

COLORADO HEALTH ACCESS SURVEY

2013

# Colorado Health Access Survey

20 High-Level Findings

Colorado Health Institute

NOVEMBER 2013

*CHAS Analysis:*

[\*coloradohealthinstitute.org\*](https://coloradohealthinstitute.org)

*CHAS Data:*

[\*coloradohealthinstitute.org/data-repository/category/colorado-health-access-survey\*](https://coloradohealthinstitute.org/data-repository/category/colorado-health-access-survey)

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by the **Colorado Health Institute**.

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The Colorado Health Institute also thanks Tracy Johnson, PhD, who served as a consultant to develop questions for the 2013 Colorado Health Access Survey, with a focus on questions that would yield data to help measure implementation of the Affordable Care Act in Colorado.

## About The CHAS

The 2013 CHAS was a telephone survey of 10,224 randomly selected households in Colorado. It was administered between April 15 and July 27. Survey data were weighted to accurately reflect the demographics and distribution of the state's population.

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## *How many Coloradans are going without health insurance? How many have trouble getting an appointment to see a doctor, even with insurance? Where do Coloradans get their health care? How do they use that care?*

Data from the 2013 Colorado Health Access Survey (CHAS) – highlighted in this report – help to answer these questions and many more.

The CHAS is the premier source of information on health insurance coverage, access to health care and how health care is used in Colorado.

With this survey, we now have data from 2009 through 2013 that contributes to a deeper insight into the reasons Coloradans have or don't have health insurance. We better understand how they obtain the care they need, and why they sometimes can't obtain the care they need. We see how – and when – they use health care.

And as Colorado and the rest of the nation set about fully implementing the Affordable Care Act (ACA), the CHAS stands as a unique community resource to measure its impact.

The 2013 CHAS provides the baseline for coverage, health care access and health care use in Colorado. Subsequent surveys will help to measure whether the goals of health reform – more people with health insurance, more affordable insurance and greater access to health care – are being met.

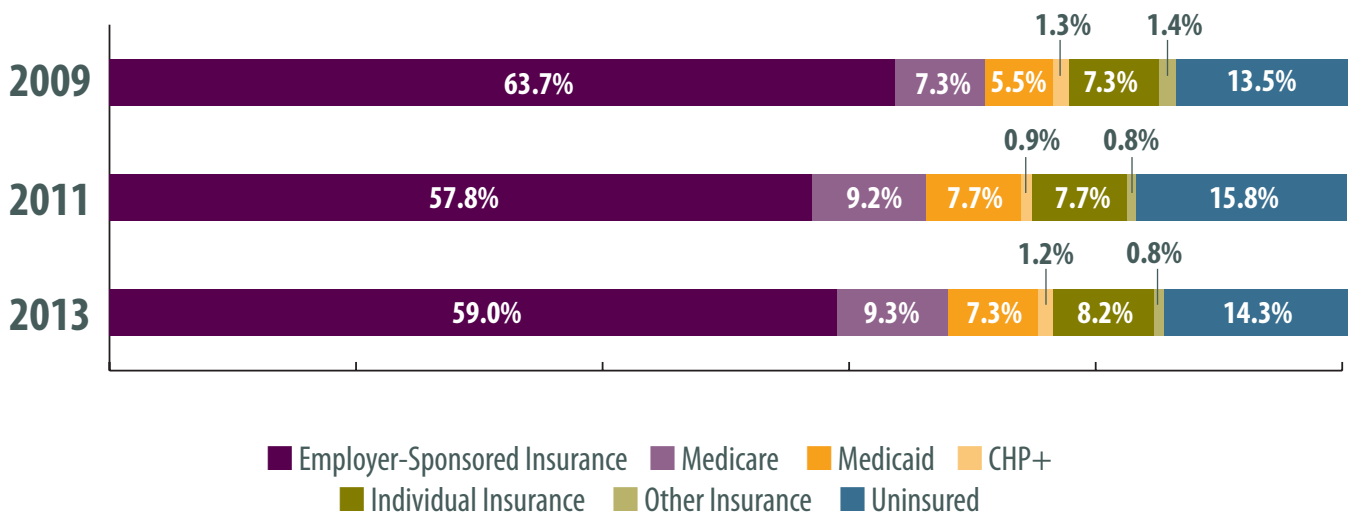
This year's CHAS features a number of new questions. For the first time, Coloradans were asked about their oral health, their mental health and their mental health care needs, and whether they have long-term care insurance. In addition, this CHAS takes a deeper look at the barriers to receiving health care.

Also new this year is an accompanying data supplement that provides frequencies and percentages for each graphic in this report.

# 1. Health Insurance Coverage

Having health insurance can contribute to better health and financial stability. It can be the deciding factor in getting preventive care that could head off medical problems down the road. The central aim of the ACA is to ensure that most Americans have access to adequate, affordable health insurance. This new data helps Colorado to better understand where it stands in relation to that goal.

**Health Insurance Coverage, All Ages, 2009-2013**



## High-Level Findings

- The percentage of Coloradans without health insurance in 2013 is 14.3 percent compared with 15.8 percent in 2011 and 13.5 percent in 2009. The 2013 rate is not statistically different from either 2011 or 2009. It is interesting to note that an improving economy has yet to translate into significantly higher levels of health insurance coverage in Colorado.
- About 741,000 Coloradans do not have health insurance in 2013 – or one of seven residents.
- Employer-sponsored insurance, the backbone of coverage for most Coloradans, has not returned to 2009 levels. That year, 63.7 percent of Coloradans were covered by health insurance obtained through an employer. That percentage fell to 57.8 percent in 2011 and climbed 1.2 percentage points to 59.0 percent in 2013.
- Nearly one of five Coloradans has public health insurance. The percentage of Coloradans covered by public insurance programs – Medicare, Medicaid and Child Health Plan *Plus* (CHP+) – was unchanged in 2013 at 17.8 percent after a jump of 3.7 percentage points between 2009 and 2011.



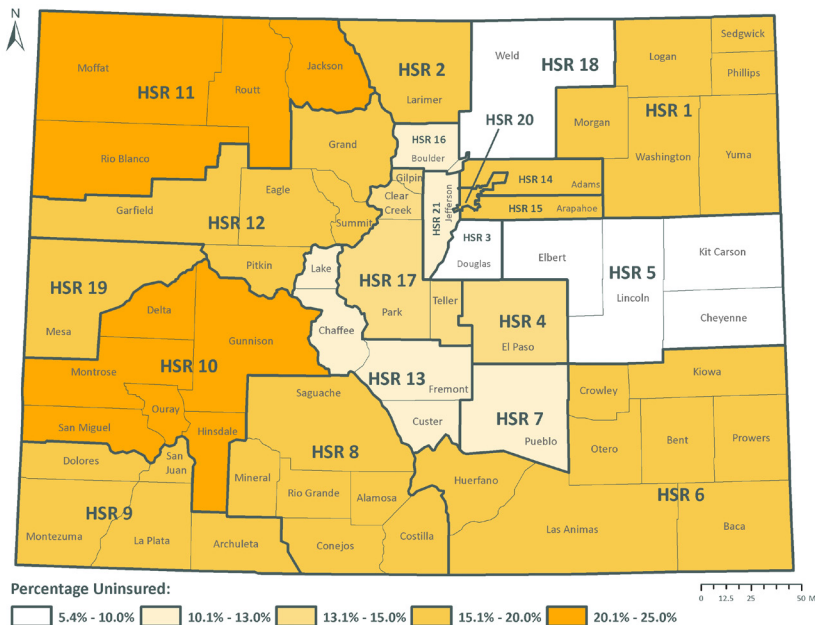
### Health Reform

The ACA aims to get more people covered by some type of health insurance. The CHAS will show changes in the rates of coverage, as well as changes in the types of insurance obtained by Coloradans.

## 2. Health Insurance Coverage by Region

Where you live matters when it comes to health insurance coverage. CHAS results – broken down by Colorado’s 21 health statistics regions (HSRs) – reveal a wide range of coverage, from the highest levels of uninsurance in northwest Colorado to the lowest in affluent Douglas County. Looking below the surface allows an examination of levels of private insurance and public insurance, which often factor into whether a person has access to health care.

### Uninsured Rates by Health Statistics Region, 2013



#### By the Numbers

HSR	Uninsured		HSR	Uninsured	
	#	%		#	%
1	9,480	15.3%	12	30,933	19.4%
2	47,153	15.1%	13	10,148	12.8%
3	16,474	5.4%	14	70,386	15.3%
4	84,832	13.1%	15	100,013	16.9%
5	3,689	9.3%	16	41,720	11.8%
6	11,748	16.7%	17	7,522	13.8%
7	17,643	10.9%	18	24,702	9.3%
8	7,253	16.8%	19	26,853	18.5%
9	14,232	15.2%	20	116,406	18.4%
10	23,729	22.7%	21	65,024	11.6%
11	10,919	24.8%	<b>Colo.</b>	<b>740,862</b>	<b>14.3%</b>

### High-Level Findings

- The northwest corner of the state (HSR 11) has the highest percentage of residents without coverage at 24.8 percent, meaning that one of four people is without health insurance. HSR 3 – Douglas County – has the lowest percentage of residents without health insurance at 5.4 percent.
- Only 10.9 percent of residents in HSR 7 – Pueblo County – do not have health insurance, the fourth lowest uninsured rate in Colorado. But HSR 7 ranks second when it comes to the percentage of residents covered by public insurance – Medicare, Medicaid and CHP+ – at 26.5 percent. In this case, the high level of coverage is tied to the high rate of public insurance.
- Nearly one of three residents (31.6 percent) of the San Luis Valley – HSR 8 – is covered by public insurance, the highest rate in the state.
- Douglas County has the highest percentage of residents covered by private insurance, which includes employer-sponsored insurance: 88.0 percent.



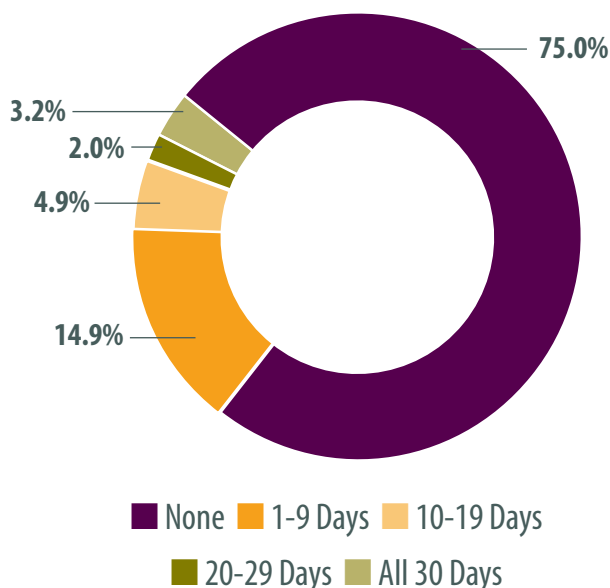
#### Health Reform

These data can help target efforts to educate Coloradans who may be eligible to purchase health insurance through Connect for Health Colorado. As more people gain insurance coverage, it will be important to monitor whether there are enough medical providers to provide adequate care.

### 3. Mental Health

Mental health is essential to overall health. Across Colorado, providers are working to integrate primary and behavioral health care in an effort to help their patients achieve better health outcomes. The 2013 CHAS includes, for the first time, questions on mental health and access to care.

**Number of Poor Mental Health Days During the Past 30 Days, Ages 5 and Older, 2013**



#### If you didn't seek needed mental health care over the past 12 months, why?

(all that apply)

77.5%

You were uninsured\*

75.6%

You were concerned about the cost of treatment

53.3%

You did not think your health insurance would cover it\*\*

#### High-Level Findings

- Twenty-five percent – one of four – Coloradans experienced one or more days of poor mental health during the past 30 days. The survey defines poor mental health as including stress, depression or problems with emotions.
- Nearly 8 percent of Coloradans said they needed mental health services or counseling services in the 12 months before the survey, but did not get them.
- The most frequent reasons for not getting needed mental health care are related to cost – being uninsured, being worried about what insurance would cover and general concern about the cost of treatment. Respondents could identify more than one reason.
- Among those who said they did not get needed mental health services, nearly one of three (31.0 percent) did not feel comfortable talking about personal problems with a health professional, indicating an ongoing stigma related to mental health.

\* Asked only of respondents who were uninsured at some point in the 12 months before the survey

\*\* Asked only of respondents who were insured at some point in the 12 months before the survey



#### Health Reform

Mental health and substance abuse disorder services are defined as essential health benefits in the ACA, meaning that most health plans will be required to cover these services starting in 2014. The CHAS will allow us to monitor changes in the number of people who report not getting needed mental health services and the reasons why.

## 4. Long-Term Care Insurance

At least 70 percent of people over the age of 65 will need long-term care – anything from help getting dressed to around-the-clock supervision in a nursing home, according to the Centers for Medicare & Medicaid Services. The 2013 CHAS, for the first time, asks Coloradans who are 50 and older whether they have long-term care insurance.

### Do you currently have long-term care insurance from a private company?

YES  
22.1%

NO  
77.9%

#### Reasons for not having long-term care insurance (all that apply)

- Long-term care insurance costs too much **39.1%**
- You don't think you will ever need services **18.3%**
- You don't mind using your own income and assets to pay for the care you may need **1.7%**
- You are not aware of this type of insurance/Don't know what it is **1.6%**
- You believe that Medicare will pay for long-term care services when you need them **1.4%**
- You are waiting for better policies **1.2%**
- If you need services, your family will take care of you **1.1%**
- You currently get long-term care services through Medicare **0.7%**
- You currently get long-term care services through Medicaid **0.7%**
- You believe that Medicaid will pay for long-term care services when you need them **0.3%**

### High-Level Findings

- About one of five older Coloradans (22.1 percent) report purchasing long-term care insurance. This is significantly higher than national estimates.
- Of the 77.9 percent of older Coloradans who said they do not have long-term care insurance, the primary reason is cost (39.1 percent).
- The second most cited reason for not having long-term care insurance is the belief by older Coloradans that they will never need services (18.3 percent).



### Health Reform

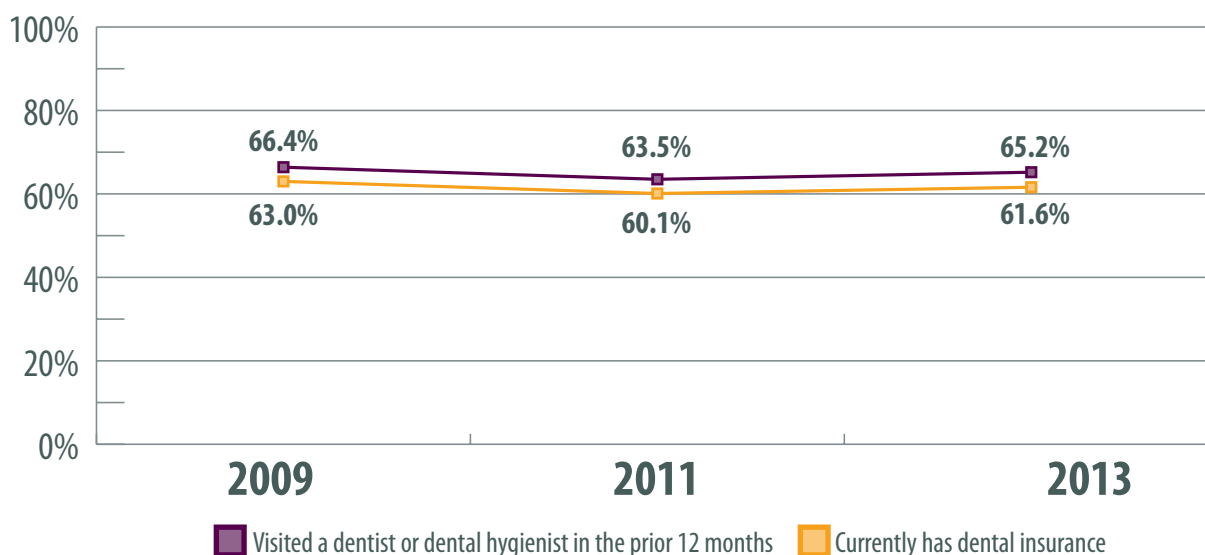
The ACA created a national long-term care insurance program called the Community Living Assistance Services and Support program, or CLASS Act. It was later repealed because of the challenges of financing such a large-scale effort. Still, with heightened awareness of long-term care insurance, coupled with aging of the Baby Boomers, policy discussions may return to this topic.



## 5. Oral Health

Oral health is strongly tied to overall health. Poor oral health poses health risks, especially for pregnant women and people with chronic disease. Colorado organizations have worked to deliver oral health services to vulnerable populations, especially children, while lawmakers have voted to extend oral health services to many Medicaid enrollees. The CHAS allows us to measure the impact of these efforts.

**Oral Health Utilization and Insurance Status, 2009-2013**



### High-Level Findings

- The percentage of Coloradans who have dental insurance in 2013 is 61.6 percent compared with 60.1 percent in 2011 and 63.0 percent in 2009. The 2013 rate is not statistically different from either 2011 or 2009.
- The percentage of Coloradans who used dental services in 2013 – 65.2 percent – is not statistically different from 2011 or 2009. However, the suggestion of a small uptick in both dental coverage and dental usage since 2011 reflects the association between having dental insurance and using dental services.
- The majority of Coloradans are covered by employer-sponsored insurance, which typically offers a separate dental insurance plan. Since 2011, coverage under CHP+, which has an oral health benefit, increased as well. This trend may be having a positive impact on dental coverage and use.
- People without dental insurance, as well as those who said they hadn't been to a dental professional in the 12 months before the survey, are more likely to rate their oral health as fair or poor – the two lowest options. Of the 17.0 percent of Coloradans who rated the health of their teeth and gums as fair or poor, about four of 10 (41.7 percent) had dental insurance, 20 percentage points below the state average.




### Health Reform

Two developments intended to increase dental insurance coverage and access to dental services will be important to measure with the CHAS data. The ACA requires most health insurance to offer pediatric dental options. Colorado will expand dental benefits for adults covered by Medicaid beginning in 2014.

## 6. Barriers to Receiving Health Care

Having a health insurance card makes it more likely that a person will get needed health care. But it is not a guarantee. The CHAS explores challenges faced by Coloradans – even insured Coloradans – in accessing health care, such as being unable to take time off work, having trouble finding a doctor who accepts their insurance, or simply not being able to pay for it.

### Barriers to Receiving Health Care, 2009-2013 (all that apply)

You couldn't ...	2009	2011	2013	
 Fill a prescription that you needed due to cost	11.7%	12.0%	11.2%	
	Get doctor care that you needed due to cost	11.6%	13.3%	12.3%
	Get specialist care that you needed due to cost	11.7%	12.5%	11.9%
	Get dental care that you needed due to cost	21.9%	22.9%	19.3%
Get an appointment at the doctor's office when you needed one	16.8%	16.4%	15.0%	
Get an appointment because the doctor's office wasn't accepting patients with your type of health insurance	8.0%	9.4%	8.2%	
Get an appointment because the doctor's office wasn't accepting new patients	8.0%	9.2%	8.4%	
Find transportation to the doctor's office/ it was too far away	NA	NA	4.4%	
Take off from work ( <i>asked of employed*</i> )	NA	NA	10.1%	
Find child care ( <i>asked only if had one child 14 or younger</i> )	NA	NA	4.0%	

**47.3%**

Of Coloradans uninsured at some point in the year before the survey **didn't seek an appointment because they were uninsured.**

### High-Level Findings

- Some people may decide not to seek care because they don't have insurance. Nearly half (47.3 percent) of Coloradans who were uninsured at some point in the 12 months before the survey report that they did not try to make a medical appointment for this reason.
- The high cost of health care deters many Coloradans from receiving treatment when they need it. Citing cost, about one of five Coloradans (19.3 percent) report foregoing needed dental care, 12.3 percent did not seek a doctor's care and 11.2 percent did not fill a prescription.
- One of 10 working Coloradans – CHAS places adults as well as children with working parents in this category – report being unable to take time off work for an appointment at a doctor's office or clinic.

\* CHAS places adults as well as children with working parents in this category



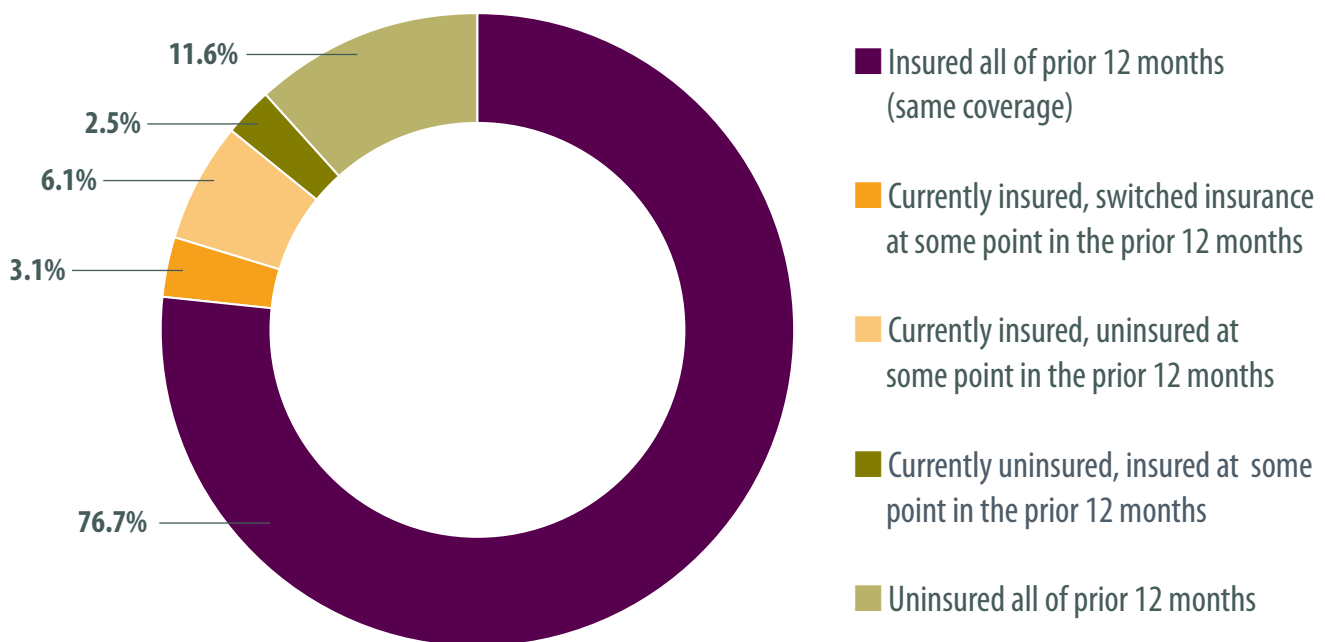
### Health Reform

The ACA aims to make health insurance more affordable, so future CHAS data will help measure the impact of the health reform law on affordability.

## 7. Churn

A lost job. A drop in income. Getting married. Changing life circumstances can affect health insurance eligibility and lead to “churn” – becoming insured or uninsured or changing types of insurance over the course of a year. Measuring how many Coloradans switch insurance types and status is important because it indicates how successful the health care system is at keeping people covered during transitions that can leave them vulnerable.

**Health Insurance Changes in the 12 Months Before the Survey, 2013**



### High-Level Findings

- Three of four Coloradans (76.7 percent) indicated that they were covered consistently by the same health insurance in the 12 months prior to the survey.
- More than one of 10 Coloradans (11.7 percent) experienced a change in health insurance during the 12 months before the survey – 8.6 percent moving from insured to uninsured or from uninsured to insured and 3.1 percent changing insurance sources.
- More than one of 10 (11.6 percent) did not have health insurance during the year before the survey. Many said they had been uninsured at least five years.



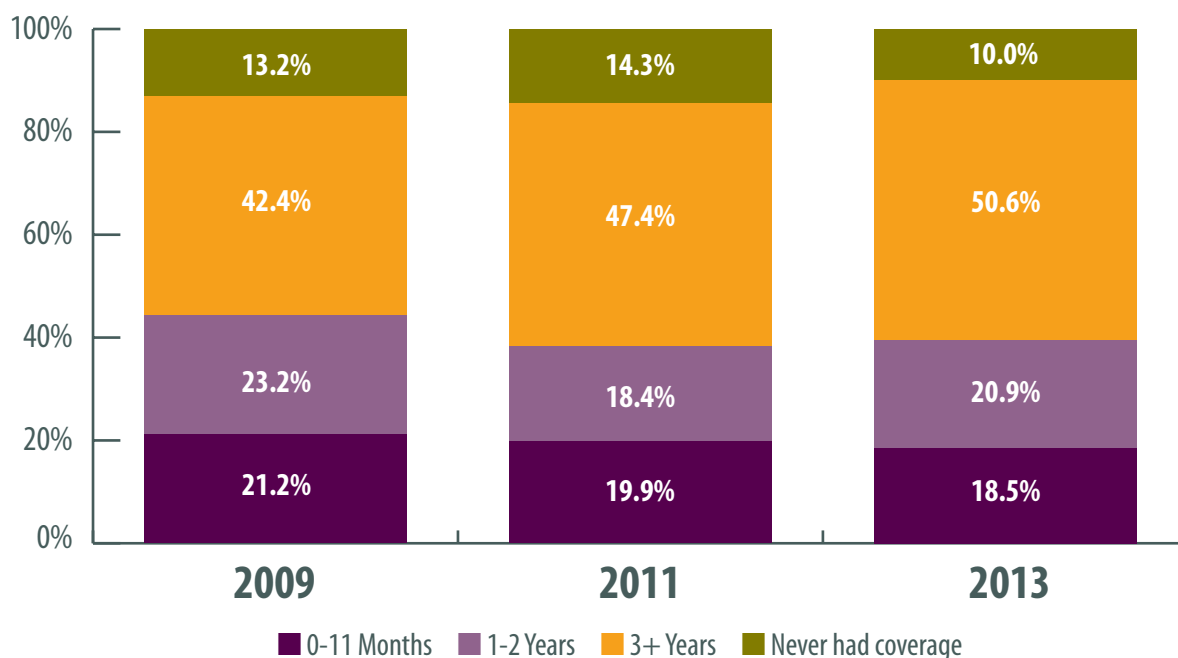
#### Health Reform

Churning will potentially become even more complex with new coverage sources that are based on income. The CHAS will be useful in monitoring churn as the ACA is implemented.

## 8. Length of Time Uninsured

Providing affordable insurance for people who have been chronically uninsured – either never having health insurance or going without health insurance for an extended period of time – is an aim of health reform efforts. People who are chronically uninsured often receive less preventive care, receive fewer early detection services and experience more complications from chronic conditions.

Length of Time Without Health Insurance Coverage Among Uninsured Coloradans, 2009-2013



### High-Level Findings

- Nearly one of five (18.5 percent) uninsured Coloradans report they were without health insurance for less than a year. These shorter gaps in coverage often occur as a result of waiting periods after changing jobs. Fluctuations in income and other life events may lead to lost or gained eligibility for public insurance, such as Medicaid, for short periods of time.
- Being without health insurance on a long-term basis is more common than short gaps in coverage. It is also a more difficult problem to solve. Four of five uninsured Coloradans have been without coverage for at least a year.
- Among uninsured Coloradans, 10.0 percent report never having coverage. This has declined from 14.3 percent in 2011.



#### Health Reform

CHAS will help measure how long-term uninsured Coloradans react to the individual mandate – the requirement that most Americans obtain health insurance or pay a penalty. Over time, the CHAS results will also measure the success of outreach and enrollment efforts, particularly for the chronically uninsured.

## 9. Reasons for Being Uninsured

Understanding why uninsured Coloradans do not have health insurance is important to consider as Colorado implements state and federal health reforms. CHAS data indicating whether high costs continue to be a barrier will be an important measure of success, as will data showing whether Coloradans believe that the process of getting insured has been simplified.

### Reasons Uninsured Coloradans Report for Not Having Health Insurance, 2009-2013 (all that apply)

	2009	2011	2013
The person in family who had health insurance lost job or changed employers	36.7%	39.3%	39.8%
The person in family who had health insurance is no longer part of the family because of divorce, separation or death	8.5%	8.4%	7.1%
Family member's employer does not offer coverage or not eligible for employer's coverage	41.0%	40.6%	30.3%
Lost eligibility for Medicaid or CHP+	18.9%	17.3%	17.0%
<b>Cost is too high</b>	<b>88.4%</b>	<b>84.6%</b>	<b>82.0%</b>
Don't need insurance	11.1%	13.5%	24.9%
Don't know how to get insurance	13.8%	17.4%	17.2%
Traded health insurance for another benefit or higher pay	3.0%	3.0%	5.3%
Can't get health insurance, have a pre-existing condition	14.2%	12.5%	6.1%
Some other reason	9.9%	11.0%	15.7%

**SIGNIFICANT TREND**  
Reason for being uninsured:  
**Cost is too high**

2009: **88.4%**  
2011: **84.6%**  
2013: **82.0%**

### High-Level Findings

- The high cost of health insurance has ranked as the top reason for being uninsured in all three CHAS surveys. However, the percentage declined to 82.0 percent in 2013 from 88.4 percent in 2009.
- Lack of access to employer-sponsored insurance and loss of a job that offered health insurance were the next most-cited reasons for being uninsured.
- The number of uninsured people who believe they do not need insurance has more than doubled since 2009, perhaps a reflection of negative public opinion about the ACA.
- Nearly one of five uninsured Coloradans (17.2 percent) does not know how to get health insurance, a percentage that has stayed relatively consistent since 2009.
- The number of people who can't get health insurance because of a pre-existing condition has been halved since 2009.



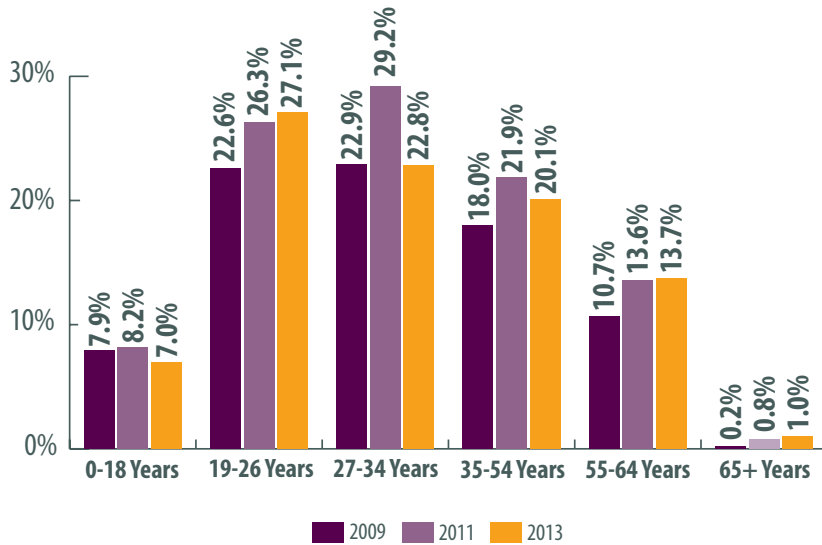
#### Health Reform

The CHAS data will show whether uninsured Coloradans continue to think health insurance costs too much, even with newly available subsidies and the Medicaid expansion. Also, the data will show whether there is a continuing decline in the number of Coloradans reporting they could not get health insurance because of a pre-existing condition. The ACA requires insurance companies to offer a health plan to any applicant, regardless of health status.

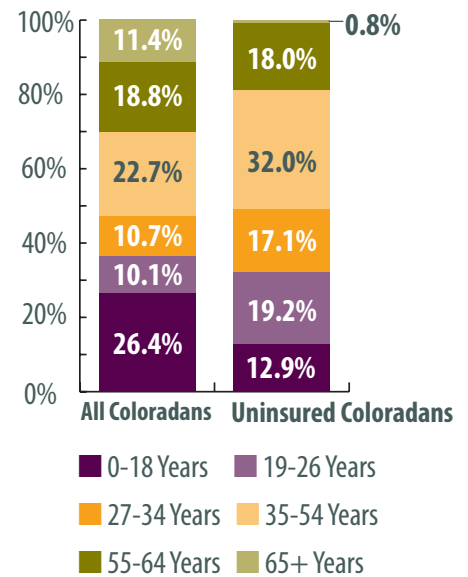
## 10. Uninsured Rates by Age

Health needs vary over a lifetime, making age an important factor to consider when looking at who is uninsured. Younger adults with fewer health concerns may feel less need for health care – and health insurance – than older adults. Age also influences access to health insurance, with working-age adults more likely to get coverage through an employer, and children and seniors often eligible for public programs.

Uninsured Rates by Age, 2009-2013



Age Distribution, Uninsured Coloradans Versus All Coloradans, 2013



### High-Level Findings

- Colorado’s children continue to show low rates of uninsurance, dropping to 7.0 percent in 2013 from 8.2 percent in 2011. A number of policy decisions contribute to this trend, including generous state Medicaid eligibility guidelines for children and a 2009 state law that made more low-income children eligible for CHP+ coverage.
- More than one of four young adults between 19 and 26 (27.1 percent) do not have health insurance, meaning that this group, often called the “young invincibles,” has the highest rate of uninsurance in Colorado.
- Since 2011, adults between 27 and 34 experienced a 6.4 percentage point decline in their uninsured rate to 22.8 percent. Adults between 35 and 54 had a more modest decrease of 1.8 percentage points to 20.1 percent. A recovering economy and decreasing, but uneven, unemployment rates may explain this trend.
- Only 1.0 percent of Colorado’s seniors, aged 65 and above, do not have health insurance. This is a slight increase from 2009, but shows the continued impact of the Medicare program.



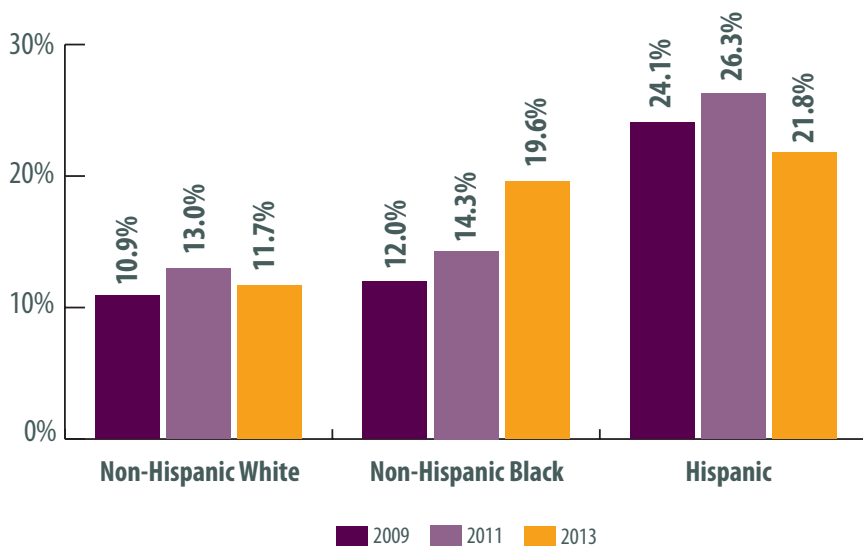
### Health Reform

Much attention will be paid to the “young invincibles” to see if they decide to obtain health insurance or opt to pay a penalty. This will be important for the success of Connect for Health Colorado because younger, healthier people diversify the risk pool and offset some costs of insuring the chronically ill.

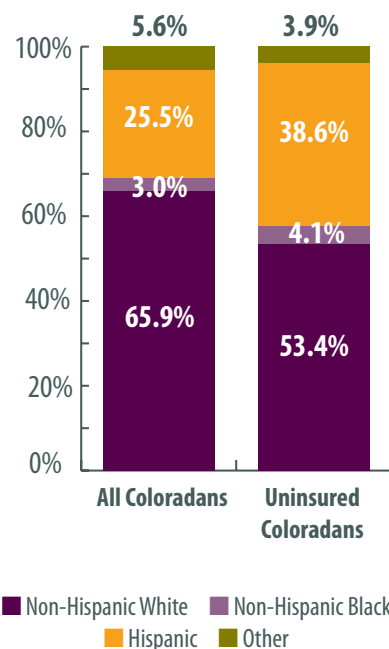
# 11. Uninsured Rates by Race/Ethnicity

Because people with health insurance are more likely to receive timely health services and tend to experience better health outcomes than those who are uninsured, analyzing health insurance coverage by race/ethnicity can provide important information about what drives health disparities in Colorado.

**Uninsured Rates by Race/Ethnicity, Colorado, 2009-2013**



**Race/Ethnicity Distribution, Uninsured Coloradans versus All Coloradans, 2013**



## High-Level Findings

- About one of 10 non-Hispanic whites (11.7 percent) do not have health insurance, a decline from 13.0 percent in 2011.
- Hispanic Coloradans are disproportionately uninsured. Approximately 26 percent of the population identifies as Hispanic, but Hispanics represent 38.6 percent of the uninsured population.
- While non-Hispanic white Coloradans have the largest number of uninsured, Hispanics have the highest rates of uninsurance. More than one of five Hispanics (21.8 percent) are uninsured. This is not a significant difference from 2011.



### Health Reform

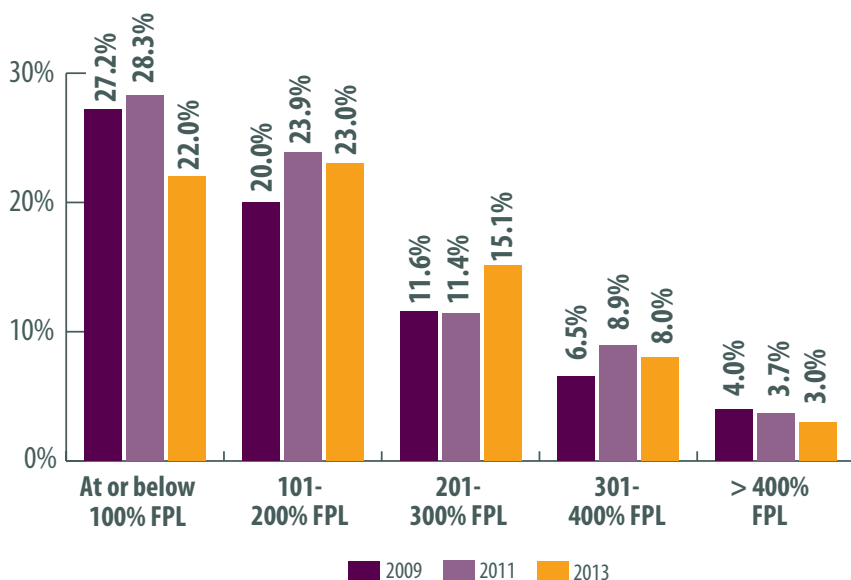
Targeted approaches to outreach and enrollment will be an important factor in decreasing uninsured rates among racial/ethnic minorities.



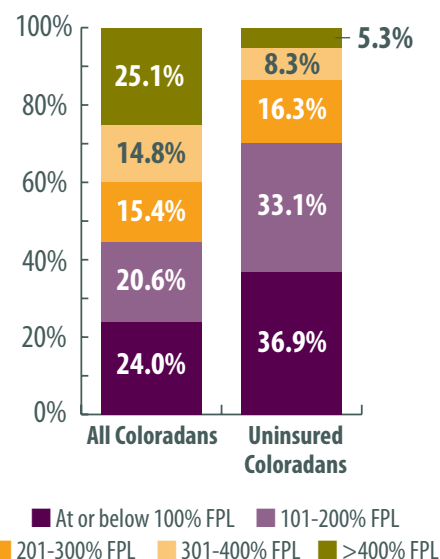
## 12. Uninsured Rates By Income

Income is strongly correlated with insurance status, and those living in poverty continue to have a much higher risk of being uninsured. While Colorado's economy is improving, there have been major shifts in Coloradans' income levels in recent years, with far more people falling below the poverty line since the CHAS was first administered in 2009.

**Uninsured Rates by Federal Poverty Level, 2009-2013**



**Income Distribution, Uninsured Coloradans Versus All Coloradans, 2013**



### High-Level Findings

- Lower-income Coloradans are more likely to be uninsured than Coloradans in higher income brackets. Coloradans up to 200 percent of FPL comprise 44.6 percent of the population, but 70.0 percent of the uninsured.
- Uninsurance rates dropped for most income levels between 2011 and 2013. The biggest dip was for people at or below the poverty level, with the uninsurance rate declining to 22.0 percent from 28.3 percent, perhaps because Colorado passed legislation to expand Medicaid eligibility for adults in 2009. The one income bracket that saw uninsured rates rise was the group earning between 201 percent and 300 percent of FPL, with an increase to 15.1 percent from 11.4 percent.



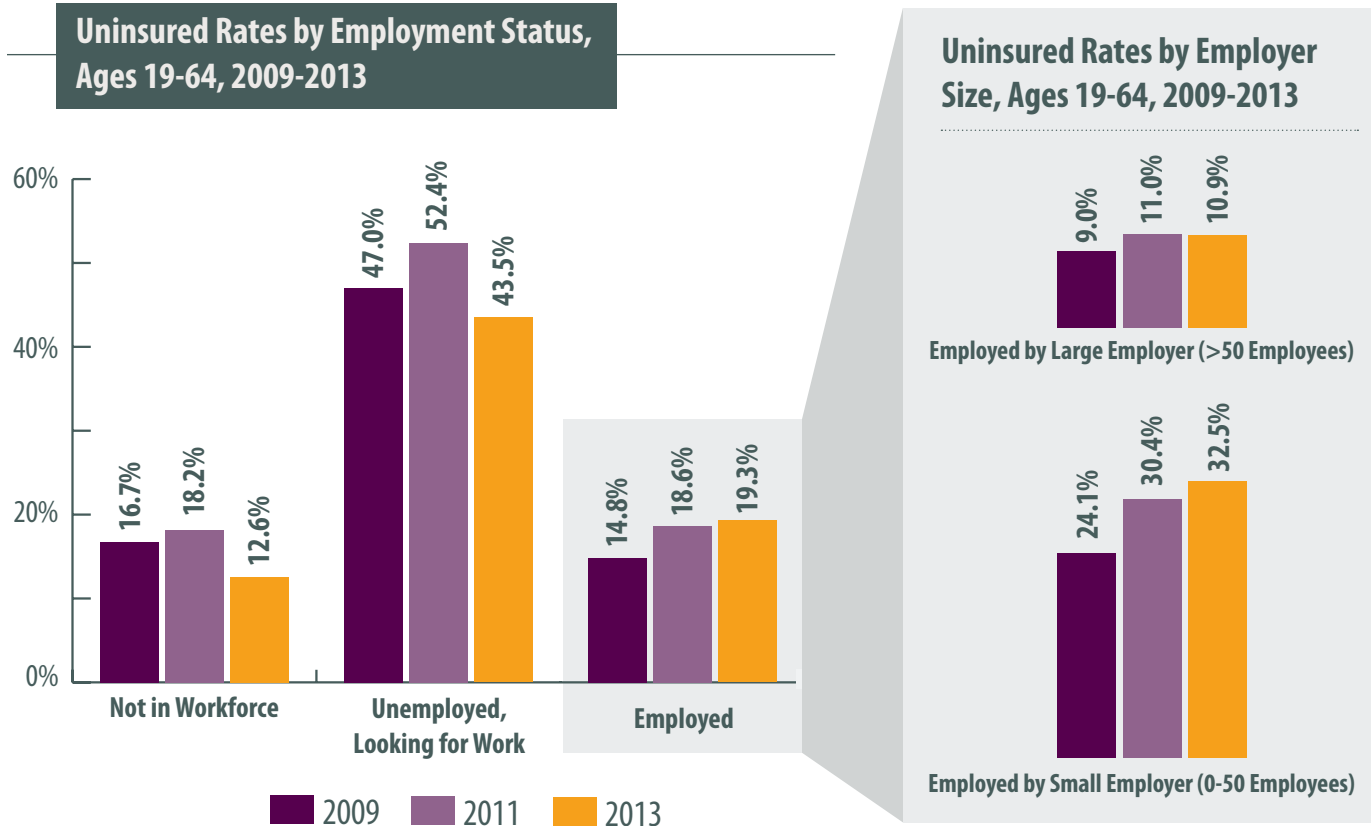
### Health Reform

The ACA aims to increase access to affordable health insurance for those at or below 400 percent of FPL by subsidizing plans purchased through Connect for Health Colorado. In addition, Colorado voted to expand Medicaid eligibility beginning January 1, 2014. It will be important to track whether these measures increase the rate of insurance among lower-income Coloradans.



# 13. Uninsured Rates by Employment

Because most Coloradans receive insurance through their employer, employment plays an important role in determining health insurance status. The CHAS data show that it often makes a difference whether a person works for a large or small employer.



## High-Level Findings

- Unemployed Coloradans are twice as likely to be uninsured as those with jobs. Nearly half (43.5 percent) of Coloradans who are unemployed and looking for work do not have health insurance, compared to 19.3 percent of employed Coloradans and 12.6 percent of Coloradans not in the workforce.
- The percentage of employed Coloradans without health insurance increased to 19.3 percent in 2013 from 14.8 percent in 2009, a possible indication that fewer employers offered coverage or that workers found they could not afford the coverage that was offered.
- Coloradans who work for small businesses with 50 or fewer employees are far more likely to be uninsured (32.5 percent) than those working for large businesses (10.9 percent).
- The uninsurance rate of unemployed Coloradans dropped to 43.5 percent from 52.4 percent in 2009. The uninsurance rate of those not in the workforce declined to 12.6 percent from 18.2 percent.



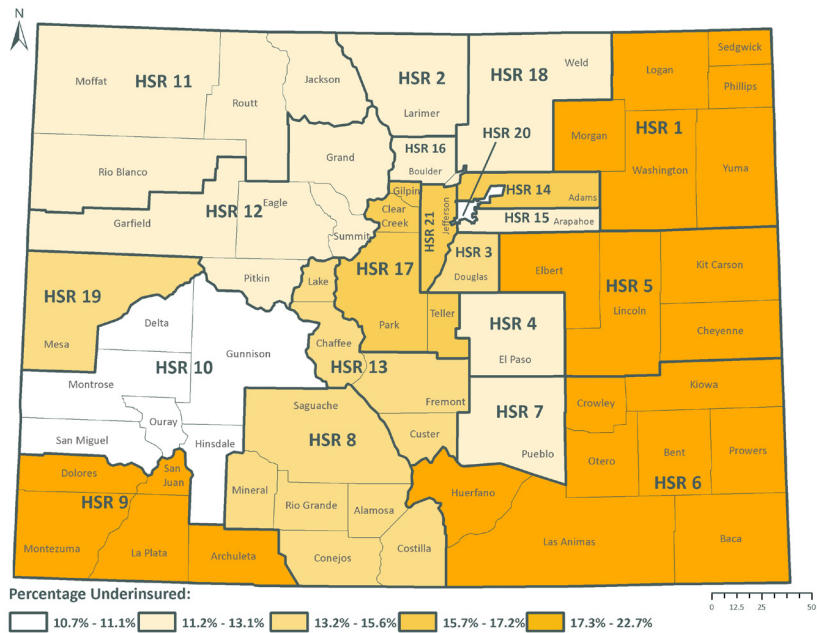
### Health Reform

How employers react to the ACA provisions relating to providing health insurance to their employees will be a crucial test for health reform efforts, particularly actions taken by small employers.

# 14. Underinsurance

Underinsurance occurs when health insurance does not cover the costs of necessary medical expenses, leaving policy-holders with out-of-pocket costs that they can't afford. For families earning at least 200 percent of FPL, the CHAS defines underinsurance as spending at least 10 percent of annual income on out-of-pocket medical expenses. For families below 200 percent of FPL, underinsurance is defined as spending at least five percent of annual income on out-of-pocket medical expenses.

## Underinsurance Rates by Health Statistics Region, 2013



### By the Numbers

HSR	Underinsured		HSR	Underinsured	
	#	%		#	%
1	14,055	22.7%	12	20,726	13.0%
2	40,334	12.9%	13	12,314	15.5%
3	44,880	14.7%	14	74,782	16.3%
4	77,408	12.0%	15	72,701	12.3%
5	8,262	20.8%	16	43,448	12.3%
6	14,388	20.4%	17	9,167	16.8%
7	21,113	13.1%	18	34,777	13.1%
8	6,356	14.7%	19	22,559	15.6%
9	19,645	20.9%	20	70,407	11.1%
10	11,185	10.7%	21	96,361	17.2%
11	5,495	12.5%	<b>Colo.</b>	<b>720,361</b>	<b>13.9%</b>

## High-Level Findings

- The percentage of underinsured Coloradans has grown slightly to 13.9 percent in 2013 from 12.8 percent in 2011.
- Rural populations – particularly those on the Eastern Plains and in the southwest corner of the state – have the highest rates of underinsurance in Colorado. Denver County – HSR 20 – has one of the lowest rates of underinsurance at 11.1 percent.



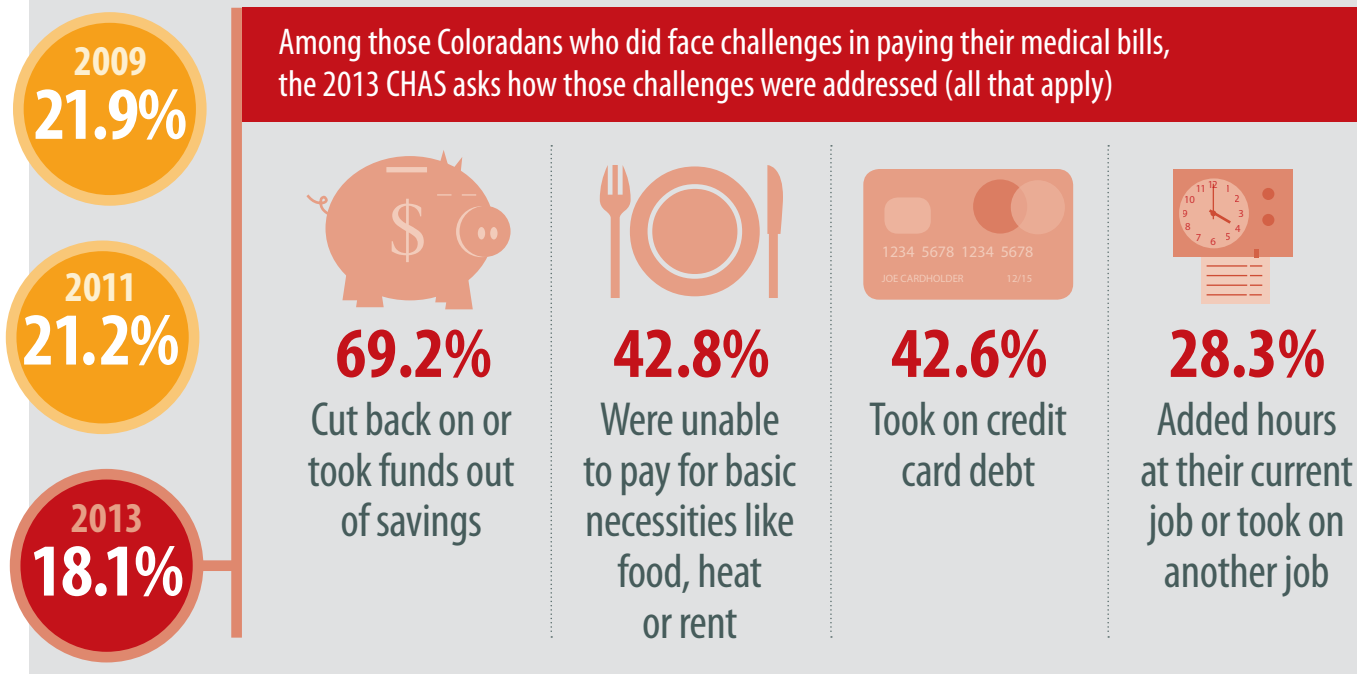
### Health Reform

The ACA requires individual and small group market plans to include coverage for a set of basic services known as essential health benefits, but the most basic plans could still leave policy-holders with large out-of-pocket expenses. In that case, the problem of underinsurance would continue. The CHAS will help to measure any changes in underinsurance in Colorado.

## 15. Problems Paying Medical Bills

Lack of health insurance can put households at financial risk if costly medical services are needed. People who are underinsured – meaning their health insurance does not adequately protect against health care expenses – can also face challenges in accessing care. The CHAS data shed light on the extent of this phenomenon in Colorado.

### Percentage of Coloradans Who Had Problems or Were Unable to Pay Their Medical Bills During the 12 Months Before the Survey, 2009-2013



### High-Level Findings

- Since 2009, the proportion of Coloradans who faced problems or were unable to pay their medical bills has remained relatively stable. Around one-fifth of the population experiences these problems each year.
- However, among Coloradans who are uninsured or underinsured the rate was 35.1 percent and 27.5 percent, respectively, in 2013 (data not shown). These data suggest that addressing uninsurance and underinsurance would reduce the number of Coloradans who face challenges in paying medical bills.
- The most common way in which Coloradans attempt to pay these bills is by cutting back on savings or tapping their nest eggs. Among Coloradans who had problems paying their medical bills, 69.2 percent say they trimmed their savings. Nearly 43 percent were unable to pay for food, heat or rent due to their medical bills.



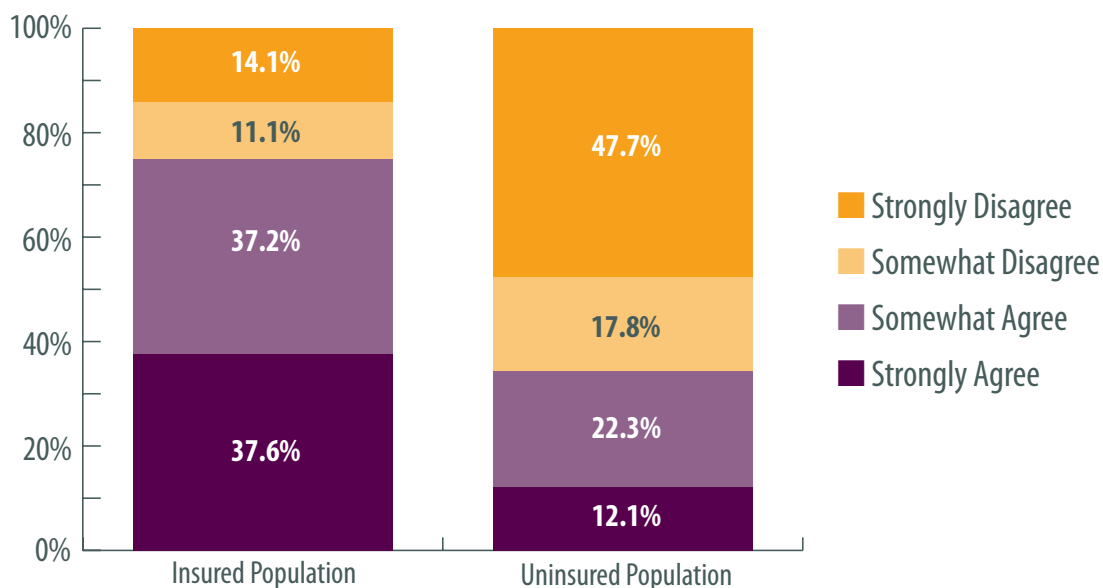
### Health Reform

The ACA seeks to address underinsurance by requiring plans in the individual and small group markets to provide Essential Health Benefits and putting caps on cost sharing. Future CHAS data will help to show if these federal policy changes succeed in limiting Coloradans' financial exposure to medical expenses.

## 16. Coloradans' Views on the Health Care System

As health care continues to evolve under state and federal health reforms, it is important to understand how Coloradans view the health care system – both in meeting the needs of their families and the needs of most Coloradans.

### Coloradans' Views on Whether the Health Care System Meets the Needs of Their Families, by Health Insurance Status, 2013



### High-Level Findings

- The majority of Coloradans (69.1 percent) agree that the health care system is meeting the needs of their families. These sentiments did not significantly change between 2011 and 2013.
- Health insurance status influences Coloradans' opinions of the health care system. Uninsured Coloradans are far more dissatisfied with the current health care system. Nearly two of three (65.5 percent) of the uninsured disagreed that the system is meeting the needs of their family, compared with 25.2 percent of insured Coloradans.
- Significantly fewer people (44.1 percent) feel that the health care system is meeting the needs of most Coloradans.
- However, between 2011 and 2013 there was a significant increase in the number of people who agreed that the current system is meeting the needs of most Coloradans, rising to 44.1 percent from 35.5 percent.



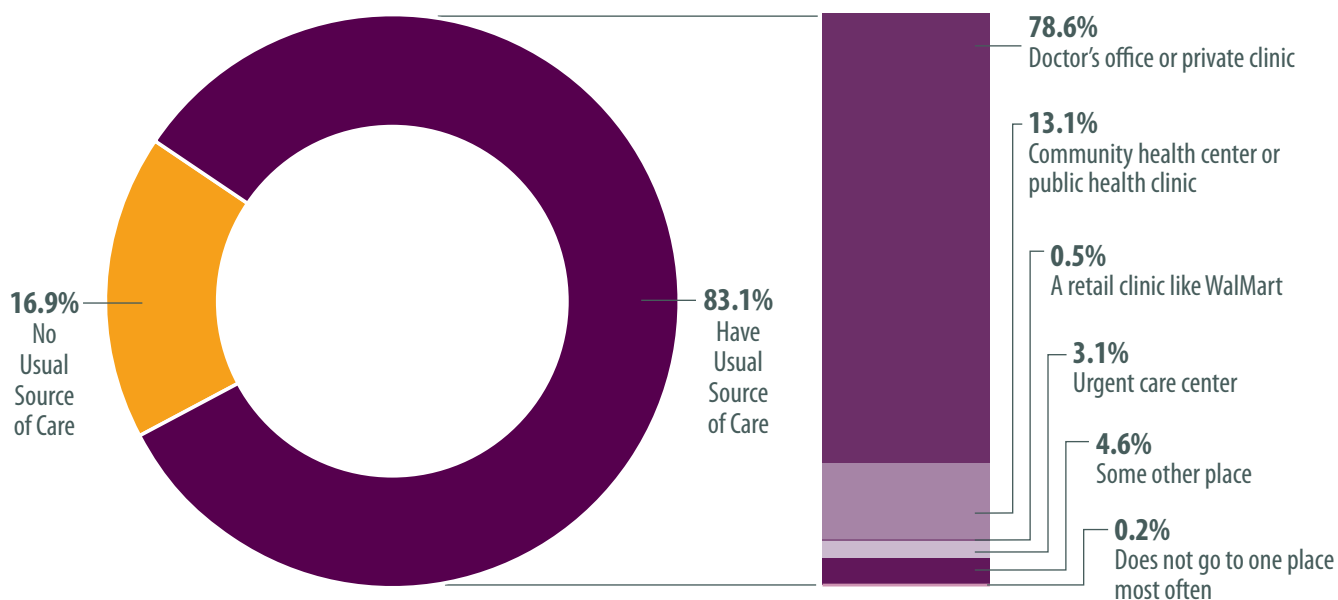
#### Health Reform

Because insured Coloradans tend to have more favorable perceptions of the health care system, it will be interesting to monitor whether perceptions of the health care system improve as more people gain coverage.

## 17. Health Care Use and Usual Source of Care

People who have a usual source of care – a place they go when they are sick, such as a doctor’s office or community health clinic – tend to have better access to timely health care. People who have a usual source of care also are less likely to be hospitalized for non-emergency care and more likely to see a primary care provider.

Usual Source of Care by Place, 2013



### High-Level Findings

- Four of five Coloradans (83.1 percent) report that they have a usual source of care – a place they usually go when they are sick.
- Among those with a usual source of care, more than three quarters indicate that it is a doctor’s office or private clinic. Thirteen percent indicated that they normally go to a community health center or public health clinic.
- Seven of 10 Coloradans (70.0 percent) visited a general doctor during the 12 months before the survey. Of those who saw a general doctor, 88.7 percent said it was for a check-up, physical examination or other preventive care.
- Insured Coloradans are much more likely to have a usual source of care and use health services compared to the uninsured. For example, 82.8 percent of insured Coloradans visited a health care professional in the 12 months before the survey compared to 51.1 percent of the uninsured.



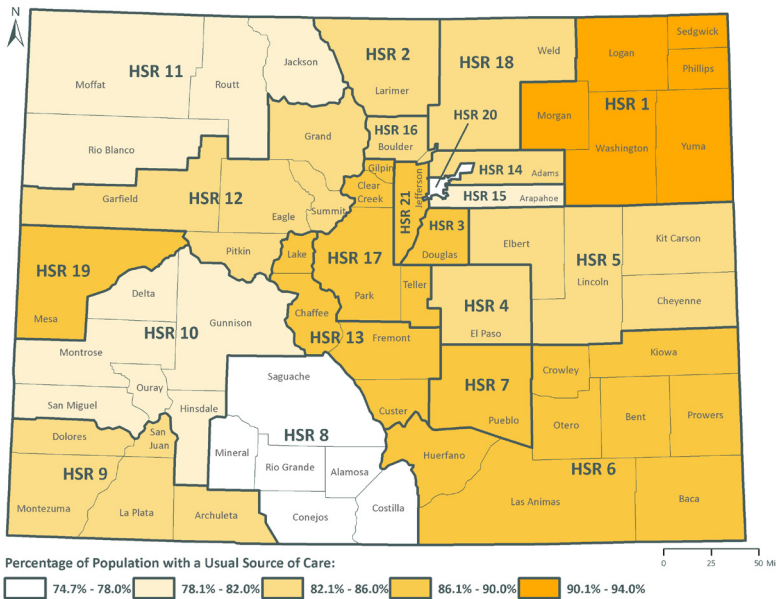
### Health Reform

The CHAS data show that insured Coloradans tend to use health services more frequently than the uninsured. If this trend continues as more Coloradans gain coverage under health reform, Colorado’s health care workforce may be challenged to provide adequate care.

# 18. Usual Source of Care by Region

CHAS data help us to better understand whether Coloradans have access to care as opposed to simply having health insurance. Coloradans told us whether they have a place where they usually go when they are sick or need advice about their health, a place referred to as a usual source of care. The usual source of care indicator may help identify geographic health inequities in Colorado.

## Usual Source of Care Rates by Health Statistics Region, 2013



### By the Numbers

HSR	Usual Source of Care		HSR	Usual Source of Care	
	#	%		#	%
1	56,972	92.8%	12	133,326	83.6%
2	55,303	82.3%	13	68,688	86.3%
3	270,707	88.6%	14	382,664	83.4%
4	539,938	83.9%	15	483,322	81.6%
5	33,468	85.2%	16	291,610	82.6%
6	61,951	88.1%	17	48,373	89.2%
7	139,890	86.9%	18	221,778	84.0%
8	33,211	77.3%	19	128,017	88.3%
9	77,682	83.1%	20	466,819	74.7%
10	84,838	81.2%	21	479,831	86.1%
11	35,453	80.9%	<b>Colo.</b>	<b>4,294,973</b>	<b>83.1%</b>

## High-Level Findings

- The percentage of Coloradans who report having a usual source of care declined to 83.1 percent in 2013 from 87.4 percent in 2009.
- The northeast corner of the state – HSR 1 – has the highest reported usual source of care at 92.8 percent. This may be explained by the large proportion of seniors in the northeast. Older adults tend to report a usual source of care more often than younger people.
- In contrast, Denver County – HSR 20 – has the lowest reported rates of usual source of care at 74.7 percent.
- Two of three (66.4 percent) young adults between ages 19 and 34 report having a usual source of care, compared to 87.8 percent of adults between 55 and 64 and 92.8 percent of seniors who are at least 65.
- Racial and ethnic minorities are less likely to report having a usual source of care. Statewide, 85.4 percent of non-Hispanic whites report having a usual source of care, compared to 78.8 percent of Hispanics and 74.1 percent of non-Hispanic blacks.



### Health Reform

The ACA includes funding for a number of pilot projects to transform the delivery of health care, including testing models that provide incentives for providers to serve as medical homes. CHAS data will help to track whether more Coloradans get their care this way and whether it impacts access to care across the state.



## 19. Emergency Department Use

Emergency departments (EDs) are a unique source of urgent medical care. They operate 24 hours a day, offer a wide variety of services and are legally required to examine each person who seeks care. While medical emergencies often require the resources available at an ED, non-emergency services often can be provided more cost-effectively, and with greater continuity of care, in other medical settings. Reducing use of the ED for non-emergency services is an important component of efforts to improve the health care system.



\* All that apply

### High-Level Findings

- Approximately one of five Coloradans (19.5 percent) reported getting care at a hospital ED in the 12 months before the survey. Of those, more than half said this only happened once.
- Four of 10 people who were treated in a hospital ED (41.1 percent) said their condition could have been treated by a regular doctor.
- Of those who said their condition could have been treated by a regular doctor, more than one third (35.2 percent) said they called their doctor's office or clinic first and were told to go to the ED.
- Approximately two of three (69.4 percent) Coloradans said they went to the ED because they needed care after normal operating hours at the doctor's office. Not being able to get a timely appointment and convenience were also cited as top reasons for visiting the ED for non-emergencies. Respondents could identify more than one reason why they went to the ED.

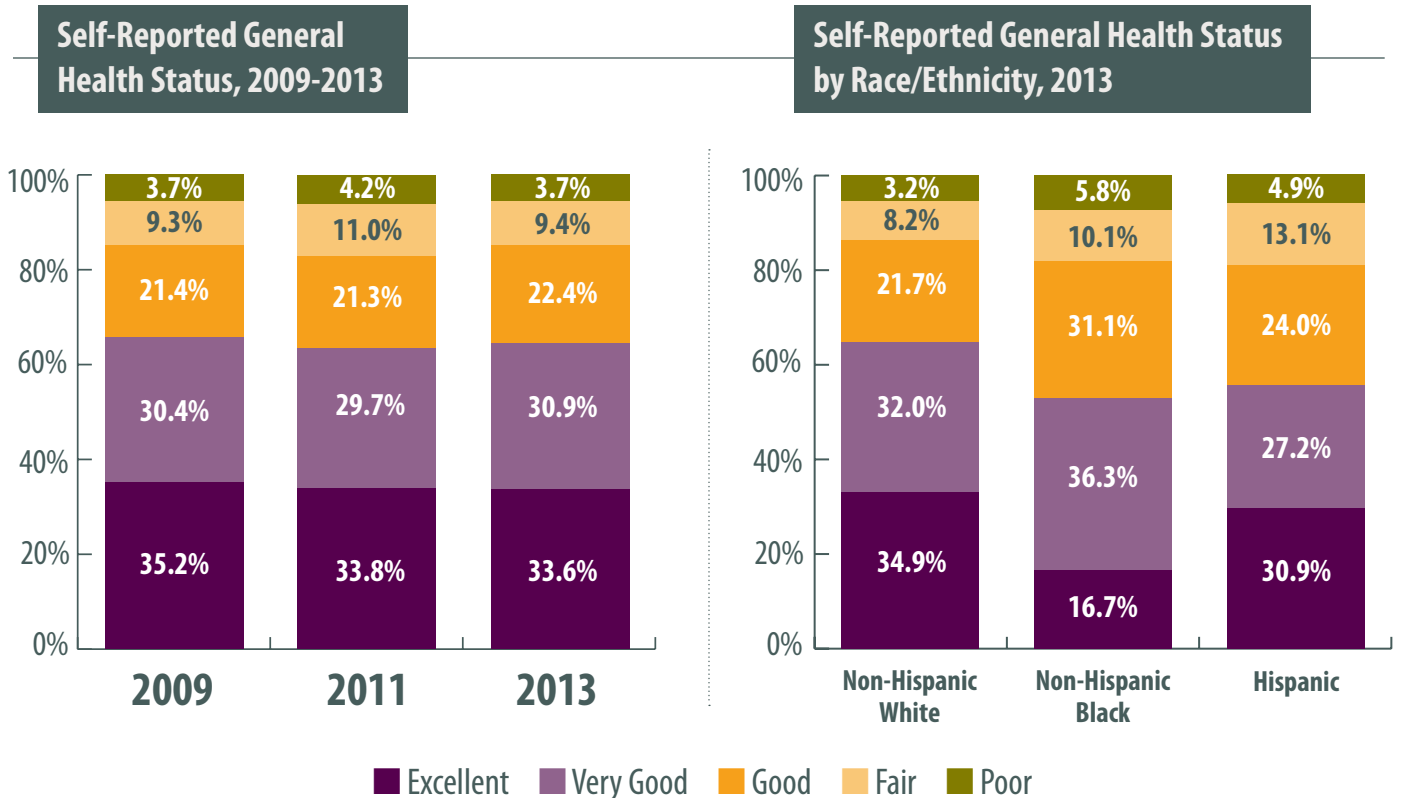


#### Health Reform

As providers work to control costs, many are focusing on patients who are frequent ED users, working with them to control their medical conditions and to encourage more preventive care. The CHAS will help us to measure whether these efforts are paying off with fewer ED visits.

## 20. Health Status

Colorado enjoys a reputation as a healthy state with healthy residents. Health status has implications for health insurance coverage and health care use. Health status can also impact decisions about whether to obtain health insurance coverage or seek treatment.



### High-Level Findings

- In many ways, Colorado lives up to its reputation as a healthy state. More than four of five (86.9 percent) Coloradans report their general health status as excellent, very good or good.
- The percentage of Coloradans reporting their health as fair or poor – the two worst statuses – declined to 13.1 percent from 15.2 percent in 2011.
- Examining self-reported health status by race/ethnicity can provide additional information on health disparities in Colorado. Two-thirds of non-Hispanic whites (66.9 percent) report their general health status as excellent or very good, compared to half of non-Hispanic blacks (53.0 percent).



#### Health Reform

The ACA includes a number of provisions intended to increase coverage and improve the quality of health care services, all designed to ultimately improve health status. The CHAS will allow us to monitor the impact these initiatives have on health status and health inequities in Colorado.



# Notes

# Notes





The Colorado Health Institute is a trusted source of independent and objective health information, data and analysis for the state's health care leaders. Colorado Health Institute is funded by the Caring for Colorado Foundation, Rose Community Foundation, The Colorado Trust and The Colorado Health Foundation.

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