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

**Income and Poverty**
- The income gap between rural and urban counties persists. The median household income in rural counties is 26.5% less than the median household income in urban ($45,307 compared to $61,642).
- 9.8% of families living in rural counties live below the Federal Poverty Level (FPL). In urban counties, 8.9% of families live below the FPL. For a family of four, the 2014 poverty guideline is $23,850. 24.5% of children (FPL) in rural counties are eligible for free or reduced priced school meals, compared to 15.8% of children in urban counties.
- 26.5% less household income in rural counties is 26.5% less than the median household income in urban areas.
- 24.5% of children live below the Federal Poverty Level (FPL) in rural counties and 8.9% in urban counties. 15.8% of children are eligible for free or reduced priced school meals in urban areas.

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

**CANCER SCREENING vs. OUTCOMES**

- Despite a worse Sigmoidoscopy/Colonoscopy rate in rural counties (53% vs. 60% in urban), colorectal cancer deaths remained near even in rural vs. urban counties.
- Average colorectal cancer deaths per 100,000 people:
  - Rural: 15.5
  - Urban: 15.4

**CAHs SAVE MONEY & HAVE HIGHER SATISFACTION**

- Critical Access Hospitals provide cost-effective primary care. In fact, in comparing identical Medicare services in a rural setting to an urban setting, the cost of care in a rural setting is on-average 3.7% less expensive.
- Hospitals in rural areas have significantly higher ratings on patients’ assessments of care than those located in urban areas.

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

- As Colorado’s State Office of Rural Health, the Colorado Rural Health Center iCARE is designed to build off of the success of Colorado’s Critical Access Hospitals (CAHs) by aiding in reducing readmissions for pneumonia, lung disease, and diabetes.
- CAHs, which have a federal designation allowing them to receive 101 percent of Medicare cost reimbursement, must meet certain criteria including being located in rural areas and at least 35 miles (or 15 miles in the case of mountains or mountainous terrain) from another hospital, and have no more than 25 inpatient beds. Because CAHs are often located in rural areas and more rural areas have higher rates of diabetes and other chronic diseases, CAHs can provide better care.
- iCARE’s three primary goals are:
  1. Improve communication in transitions of care,
  2. Maintain low readmission rates, and
  3. Improve clinical processes contributing to readmissions, particularly for heart failure, pneumonia and diabetic patients.

**Building on the Successes of Colorado’s Rural Healthcare Delivery System**

- For 2014 (through August 31), iCARE facilities reported an average A1C (a measure of blood sugar) of 8.0% and a 30-day readmission rate of 41.0% (lower than the national benchmark goal of 48%).
- In the last 12 months, iCARE facilities provided pneumonia vaccinations to 81.5% of patients ages 65+.
- Rural counties are at a much reduced risk of being below the poverty level.

**Coronary Heart Disease Deaths (per 100,000)**

- Rural CO 100.9 deaths in Urban CO 87.3 deaths

**Kidney Disease Deaths (average per 100,000)**

- Rural CO 23.8 deaths in Urban CO 21.9

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