

THE 2016 COLORADO

Health Report Card

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DATA SPOTLIGHT:

Rural Health

Innovating Out of Necessity



The Colorado Health Foundation™

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The Colorado Health Report Card tracks Colorado's performance on 38 key health indicators. The Health Report Card supports efforts to make Colorado the healthiest state, providing evidence that shows where we are making progress as well as where we are falling behind.

This Data Spotlight turns the focus to health in rural communities, highlighting barriers faced by Coloradans in their pursuit of a healthy lifestyle and innovative programs aimed at overcoming these obstacles.

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On the Cover

From left: A sign directs people to the closest hospital near Limon; volunteers assist with a senior food drive in Burlington; garden educator Abe Rosenberg tends to the Valleybound Antonito School and Community Garden.

Photos by Brian Clark, Colorado Health Institute



The Sangre de Cristo Mountains in the San Luis Valley. Brian Clark/CHI

Rural Health

Innovating Out of Necessity

Poverty

Financial security – key to a healthy life – eludes many in rural Colorado. [PAGE 6](#)

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Lack of Access to Health Care

Rural residents face some of the highest barriers in Colorado when it comes to health care. [PAGE 12](#)

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Rural Coloradans often face an uphill battle when it comes to their health.

In some ways, the odds are stacked against them: many rural jobs offer slim paychecks; healthy eating options may be miles away; and health care, if available, can be unaffordable with or without insurance coverage.

But new ideas and programs are alleviating these barriers. Innovating out of necessity, rural Coloradans are helping to lead the way in addressing some of the state's enduring health challenges.

Digging into the data, the need for creativity becomes clear. Households in rural Colorado earn about \$48,000 annually — \$10,000 less than their urban counterparts. The income gap, paired with higher unemployment in many areas and a greater number of lower-paying, seasonal jobs, means bigger obstacles for many rural Coloradans looking to lead healthy lives.

Some rural residents, for example, have trouble putting fresh, healthy food on the table. Picking up produce may require a lengthy drive to the closest grocery store. When time and money are limited, healthy food can be a luxury for rural families.

And when health care is required, rural Coloradans face many unknowns — too few providers nearby or limited transportation options when the provider is far away. Privacy concerns around seeking care, especially mental health support, keep many rural Coloradans from getting needed services. And rural residents are paying the state's highest rates for health insurance, with an increase in premium prices occurring again in 2017.

But Colorado's rural communities are no strangers to getting inventive when resources are few. They

are resilient and close-knit. They rally around neighbors' needs and rely on each other to get through hardships. Extended families stay close to home. And when it comes to health, there are plenty of innovations:

A community center in Burlington on the Eastern Plains is offering education, resources and support in a one-stop shop that is using creativity to help families build on strengths they might not even recognize they have.

In the San Luis Valley's Conejos County, the school garden is not just a source of fresh produce for the cafeteria. It's becoming a hub for physical activity, healthy eating and community-building for the whole town.

And a rural health clinic in Rocky Ford is leveraging a small team with can-do attitudes to bring necessary and integrated health care to local residents.

It's clear, however, that every rural community is distinctly unique health-wise. These rural areas vary in demographics, socioeconomic factors, histories and geographies. Residents of Hayden have different assets and barriers to health than those in Haswell. No community is the same.

This Data Spotlight highlights those differences. It delves into the data to pinpoint the barriers to health in rural Colorado and focuses on solutions that are emerging from our rural communities.

It's those programs, and the people behind them, that make up the silver lining in the struggles of rural Colorado — the inventive ways that communities are working together to overcome unique health challenges, even with limited resources.

Defining Rural Colorado:

This Data Spotlight defines rural counties as any county not designated as part of a metropolitan area — those with a population center of 50,000 or more.¹ Colorado's metropolitan areas are clustered along the Interstate 25 corridor. Mesa County on the Western Slope, home to Grand Junction, is also a metropolitan area.

Poverty

Poverty is a part of daily life for the almost 31,000 children and 71,000 adults living below the federal poverty line in rural Colorado.

And money matters when it comes to health. Coloradans earning lower wages are more likely to report poorer general health, oral health and mental health.

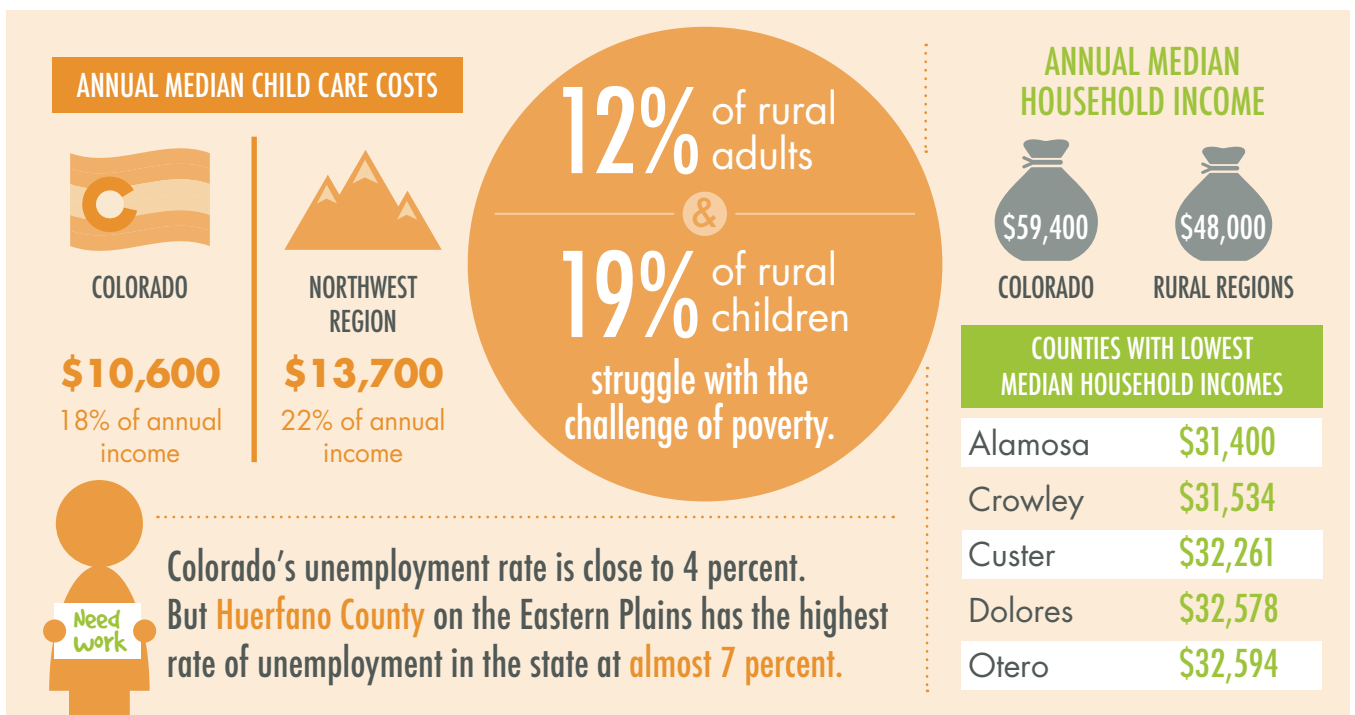
Combined with higher unemployment and lower earnings than in urban areas, some low-income rural residents struggle to afford the basics in life.

Many residents of the Eastern Plains experience this problem firsthand. A third of the state's agriculture jobs are located here, many of which tend to be seasonal and lower paying. Median household incomes are the lowest in the state at \$42,500 annually — 27 percent below earnings in metropolitan areas.

Compared with urban Coloradans, rural families may be more likely to live from paycheck to paycheck. Day-to-day expenses — big and small — are an even tougher burden for families on a shoestring budget.

Child care, if available, is one example of rural challenges — costing families in the rural Northwest 30 percent more than the state overall. Housing expenses are another. Almost half (44 percent) of rural Coloradans spend more than 30 percent of their incomes on rent. And for some rural communities, like in San Juan County, that's a reality for more than half of the population (54 percent). Other expenses — like healthy food and car maintenance — can also add up quickly when paychecks are small.

Efforts to address poverty are on the rise in rural communities and resources are emerging to overcome this crippling health barrier.



Building up Families in Burlington

At the Prairie Family Center in Burlington, Deena Ziegler and her team have learned to look on the bright side.

When a family in need arrives at their brick storefront office in a town of about 4,000, it might be easy to focus on what's wrong, including generational poverty and fallout from a tough economy. But the staff at Prairie Family Center turn the family's attention to what's working:

A two-parent home. Supportive extended family members. A high school diploma. Even the ability to care for a pet.

Then they strategize with the family about how to build on strengths they may not have recognized, connect them with vital resources and help them set goals for getting back on their feet. Staffers check back after three months to keep the family moving forward.

"We want to educate and build and support families to be healthy and functional," says Ziegler, a Burlington native who joined Prairie Family Center after returning home with her own family.

Prairie Family Center is a beacon of hope and help in this frontier area on Colorado's far Eastern Plains, just 13 miles from the Kansas border. A broad range of community-based programs target all ages. There's a monthly food distribution; health, nutrition and cooking classes for toddlers to seniors; parenting programs; a food pantry and thrift store; summer food programs for children; and referrals to health



Deena Ziegler stands in the food pantry at the Prairie Family Center in Burlington. From food drives to parenting programs to life skills classes, Ziegler and her staff are creating community-based programs that target all ages. Photo by Brian Clark/CHI

Idea to share:

Prairie Family Center has created a strength-based approach that is helping families thrive. It focuses on education and includes regular follow-ups.

care, mental health and emergency services. Teens can also sign up for the popular Girl Talk or Cool Dudes life skills classes.

And families sometimes carpool 90 miles to reach the center, the only one of its kind in the area.

Prairie Family Center is funded by state grants, foundation grants, individual and business donations and fundraising. It served 645 people in 2015, down from a couple years ago, when that number was closer to 1,000. For Ziegler, that's good news. It means fewer families need help.

But that doesn't stop Prairie Family Center from dreaming big. It is in the planning stages for a community walking and biking program to attack obesity and chronic health conditions.

Story by Deborah Goeken

Mapping Rural Colorado



Northwest

(Colorado numbers in parentheses)

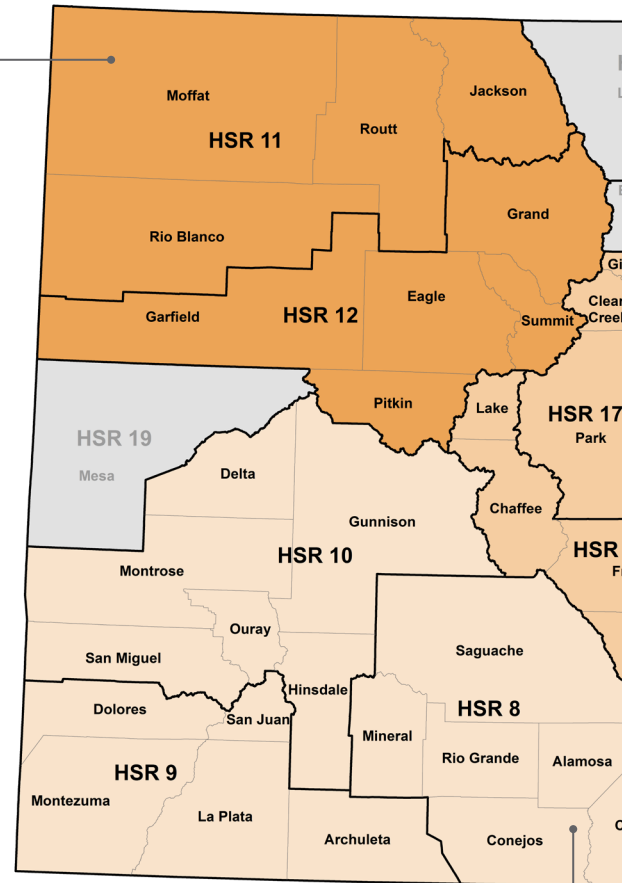
Residents enjoy the highest rates of physical activity and lowest prevalence of obesity, thanks in part to local parks and recreation, stunning hikes, powerful rapids and world-class skiing. But health insurance and child care have big price tags.

Economics

- **Median income:** \$63,900 (\$59,400)
- **Adult poverty rate:** 11 percent (11 percent)

Residents

- **Population:** 214,000 (5,198,000)
- **65 and older:** 11 percent (12 percent)
- **Hispanic:** 21 percent (22 percent)
- **Obesity rate:** 15 percent (20 percent)
- **Problems accessing mental health care:** 8 percent (9 percent)



Southwest / San Luis Valley

(Colorado numbers in parentheses)

This region is one of the largest high desert valleys in the world. It is rich with cultural history and diversity. But with the state's highest poverty rate, residents face tough financial decisions when it comes to healthy living.

Economics

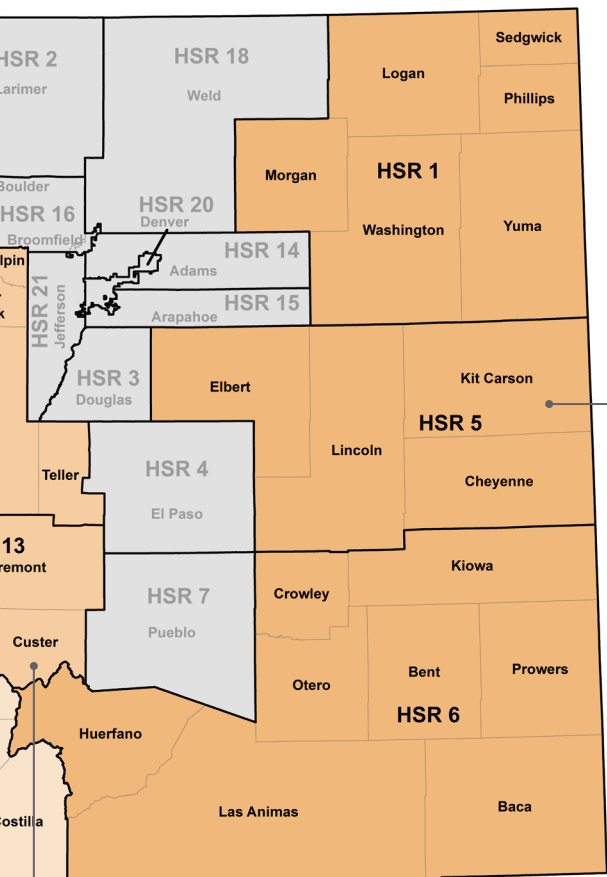
- **Median income:** \$43,400 (\$59,400)
- **Adult poverty rate:** 14 percent (11 percent)

Residents

- **Population:** 239,000 (5,198,000)
- **65 and older:** 17 percent (12 percent)
- **Hispanic:** 21 percent (22 percent)
- **Obesity rate:** 20 percent (20 percent)
- **Problems accessing mental health care:** 9 percent (9 percent)

A Statistical Comparison of Colorado's Rural Regions

It's no wonder that these areas experience health barriers differently. When it comes to geography, economy and their communities, they can be miles apart.



= Urban Areas



Eastern Plains

(Colorado numbers in parentheses)

These arid plains are home to the Pawnee and Comanche National Grasslands. A third of the state's agriculture jobs are here. But residents have the lowest level of physical activity, least access to healthy foods and highest rate of obesity.

Economics

- **Median income:** \$42,500 (\$59,400)
- **Adult poverty rate:** 13 percent (11 percent)

Residents

- **Population:** 181,000 (5,198,000)
- **65 and older:** 17 percent (12 percent)
- **Hispanic:** 26 percent (22 percent)
- **Obesity rate:** 24 percent (20 percent)
- **Problems accessing mental health care:** 8 percent (9 percent)



Central

(Colorado numbers in parentheses)

Some of the highest mountains in the continental U.S. rise out of this region. And health insurance rates here are the highest in the state with 94 percent of residents covered. But most residents live far from a park, which can discourage exercise.

Economics

- **Median income:** \$54,700 (\$59,400)
- **Adult poverty rate:** 9 percent (11 percent)

Residents

- **Population:** 131,000 (5,198,000)
- **65 and older:** 19 percent (12 percent)
- **Hispanic:** 11 percent (22 percent)
- **Obesity rate:** 20 percent (20 percent)
- **Problems accessing mental health care:** 6 percent (9 percent)

Unhealthy Options

Many families in rural areas have limited options when it comes to healthy living.

Colorado’s iconic landscapes — wide open spaces, vast prairies and majestic peaks — do not always translate into opportunities to be physically active. In some cases, getting exercise comes down to the simple question of whether or not your community offers easy access to a local park.

And rural residents often don’t have ready access to healthy foods. This might be because the grocery store is far away or because the fresh foods there are too expensive.

One of five Colorado adults (20 percent) is considered obese. But this rate climbs to almost a quarter (24 percent) of the population in the Eastern

Plains. Perhaps not surprisingly, adults in this region report the lowest physical activity rates in the state.

Lack of exercise and poor nutrition can lead to higher rates of obesity and associated health consequences, including heart disease, stroke, type 2 diabetes and certain types of cancer.² On the flip side, evidence suggests that physical activity and healthy eating promote general well-being.³

To overcome these challenges, rural regions are leveraging existing resources — such as schools and workplaces — to give kids and families more choices for healthy food and opportunities to be physically active.

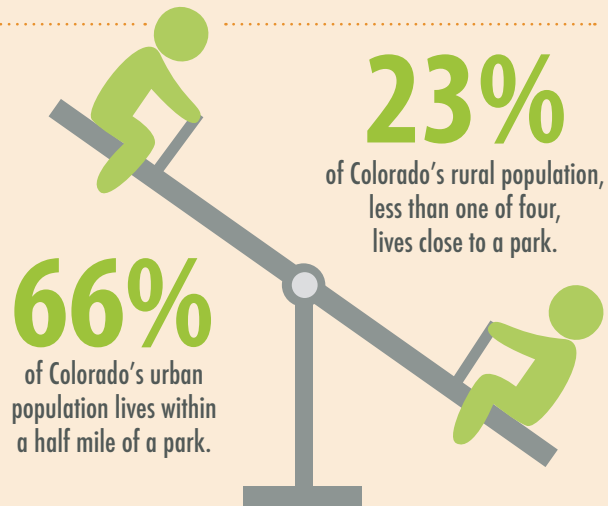
24% of adults on the Eastern Plains are obese and almost as many are physically inactive. Across Colorado, physical inactivity rates and obesity rates are closely linked.

Region	Physical Inactivity Rate	Obesity Rate
Northwest	12%	15%
Southwest/San Luis Valley	16%	20%
Central	17%	20%
Eastern Plains	21%	24%
Colorado	15%	20%



MORE THAN ONE OF 10

Eastern Plains residents earn low incomes and live more than 10 miles from a grocery store, making healthy foods a luxury.⁴



Planting Seeds of Health in Antonito

The thunder of horses' hooves once filled Antonito's rodeo arena. Crowds flocked here to celebrate the heritage of the San Luis Valley, where people have farmed and ranched since the mid-1800s.

But the arena has been silent for years. Paint is peeling on the grandstand. Weeds grow undisturbed by cowboys and horses.

In 2015, though, something new took root in the arena: a school garden.

The garden grows more than just lettuce and carrots for the school cafeteria. Its supporters aim to plant a lifelong connection to the outdoors for the entire community.

"The garden project is designed to improve the quality of life and health of people in the community, focusing on the school and working our way outward from there," said Abe Rosenberg, garden educator for Valleybound Antonito School and Community Garden.

Valleybound describes itself as "a garden, a kitchen, a playground, a classroom, a refuge, a home."

It's a project of the nonprofit Conejos Clean Water. The group's executive director, Antonito native Justin Garoutte, worked with volunteers and the school district to create the garden at the rodeo arena, located on school property.

The garden just finished its second growing season and the students are getting more involved. Rosenberg started a permaculture class for middle schoolers to teach the principles of sustainable agriculture.

Idea to share:
School gardens can grow nutritious food and connections to nature for students, but it takes enthusiastic participation of school staff.



Abe Rosenberg (second from left), garden educator for Valleybound Antonito School and Community Garden, and a group of students stand at the entrance to the garden, which is helping create a healthy connection to the community. Photo by Brian Clark/CHI

Valleybound also hosts outdoor education camps. Rosenberg remembers a girl who was new to town and struggling. But she blossomed during the two-week camp, left with a better feeling about herself – mentally and physically – and made a bunch of new friends along the way.

Valleywide plans to build a community center at the garden to host cooking classes, concerts and community events.

"To do a community garden is relatively simple. You just need to find a place to have it and a passionate group of people to get it started," Rosenberg said.

But school gardens wither without sustained attention. That's why he says it's crucial to have a champion in the school, such as a superintendent or principal.

Like any successful garden, if it's tended carefully, the harvest will be bountiful. *Story by Joe Hanel*

Lack of Access to Health Care

Accessing health care often comes down to some basic questions:

Can I get an appointment? Who's going to watch the kids while I'm at the clinic? Is there a bus that gets me there? Will my doctor accept my insurance? Where can I go if I don't have coverage? What will happen if my neighbors learn about my problem?

Spotty service availability, costly child care, inadequate transportation, lack of insurance, stigma and more can affect health regardless of where a person lives. But such barriers to care are often highest for residents in rural Colorado.

Consider health insurance, for example. Nine percent of rural residents lack insurance compared with 6 percent of urban Coloradans. The gap has narrowed, however. Just three years ago, almost one of five (17 percent) rural Coloradans were uninsured.

Residents with high health care needs, such as chronic diseases or behavioral health issues, are especially at risk. They need ready access to primary and specialty care.

Yet, rural Coloradans are less likely to see a specialist than urban residents. Coloradans in the Northwest, for example, see the fewest specialists in the state. Compared with 38 percent of urbanites who reported visiting a specialist in the past 12 months, less than a third (32 percent) of the Northwest's rural population accessed specialty care.

And many rural Coloradans are not getting needed mental health services. Suicide provides a stark illustration. Each rural area except the Northwest is above the statewide rate of 20 suicides per 100,000 residents. And in the Central region, the rural area with the highest rate, suicide deaths have reached 34 per 100,000.

Despite these barriers, rural communities are finding creative ways to innovate.

One of 10 Rural Coloradans

cite problems with their doctor's office not accepting their insurance. This problem disproportionately hits the Southwest/San Luis Valley, where almost **13 percent** of residents say it's a barrier.



9 Percent

of Coloradans in the Southwest/San Luis Valley said that in the past 12 months they did not get the mental health care they needed.



Coloradans in the Northwest saw the fewest specialists, with **less than a third (32 percent)** of the population accessing specialty care.

Committed to Health in Rocky Ford

Doug Miller runs a family health clinic in Rocky Ford, a town of fewer than 4,000 residents in Colorado's Lower Arkansas Valley. And "runs" perfectly describes his work.

"There are days I pray for a no-show," he says, laughing.

Miller, a nurse practitioner, has owned the Rocky Ford Family Health Center since 2003 but has worked there since 1998.

For many years, Miller was the sole provider at the clinic, seeing as many as 125 patients a week as part of a total patient population of more than 2,000. That's a heavy caseload for any family care provider. It's one Miller describes as unsustainable.

But Rocky Ford has been home for nearly 20 years and he didn't want to leave. Instead, he brought on another full-time nurse practitioner.

The clinic is now open 11 hours a day most weekdays. But even with longer hours, two care providers and a declining population — the number of Rocky Ford residents has dropped by about 400 since 2000 — Miller still finds it difficult to keep up with his town's health care needs.

Though it's a private clinic, nearly three of four patients are Medicaid clients, not surprising in a town with a median income of about \$26,000, more than \$33,000 below the statewide median income. Only 75 percent of residents have a high school diploma compared with 90 percent statewide.

And many patients experience health challenges such as diabetes, hypertension and depression, a reflection of those socioeconomic factors. Still, skipped appointments are not uncommon in Rocky Ford.

Idea to share:

Rocky Ford Health Clinic believes integrating physical and behavioral care can improve the health and lives of its patients.



Doug Miller, NP, talks to a patient about managing his blood sugar during a recent exam at the Rocky Ford Family Health Center. Photo by Brian Clark/CHI

"You know, life gets in the way for so many people," says Miller. "And the lower you are on the economic scale, the easier it is for life to get in the way of appointments."

Miller, already a bit of a pioneer with his nurse practitioner-owned practice, is experimenting with new ways to better care for his patients. He won a State Innovation Model (SIM) grant to integrate behavioral health care into his clinic. A counselor from Southeast Health Group now sees patients during their primary care visits. While this partnership just began last month, Miller has a simple goal.

"My hope is that people would just be able to deal with life better."

SIM and other projects offer exciting opportunities for the Rocky Ford Family Health Center. But at the end of the day, it's Miller's deep commitment to his community, his understanding of challenges outside of health care and his can-do spirit that is moving the needle. [Story by Natalie Triedman](#)

CONCLUSION

These barriers to health — poverty, limited healthy options and difficulty accessing necessary care — affect all Coloradans. But rural Coloradans know these challenges all too well.

At the same time, rural Coloradans know what it means to live in innovative, tight-knit communities that get creative when resources are few. The programs highlighted in this Data Spotlight demonstrate that creativity. They show how healthy living could look in other parts of the state as well — urban regions included.

Community centers are often beacons of hope for residents in need. They help families focus on things that are going right and link them to tools to fix the things that aren't. This might mean providing nutrition and cooking classes or making referrals to health care services.

Schools — or even workplaces — are central places

for families to gather and find resources they need to live healthy lives. They make options available to kids and families who need them most — including healthy foods, physical activity and community connections.

And health clinics are more than a source of necessary care. They provide preventive screening and education services, giving rural families an opportunity to overcome fundamental barriers to leading healthy lives.

Rural Coloradans are working together to create positive, healthy changes for their communities. These strong collaborations and innovative programs can be a lesson for the whole state on improving health.



A bike track in Frisco. Brian Clark/CHI

Endnotes

¹ As defined by the federal Office of Management and Budget.

² Centers for Disease Control and Prevention (2016). Adult Obesity Facts. Available at <https://www.cdc.gov/obesity/data/adult.html>

³ Kristen Weir at American Psychological Association. (2011). The Exercise Effect. Available at <http://www.apa.org/monitor/2011/12/exercise.aspx>

⁴ The United States Department of Agriculture (USDA) Food Environment Atlas defines low income as having an annual family income of less than or equal to 200 percent of the federal poverty threshold for the family size.

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