# Rural Health Access

# BRIDGING THE GAP

Barriers to healthcare are more pronounced for rural and **BIPOC** (Black, Indigenous, and People of Color) communities.

Geographic isolation, a shortage of healthcare professionals, and lack of culturally competent health care can result in alarming disparities that have significant social and economic costs both to individuals and society.

## COLORADO STATISTICS

More than 720,000 Coloradans live in rural communities, and approximately half are enrolled in Medicare, Medicaid, or both.

In rural areas of Colorado, **BIPOC** (Black, Indigenous, and People of Color) comprise 26 percent of the population.

Twenty-one percent (21%) of rural hospitals in Colorado are at risk of closure.

> ***Rural areas have insufficient access to primary care and other healthcare services which results in poorer health outcomes, higher costs, and higher acuity conditions at the time of treatment.***

– Colorado Rural Health Center

## Improve Medicaid Access to Continuous Glucose Monitors (CGMs) for BIPOC and Rural Communities

- **Increased access to diabetes care for patients in rural communities already struggling with healthcare provider shortages.**
- **Improved health outcomes. BIPOC patients are disproportionately at higher risk for diabetes and than their White counterparts.**
- **More equitable system of care based on patient needs and not their finances.**
- **Raises Colorado to the current medical standards of care for diabetes.**
- **Cost-savings from as much as 70% reduction in hospitalizations.**

## Join Us

Colorado Health Equity Collaborative

ColoradoHealthEquity.org