



Southwest Colorado: A Demographic and Health Profile

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Colorado Health Institute
1576 Sherman Street, Suite 300
Denver, Colorado 80203-1728
303.831.4200
303.831.4247 fax
www.coloradohealthinstitute.org

Table of Contents

Project Description	1
Key Findings.....	1
Safety Net Providers	3
Demographic Indicators	3
Vulnerability Indicators	6
Geographic isolation	6
Insurance coverage.....	7
Poverty, income and employment.....	8
Linguistic isolation	9
Public Health Care Coverage, Utilization and Physician Access.....	10
Medicaid, Child Health Plan Plus and Medicare.....	10
Colorado Indigent Care Program.....	10
Physician access.....	11
Health Indicators and Risk Factors	13
→ Tables, Charts and Maps	15
Map legend	16
Map 1. Location of safety net providers in southwest Colorado, 2007	17
Map 2. Population per square mile by U.S. Census block group, 2000	18
Map 3. Federal lands in selected southwest Colorado counties	19
Map 4. Location of safety net providers, population per square mile by block group and federal lands in southwest Colorado counties	20
Table 1. Estimation of "second home" population, selected counties in southwest Colorado, 2000.....	21
Graph 1. Population distribution of nine southwest Colorado counties, 2007.....	22
Table 2. Projected population growth (all ages), selected counties in southwest Colorado, 2000, 2007 and 2016.....	23

Table 3. Projected population growth by age, selected counties in southwest Colorado, 2000, 2007 and 2016	24
Table 3. Projected population growth by age, selected counties in southwest Colorado, 2000, 2007 and 2016 (continued)	25
Graph 2. Annual population growth rate (all ages), Colorado and selected counties in southwest Colorado, 2000-2016	26
Graph 3. Annual population growth rate, ages 0-17, Colorado and selected counties in southwest Colorado, 2000-2016	26
Graph 4. Annual population growth rate, ages 18-64, Colorado and selected counties in southwest Colorado, 2000-2016	27
Graph 5. Annual population growth rate, ages 65 and older, Colorado and selected counties in southwest Colorado, 2000-2016.....	27
Map 5. Percent change in the population age 5 years and younger, selected southwest Colorado counties, 2007-2016.....	28
Map 6. Percent change in the population age 17 years and younger, selected southwest Colorado counties, 2007-2016.....	29
Map 7. Percent change in the population ages 18-64 years, selected southwest Colorado counties, 2007-2016	30
Map 8. Percent change in the population age 65 years and older, selected southwest Colorado counties, 2007-2016.....	31
Map 9. Location of safety net providers and population per square mile by U.S. Census block group, with distance markers, 2000.....	32
Map 10. Percent of county population who are uninsured, selected southwest Colorado counties, 2000.....	33
Map 11. Percent of county population under age 18 who are uninsured, selected southwest Colorado counties, 2000.....	34
Map 12. Percent of population with incomes below 200 percent of the Federal Poverty Level (FPL), 2000.....	35
Map 13. Percent of population under age 18 who live in families with incomes below the Federal Poverty Level (FPL), selected counties in southwest Colorado, 2004.....	36
Map 14. Median household income, selected southwest Colorado counties, 2004.....	37
Map 15. Median household income, selected blockgroups in southwest Colorado counties, 2000.....	38
Map 16. Median house value, selected southwest Colorado counties, 2000.....	39

Map 17. Unemployment rate, selected southwest Colorado counties, 2004.....	40
Map 18. Percent of households that are linguistically isolated, selected southwest Colorado counties, 2000.....	41
Graph 6. Income eligibility guidelines for Colorado Medicaid, CHP+, and CICIP as a percentage of the Federal Poverty Level (FPL).....	42
Table 4. Medicaid and CHP+ enrollment by county, ages 0 - 18, selected counties in southwest Colorado, FY 2005-06.....	43
Table 5. Clinic visits and hospital admissions, Colorado Indigent Care Program (CICP), FY 2005-06, number of CICP clinics and hospitals by county and percent of county population below 250 percent of the Federal Poverty Level (FPL), 2000.....	44
Table 6. Total clinic visits and hospital admissions, Colorado Indigent Care Program (CICP), selected southwest Colorado counties, FY 2001-02 – FY 2005-06.....	45
Table 7. Ratio of physicians per 1,000 persons by county, selected counties in southwest Colorado, 2007.....	46
Map 19. Ratio of physicians serving Medicaid patients and population with incomes below 200 percent of the Federal Poverty Level (FPL), selected southwest Colorado counties, 2007.....	47
Map 20. Ratio of physicians serving Medicare patients and population age 65 years and older in selected southwest Colorado counties, 2007.....	48
Appendix A: Safety Net Provider Descriptions and Locations.....	50
Safety net provider locations.....	51
Appendix B: Shortage area designation maps.....	56

Project Description

Because health care access and status are influenced by a range of factors, it is often challenging to generalize policy interventions across diverse communities. To this end, the following report provides a profile of selected demographic, health care access and health status characteristics of southwest Colorado and compares these characteristics to the state as a whole. Nine southwest Colorado counties are included in this report: Archuleta, Delta, Dolores, La Plata, Montezuma, Montrose, Ouray, San Juan and San Miguel.¹ The Colorado Health Institute (CHI) intends for this report to complement other existing sources of quantitative and qualitative information about health and health care in southwest Colorado.²

CHI compiled the information for these maps, tables and graphs from a variety of available data sources. The data used are described under each map, table and graph. Due to the small populations in some counties, some rates and estimates may appear much higher or lower than average and thus relatively provocative. We would encourage readers to contact CHI with any questions about the data or to discuss further analysis of a particular statistic or trend.

Key Findings

A profile of southwest Colorado indicates that it is a very diverse region of the state. Much of the area's population is concentrated in cities and towns that are scattered throughout vast and sparsely populated areas. Some key demographic findings include:

- The population in southwest Colorado has increased at a faster rate than the state and is forecasted to continue to outpace the state through 2016. However, growth has been uneven among counties.
- Much of the growth has been among the working-age population. This population tends to have higher uninsurance rates compared to other age groups.³
- The region is likely to see significant percentage increases in the population of young children, a much larger increase than the state as a whole. Since young children tend to need an array of preventive health services, this trend should be taken into consideration during health care infrastructure planning.

There are a number of factors that potentially put vulnerable individuals at risk for compromised access to health care. While health care vulnerability is a complex phenomenon, an understanding of the dimensions of vulnerability can help inform how health care resources can be strategically allocated.

¹ Due to the relatively small size of some counties included in the study, some county-level estimates are not available. In some cases, if they are available, they are associated with high margins of error. This factor should be taken into consideration when reviewing this report.

² Of note is John Snow Inc.'s (JSI's) recent analysis of primary health care in La Plata County. Whereas CHI has attempted to provide a broad county-by-county analysis, JSI's detailed study may help inform policy options in La Plata County.

³ See Colorado data cited in CHI's issue brief, *Profile of the Uninsured in Colorado, An Update for 2005*. Available for download at <http://www.coloradohealthinstitute.org/documents/PolicyBriefs/Uninsured.pdf>.

- Certain parts of the region do not appear to have ready access to safety net providers which could potentially jeopardize the health care needs of certain populations. This is especially true in Archuleta County which has a community mental health center but no additional safety net providers.
- In 2000, the uninsurance rate in southwest Colorado was 17.8 percent – higher than the state average of 15.1 percent. Similarly, the uninsurance rate among children was higher in the region compared to the rest of the state.
- Most counties in the region have unemployment rates that are *lower* than the state average. This trend coupled with the relatively *high* uninsurance rates suggests that employer-sponsored insurance may not be offered or taken up at the same rate as in the rest of the state. Further exploration of factors associated with employer-sponsored insurance in southwest Colorado may be warranted.
- Income varies throughout the region. While the area includes many second homes, it also has a number of areas that are relatively low income. Not surprisingly, low-income areas also tend to have higher rates of uninsurance.

Individuals who have insurance through publicly financed programs such as Medicaid, the Child Health Plan Plus (CHP+) and Medicare often face challenges in obtaining care. Policies that address some of these challenges could be useful in ensuring access to care for vulnerable populations.

- A relatively large percentage of children in the region are enrolled in Medicaid and CHP+.
- As the child population in the region continues to increase, an evaluation of access barriers and strategies for strengthening provider participation could be beneficial to address any network issues.

The Colorado Indigent Care Program (CICP) reimburses participating hospitals and clinics for a relatively small portion of the cost of providing care to qualified low-income (family incomes below 250 percent of Federal Poverty Level) and uninsured people.

- Southwest Colorado has a larger proportion of low-income and uninsured residents compared to the state average. Despite these trends, CICP does not appear to be utilized to the same extent as in the rest of the state.
- Policymakers could consider targeting resources to add CICP capacity in southwest Colorado.

Even if individuals have insurance coverage, their access to health care services is compromised if there are not a sufficient number of providers available in their community.

- Provider availability is uneven throughout the region. A number of counties have a very small number of primary care providers relative to their populations.

- As the population continues to increase, data suggest that workforce planning could be an important strategy to increase the capacity of the current health care infrastructure in southwest Colorado.
- Due to data limitations, it is challenging to make generalizations about the entire population in the region. While there are some variations between counties, based on limited data, residents in southwest Colorado do not appear to be significantly more or less healthy than the rest of the state.

Safety Net Providers

Access to health care services for potential safety net users is affected by the availability of safety net providers. Map 1 summarizes CHI's inventory of safety net providers throughout the region and includes insets of Durango, Montrose, Delta and Cortez. (For reference, Appendix A describes each safety net provider type and lists safety net providers by county.⁴) Safety net providers are clustered in a variety of cities and towns, leaving certain parts of the region without providers. Map 1 serves as an important focal point throughout the report as access and demographic variables are considered.

Demographic Indicators

Demographic factors are important components in understanding challenges associated with access to care and policy options to address those challenges. For example, providers are more likely to create viable practices in locations with higher population densities compared to locations with lower population densities. Furthermore, focusing efforts on expanding the health care infrastructure in geographic areas that are expected to experience relatively high population growth may warrant further analysis.

Therefore, to accurately analyze the existing health care infrastructure and its implications for health care access, it is important to examine where the population centers are located relative to those providers. Map 2 shows population density by block group.⁵ Because much of the region includes federal land, which is generally uninhabited, Map 3 summarizes the federal lands in the region. Map 4 ties together this information by overlaying Maps 1, 2 and 3. Map 4 assumes that federal land is uninhabited and shows the resident population on non-federal land.⁶ Thus, much of the population of the region appears to be concentrated near major highways that link the principal cities and towns of the region – many of which are also home to safety net providers.

The demographic information in this report summarizes data on residents living in the region. However, like many rural areas in Colorado, southwest Colorado is a temporary home to second-home owners and other seasonal residents. Table 1 presents data on second homes and estimates of the “second-home population.”

⁴ CHI strives to maintain an updated list of safety net providers as part of its Safety Net Indicators and Monitoring Project. However, we invite readers to contact CHI if we have missed any providers.

⁵ A “block group” is a collection of Census Bureau-designated blocks. These can be either traditional city blocks in densely settled areas or relatively large expanses of territory delineated by roads, streams and ridge lines in sparsely settled areas.

⁶ An exception is the population on Native American reservations which are not displayed on Map 4.

- Roughly 10 percent of the region’s housing stock was classified as “seasonal, recreational or occasional use” in the 2000 Census.
- Assuming the average seasonal or vacation home has 2.0 residents when in use, southwest Colorado had roughly 15,000 second-home residents in 2000, with three-quarters of these residing in Archuleta, La Plata and San Miguel counties.
- With the continued development of second homes in southwest Colorado, this phenomenon has important implications for infrastructure planning.⁷

When planning for a health care infrastructure, distribution of the population and recent and projected population growth should be considered. As demonstrated in Graph 1, the population in southwest Colorado is disproportionately distributed. Approximately 92 percent of the population in the region live in five counties (Archuleta, Delta, La Plata, Montezuma and Montrose), while around eight percent of the population live in the remaining four counties.

Table 2 summarizes the estimated population in 2000 and 2007 as well as projections for 2016.⁸ Three metrics of growth are displayed in Table 2: (1) the change in the number of people (2) the percent change for the periods from 2000-2007 and from 2007-2016, and (3) the annual growth rate.⁹ To illustrate the unevenness of population growth across the region, Table 2 classifies county annual growth rates as slower, moderate and rapid.

2000-2007

- Estimated growth between 2000 and 2007 was 14.5 percent for the region, compared to 13.0 percent for the state.
 - Per annum *percent* increases range from less than 1 percent in San Juan and Dolores counties to 3.4 percent for Archuleta County.
 - La Plata and Montrose counties experienced the largest increases in the *number* of residents, 6,037 and 5,726, respectively. Growth in these two counties represents over half of the growth of the entire region.

⁷Depending on the season, the population that might seek regular health care in southwest Colorado would be the resident population, the second-home population, temporary workers and tourists. This study does not attempt to estimate the need for or use of health care services. In 2004, the Northwest Colorado Council of Governments published a study of the impact of the second homes on the regional economy. (“The Social and Economic Effects of Second Homes”

<http://www.nwc.cog.co.us/Second%20Home%20Study/NWCCOG%202ndHome%20Study%20Binder.pdf>) A 2006 update of this study found that second-home owners occupied their second homes an average of 64 days a year. CHI has learned that a similar study is under way in southwest Colorado.

⁸ The 2000 estimates are for July 1, 2000, and are closely linked to the April 1, 2000, census counts. The figures for 2007 are projections from 2005 population estimates, which are based on indicators of population growth in each county. The 2016 projections are based on a model that relates population growth to anticipated economic growth in the region. This approach may underestimate the impact of retirement migration. More generally, projections of future population growth have less precision than estimates of past growth.

⁹ Annual growth rates are calculated on a compounded basis.

2007-2016

- Between 2007 and 2016, the population in southwest Colorado is anticipated to increase 22.0 percent compared to 19.0 percent for the entire state.
 - In *percentage* terms, Archuleta and Ouray counties are anticipated to experience the highest growth (3.5 percent annually.)
 - Montrose and La Plata counties are anticipated to increase by the largest *number* of people, 13,205 and 12,590, respectively. Anticipated growth in these two counties represents over half of the growth of the entire region.
 - While none of the counties in southwest Colorado is expected to experience slow growth (less than 1 percent per annum), Dolores and San Juan are the only counties anticipated to experience moderate growth (between 1 and 2 percent per annum). The remaining counties are expected to grow between 3.0 and 3.5 percent per annum.

Estimates of historical population growth between 2000 and 2007 and future population growth between 2007 and 2016 suggest similar trends. For example, large increases in the *number* of residents in Montrose and La Plata counties have occurred and are anticipated to continue into the future. Large *percentage* increases in the population of Archuleta County have taken place and are anticipated in the future as well. These trends are important to keep in mind throughout the report as access and health status within the region are analyzed.

While an understanding of projected population growth is critical in planning for a health care infrastructure, because different age groups use different levels and types of health care it is important to recognize projections of populations by age groups. Young children require frequent well-child visits to monitor their development and receive recommended vaccinations. Working-age adults (ages 18-64) tend to require fewer services, but their health care needs tend to increase with age. Persons 65 years and older tend to have the highest average utilization of both primary and acute health care as well as long-term care services.

To address the implications of these phenomena, Table 3 summarizes population estimates in 2000, 2007 and 2016 for children (0-17 years), working-age adults (18-64 years) and individuals 65 years of age and older. Graphs 2-5 summarize the per annum percentage increases for these age groups. Map 5 isolates growth projections for young children (birth to 5 years old) who generally have higher health care utilization than older children. Maps 6-8 summarize projections in percentage terms for all children (birth to 17 years old), working-age adults (18-64 years) and individuals 65 years and older, respectively.

2000-2007

- The child population in southwest Colorado increased by 6.9 percent, well below the state average of 10.3 percent. Montezuma and San Juan experienced decreases in the child population with San Miguel and Montrose experiencing the largest percentage increases (29.6 percent and 10.5 percent, respectively).

- Working-age adults (who represent two-thirds of the region’s population) increased by 17.0 percent, well above the state’s average of 13.7 percent. Nearly 75 percent of the growth in the region was in the working-age adults category.
 - Archuleta County experienced a 30.0 percent increase in working-age adults.
 - More than other groups, working-age adults tend to experience higher rates of uninsurance. Some of this trend is explained by more limited eligibility for publicly financed health insurance programs for working-age adults.
- Individuals 65 and older increased by 16.8 percent compared to the state average of 15.5 percent. However, Archuleta County experienced very high growth (41.1 percent). This age group increased by over 1,900 residents in Montrose and La Plata counties combined, accounting for more than half of the region’s growth in the 65 and older age group.

2007-2016

- Between 2007 and 2016, southwest Colorado is anticipated to experience higher growth of children and working-age adults compared to the rest of the state.
- While growth of the 65 years of age and older population is anticipated to be strong (28.0 percent for the region), it is significantly lower than the state average (49.2 percent).

Children tend to require more health care services when they are younger, although these needs diminish as they age. Map 5 summarizes the forecasted changes in the population ages 5 years and younger between 2007 and 2016. Every county in the region exceeds the state average. Very high growth of young children is anticipated in Archuleta (42.4 percent), Delta (44.2 percent), Montrose (38.9 percent) and Ouray (64.4 percent).

Vulnerability Indicators

Health care access vulnerability, the likelihood that an individual might not be able to access needed health care in a timely manner, is a multi-dimensional phenomenon. While vulnerability may involve a large number of factors, this report focuses on geographic isolation, insurance coverage, poverty, employment and linguistic isolation.

GEOGRAPHIC ISOLATION

Individuals living in geographic areas long distances from safety net providers may face difficulties in accessing services. To analyze this phenomenon, Map 9 combines the concentration of the population by block group, location of safety net providers and distance markers (measured in five-mile radii from safety net clinics.)

This map roughly suggests that vulnerable populations within certain areas of the region may face difficulties accessing safety net services.¹⁰

- Archuleta County includes some areas that are relatively well-populated compared to the rest of the region, but its only safety net provider is the community mental health center in Pagosa Springs. Based on the demographic analysis earlier in the report, this situation could be exacerbated by expected population growth of all ages in this county.
- Patterns of relatively high population concentration coupled with low density of safety net providers appear in the eastern halves of Delta and Montrose counties.

INSURANCE COVERAGE

Insurance coverage is an important determinant of access to basic health care. Map 10 summarizes the percentage of all residents in each county who did not have health insurance in 2000.¹¹

- The uninsurance rate for the region as a whole in 2000 was 17.8 percent¹² compared to 15.1 percent for Colorado.¹³
 - Only two counties' uninsurance rates were below the state average – Ouray (13.1 percent) and San Miguel (13.8 percent).
 - The counties with the highest rates were San Juan (27.4 percent), Archuleta (20.5 percent) and Montezuma (19.9 percent). Archuleta County's high uninsured rate and anticipated high population growth rate may translate into more uninsured people living in the area.
- Children are often considered more vulnerable than adults. Map 11 focuses on uninsured rates of children under the age of 18 in 2000.
 - Many counties with relatively high uninsured rates for all residents (Map 10) also demonstrated high uninsured rates for children (Map 11).
 - Approximately 15.5 percent¹⁴ of children in southwest Colorado were uninsured in 2000, compared to 12.9 percent of all children in the state.

¹⁰ To accurately estimate supply and demand of safety net services, an analysis of the capacity of existing safety net providers should be conducted. To this end, as part of the Safety Net Indicators and Monitoring System, CHI is collecting data across different types of safety net providers to assess their capacity to meet the health care needs of vulnerable populations within communities. The purpose of this data collection effort is to make reliable data available to inform policymakers about the viability of the state's health care safety net. CHI plans to conduct preliminary data analyses in 2008.

¹¹ Insurance coverage includes employer-sponsored insurance, individually purchased insurance and public insurance such as Medicare, Medicaid and the state Child Health Plan Plus (CHP+).

¹² Calculated by CHI from the Small Area Health Insurance Estimates (SAHIE), U.S. Census Bureau.

¹³ Due to data limitations, the most recent and accurate estimates of the number of uninsured individuals at the county level are for the year 2000.

¹⁴ Calculated by CHI from the Small Area Health Insurance Estimates (SAHIE), U.S. Census Bureau.

- The counties with the highest child uninsurance rates were San Juan (25.6 percent), Archuleta (18.2 percent) and Dolores (17.6 percent). The lowest rates occurred in San Miguel (12.0 percent), La Plata (12.3 percent) and Ouray (12.9 percent).

POVERTY, INCOME AND EMPLOYMENT

Living in poverty is another dimension of vulnerability that is associated with both poorer health status and health care access. Map 12 depicts the percent of the population in each county with incomes below 200 percent of the Federal Poverty Level (FPL) in 2000. During this year, 200 percent of the FPL was \$34,100 of annual income for a family of four.

- In 2000, around 24.2 percent of the Colorado population had family incomes below 200 percent of FPL. With the exception of San Miguel County, the rate in every other county in southwest Colorado exceeded the state average rate.
- Not surprisingly, three of the five counties with the highest uninsured rates also had the highest percentage of residents living below 200 percent of the FPL.

Map 13 summarizes the percent of the population under age 18 in 2004 that lived in families with incomes below the 100 percent of the FPL (\$18,850 of annual income for a family of four in 2004).

- While the average rate for the state was 12.8 percent, six of the nine counties in southwest Colorado exceeded this average rate.
- The highest rates were in Montezuma (20.3 percent) and San Juan (19.6 percent).

Map 14 summarizes the estimated median household income by county for 2004.

- Median household income for each county in southwest Colorado was below the state average of \$49,248.
- Median household income ranged from \$31,862 in Dolores County to \$45,435 in Ouray.

While variations exist, Maps 12-14 demonstrate similar patterns. On average, residents in Ouray, San Miguel and La Plata counties tend to have higher household incomes and lower levels of poverty than the rest of the region. On the other end of the spectrum, lower incomes are estimated for Dolores, San Juan, Delta and Montezuma counties.

Because income within a county is not evenly distributed, especially in counties with resort communities, it is difficult to generalize vulnerability based on average income within a county. Instead, it is useful to view income at the block group level (Map 15).

- At a block group level, some low-income areas (annual income up to \$28,304) can be found in Montrose and Montezuma counties. However, when overlaying Map 15 with Map 9, these block groups do not tend to have high population concentrations. Nonetheless, residents in some of these low-income and sparsely populated block groups are geographically isolated from the region's safety net providers.

- Some of the highest income block groups are located in Ouray, San Miguel and La Plata counties where household income exceeds the state average.

The variation in wealth throughout the region is large. Map 16 summarizes the median house value of year-round residents in 2000. In Dolores and Montezuma counties, the median house value was \$74,800 and \$106,400, respectively. In comparison, the median value in San Miguel County was nearly \$300,000 or almost 300 percent higher than Dolores County. The median value in Ouray was \$238,600. These figures are commensurate with the relatively high income levels as summarized on Map 15.

Because employer-sponsored insurance is the primary source of health insurance for the working age population and their dependents, employment status is another important determinant of health care access. Not surprisingly, unemployed individuals are much less likely to be able to afford individual insurance compared to working individuals. Furthermore, if unemployed individuals have pre-existing conditions, regardless of ability to pay they would not have access to the individual market which does not have guaranteed issue.

Map 17 shows the 2006 unemployment rate for each county in the region.

- The unemployment rate ranges from a low of 3.1 percent in Ouray County to a high of 6.6 percent in Dolores County, the lowest income county in the region.
- Only three counties (Dolores, Montezuma and San Juan) in the region have unemployment rates higher than the state average of 4.3 percent.
- While most counties in the region have unemployment rates that are *lower* than the state average, most of the counties in southwest Colorado have uninsured rates that are *higher* than the state average. This suggests that employer-sponsored insurance is not offered or taken up at the same rate as in the rest of the state. This could have implications as policymakers discuss employer-based options for health reform.

LINGUISTIC ISOLATION

Linguistic isolation is another dimension of vulnerability that may compromise certain populations' health care access. A linguistically isolated household is one in which all adults in the household have some limitation in communicating in English. That is, they indicated on the 2000 Census that they do not speak English "very well."¹⁵

In 2000, relatively few households in southwest Colorado were identified as linguistically isolated. Values range from 0.4 percent in Ouray and Dolores counties to 3.3 percent in Montrose County. Because recent immigrants may be undercounted in the 2000 census and this population has likely increased since 2000, Map 18 should be considered a conservative estimate of the extent of linguistic isolation in southwest Colorado.

¹⁵ Note that linguistic isolation is very different than citizenship status. Persons in linguistically isolated households may or may not be legal residents of the United States.

Public Health Care Coverage, Utilization and Physician Access

MEDICAID, CHILD HEALTH PLAN PLUS AND MEDICARE

Medicaid and the Child Health Plan Plus (CHP+) are two publicly financed health insurance programs for low-income children, pregnant women, parents, persons with disabilities and older adults. (See Graph 6 for eligibility guidelines for Medicaid, CHP+ and the Colorado Indigent Care Program.) While eligibility for Medicaid is based on income, eligibility for Medicare is based on age. Individuals enrolled in Medicare include persons with permanent disabilities and most individuals aged 65 and older.

There are a number of reasons why many providers choose not to offer services to people with publicly financed health insurance. One of the primary reasons is that reimbursement for these programs tends to be relatively low. Due to this constraint, many individuals enrolled in these programs may face challenges in accessing health care services. Table 4 summarizes the number and percentage of children in each county enrolled in Medicaid and CHP+.

- Over 15,000 children in the nine-county region were enrolled in Medicaid or CHP+ at some point during 2005-06. This is 37.4 percent of the estimated child population in the region, higher than the 29.4 percent for the entire state.¹⁶
- Not surprisingly, many of the counties that were identified as being relatively low income also have a high percentage of children enrolled in Medicaid.
- Since the region has a relatively large percentage of its child residents enrolled in Medicaid and CHP+ (and this age group is expected to grow significantly by 2016), an evaluation of the provider networks for these two programs would be useful for policy planning purposes. In particular, it would be constructive to understand the scope and barriers associated with seeking care and how to strengthen the existing networks.

COLORADO INDIGENT CARE PROGRAM

The Colorado Indigent Care Program (CICP) reimburses participating hospitals and clinics for a relatively small portion of the cost of providing care to qualified low-income (family incomes below 250 percent of FPL) and uninsured people. In FY 2005-06, four hospitals and eight clinics in southwest Colorado participated in this program. Table 5 shows the number of CICP visits, admissions and providers by county in FY 2005-06. It also shows the number and percent of residents below 250 percent of the FPL in 2000.¹⁷

- Montrose County residents accounted for 23.8 percent of the population below 250 percent of the FPL and only 12.7 percent of CICP visits and admissions.

¹⁶ Since small changes in income can cause a child to move from Medicaid to CHP+ and vice versa, a child could be in one program for part of the year and the other program during another part of the year. For this reason, children may be double counted.

¹⁷ 250 percent of the federal poverty level (FPL) for a family of four in 2000 was \$42,625 and in 2007 it was \$51,625. Note that residents below 250 percent of the FPL who have public or private health insurance are not eligible for the CICP program. Also, because Table 5 summarizes visits, it does not represent the number of individuals who received services.

- La Plata County residents accounted for 41.2 percent of all CICIP visits and admissions in the region (FY 2005-06) and 24.9 percent of the population below 250 of FPL in the region. This may be due to the presence of two CICIP clinics and one CICIP hospital in the county.
- Around 4.8 percent of Coloradans with family incomes below 250 percent of the FPL in 2000 lived in southwest Colorado. However, the region only accounted for 1.9 percent of all CICIP clinic visits and 2.3 percent of all CICIP hospital visits in the state.
- With this simple proxy, it appears that the CICIP program is not utilized in southwest Colorado to the extent it is in the rest of the state, despite the region's higher uninsurance rates and lower incomes.
- Table 6 summarizes the number of CICIP clinic visits and hospital admissions from FY 2001-02 through FY 2005-06. During this time frame, the total number of admissions and visits in the region increased by 10.4 percent compared to 17.0 percent for the state.
 - Between FY 2001-02 and FY 2005-06, the number of CICIP clinics in the region increased from four to eight. However, the number of hospitals remained at four throughout the period.¹⁸
 - Large increases in the number of visits and admissions occurred in La Plata County. While there were no CICIP clinics in FY 2001-02, there were two CICIP clinics between FY 2002-03 and FY 2005-06.¹⁹
- Based on data concerning uninsurance, income and CICIP visits and admissions in the region, policymakers could consider policy options that would target resources toward increasing the number of CICIP providers and the capacity of existing CICIP providers in the region to serve lower-income residents.

PHYSICIAN ACCESS

Having health insurance is an important but not always sufficient condition for accessing health care services. For example, some individuals may have private health insurance but may live in areas that are relatively far from providers. Also, due to the relatively low reimbursement levels for Medicaid, CHP+ and Medicare, some individuals enrolled in these programs may not be able to find physicians to serve them.

Table 7 summarizes the ratio of practicing physicians per 1,000 persons by county. It is important to note that these estimates include full- and part-time physicians.²⁰

- The ratio of practicing physicians to 1,000 persons in the region is 1.8. The state ratio is 2.1 or 16.7 percent higher than southwest Colorado.

¹⁸ Department of Health Care Policy and Financing, Colorado Indigent Care Annual Reports.

¹⁹ In March 2007, Valley-Wide Health Systems closed its clinic in Durango. This is not reflected in the data. CICIP data for FY 2006-07 are not yet available.

²⁰ The inclusion of part-time physicians overstates the physician-to-population ratio.

- La Plata and Montrose counties have the highest physician to 1,000 persons ratios, 2.9 and 1.9, respectively.
- Dolores has one practicing physician and nearly 2,000 residents in the county with a rate of 0.5. San Juan has no practicing physicians.
- Table 7 also summarizes the number of physicians providing primary care compared to other specialties.
 - Dolores has the lowest primary care physician to population ratio (0.5).
 - While La Plata County has one of the highest total physician-to-population ratios, it has one of the lowest primary care physician-to-population ratios (0.6). Montezuma, Archuleta and San Miguel counties have the same rate.

Map 19 shows the ratio of physicians serving Medicaid patients to the population below 200 percent of the FPL.²¹

- There are roughly three physicians serving Medicaid patients per 1,000 low-income residents in Ouray, Montrose and La Plata counties.
- The remaining counties have fewer than two, including San Juan County where there is no resident physician. Archuleta County has one of the lowest ratios at 0.9 per 1,000 low-income residents.

Map 20 focuses on access for Medicare beneficiaries. Specifically, it summarizes the rate of physicians serving Medicare patients to the number of individuals age 65 years and older.

- La Plata and San Miguel counties have the highest ratios, while Dolores, San Juan and Archuleta have the lowest ratios.
- As the population in the region continues to age and the need for health care services increases, these data should be monitored for workforce planning.

While the Medicaid and Medicare ratios on Maps 19 and 20 are significantly different, the two ratios are not directly comparable for several reasons. By virtue of their age, Medicare beneficiaries tend to have greater utilization of physician services. In addition, virtually all persons 65 and older are enrolled in Medicare while most persons below 200 percent FPL are not enrolled in Medicaid.

Nevertheless, Maps 19 and 20 show a somewhat similar distribution. Montrose, San Miguel and La Plata counties have relatively high ratios compared to the other counties. (Ouray County is in the top category for Medicaid but only the middle category for Medicare.)

The data from Table 7 and Maps 19 and 20 suggest that workforce planning could be an important component in increasing the capacity of the current health care infrastructure in

²¹ Note that individuals with incomes below 200 percent of the FPL do not necessarily qualify for Medicaid. Income eligibility varies based on age and disability status. This rate is simply intended to assist readers in providing benchmarks to compare counties.

southwest Colorado. Policy options targeted at increasing the number of providers serving vulnerable populations could include loan repayment programs, increased reimbursement and “grow-your-own” programs.²² To alleviate current or future workforce shortages, some policymakers are also considering revising the nurse and physician practice acts.

Health Indicators and Risk Factors

An assessment of the health care needs of a population must take into consideration health risk factors and the burden of disease within the population. Table 8 summarizes data on a number of health indicators and risk factors. Due to small sample sizes, data for a number of counties are not available.

- Approximately 9.1 percent of all births between 2004 and 2006 in Colorado were classified as low birth weight.²³ Archuleta County exceeded the state average (10.6 percent) as did San Miguel County (10.9 percent).
- Diabetes is a chronic condition which requires significant health care resources to address. Respondents to the Behavioral Risk Factor Statistics Survey (BRFSS) were asked if they had ever been told by a doctor that they have diabetes.²⁴ Based on BRFSS results, it is estimated that 7.5 percent of Montezuma residents and 6.4 of Montrose residents have been told they have diabetes. Due to small sample sizes, these data are also reported according to Colorado Planning and Management Regions (PMRs). The average for PMR 9 was 2.5 percent while the average for PMR 10 was 3.4 percent. This compares to 4.6 percent of all Colorado residents.
- Obesity is a condition that is associated with diabetes as well as a number of other health conditions. The BRFSS estimates for the percentage of the adult population that is obese are 26.4 percent in Montezuma County and 21.3 percent in Montrose County. However, when looking at the region as a whole, the estimates are much lower (13.0 percent in PMR 9 and 15.4 percent in PMR 10). The regional estimates are below the state average of 17.5 percent.
- The BRFSS also estimates the percentage of adults who smoke cigarettes, another behavior that can lead to the need for health services and chronic disease. Every county for which there are estimates exceeded the state average of 19.9 percent. BRFSS reported the highest estimated rate in Montezuma with an estimated 25.0 percent of adults smoking cigarettes.
- Cancer deaths between 2004 and 2006 ranged from 111.6 per 100,000 people in Archuleta County to 178.3 in Montezuma County. The state rate during this time frame was 159.2.

²² Rural communities often attempt to foster interest in the health professions of young people in their communities. Data suggest that compared to individuals who grow up in urban areas, health professionals who grow up in rural areas are more likely to return to rural areas to practice.

²³ Children weighing less than 2,500 grams (5.5 pounds) at birth are classified as low weight. Colorado’s relatively high altitude is believed to contribute to this high statistic.

²⁴ The BRFSS is a random-digit-dial telephone survey of a representative sample of Colorado adults age 18 years and over.

- Estimates of rates in Montezuma County for diabetes, obesity and smoking are the highest in the region. The cancer death rate in Montezuma County is the second highest in the region. Data for Montezuma County also indicate that there is a large percentage of residents who are uninsured and low income, other important dimensions of vulnerability.

Due to data limitations, it is challenging to make generalizations about the entire population in the region. While there are some variations between counties, based on limited data residents in southwest Colorado do not appear to be significantly more or less healthy than the rest of the state.