

COLORADO
**HEALTH
ACCESS**
SURVEY

2019

Progress in Peril

2019 **COLORADO HEALTH ACCESS SURVEY** STORYBOOK

Colorado Health Access Survey (CHAS) 2019 Storybook Acknowledgments

Colorado Health Institute (CHI) staff members contributing to this report:

Jeff Bontrager, Principal Investigator
Eli Boone, Project Leader
Rebecca Silvernale, Lead Data Analyst
Jackie Zubrzycki, Editor and Writer
Joe Hanel, Editor and Writer
Kristi Arellano, Editor
Brian Clark, Designer

Jasmine Bains, Data Analyst
Emily Johnson, Data Analyst
Chrissy Esposito
Cliff Foster
Jalyn Ingalls
Michele Lueck
Alec Williams
Lindsey Whittington

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Finally, we thank the many **advisors** and **stakeholders** who provided thoughts, ideas, and guidance throughout the survey development process.

The CHAS: Online and Interactive

CHAS data are available in a number of formats to make them as useful as possible.

Coloradohealthinstitute.org hosts data from the CHAS as well as a library of analysis.

The data section features Excel workbooks with data at the regional level, based on the state's 21 Health Statistics Regions (HSRs). Users can explore in detail how Coloradans are doing on health coverage, access, and status in their own regions and compare these data to other regions and the state average.

Workbooks with in-depth data broken down by race/ethnicity, income, education, gender, and insurance are available now.



Follow the CHAS
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The CHAS is fielded, analyzed and managed by the **Colorado Health Institute**.
CHI contracts with **SSRS** to conduct the survey.

The survey is primarily funded by **The Colorado Trust** and **The Colorado Health Foundation**.

Please contact **Jeff Bontrager** at bontragerj@coloradohealthinstitute.org
for information on sponsorship opportunities for the 2021 CHAS.



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STORIES OF THE CHAS



FOOD: Nearly one in five people in southeastern Colorado went hungry at some point in the past year. Las Animas nonprofit leaders say the need is increasing. **PAGE 9**



MENTAL HEALTH: Doug McCarthy is a national expert on health systems, but even he was at a loss when he had to find mental health care for his son. **PAGE 14**



COVERAGE: Staff at Every Child Pediatrics say that increasing numbers of their young patients are uninsured. The CHAS confirms their concerns. **PAGE 20**



SURPRISE BILLS: Ethan Cerrato spent the first months of his life in intensive care. The trauma for his parents got even worse when they opened the bill. **PAGE 23**

THE CHAS: A PRIMER

The Colorado Health Access Survey — the CHAS — is the premier source of information about health insurance coverage, access to health care, and use of health care services in Colorado. The CHAS is a biennial survey of more than 10,000 households that has been conducted since 2009.

The 2019 CHAS was conducted between February 26 and July 14, 2019 by Social Science Research Solutions (SSRS), an independent research company. Survey data are weighted to reflect the demographics and distribution of the state's population. The survey was conducted in English and Spanish.

The 2019 CHAS was administered mostly online — a change from the telephone surveys of previous years. Randomly selected households throughout Colorado received letters asking them to participate in the survey and directing them to a website or toll-free number to call. A smaller random sample of 1,000 respondents was taken by live interviewers calling cell phone and landline numbers, as in previous years. This enabled the Colorado Health Institute and SSRS to see whether data from the online survey could be compared to phone-based data from previous years. In most cases, the methodology change appears to have had no effect on respondents' answers to specific questions.

New questions were added to the 2019 survey to explore the interaction of health and social factors such as housing and food security. Other new questions focused on the perception of unfair treatment in the medical system and the effects of substance use on Coloradans.

Statistically Speaking

CHI identifies changes that have statistical significance, meaning that it is relatively certain they are not due to chance alone. Small differences may result from random coincidence in who was surveyed rather than indicating a change in Colorado's population as a whole. If there is at least a 5 percent chance that a result is coincidental, it is not considered to be significant. For example, while the 2015 uninsured rate was 6.7 percent and the 2019 uninsured rate is 6.5 percent, this is not a significant difference, so the rates are described as essentially unchanged.

Insurance Terminology

Private Insurance

Also known as commercial insurance, this is insurance provided through an employer or purchased by an individual.

- **Employer-Sponsored Insurance (ESI):**

Health insurance that is offered through an employer. Generally, employees will pay a portion of the premium price, often through a payroll deduction. This category includes Tricare and other military coverage options.

- **Individual Market:** Health insurance purchased by an individual from a broker or from an insurance company directly, including student plans.

Public Insurance

- **Medicaid (Health First Colorado):** A federal-state program that provides health insurance to people with low incomes. The term "Medicaid" and the Colorado program's name, Health First Colorado, were both used in the survey.

- **Child Health Plan Plus (CHP+):** A federal-state health insurance program for children and pregnant women. It is for people who earn too much to qualify for Medicaid, but not enough to pay for private health insurance.

- **Medicare:** The federal health insurance program for older adults age 65 or older and people with disabilities. Most everyone in those categories qualifies for Medicare, regardless of income or assets.

Other Insurance

This category includes Railroad Retirement Plans and anyone who selected "other."

Uninsured

This category includes people who indicate they have no insurance or reported Indian Health Service as their sole form of coverage. It also includes other self-reported sources not considered to be comprehensive coverage, such as health care sharing ministries.

Federal Poverty Level

Federal Poverty Level (FPL): The U.S. Department of Health and Human Services sets poverty guidelines to use for administrative purposes such as determining eligibility for programs like Medicaid. In 2019, the FPL is \$12,490 for a single person and \$25,750 for a family of four.

Reading This Report

This CHAS report includes highlights of data organized by category. For the first time, it features four stories pairing data

from the CHAS with the experiences of real Coloradans. It also includes data and policy insights in several sections.

The data insights aim to highlight data points indicating an area in which a certain population of Coloradans does not have an equal opportunity to be as healthy as possible. These insights focus largely on disparities evident in the data. Research suggests that systemic, social, and economic factors, particularly racism, have a direct effect on health and access to factors that affect health such as transportation and housing. CHI features these data points in order to inform conversations about how to address these disparities and the policies and practices that have created them.

The policy insights highlight key legislative or private sector actions related to the topic at hand. These insights offer a timely reminder that Coloradans are actively working to address many of the challenges identified in the CHAS.

The CHAS report does not include all possible data from the CHAS. For more information, or to request additional data, visit our website or email CHAS@coloradohealthinstitute.org.

Other Terminology

People who take the Colorado Health Access Survey are asked about race, ethnicity, gender, sexual orientation, and gender identity. This section includes an explanation of some terms used in this report.

Race and ethnicity

Racial categories in the CHAS are: black or African American, white, Native Hawaiian or other Pacific Islander, American Indian or Alaska Native, Hispanic, or some other race. Separately, the survey asks about Hispanic or Latino ethnicity. Data are analyzed using racial/ethnic groupings such as black (non-Hispanic/Latinx). Latinx is a gender-neutral word used to describe people of Latin American cultural or racial identity.

Gender

Gender categories in the CHAS are: male/boy, female/girl, or other/different gender identity.

Gender identity

CHAS respondents are asked if they consider themselves to be transgender. CHAS analysis uses the terms transgender and cisgender, respectively, to describe individuals whose gender identities do and do not differ from the sex they were assigned at birth.

In some cases, the number of people reporting a certain identity is too small to provide sufficient sample for analyses.



COLORADO **HEALTH ACCESS** SURVEY **2019**

Colorado has made great strides in improving access to health care for its residents. But moving into the 2020s, that progress is in peril.

Nutritious food and housing are fundamental to health. Yet one in 10 Coloradans don't get enough to eat, and one in 15 worry about having a place to live.

Even with a historically strong economy, the state's uninsured rate of 6.5 percent has not budged since 2015.

The consequences of substance use are felt by many Coloradans. An estimated 206,000 residents of the state have had a loved one die of an opioid overdose.

The 2019 Colorado Health Access Survey (CHAS) offers insight into these and other issues that affect the health of Coloradans.

Much has changed since 2009, when the first survey findings were released. At the time, Congress was debating the Affordable Care Act (ACA), and the overriding policy goal was to expand access to care by getting more people insured.

Today, the health policy focus has shifted to creating a more equitable system, addressing the social factors that influence health, coping with the toll of substance use on people and their

communities, and protecting consumers from high medical bills. The 2019 CHAS includes data about these emerging topics.

But the survey also makes clear that insurance coverage and access to health care still require attention. More Coloradans are having trouble paying their medical bills, and growing numbers can't get an appointment when they need one.

And 18,000 more children, most of whom are Hispanic or Latinx, were uninsured in 2019 than in 2017, likely due to a combination of administrative changes and changes to immigration policy and rhetoric that have made families wary of signing up for coverage. At the same time, the percentage of people covered by Medicaid has declined for the first time since key provisions of the ACA were implemented.

For the first time, this survey report includes personal stories of Coloradans directly affected by food insecurity, access to mental health care, surprise bills, and loss of insurance coverage.

The findings from the 2019 CHAS are a call for vigilance and attention. The work of ensuring all Coloradans have the opportunity to be as healthy as possible is far from over.

Progress in Peril

The 2019 CHAS sheds new light on the health of Coloradans and the stories behind the statistics. While there has been little change in the state's uninsured rate, Colorado has lost ground on affordability of insurance and coverage for children. New analysis shows many Coloradans are struggling to afford housing, food, and medical care, all of which can affect health. This all points to work that must be done to secure the gains of the past decade and build a more equitable system.

TOP STORYLINES



Poverty and Health

When people's incomes are too low to afford necessities such as food or utilities, their health is profoundly affected. Coloradans with incomes below the federal poverty level are twice as likely as other Coloradans to report fair or poor health (26.7 percent, compared with 13.0 percent of those with higher incomes).

Housing, Food, and Health

New CHAS data show that there is a strong connection between housing and food security and health. People experiencing unstable housing or who have not been able to afford food are three times as likely to report poor general, mental, and oral health.



Fair Treatment

Most Colorado adults say they are treated fairly by the medical system. Yet nearly one in six (15.1 percent) say that they are sometimes or often treated unfairly when getting medical care. Race, ethnicity, age, and gender are a few of the reasons people believe they were treated unfairly. Most of those who report unfair treatment said that the experience caused stress, which can negatively affect health.



Stuck at 6.5

Colorado's uninsured rate remains at 6.5 percent — statistically unchanged since the 2015 survey, the first after the ACA took effect. The lack of improvement is striking, considering a historically strong economy. Colorado did see slight growth in job-based insurance in 2019.

More Hispanic/Latinx Children Uninsured

Two years ago, Colorado had insured 97 percent of its children. But that progress has started to reverse, particularly for Hispanic and Latinx children. Their uninsured rate tripled from 2.4 percent in 2017 to 7.9 percent in 2019.



Backsliding on Affordability

The share of Coloradans struggling to pay medical bills has climbed back to its pre-ACA level of 18.1 percent. Meanwhile, 30.6 percent of Coloradans received a surprise medical bill in the past year.

Mental Health

In 2019, 15.3 percent of Coloradans reported poor mental health, compared with 11.8 percent in 2017. The increase could signal worsening mental health — and an increased willingness to talk about it.



Toll of Drugs and Alcohol

More than 1 million Colorado adults (26.9 percent) say that they, a loved one, or a close friend has been addicted to alcohol or drugs in their lifetime.

Use of Care

Most Coloradans — 81.1 percent — report visiting a general doctor in the past year. Nearly three-quarters of Coloradans (73.6 percent) visited the dentist or dental hygienist in the past year — an encouraging increase over the past decade.



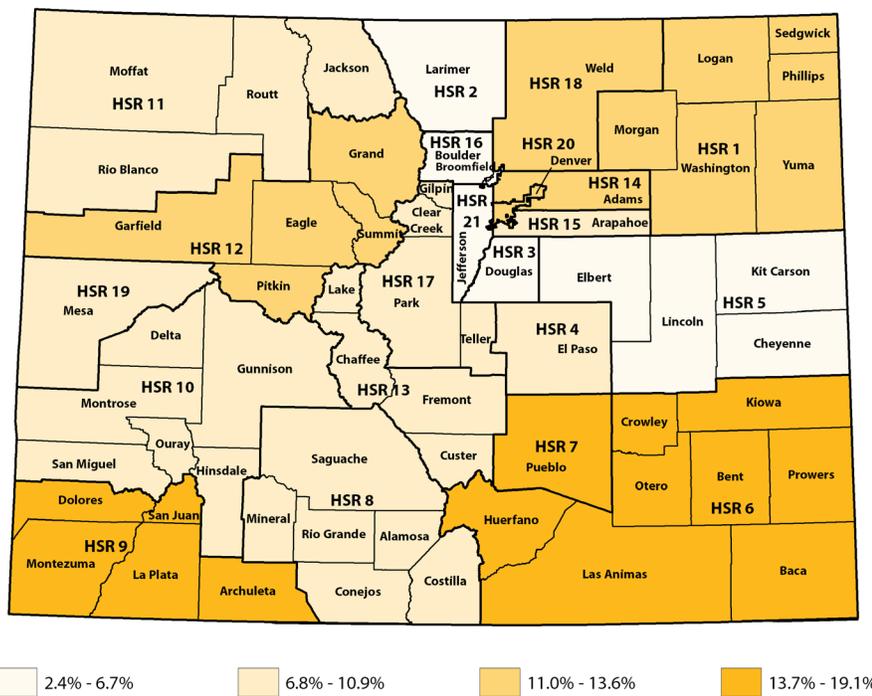
Food Insecurity

A healthy and balanced diet is a critical component of a healthy life, but many Coloradans struggle to afford food. Nearly one in 10 Coloradans (9.6 percent) ate less than they felt they should in the past year because there wasn't enough money for food. Providers and researchers are becoming increasingly aware of how important these types of social determinants can be

to overall health, and the data back this up — 37.5 percent of Coloradans experiencing food insecurity report fair or poor health, compared with 11.9 percent of other Coloradans. Food insecurity is especially prevalent in rural areas where many people have lower incomes and are less likely to have quick access to multiple grocery stores.

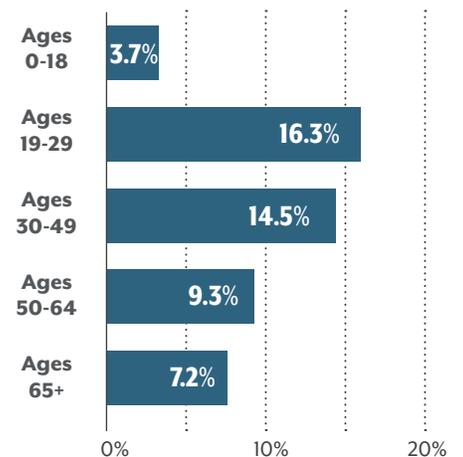
Food Insecurity Is More Common in Rural Colorado

Percentage of respondents who ate less than they felt they should because there wasn't enough money for food in the past year, 2019



Young Adults Are the Most Likely to Be Food Insecure

Percentage of respondents who ate less than they felt they should because there wasn't enough money for food in the past year by age group, 2019



One in Five Coloradans in Poverty Experience Food Insecurity

Percentage of respondents who ate less than they felt they should because there wasn't enough money for food in the past year by income, 2019



INSIGHT

POLICY: New private and public efforts are focused on addressing hunger throughout the state. Increased access to healthy food is part of Governor Polis' Roadmap to Save Coloradans Money on Health Care, and the Colorado Health Foundation is investing in the Colorado Blueprint to End Hunger, an effort led by a statewide coalition dedicated to ensuring all Coloradans have enough to eat.

DATA: More than one in nine rural residents (11.7 percent) say they experience food insecurity, compared with closer to one in 11 residents of urban areas (9.3 percent).

STORIES OF THE CHAS

Hunger Is a Pressing Need in Many Colorado Communities

Las Animas Helping Hands has served as an “on-call” food pantry for more than a decade, providing the people of Bent County in southeast Colorado with emergency food supplies whenever a resident reached out to them.

“Every week, there’s someone who ate their last can of green beans the night before,” said Sharon Barber, the nonprofit’s founder.

But increased demand for the pantry’s services caused the organization to revamp its approach in the summer of 2019, establishing regular Monday hours in a garage behind the courthouse so residents could more easily drop in.

“The need was so high that we had to make a change,” Sharon said, noting that the pantry now serves around 700 people a month.

But hunger remains a pressing need in the community. The Colorado Health Access Survey (CHAS) found that 18.1 percent of residents in southeast Colorado had eaten less than they should because there wasn’t enough money for food at some point in the last year – about twice the rate as the state as a whole.

People who are experiencing food insecurity are often experiencing other challenges that affect their health. According to the CHAS, 37.5 percent of those who report eating less than they should reported they were in fair or poor health, compared to just 11.9 percent of those who did not



CARE AND SHARE FOOD BANK

Volunteers in Bent County prepare to distribute food.

report food insecurity.

Shannon Brice, the chief operating officer at Care and Share, the food bank that serves southern Colorado, said that in rural areas such as Bent County, many people struggle to afford food. There are sometimes physical barriers to accessing food: The nearest grocery store may be far away. There is often stigma around using food pantries, with people avoiding services because they don’t want to be seen as taking handouts.

While there are public programs to support people experiencing hunger, such as the Supplemental Nutrition Assistance Program, or SNAP, not everyone who is eligible is enrolled. Paperwork can be a barrier. Some Coloradans who are immigrants or who have immigrants in their households

may avoid using government-funded food programs out of fear that the use might affect their immigration status.

But Shannon pointed out that hunger is not unique to rural areas. Pueblo County, home to southeast Colorado’s largest city, has the highest rate of food insecurity in the state: 19.1 percent. A grocery store that had long been a community staple in the east part of the city recently closed, leaving more people without an easy way to get the food they need.

“The geography may look different, but the stories are the same: Families having to make difficult decisions – between food and medicine, or food and health care, food and utilities,” Shannon said.

By Jackie Zubrzycki, CHI

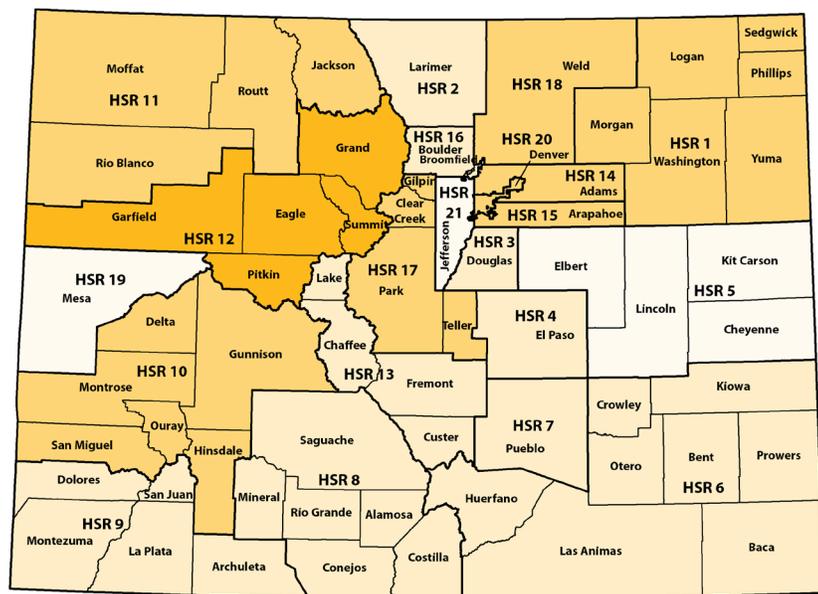
Housing and Health

Housing is closely linked to wellbeing. The affordability, stability, quality, and accessibility of a home all affect a person's health. But in recent years, Colorado's booming economy has led to limited housing supplies and increased housing costs, leaving some residents unable to afford their homes. In 2019, 6.7 percent of Coloradans worried that they would not have stable housing in the next two months. Just 55.9 percent of those who are concerned about housing reported good health,

compared with 87.7 of those who are not concerned about housing. And the burden is disproportionately borne by those with fewer resources. Among Coloradans in poverty, more than one in eight (12.8 percent) are worried about housing stability, compared with 2.5 percent of those making more than 400 percent of the federal poverty level. Coloradans who are burdened by cost in one area, such as housing, often have trouble affording other necessities, such as utilities, health care, or food.

Housing Instability Is Not Just an Urban Issue

Percentage of respondents reporting housing instability, 2019



3.5% - 4.1% 4.2% - 6.7% 6.8% - 10.1% 10.2% - 14.5%



People Facing Housing Instability Report Worse Health



	Housing Unstable	Housing Stable
Poor General Health	44.1%	12.3%
Poor Mental Health	45.8%	12.5%
Poor Oral Health	46.8%	16.0%

Of Coloradans Who Reported Housing Instability ...



INSIGHT

POLICY: Increases in the supply of affordable housing can decrease rates of housing instability. House Bill 19-1322 transfers money from the Unclaimed Property Trust Fund to provide affordable housing support for those in need. More legislation related to housing is expected in the 2020 session.

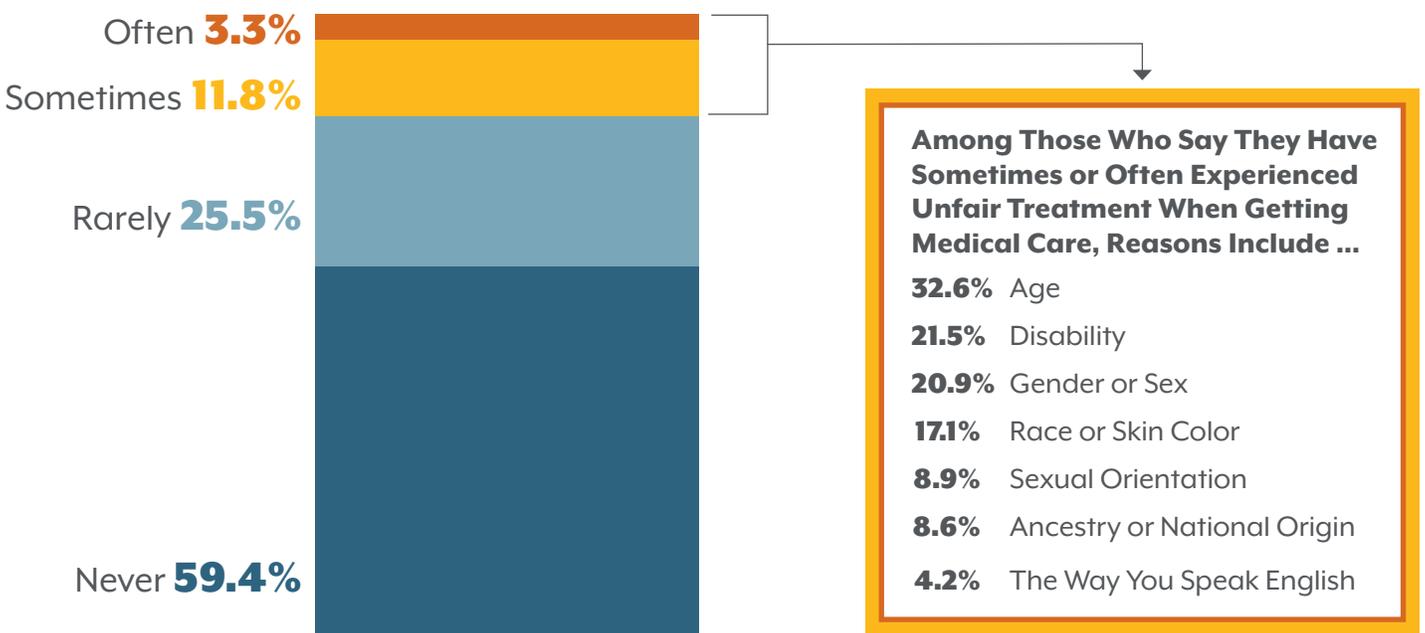
DATA: Nearly one in 10 Hispanic/Latinx Coloradans (9.7 percent) worry about having stable housing in the next two months, compared with just 5.9 percent of white (non-Hispanic/Latinx) Coloradans. Denver has among the highest rates of displacement due to gentrification of Hispanic/Latinx Coloradans of any city in the U.S.

Unfair Treatment and Stress

Doctors take an oath to care for all fellow human beings. Yet nearly one in six Colorado adults (15.1 percent) say they have sometimes or often been treated unfairly when getting medical care over their lifetime. Common reasons these Coloradans believe they were treated unfairly include age (32.6 percent), disability (21.5 percent) sex or gender (20.9 percent),

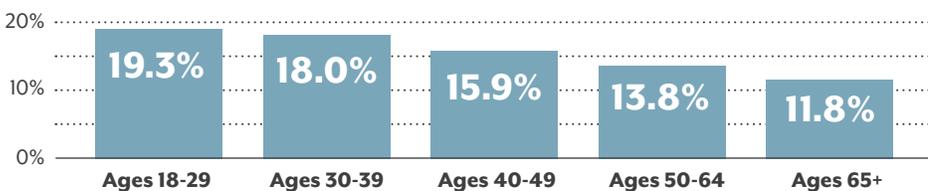
and race or skin color (17.1 percent). These experiences can have very real impacts on a person's health. More than nine in 10 people (94.0 percent) who have experienced unfair treatment say it caused them some level of stress. And some Coloradans (5.3 percent) actually skip care because they're worried about unfair treatment or the consequences of getting care.

One in Six Colorado Adults Say They Have Sometimes or Often Experienced Unfair Treatment

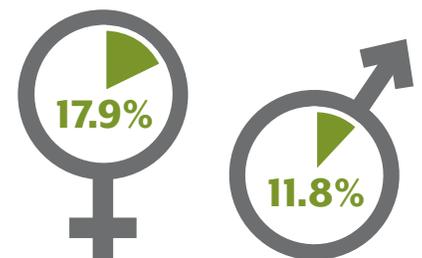


Young Adults Are the Most Likely to Experience Unfair Treatment

Percentage of Colorado adults who have been treated unfairly sometimes or often when getting medical care by age group, 2019



Women Are More Likely to Report Unfair Treatment Than Men



INSIGHT

DATA: A growing body of research links discrimination and stress to negative health outcomes. Further research documents discrimination or bias against people of color, women, people who identify as lesbian, gay, bisexual, transgender, or queer, and other groups in the health care system.

Substance Use

More than 1 million Colorado adults (26.9 percent) say that they, a loved one, or a close friend has been addicted to alcohol or drugs in their lifetime. Of these, 44.5 percent say they or a loved one struggled with prescription painkillers or heroin. More than 200,000 adults in Colorado know someone who has died from

a prescription painkiller or heroin overdose. Yet 95,000 Coloradans said they went without needed substance use treatment in 2019. Stigma is a major reason people go without care. Many Coloradans are not comfortable talking about problems related to substance use or are concerned about someone finding out they have a problem.

95,000
Coloradans
Said They Needed
But Did Not Get Services
for Substance Use
Disorder Treatment

Stigma on the Rise

Reasons for not receiving needed substance use treatment

	2017	2019
Concerned about the cost of treatment	54.1%	47.7%
Did not think health insurance would cover it*	51.0%	52.1%
Concerned about someone finding out you had a problem	43.9%	72.4%
Did not feel comfortable talking about personal problems	41.3%	72.8%
Hard time getting an appointment	20.5%	32.9%

*Asked of currently insured

One in 10 Coloradans Know Someone Who Has Been Addicted to an Opioid

Have You, a Loved One, or a Close Friend Ever ...

Asked of Colorado Adults Ages 18+

Been addicted to **prescription painkillers** or heroin



11.7%
486,425
Coloradans

Been addicted to **alcohol or drugs** other than prescription painkillers or heroin



25.2%
1,043,661
Coloradans

Even once taken any **drugs by injection** with a needle like heroin, cocaine, amphetamines, or steroids



8.5%
348,807
Coloradans

Received **emergency medical treatment** due to drug use



7.8%
322,308
Coloradans

Died from a prescription painkiller or heroin overdose



5.0%
206,291
Coloradans



INSIGHT

POLICY: Substance use continues to be a major focus for the Colorado legislature. House Bill 18-1136 aims to expand inpatient and residential treatment for substance use disorder starting in July 2020 by covering it as part of the Medicaid benefit package.

DATA: Substance use in Colorado communities hits women especially hard. Women are almost twice as likely as men to say that they, a loved one, or a friend has been addicted to prescription painkillers or heroin (14.6 percent of women, compared with 8.4 percent of men). Women are also more likely to report that they or someone they know has taken prescription painkillers or heroin, taken any drugs by injection with a needle, or received emergency medical treatment due to drug use.

Mental Health

More Coloradans are reporting poor mental health, and fewer are getting the care they need. In 2019, 15.3 percent of Coloradans report poor mental health, compared with 11.8 percent in 2017. More than one in 10 Coloradans (13.5 percent) say they did not get needed mental health care in the past year, compared with 7.6 percent two years ago. Those who did not get needed mental health

care were more likely than in prior years to report barriers related to stigma and lack of coverage. While the overall affordability of health care and modern stressors such as social media and political rhetoric all likely contribute to poor mental health, it is also possible that efforts to raise awareness of mental health issues have resulted in more Coloradans recognizing that they need care.

Coloradans Increasingly Report Poor Mental Health

Percentage who had eight or more days of poor mental health in the past month



Coloradans Seek Mental Health Care From Primary Care Providers

Percentage who talked with a provider about mental health, by provider type, 2019



Primary Care Provider:
18.5%



Mental Health Specialist:
16.0%

Many clinics have taken steps to integrate primary and behavioral health care.

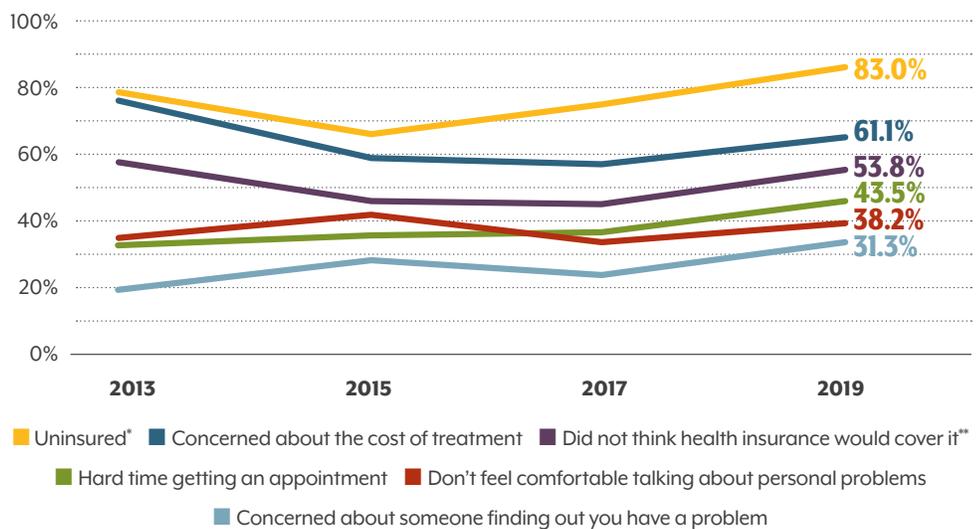
47.3% of Coloradans said stigma*

was the reason they did not receive needed services. This is an increase from 38.0% in 2017.



*Discomfort talking about personal problems or concern someone will find out.

Cost and Coverage Are the Largest Barriers for Those Who Didn't Get Needed Mental Health Care



*Asked of those uninsured in past year **Asked of currently insured



INSIGHT

POLICY: House Bill 19-1269, the Behavioral Health Care Coverage Modernization Act, strengthened state requirements for insurance coverage of mental health and substance use care.

DATA: Coloradans who identify as transgender experience higher rates of poor mental health. More than half of adult respondents who identified as transgender (54.3 percent) reported poor mental health in the past month, compared with 15.7 percent of cisgender Coloradans (those whose gender identity matches the sex they were assigned at birth). This may reflect discrimination and social strain that this community endures.

STORIES OF THE CHAS

Shortcoming in the System

Mental Health Access Proves to Be a Complicated Question

Doug and Susan McCarthy knew they were in for a challenge when they adopted a baby 12 years ago.

The boy had experienced trauma in the womb, and his mother did not receive good prenatal care.

But no one prepared the Durango couple for the difficulty of finding appropriate mental health care for their son, who started having social and emotional troubles in elementary school. He's among the 100,000 children (ages 0-18) who experience poor mental health, according to the CHAS.

After a long hunt for a provider, the McCarthys found a psychiatrist who worked with the school to develop an individualized education program. Things were going well.

"But it all sort of fell apart when we moved to transition to middle school," Doug said.

One morning in 2018, Doug had to call a crisis hotline because of the boy's behavior. He was

shocked to learn the crisis line didn't have services for children, and he was told to call the police instead.

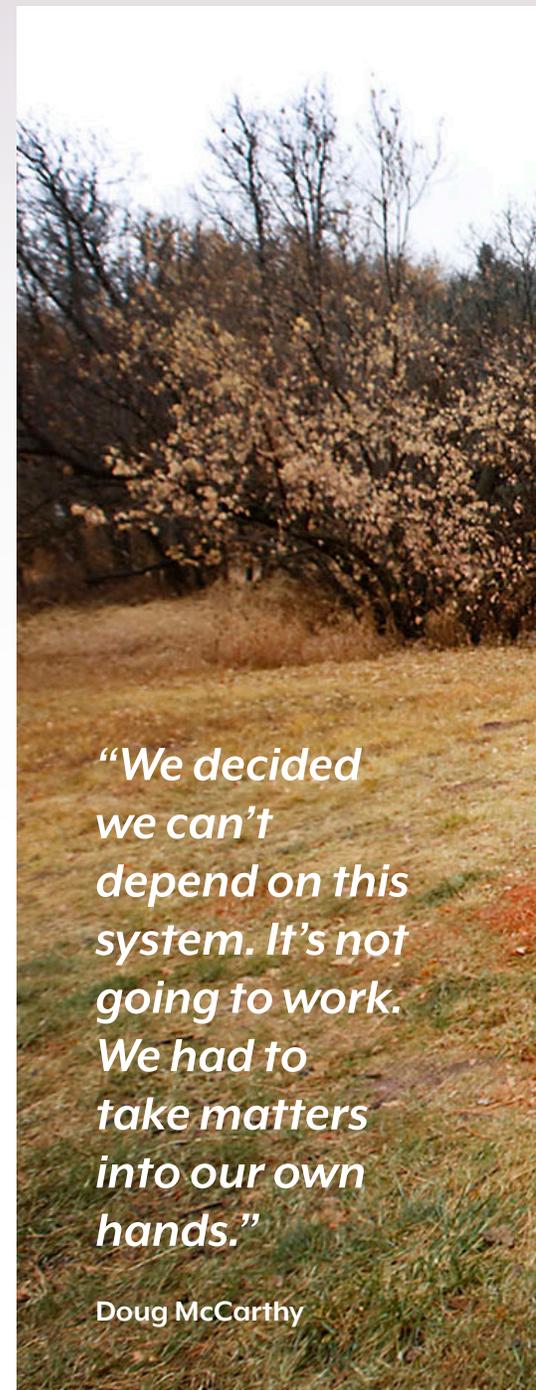
Although officers addressed the immediate crisis, police intervention traumatized the family, and the episode shifted their thinking about the mental health care they had been seeking.

"We decided we can't depend on this system. It's not going to work. We had to take matters into our own hands," Doug said.

Those are striking words, considering his job. He's an expert on health system reform at the Commonwealth Fund, a national foundation.

The McCarthys hired an educational consultant, who found a therapeutic boarding school. Their son is there now, and he is doing well. The students work with animals and tend to their own garden plots.

"I'm glad we have the resources to pay for this, although it's going to mean we don't have much of a retirement. I think



"We decided we can't depend on this system. It's not going to work. We had to take matters into our own hands."

Doug McCarthy

about the people who don't have the same resources," Doug said.

The CHAS asks why Coloradans did not receive mental health care if they needed it, and they can select from a list of reasons that include cost and stigma. In Doug's view, what's needed is more support for parents and



JERRY McBRIDE/THE DURANGO HERALD

Doug and Susan McCarthy's experiences seeking mental health care for their child led them to believe there is a need for more support for parents and children.

children starting in infancy, better identification of kids with mental health needs earlier in life, and more access to mental health specialists.

The McCarthy family's story shows the nuance and complexity behind multiple-choice answers.

Their needs stretched far beyond the medical system into schools, law enforcement, and social services — systems that are not set up to deal with the state's increasingly prevalent mental health issues.

More than ever, Doug appreciates

the need for systems reform.

"The system is all of us, and we're all part of the system. It's not something 'they' are going to do for us," he said. "It's like back in the olden days. You have to create the community you want to live in."

By Joe Hanel, CHI

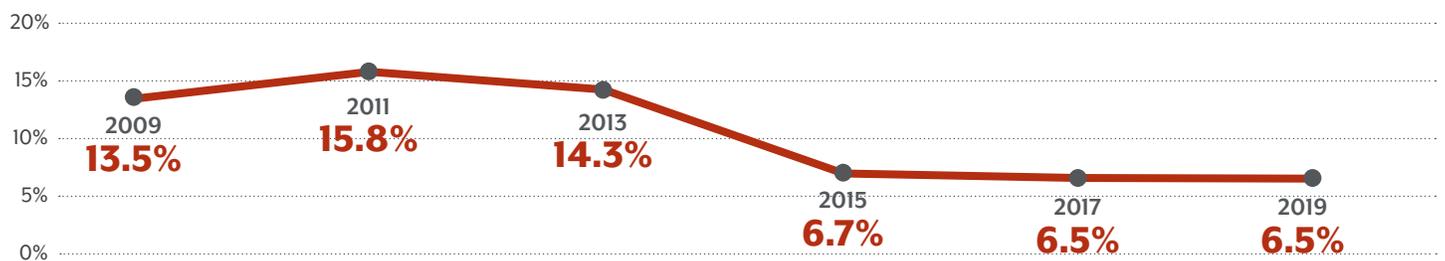
Trends in Coverage and Churn

Since 2015, Colorado’s insured rate has remained consistent: About 93.5 percent of Coloradans have health insurance coverage. However, this consistency masks some instability in the health insurance market. One in six Coloradans (17.3 percent) lost, switched, or gained coverage in the past year. Coloradans experiencing this “churn” may struggle with care continuity and financial stability. Reliance on an employer for coverage can increase the risk of

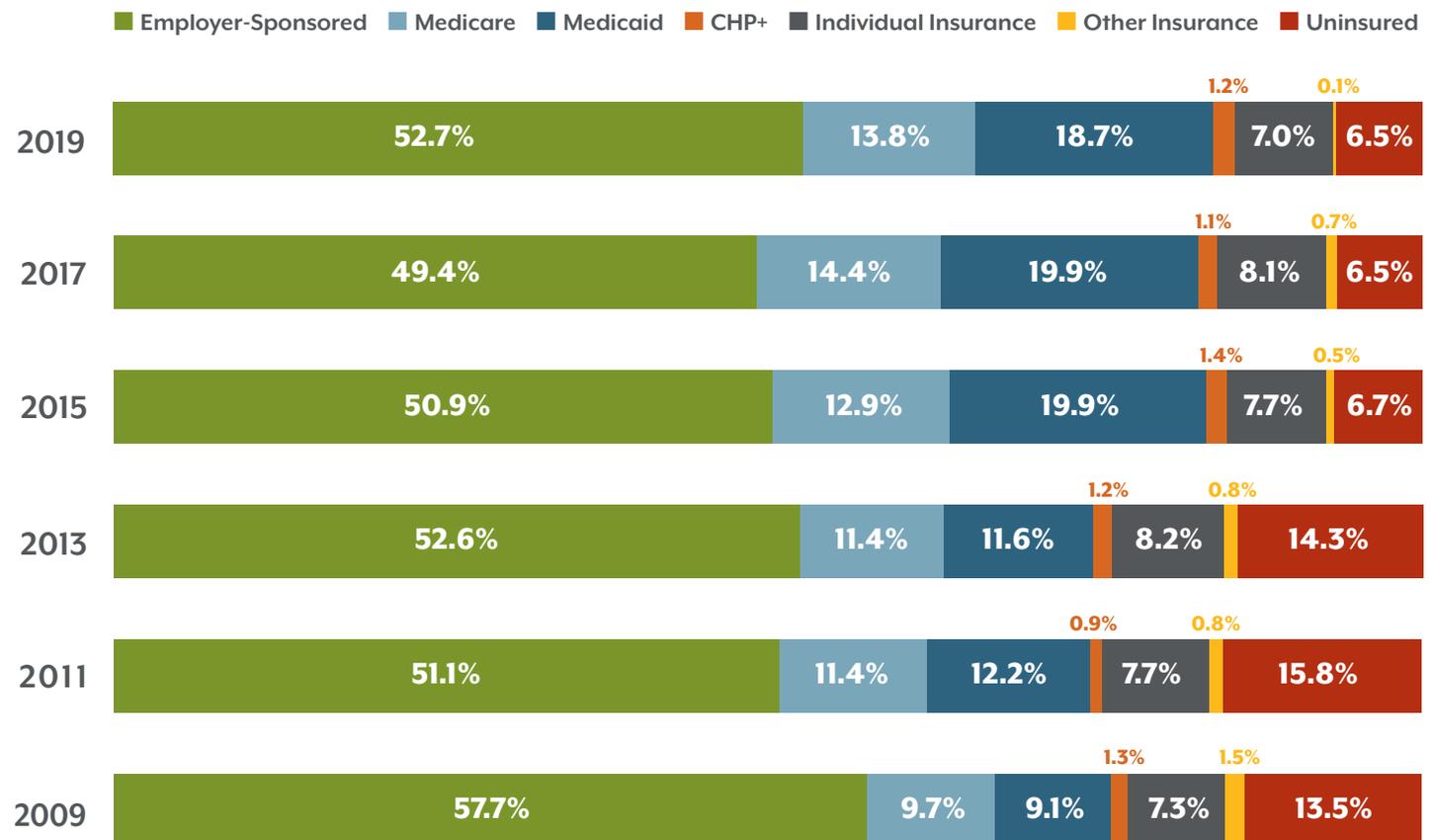
churn when someone changes jobs — more than half of Coloradans (53.0 percent) who switched insurers or lost coverage said it was because they lost prior employer coverage. Notably, for the first time since 2013, the percentage of Coloradans with employer-sponsored insurance increased. This growth may reflect the improving economy, with more employers offering insurance or more employees buying into their company plans.

Colorado Hit a Record-Low Uninsured Rate After ACA Implementation

Colorado uninsured rate, 2009-2019

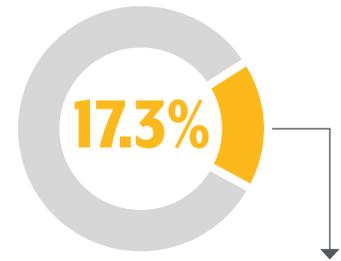


Employer-Sponsored Insurance Covers More Than Half of Coloradans Again; Medicaid Coverage Drops



Since key provisions of the ACA took effect in 2014, the largest gains in coverage have happened within the public sphere — specifically Medicaid, which covered one in 10 Coloradans prior to ACA implementation and now covers nearly one in five (18.7 percent). While the ACA also sought to expand coverage within the individual market, rates of individual insurance held steady after its implementation at around 7 to 8 percent. The growth in public insurance impacted the lowest-income Coloradans the most. People whose income was at or below the federal poverty level had an uninsured rate of 21.7 percent prior to 2014, and now have an uninsured rate of 8.2 percent. Still, this population is about twice as likely to be uninsured as those with incomes at or above 400 percent of the federal poverty level. And Coloradans with incomes at 201 to 300 percent of the poverty level, who have low incomes but are not quite eligible for Medicaid, saw their uninsured rate nearly double in recent years.

One in Six Coloradans Experienced Insurance Churn in the Past Year

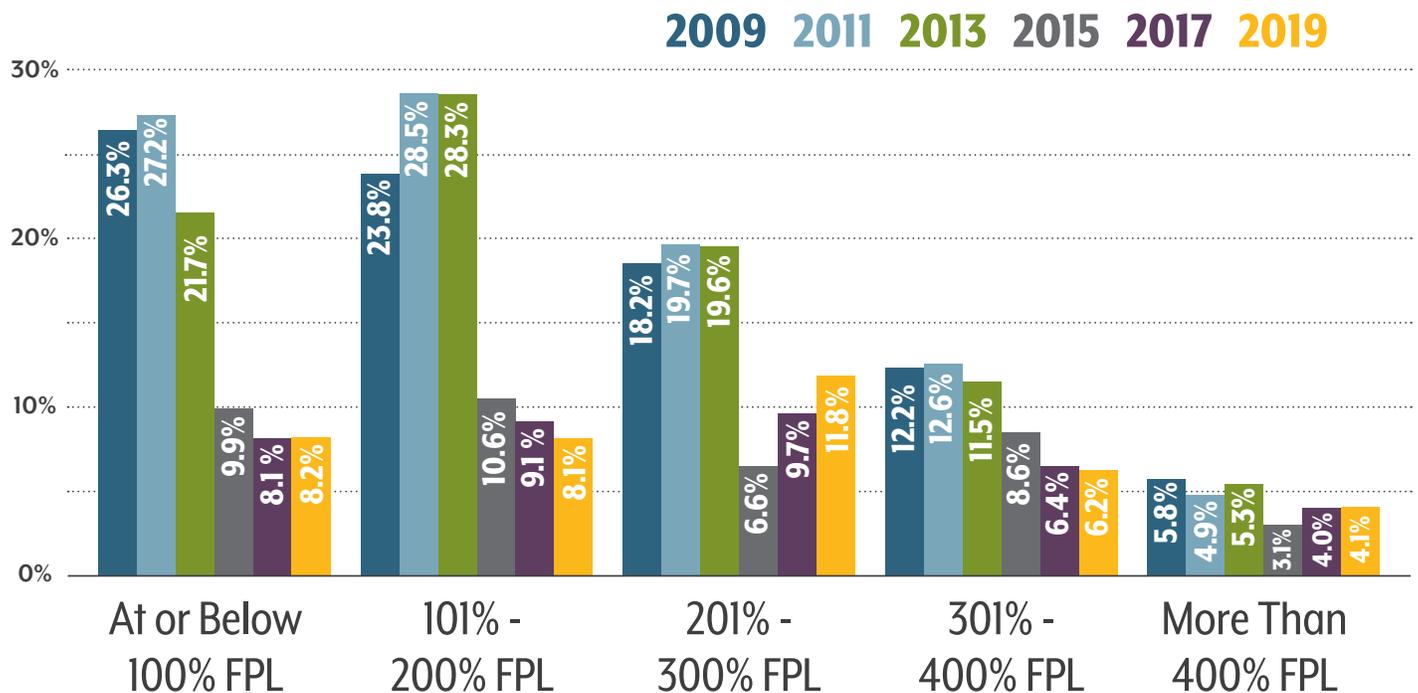


Of the 17.3% Who Experienced Insurance Churn ...

Lost prior employer coverage	Lost prior other coverage	Found plan more suited to your needs	Were no longer able to afford coverage
53.0%	16.1%	16.8%	2.6%
409,000 Coloradans	124,000 Coloradans	130,000 Coloradans	20,000 Coloradans

Low-Income Coloradans Are Less Likely To Be Uninsured Than Ever, but Disparities Remain

Uninsured rate by income, 2009-2019



INSIGHT

POLICY: Health care is at the forefront of the 2020 presidential debate. Democratic candidates have offered an array of options to expand coverage while the Trump administration is challenging many aspects of the ACA. The 2021 CHAS may provide fresh insights into a vastly changed federal health policy landscape.

DATA: One in 10 Hispanic/Latinx Coloradans (10.2 percent) are uninsured. This is a steep drop from 27.6 percent in 2009 but remains significantly higher than the uninsured rate of most other racial or ethnic groups in the state, due to a complex set of historic and socioeconomic factors and, in some cases, immigration policy and practice.

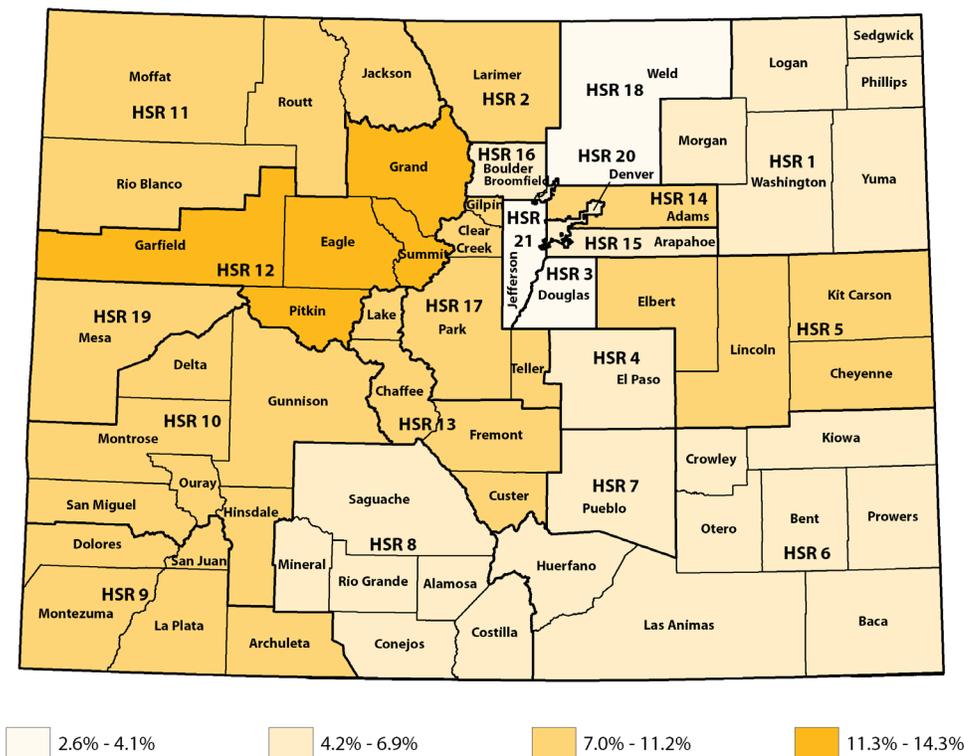
The Uninsured

Colorado's uninsured rate remains steady at 6.5 percent. But the uninsured rate varies across the state, from 2.6 percent in Jefferson County to 14.3 percent in the I-70 mountain corridor, where insurance premiums are most expensive. Policy also plays a role in insurance rates. For instance, while young adults in their twenties (sometimes referred to as "young invincibles") are often perceived as more likely to be uninsured, Coloradans in their thirties and forties are actually more likely to go without coverage in 2019. This may be because young people can stay on their parents' insurance plans until age

26. Coloradans with incomes between 139 and 400 percent of the federal poverty level are more likely to be uninsured than those with lower incomes, most of whom are eligible for Medicaid, and those with higher incomes. Not all ACA programs, including Medicaid expansion, are available to all non-citizens. For example, immigrants without documentation and non-citizens who have lived in the U.S. for less than five years don't qualify for Medicaid coverage, regardless of income. One in four non-citizens (27.1 percent) are uninsured, compared with one in 20 citizens (5.8 percent).

Mountain Regions Have Highest Uninsured Rates

Uninsured rate, 2019



2019 Uninsured Rates by Region

Health Statistics Region	Percentage
1 Northeast	6.0%
2 Larimer County	9.7%
3 Douglas County	3.2%
4 El Paso County	5.6%
5 Central Eastern Plains	7.8%
6 Southeast	5.4%
7 Pueblo County	6.3%
8 San Luis Valley	6.0%
9 Southwest	8.6%
10 Gunnison Valley	8.9%
11 Northwest	10.1%
12 I-70 Mountain Corridor	14.3%
13 Upper Arkansas Valley	9.4%
14 Adams County	9.1%
15 Arapahoe County	6.9%
16 Boulder-Broomfield	5.3%
17 Mountain Gateways	11.2%
18 Weld County	4.1%
19 Mesa County	9.2%
20 Denver County	6.1%
21 Jefferson County	2.6%
Colorado	6.5%

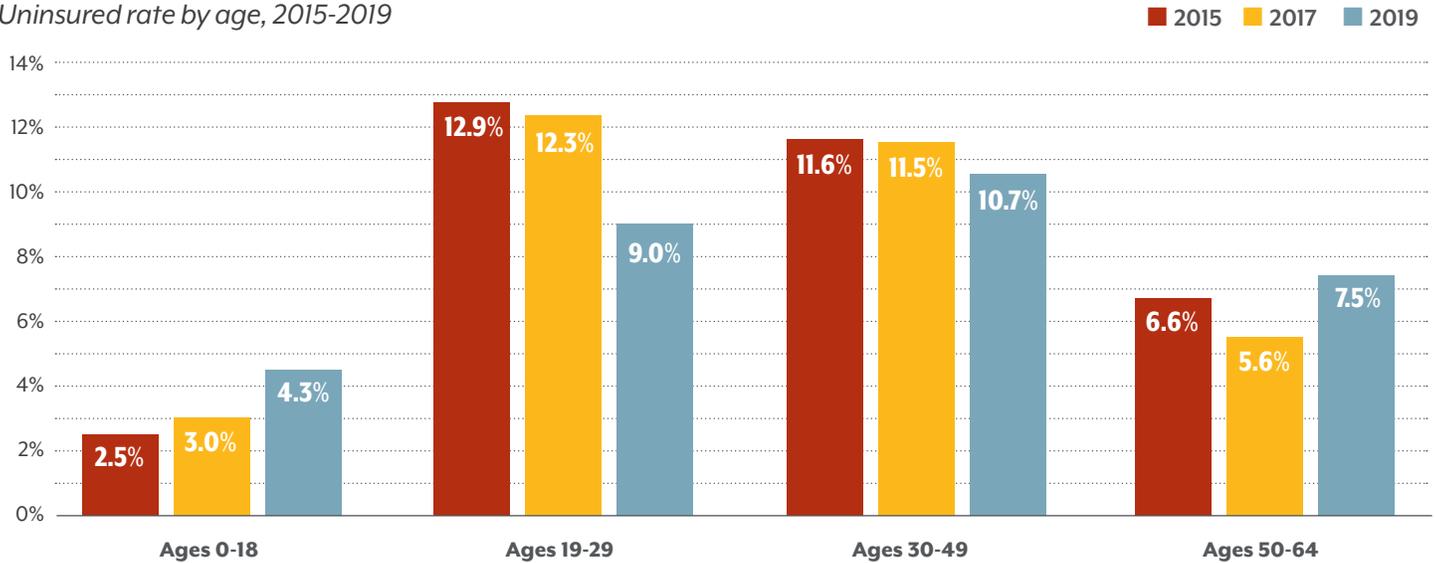


INSIGHT

POLICY: Summit County has launched Peak Health Alliance, a community health care purchasing alliance to address high uninsured rates in this region. Its primary goal is to lower the price of insurance premiums. It will take effect in January 2020.

Coloradans in Their Thirties and Forties Have the Highest Uninsured Rates

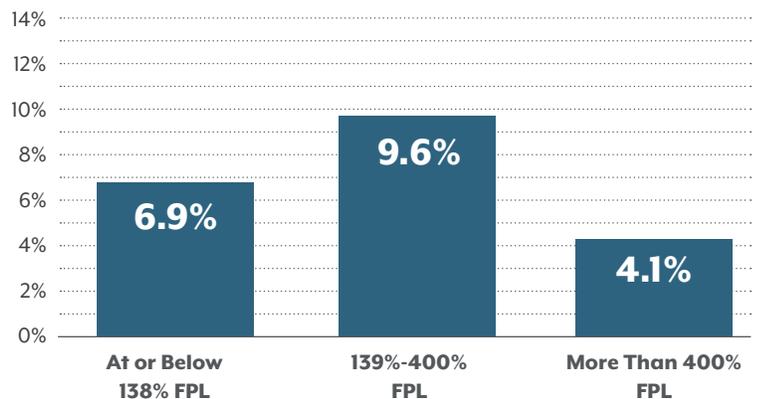
Uninsured rate by age, 2015-2019



Even though the uninsured rate has not changed since 2015, people’s reasons for being uninsured have. Cost has always been the biggest barrier to coverage in Colorado, but it’s increasing — nearly nine in 10 uninsured Coloradans (89.6 percent) cited cost as their reason for not having coverage in 2019, up from 78.4 percent in 2017. At the same time, more Coloradans are seeing the need for coverage than they were two years ago. The percentage of uninsured residents who say they do not need coverage fell from 23.6 percent in 2017 to 12.7 percent in 2019. In recent years, health insurance has been the subject of major federal policy debates, and this may have increased the visibility of health insurance’s benefits.

Medicaid Eligibility Tied to Lower Uninsured Rates for Low-Income Coloradans

Uninsured rate by income, 2019



More People Are Uninsured Because of the Cost of Insurance

Reasons for being uninsured, 2009-2019

	2009	2011	2013	2015	2017	2019
Insured family member lost job or changed job	36.7%	39.3%	39.8%	25.7%	35.8%	34.6%
Insured family member no longer part of family	8.5%	8.4%	7.1%	11.9%	7.0%	7.3%
Working family member not offered or not eligible for insurance	41.0%	40.6%	30.3%	29.4%	33.0%	40.0%
Lost eligibility for Medicaid or CHP+	18.9%	17.4%	17.0%	14.9%	26.4%	29.1%
Traded health insurance for another benefit or higher pay	3.0%	3.0%	5.4%	6.1%	3.5%	5.5%
Cost is too much	88.4%	84.6%	82.0%	82.2%	78.4%	89.6%
Don’t need health insurance	11.1%	13.5%	24.9%	20.8%	23.6%	12.7%
Don’t know how to get insurance	13.8%	17.4%	17.2%	14.1%	14.4%	18.8%
Can’t get health insurance because of a preexisting condition	14.2%	12.5%	6.1%	8.7%	6.8%	5.1%

STORIES OF THE CHAS

Covering Colorado's Kids

Drops in Medicaid, Increases in Uninsured Rate Concern Clinics

Anahi Sebastian started noticing a change in 2017: Fewer patients at Every Child Pediatrics' Denver clinic, where she was lead medical receptionist, were enrolled in Medicaid and more were uninsured. "All of a sudden, our self-pay increased," she said.

Anahi's observations line up with a trend emerging across Every Child Pediatrics' other clinics and in health care clinics around the state: In 2019, more children are uninsured.

Colorado has had a historically low uninsured rate for residents between the ages of 0 and 18 in recent years. In 2015, just 2.5 percent of the state's children were uninsured, compared with 6.7 percent of all Coloradans.

That rate increased between 2015 and 2019, however: In 2019, the CHAS found that 4.3 percent of children are now uninsured. That represents about 58,000 kids. At the same time, enrollment in Medicaid has decreased.

The change was driven by an increase in the uninsured rate among children who are Hispanic or Latinx. While there was no significant increase in the uninsured rate for white children (about 3 percent were uninsured in 2019), the share of children who are Hispanic or Latinx who were uninsured reached nearly 8 percent in 2019, up from 3.1 percent in 2015.

A 2019 report from the Colorado



ALEC WILLIAMS/CHI

Anahi Sebastian noticed that more families were uninsured or withdrawing from Medicaid while she was the lead medical receptionist at Every Child Pediatrics' Denver clinic.

"We want to create a safe environment. Just because you don't have insurance doesn't mean that we don't treat you the same as a family with insurance."

Anahi Sebastian, Every Child Pediatrics

Center on Law and Policy found that a drop in Medicaid enrollment between 2017 and 2019 corresponded with several state and national trends. Federal and state policy changes to Medicaid enrollment processes have increased paperwork

and administrative burdens for government agencies and for everyday Coloradans.

Clinics and agencies are also reporting that people are steering clear of public programs such as Medicaid because they are concerned about consequences for themselves or others in their households who are immigrants to the U.S. Those reports began around the time Donald Trump became President and began introducing a policy agenda around immigration that included reducing the admission of refugees, tying use of public programs like Medicaid to residency and green card applications, and increasing arrests of undocumented immigrants.



Dr. Sophia Meharena with a patient at an Every Child Pediatrics clinic.

SPECIAL TO CHI

Statewide Changes

At Every Child Pediatrics, the percentage of uninsured patients increased from 5 percent to 9 percent between 2017 and 2018. Every Child Pediatrics is the state's largest pediatric practice, serving nearly 25,000 patients each year. Approximately 50 percent have a preferred primary language other than English. Every Child has 16 clinics around the state, including four large clinics in the Denver area and several partnerships with school districts.

Other clinics are reporting similar trends. At Mountain Family Health Centers, a community health center serving 21,000 patients in western Colorado, there has been an 11 percent drop in patients with Medicaid and a 9 percent increase in patients who are uninsured.

Ross Brooks, the CEO of Mountain Family Health Centers, said that drop also began around 2017. He

said that Mountain Family has seen families churning in and out of Medicaid as their incomes increase just enough to be ineligible for the program for periods of time.

But he said that immigration politics have been the biggest driver of the increase in uninsured kids: "The sense was an anti-immigrant sentiment and driving fear in the immigrant population. How it's played out is mom and dad not wanting to enroll their kids in Medicaid or CHP+," even when the children are U.S. citizens and eligible for those programs.

"The fear hasn't gone away," he said. "It's gotten worse."

Real Consequences

The increase in the uninsured rate has consequences for the finances of health care clinics like Mountain Family Health Centers and Every Child Pediatrics, which offer subsidized or free primary care to people without insurance.

It also has consequences for children's health. Leah Ramsey, a pediatrician at Every Child Pediatrics, said that the increase in the uninsured rate had a real effect on the treatments she was likely to recommend to families. "When they need anything done, like an x-ray, I have to think how much they'll have to pay out of pocket," she said.

Still, both Every Child Pediatrics and Mountain Family Health Centers have taken steps to ensure that people feel welcome and continue to come to the doctor when they need to, including wall signs declaring the clinic a safe space and offering trainings for staff about the rights of patients.

"We want to create a safe environment," said Anahi, the referral coordinator. "Just because you don't have insurance doesn't mean that we don't treat you the same as a family with insurance."

By Jackie Zubrzycki, CHI

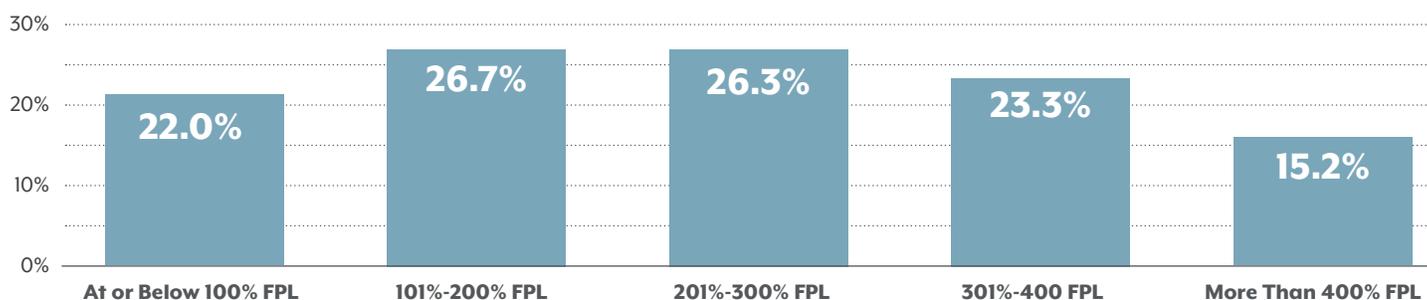
Affordability

Since 2015, Coloradans have enjoyed a record-low uninsured rate. Yet the affordability of health care remains a challenge, with one in five Coloradans (20.2 percent) forgoing doctor, specialist, or prescription services due to cost. Mid- to low-income Coloradans are more likely to face this barrier. But those with incomes below the federal poverty level actually report problems with affordability less frequently. Public insurance and safety net programs help address cost barriers

for many low-income Coloradans. Cost can also burden those who make it to a doctor's office. In 2019, nearly one in three Coloradans (30.6 percent) were surprised by a medical bill that they thought would be covered by insurance. And one in five Coloradans (18.1 percent) – the most since 2014, when key provisions of the Affordable Care Act took effect – said they have problems paying medical bills, which can result in lowered spending on other needs, debt, or even bankruptcy.

Coloradans With Modest Incomes Most Likely to Skip Care Because of Cost

Skipping care due to cost by income, 2019



Share of Coloradans Struggling to Pay Medical Bills Rises for the First Time Since ACA Implementation

Percentage of Coloradans who had a problem paying medical bills in the past 12 months, 2009-2019



Of the 18.1% Who Had a Problem Paying Medical Bills ...

- 70.5%  Saved less or took funds out of savings
- 53.9%  Took on credit card debt
- 32.6%  Were unable to pay for necessities like food, heat, or rent
- 28.4%  Added hours or took another job
- 18.6%  Took out a loan
- 3.7%  Declared bankruptcy



INSIGHT

POLICY: House Bill 19-1174 seeks to reduce the likelihood of a surprise bill by increasing notifications and disclosures saying that consumers may incur additional costs when they seek care from providers who are out of their health insurance's network.

DATA: Black (non-Hispanic/Latinx) Coloradans are nearly twice as likely to have had problems paying a medical bill than white (non-Hispanic/Latinx) Coloradans (30.2 percent versus 16.5 percent). A history of discriminatory policy and practice has led black Americans to have, on average, less than 10 percent of white Americans' household wealth.

STORIES OF THE CHAS

Trauma of Surprise \$1 Million Bill Gives Way to Relief and Gratitude

Surprise medical bills are common in Colorado. Some 30 percent of Coloradans say they received an unexpected bill in the past year, according to the CHAS.

It's a good bet that few of those bills were as traumatizing as the one Christine Cerrato opened four years ago.

Her son, Ethan, was born six weeks early with "catastrophic" medical conditions. He spent three months in the neonatal intensive care unit and underwent dozens of surgeries.

When he finally came home, Christine, her husband, Matthew, and Ethan's three older siblings were emotionally exhausted and economically teetering after months of Christine not working. Then they got the hospital bill — \$790,000. It turns out that was just the facilities charge. The surgeons billed separately, and the tab climbed to more than \$1 million.

For some reason, the hospital didn't bill the insurance carrier. Even when the hospital corrected that problem, the family still owed 30 percent of the total — more than \$300,000 — in coinsurance charges.

"People were calling saying, 'Hey, let's set up a payment arrangement.' We don't even have \$10," Christine said. They started to be afraid to answer the phone.

It was only by luck that the family found a way out. A provider recommended Christine call a friend who had raised a child with complex illnesses. She was skeptical at first, having already



BRIAN CLARK/CHI

The Cerrato family was faced with a pile of medical bills totaling more than \$1 million after the birth of Ethan, now age 4, before seeking and receiving Medicaid assistance.

hit dead ends with the insurance carrier and the hospital.

But Christine made the call and learned how to find a Medicaid case worker. Before long, Ethan was enrolled in Health First Colorado, which picked up the bill.

Their million-dollar bill became less than \$900.

Fortunately for the Cerratos, they live in Colorado, which has a richer set of Medicaid benefits for families like hers than some other states. Even so, three-quarters of Coloradans do not qualify for Medicaid. While Colorado's legislature passed a law seeking to reduce surprise bills in 2019, many families have already been affected by the practice.

"We ended up being very lucky, and I know a lot of families aren't," Christine said.

Today, Ethan is a passionate four-year-old who participates in Special Olympics and pretends to be in a band with his big sister. He winds down by watching "Paw Patrol" and "PJ Masks."

"He's doing well, but he is extremely medically complicated still," Christine said.

He has tubes in his kidneys that need to be changed every few months, a risky procedure that can lead to infections that race through his body. He spent a week in Children's Hospital Colorado this fall to fight off an infection.

But Christine knows she can take him straight to the emergency room without worrying about another surprise bill, thanks to Medicaid.

By Joe Hanel, CHI

Use of Health Care

Coloradans are getting their annual checkups. More residents than ever report having a usual source of care (87.6 percent), and nearly three in four (74.0 percent) got preventive care in the past year, an increase from 62.4 percent in 2017. Increased use of preventive care is often thought to decrease emergency room (ER) visits, but the CHAS finds that the rate of emergency care use remained steady even as use of preventive care became more common. About one in five Coloradans (20.8 percent) visited

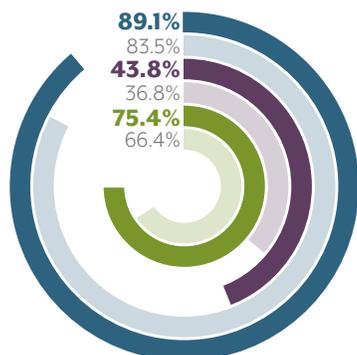
an ER in the past year, and of those, more than a third (38.0 percent) say they went for a condition they felt could have been treated by a regular doctor. Persistent barriers to care that lead people to the ER for nonemergency reasons include needing care after hours and difficulty getting an appointment with a different health care provider soon enough. Expanding primary care capacity and availability may help alleviate unnecessary strain on expensive and limited emergency resources.

Coloradans With Employer-Sponsored Insurance Are Most Likely to Get Care

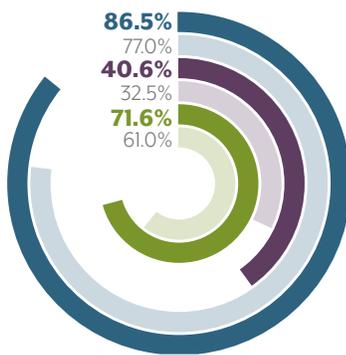
Type of insurance vs. utilization, 2017-2019

■ 2019 Health Care Professional Visit ■ 2019 Specialist Visit ■ 2019 Preventive Visit
 ■ 2017 Health Care Professional Visit ■ 2017 Specialist Visit ■ 2017 Preventive Visit

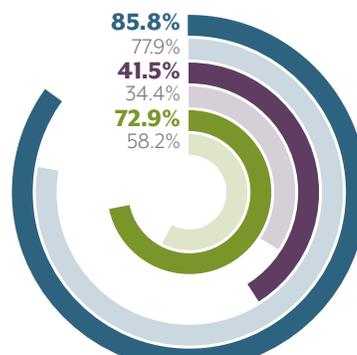
Employer-Sponsored



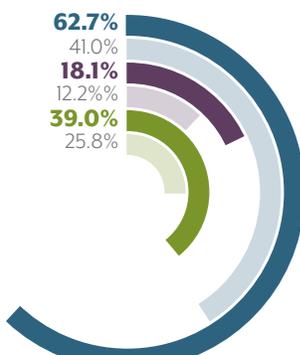
Individual



Medicaid



Uninsured



Many Coloradans Still Get Nonemergency Care in an ER

Reasons for nonemergency ER visits, 2015-2019

1 Unable to Get Appointment Soon Enough



2 Needed Care Outside of Normal Hours



3 Was Told by Doctor to Go to ER



4 More Convenient



INSIGHT

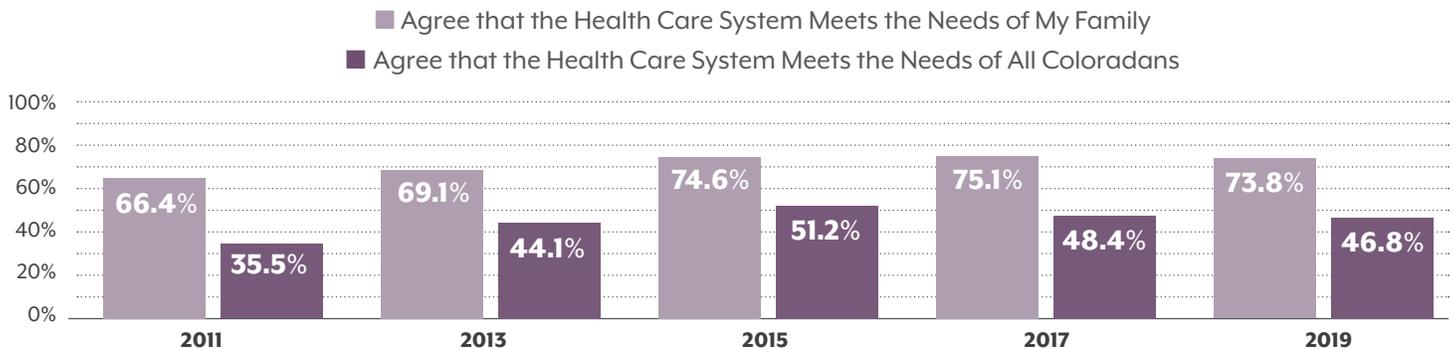
POLICY: House Bill 19-1233 seeks to create a more comprehensive primary care system by increasing investments in primary care through payment reform and expanded benefit packages. The hope is that this will increase care quality while reducing overall costs incurred in expensive settings like ERs.

Views on the Health Care System

Nearly three in four Coloradans (73.8 percent) are happy with the state’s health care system, saying it meets the needs of their families. This has remained relatively consistent since the implementation of major ACA reforms in 2014, and it represents an increase from a pre-ACA approval rating of 69.1 percent. But different groups report different experiences with the system. Among Coloradans with individual insurance, only about

half (54.5 percent) say the system works for them and their families. And among those with no coverage at all, approval is at just 27.5 percent. As Colorado and the nation continue to debate major changes to the health care system that would affect coverage and, potentially, the role of government and insurers, people’s perceptions of the health care system can offer insight into their experiences with past policy changes.

People Are More Likely to Say the System Is Meeting Their Needs Than the Needs of All Coloradans, but Perceptions of Both Are Improving in the Wake of the ACA



Coloradans With Medicare Are the Most Satisfied with the Health Care System

Agree that the current health care system meets needs of my family and all Coloradans, by insurance type:

Insurance Type	2011		2013		2015		2017		2019	
	My Family	All Coloradans								
Uninsured	34.4%	29.9%	34.5%	34.5%	37.5%	41.6%	33.8%	32.4%	27.5%	27.3%
Employer-Sponsored	76.1%	36.3%	76.3%	45.7%	78.6%	49.1%	79.5%	45.5%	77.5%	44.7%
Medicare	77.2%	36.6%	80.5%	48.4%	81.6%	51.7%	80.4%	49.1%	85.1%	52.1%
Medicaid/CHP+	65.8%	42.8%	74.8%	51.5%	77.1%	62.0%	80.8%	65.3%	77.1%	57.8%
Individual/Other	52.6%	29.0%	59.9%	36.0%	62.7%	42.1%	56.6%	33.3%	54.5%	36.7%



INSIGHT

POLICY: For some Coloradans, politics continue to impact coverage. In 2019, 6.3 percent of uninsured Coloradans say they don’t have coverage because they disagree with Obamacare (the ACA).

DATA: Just two-thirds of rural Coloradans (66.2 percent) believe the health care system meets the needs of their families, compared with three-quarters of urban residents (75.2 percent). Rural residents often find themselves facing higher insurance premiums and a limited choice of providers.

Barriers to Care

Most Coloradans have health insurance, but barriers to accessing health care persist and, in some cases, are more prevalent than before. More than one in five Coloradans (22.0 percent) did not see a doctor in the past year because they could not get an appointment as soon as they needed, an increase from 15.7 percent in 2017. And more than one in 10 Coloradans (10.8 percent) couldn't

find a provider to take their insurance. Historically, Medicaid members have been more likely to report that they struggle to find providers who accept their insurance, but in 2019 individually insured Coloradans were nearly as likely to report this barrier. One contributing factor could be insurers narrowing their networks of contracted health care providers to control costs.

More Coloradans Are Struggling to Get a Timely Appointment in 2019

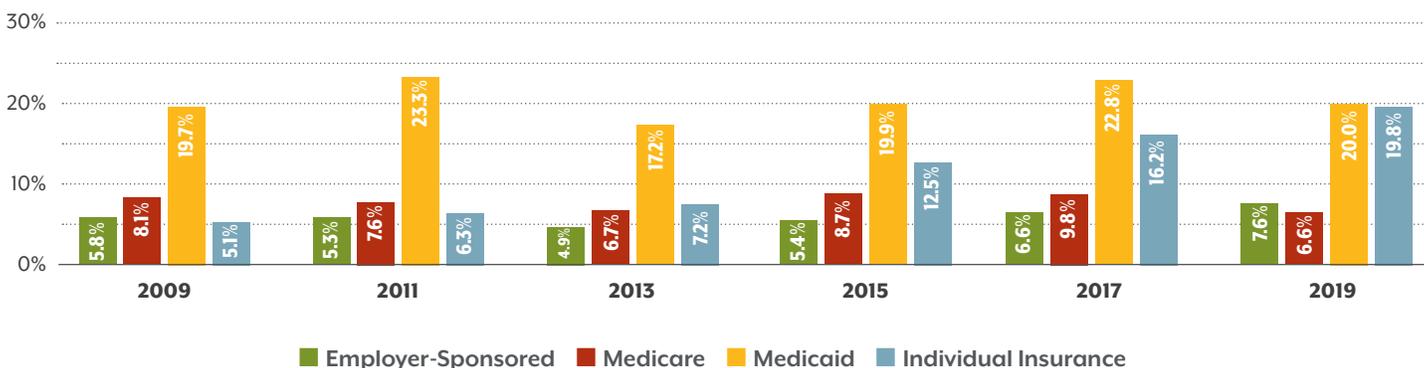
Reason for not receiving health care when it was needed, 2009-2019

	2009	2011	2013	2015	2017	2019
You couldn't get an appointment as soon as you needed one	16.8%	16.4%	15.0%	18.7%	15.7%	22.0%
The doctor's office wasn't accepting patients with your type of insurance*	8.0%	8.4%	7.1%	9.7%	11.4%	10.8%
The doctor's office wasn't accepting new patients	8.0%	9.2%	8.4%	9.2%	11.3%	10.6%
You lacked transportation to the doctor's office or it was too far away	N/A	N/A	4.4%	4.7%	5.5%	3.2%
You couldn't take time off work**	N/A	N/A	10.1%	10.6%	12.0%	13.2%
You couldn't find child care***	N/A	N/A	4.0%	7.9%	10.0%	11.7%

* Asked of currently insured ** Asked of employed adults and parents *** Asked of those with children

In 2019, Individually Insured Coloradans Had as Hard a Time as Medicaid Members Finding a Provider Who Took Their Insurance

Percentage of Coloradans not receiving health care when needed because providers won't accept insurance, by insurance type, 2009-2019



INSIGHT

DATA: Women face a variety of barriers to getting care at higher rates than men. For example, while 18.2 percent of men say they were unable to get a timely appointment in 2019, 25.8 percent of women report this issue. This may be in part because women tend to have more appointments than men, which increases the likelihood of running into one of these barriers.

General Health

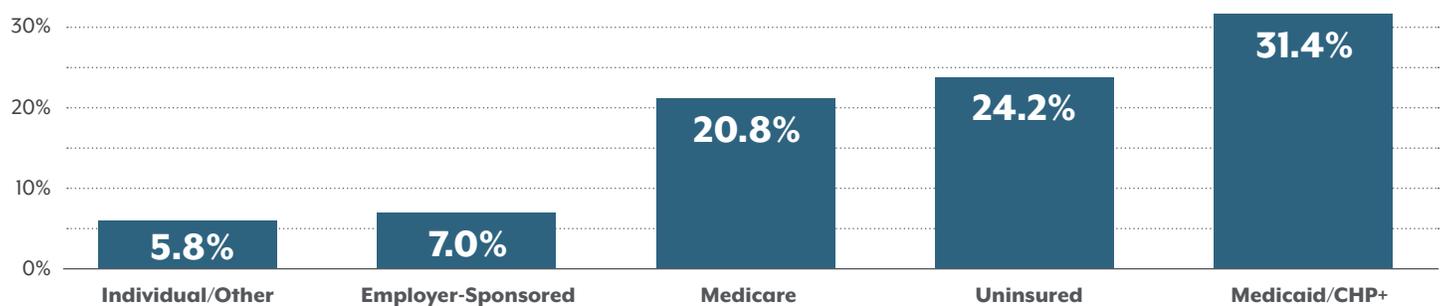
Colorado has a reputation as one of the nation's healthiest states. Most residents (85.2 percent) describe their health as good, very good, or excellent. But some groups of Coloradans report better health than others. Socioeconomic factors such as income, employment, and education are known to be connected to health outcomes. Indeed, people with incomes below the federal poverty level are twice as

likely as other Coloradans to report fair or poor health (26.7 versus 13.0 percent). It's often thought that health insurance can help mitigate these disparities, but the data show that this is just part of the picture. Uninsured Coloradans do report worse health than those with private insurance, but rates of poor health are the highest among people who are enrolled in Medicaid.



Health Insurance Doesn't Always Translate to Better Health

Percentage of Coloradans reporting fair or poor health status by insurance type, 2019



Wealth Can't Guarantee Health – But It Helps

Percentage of Coloradans reporting fair or poor general health status by income, 2019



INSIGHT

DATA: Historic inequities and present-day racism can have profound impacts on health status. Almost one in five Hispanic/Latinx Coloradans (19.4 percent) and black (non-Hispanic/Latinx) Coloradans (18.3 percent) report fair or poor health. By comparison, 13.0 percent of white (non-Hispanic/Latinx) Coloradans describe their health as fair or poor.

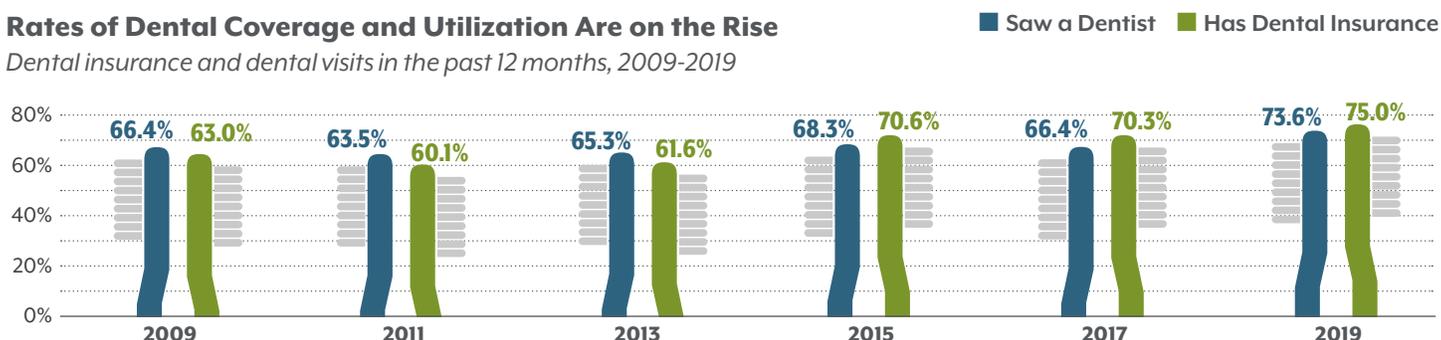
Oral Health

Evidence shows that good oral health is an essential component of overall health. But nearly one in five Coloradans (18.4 percent) report fair or poor oral health, up from 16.2 percent in 2017. Still, there's reason to smile: Dental insurance and utilization rates continue to rise, likely thanks to expansions in

Medicaid dental benefits for adults in 2014. Kids ages 6 to 12 years are more likely to have seen a dentist in the past year than older children and adults. They are also more likely to get care than kids younger than 6, which may indicate that parents aren't aware of the need for early dental care.

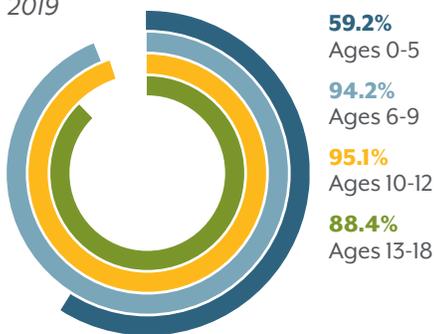
Rates of Dental Coverage and Utilization Are on the Rise

Dental insurance and dental visits in the past 12 months, 2009-2019



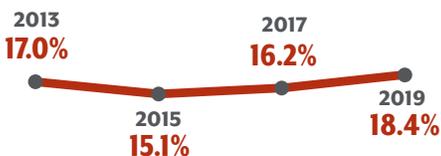
Most Children Visit the Dentist's Office, but Fewer of the Youngest Children Get Dental Care

Dental visit in the past 12 months by age, 2019



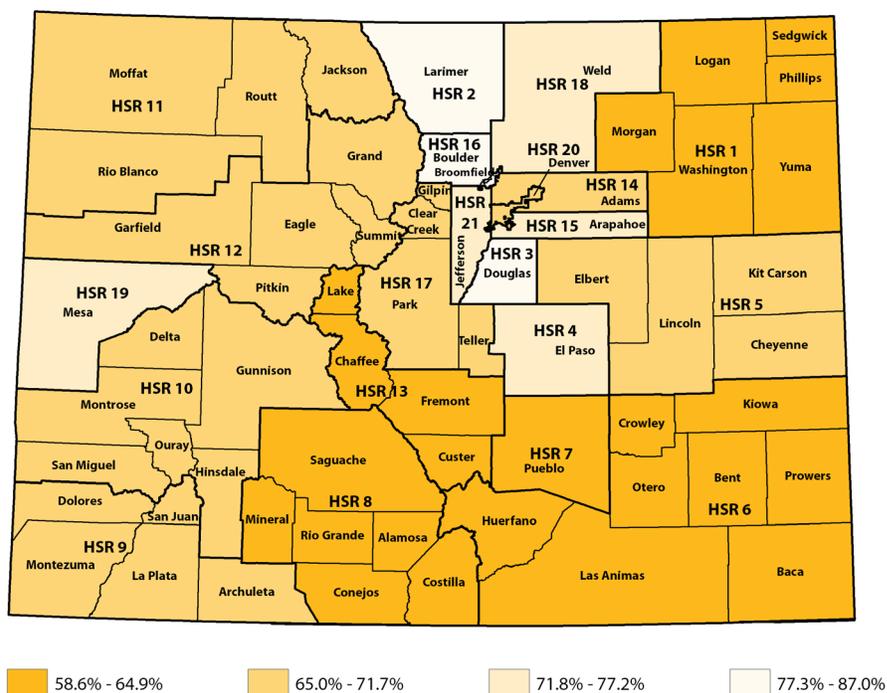
Uptick in Coloradans Reporting Fair or Poor Oral Health

Rate of fair or poor oral health status, 2013-2019



Coloradans in South, Northeast Colorado Least Likely to Visit Dentist

Percentage of Coloradans who visited the dentist in the past 12 months, 2019



INSIGHT

POLICY: House Bill 19-1038 expanded dental services for pregnant women who have coverage through CHP+. As of April 2019, these women can now receive dental care during this important time for their oral health.

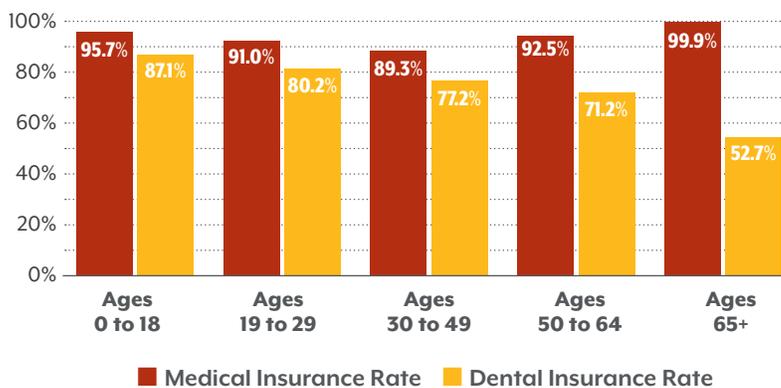
DATA: Despite Medicaid dental coverage expansions, Coloradans with lower incomes are less likely to see a dentist.

Aging and Advance Directives

Almost all Coloradans age 65 or older (99.9 percent) are insured, thanks largely to Medicare, which provides medical coverage options to people in this age group. Despite this near-universal coverage, however, barriers to timely, appropriate care persist — and, in some cases, are getting worse. More than one in six Coloradans age 65 or older (17.6 percent) went without needed medical care because they were unable to get an appointment soon enough in 2019,

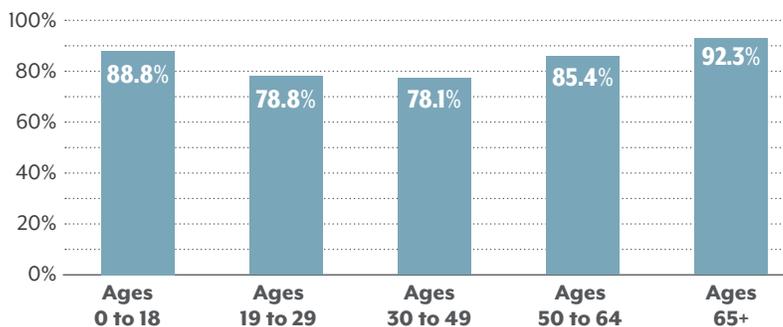
up from one in nine (11.3 percent) in 2017. Aging can bring additional difficulties in accessing care, including finding a provider who accepts Medicare or securing transportation to and from the provider. Still, most older adults (77.8 percent) report that their overall health is good, very good, or excellent. And in case their health changes, more than two-thirds (68.8 percent) of all older adults have an advance directive, living will, or medical durable power of attorney in place.

Older Adults Have the Highest Rate of Medical Coverage but the Lowest Rate of Dental Insurance



Golden Years: Older Coloradans Report the Highest Rates of Better Mental Health

Percentage who had fewer than eight days of poor mental health in the past month by age, 2019



Difficulty Getting an Appointment is a Major Barrier

Barriers to care cited by Coloradans age 65 or older, 2019

In the past 12 months, were you . . .

- Unable to get an appointment as soon as you thought one was needed **17.6%**
- Told by a doctor's office or clinic that they weren't accepting new patients **7.8%**
- Unable to take time off work for an appointment **7.6%**
- Unable to find a provider taking your insurance **7.1%**
- Unable to get to the doctor's office or clinic for an appointment **3.9%**
- Concerned about unfair treatment or consequences of seeking care **2.5%**



INSIGHT

POLICY: Senate Bill 19-073 tasked the Colorado Department of Public Health and Environment (CDPHE) with creating and administering a statewide system that will allow Coloradans to upload and access an electronic version of their advance medical directives. This is intended to allow patients, family members, and medical professionals easier access to a patient's advance directives in order to ensure their end-of-life wishes are honored.

Notes

A series of horizontal dotted lines for taking notes.



303 E. 17th Ave., Suite 930, Denver, CO 80203 • 303.831.4200
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