

# Briefing Paper for Community Health Partners

Data from the 2013 Colorado Health Access Survey are useful for varied groups and communities, providing a detailed picture of Colorado's health landscape and serving as a tool to help measure health reform efforts. This paper focuses on ways that Coloradans involved with community health can use CHAS data. CHAS data can prove useful in grant writing, community health assessments or project evaluation.

## Key Findings

### Reasons for Churn

Data on churn – gaining, losing, or changing health insurance – are important because these transitions can leave people vulnerable. In 2013, 8.6 percent of Coloradans – 443,004 residents – went from insured to uninsured, or vice versa, at least once.

Among that group, nearly a third lost their coverage. The most commonly cited reason was that employer-sponsored coverage ended. The next most common reason was no longer being able to afford health insurance.

**8.6%** of Coloradans went from being uninsured to insured or vice versa

**NEARLY ONE THIRD OF THOSE** went from being insured to uninsured

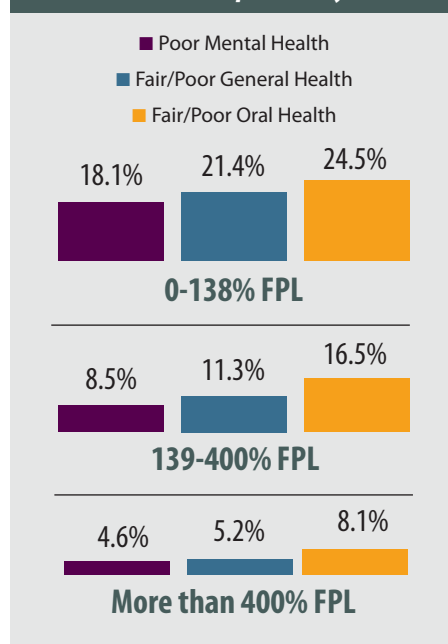
**44.9%** Said the job that provided coverage ended

**15.7%** Said they couldn't afford insurance

### Health and Income

- Coloradans with lower incomes are more likely to report poor mental health, fair or poor general health, and fair or poor oral health compared to those with higher incomes.<sup>1</sup>
- Across all income brackets:
  - Oral health was most likely to be self-reported as fair or poor, compared with general health and mental health.
  - Mental health was least likely to be self-reported as poor, possibly reflecting the continuing stigma of mental health problems.

#### Poor Health (Self-Reported) by Income



### Barriers to Care and Race/Ethnicity

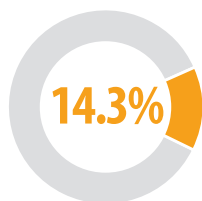
- Hispanics and non-Hispanic blacks generally report more barriers to accessing health care than non-Hispanic whites, regardless of insurance status.
- Both non-Hispanic blacks and Hispanics are more likely to report trouble making an appointment when one was needed compared to non-Hispanic whites. Non-Hispanic blacks and Hispanics are also more likely to report transportation as a barrier to care.
- Non-Hispanic blacks are more likely to report not getting needed specialist care due to cost than non-Hispanic whites and Hispanics.

#### Could Not Get . . .

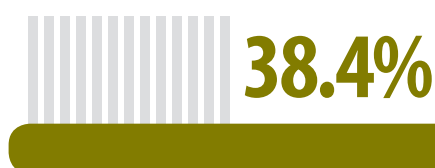
	White	Black	Hispanic
Needed doctor care due to cost	11.4%	20.8%	13.4%
Needed specialist care due to cost	11.4%	22.3%	11.7%
Doctor's appointment when needed	13.5%	23.4%	17.5%
Transportation to the doctor's office/too far away	3.0%	9.1%	6.5%

<sup>1</sup> Poor mental health is defined as reporting eight or more days of poor mental health in the past 30 days. General health and oral health were both rated on a five-point scale: excellent, very good, good, fair or poor.

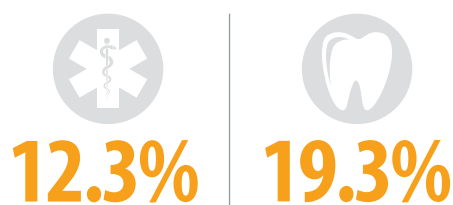
## Top 2013 Takeaways



**14.3 percent** of Coloradans – about 741,000 people or one of seven residents – do not have health insurance. The uninsured rate was 15.8 percent in 2011 and 13.5 percent in 2009.



**38.4 percent** of Coloradans do not have dental insurance, compared to 39.9 percent in 2011 and 37.0 percent in 2009.



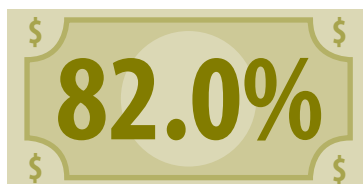
The high cost of health care continues to deter Coloradans from receiving needed treatment. Citing cost, **12.3 percent** did not seek needed doctor's care and **19.3 percent** did not seek needed dental care.



**Nearly half** (46.7 percent) of Colorado's uninsured say they have gone without health insurance for more than five years. **One of 10** said they have never had health insurance.



Of the 8 percent who said they needed mental health services but didn't get them, **three of four** said one reason was because they were uninsured.



The high cost of health insurance has ranked as the top reason for being uninsured in all three CHAS surveys. The percentage dropped to **82.0 percent** in 2013 from 88.4 percent in 2009.

## A Demographic Snapshot

### Age

The group between 19 and 26 has the highest uninsured rate – 27.1 percent. In 2011, the group between 27 and 34 had the highest percentage of uninsured at 29.2 percent.

### Race/Ethnicity

Hispanic Coloradans are disproportionately uninsured. While about 26 percent of the population is Hispanic, they make up 38.6 percent of the uninsured population.

### Income

Coloradans with annual incomes between 101 percent and 200 percent of the federal poverty level (FPL) have the highest uninsurance rate at 23.0 percent, followed by those below the poverty level at 22.0 percent.

### Employment

About one of three Coloradans working at a small employer are uninsured, three times the uninsured rate among workers at a large employer.

## CHAS: The Basics

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

**What:** Twenty-minute telephone survey on health insurance, access to health care and use of health care

**When:** Between April 15 and July 27, 2013

**Where:** Statewide, divided equally among 21 Health Statistics Regions

**Why:** To gather information that can inform policy-making and help measure health reform

## Data on the Web: [ColoradoHealthInstitute.org](http://ColoradoHealthInstitute.org)

- **New this year:** Data from all three surveys is available online. Click on the Data tab at [ColoradoHealthInstitute.org](http://ColoradoHealthInstitute.org).
- **Format:** Excel spreadsheets.
- **Categories:** Health Insurance; Oral Health; Mental Health; Affordability; Access to Care; Use of Health Care; Views on the Health Care System; Regional.
- **Cross-Tabs:** About 200
- **More data:** All 20 graphics or maps from the 2013 overview are online and available to use in presentations or reports.
- **Updates:** Watch for more to be posted throughout the next two years.

### Contact Us

**Rebecca Crepin**, senior data analyst at the Colorado Health Institute, is on standby to help with your special data requests.

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*Example: Poor mental health days by gender, income, age, type of insurance, health status, education, employment, ethnicity, emergency department use and usual source of care.*