



COLORADO
HEALTH
ACCESS
SURVEY

2021

Navigating Uncharted Waters

The Pandemic, Health,
Coverage, and Care
in Colorado



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The Colorado Health Foundation™

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Finally, we thank all the survey respondents, as well as the many advisors and stakeholders who provided thoughts, ideas, and guidance throughout the survey development and analysis process.

The Colorado Health Access Survey is developed, analyzed, and managed by the Colorado Health Institute. CHI contracts with NORC at the University of Chicago to conduct the survey.

Please contact **Jeff Bontrager** at bontragerj@coloradohealthinstitute.org for information on sponsorship opportunities for the 2023 survey.

2026 UPDATE

This report has been updated to reflect population weighting changes made in November 2025. Learn more at colo.health/reweight



COLORADO HEALTH ACCESS SURVEY 2021

The COVID-19 pandemic brought more than a novel and dangerous virus to Colorado. The 2021 Colorado Health Access Survey (CHAS) documents historic shifts in health, access to care, and social and economic conditions. More people than ever before reported challenges with their mental health, especially young adults. Fewer people went to the doctor. Many Coloradans lost their job-based insurance, and more than a million had their incomes reduced. People of color were especially hard hit.

But that is just part of the story. The survey captures how Colorado's existing social safety net, along with some quick policy choices and grassroots work, helped catch many Coloradans when they fell. Notably, the state's uninsured rate did not increase because Medicaid stepped in to cover people who lost their jobs. Statewide rates of hunger and housing insecurity did not increase. Fewer people used health care, but providers and regulators created telemedicine systems almost overnight to compensate for a substantial portion of missed care.

The effects of several policy choices are evident throughout this report, including direct payments to individuals and unemployment aid

from Congress, bans on evictions by state and federal authorities, and an enhanced role for Medicaid.

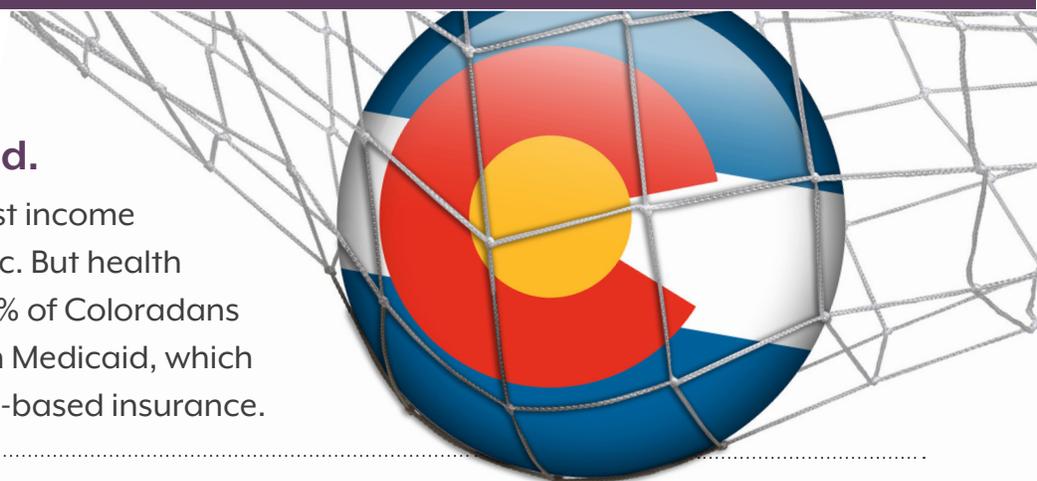
Results of the CHAS demonstrate that structural disparities based on race and income are still holding back too many Coloradans and make people more vulnerable to crises like the pandemic. The pandemic did not create these disparities, but it exacerbated them — and in many cases, the relief efforts do not seem to have fully addressed them.

This survey report, *Navigating Uncharted Waters*, is a testament to what Coloradans have endured — and the work they did to keep a bad situation from becoming even worse.

10 NOTABLE STORYLINES FROM THE COLORADO HEALTH ACCESS SURVEY 2021

Government programs kept Coloradans covered.

Nearly 1.4 million Coloradans lost income or jobs because of the pandemic. But health coverage held steady, with 93.3% of Coloradans insured. More people enrolled in Medicaid, which helped make up for drops in job-based insurance.



The social safety net held, too.

Statewide rates of housing insecurity and hunger did not increase, despite an unprecedented recession. Community efforts and policy interventions such as cash assistance and a ban on evictions likely played a role.



The pandemic changed life for millions of Coloradans.

As of October 2021, more than 700,000 Coloradans had tested positive for COVID-19. But millions felt the pandemic's ripple effects, including losing income, switching to remote school, working from home, or facing heightened health risks as essential workers.

Mental health troubles became a second health crisis.

Nearly a quarter of Coloradans said their mental health was poor — by far the most in the 12-year history of the Colorado Health Access Survey. Young adults suffered the most, with about half of people ages 19 to 29 saying their mental health declined during the pandemic.

The pandemic worsened inequities.

American Indian/Alaska Native, Black or African American, and Hispanic/Latino Coloradans were more likely to report job loss, reduced income, and other financial hardships due to COVID-19. Black or African American Coloradans were more likely to report trouble finding child care. And they were more likely to report housing instability and food insecurity than white Coloradans.

Use of health care dropped.

Fewer people visited a doctor because of the pandemic. And one in three Coloradans missed dental care, often because their clinic was closed or they worried about getting COVID-19 at the dentist's office.

Telemedicine made a good first impression.

More than a third of Coloradans used telemedicine — and they liked it. People of all ages and across the state used the phone or computer to access health care during the pandemic, and nearly four in five said the quality was at least as good as in-person care.



Health care and prescription drugs were still not affordable.

One in five Coloradans skipped health care due to concerns about cost in 2021, and 3% of Coloradans said their health worsened because they couldn't afford their medications.



Dental pain was a widespread and serious problem.

Oral pain got in the way of everyday activities for 400,000 Coloradans, and half a million did not go to the dentist because of fear of pain.

Discrimination persisted in the health care system.

Nearly 150,000 Coloradans reported they were treated disrespectfully when getting health care — most often by clinical staff. Disability, income, race/ethnicity, and language were commonly reported reasons people believed they were treated with less respect than other people.

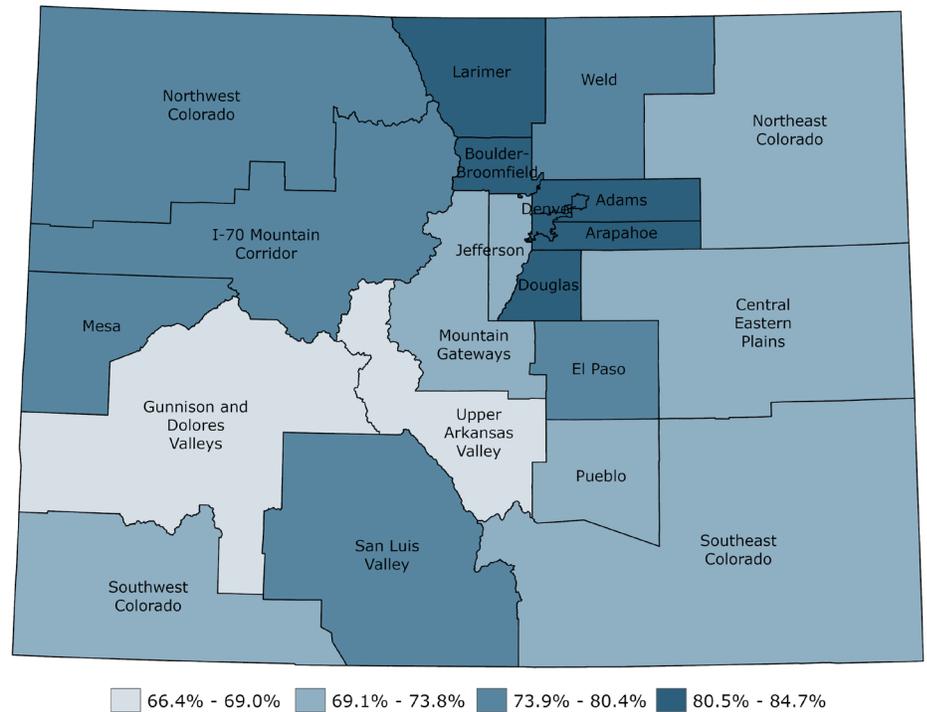
COVID-19

The pandemic's impact extended well beyond infection rates, touching on employment, finances, mental well-being, and more. More than one in three Coloradans said their mental health was negatively impacted by COVID-19, including half of young adults. Many people also saw substantial financial impacts, with 29.3% of Coloradans losing hours or income at a job, 17.4% struggling to afford basic necessities, and 12.0% losing their job. Among Hispanic/Latino and Black or African American Coloradans, who were hit especially hard by the COVID-19 virus, these impacts were even bigger.

The effects of COVID-19 will be apparent on many pages of this report. This page provides an overview of the pandemic's toll on Coloradans.

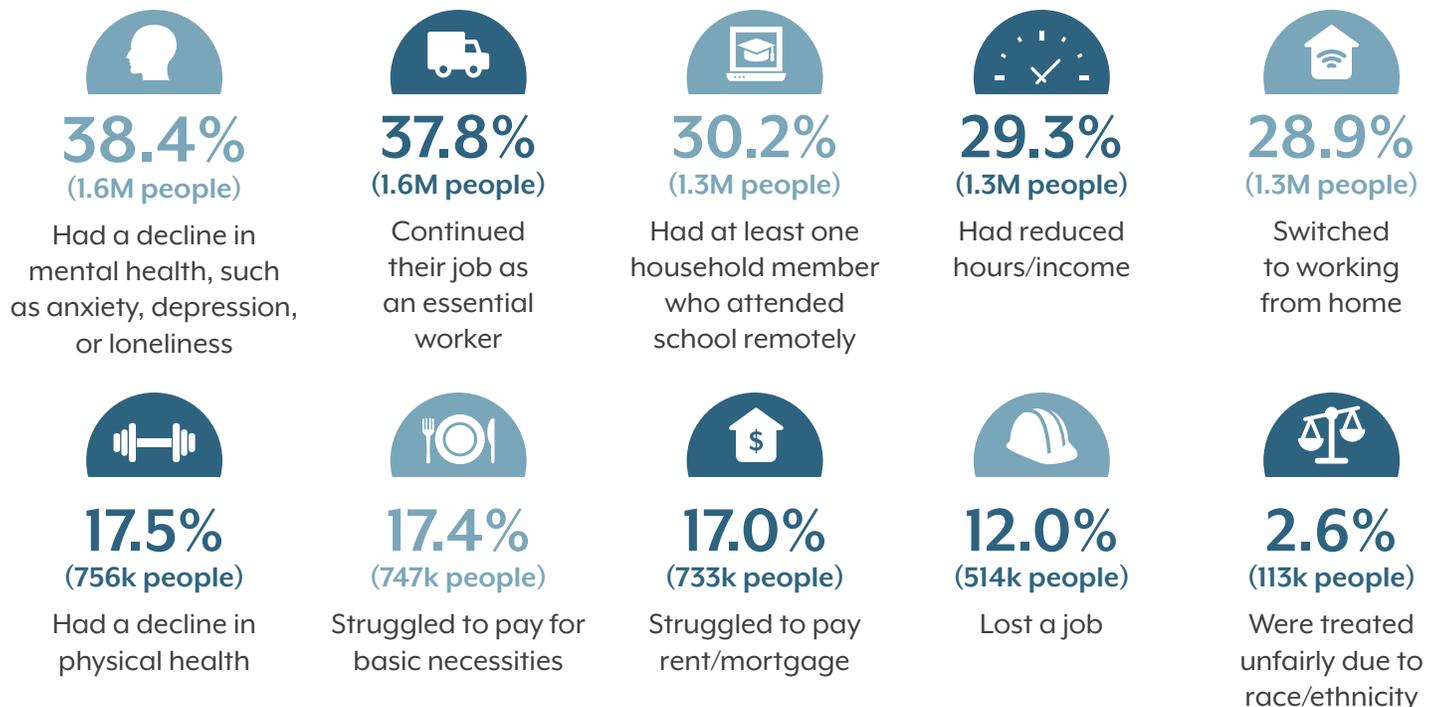
Coloradans in Urban Areas Were More Likely to Report COVID-19 Impacts

Percentage reporting at least one impact due to COVID-19 by Health Statistics Region (HSR), 2021



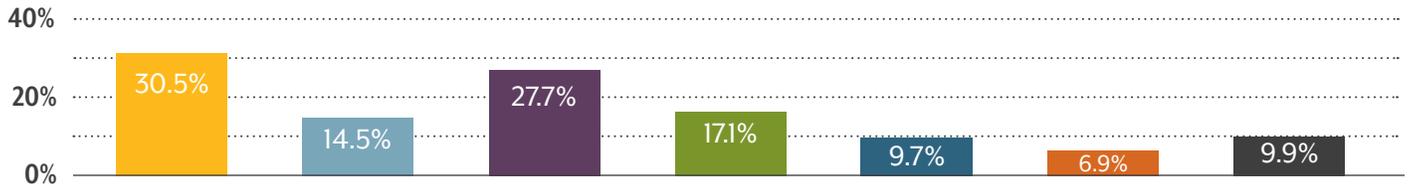
Impacts of COVID-19 Went Beyond Infection

Experiences as a result of COVID-19, Coloradans ages 16+, 2021



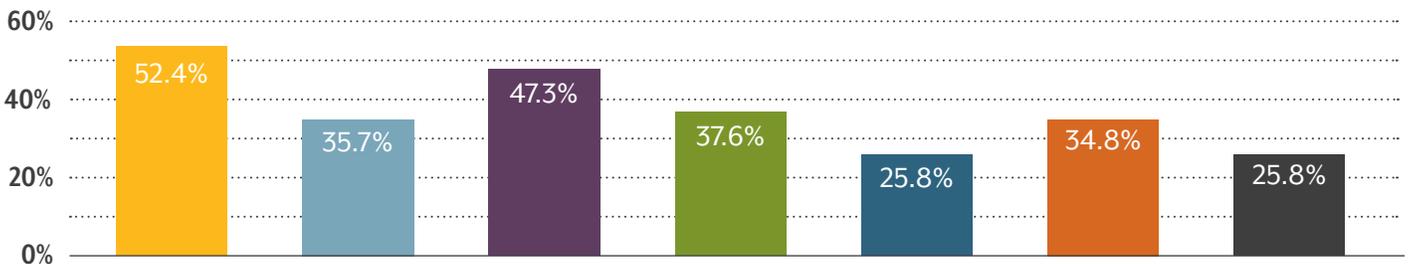
Almost One in Three Black or American Indian/Alaska Native Coloradans Lost a Job Due to the Pandemic

Experienced job loss as a result of COVID-19, Coloradans ages 16+ by race/ethnicity, 2021



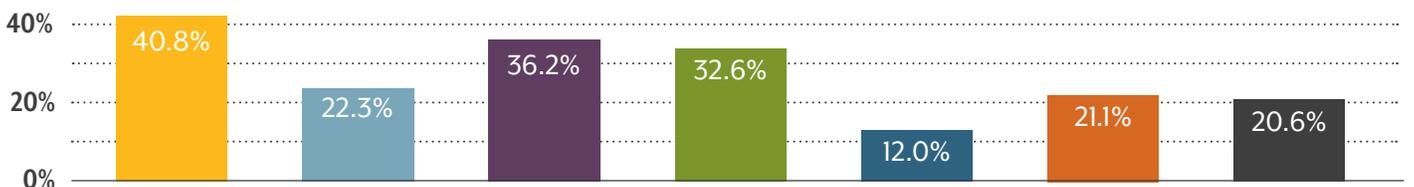
More Than Half of American Indian/Alaska Native Coloradans Lost Income or Reduced Their Working Hours Due to COVID-19

Reduced working hours or income as a result of COVID-19, Coloradans ages 16+ by race/ethnicity, 2021



The Pandemic Made Finances Challenging for Many Coloradans, But People of Color Were Hit Hardest

Struggled to pay for basic necessities as a result of COVID-19, Coloradans ages 16+ by race/ethnicity, 2021



■ American Indian/Alaska Native
 ■ Asian
 ■ Black or African American
■ Hispanic/Latino
 ■ White
 ■ Some Other Race
 ■ Multiracial

Data for Middle Eastern/North African and Native Hawaiian or Other Pacific Islander were not reported due to sample size.

Percentage of Coloradans Reporting Declining Mental Health Due to COVID-19 by Age, 2021

32.7% Ages 16-18

53.2% Ages 19-29

46.7% Ages 30-49

32.5% Ages 50-64

18.3% Ages 65+

COLORADO VOICES

“A number of our patients are undocumented. They are uninsured and, in most cases, are not eligible for state or federal benefits like unemployment or subsidized housing. Among our documented patients, there were still job losses. Many of our patients are living in multigenerational households, so they were dealing with a lot of stress, food insecurity, and financial insecurity.”

Pamela Valenza, MD, Chief Health Officer,
Tepeyac Community Health Center, Denver



Trends in Coverage and Churn

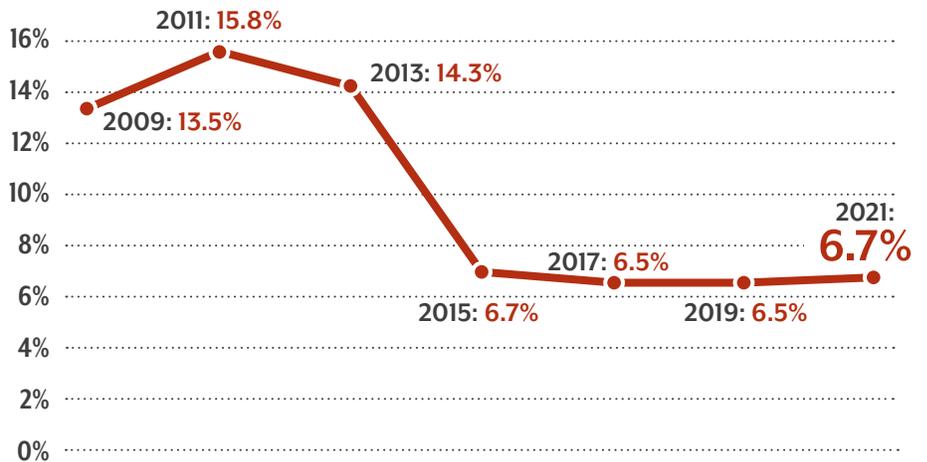
COVID-19 was a shock to the health insurance system in Colorado, as many people lost jobs that provided them with coverage. But public programs, chiefly Medicaid, stepped in to fill the gap. As a result, Colorado's uninsured rate remained at 6.7%, statistically unchanged since 2015.

More than 1.4 million Coloradans — about one in four residents — were covered by Medicaid, also known as Health First Colorado. This increase

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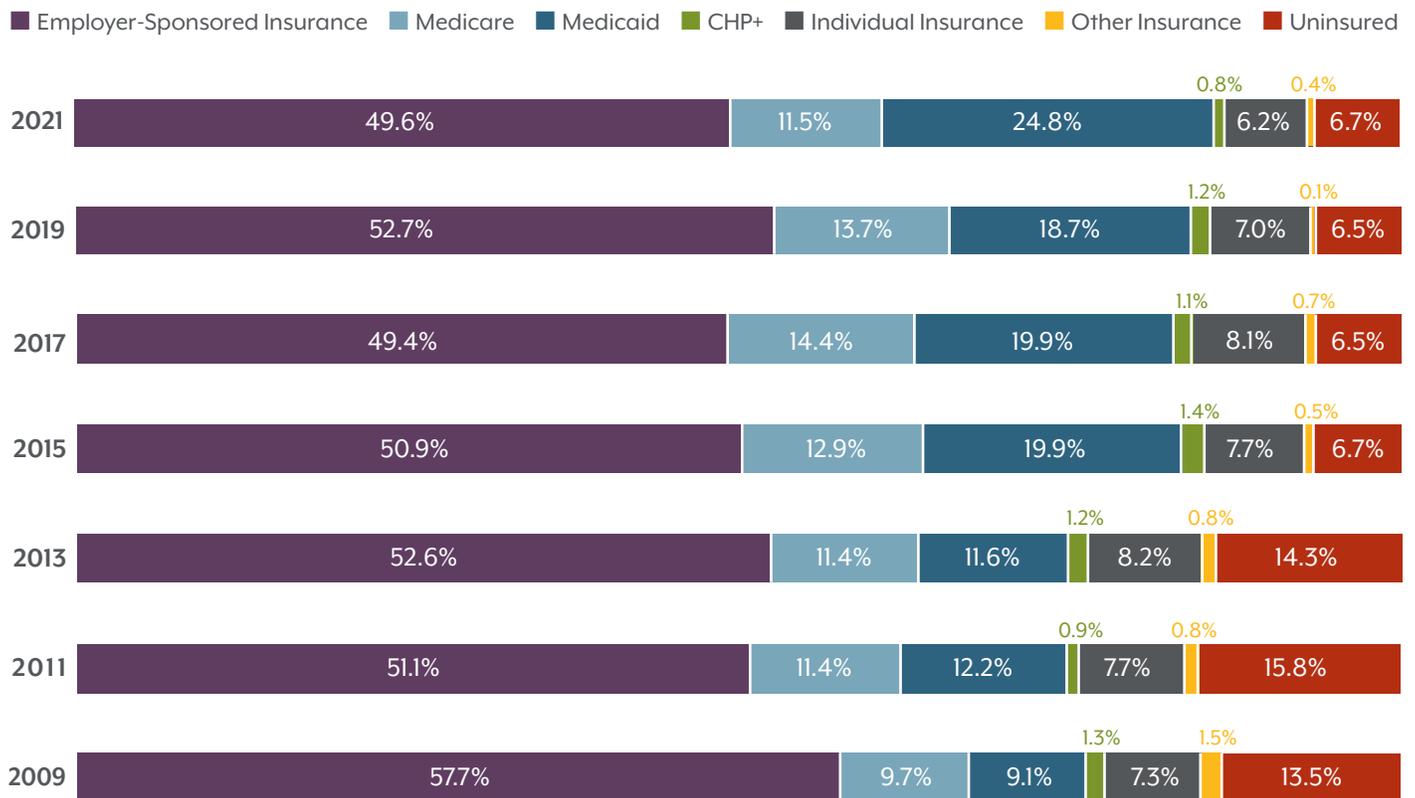
Colorado's Uninsured Rate Remained Low Despite the Economic Downturn

Colorado uninsured rate, 2009-2021



Medicaid Covered One in Four Coloradans; Employer Coverage Dropped

Health coverage in Colorado, 2009-2021



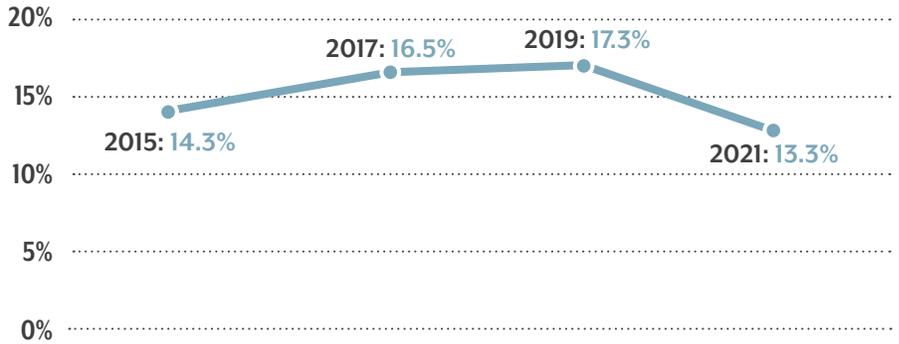
from 2019 enrollment was partly due to a 2020 federal rule that required states to keep people enrolled in the program during the COVID-19 public health emergency, even if changes to income might otherwise make them ineligible.

Many recent state policies, such as reinsurance and health purchasing alliances, aimed to reduce costs on the individual market. However, the percentage of Coloradans covered on the individual market remained largely unchanged since 2019.

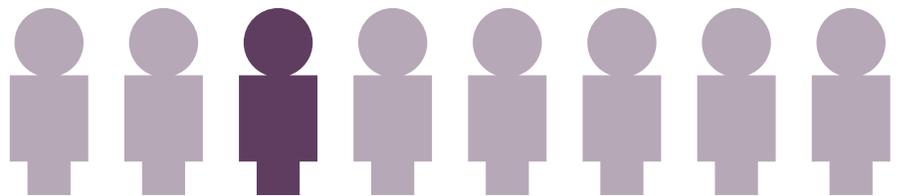
Despite the tumult of the past two years, fewer Coloradans reported having lost, switched, or gained coverage. Just one in eight residents said they experienced this “churn” in 2021, versus one in six in 2019. This represents the lowest rate of churn since the CHAS began measuring it in 2015. Those who did experience churn were less likely than in prior years to say they lost eligibility for public coverage — another likely effect of the Medicaid continuous coverage provision. Because this provision is only intended to remain in effect until the COVID-19 public health emergency is over, coverage advocates will be closely monitoring the impact on uninsured rates in Colorado when the emergency officially ends.

Churn Dropped Significantly in 2021

Percentage losing, switching, or gaining coverage in the past year, 2015-2021



Roughly One In Eight Coloradans Lost, Switched, or Gained Coverage in the Past Year



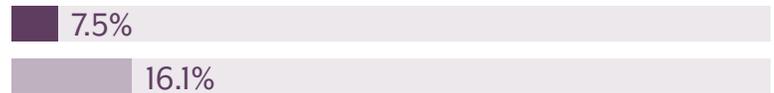
Of the **13.3%** who experienced churn ...

■ 2021 ■ 2019

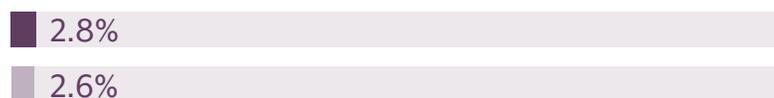
Lost Prior Employer Coverage



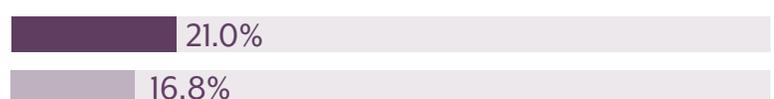
Lost Eligibility for Public Coverage



Could No Longer Afford



Found Better Plan



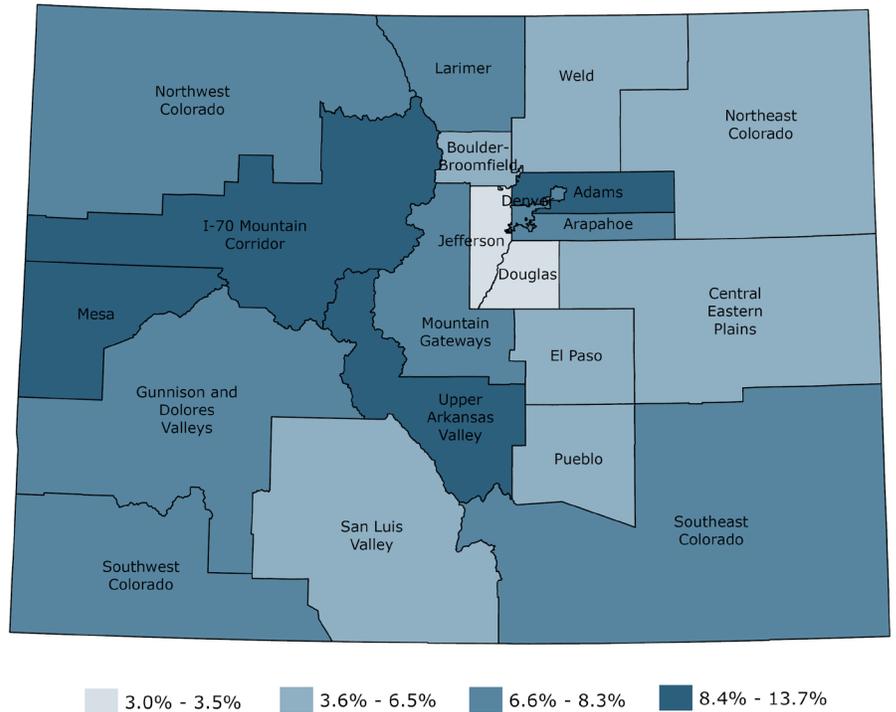
The Uninsured

In 2021, Colorado’s uninsured rate was 6.7%, essentially unchanged since major Affordable Care Act provisions went into effect in 2014. But due to growth in the state population, this means that nearly 387,000 Coloradans are going without coverage — the most since then. Uninsured rates vary across the state, from 3.0% in affluent Douglas County to 13.7% in the Upper Arkansas Valley, where insurance premiums are substantially higher than the state average. Uninsured rates among Hispanic/Latino Coloradans increased, likely due in part to immigration-related rhetoric and policies that have had a chilling effect on enrollment.

The reasons people cite for being uninsured are changing as well. In 2021, 42.4% of uninsured Coloradans said they didn’t have coverage because someone in their family who had health insurance lost or changed their job. While job loss has always been a major cause of uninsurance, it was especially pronounced during the pandemic. At the same time, in 2021 just one in nine Coloradans cited the loss of eligibility for Medicaid or Child Health Plan *Plus* (CHP+) as their reason for being uninsured, down from nearly one in three (29.1%) in 2019. The Medicaid continuous coverage provision has kept people from losing Medicaid eligibility during the COVID-19 public health emergency.

Mountain Regions Had Highest Uninsured Rates

Uninsured rate by HSR, 2021

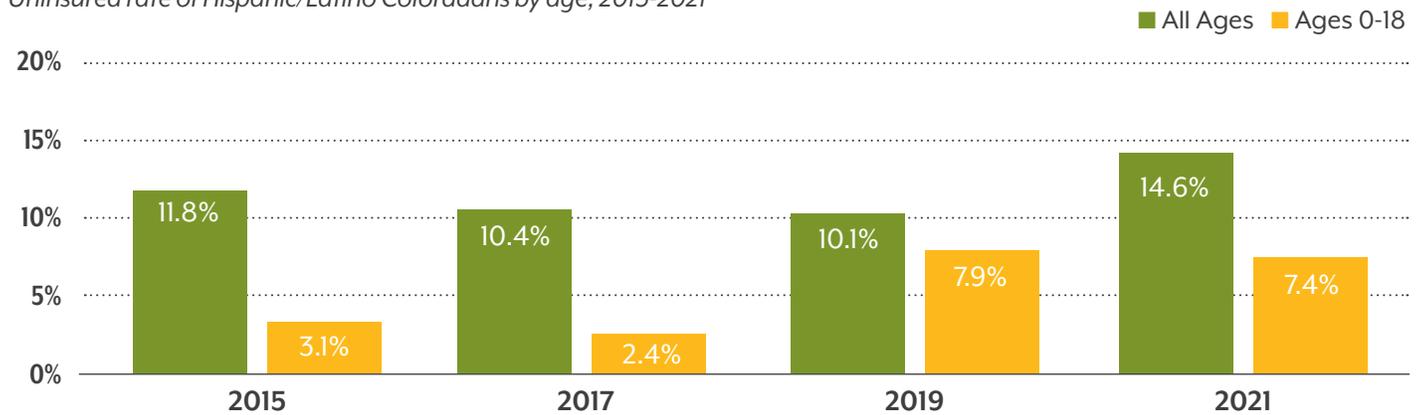


2021 Uninsured Rates by Region

Health Statistics Region	Percentage	Health Statistics Region	Percentage
1. Northeast	5.0%	12. I-70 Mountain Corridor	10.6%
2. Larimer County	8.0%	13. Upper Arkansas Valley	13.7%
3. Douglas County	3.0%	14. Adams County	10.0%
4. El Paso County	5.4%	15. Arapahoe County	8.1%
5. Central Eastern Plains	5.2%	16. Boulder-Broomfield	4.7%
6. Southeast	8.0%	17. Clear Creek, Gilpin, Park, and Teller Counties	7.7%
7. Pueblo County	5.0%	18. Weld County	5.4%
8. San Luis Valley	6.5%	19. Mesa County	9.9%
9. Southwest	8.3%	20. Denver County	7.6%
10. Gunnison and Dolores Valleys	7.3%	21. Jefferson County	3.5%
11. Northwest	7.8%	Colorado	6.7%

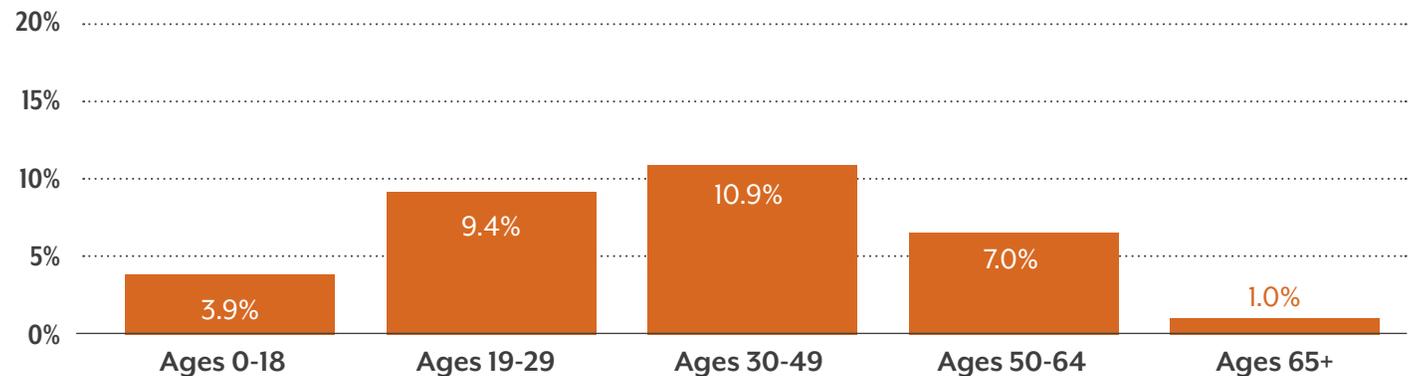
Hispanic/Latino Coloradans Were More Likely to Be Uninsured Even as State Rate Remained Steady

Uninsured rate of Hispanic/Latino Coloradans by age, 2015-2021



Coloradans in Their 30s and 40s Had Highest Uninsured Rates

Uninsured rates by age, 2021



Those most in need of care often don't have coverage.

23.1% of uninsured Coloradans say their health is fair or poor, compared with **12.1%** of insured Coloradans.



Job-Related Reasons for Uninsurance Became More Common During the Pandemic

Reasons for being uninsured, 2019-2021

	2019	2021
Insured family member lost job or changed job	34.6%	42.4%
Insured family member no longer part of family	7.3%	4.8%
Working family member not offered or not eligible for insurance	40.0%	24.4%
Lost eligibility for Medicaid or CHP+	29.1%	11.8%
Traded health insurance for another benefit or higher pay	5.5%	6.8%
Cost is too much	89.6%	81.8%
Don't need health insurance	12.7%	16.3%
Don't know how to get insurance	18.8%	26.2%
Can't get health insurance because of a preexisting condition	5.1%	6.9%

Child Care

Access to child care opens opportunities for better jobs with better pay and gives parents the time to attend to important tasks, such as doctor’s appointments. But more than 200,000 Coloradans with children 17 or younger (9.1% of parents/guardians) were unable to get child care for at least a week when they needed it sometime in the past year. Black or African American parents were more than twice as likely to report not being able to find child care as white Coloradans (18.9% compared with 7.1%). Cost and COVID-19 were the biggest barriers: Of parents who could not find child care, nearly one in three (30.7%) said they couldn’t afford it. And nearly three in 10 parents who could not find care (29.3%) said their provider was closed during the pandemic.

Pueblo County (17.7%) and southwestern Colorado (17.2%) both have rates of unmet child care over five times that of Douglas County (3.1%).

COLORADO VOICES

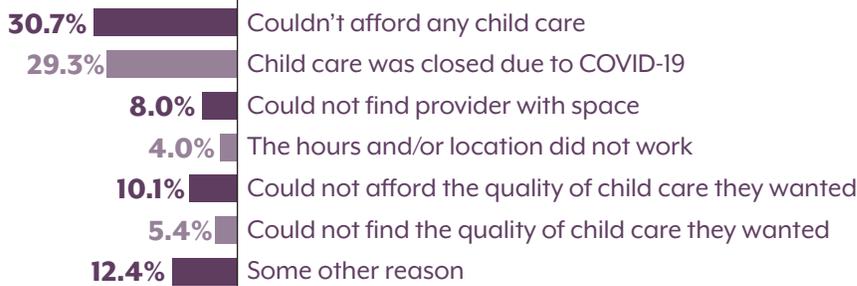
“There’s a staffing shortage nationwide and statewide, and it’s significant in our community. I’d be enrolling 57 more kids now if I had teachers ... I know there are providers all around me in the same position. We actually needed 12 extra staff to run our centers with COVID guidelines.... For many low-income families and single parents, [difficulties finding care are] compounded. You might be trying to find child care for shift work, for working evenings and weekends.”

Diane L. Price,
President & CEO of
Early Connections
Learning Centers,
Colorado Springs



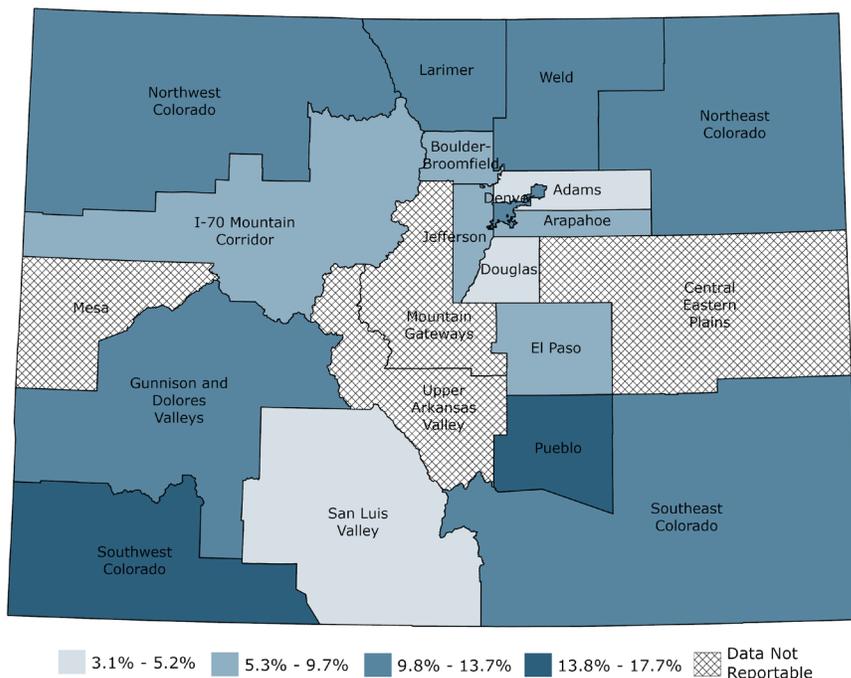
Affordability Was a Major Barrier to Child Care

Main reason that parents/guardians couldn’t get child care for at least a week, 2021



Parents/Guardians in Rural Southwest Colorado, Pueblo County Struggled Most With Child Care

Percentage reporting they could not find child care when they needed it for at least a week by HSR, 2021

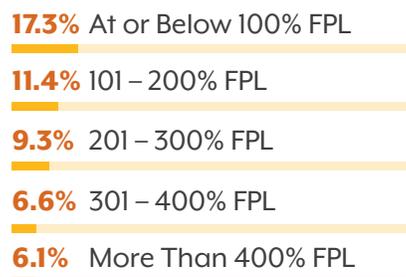


Black Parents/Guardians Most Likely to Not Find Child Care

- 18.9% Black or African American
- 10.3% Hispanic/Latino
- 7.1% White

Data for American Indian/Alaska Native, Asian, Middle Eastern/North African, Native Hawaiian or Other Pacific Islander, and Some Other Race were not reported due to sample size.

Nearly One in Five Colorado Parents/Guardians in Poverty Could Not Find Child Care



FPL = Federal Poverty Level

Discrimination in the Health Care System

While most social factors that affect health lie outside the health care system, many Coloradans face a challenge from within it: discrimination. In 2021, 4.1% of Coloradans ages 18 and older who got health care — about 147,000 people — reported that they were treated with less respect or received services that were not as good as others received. When asked why they felt they were treated with less respect, many people reported income (57.3%), ethnic background or culture (36.2%), or race (35.2%) as the reason they felt mistreated. Most respondents (71.3%) identified clinical providers, rather than administrative workers, as the main source of this experience. Being treated with less respect in a health care setting can lead to worse health outcomes and make people less likely to seek care they need.

COLORADO VOICES

“People with disabilities are devalued in society overall. Because we’re only 10% of the population, it’s easy for us to get very segregated — a lot of people don’t know people with significant disabilities. There’s a huge lack of disability cultural competency: Medical professionals often think their job is to fix us, and that fixing us might mean making us not disabled. I think disability cultural competency is a necessity, and that has to be done in conjunction with racial equity.”

Julie Reiskin, Executive Director, Colorado Cross-Disability Coalition, Denver



Clinicians Were the Most Common Source of Disrespectful Treatment*

Source of Experienced Disrespect When Seeking Health Care	Percentage
Doctor, nurse practitioner, or physician assistant	53.6%
Nurse, medical assistant, or other clinical staff	54.6%
Insurance provider	31.5%
Staff at the front desk	31.7%
Billing department	29.5%
Someone else	19.8%
Mental health professional	19.1%

Women Were More Than Seven Times as Likely as Men to Report Feeling Disrespected by Mental Health Professionals

Reporting less respect or lower quality care by gender, 2021



Mental health professionals were defined as a psychologist, therapist, psychiatric nurse, clinical social worker, or other provider who specializes in mental health.

Income Was the Most Common Reason for Disrespectful Treatment*

Reported Reasons Why People Were Treated With Less Respect	Percentage
Income or financial situation	57.3%
Other reason	52.4%
Ethnic background or culture	36.2%
Race	35.2%
A disability or physical, mental, or cognitive condition	31.1%
Age	23.8%
Experience with violence or abuse	12.2%
Gender or gender identity	13.0%
Sexual orientation	6.7%

Coloradans reported many additional reasons why they thought they were treated with less respect, including weight or insurance type. In addition, many said their providers showed a lack of respect by not listening to or believing them.

*Of those who reported seeking health care and experienced being treated with less respect or receiving lower quality care than others in the past year.

General Health

Despite the COVID-19 pandemic, fewer Coloradans reported that their health was fair or poor in 2021 than in 2019 (12.8% compared with 14.8%). But Coloradans who struggled to afford necessities like housing or food and those who did not have health coverage were more likely to report worse health. Disparities born of systemic discrimination persisted, with Black or African American and Hispanic/Latino Coloradans more likely to report fair or poor general health in 2021 compared with white Coloradans. There were also differences across incomes. These could reflect disparities in access to health care, barriers to care, and other needs, like affordable housing and access to nutritious food. The CHAS also highlights the close connection between physical, oral, and mental health: Those who reported better overall health were more likely to say their mental and oral health were good as well.

Black or African American and Hispanic/Latino Coloradans Reported Worse Health

Percentage reporting fair or poor general health by race/ethnicity, 2021

17.7% Black or African American

17.1% Hispanic/Latino

11.1% White

15.1% American Indian/
Alaska Native

16.3% Asian

16.1% Multiracial

12.7% Some Other Race

Data for Native Hawaiian or Other Pacific Islander, and Middle Eastern/North African were not reported due to sample size.

Health Status Tracked Closely With Income

Percentage reporting fair or poor general health by income, 2021

21.7%
At or below
100% FPL

16.8%
101-200%
FPL

13.5%
201-300%
FPL

11.7%
301-400%
FPL

9.9%
Above 400%
FPL

People Who Experienced Social or Financial Challenges Reported Worse Health

Percentage reporting fair or poor general health, 2021



Housing unstable: **45.3%**



Housing stable: **10.2%**



Food insecure: **40.8%**



Food secure: **9.8%**



Lacked child care:* **12.5%**



Had child care:* **6.6%**



Uninsured: **23.1%**



Insured: **12.1%**



Unemployed: **23.7%**



Employed: **11.0%**

* Asked of parents/guardians of children under 18.

Connections Between Oral, Mental, and General Health

Among Those Who Report Fair or Poor Oral Health ...

42.9% Report Fair or Poor General Health

Among Those Who Report Good, Very Good, or Excellent Oral Health ...

6.3% Report Fair or Poor General Health

Among Those Who Report Poor Mental Health ...

31.0% Report Fair or Poor General Health

Among Those Who Report Good Mental Health ...

7.8% Report Fair or Poor General Health

COLORADO VOICES

"There have been three main requests: food security, economic stability, and mental/behavioral health resources. People were impacted by losing a job, reducing hours, having to take on an extra job or hours – and a lot of people were in a position where paid family leave wasn't an option when they were dealing with illness or the loss of loved ones. And our community was particularly affected by COVID, mainly because of lack of access to health care and being exposed in industries as essential workers. ... In addition to COVID there are stressors with the uprisings, racial protests, and everything going on."

Eric Moore, Director of Advocacy, The Center for African American Health, Denver



Oral Health

Office closures, delays in elective procedures, and health concerns due to the COVID-19 pandemic led to the largest recorded decrease in the use of oral care in recent years. About two in three Coloradans (66.9%) reported seeing a dentist or dental hygienist in the past year, down from 73.6% in 2019. At the same time, 82.7% of Coloradans said they had excellent, very good, or good oral health, about the same as previous years.

More Coloradans had dental insurance than ever before in 2021, continuing an upward trend that began in 2013. This trend may in part reflect the growing number of Coloradans who are covered through Medicaid, which includes dental benefits for adults and children.

And yet, 410,000 Coloradans said that at some point in the past year they were unable to participate in regular daily activities like school or work due to dental pain.

COLORADO VOICES

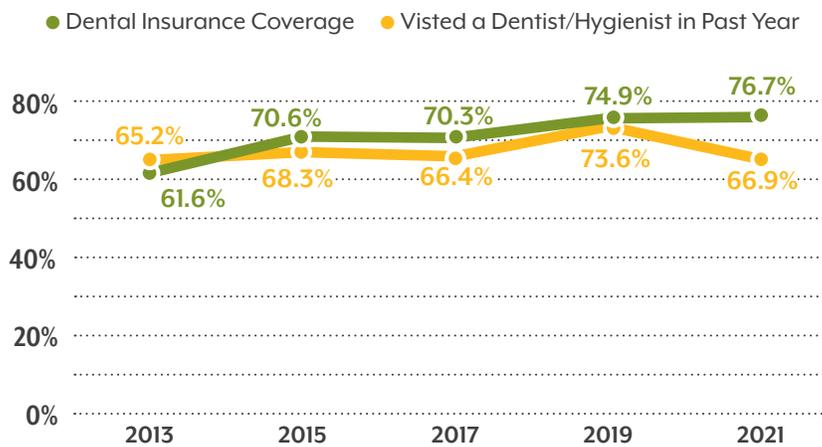
“Our clinic was shut down for three months during the pandemic, which caused a lot of rescheduling and pushed back care for patients. When we reopened, patients were hesitant to come in and we had many no-shows. Now we see very little hesitancy, but we’re seeing the results of anxiety and depression from the pandemic on people’s oral health. We’ve had an increase in broken teeth due to stress, increased gingivitis and periodontal disease from a lack of proper home care, and an increased number of cavities from comfort eating and poor diet.”

Tasha Gibson, RDH,
River Valley Family
Health Center, Olathe



While More People Than Ever Were Insured, Fewer People Saw a Dentist

Percentage with dental coverage and percentage who saw a dentist in the past year, 2013-2021



7.2% of Coloradans — more than 410,000 people — said they could not participate in regular daily activities like school or work due to dental pain.

22.7% of Coloradans did not get dental care because they were **concerned about contracting COVID-19**. Another 17.0% said that their office or clinic was closed due to the pandemic.

9.1% of Coloradans did not get dental care because of **fear of pain from procedures** — that’s nearly 509,000 people who have a real fear of going to the dentist.

Many People Skipped Dental Care Due to COVID-19 Concerns

Reason for Not Getting Needed Dental Care	Percentage
Concerned about catching COVID-19	22.7%
The dental office or clinic was closed due to COVID-19	17.0%
Afraid of pain from procedures that dentist would perform	9.1%
Didn’t understand dental benefits	7.6%
It was challenging to find a dentist or hygienist to relate to	6.5%
There is not a dental office or clinic in your community	5.0%
The dental office or clinic was not accepting new patients	4.4%
Did not have a way to get to a dentist’s office or clinic	4.2%

Behavioral Health

The pandemic took a toll on many Coloradans' mental health. Nearly one in four Coloradans ages 5 and older (23.9%) said they had eight or more days of poor mental health in the past month — far above the previous high of 15.3% recorded by the CHAS in 2019. But many Coloradans sought or plan to seek support. More than 1.4 million people ages 5 and older (26.9%) spoke to their doctor or a mental health professional about their mental health in 2021. And about 957,000 people ages 5 and older (19.7%) anticipated that they will need behavioral health services in the next year.

Younger adults had the hardest time, with more than a third of Coloradans ages 19 to 29 citing challenges. And more than half (56.9%) of LGBTQ+ adults had eight or more days of poor mental health in the past month compared with 26.9% of adults who identified as heterosexual or cisgender. Those with lower incomes were also more likely to experience poor mental health. However, even higher-income groups saw an increase in poor mental health in 2021.

Adolescents ages 11 to 18 saw their rate of poor mental health double since 2017, from 8.8% to 18.5% in 2021. But more adolescents talked about their care with primary care providers or mental health professionals in 2021 (32.4%) than in 2017 (22.6%). Although rates of poor mental health have gone up, there are promising signs that more Coloradans want to seek care to address their issues.

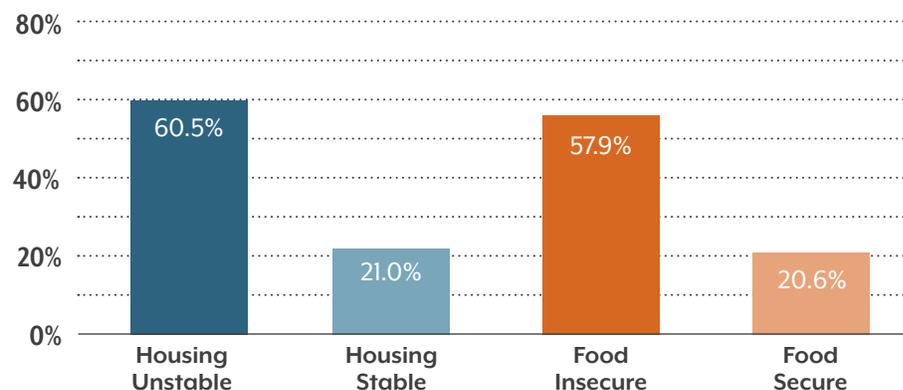
More Coloradans Reported Poor Mental Health in 2021 Than Ever Before

Percentage reporting eight or more poor mental health days in the past month, 2013-2021



Access to Food and Stable Housing Were Tied to Better Mental Health

Percentage reporting eight or more poor mental health days in the past month by housing and food stability, 2021



About 82,000 Coloradans Didn't Get Needed Substance Use Treatment in 2021, and Stigma and Cost Were Cited as Common Reasons Why

Reasons why Coloradans didn't get needed alcohol or drug use treatment services in the past year, 2021



Did not feel comfortable talking with a health professional about personal problems



Concerned about what would happen if someone found out they had a problem



Did not think that health insurance would cover it*



Concerned about the cost of treatment



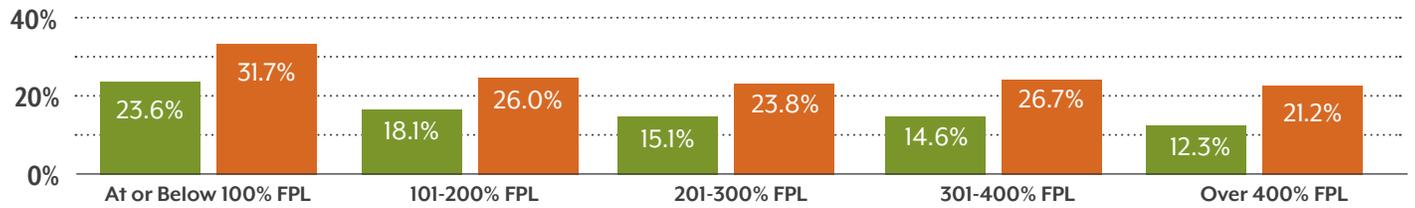
Had a hard time getting an appointment

* Asked of those who were insured.

Income Played an Important Role in Coloradans' Mental Health – but the Stress of the Pandemic Was Experienced Across All Income Levels

Percentage reporting eight or more poor mental health days in the past month by income, 2019-2021

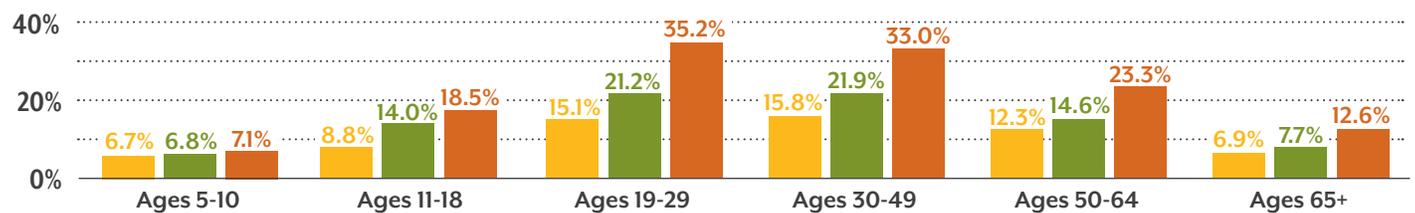
■ 2019 ■ 2021



Rates of Poor Mental Health Among Younger Adults More Than Doubled Since 2017

Percentage reporting eight or more poor mental health days in the past month by age, 2017-2021

■ 2017 ■ 2019 ■ 2021



Younger Adults Were More Likely to Report Needing Behavioral Health Services in the Next Year



Concerns About Adequate Insurance Coverage Prevented Many Coloradans From Getting Mental Health Services

Percentage reporting they did not think their health insurance would cover mental health care services, 2013-2021



COLORADO VOICES

“The behavioral health team helped connect patients to resources, such as counseling services and mental health care, but also food pantries and subsidized child care programs. We definitely saw increases in substance use disorders and domestic violence. Now staff are burned out. We’ve lost several psychiatric and behavioral health providers and the director of behavioral health for our clinics. Our psych services were significantly limited for about a year, and we lost patients through that transition. Our current behavioral health providers’ schedules are full, meaning we need to refer out or put a patient on a wait-list to get scheduled with therapy. Some of our patients who come in for medical appointments and screen positive for depression, anxiety, or substance use have to wait to get follow-up from a behavioral health provider.”

Megan Champion, FNP, Clinical Director of Primary Care and Pediatrics, CU Sheridan Health Services



Use of Health Care

Reductions in nonessential procedures and concerns over exposure to the coronavirus led to an overall decrease in health care utilization between 2019 and 2021. Declines were especially large for uninsured Coloradans and those with public insurance. The use of mental health care services actually increased, likely due to growing demand during isolation and the relative ease of delivering many mental health services via telemedicine. Although the use of health care declined, more than eight in 10 Coloradans (84.9%) said they had a usual source of care they could turn to if they got sick, a rate similar to 2019. Most Coloradans who don't have a usual source of care say this is because they have not yet needed care.

COLORADO VOICES

“Most medical facilities tried to defer routine care (during the pandemic). I tried to explain this was for routine care not for high-risk care. But that message was hard to communicate accurately.

Some of the worst effects are for patients who are diabetic or obese. Lots of patients gained weight during COVID. Blood sugars are now out of control, and they have to regain that through lifestyle modification.

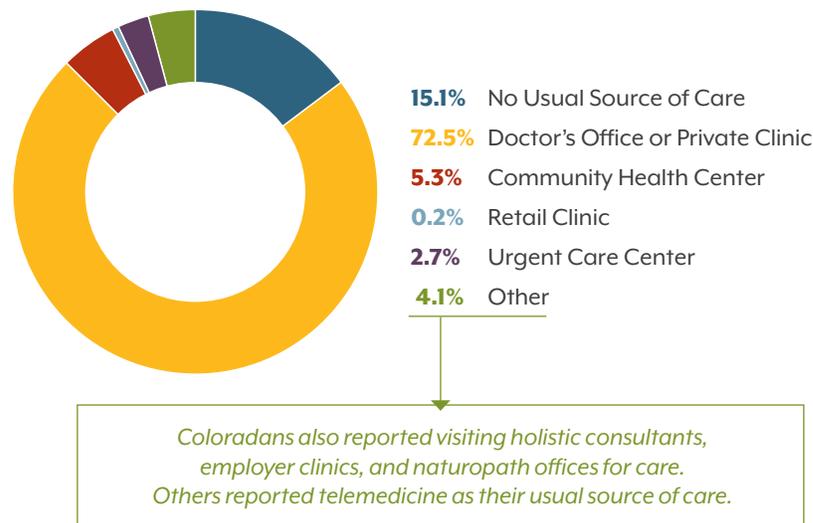
We see a lot more anxiety and depression. And our capacity to deal with it unfortunately is overwhelmed. To tell you the truth, primary care is overwhelmed right now. We have severe access crunches with mental health, so a lot of the care falls on us, and we're not as comfortable dealing with the more severe illnesses. It can be six to eight weeks sometimes to see a psychiatrist.”

Dr. Christopher Fellenz, MD, Primary Care Physician, Westminster



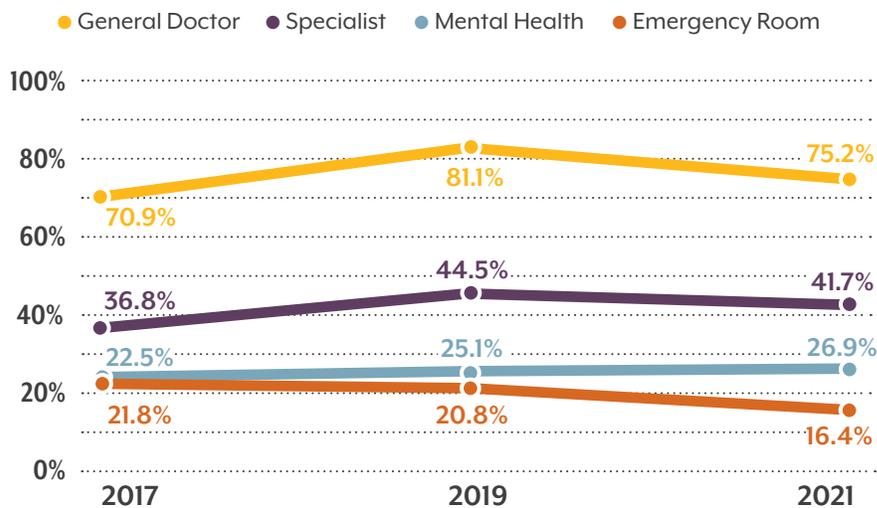
Most Coloradans Had a Usual Source of Care – Usually a Doctor’s Office

Usual source of care by setting, 2021



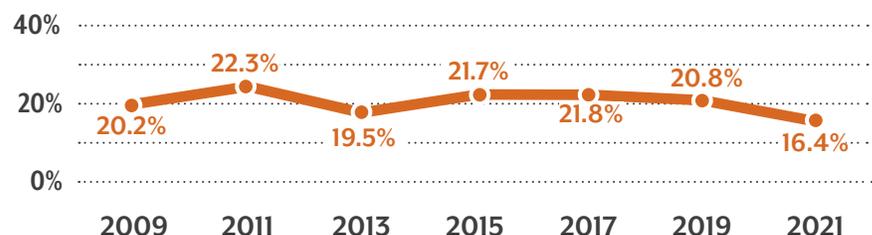
While Use of Most Health Care Declined, Use of Mental Health Care Increased

Visit in past 12 months by visit type, 2017-2021



Despite the Pandemic, ER Use Reached Its Lowest Level Since 2009

Percentage reporting at least one ER visit in the past year, 2009-2021



Telemedicine

Before the pandemic, telemedicine was often discussed in the future tense. But in a matter of days in spring 2020, it assumed a major role in the way people get care. More than a third of Coloradans surveyed in 2021 (35.9%) said they used telemedicine at some point in the prior year, including nearly half (48.7%) of people enrolled in Medicare. Many in-person services were shut down or restricted for stretches of the COVID-19 pandemic, and state and federal policymakers made it easier for providers to be reimbursed for telemedicine.

Most people who used telemedicine had a positive experience: 79.4% said it was as good or better than being seen in person. Of all Coloradans, most (62.7%) said they're at least somewhat likely to get telemedicine care in the future, usually because they feel it will be easier or more convenient than going to a provider in person.

Still, not everyone shared this high regard for telemedicine. More than one in three Coloradans said they're unlikely to use telemedicine in the future, often because they worry about the quality of care or fear their needs would not be addressed as effectively. Problems cited by users of telemedicine included poor internet connections (8.1%) or issues using their provider's telemedicine portal (8.0%). These issues equally affected rural and urban areas.

Of those who received telemedicine services ...



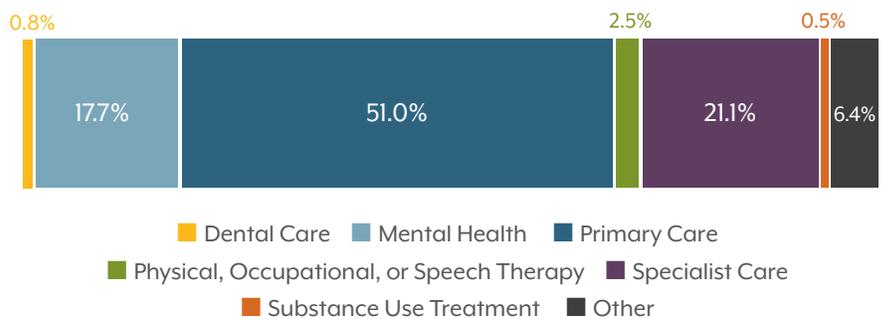
62.9%
had their most recent visit by video



31.6%
had their most recent visit by phone

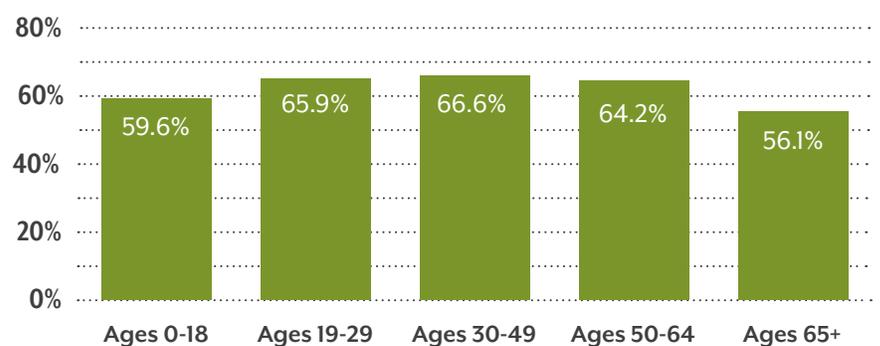
Most Telemedicine Visits Were for Primary Care

Type of care received during most recent telemedicine visit, 2021



Most People in All Age Groups Said They Are Likely to Use Telemedicine

Somewhat, very, or extremely likely to use telemedicine in the future by age, 2021



COLORADO VOICES

"Prior to COVID, one of our biggest challenges was transportation to appointments. Now we are using more telehealth services. I believe it makes health services more accessible for our community – keeping in mind that there are challenges like interpretation, reliable connection, and making sure people have a private room where they can discuss sensitive mental health issues."

Harry Budisidharta, Executive Director, Asian Pacific Development Center, Aurora



Barriers to Care

Fewer Coloradans experienced barriers to accessing care in 2021. Dramatic changes in care delivery likely helped: Greater access to telemedicine may have allowed people to get care without having to leave a job, find care for their child, or arrange transportation. Some Coloradans may not have sought care in the first place because of pandemic-related barriers that were not captured by this question.

At the same time, many Coloradans still reported barriers to needed care. About one in five could not get an appointment soon enough, while one in 10 couldn't take the time off from work. Coloradans covered by Medicaid, CHP+, or individual insurance were more likely than those with other types of coverage to be told by a doctor's office or clinic that it wasn't accepting patients with their type of insurance, but this challenge has become less common since 2019.

More Black or African American and Hispanic/Latino Coloradans Said Concerns About Unfair Treatment Kept Them From Getting Care

Percentage reporting not getting care because they were concerned about unfair treatment or consequences by race/ethnicity, 2021

5.3% Black or African American

4.5% Hispanic/Latino

2.4% White

3.3% Multiracial

Data for American Indian/Alaska Native, Asian, Middle Eastern/North African, Native Hawaiian or Other Pacific Islander, and Some Other Race were not reported due to sample size.

10.6% of Coloradans reported they could not take time off work to seek medical care in 2021, compared with **14.9%** in 2019.*



Other barriers to care decreased significantly in 2021, including ...

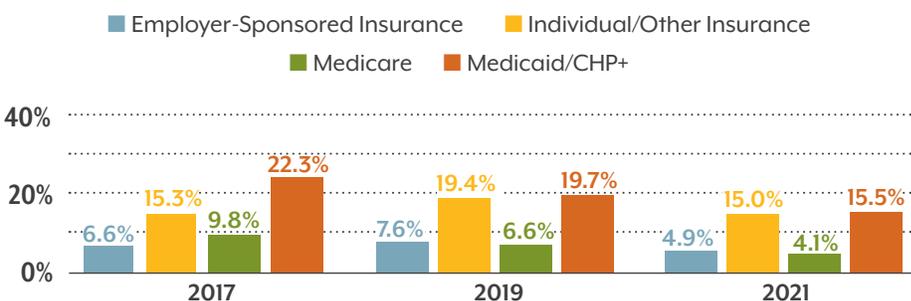
	2019	2021
Unable to get an appointment as soon as was needed	22.0%	18.6%
Doctor's office/clinic was not accepting patients with their insurance**	10.8%	8.4%
Doctor's office/clinic was not accepting new patients	10.6%	6.7%
Could not find child care***	11.7%	5.6%
No transportation to doctor's office	3.2%	2.2%
Concerned about unfair treatment	5.3%	3.2%

* Asked of those who are employed and over 16 years of age. ** Asked of those who are insured

*** Asked of those with children ages 0 to 14

People Covered by Medicaid or CHP+ Were Less Likely to Report Insurance Coverage as a Barrier Compared With Previous Years

Percentage of Coloradans who reported not receiving needed care because provider did not accept their insurance, 2017-2021



Child Care Was a Bigger Barrier for Women

Percentage reporting not being able to schedule an appointment because they could not find child care by sex/gender, 2021



COLORADO VOICES

"There are some patients who have a really hard time getting to their appointments, who have high no-show rates, who could really benefit from having an at-home visit with their provider."

Ann E. Boyer, MD,
Associate Chief Medical Information
Officer, Denver Health, Denver



Affordability

The number of people struggling to pay medical bills dropped significantly between 2019 and 2021 — to the lowest level ever measured in the CHAS — as did the number who received a surprise medical bill (19.6%). The pandemic likely played a role by causing patients and providers to delay care. Also, recent state laws have cracked down on surprise billing. However, many Coloradans still struggled to afford health care. One in five (19.6%) skipped some type of care due to cost in 2021 — opting not to see a primary care doctor or specialist or leaving a prescription unfilled. Of the 9.7% of Coloradans who didn't fill a prescription due to cost, 40.3% said it made their condition worse.

COLORADO VOICES

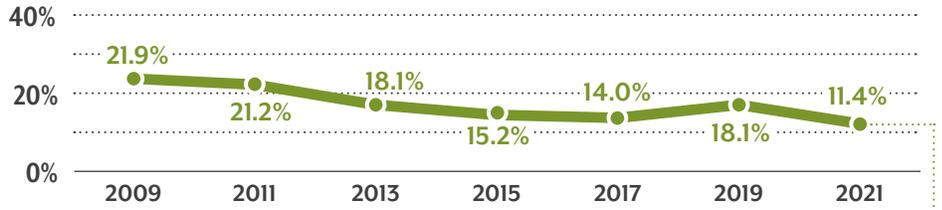
“Recent policies in Colorado, like robust protections against surprise medical bills, are likely helping more Coloradans avoid medical debt. However, we continue to hear that many people are afraid to access care because of the costs, especially when they have a high deductible. We found that even with deductibles that are lower than we see in many plans, \$1,000-2,000, a majority of Coloradans don't feel they can use their insurance because their deductible is too high and would put them into financial hardship. In general, there's a lot of fear about using insurance until it's an emergency.”

Adam Fox,
Deputy Director,
Colorado Consumer
Health Initiative,
Denver



Fewer Coloradans Struggled to Pay Medical Bills

Percentage of Coloradans who had a problem paying medical bills in the past year, 2009-2021

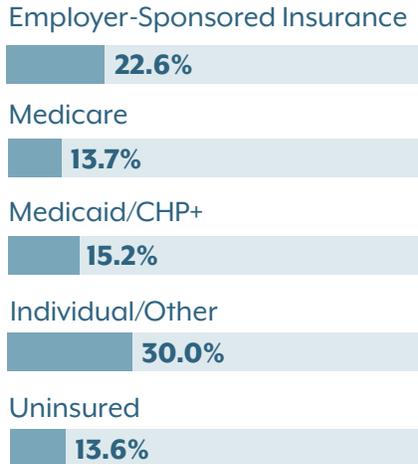


Of that 11.4%

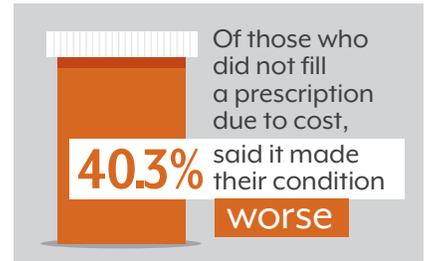
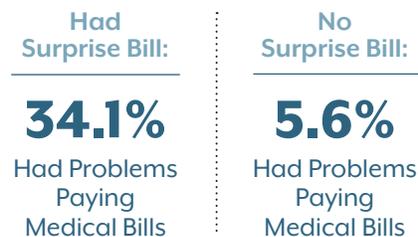


Privately Insured Coloradans Were More Likely to See Surprise Bills

Percentage of Coloradans who had a surprise bill in the past year by insurance type, 2021

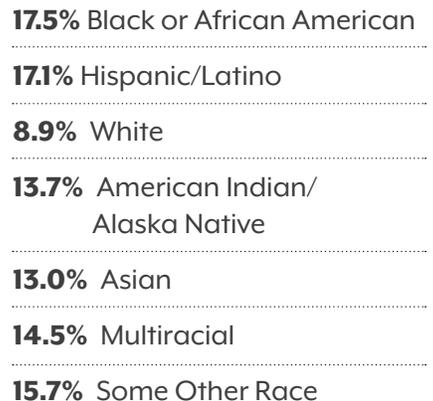


People Who Got Surprise Bills Also Faced Issues With Medical Costs



About One in Six Black or African American and Hispanic/Latino Coloradans Faced Issues Paying Medical Bills

Percentage of Coloradans who had a problem paying medical bills in the past year by race/ethnicity, 2021



Data for Native Hawaiian or Other Pacific Islander, or Middle Eastern/North African were not reportable.

Methods and Terminology

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 2021 CHAS was fielded between February 1 and June 7, 2021, by NORC at the University of Chicago, 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. NORC oversampled rural regions, people of Hispanic/Latino ethnicity, people of Black or African American race, adults ages 18 to 29, people without insurance, and households with children.

Similar to the 2019 survey, the 2021 CHAS was administered mostly online. NORC sent letters to randomly selected households throughout Colorado asking them to participate in the survey and directing them to a website or toll-free number to call. All responses to the survey are self-reported and anonymous.

The Colorado Health Institute (CHI) added new questions to the 2021 survey, modified some existing questions, and removed others. New questions focused on Coloradans' experiences during the COVID-19 pandemic, as well as telemedicine, access to child care, prescription drugs, experience seeking behavioral health services, enrollment in health care sharing ministries, cultural responsiveness of care, discrimination in the health care system, multiple generations living in the same household, and barriers to obtaining needed oral health services. Other new questions focused on how Coloradans identify themselves, including veteran status and more detailed categories of ethnic identity.

A publication detailing the survey methods is available on the [CHAS 2021 web page](#).

Statistically Speaking

CHI identifies differences and 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% chance that our result is coincidental, it is

not considered to be significant. For example, while the 2015 uninsured rate was 6.7 percent and the 2021 uninsured rate is 6.6 percent, this is not a significant difference, so it is described as essentially unchanged. In addition, estimates are not displayed when CHI has determined that there are not sufficient survey responses to produce a reliable estimate.

Health Statistics Regions

The survey is sampled geographically to ensure reliable estimates for the state's 21 Health Statistics Regions (HSRs). The Colorado Department of Public Health and Environment developed HSRs for public health reporting purposes. HSRs are comprised of single counties or groups of counties. Data for some HSRs are not reported due to sample size.

Insurance Terminology

Private Insurance

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

- **Employer-Sponsored Insurance:** Health insurance that is offered through an employer. Generally, employees will pay a portion of the premium price, often through a payroll deduction. CHI includes TRICARE and other military coverage options in this category.
- **Individual Market:** Health insurance purchased by an individual through a broker; through the state's health insurance marketplace, Connect for Health Colorado; or from an insurance company directly, including student plans.

Public Insurance

- **Medicaid (Health First Colorado):** A federal-state partnership that provides health care coverage primarily to people who have low incomes. The term "Medicaid" and the Colorado program's name, Health First Colorado, were both used in the survey language.
- **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 adults 65 or older and people with disabilities. Most people in those categories qualify for Medicare, regardless of income or assets.

Other Insurance

- This category includes a Railroad Retirement Plan and anyone who selected “other.”

Uninsured

- This category includes people who indicated they have no insurance or who reported Indian Health Service as their sole source 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 2021, the FPL was \$12,880 for a single person and \$26,500 for a family of four.

Reading This Report

This CHAS report includes highlights of data organized by category. It features quotes from Coloradans who offer insight into trends revealed by CHAS data.

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

Race, Ethnicity, Gender, and Gender Identity

People who took the Colorado Health Access Survey were asked about race, ethnicity, gender, sexual orientation, and gender identity. CHI developed wording and categories on all survey items. Certain items were developed with consultation from question sponsors or outside advisors, or based on other surveys. This section includes an explanation of some terms used in this report. In some cases, estimates are not displayed because the number of people reporting a particular identity was too small to provide a sufficient sample for analysis.

Race and ethnicity

The survey asked respondents if they are Hispanic or Latino — considered by CHI to be an ethnic identity. Separately, respondents are asked which race(s) they identify as. Racial categories in the

CHAS are: American Indian or Alaska Native, Asian, Black or African American, Hispanic/Latino (asked only of those identifying Hispanic/Latino ethnicity), Middle Eastern or North African, Native Hawaiian or other Pacific Islander, white, or some other race. Respondents could mark more than one choice. Separately, CHI analyzed the data using mutually exclusive racial/ethnic groupings, such as Black or African American (non-Hispanic/Latino), white (non-Hispanic/Latino), and Hispanic/Latino (of any race). All racial groups identified in this report, unless otherwise specified, are considered “non-Hispanic/Latino.” While CHI publications typically use the term Latinx — a gender-neutral term used to describe people of Latin American cultural or racial identity — this report uses the term “Latino” to align with the CHAS questionnaire wording.

Gender and Gender Identity

CHI included a question on the CHAS about how a person currently identifies their gender, which may or may not be the same as their sex assigned at birth. The gender categories on the CHAS are: female, male, nonbinary, or other/different gender identity. The nonbinary option included the examples of genderqueer person, gender nonconforming person, gender expansive, two-spirit, and neither woman nor man.

CHAS respondents were asked if they consider themselves to be transgender. CHAS analyses use 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.

Sexual Orientation

CHAS respondents were asked how they identify their sexual orientation. Response options include straight (heterosexual), gay or lesbian (homosexual), bisexual, and other/different sexual orientation (pansexual, asexual, or other orientation).

LGBTQ+

CHI combined responses of people identifying as lesbian, gay, bisexual, transgender, or queer into a single category (LGBTQ+) for analysis. The “Q+” is intended to include people identifying different orientations and all non-male or non-female gender identities other than lesbian, gay, bisexual, and transgender identity.



Colorado Health Access Survey 2021 Acknowledgments

Colorado Health Institute team members contributing to this report:

- Jeff Bontrager, Principal Investigator
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 - Edirin Okoloko
 - Guadalupe Solís
 - Jaclyn Zubrzycki

The CHAS: Online and Interactive

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

CHAS data and a library of analysis are available at colo.health/CHAS21

The page includes 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, status, and other topics in their own regions, and compare those data to other regions and the state average.

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CHI believes that good health policy leads to a healthier Colorado. Every day we bring research, insight, and expertise to leaders across the state because informed decisions lead to better health for all.

CHI was founded in 2002 to fill a need for nonpartisan, independent data and evidenced-based analysis to support decision-makers. As Colorado's health policy landscape has changed, CHI has grown to meet the challenge. Today, we provide not just analysis and data, but strategic planning, facilitation, complex modeling, evaluation, and strategic communication. We serve as a trusted and independent source of the information, analysis, and expertise that lead to sound health policy decisions. By doing so, we improve the health of all Coloradans.

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