



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.



Native Americans living on reservations or in rural communities have a 5.5-year shorter life expectancy compared to the rest of the U.S. population.

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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.

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– 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.

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Colorado Health
Equity Collaborative

ColoradoHealthEquity.org