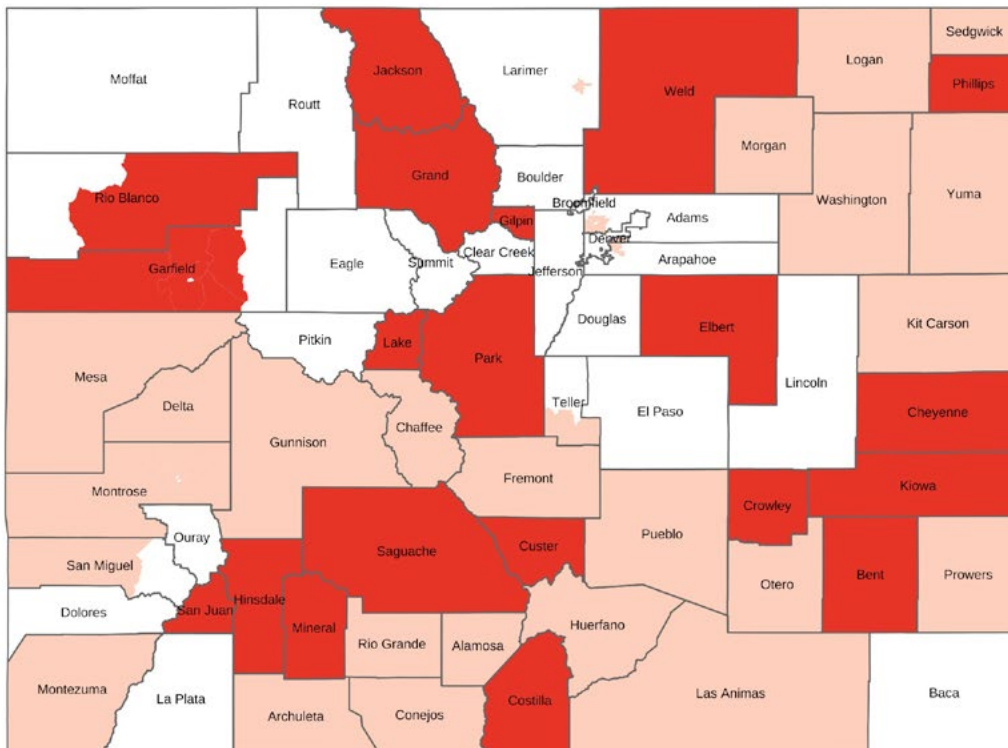
Mental Health Professional Shortage Areas



HPSA Type

- Low Income Population HPSA
- Geographic HPSA
- High Needs Geographic HPSA

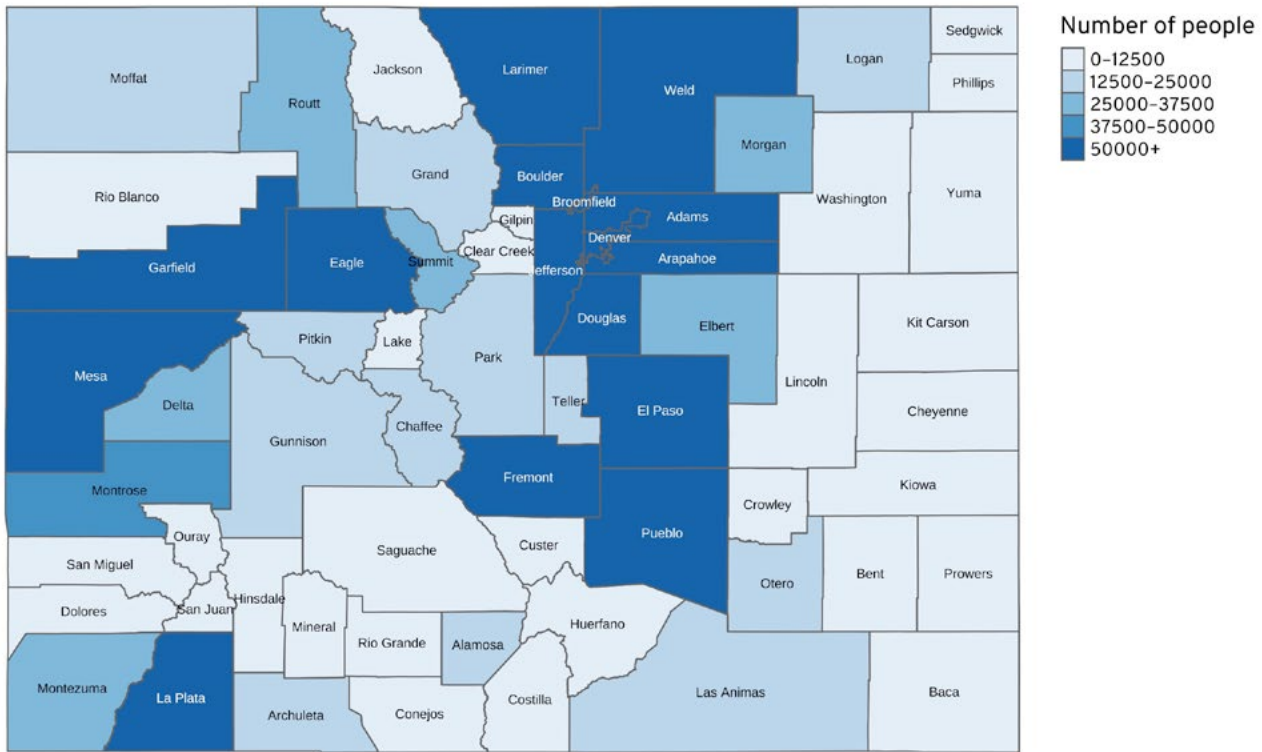
Dental Health Professional Shortage Areas



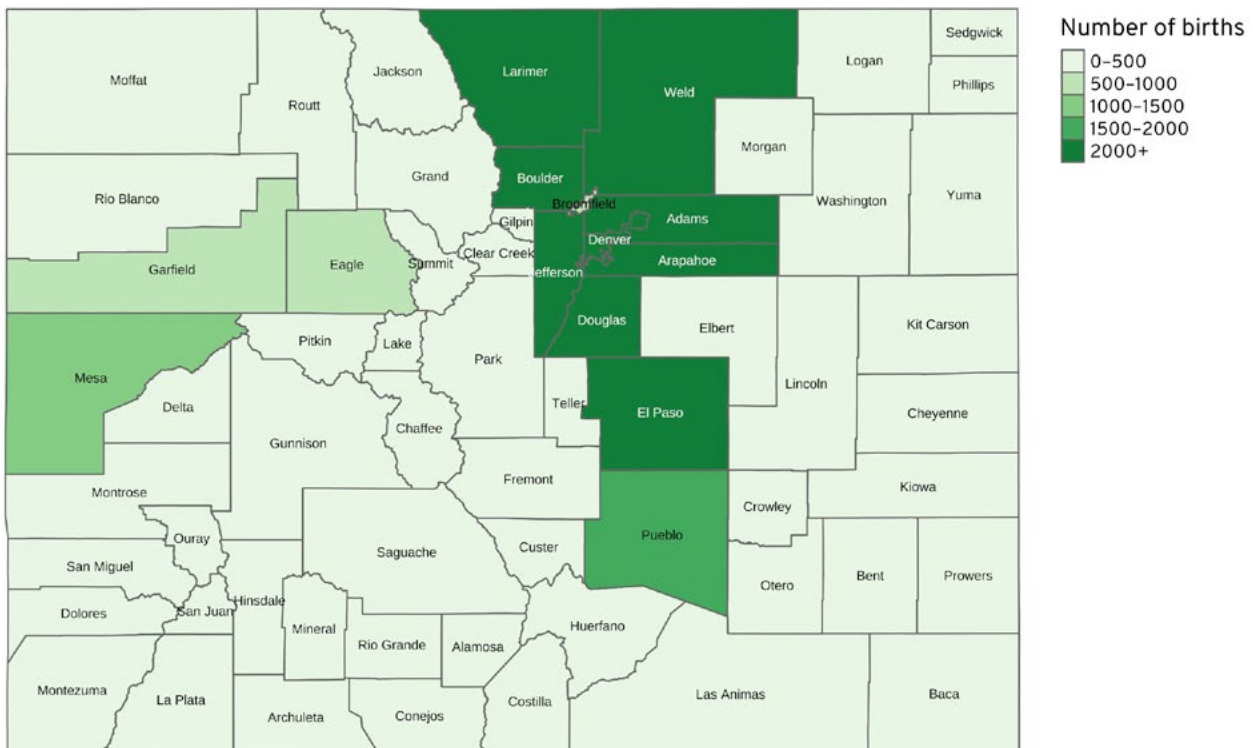
HPSA Type

- Low Income Population HPSA
- Geographic HPSA
- Geographic HPSA

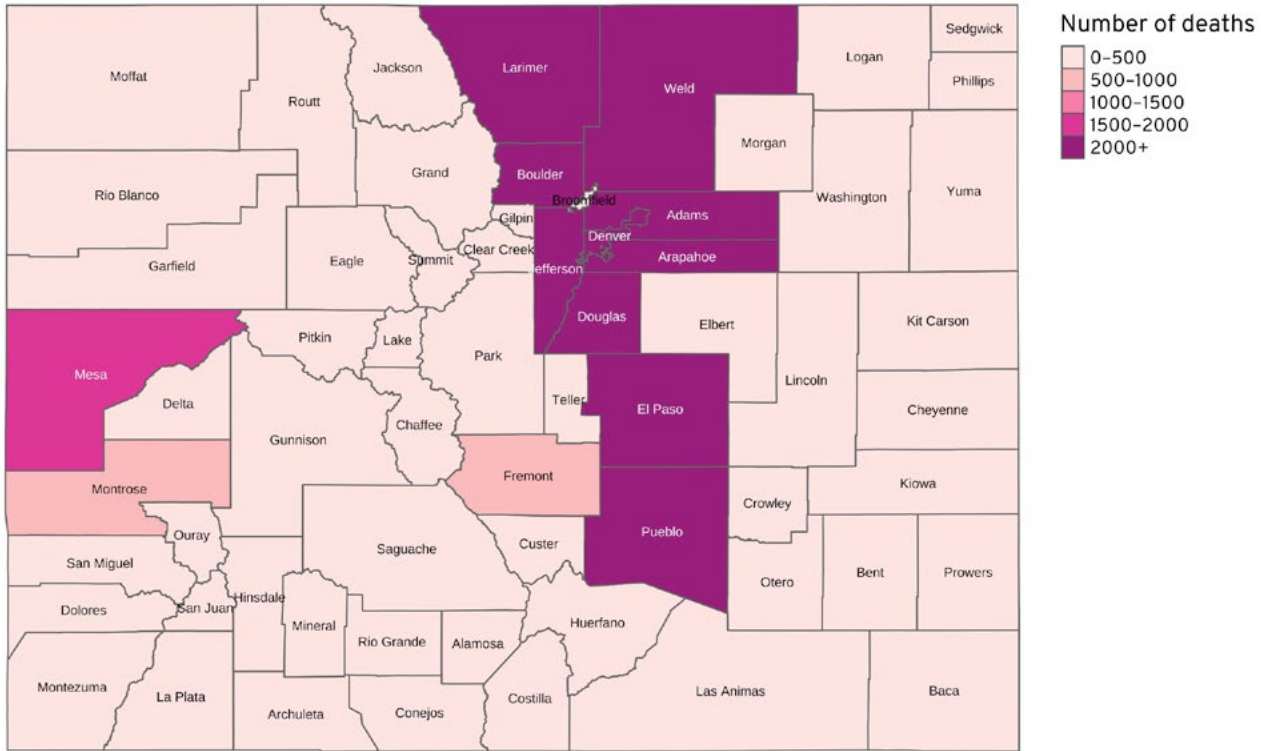
Total Population (2024)



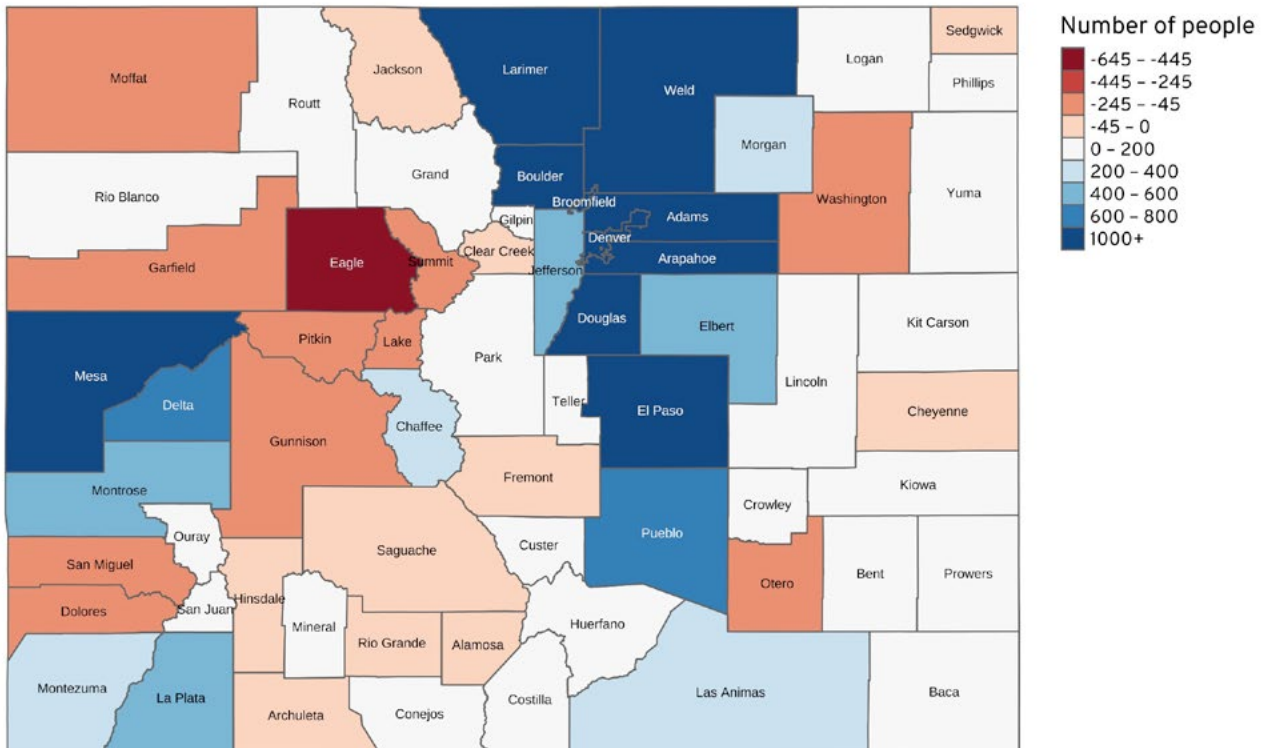
Births (2024)



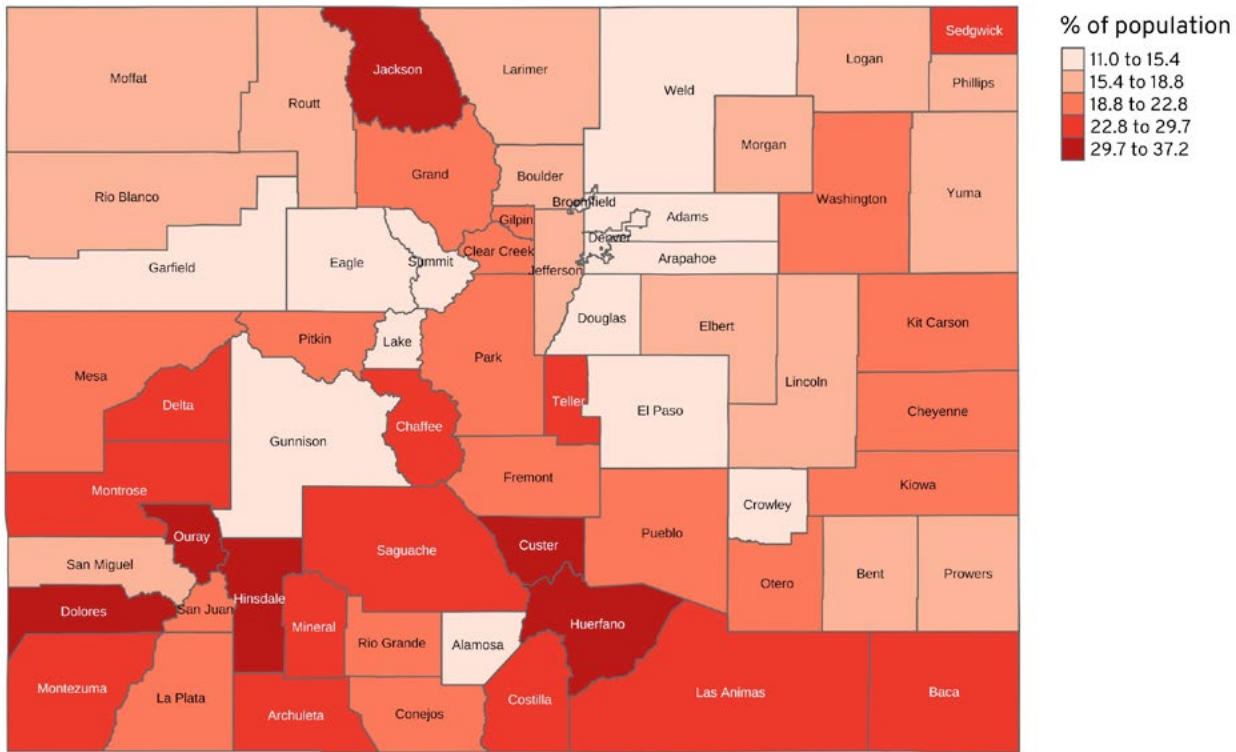
Deaths (2024)



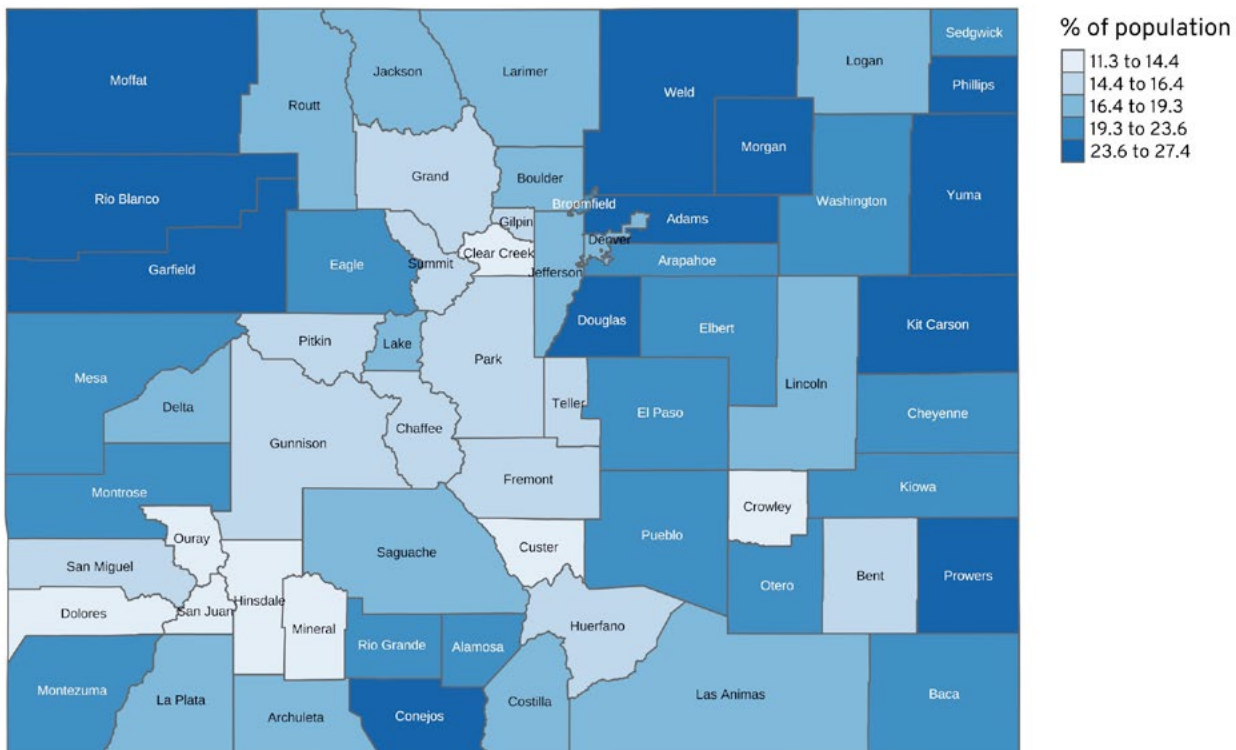
Migration (2024)



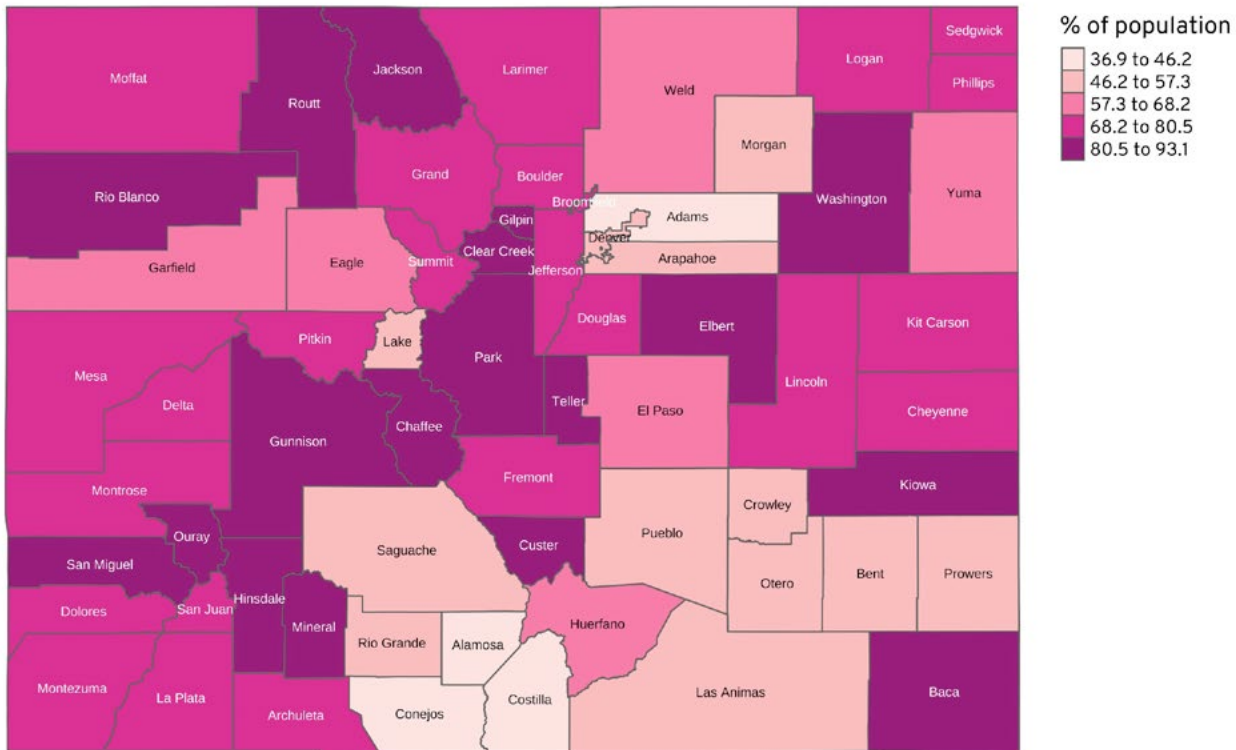
Population 65 or Over



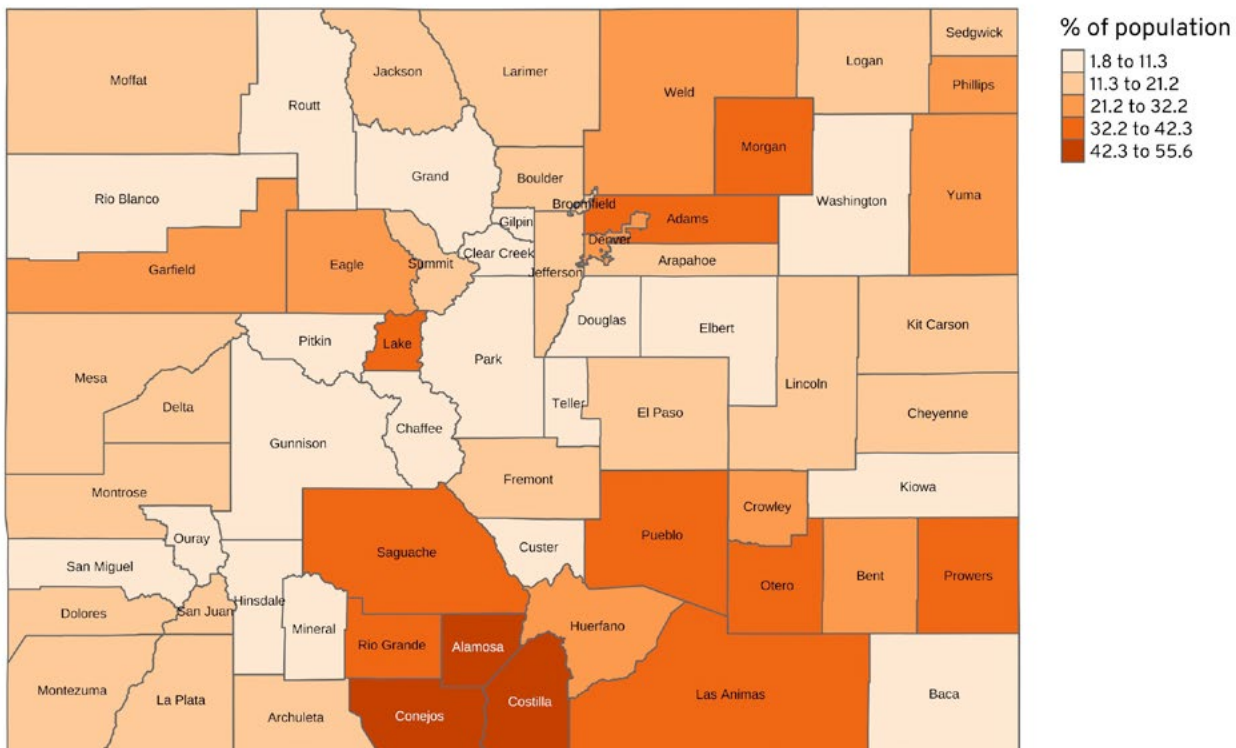
Population Under 18



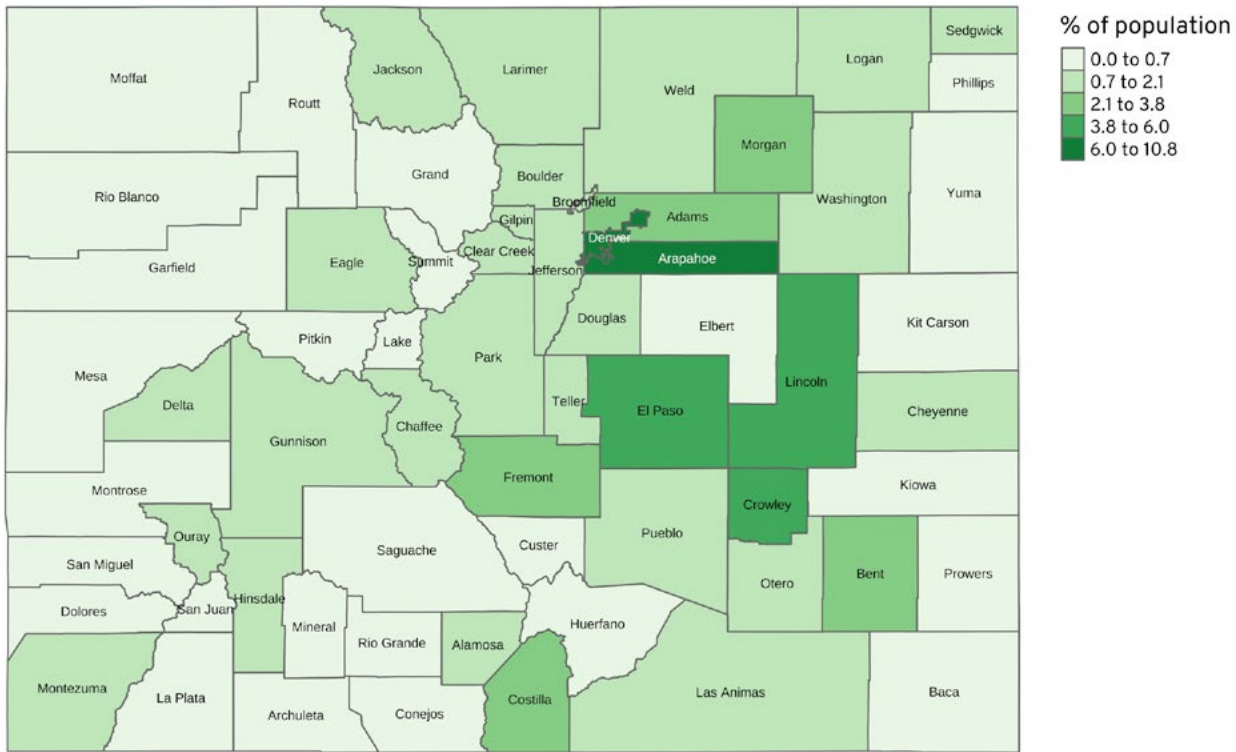
White Non-Hispanic Population



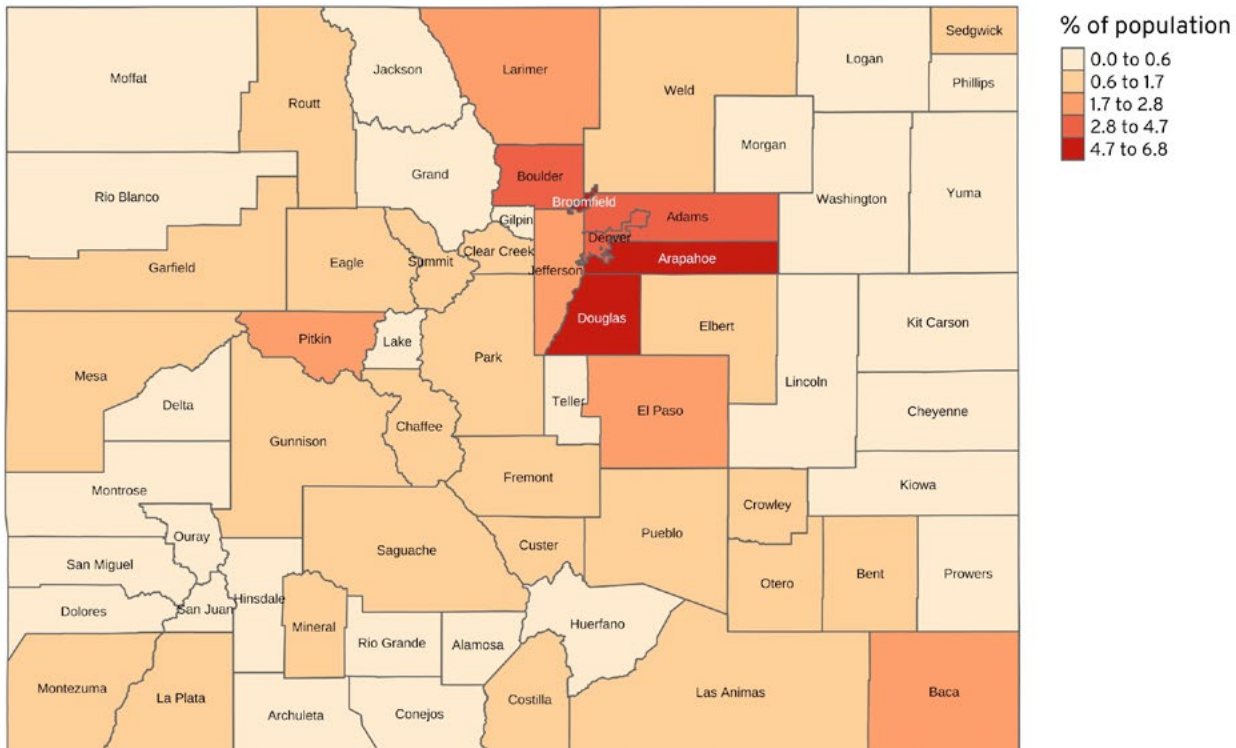
Hispanic Population



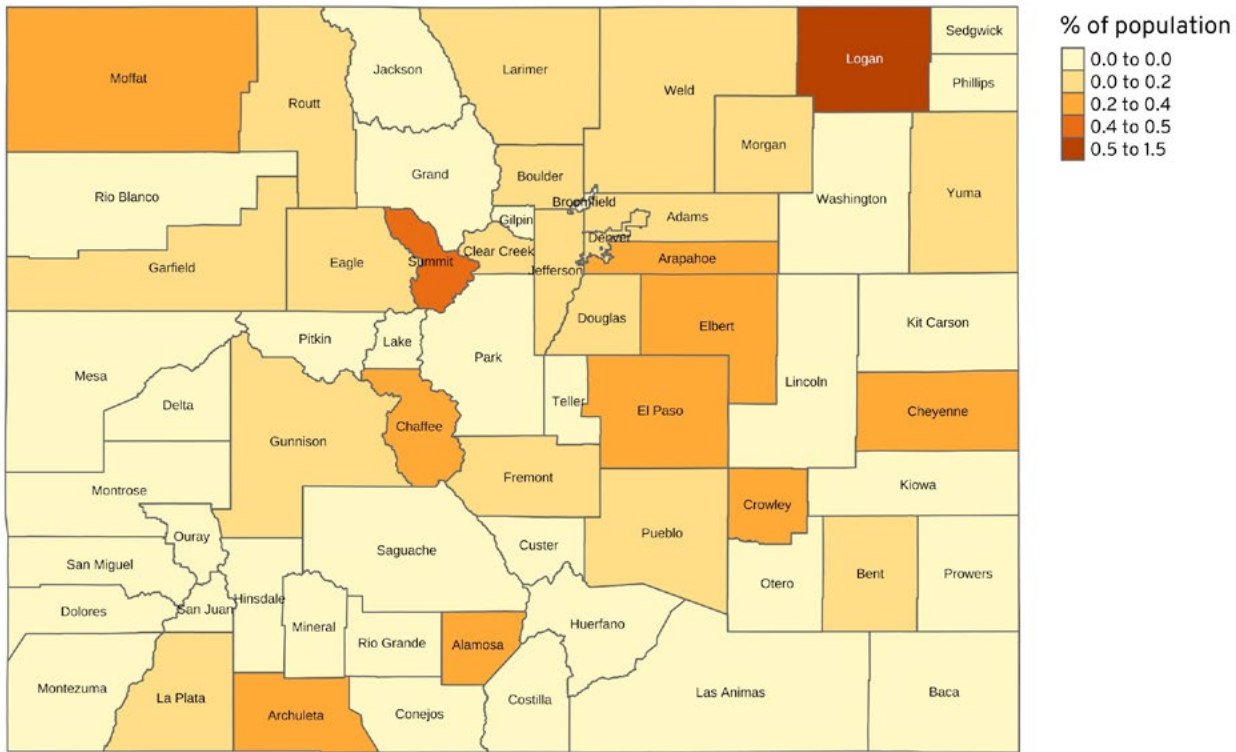
Black or African American Population



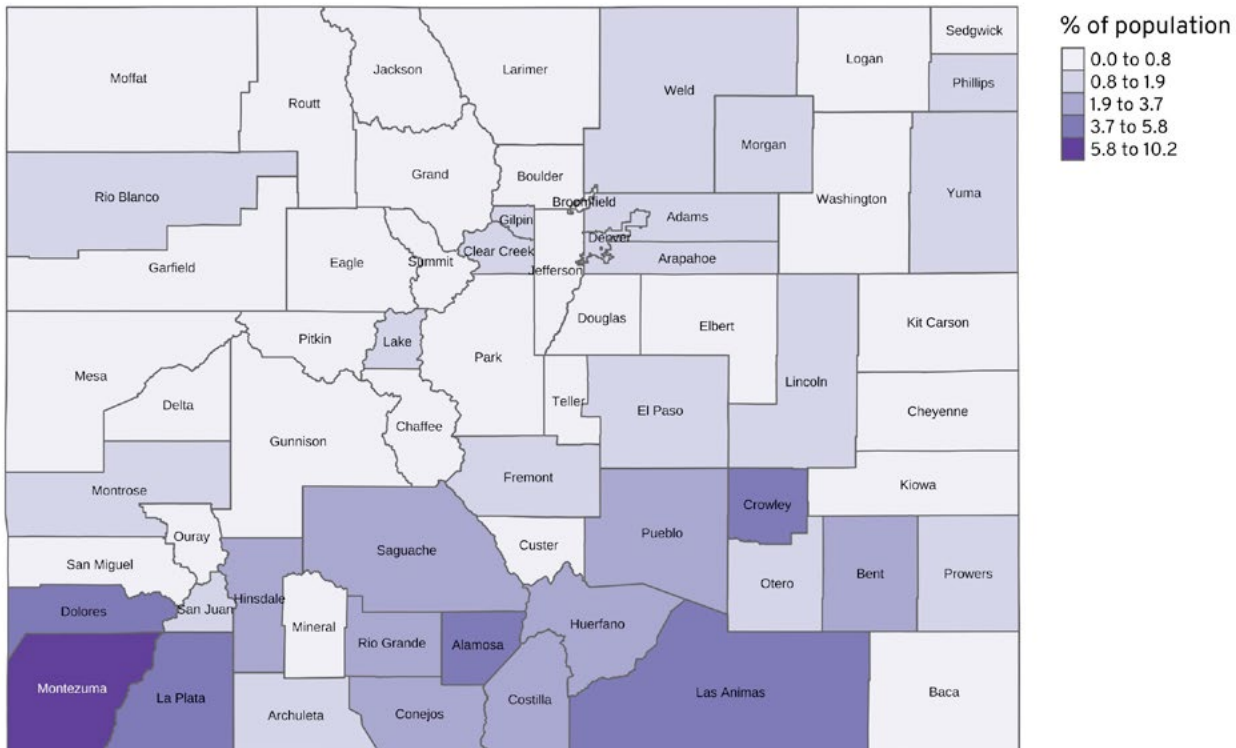
Asian Population



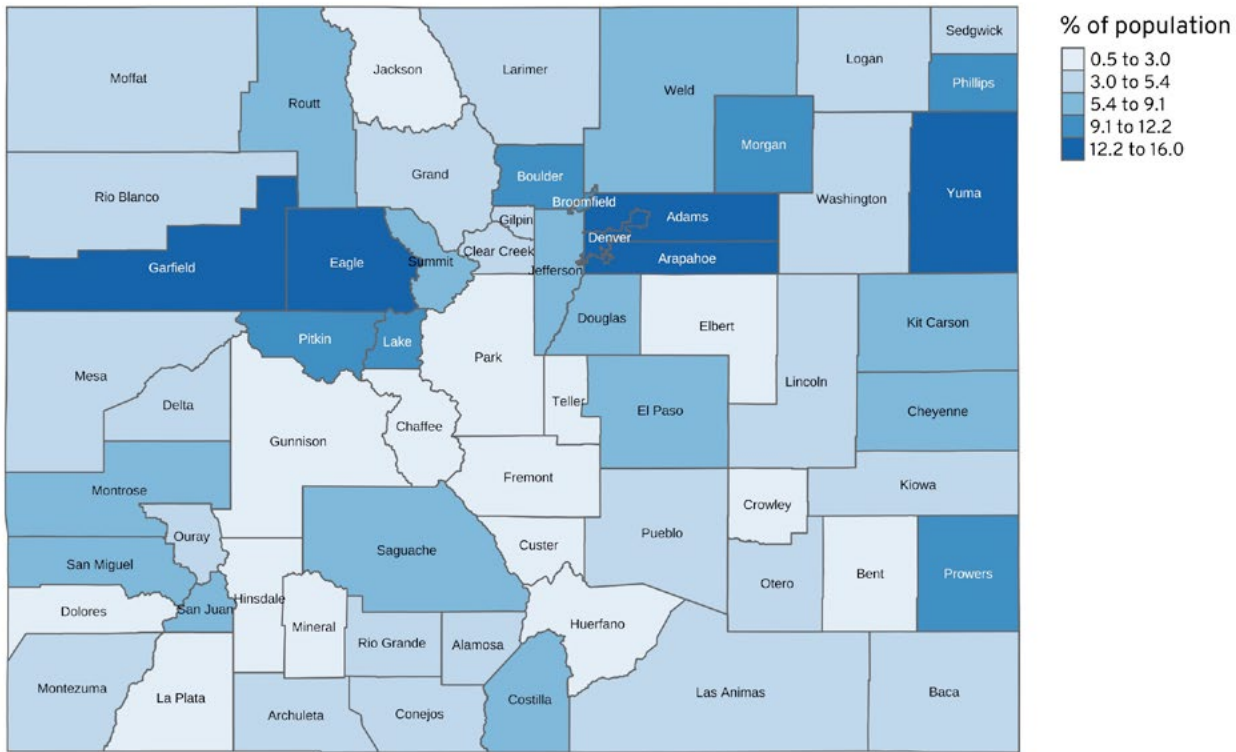
Native Hawaiian & Pacific Islander Population



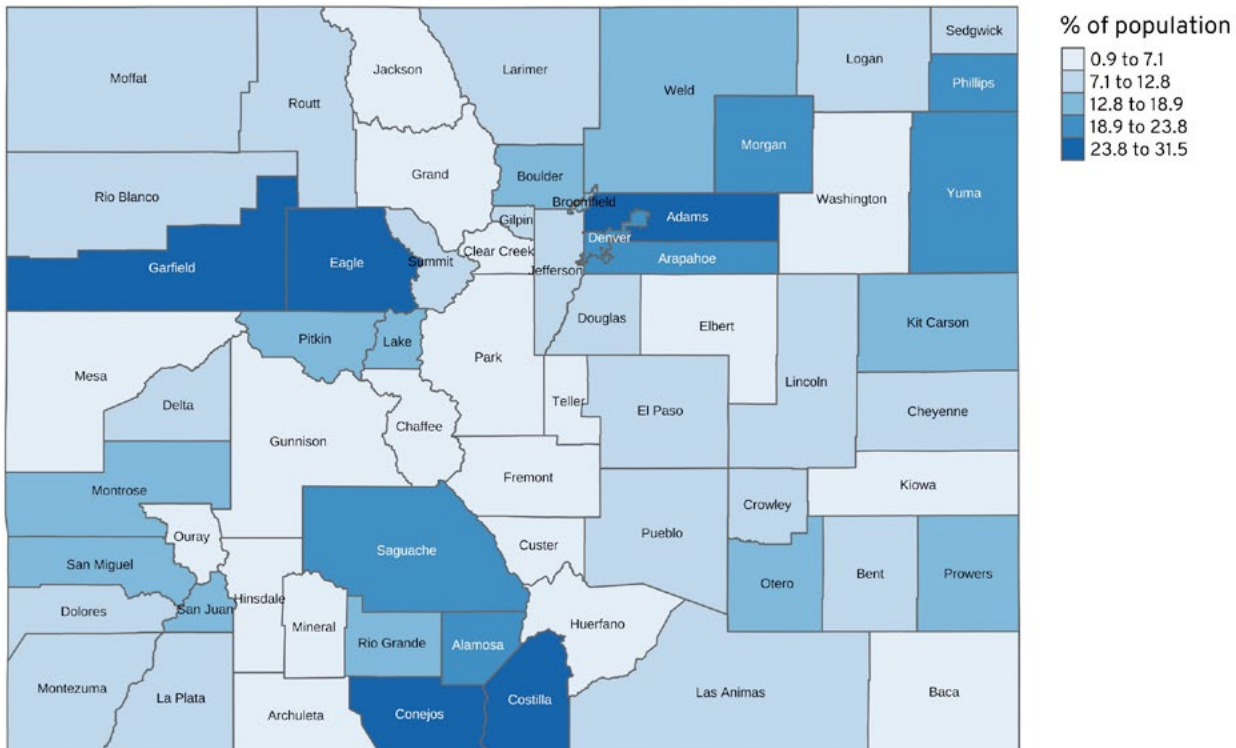
American Indian & Alaska Native Population



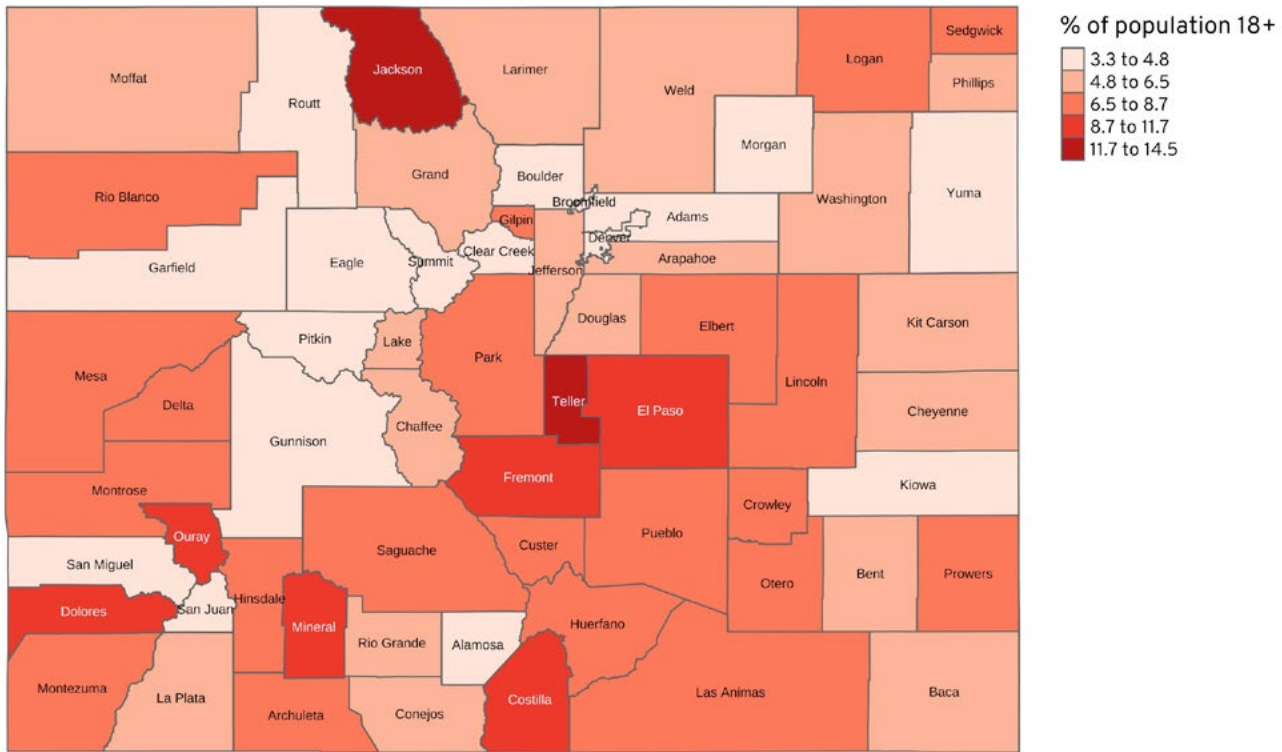
New Americans



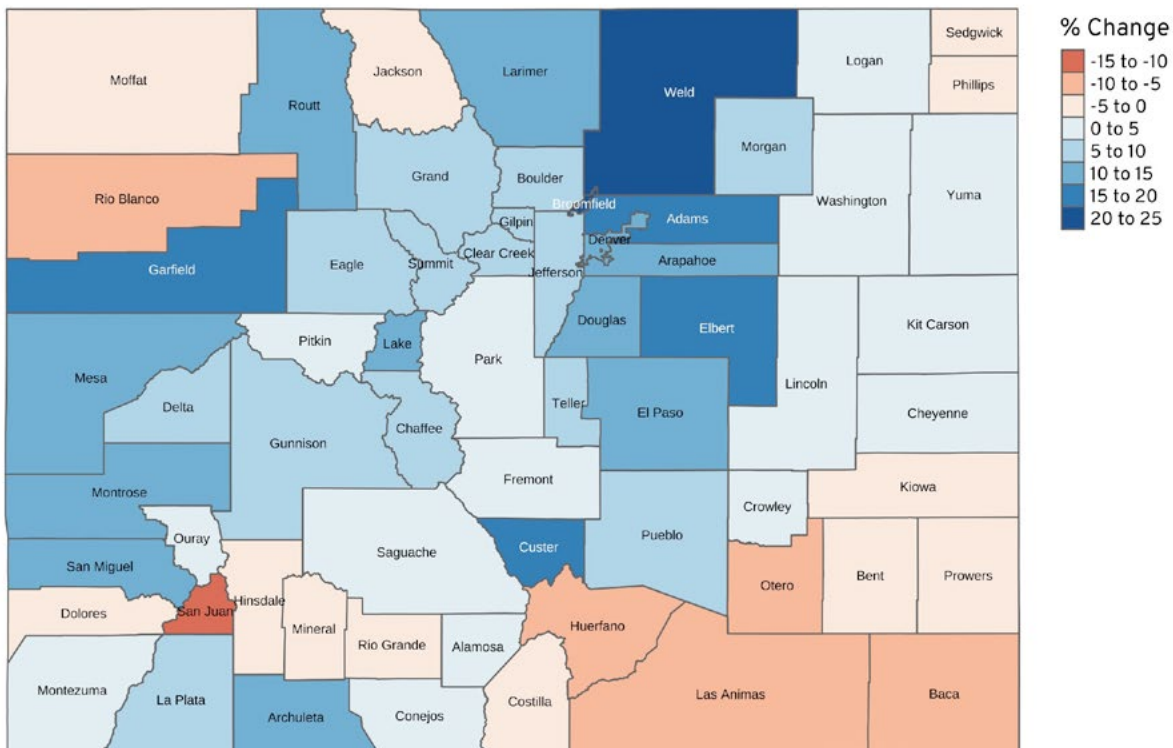
English as Non-Primary Language



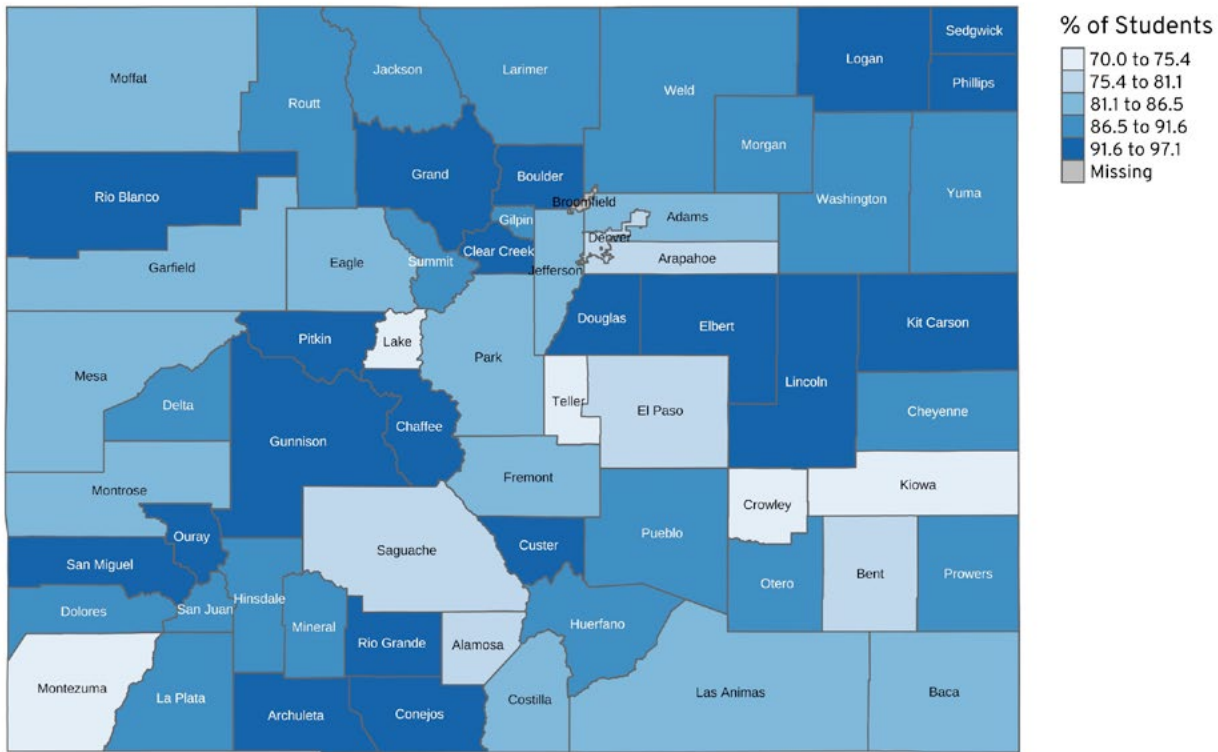
Veterans



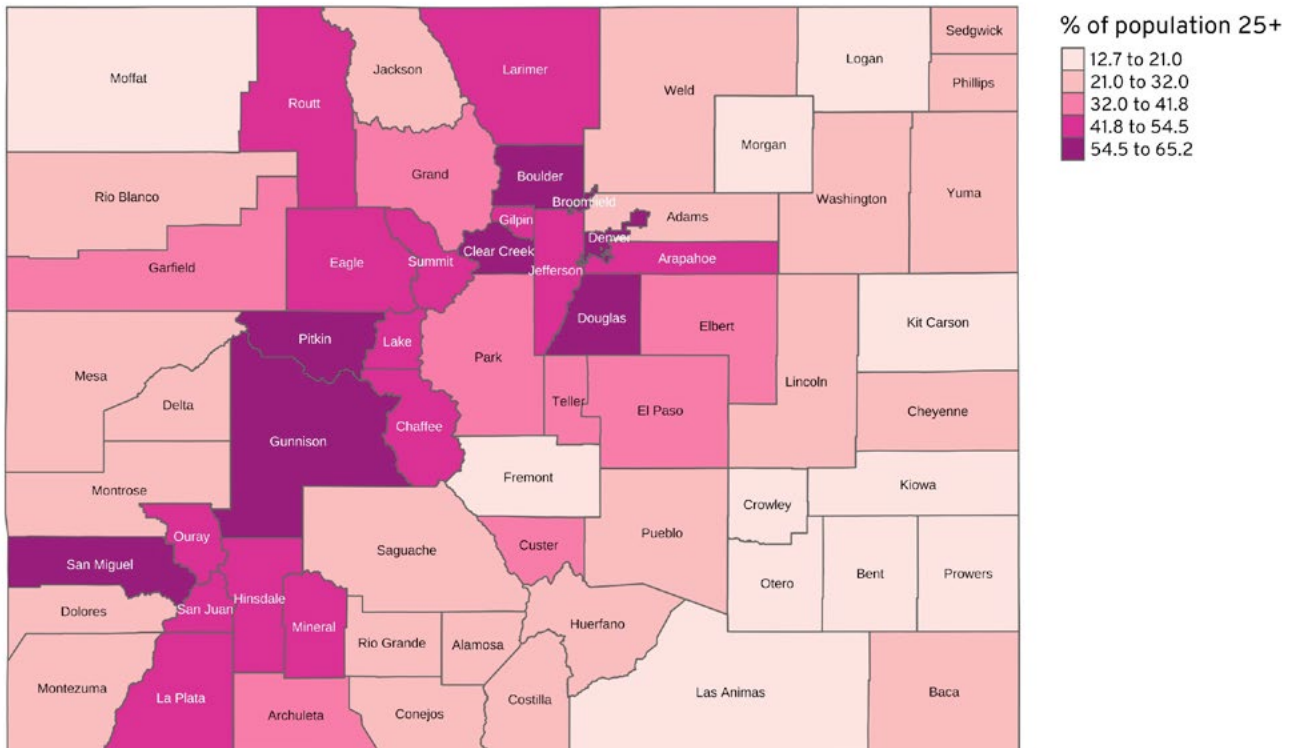
Projected Population Change by 2035



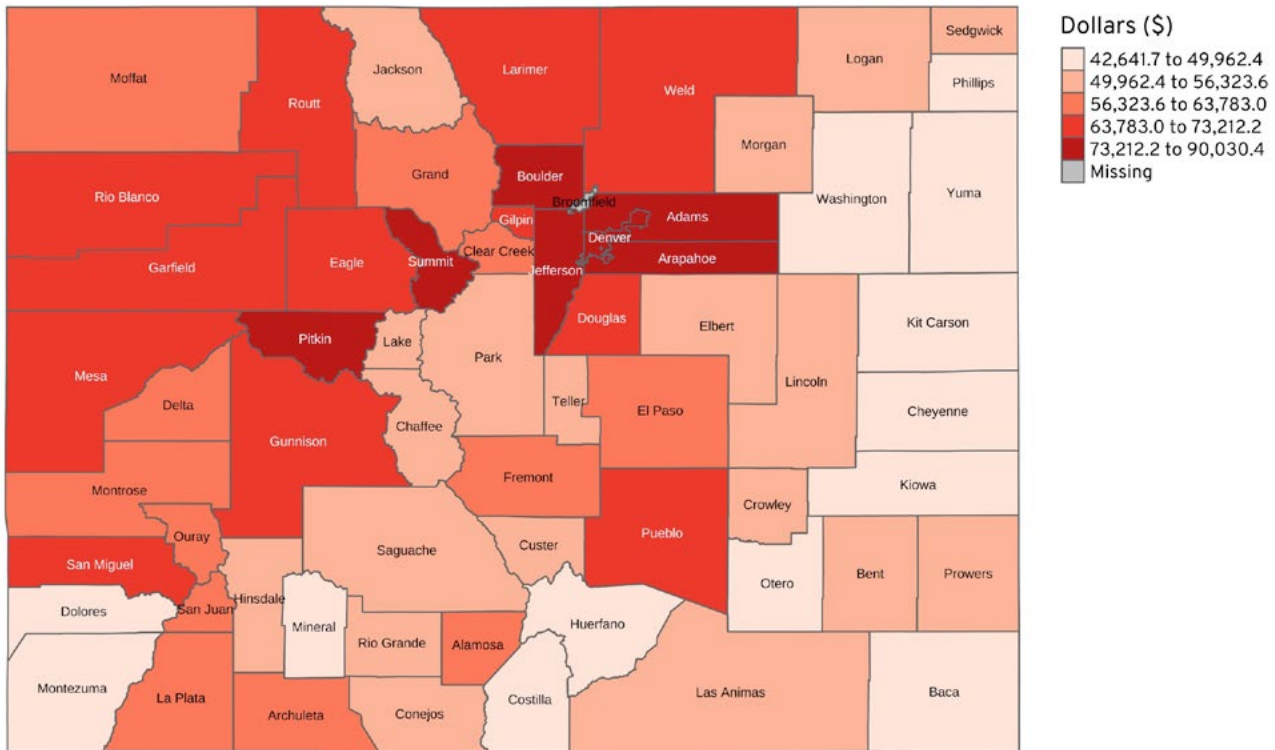
Four-Year Highschool Graduation Rate (2024)



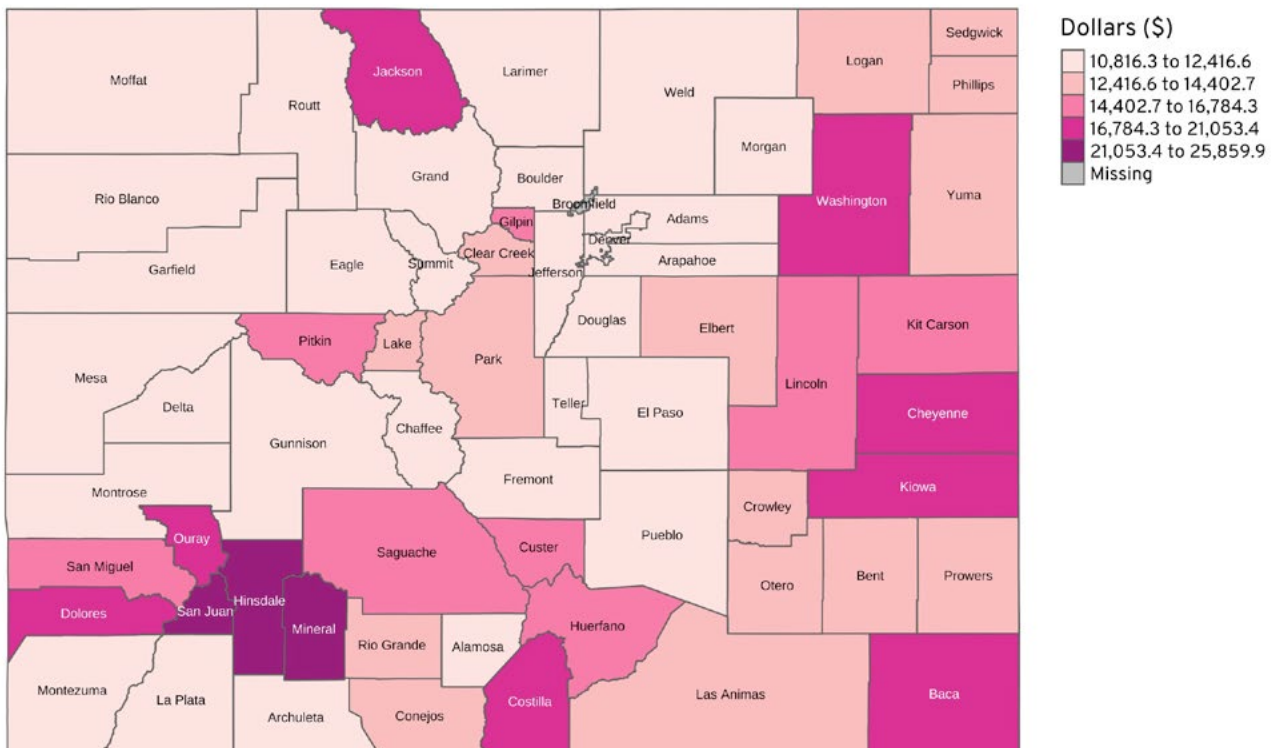
Bachelors Degree or Higher



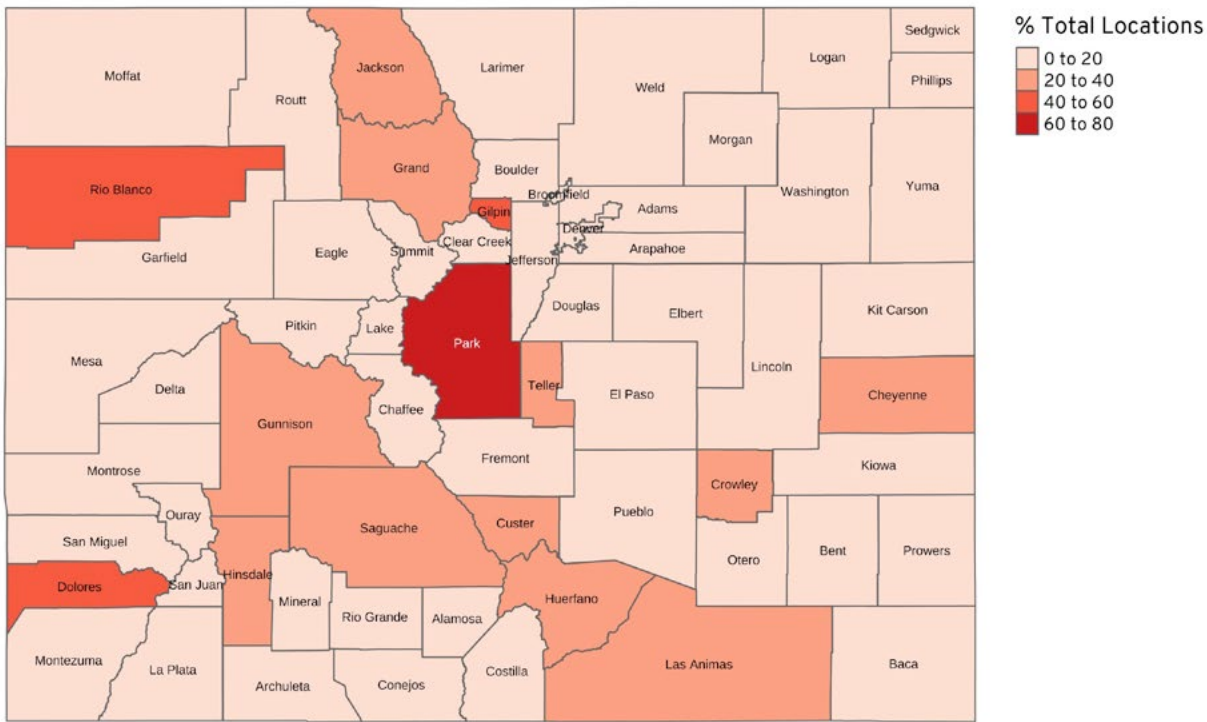
Average Teacher Salary



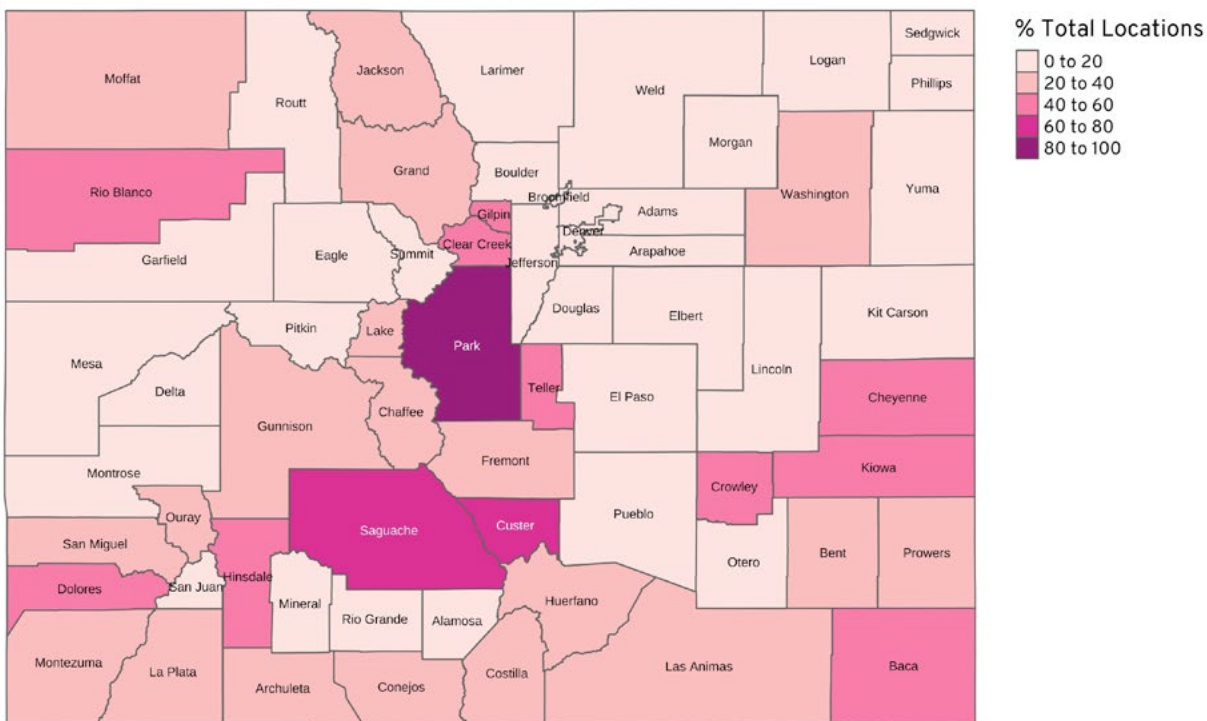
County Average Per Pupil Funding



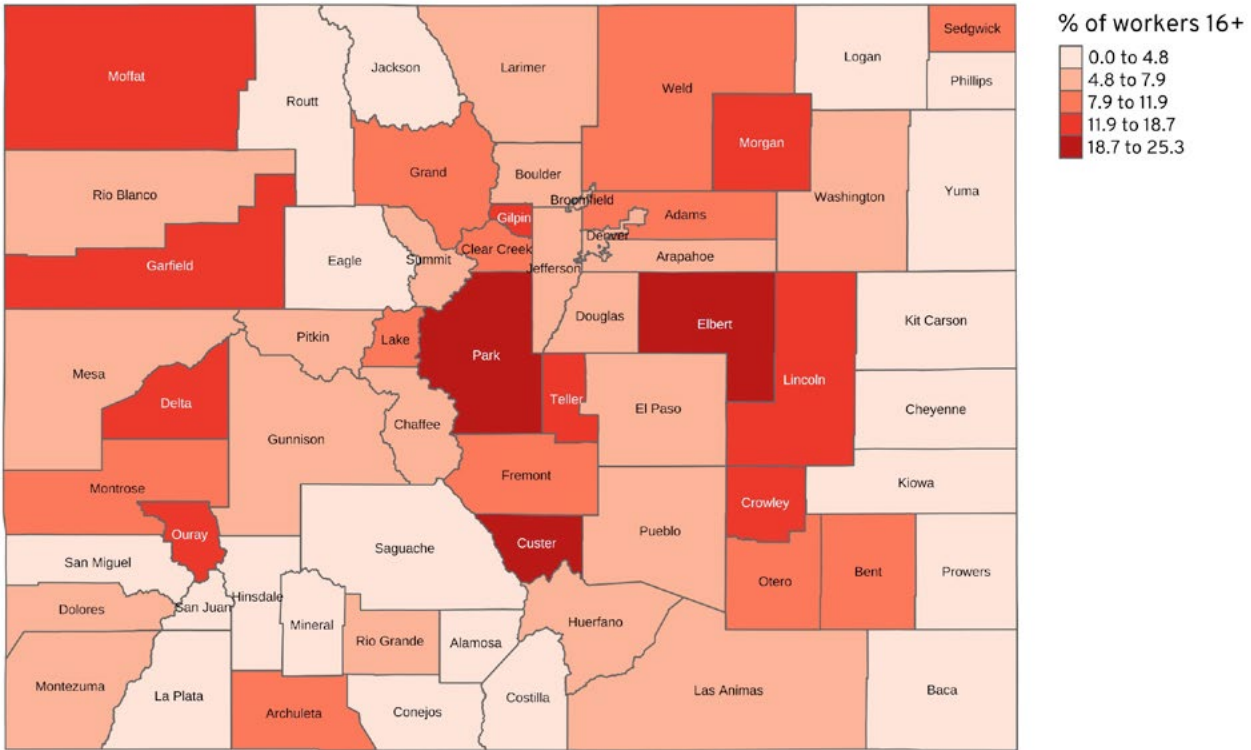
Residential and Business Locations With No Access to 25-3 Broadband



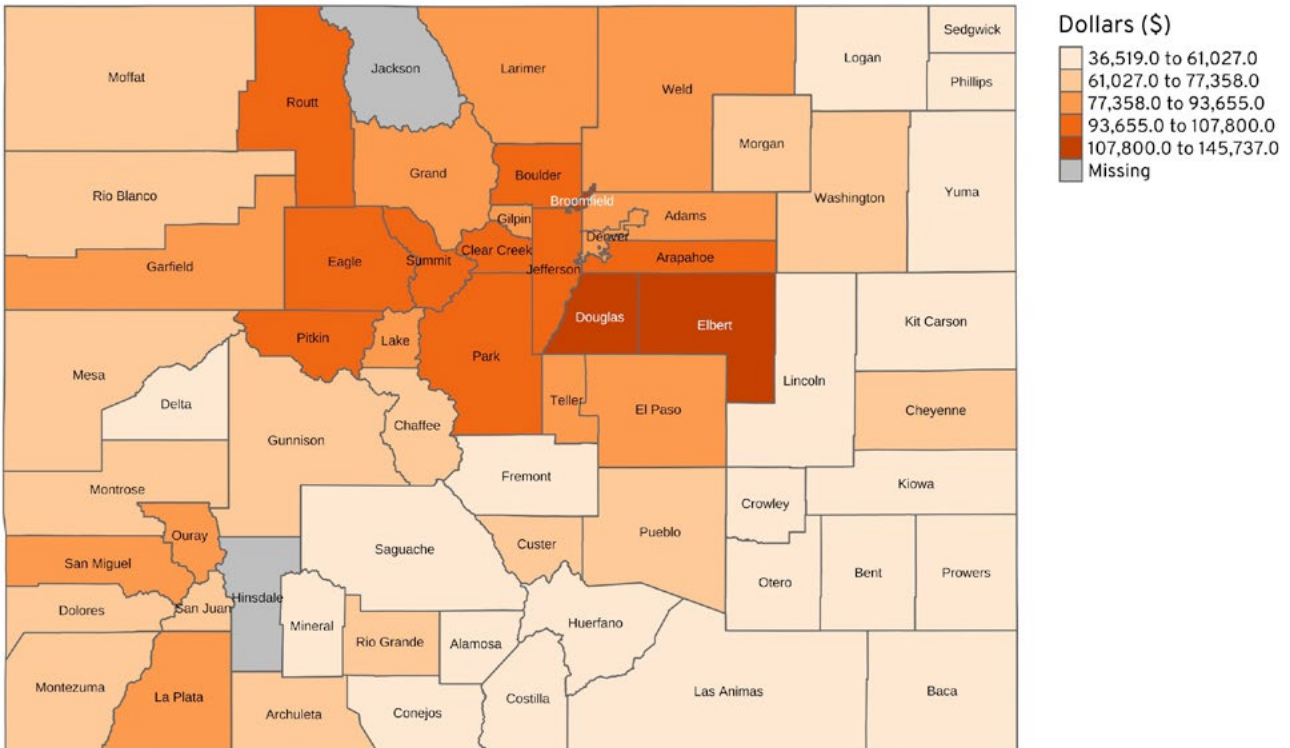
Residential and Business Locations With No Access to 100-20 Broadband



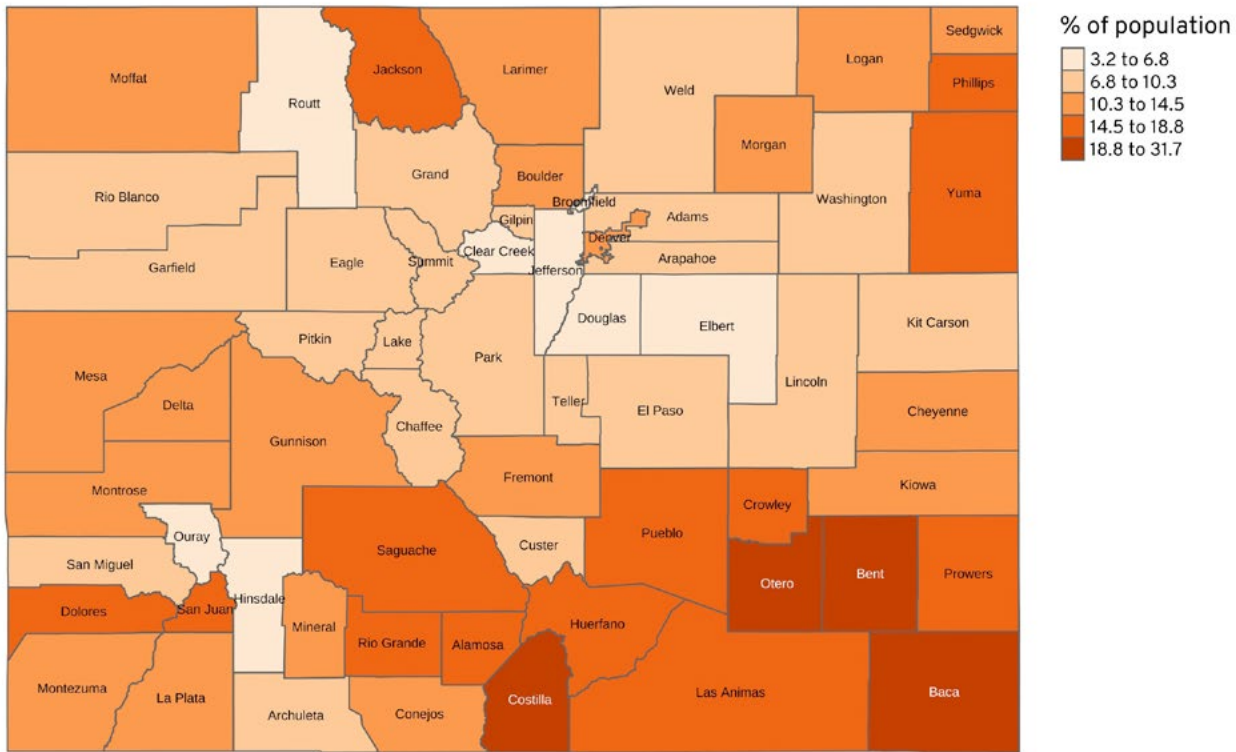
Travel Time to Work (1 hour or more)



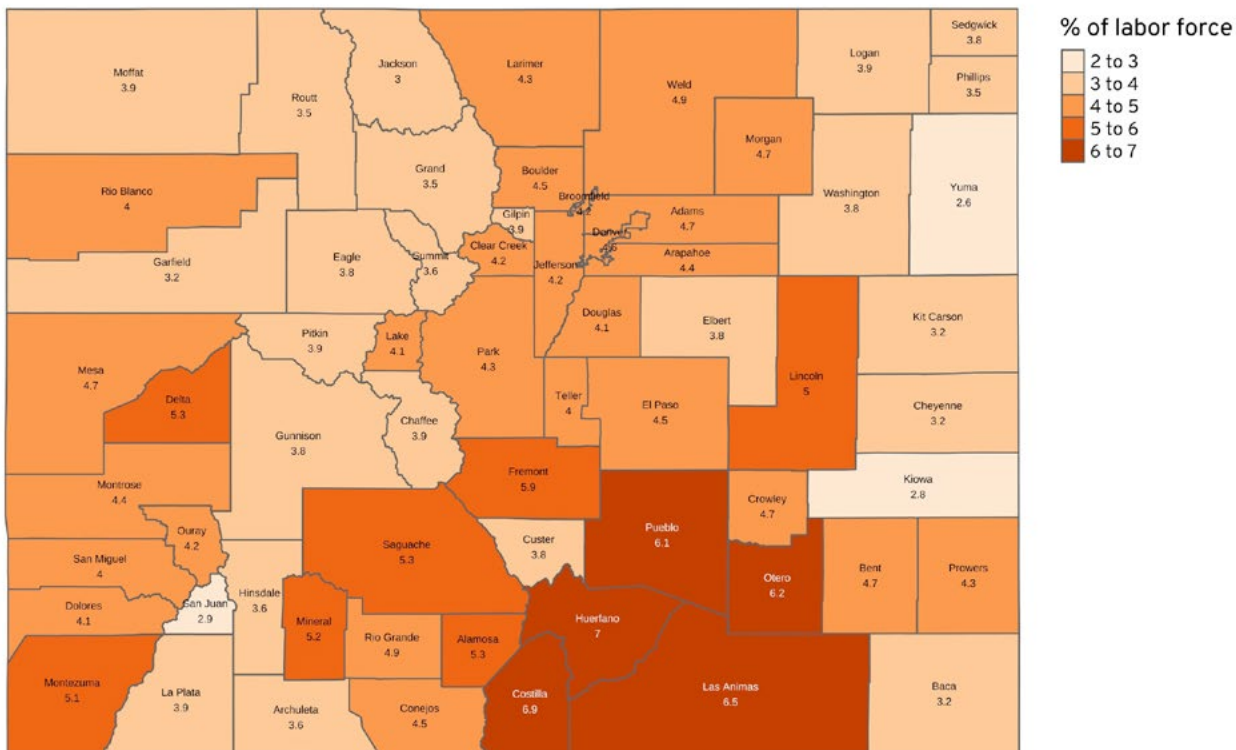
Median Household Income



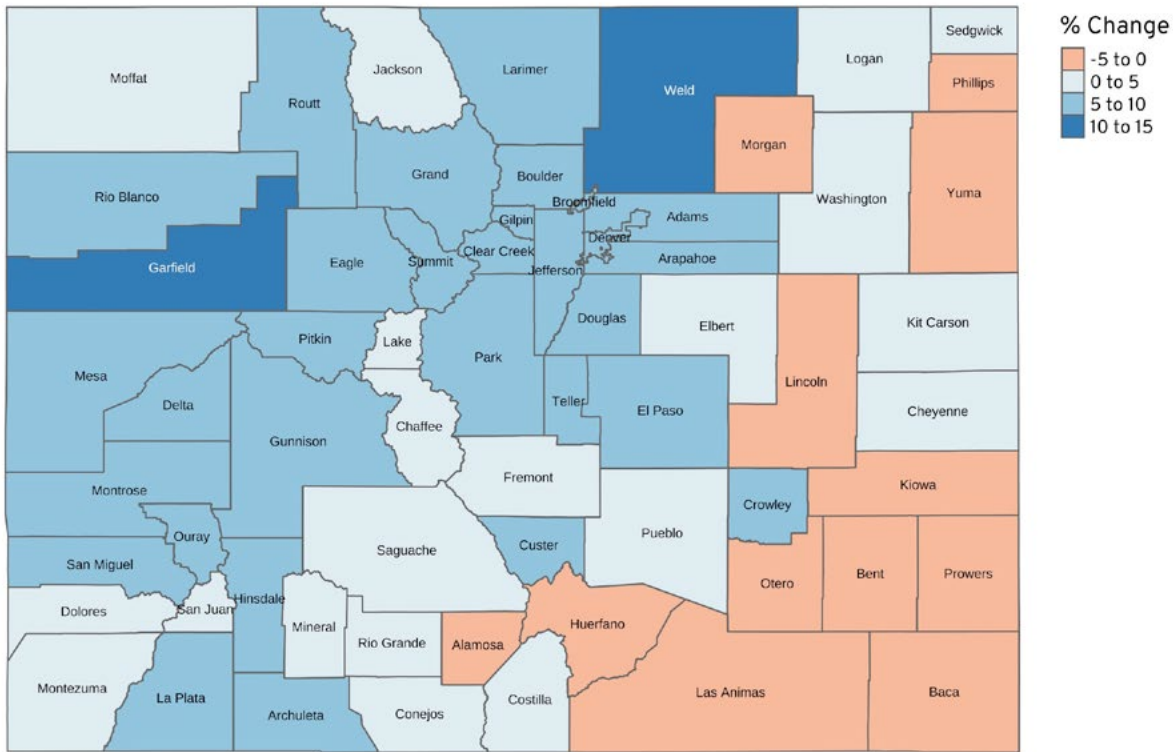
Poverty Rate (Income below 100% of the FPL)



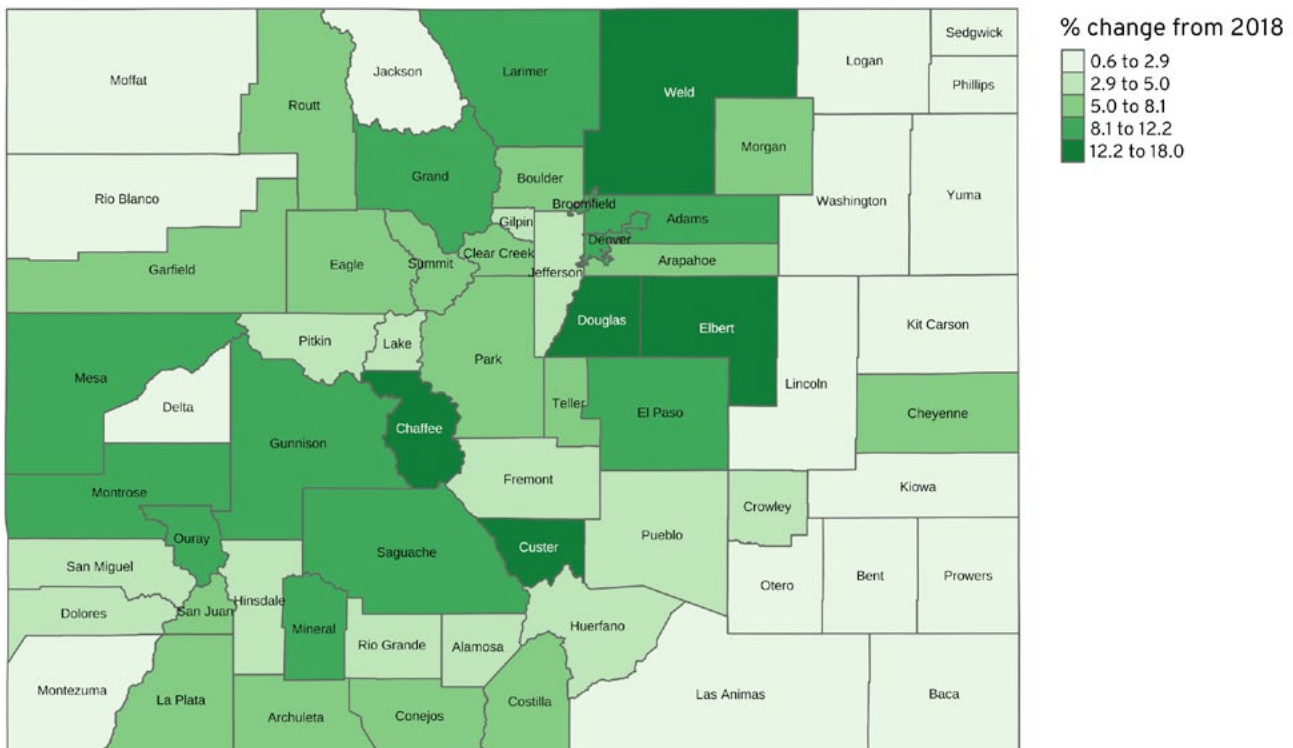
Unemployment Rate (June 2025)



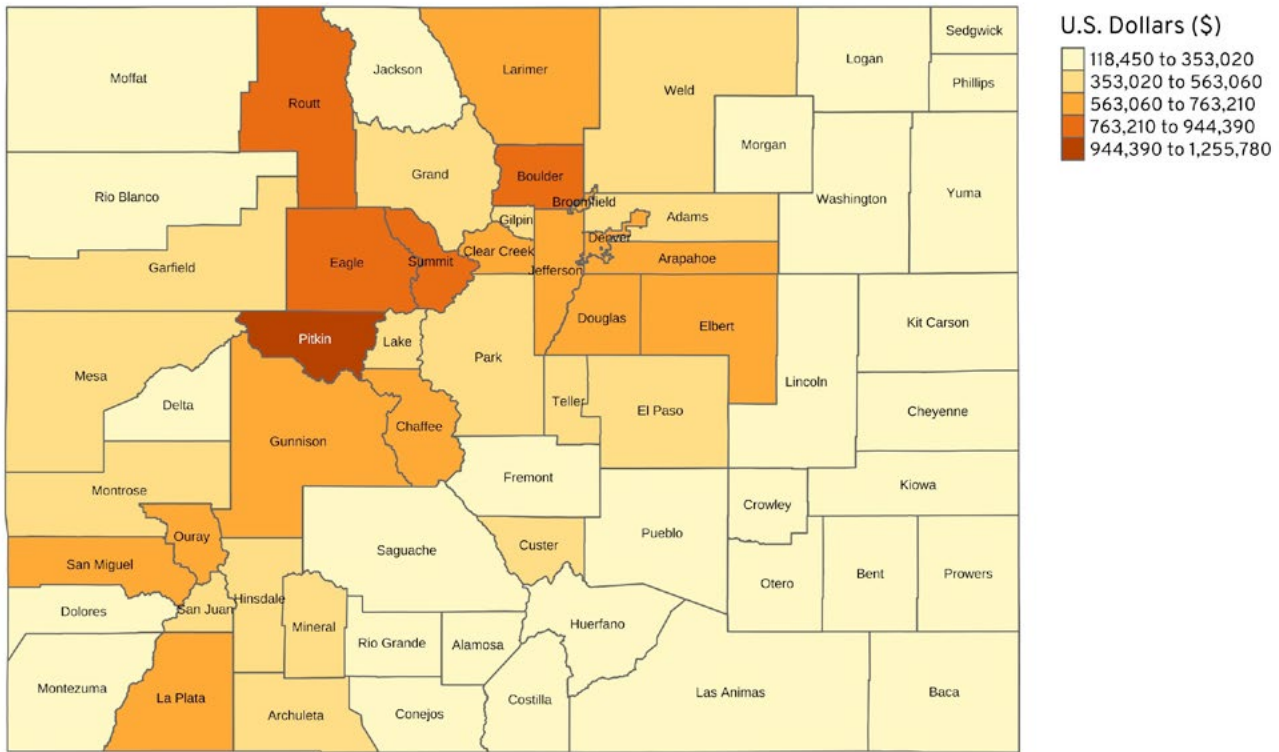
Projected Job Change by 2030



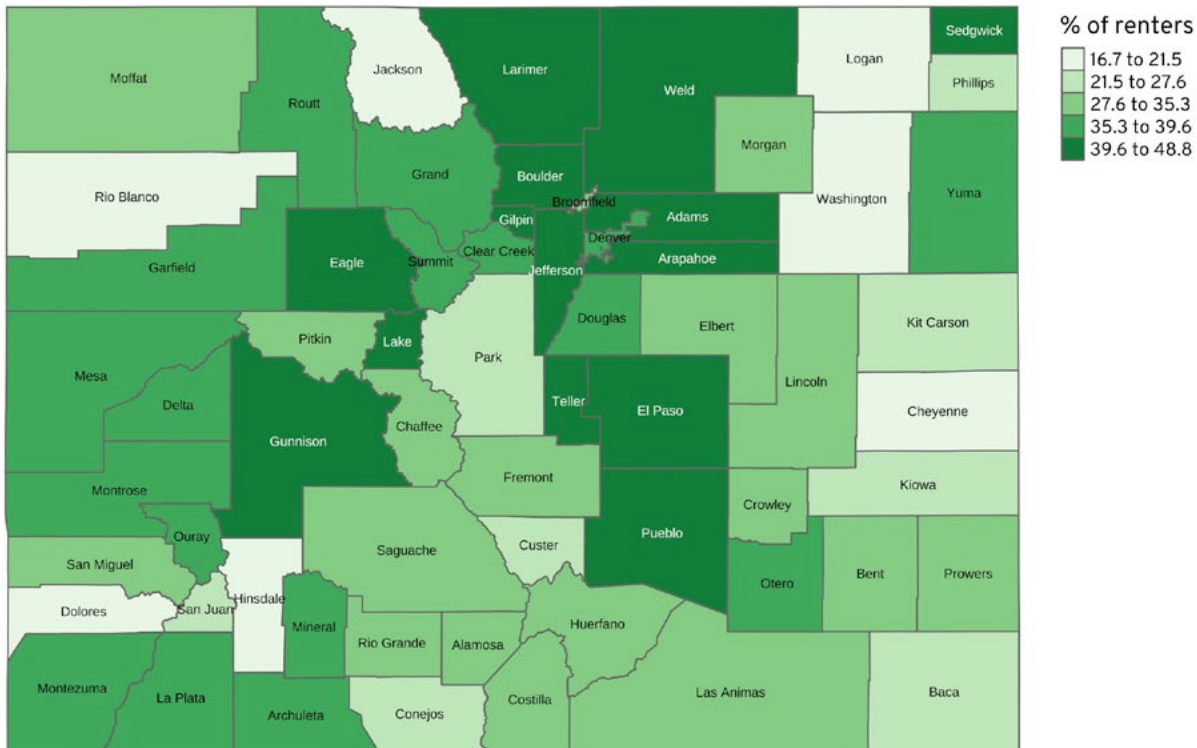
Housing Unit Growth (since 2018)



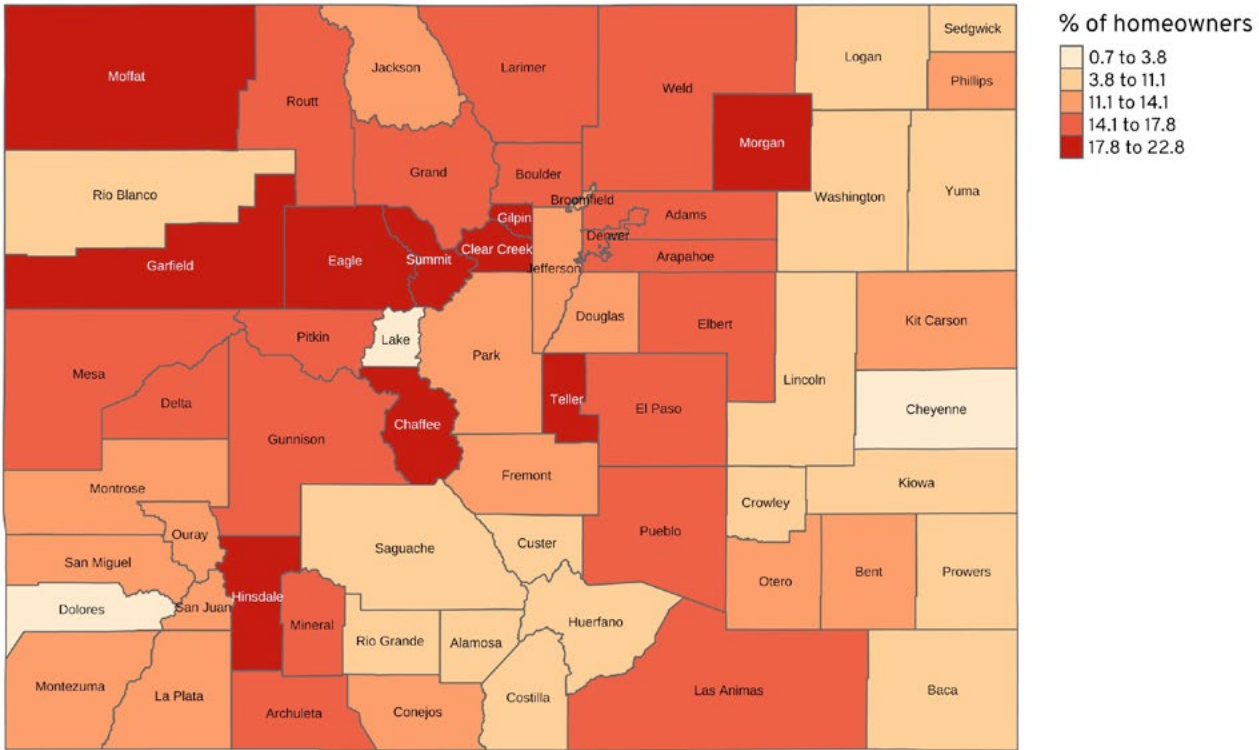
Median Home Price Q1 2025



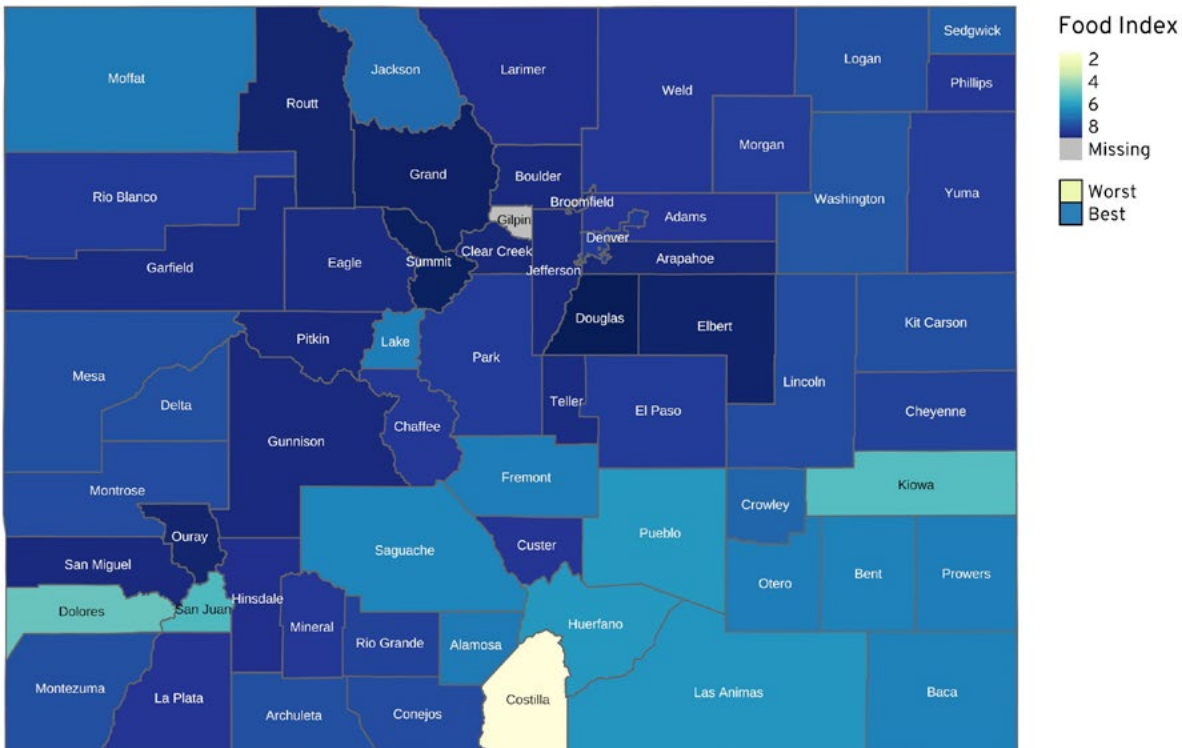
Renters Spending 35%+ of Income on Rent



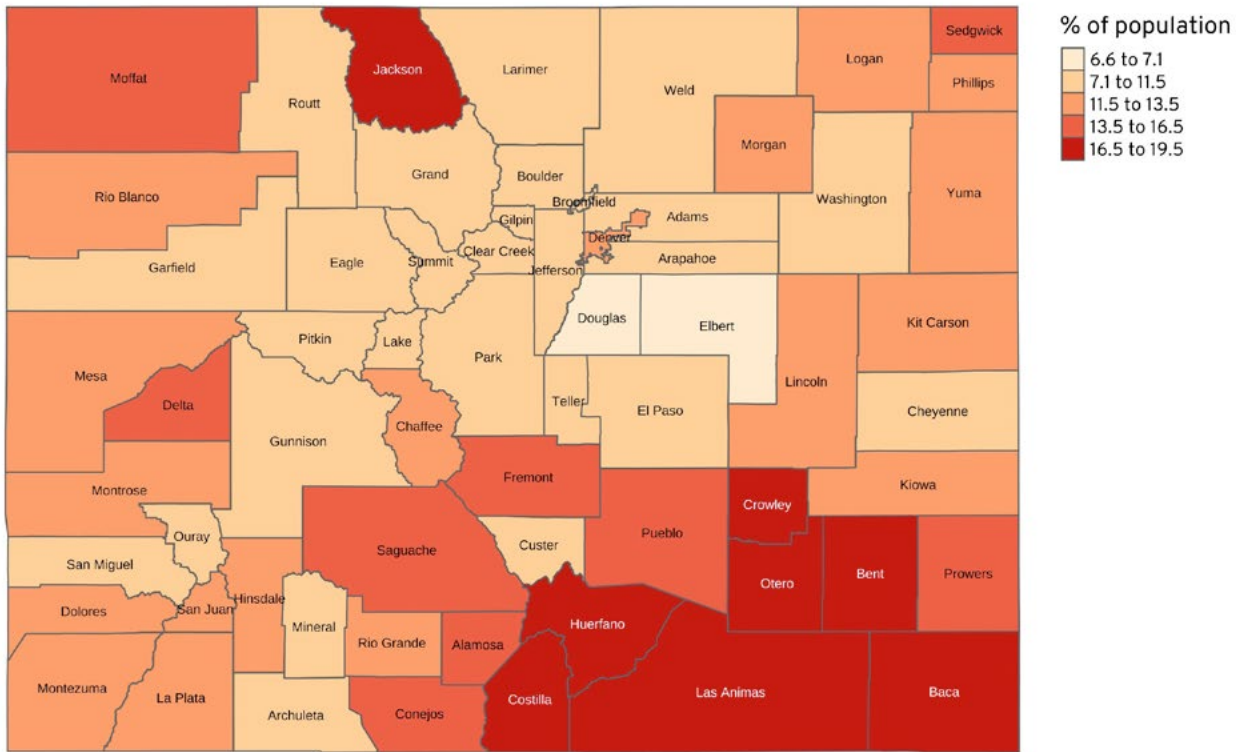
Homeowners Spending 35%+ of Income on Mortgage



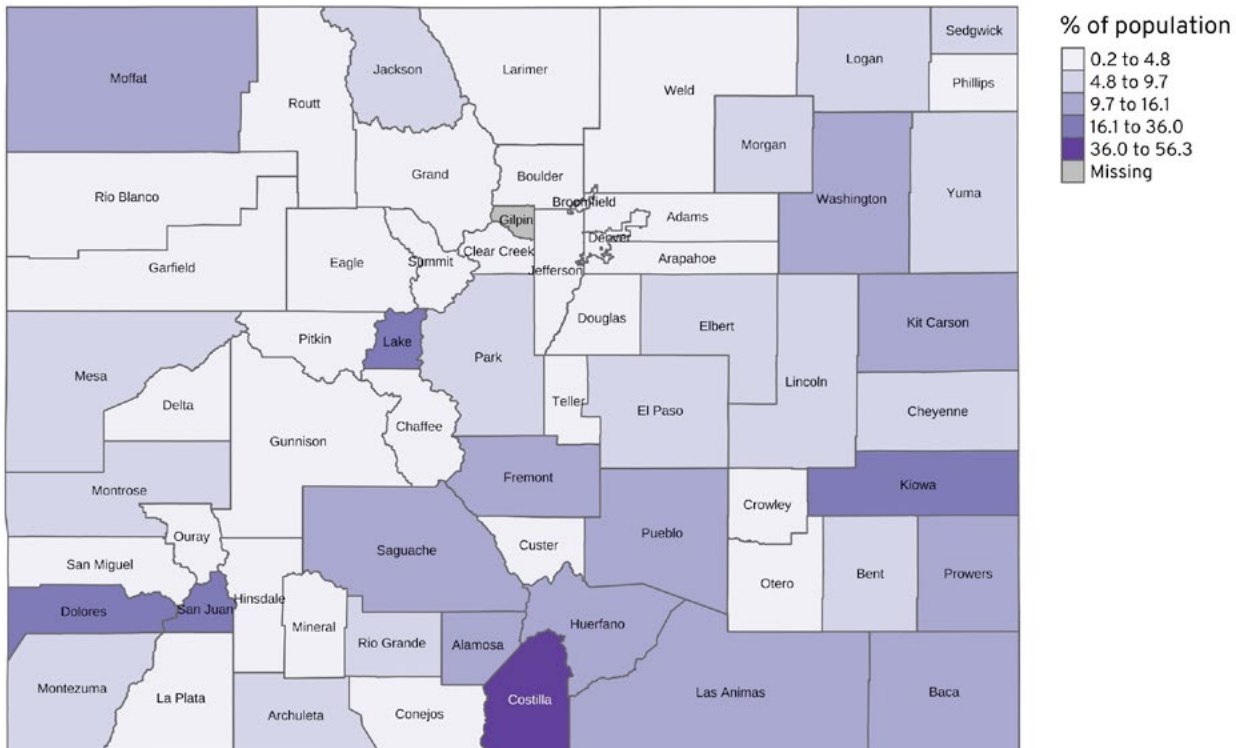
Food Environment Index



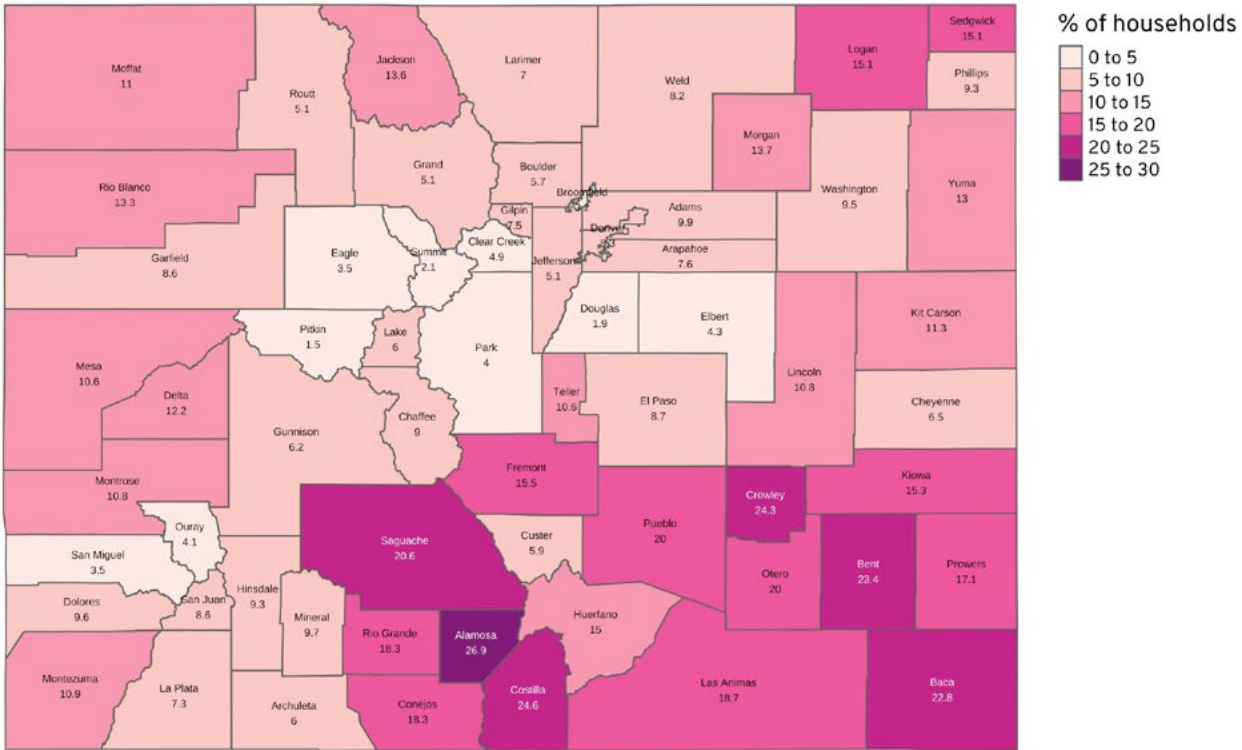
Population Experiencing Food Insecurity



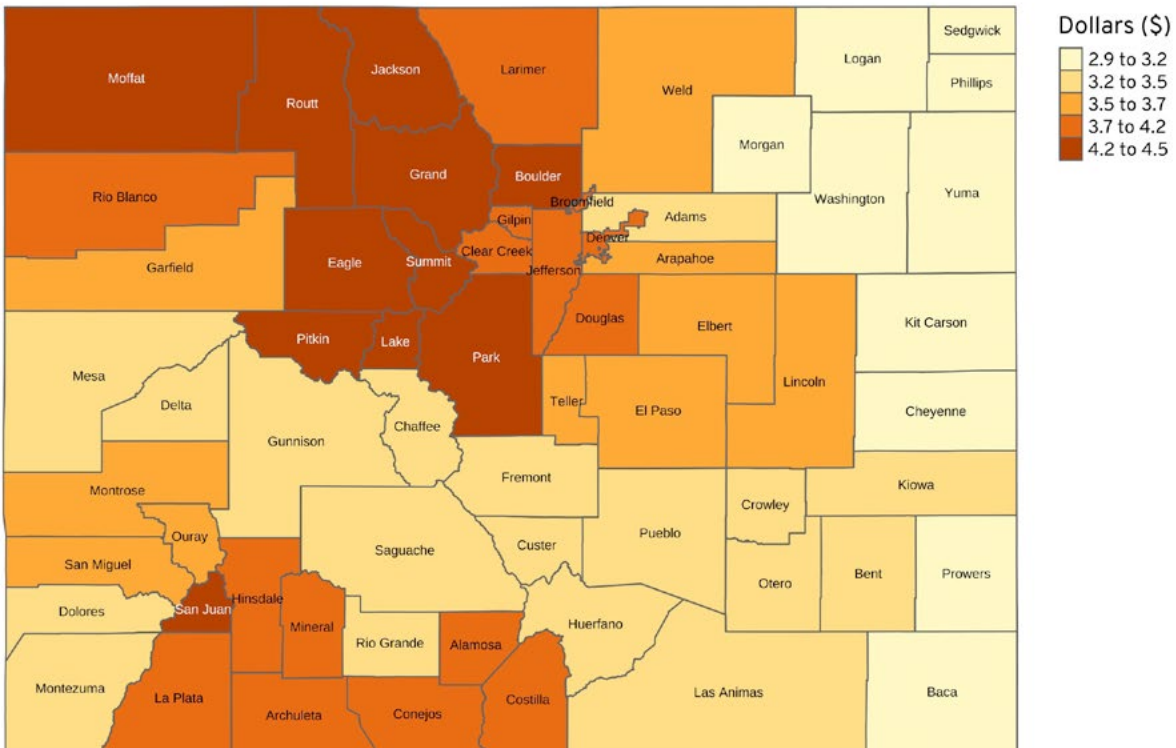
Population with Limited Access to Healthy Foods



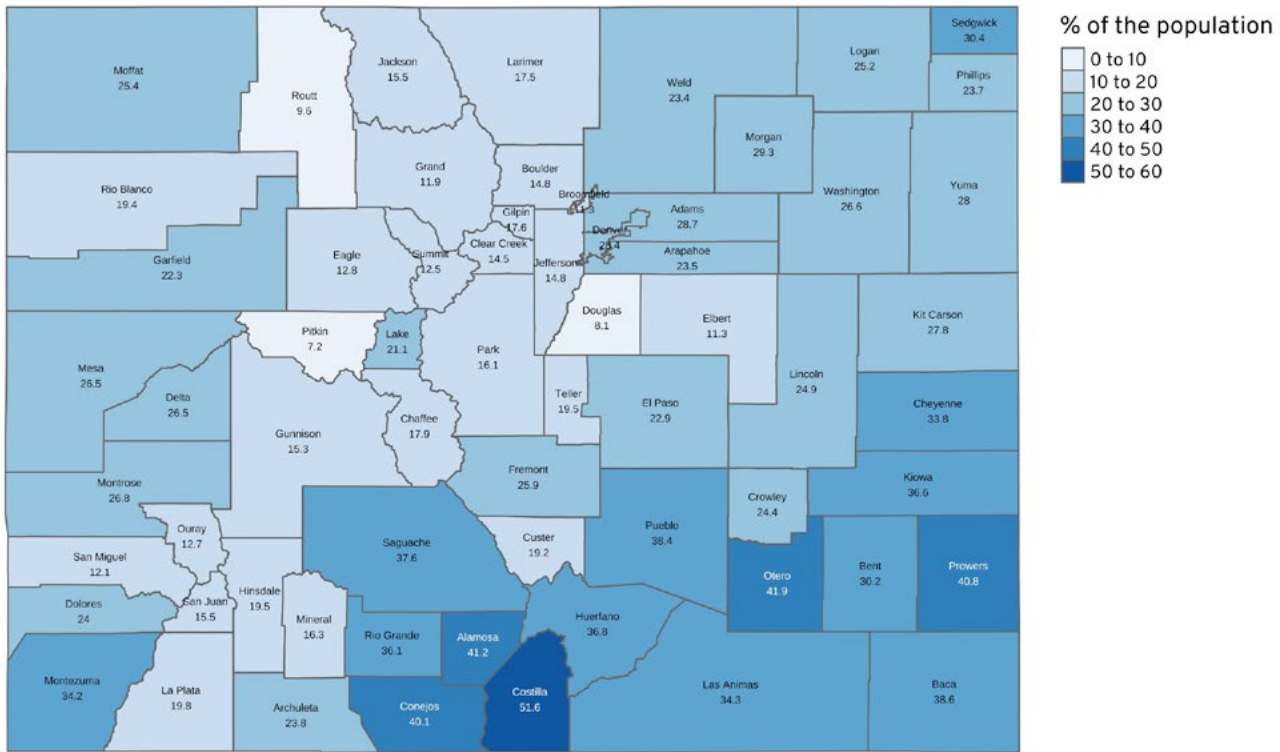
SNAP Coverage



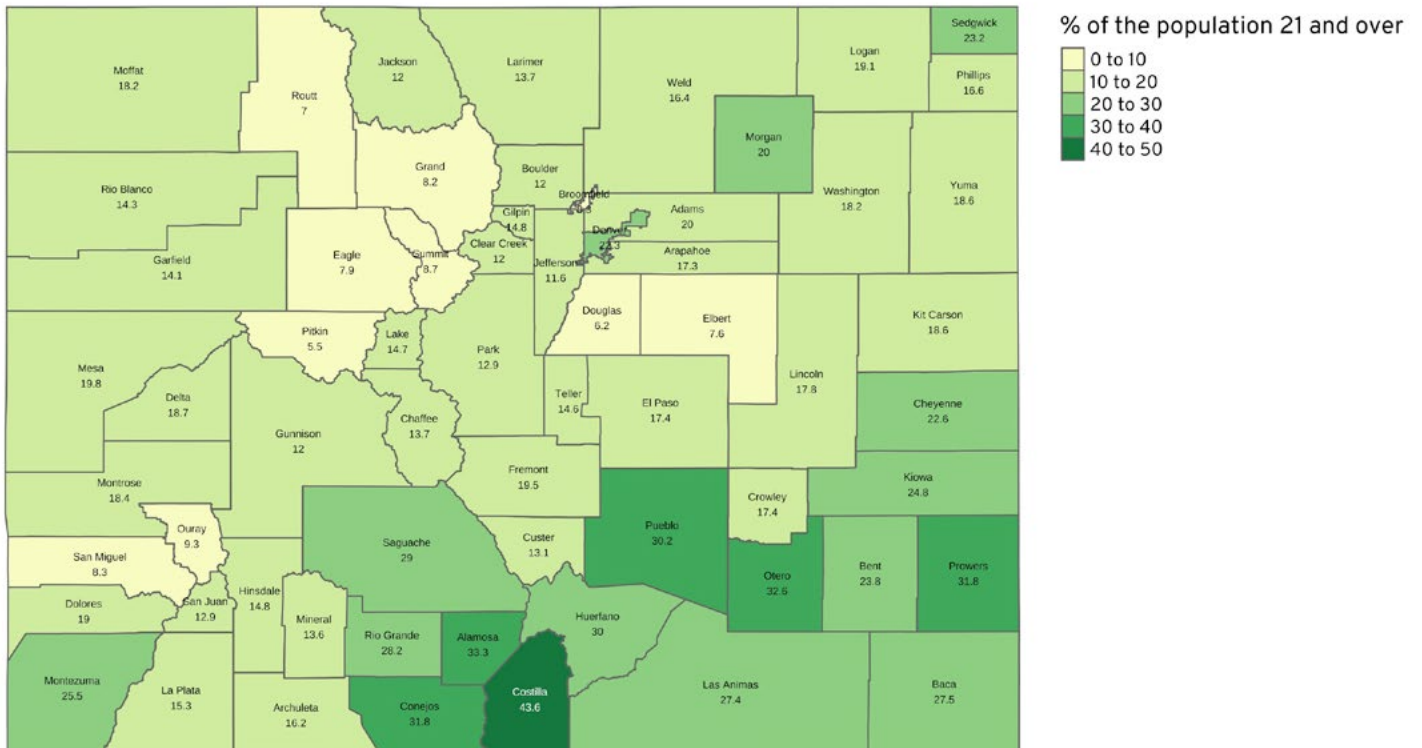
Estimated Average Cost of a Meal (1 person)



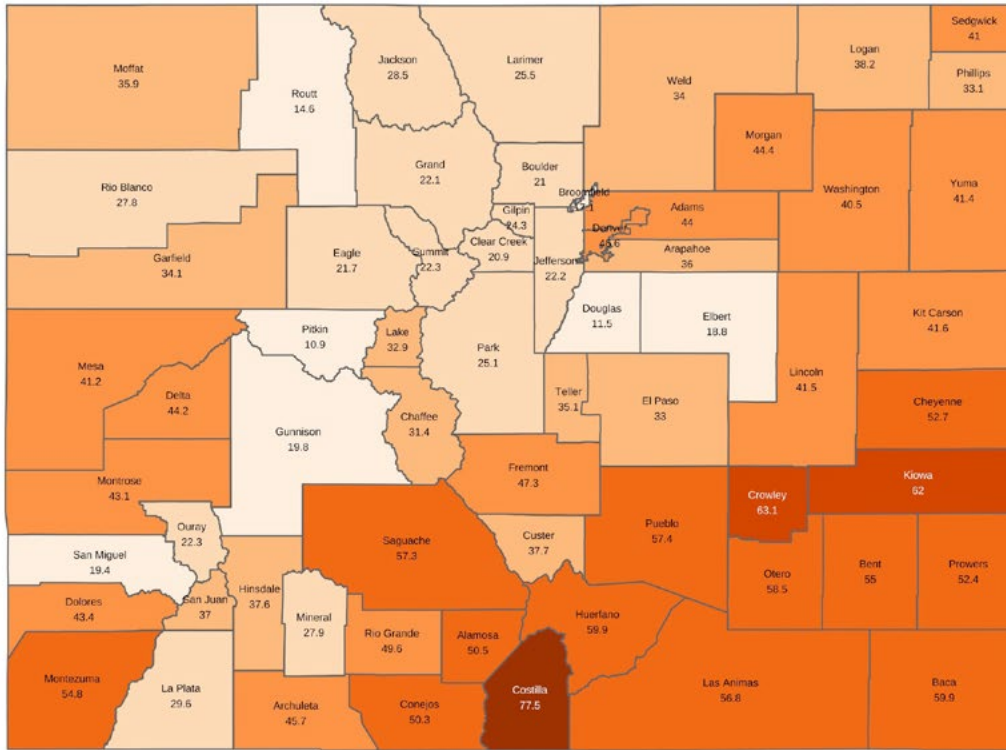
Medicaid (Including CHP+) (2025)



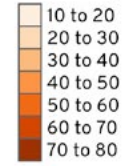
Medicaid 21 and Over



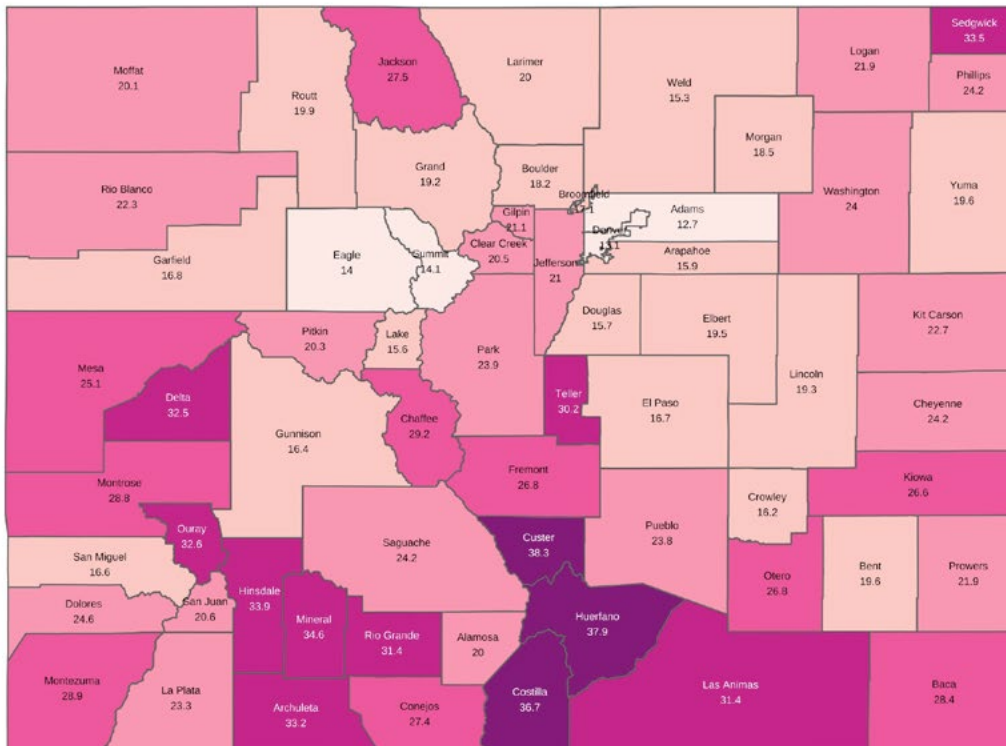
Medicaid 20 and Under



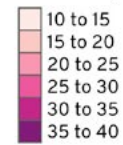
% of the population 20 and under



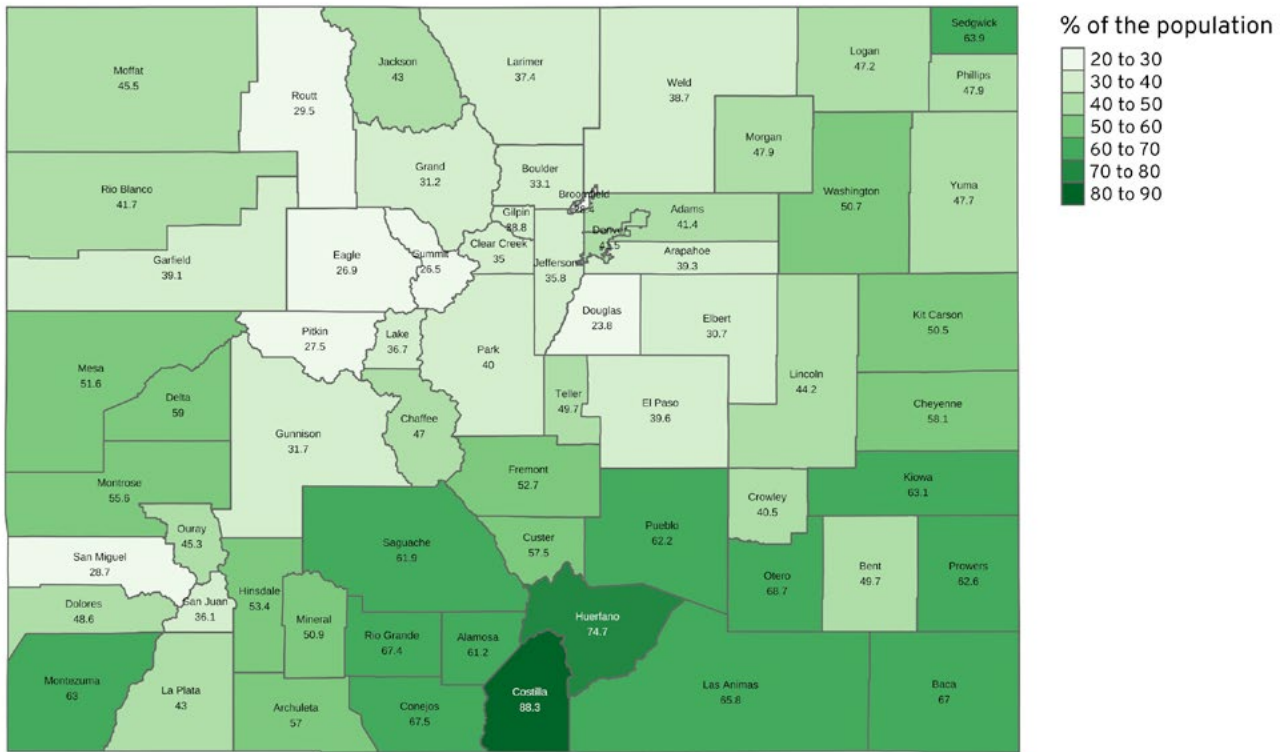
Medicare (2025)



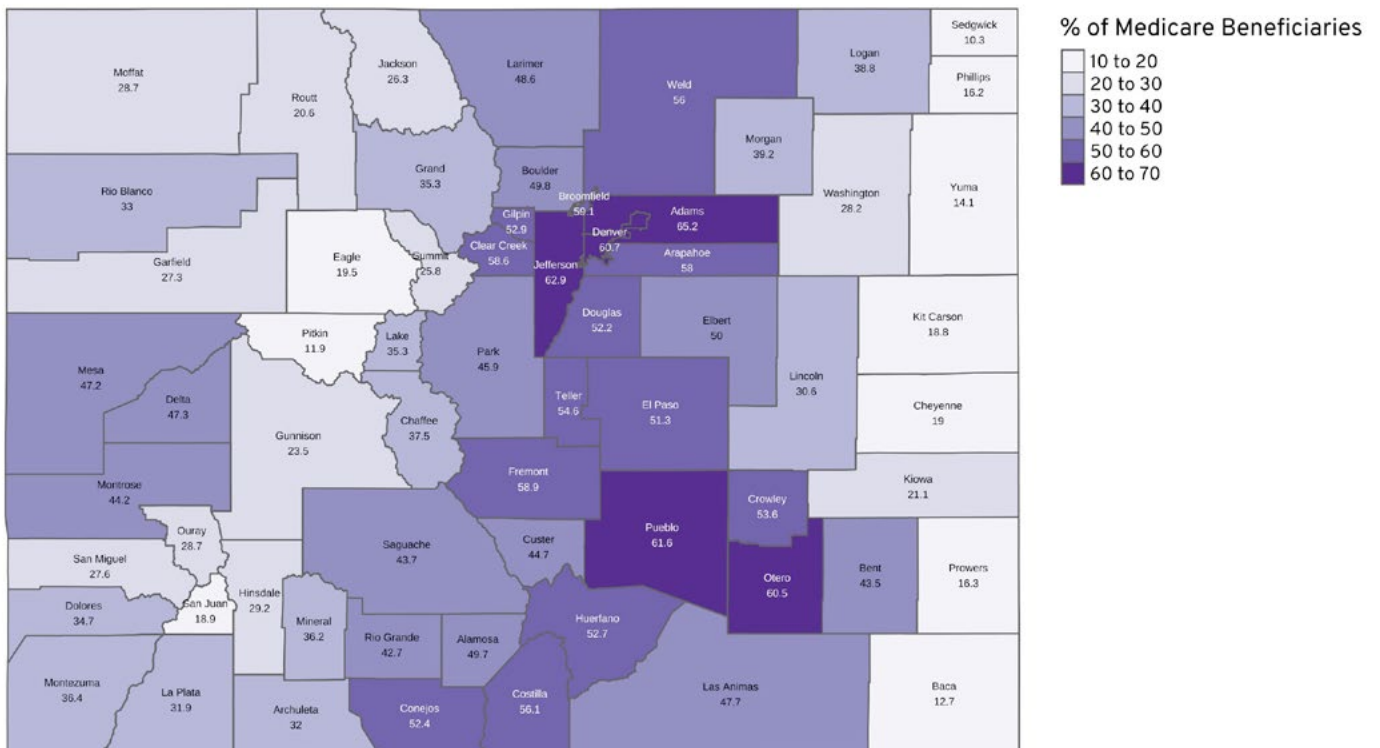
% of the population



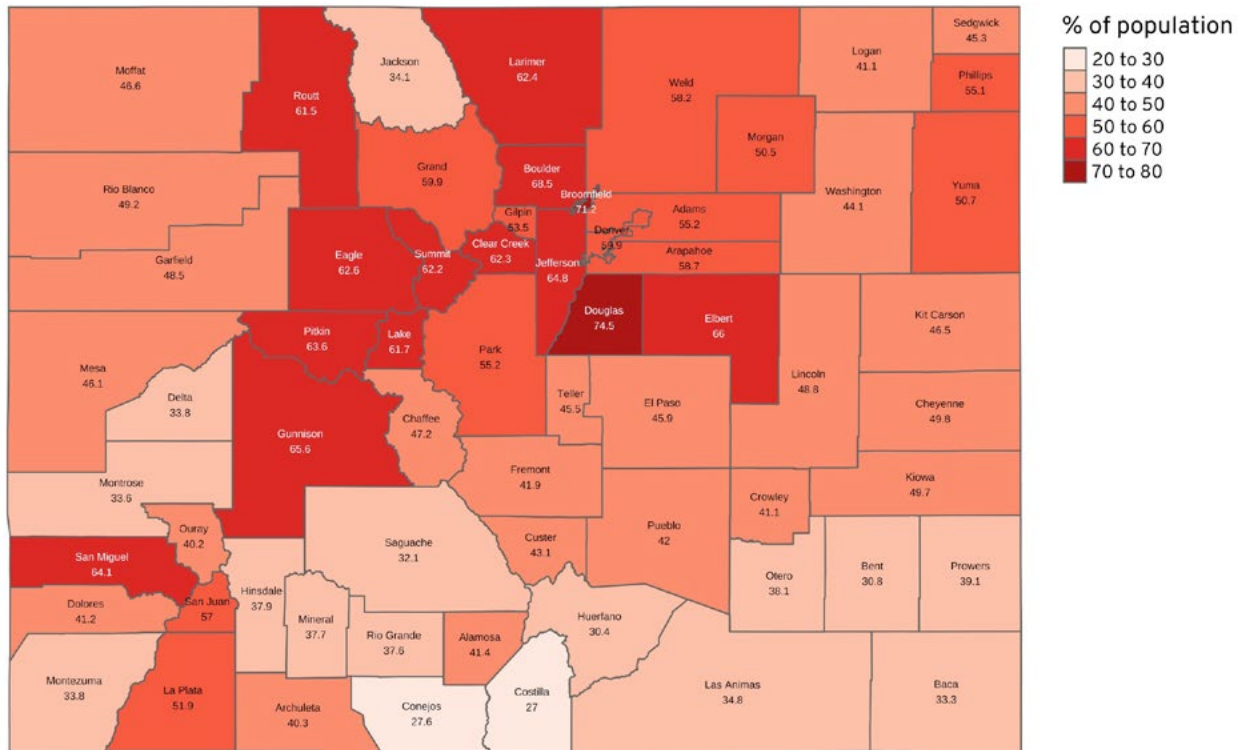
Medicare and Medicaid (2025)



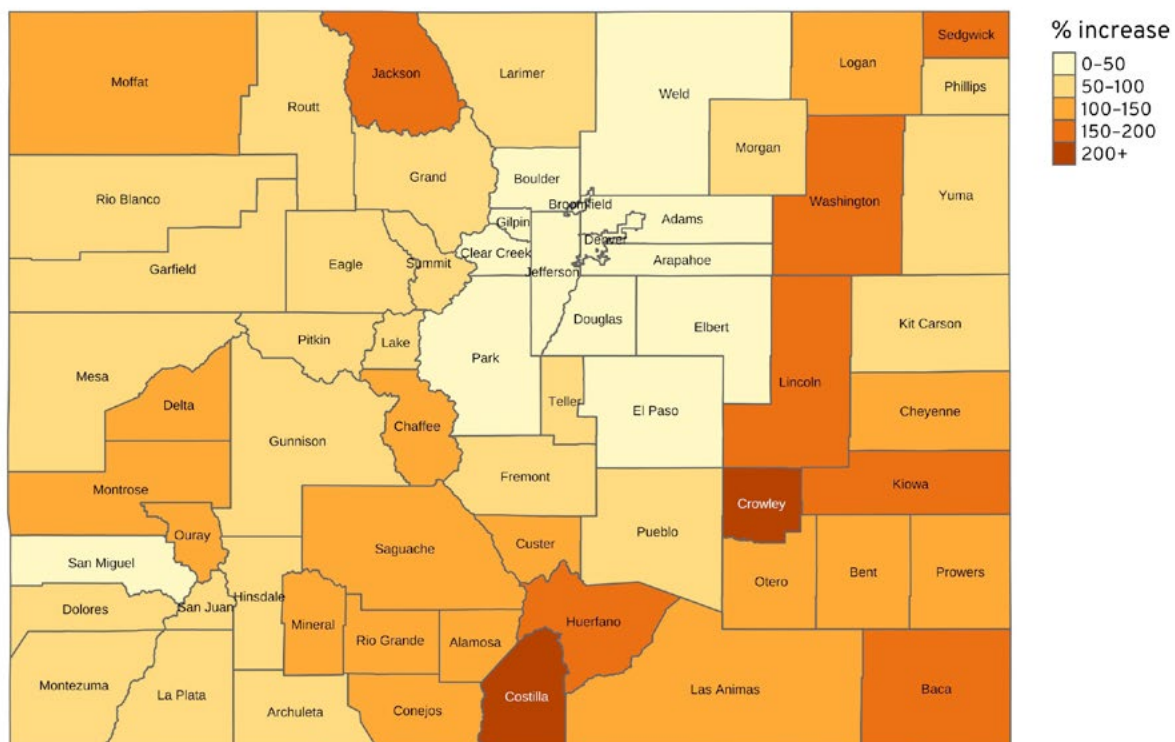
Medicare Advantage Penetration (2025)



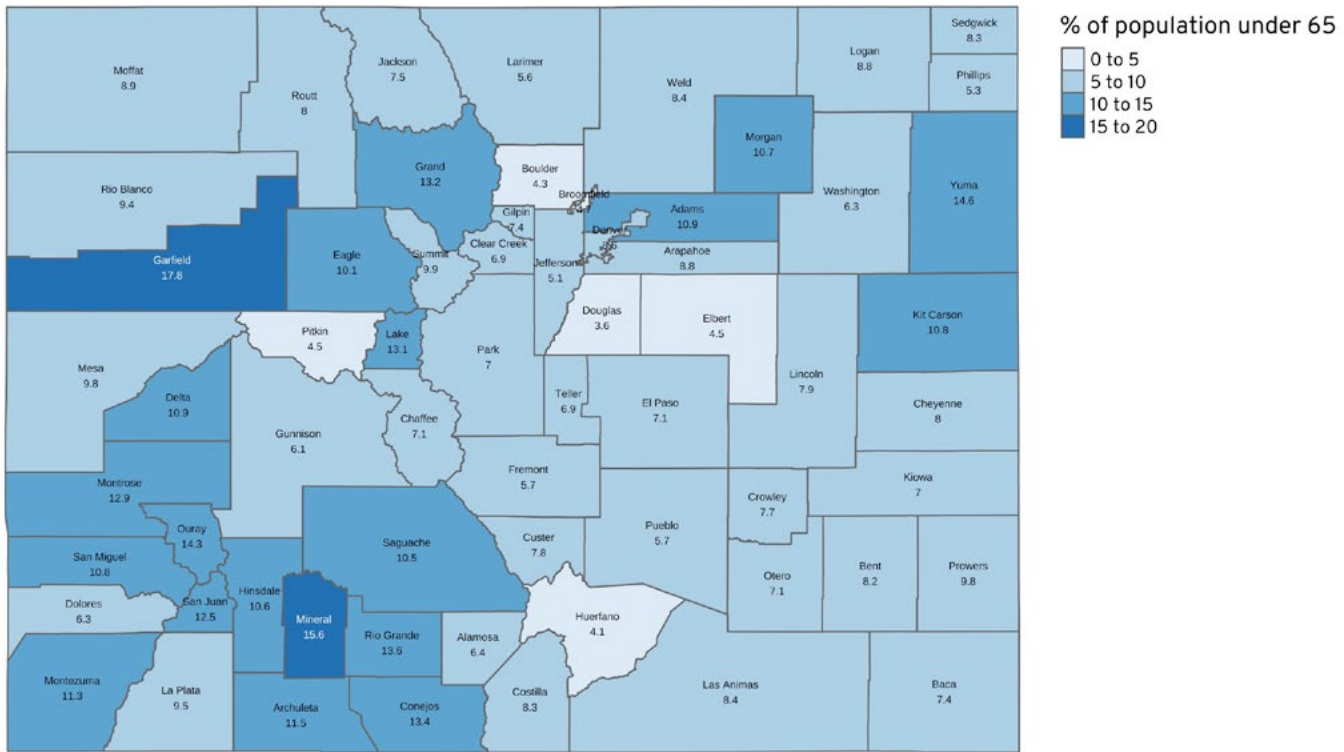
Commercial Insurance Coverage



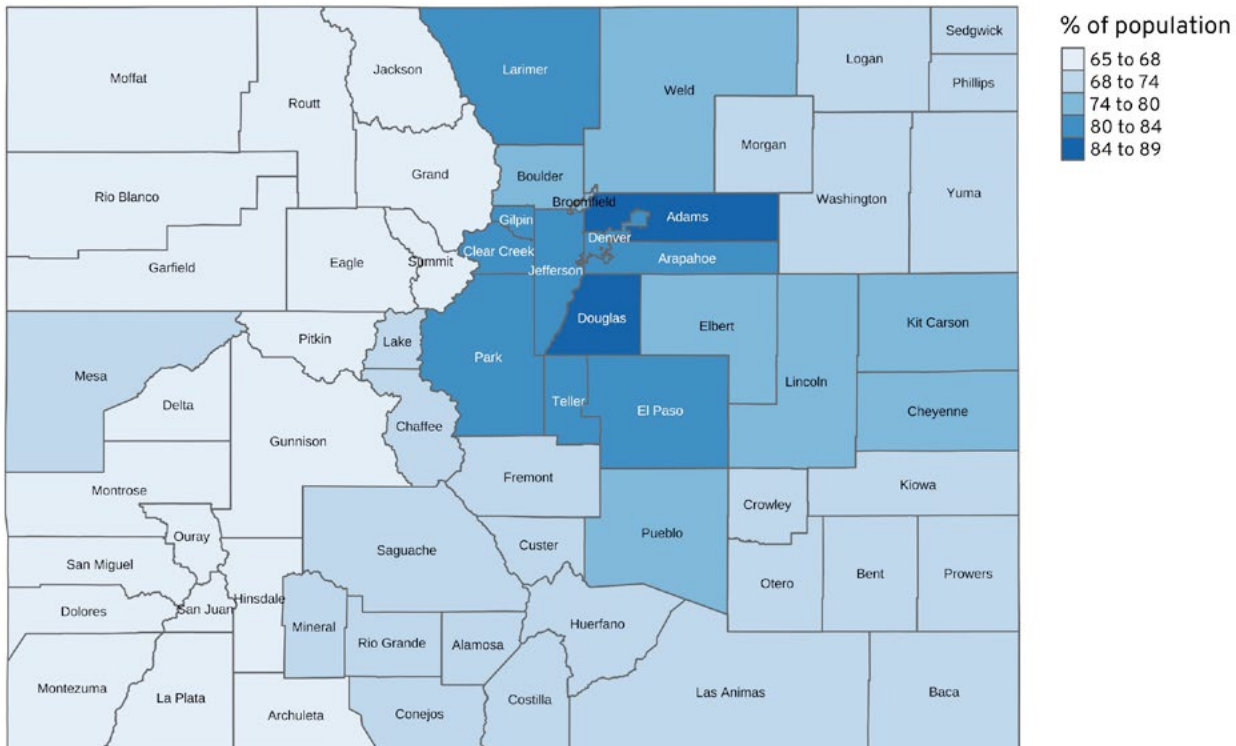
Projected Premium Increase from Expiration of Premium Tax Credits



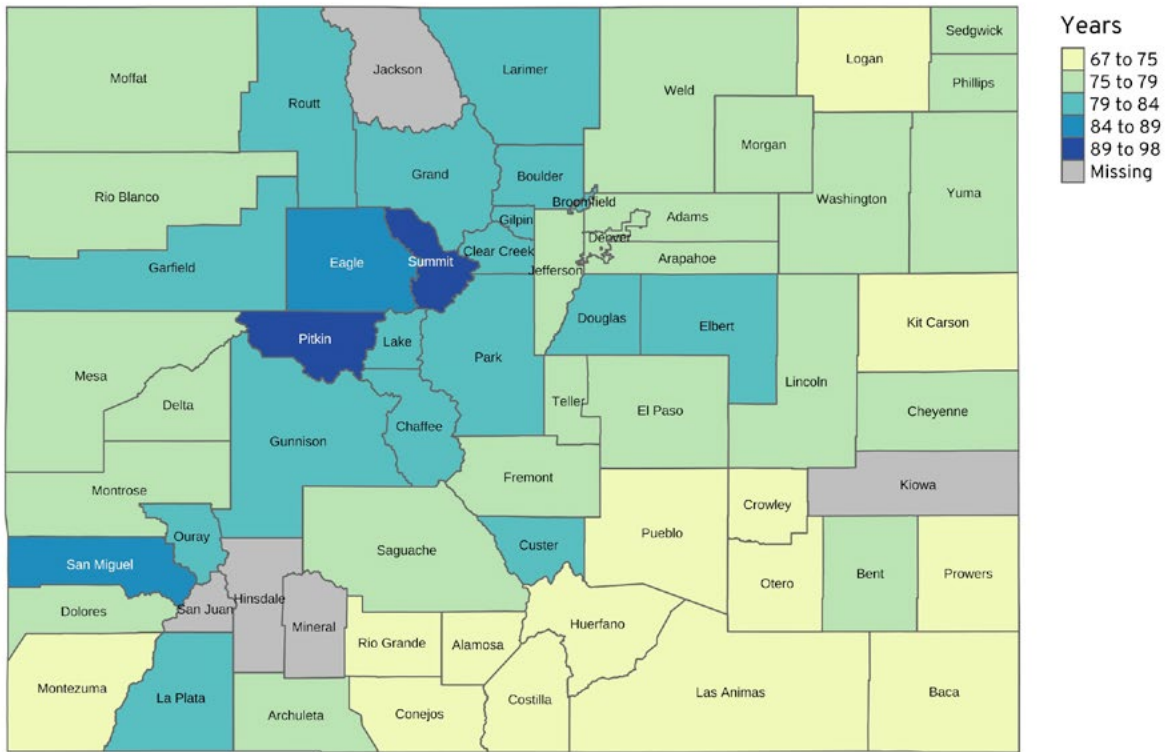
Uninsured Rate (under 65)



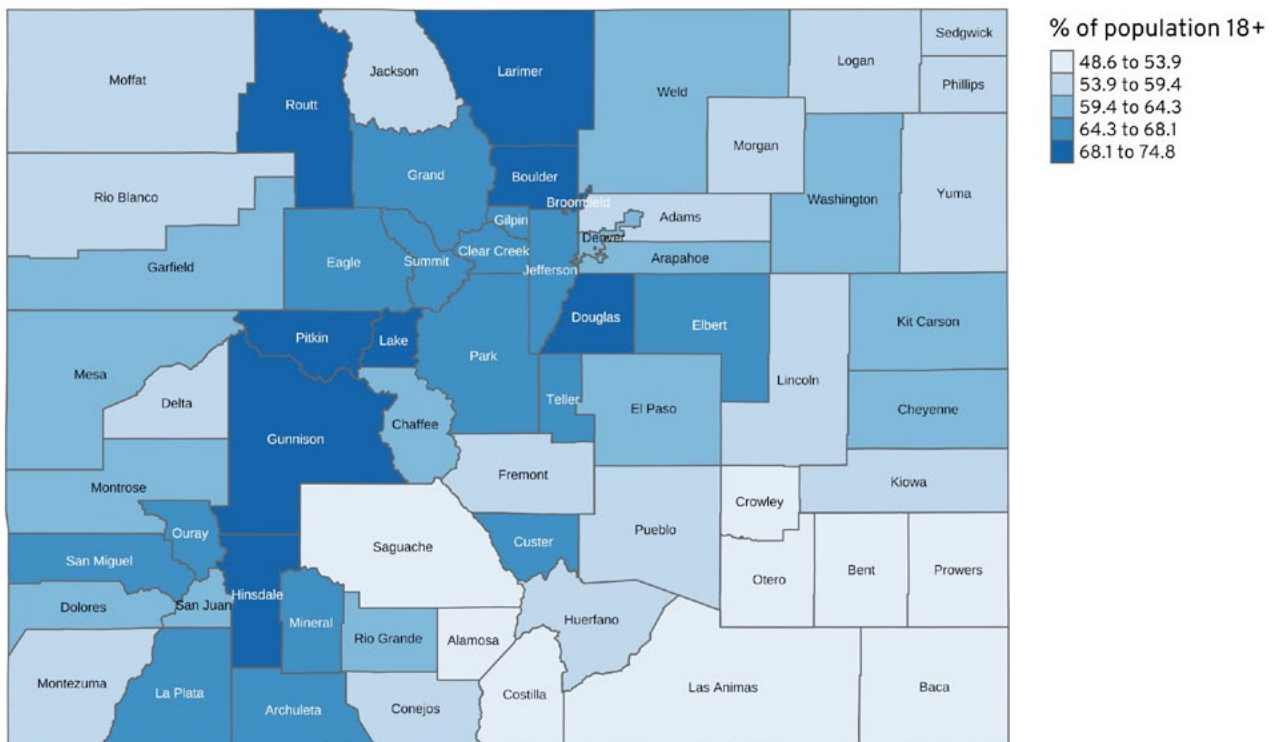
Dental Coverage



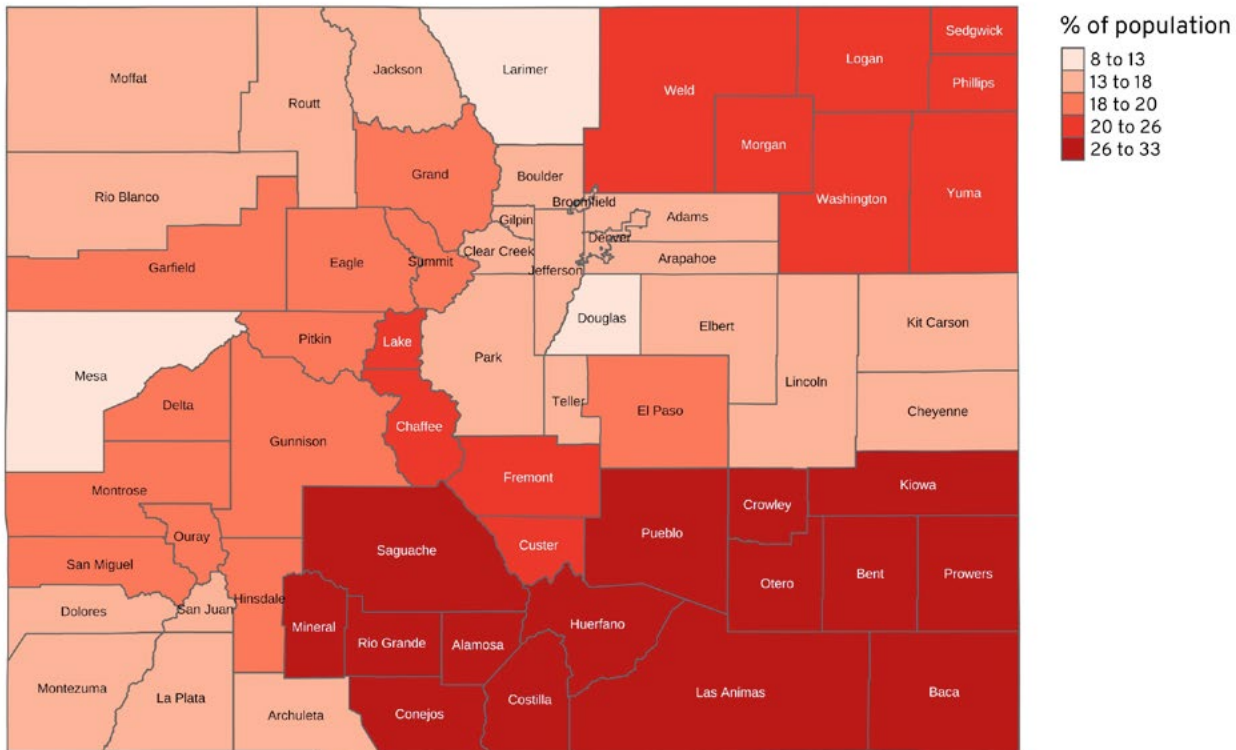
Life Expectancy



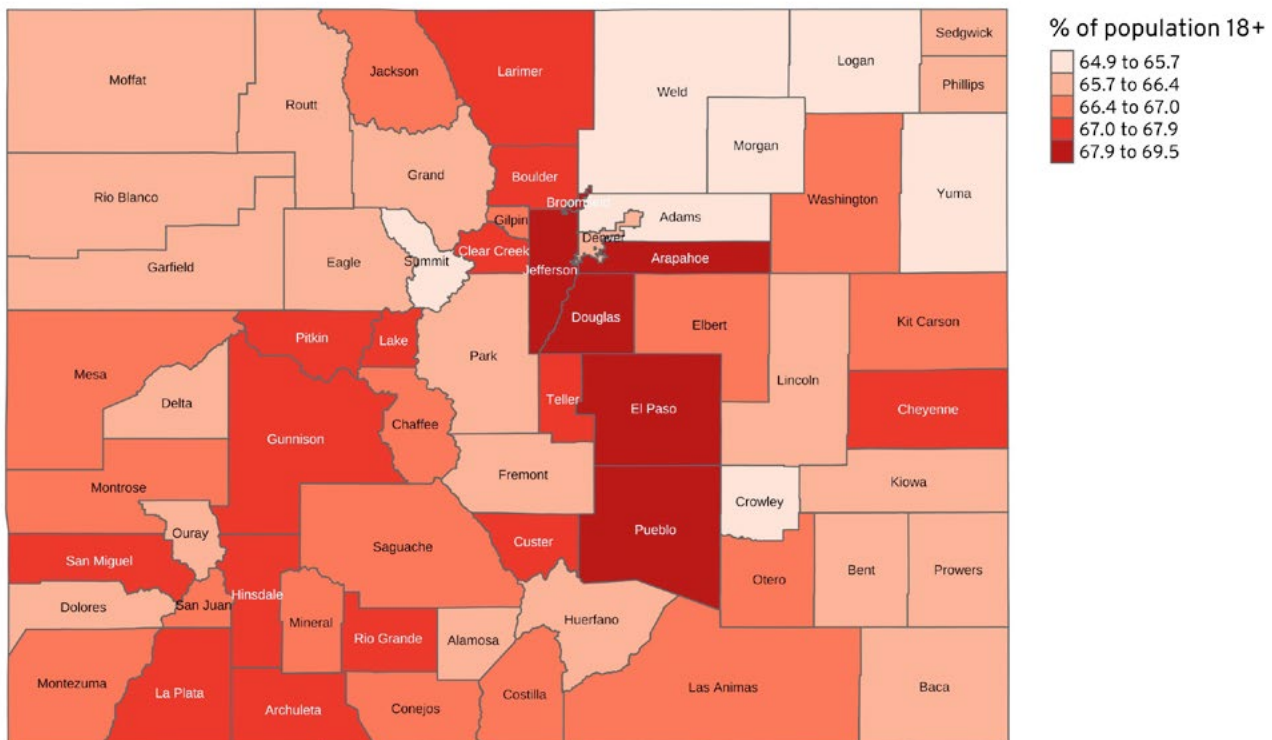
Visited a Dentist or Dental Clinic (within the past year)



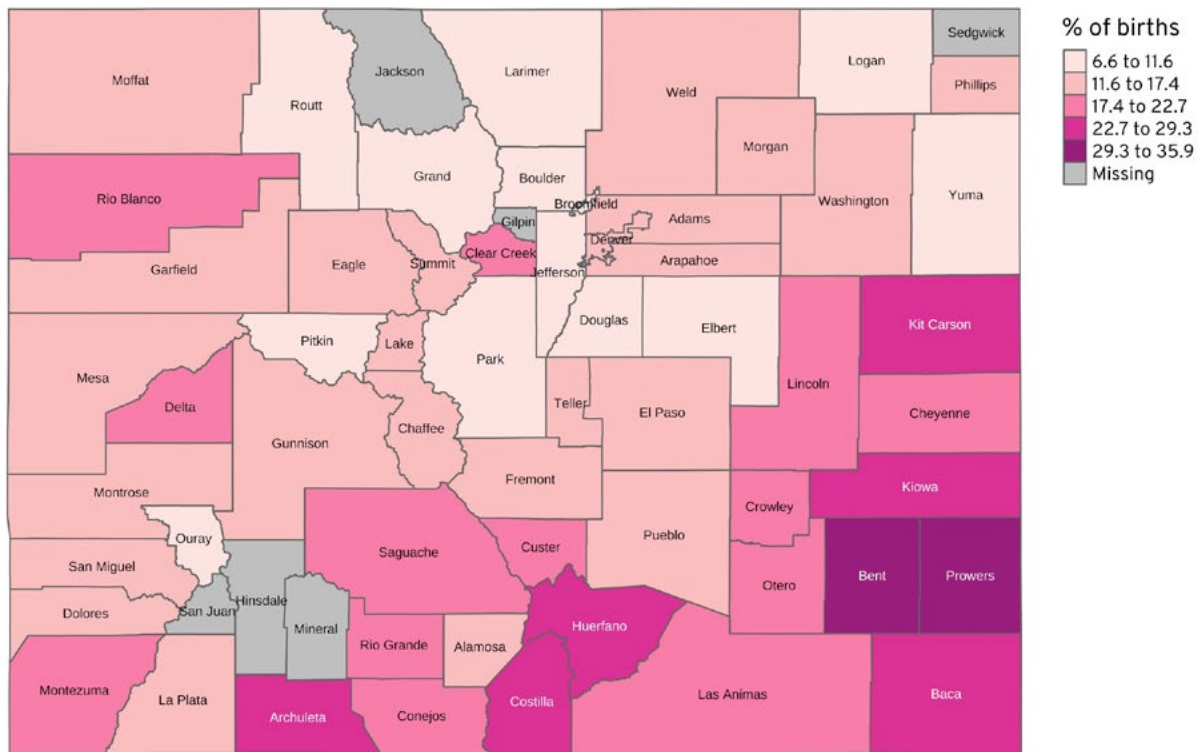
Fair or Poor Oral Health



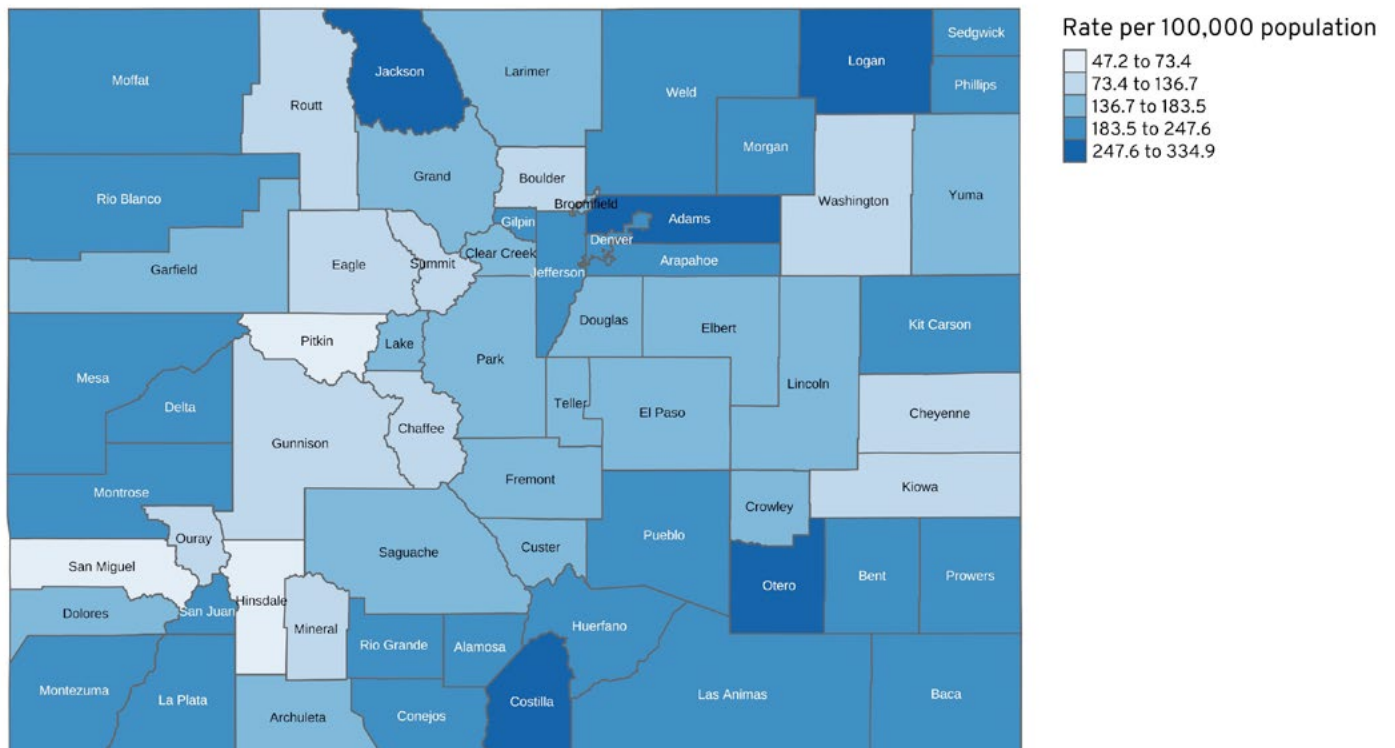
Visited a Doctor for Preventative Care (within the past year)



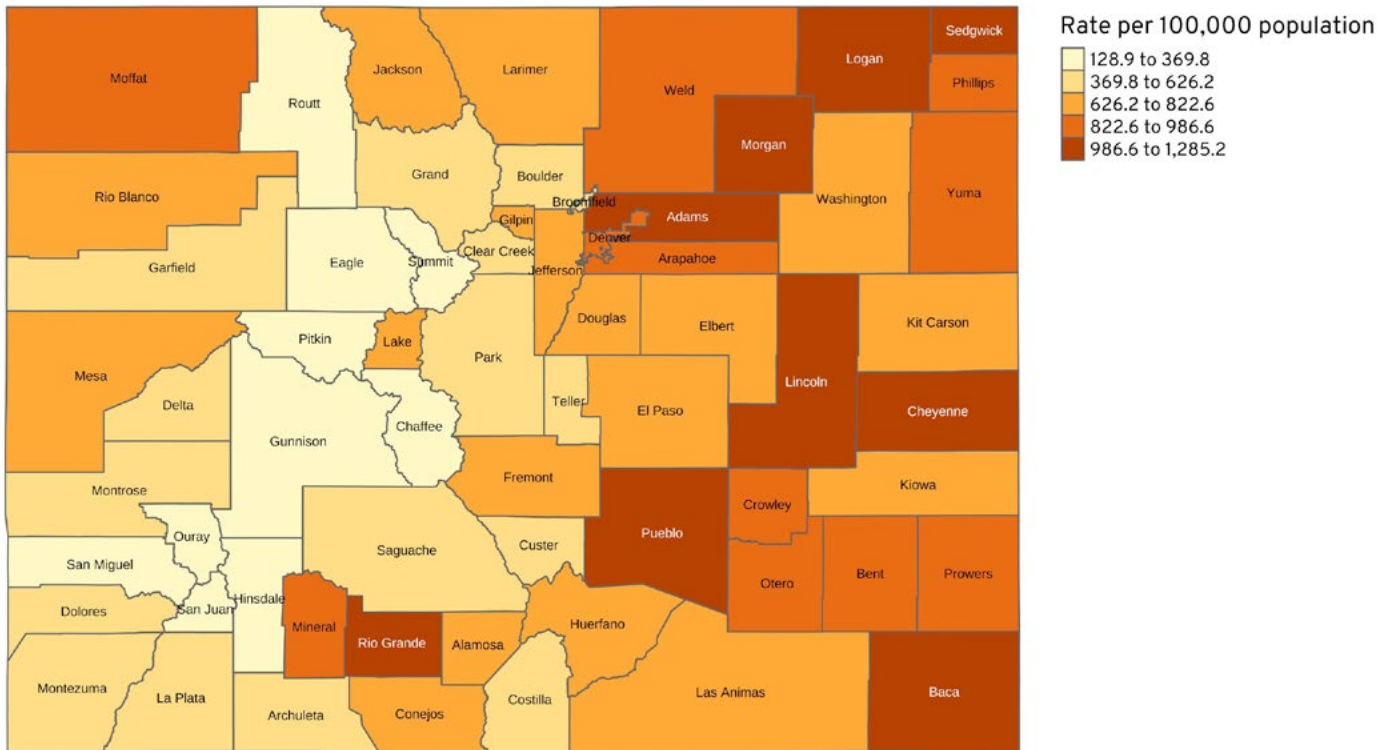
Inadequate Prenatal Care



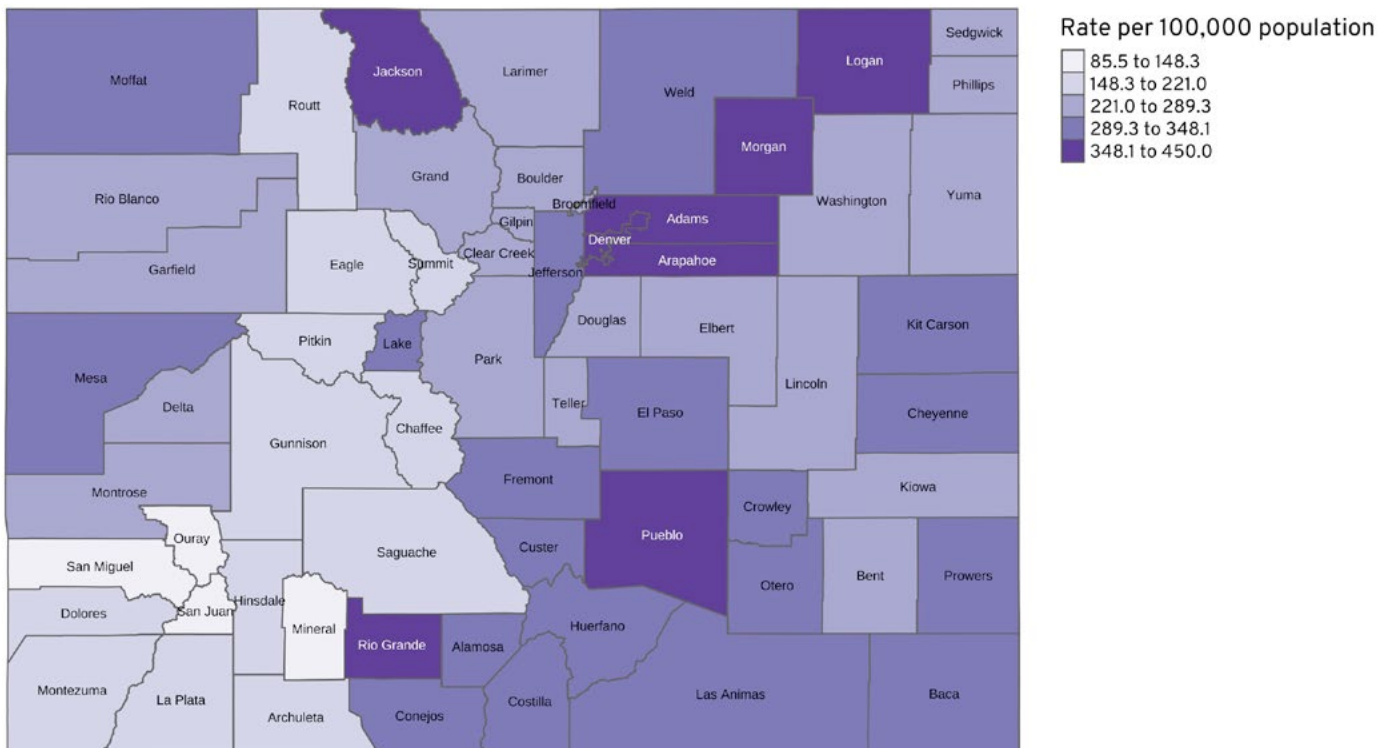
Age Adjusted Heart Attack Hospitalization Rate



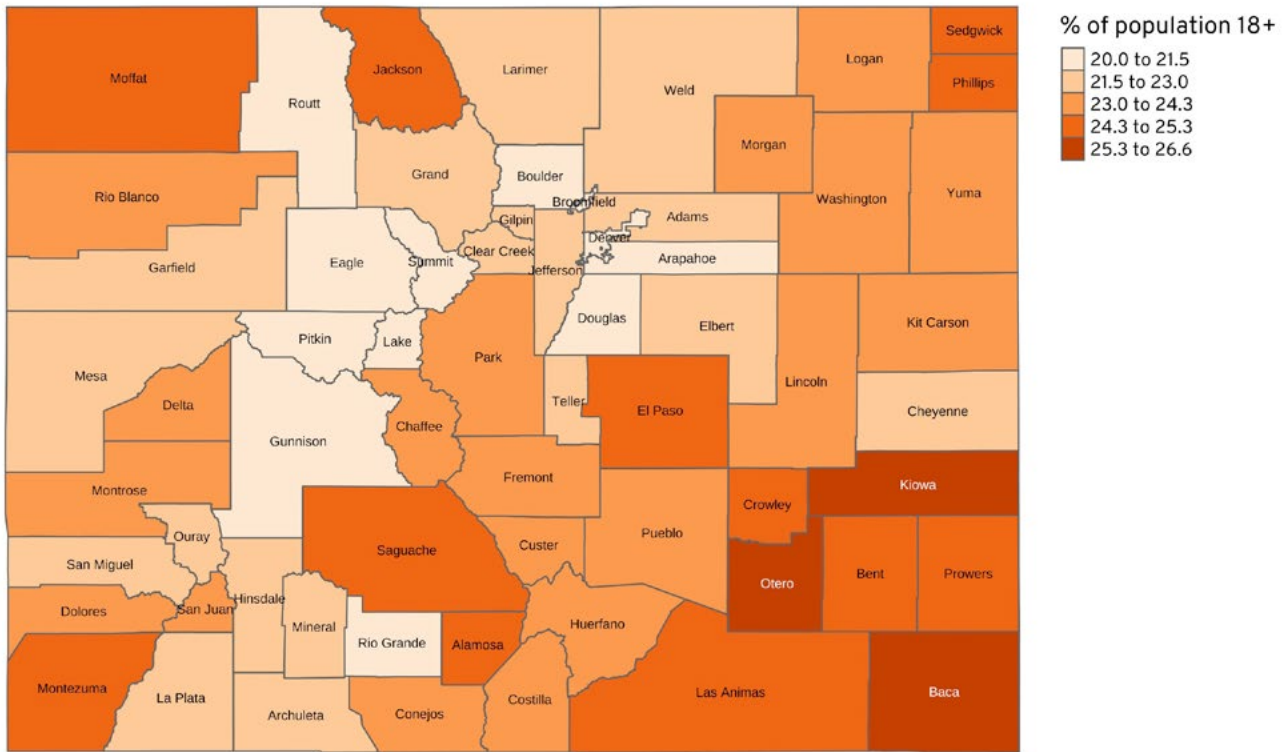
Age Adjusted Heart Failure Hospitalization Rate



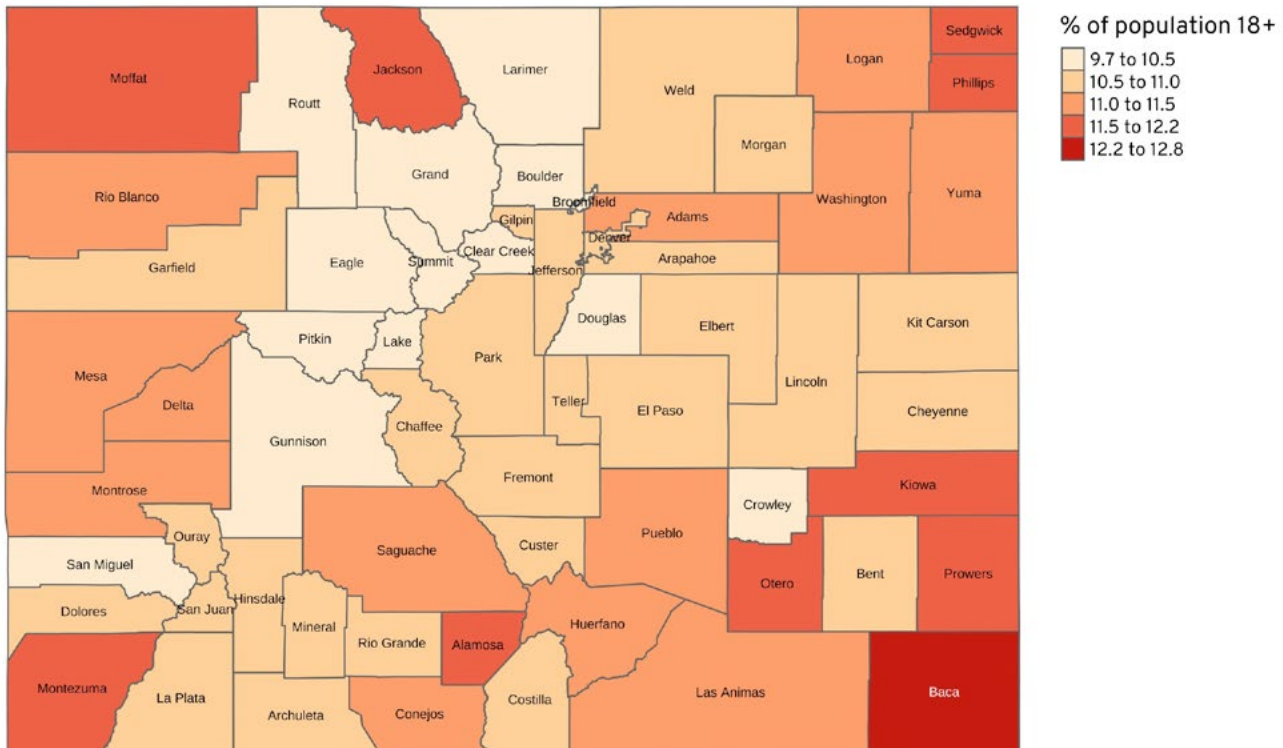
Age Adjusted Stroke Hospitalization Rate



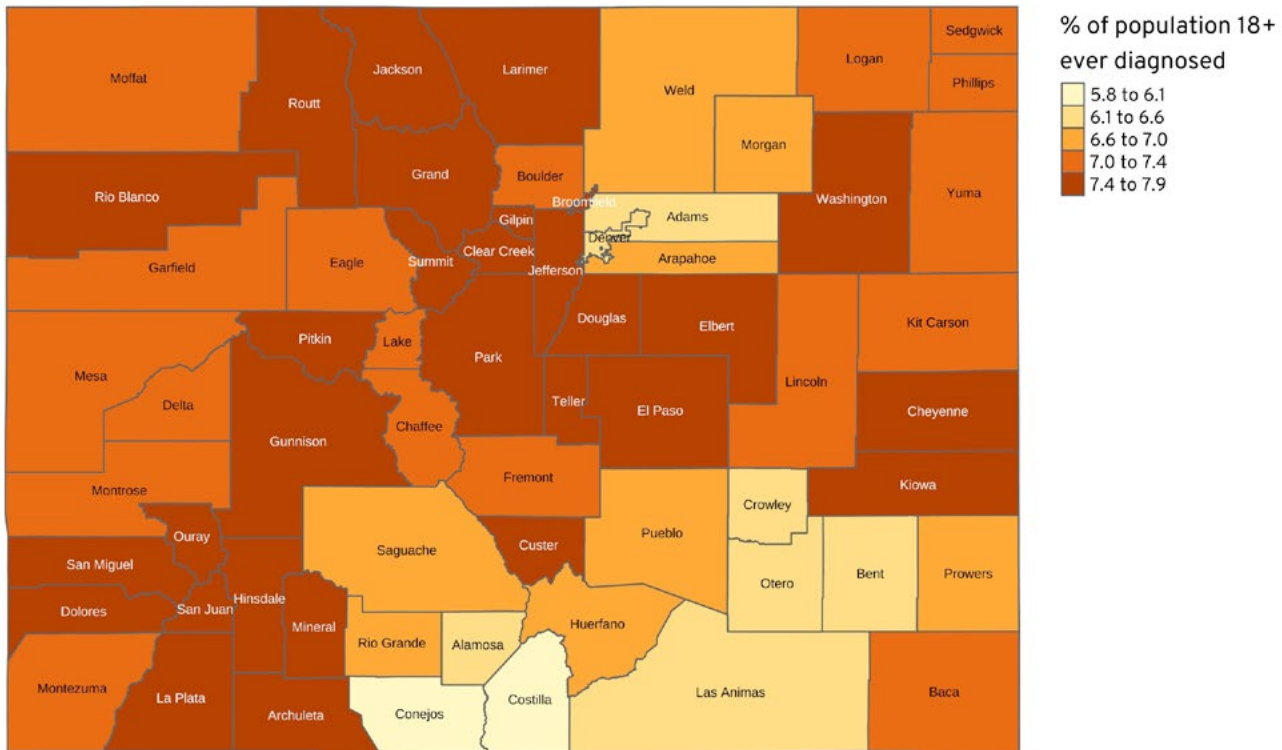
Arthritis



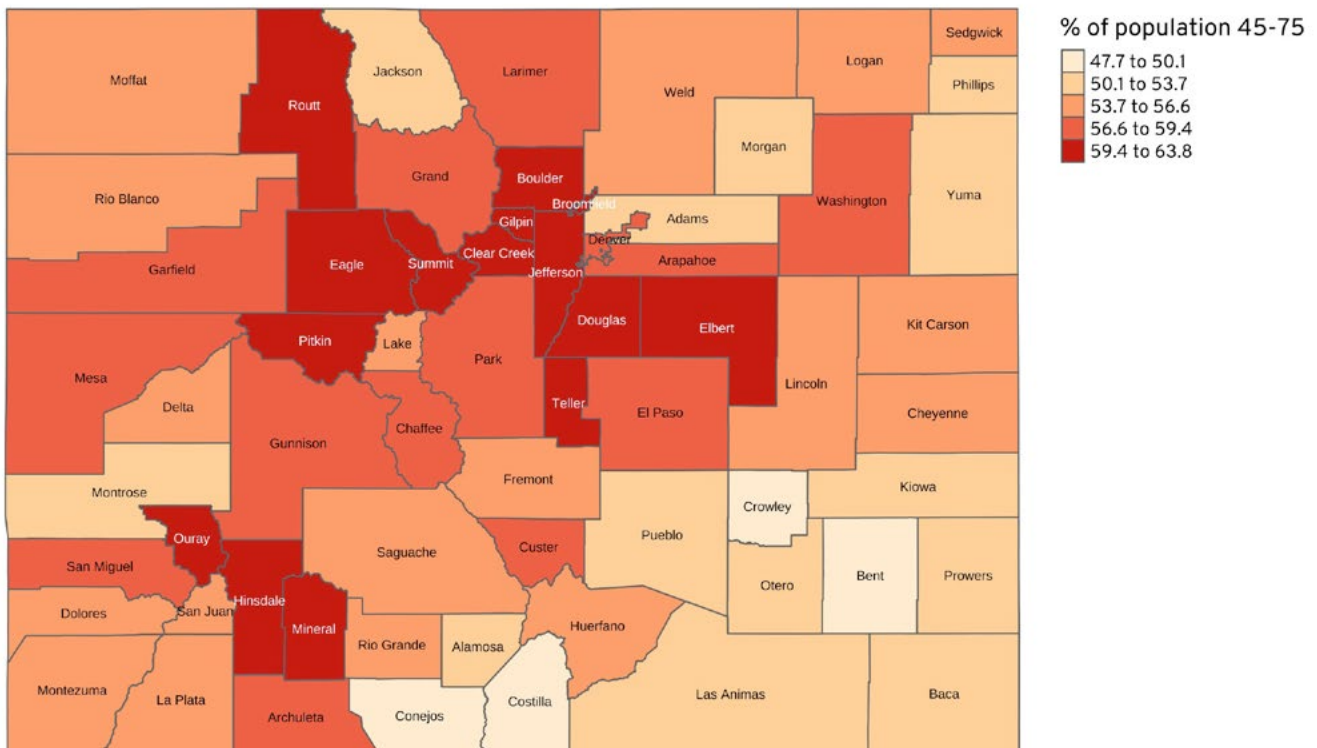
Asthma



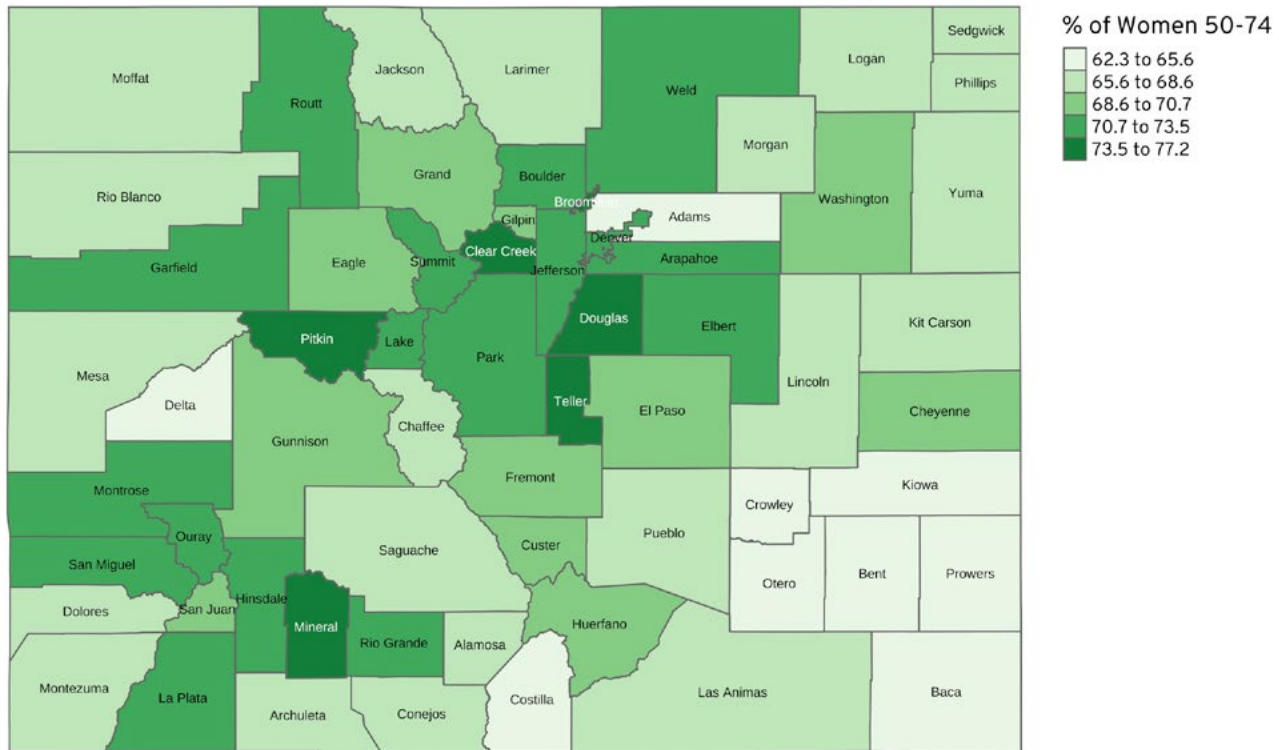
Cancer (non-skin)



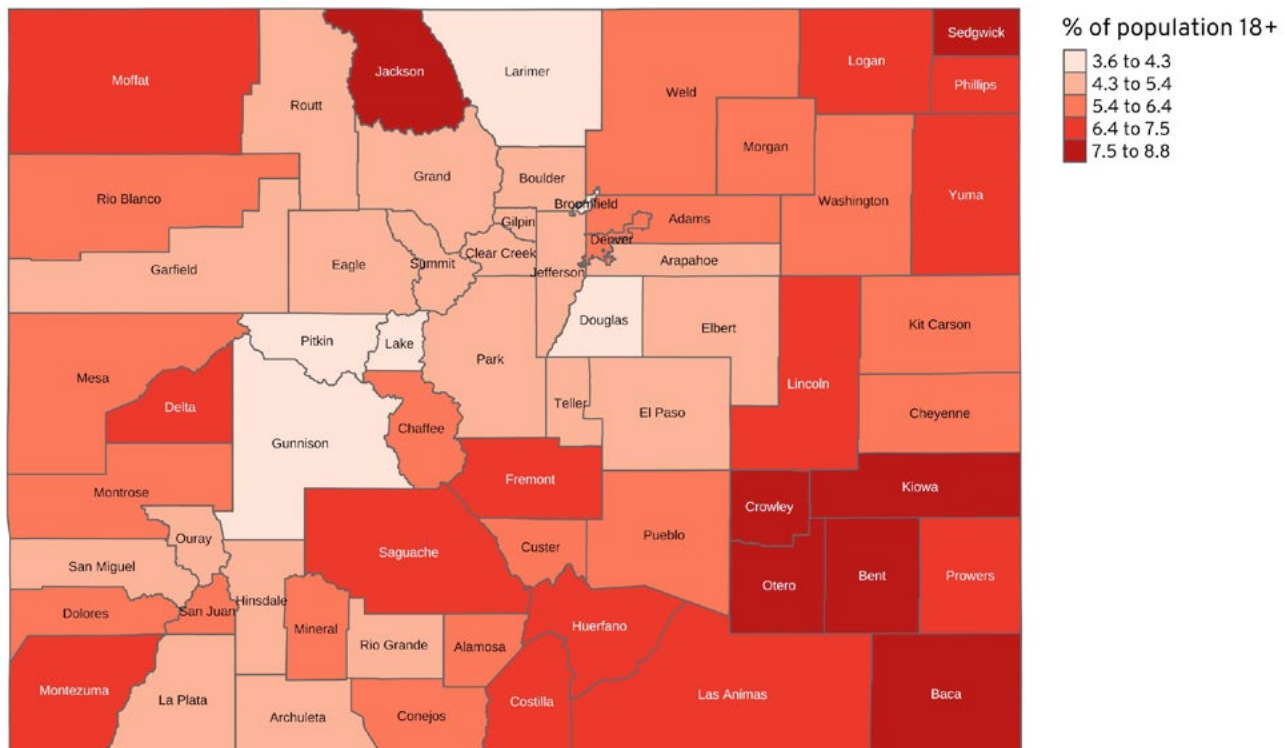
Colorectal Cancer Screenings



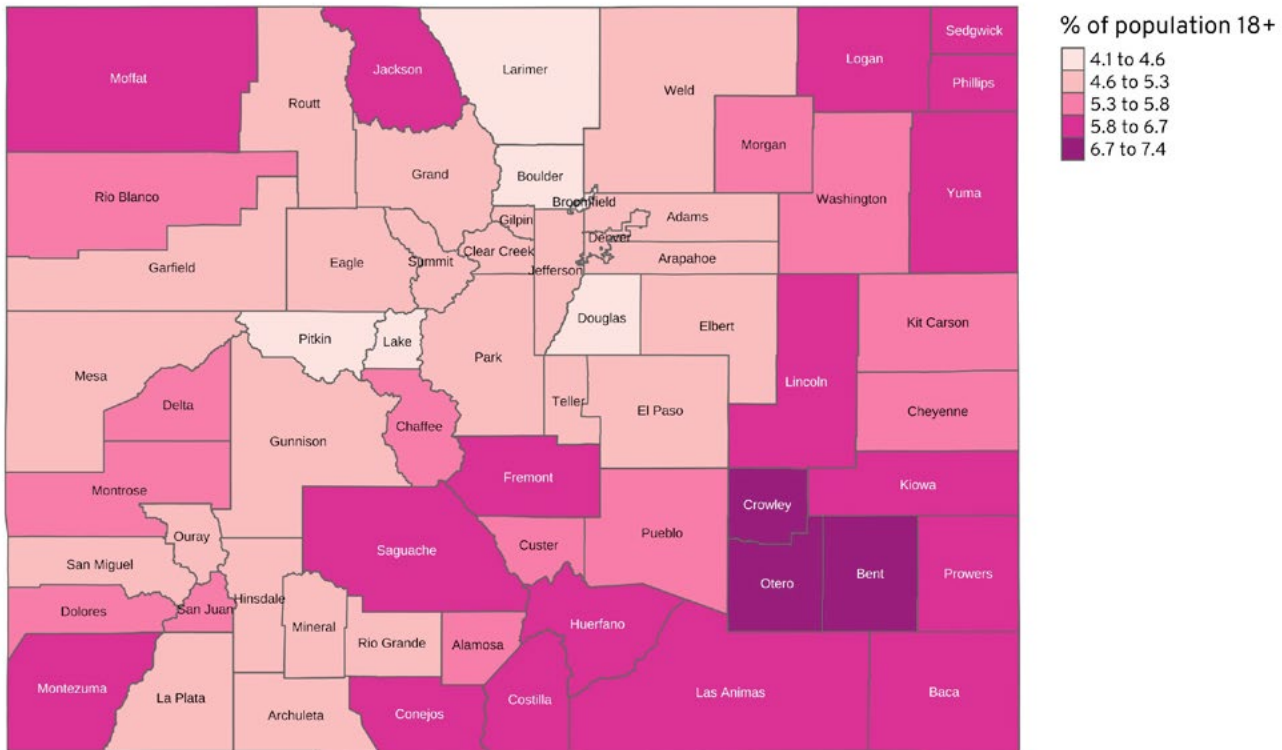
Mammography Screenings



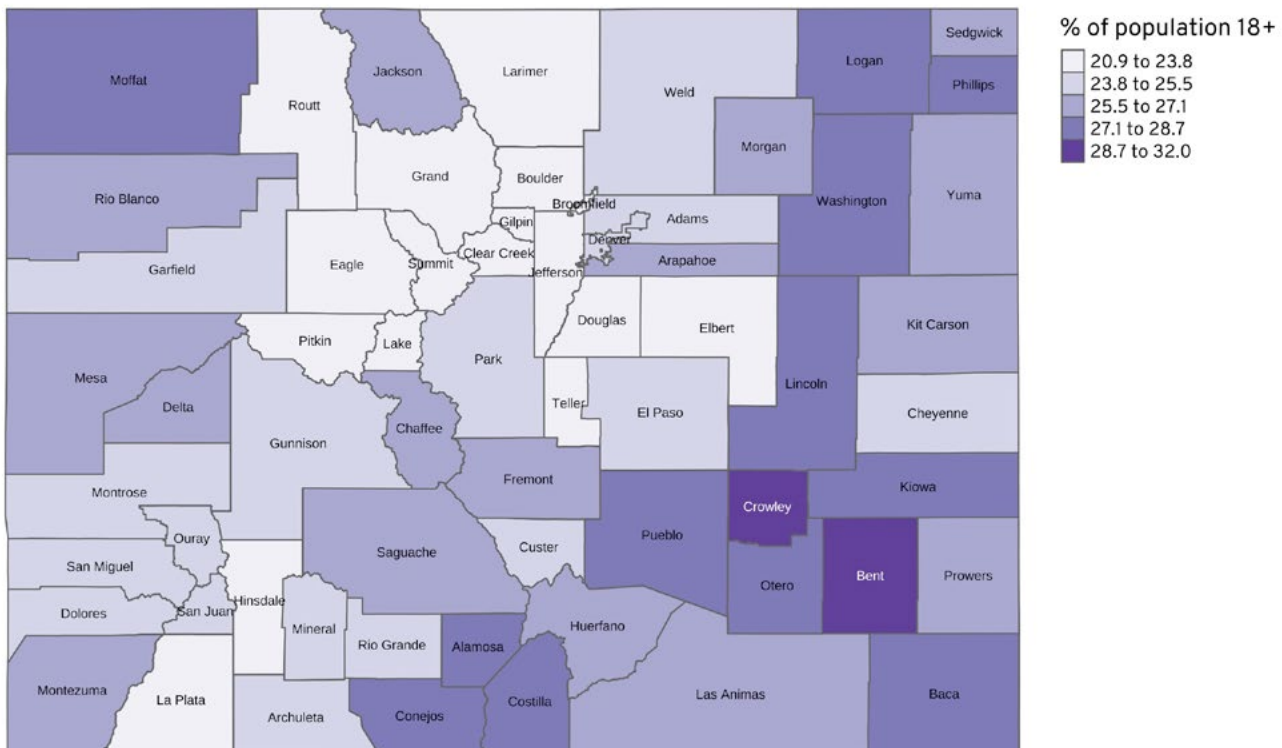
Chronic Obstructive Pulmonary Disease (COPD)



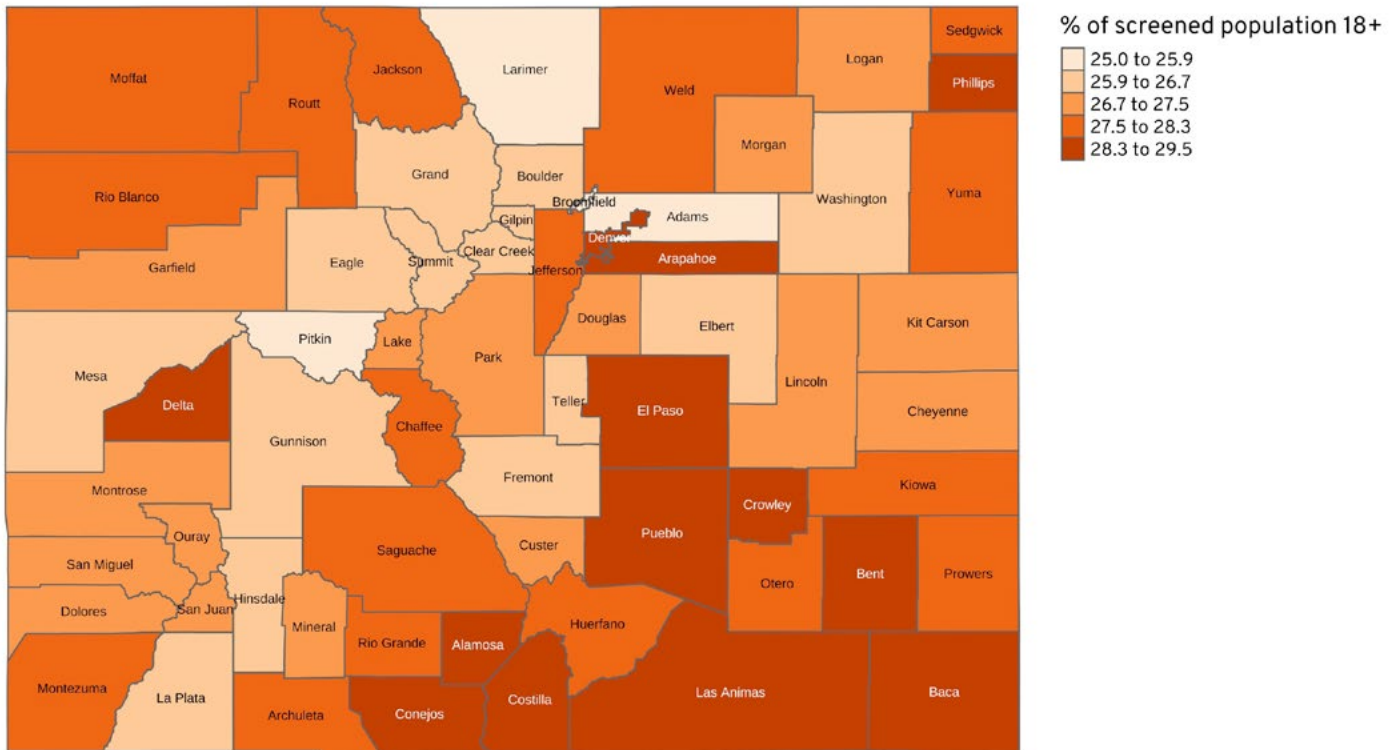
Coronary Heart Disease



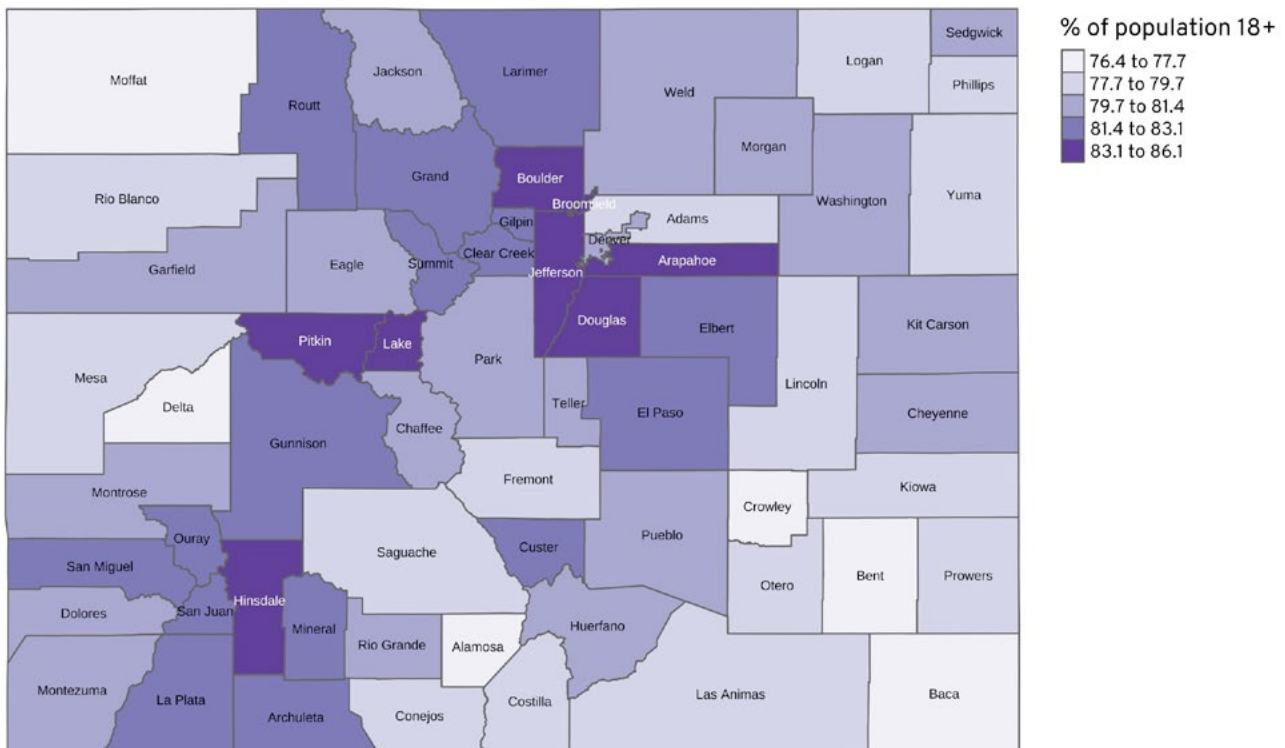
High Blood Pressure



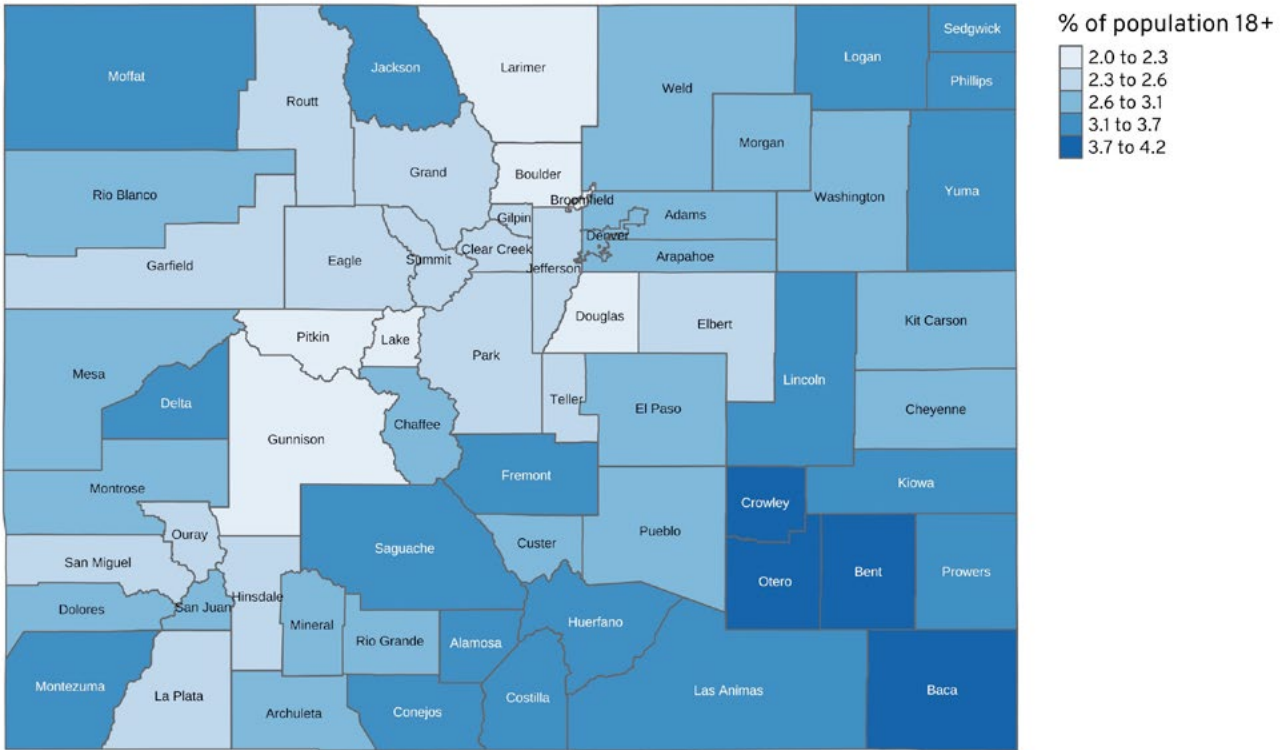
High Cholesterol



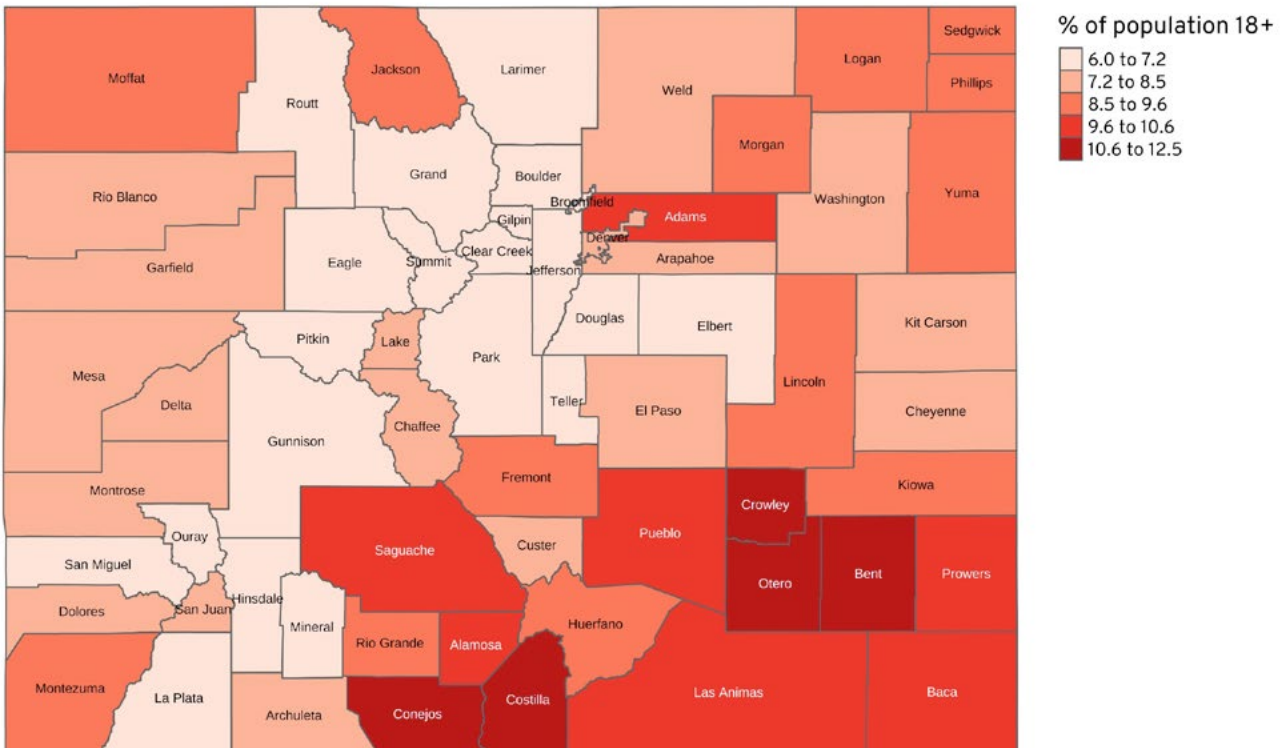
Cholesterol Screenings



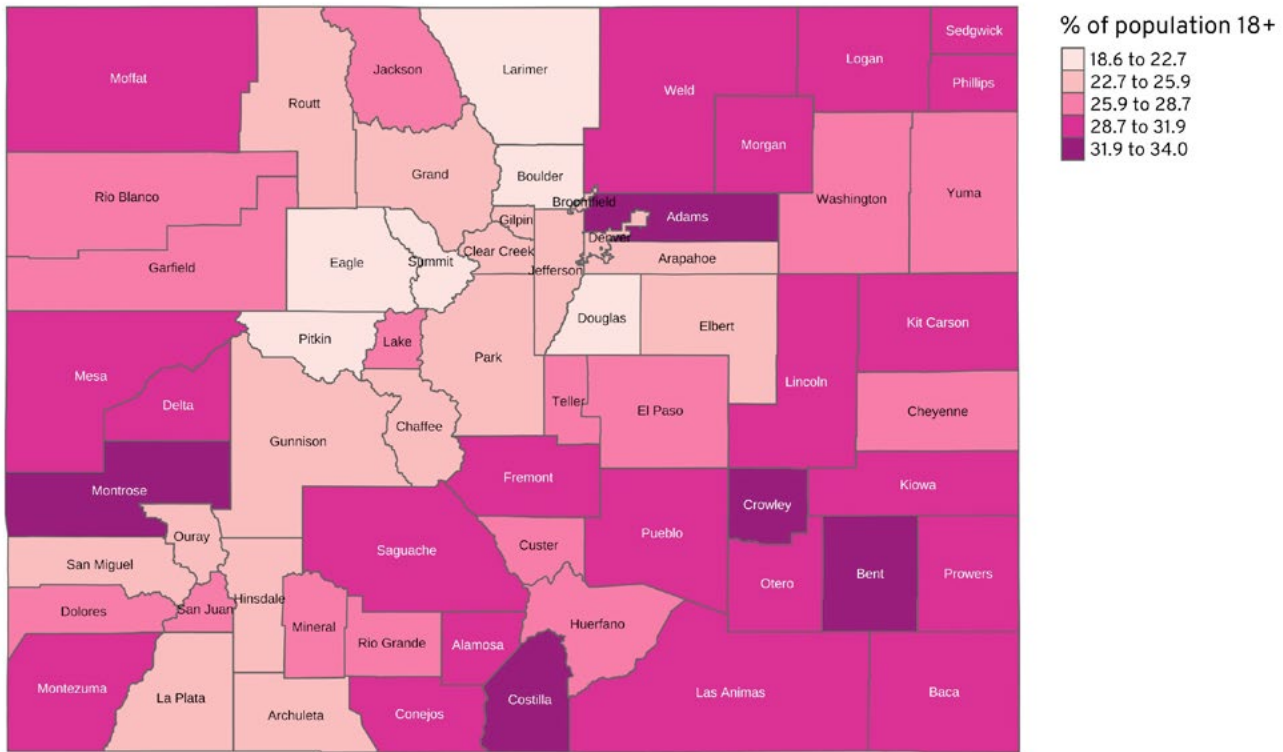
Stroke



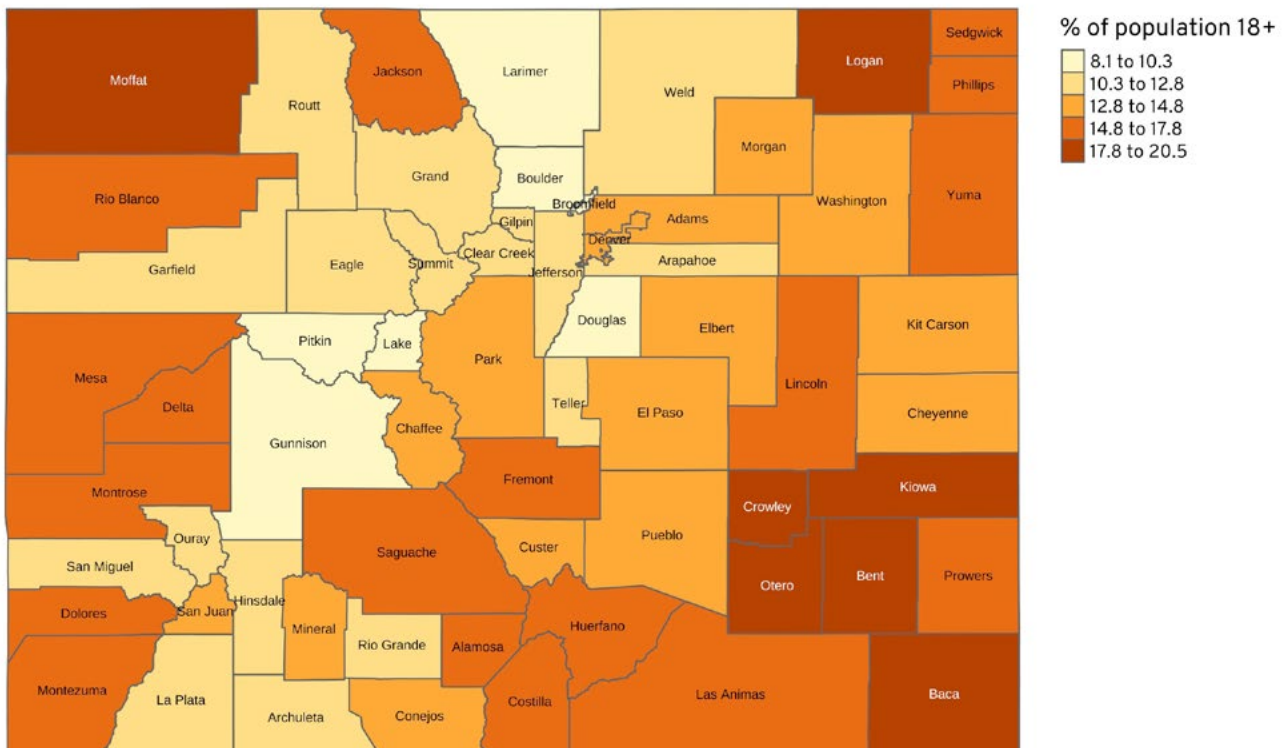
Diagnosed Diabetes



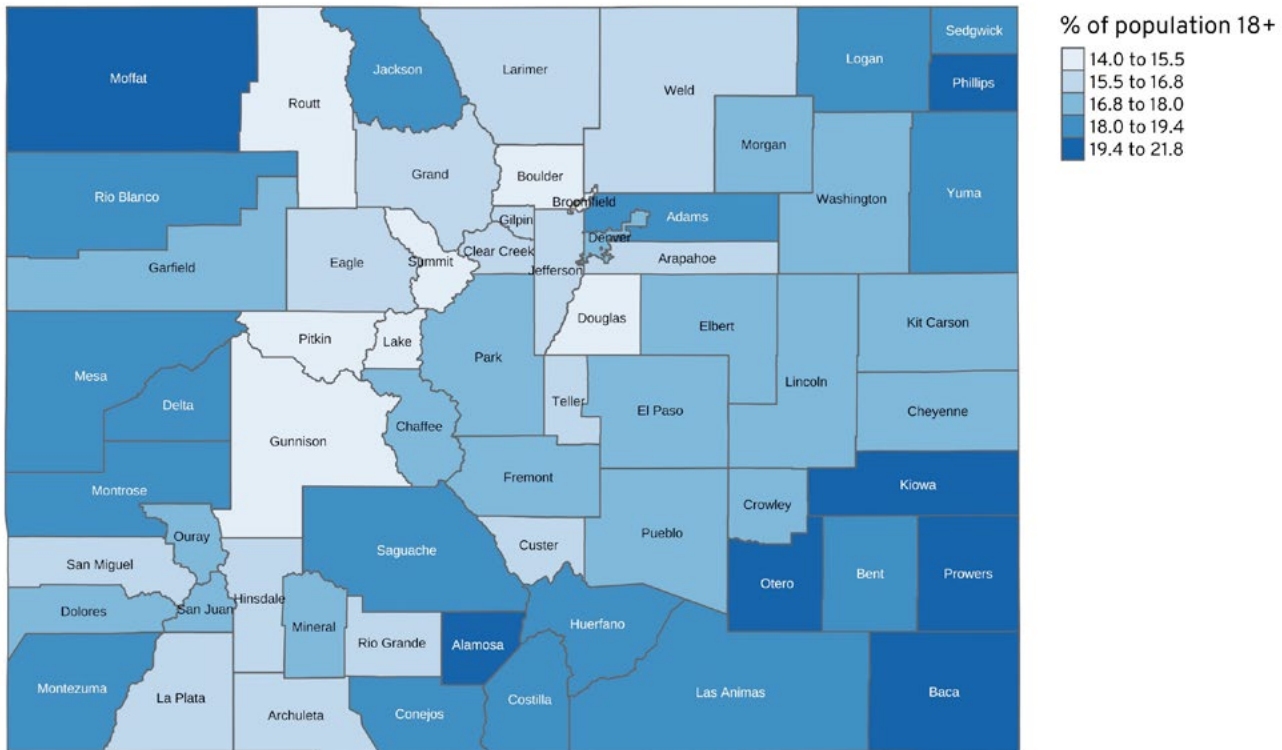
Obesity



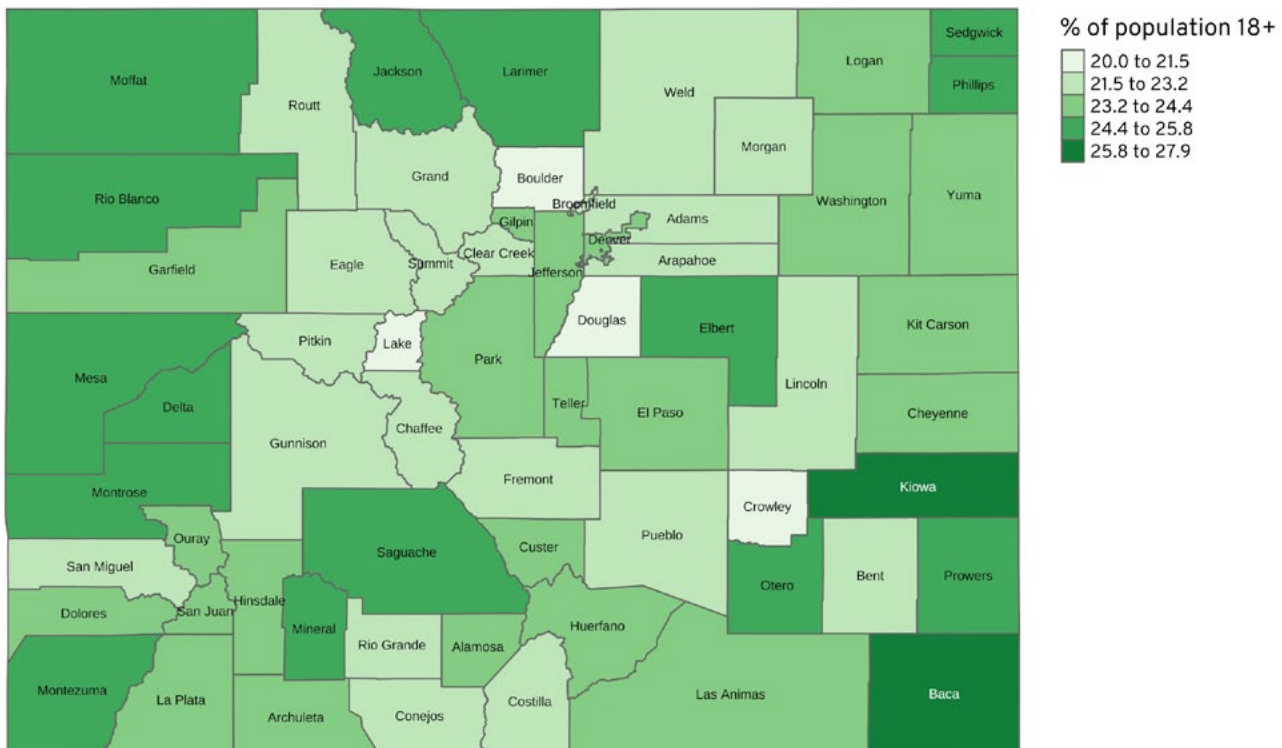
Current Cigarette Use



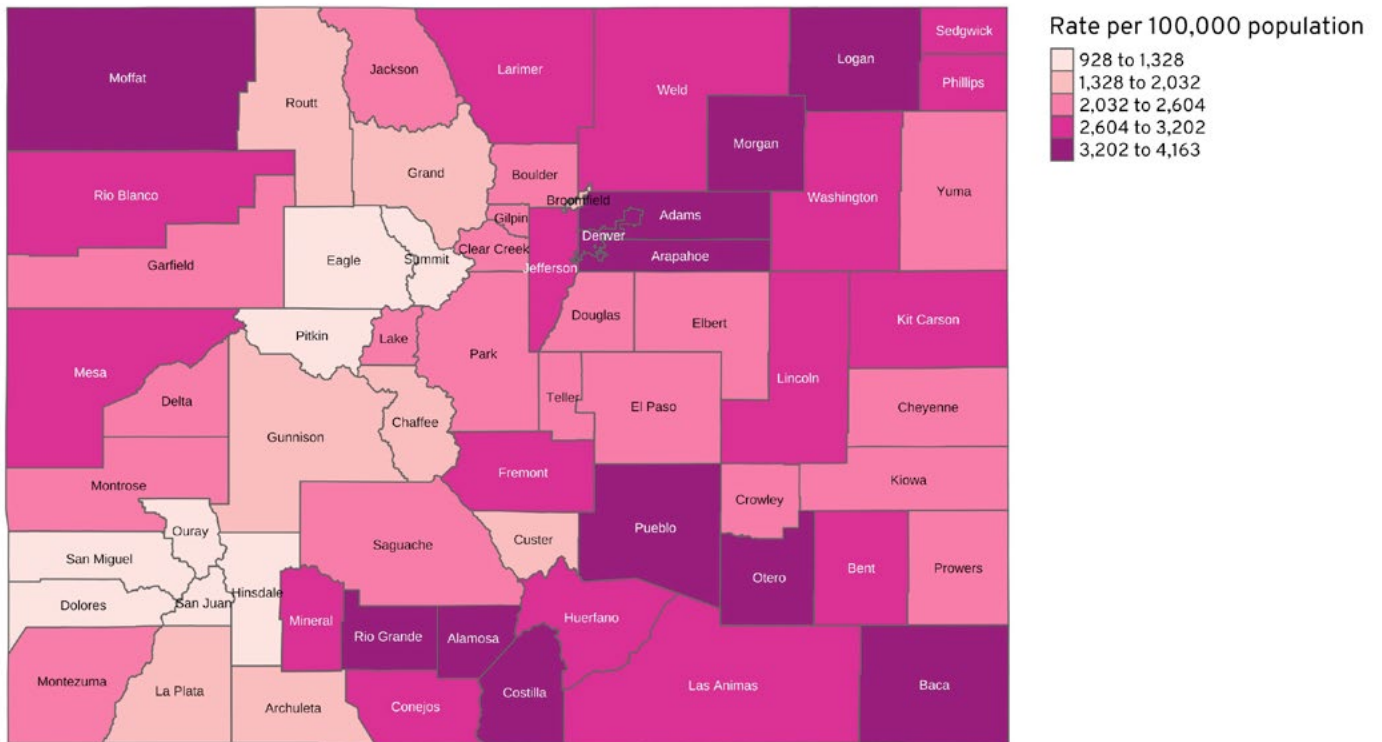
Frequent Mental Distress



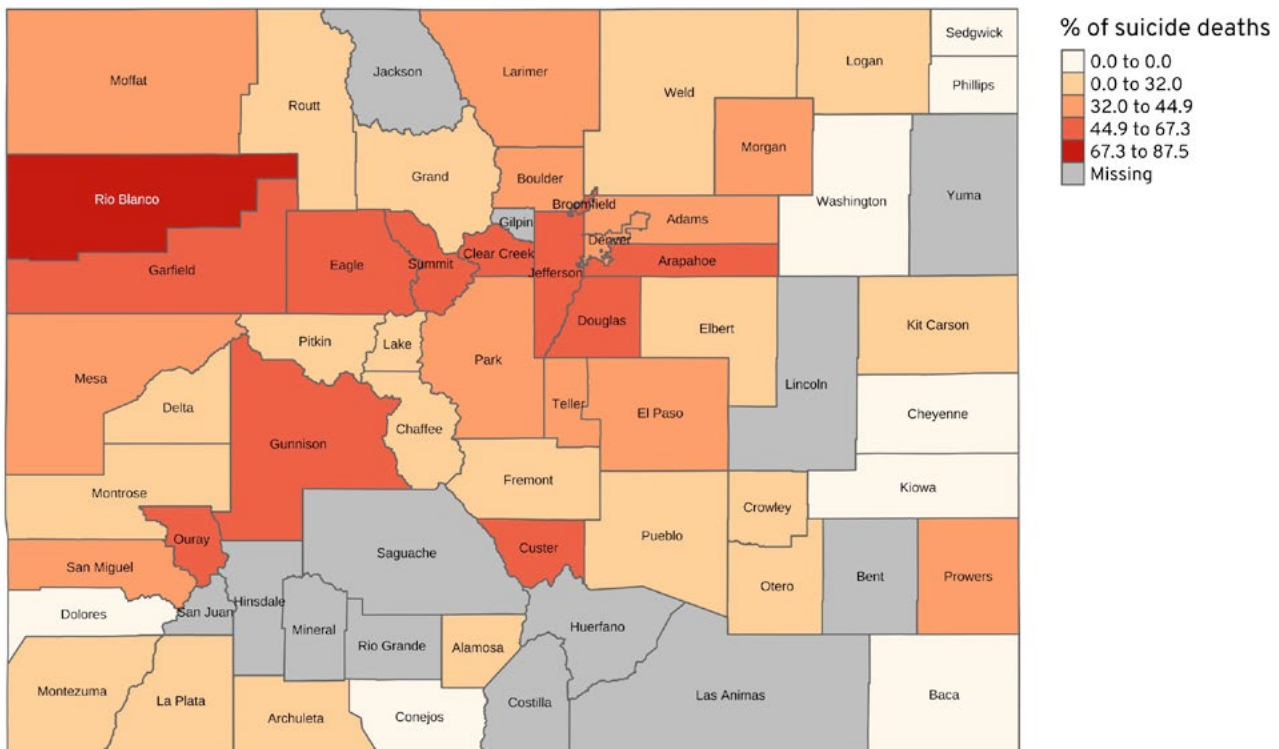
Depression



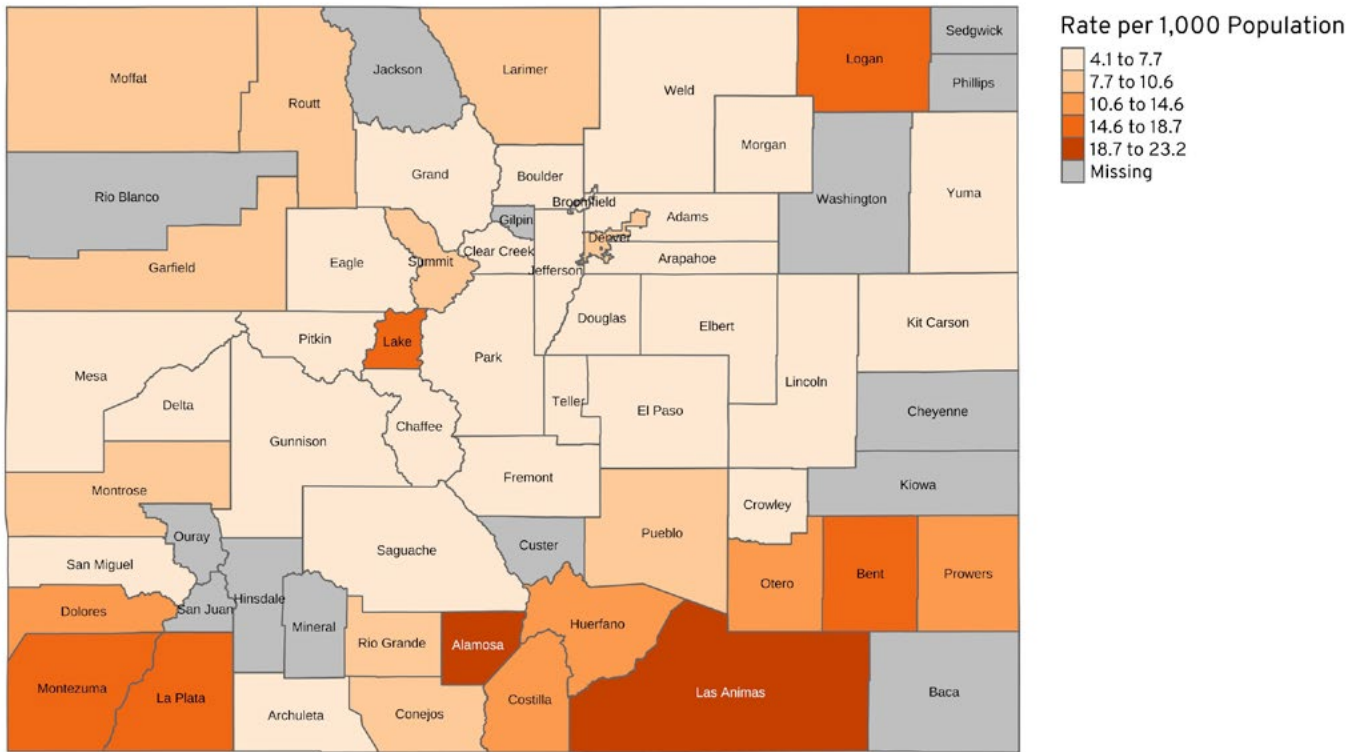
Age Adjusted Rate of Mental Health Diagnosed Hospitalizations



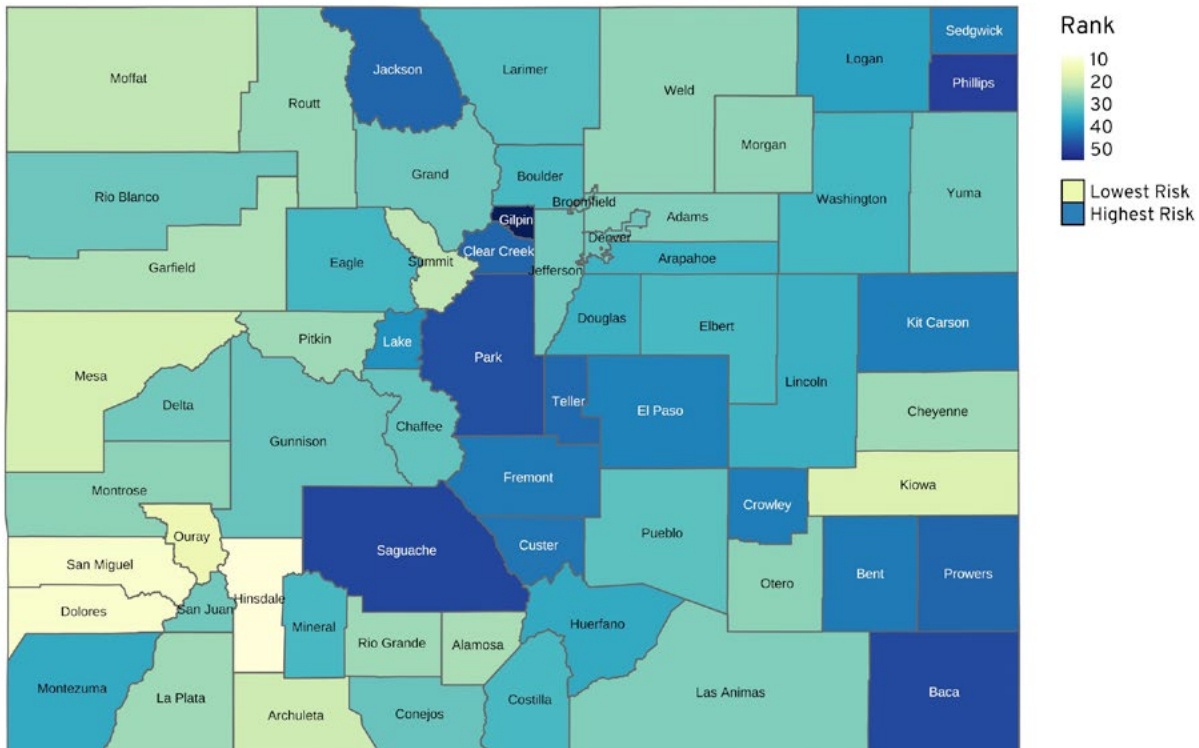
Suicide Deaths Ever Treated for a Mental Health Problem



Substance Use Disorder Treatment



High Risk Opioid Prescription Practices



CRHC works hard to make sure that each fact in the Snapshot of Rural Health comes from a reputable source.

To see a full list of citations, line by line, please reference coruralhealth.org/snapshot-data-2026.

COLORADO RURAL HEALTH CENTER

The State Office of Rural Health

6551 S Revere Parkway, Suite 155
Centennial, CO 80111

P: 303.832.7493

web@coruralhealth.org
coruralhealth.org

FIND US ON    