

The Geography of Good Health

Where You Live Affects Your Access to Care

MAY 2015

Having health insurance does not guarantee that someone will get needed care. Other factors, including where a person lives, pose barriers to treatment. Some communities might not have a health care provider that accepts a person's insurance. The cost of care could be too expensive, or a patient might have to travel a long distance to see a doctor.

The Colorado Health Access Survey (CHAS) asks Coloradans to identify barriers they have faced when seeking needed care. This paper examines their responses and looks at how access to care differs across the state's 21 Health Statistics Regions (HSRs).

What the CHAS Tells Us

Barriers to Care Reported by Coloradans

Coloradans cite several reasons why they did not seek — or receive — health care. (Figure 1). Cost and doctors' schedules are the most frequently cited barriers. Almost

Almost **25%** of people in Adams County cannot afford to get dental care.

Less than **10%** in Douglas County have the same problem.

one of five — 19.3 percent — of Coloradans indicate that finances sidetracked dental care, and 15 percent said they could not get an appointment at the doctor's office when needed.

Lack of child care and transportation also are challenges, though much less so than other barriers to care. CHAS respondents could report more than one barrier, providing a comprehensive picture of obstacles to seeking and obtaining needed care.

Barriers to Receiving Health Care, Colorado, 2013

You couldn't...

Fill a prescription that you needed due to cost	11.2%
Get doctor care that you needed due to cost	12.3%
Get specialist care that you needed due to cost	11.9%
Get dental care that you needed due to cost	19.3%
Get an appointment at the doctor's office when you needed one	15.0%
Get an appointment because the doctor's office wasn't accepting patients with your type of health insurance	8.2%
Get an appointment because the doctor's office wasn't accepting new patients	8.4%
Find transportation to the doctor's office/ It was too far away	4.4%
Take off from work (asked if employed)	10.1%
Find child care (asked only if had a child 14 or younger)	4.0%

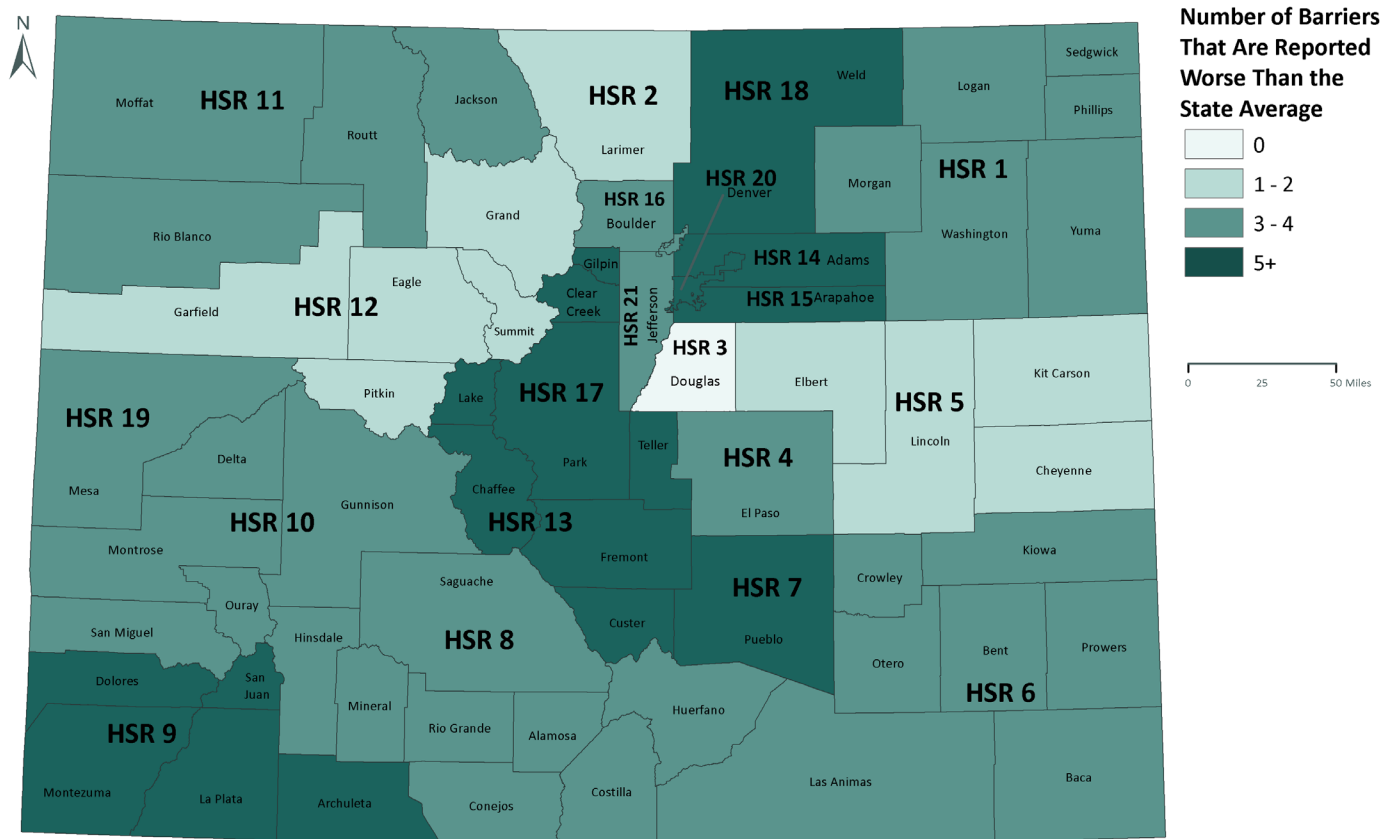
Source: 2013 Colorado Health Access Survey

Where Coloradans Report the Most Barriers

To answer this question, the Colorado Health Institute counted how many barriers in each region were worse the state average. Map 1 displays the findings.¹

The analysis suggests that some Coloradans report having a tougher time getting care than others, based on where they live. For example, the frequency with which CHAS respondents in Adams County (HSR 14)

Number of Barriers Worse Than the State Average, By Region, Colorado, 2013



Map prepared September 22, 2014
by the Colorado Health Institute

Source: 2013 Colorado Health Access Survey

said they encounter barriers to care was higher than the state average in seven categories — the highest number compared with other regions.

Arapahoe County (HSR 15) and southwestern Colorado (HSR 9) both reported higher-than-average barriers to care in six different categories. Other areas experiencing multiple barriers include Denver County, Weld County and central Colorado. All seven regions reported higher-than-average rates of not being able to afford dental and specialty care.

On the other end of the spectrum, regions with fewer reported barriers to care include Douglas County (HSR 3), Larimer County (HSR 2) and the mountain resort communities of HSR 12. Most barriers — such as the inability to find a doctor who accepts a person's health insurance and difficulty affording prescription medication — are not issues for the vast majority of people in these regions. For example, less than 10 percent of respondents in Douglas County report being unable to afford dental care. In

comparison, close to 25 percent of respondents in Adams County are unable to get dental care due to cost.

What might be getting in the way of health care in these regions?

Barriers to care are complex. Multiple factors besides geography, such as poverty, the availability of health professionals and demographic characteristics, are interconnected. Together, they often have an effect on whether people are able to get the services they need.

The Colorado Health Institute examined whether regions reporting higher-than-average barriers also had higher rates of other factors, such as poverty, uninsurance and Medicaid enrollment. We also looked for patterns in the availability of health professionals and demographic factors such as race and ethnicity.

Few clear patterns emerged. One that did, however,

was the relationship between access to care and race and ethnicity, which is consistent with other research.² Regions with a greater proportion of people of color — including those who identify as Hispanic, black, Asian American or American Indian — report barriers more frequently than the state average.

Household finances also come into play. Wealthier communities generally report fewer barriers to care. Residents in Douglas County (HSR 3) — the wealthiest county in the state and in the top 10 wealthiest in the country³ — had no barriers to care that were reported more frequently than the state average.

The findings underscore how differences in income, demographics and other factors contribute to disparities in access to care.

Implications and Policy Responses

Delaying or passing up needed care can have serious consequences. Conditions that might have been prevented by a primary care provider or dentist could require expensive emergency or hospital care down the road. Skipping care because of cost can lead to medical debt when people need critical care.

Many provisions of the Affordable Care Act (ACA) are aimed at reducing financial and other barriers to care. For example, all insurance plans offered in health insurance marketplaces must cover 10 essential health benefits with no dollar limit. Included in this list are prescription drugs, mental health and addiction services, prenatal care and rehabilitation services.

Other measures aimed at lowering barriers to care include expansion of telehealth and creative alternatives to emergency department visits such as providers who make house calls to treat less severe conditions.⁴

With the 2015 CHAS coming soon, the Colorado Health Institute will continue to monitor these different barriers and how the ACA and other initiatives are affecting the cost and accessibility of care.

Endnotes

¹ Two of the barriers listed in Figure 1 — lacking transportation and lacking child care — were not reported frequently enough to report at the regional level.

² Nelson, A. et al. (2002). "Unequal treatment: What Health Care Systems Administrators Need to Know About Racial and Ethnic Disparities in Healthcare." Institute of Medicine. Available at: <https://www.iom.edu/~media/Files/Report%20Files/2003/Unequal-Treatment-Confronting-Racial-and-Ethnic-Disparities-in-Health-Care/DisparitiesAdmin8pg.pdf>

³ Douglas County Colorado (2014). "Douglas County in the National News – CNNMoney.com." (Retrieved October 2, 2014, from: <http://www.douglas.co.us/business/business-resources/business-news/>).

⁴ Colorado Health Institute (2014). Reaching Our Peak: Scorecard for a Healthier Colorado. Available at: <http://www.coloradohealthinstitute.org/key-issues/detail/community-health/reaching-our-peak-creating-a-healthier-colorado>.

CHAS: The Five Ws



Who: 10,224 randomly selected households with one person at least 18 years old



What: Twenty minute phone survey on health insurance, access to health care and use of health care



When: Between April 15 and July 27, 2013



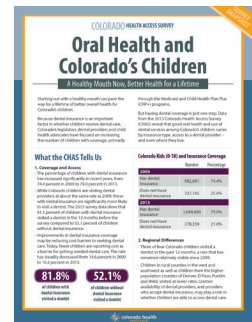
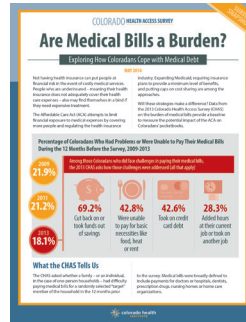
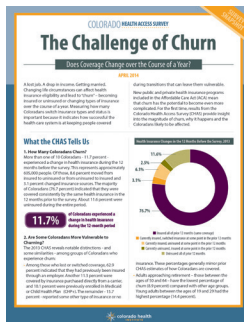
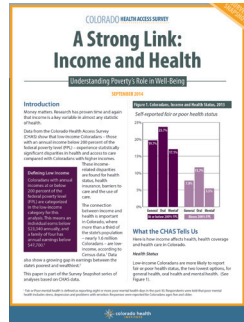
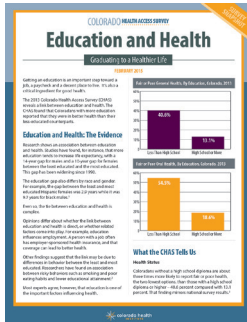
Where: Statewide, divided equally among 21 Health Statistics Regions



How: 4,000 households with cell phones, up from 1,214 in 2011 and 400 in 2009

Survey Snapshots Series

The series highlights the diverse data provided by the CHAS. The reports are intended to show the range of data available and to spur further use by stakeholders across the state.



CHAS Analysis and CHAS Data can be found by clicking the buttons at the top right of the Colorado Health Institute home page:

coloradohealthinstitute.org

Sara Robbins, CHI's 2014-15 Colorado College Public Interest Fellow, is the lead author of this report. Contact her at robbinss@coloradohealthinstitute.org or 720.382.7076.

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