# COLORADO HEALTH ACCESS SURVEY

2025

COLORADO HEALTH INSTITUTE

NOVEMBER 2025

# COLORADO HEALTH ACCESS SURVEY

## Dear reader,

## In a time when public data are disappearing or threatened, the Colorado Health Access Survey (CHAS) stands apart.

Every two years, 10,000 households across the state share their stories with us. This year's survey builds on more than 15 years of history, offering insight that Coloradans can't get anywhere else. It tracks long-term trends like insurance coverage and barriers to seeking care while asking new questions that matter today — from reproductive health to the increasingly recognized challenge of loneliness.

In addition, CHAS data are robust enough to provide a detailed portrait of how different communities experience health in Colorado. The CHAS tells us where the state is doing well and where we need to focus. Data can be broken down by race and ethnicity, gender, geography, income, and education — making it a powerful tool for understanding disparities and guiding action.

The CHAS is more than numbers on a page. It's a community asset. Policymakers use it to pass and evaluate legislation. Providers and advocates use it to strengthen their services and work. Journalists use it to inform the public. And together, these efforts move Colorado closer to being a place where everyone has the chance to be healthy.

The CHAS exists because partners across the state believe in the power of data for the public good. These sponsors and financial supporters help fund data collection and analysis of the CHAS — and funding opportunities are ongoing for those who want the CHAS to reach as far as possible. We're grateful for their support and for yours.

The CHAS provides the data, but it's up to people across Colorado to bring it to life through stories and action. We invite you to dig in, share your insights, and tell us how the CHAS is making a difference in your work.

With gratitude,

**Sara Schmitt**
CEO,
Colorado Health Institute

**Suman Mathur**
Director,
Colorado Health Institute

# Making the CHAS Possible

The Colorado Health Access Survey is made possible by financial supporters who understand the value of this public resource. While the Colorado Health Institute stewards the survey and makes the data and analysis available, the CHAS would not exist without the foundations, government agencies, and other funders that are committed to data-driven decision-making. These sponsors ensured that CHI could collect, analyze, and release these important data.

But there's more to do.

We are continuing to work with funders to sponsor topic-specific analyses, community presentations and education sessions, and other activities. If you are interested in joining this community of supporters, please contact Suman Mathur at **mathurs@coloradohealthinstitute.org.**

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# How Does the CHAS Benefit Your Work?

We want to know how Colorado Health Access Survey data impacts your work in Colorado. Scan the QR code or go to **colo.health/CHASimpact** to complete a brief survey. Your feedback will help inform future areas of exploration.

# Ensuring the Future of Health Data in Colorado

If you use data from the CHAS and want to support equitable health data collection in Colorado and its trustworthy, independent analysis, please contact us. Funding for this work is never guaranteed. To discuss supporting the CHAS, reach out to Suman Mathur at **mathurs@coloradohealthinstitute.org.**

# Seven Stories

**The 2025 Colorado Health Access Survey captures Colorado in between two landmark events — the COVID-19 pandemic and the upcoming federal cuts to health and social programs. Since 2009, the CHAS has documented the effects of health policy changes — the Affordable Care Act in the 2015 survey, the response to the COVID-19 pandemic in 2021, and the end of pandemic support starting in 2023.**

Policy changes quickly. Year after year, the CHAS has provided data on the real-world effects of those changes on health care access and the affordability of basic needs such as food, housing, and health care. The survey also has shown that uninsured people face much greater problems affording health care and often skip care entirely.

The 2025 survey arrives on the cusp of another wave of policy changes. This report shares the headlines of our initial analysis, with additional details in the graphics on the following pages. But there are many more stories to uncover. Let us know what stories you find in the data or how these trends are playing out in your community. Email us at chas@coloradohealthinstitute.org.

## Colorado's insurance landscape is holding steady.

The uninsured rate is 5.9%, which is statistically similar to every survey since 2015, after the Affordable Care Act took effect. Medicaid enrollment has also returned to its pre-pandemic level, with about a fifth of Coloradans in the program. And more than half of Coloradans got their health insurance through an employer for the first time since 2019.

## Health insurance does not always make health care affordable.

People with insurance saw the doctor more often than people without insurance, but many of them still couldn't afford the care they needed. The 6.7% of Coloradans who purchased coverage on the individual market had more problems affording health care than any other group except the uninsured.

## People with public health insurance are happier with the health care system.

Two-thirds of Medicaid and Medicare members had positive views of the health care system. People with employer-based insurance were less happy, and only about half of those on the individual market had a positive view of the system. But people without insurance were the least positive, with only 20% saying the health care system works for their family.

## One third of Coloradans struggle to afford health care, food, or housing.

Many Coloradans face hard choices about paying for essentials. More than a quarter skipped health care because they couldn't afford it, more than a tenth couldn't afford food, and another tenth had trouble paying their rent or mortgage.

## Fewer Coloradans say their mental health is poor.

This is a notable improvement that breaks a trend of worsening mental health results over the past decade of surveys. Children under 18 are getting better access to behavioral health care. But young adults ages 18 to 29 show the highest rates of poor mental health and the least access to needed care.

## One in five Coloradans is lonely.

New questions on the survey reveal the scope of social isolation and its strong tie to health. People who reported loneliness were more than twice as likely as other Coloradans to say their overall health is poor or only fair.

## The survey reveals health and social disparities for people with diverse gender identities, young adults, and Native Americans, among others.

People in these groups reported much higher levels of poor mental health or economic stress. More than four in 10 American Indian or Alaska Native Coloradans had trouble paying for health care, housing, or food. Young adults reported more challenges than all other age groups with mental health, social isolation, and paying for health care, food, and housing. And two-thirds of people who identified as a gender other than male or female said they were lonely.

### The most important story is yet to be written.

The 2025 CHAS arrives at a pivotal moment — between the pandemic and the expected cuts to health and social benefits driven by tight state budgets and federal policy changes. Future versions of the Colorado Health Access Survey will measure the experience of Coloradans against the baseline established by the 2025 survey.

## More Data and Resources Online

**colo.health/CHAS25**

**This report includes initial findings from the 2025 Colorado Health Access Survey, but the data presented here represent a small fraction of what is available. Please visit our website for additional content including:**

- Simplified survey questionnaire (in English and Spanish)
- Complete survey questionnaire with skip logic (in English and Spanish)
- Regional fact sheets
- Regional data workbooks
- Interactive data dashboard
- Methods and terminology
- Sampling methodology report
- Public use file and data dictionary
- Instructions and guidance for making the most of CHAS data

In addition to the data already available online, the Colorado Health Institute will continue analyzing the data and updating our website. Check back frequently for resources that will be added throughout 2026. These include:

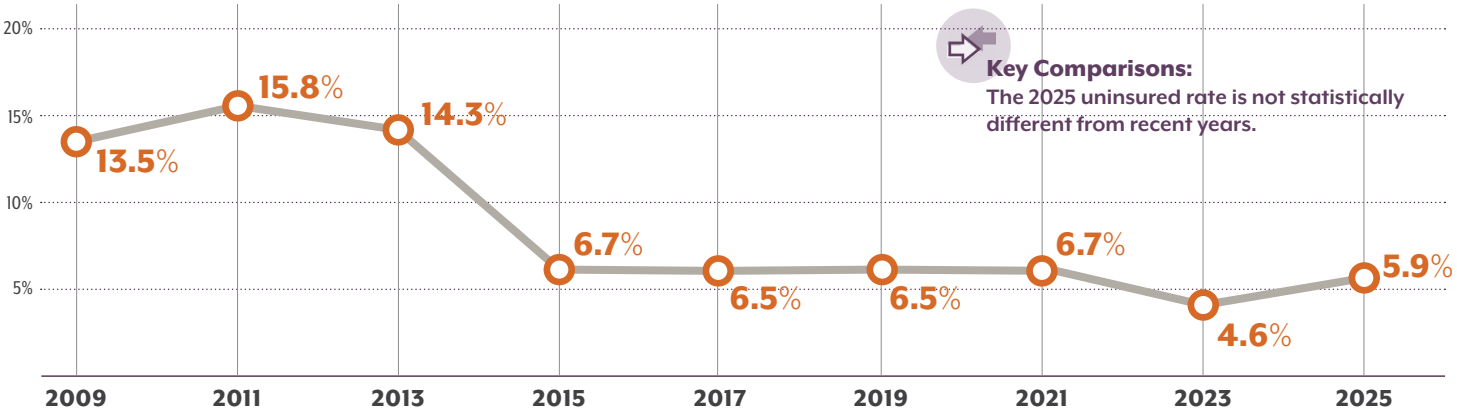
- Topic-specific data workbooks
- Topic-specific analyses
- Legislative fact sheets

We invite researchers and other interested parties to use our online tools and analysis or to reach out with requests for information and data.

**Contact chas@coloradohealthinstitute.org**

## The uninsured rate is 5.9%, but federal policy changes could shift that in the future.

**Topic:** Uninsured rate. **Population:** All Coloradans. **Years:** 2009 to 2025.




## Rural Colorado has higher uninsured rates.

**Topic:** Percentage of Coloradans who lack health insurance.

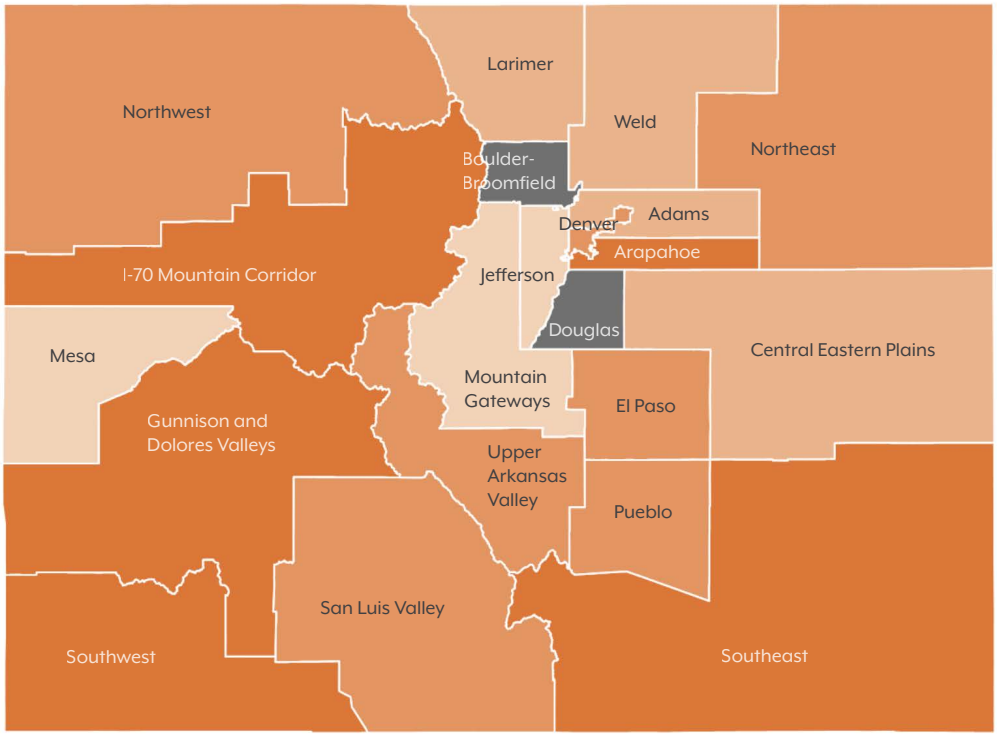
**Population:** All Coloradans, by Health Statistics Region.

**Year:** 2025.

**Percentage**

0% 2% 4% 6% 8% 10%

Note: Boulder-Broomfield and Douglas County do not have reportable uninsurance rates due to the small sample size for this group. For more detail on sample size issues, see the Methods and Terminology article online.




## A Period of Change

CHAS surveys have captured key data on Coloradans' health and well-being over the course of significant changes in policy.

**2014**
Key coverage provisions of the ACA take effect

**2019**

**2020**
COVID-19 pandemic and public health emergency

**2021**

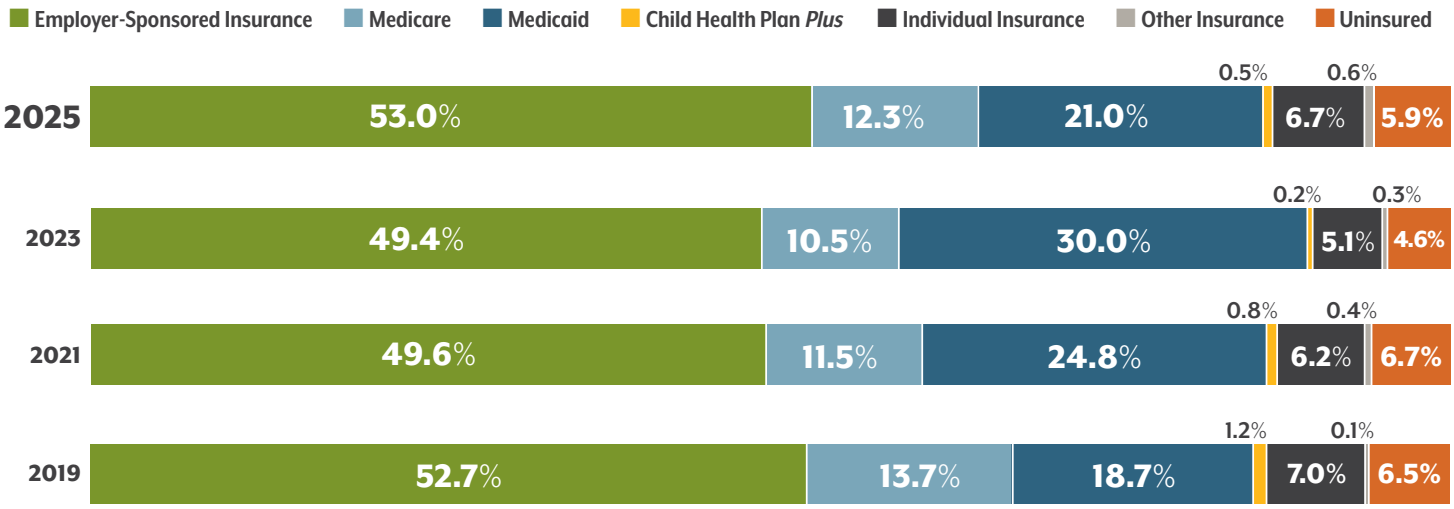
**2023**

**CHAS** in the field

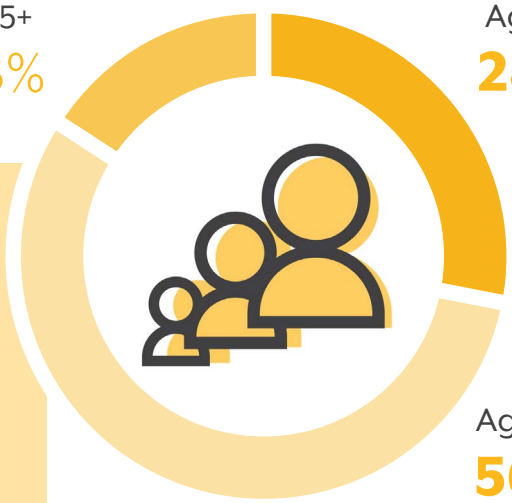
**2025 CHAS** in the field

## The end of the public health emergency shifted Colorado's insurance landscape.

**Topic:** Type of insurance coverage. **Population:** All Coloradans. **Years:** 2019 to 2025.




## Many Medicaid members work or care for children.




Among those who are ages 19-64:

**Unemployed and looking for work**
20.5%

**Parents/guardians of a child under 18**
21.8%

**Have a disability**
33.3%

**May 2023**
Public health emergency ends

**July 2025**
HR 1 passes

**Aug 2025**
Colorado special session

**Jan 2026**
Insurance subsidies end

**Jan 2027**
Medicaid eligibility changes

2025

2027

**Oct 2025**
SNAP cuts

**Oct 2026**
Medicaid and SNAP changes

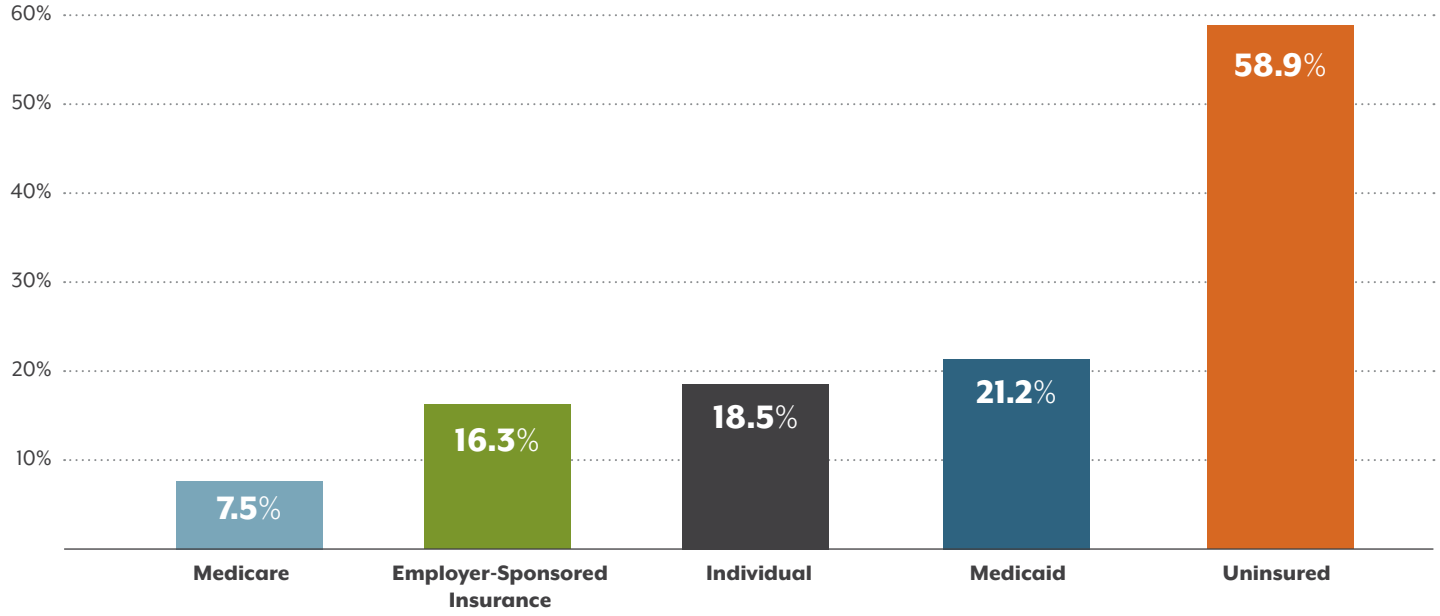
**Oct 2027**
Funding cuts to Medicaid and SNAP

**2026 CHAS** Follow-up

Planned **2027 CHAS**

## Insurance improves access to primary care.

**Topic:** Coloradans who did not visit a general doctor in the past 12 months.
**Population:** All Coloradans, by insurance coverage type. **Year:** 2025.

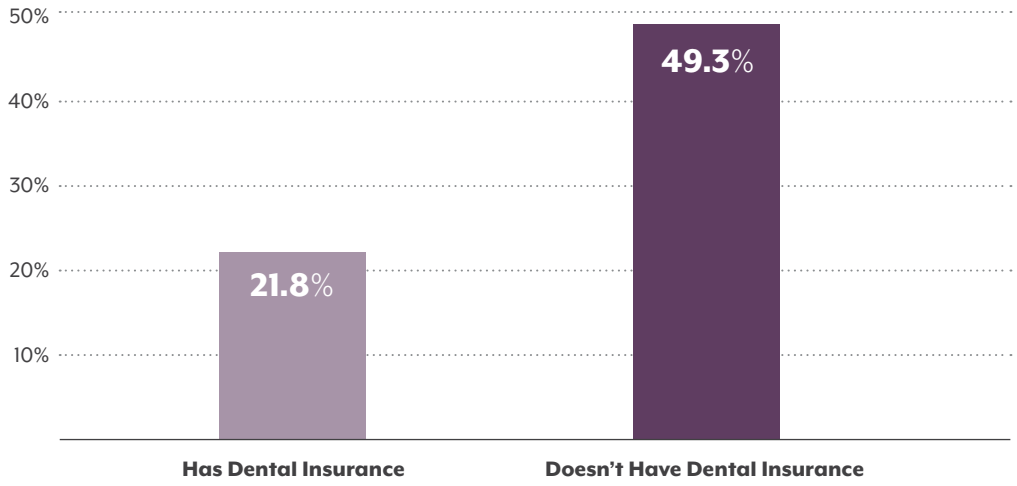



## Insurance improves access to oral health care.

**Topic:** Did not visit a dentist or dental hygienist in the past year.

**Population:** All Coloradans, by dental insurance coverage.

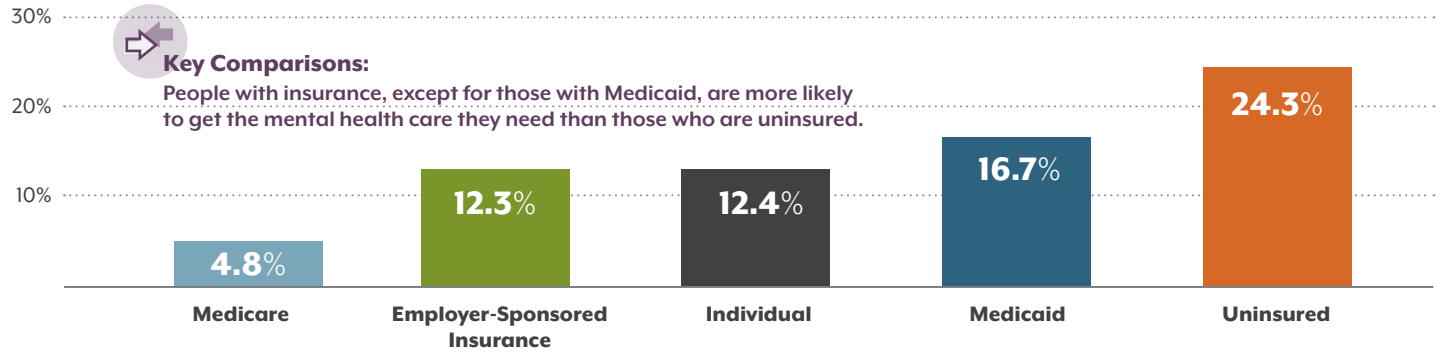
**Year:** 2025.




## Most types of insurance improve access to mental health care.

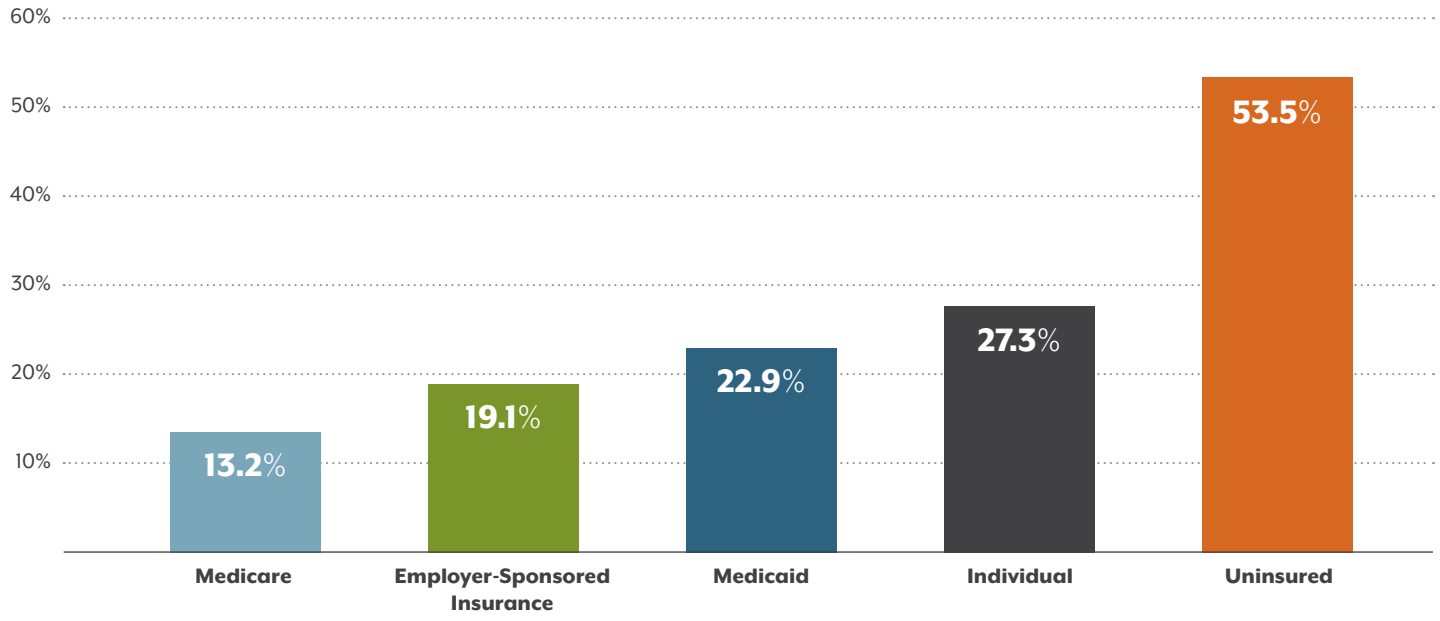
**Topic:** Did not get needed mental health care services in the past year.
**Population:** Coloradans 5 and older, by insurance coverage type. **Year:** 2025.

**Key Comparisons:**
People with insurance, except for those with Medicaid, are more likely to get the mental health care they need than those who are uninsured.



## Insurance helps, but even insured Coloradans put off care because of cost.

**Topic:** Composite measure of people who could not afford general doctor care, specialist care, or prescriptions that they needed.
**Population:** All Coloradans, by insurance coverage type. **Year:** 2025.

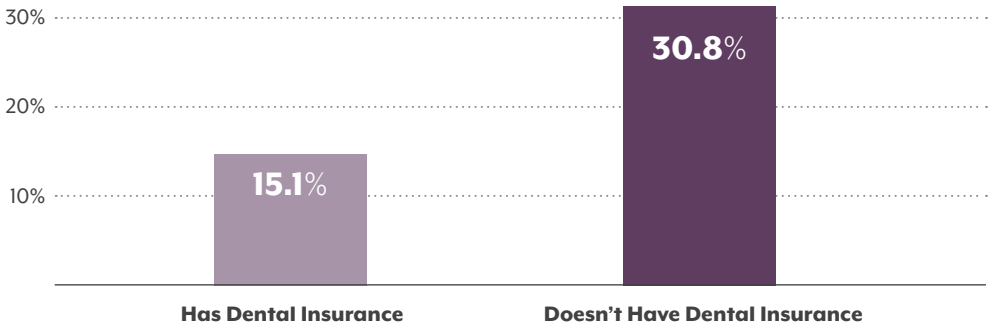



## Access to dental insurance reduces cost barriers to care.

**Topic:** Could not afford dental care that they needed in the last year.

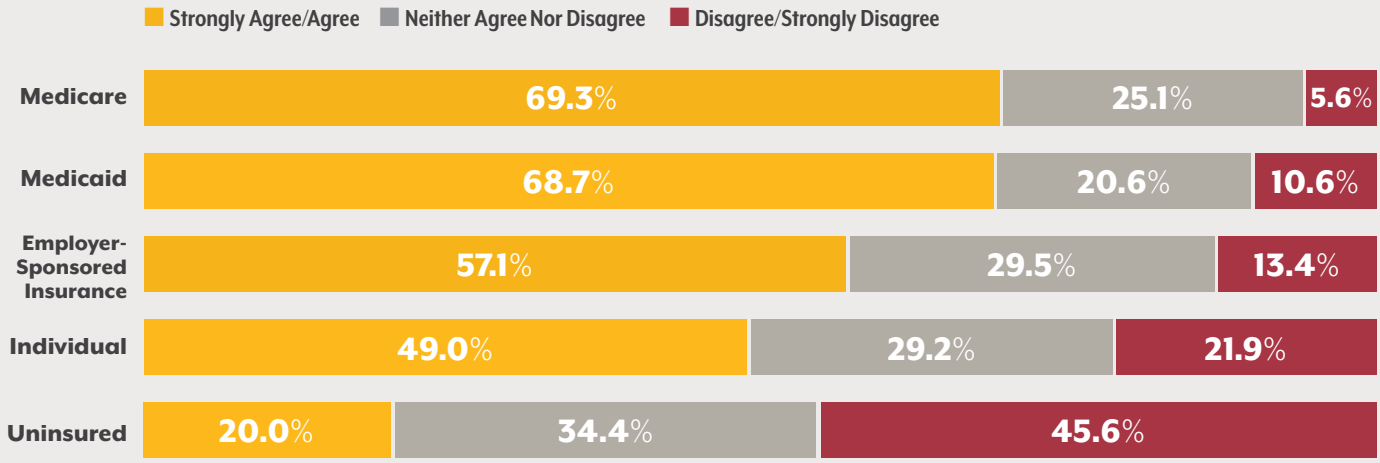
**Population:** All Coloradans, by dental insurance coverage.

**Year:** 2025.



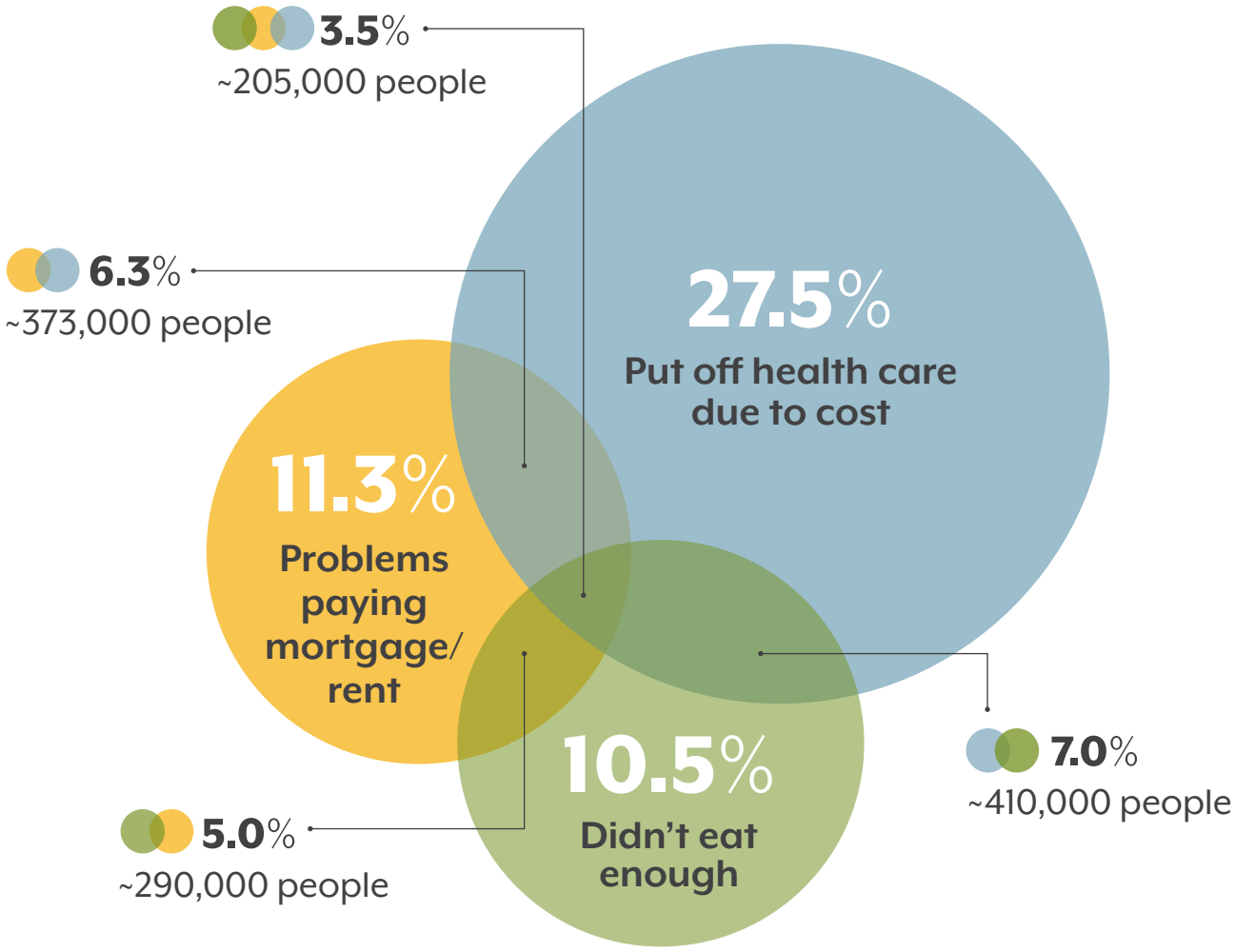

## Coloradans with public insurance are more likely to have a favorable opinion of the health care system.

**Topic:** Extent in which they agree or disagree that the current Colorado health care system meets their needs or the needs of their family.
**Population:** All Coloradans, by insurance coverage type. **Year:** 2025.

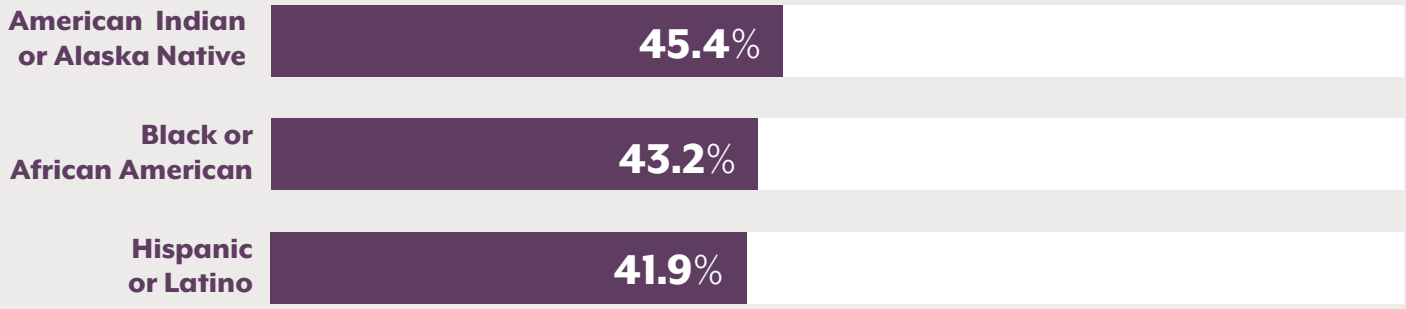


## A third of Coloradans have trouble paying for health care, housing, or food.

**Topic:** Coloradans who report difficulty with health care, housing, or food affordability. **Population:** All Coloradans. **Year:** 2025.



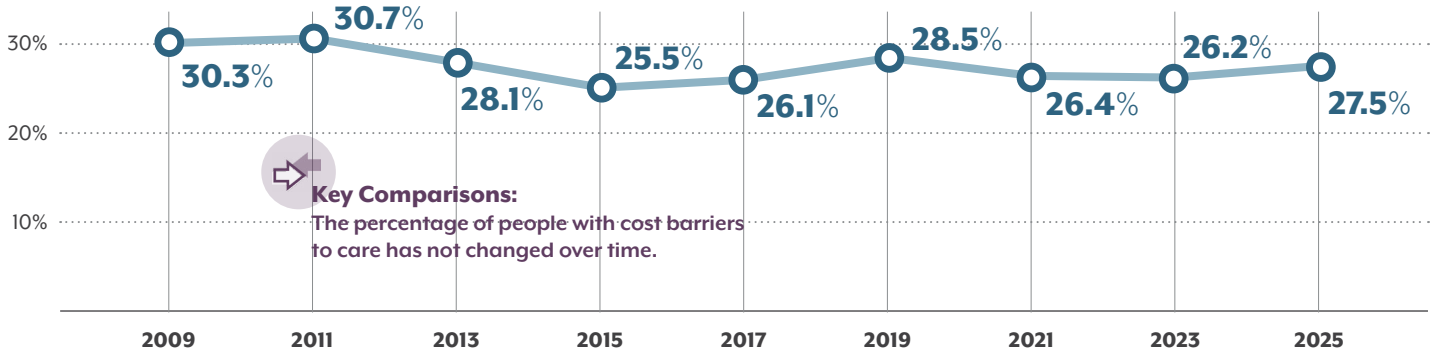

## Coloradans of color and those with diverse gender identities are more likely to report problems affording housing, health care, or food.




**Women** (**36.3**%) and those who identified as **a gender other than male or female** (**69.4**%) were more likely to report affordability problems than **men** (**29.7**%).

## Around 3 in 10 people missed health care due to cost — a problem that has persisted for years.

**Topic:** Composite measure of people who could not afford general doctor care, specialist care, dental care, or prescriptions that they needed. **Population:** All Coloradans. **Years:** 2009 to 2025.

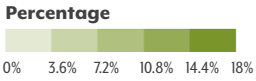


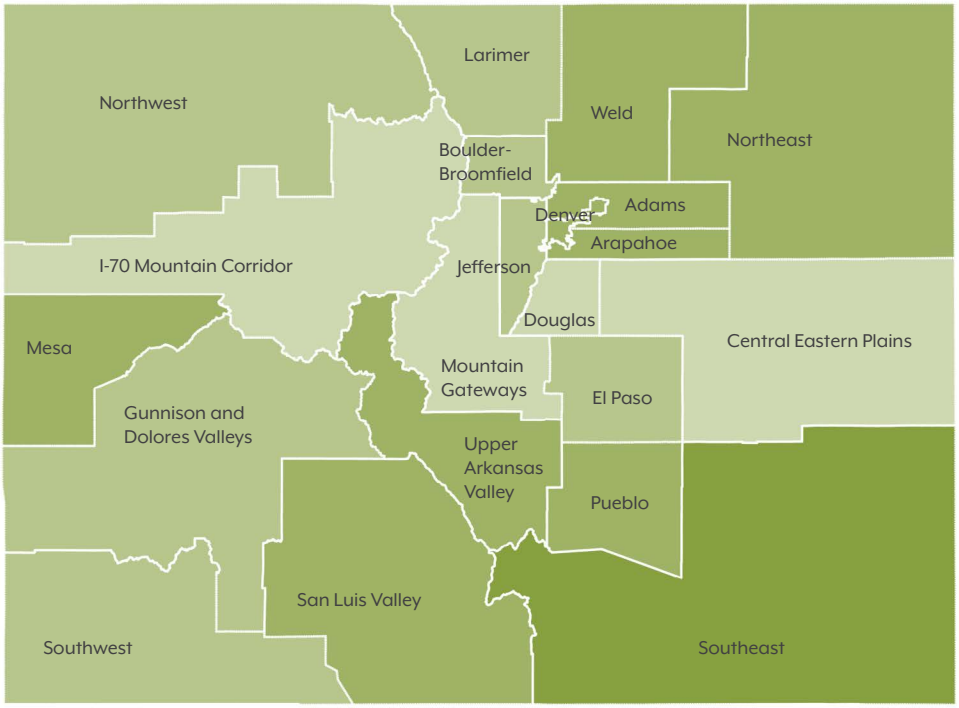

## Cities and farm country both deal with food insecurity.

**Topic:** Percentage of Coloradans who ate less than they thought they should in the past year because they could not afford food.

**Population:** All Coloradans, by Health Statistics Region.

**Year:** 2025.




## Troubles with food, housing, or health care affordability hit renters and people living alone the hardest.

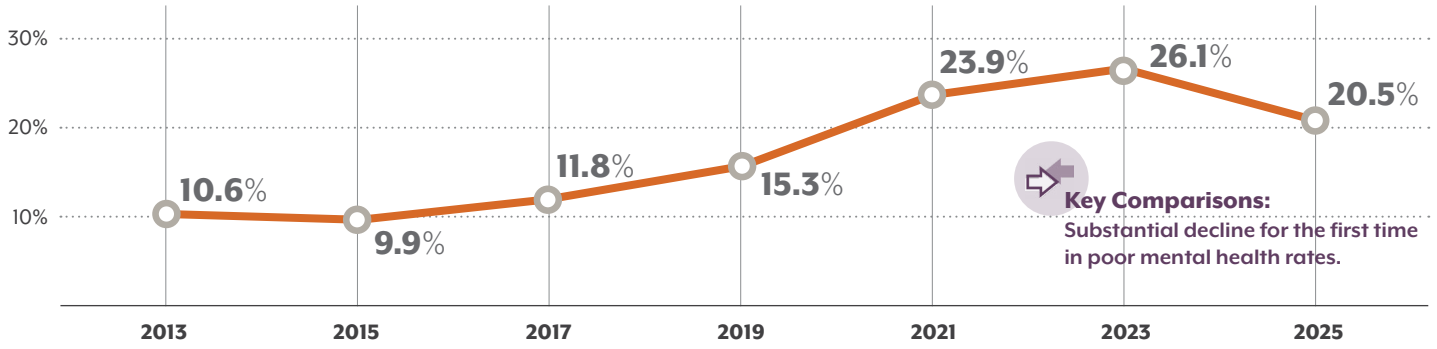
**48.2%** of renters are impacted, compared to **26.7%** of homeowners.

**41.4%** of people who live alone are impacted, compared to **31.6%** of those who live with others.

## 2025 halted a years-long trend of increasingly poor mental health.

**Topic:** Coloradans who reported eight or more days of poor mental health in the past month.

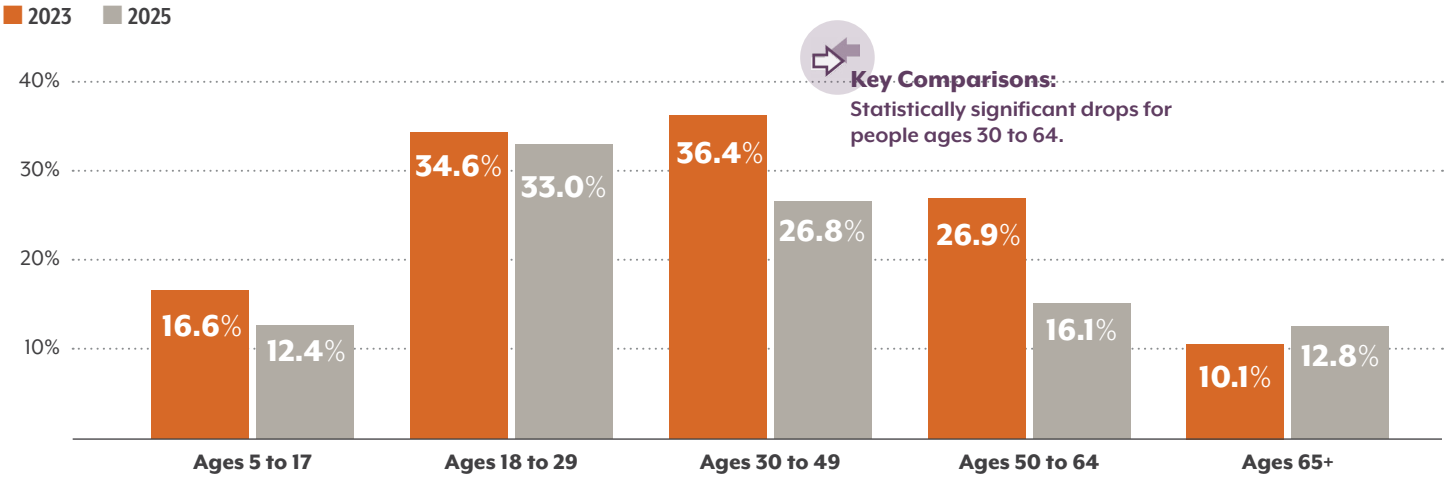
**Population:** Coloradans 5 and older. **Years:** 2013 to 2025.




## Mental health improved for adults ages 30 to 64.

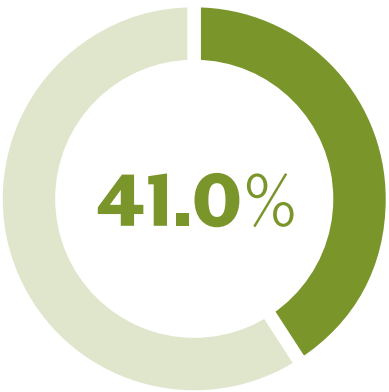
**Topic:** Coloradans who reported eight or more days of poor mental health in the past month.

**Population:** Coloradans 5 and older, by age group. **Years:** 2023 to 2025.

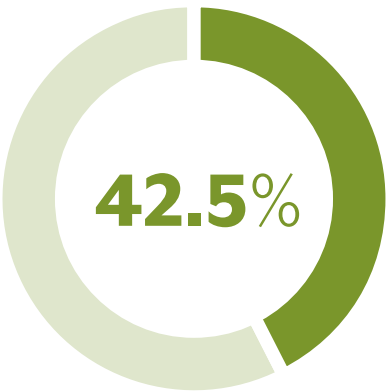



## LGBTQ+ Coloradans are more likely to report poor mental health.

**Gender identity other than male or female**



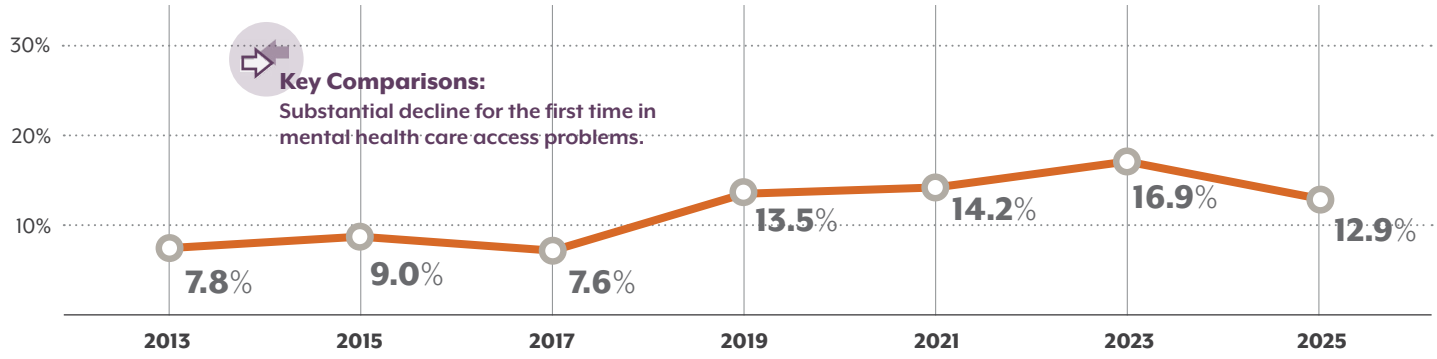

**LGBTQ+ Coloradans (age 18+)**



## Mental health care access also improved in 2025.

**Topic:** Coloradans who didn't get needed mental health care services in the past year.

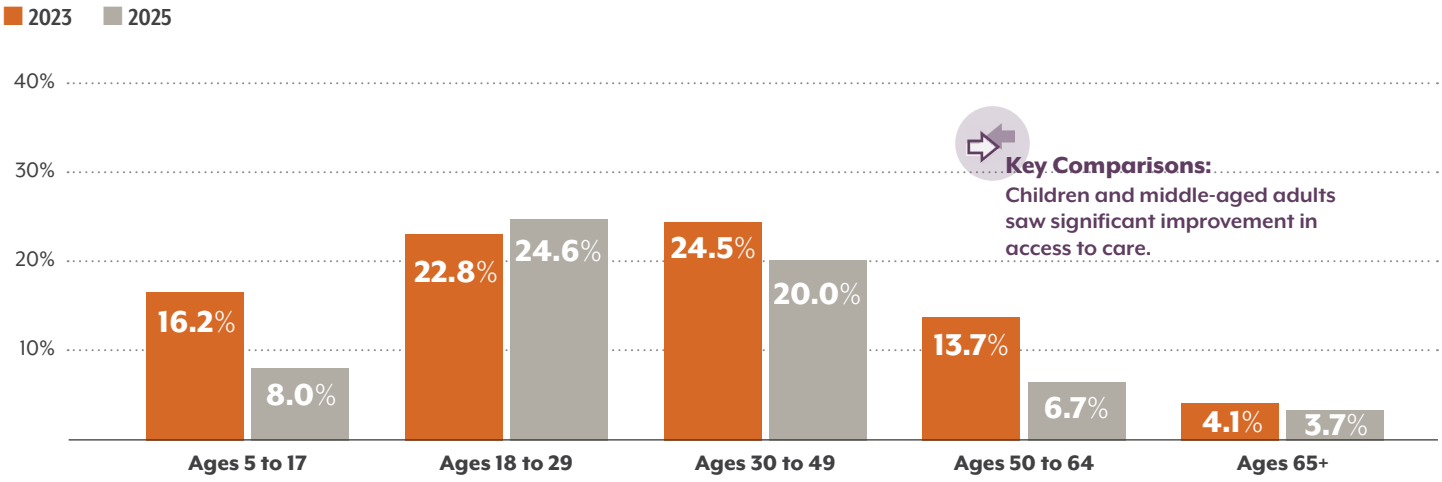
**Population:** Coloradans 5 and older. **Years:** 2013 to 2025.




## Mental health care access problems dropped by half for kids and middle-aged adults.

**Topic:** Coloradans who reported they didn't get needed mental health care in the past year.

**Population:** Coloradans 5 and older, by age group. **Years:** 2023 to 2025.




## It is now common for Coloradans to talk to a medical professional about mental health.

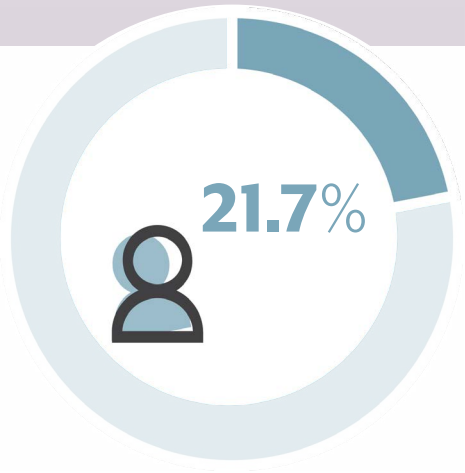
**33.1%**

**1.8 million Coloradans** talked to a health care or mental health provider about mental health in 2025.

**Over a 50% increase from 2017 (1.1 million)** to 2025 in the number of people who have talked about mental health with a provider.

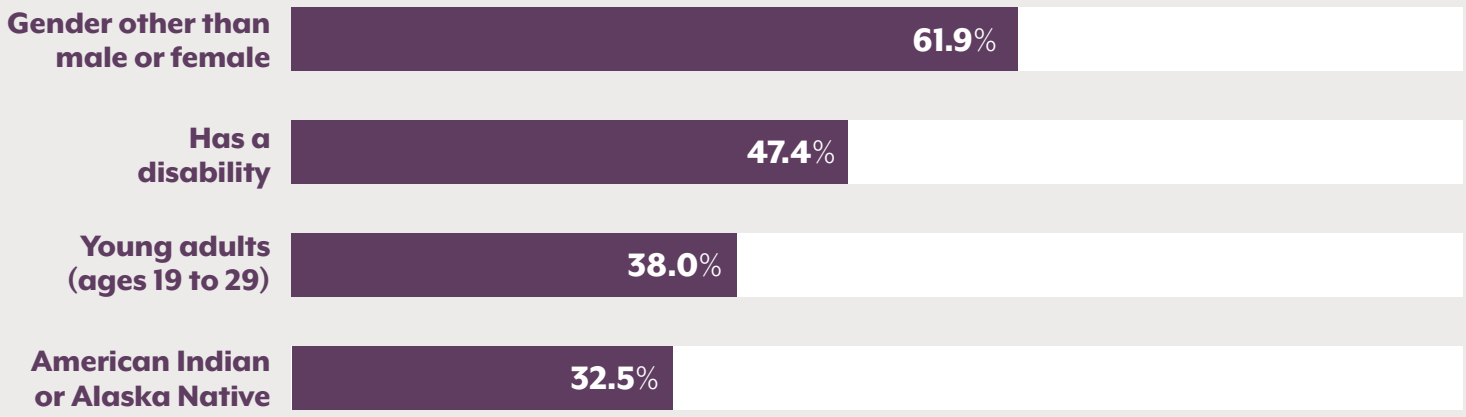
**NEW: CHAS Social Isolation and Connection Questions**
Loneliness is a composite measure based on answers to three questions addressing relational connectedness, social connectedness, and self-perceived isolation.

# More than 1 in 5 Coloradans are lonely.



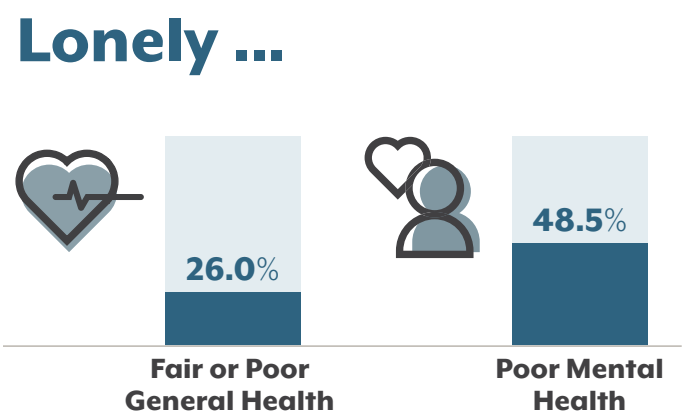

## Loneliness is more common among people with diverse gender identities, those with disabilities, young adults, and American Indian or Alaska Native Coloradans.

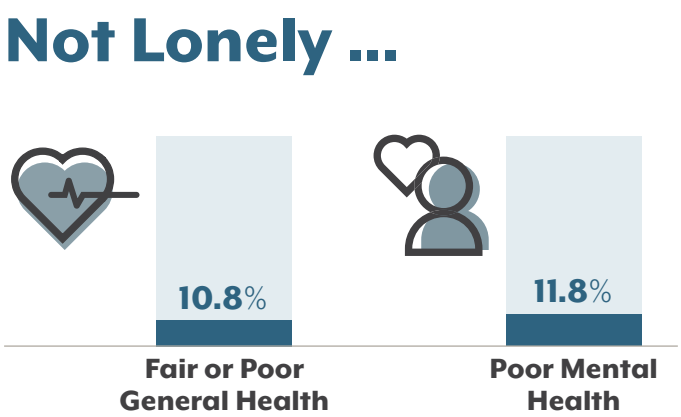
**Topic:** Percentage of select groups reporting loneliness. **Population:** All Coloradans, by select demographics. **Year:** 2025.




## Loneliness is linked to poor physical and mental health.

**Topic:** Percentage of select groups reporting poor general or mental health. **Population:** All Coloradans, by loneliness status. **Year:** 2025.



## A Note on Demographics

Beginning with this survey, CHI has changed the way we report demographics to better reflect people's multiple racial and ethnic identities. In 2025, CHI analyzed the data using non-mutually exclusive groups, meaning that a person who said they belonged to multiple racial/ethnic groups is shown in each of those groups. This means that some 2025 data reported by race and ethnicity may not be directly comparable to data in previous CHAS reports. If you are unsure how to interpret or trend data by race/ethnicity or if you need data that is directly comparable to previous CHAS data you have used, please contact CHI.

## A Note on Trends

Following a review of statistical methodologies in November 2025, a slight change was made to population weights used in the CHAS. This change impacts estimates from the 2021 and 2023 surveys. Many estimates are unchanged, and those that changed usually differ by only a fraction of a percentage point. As a result, some past estimates listed in this and other publications developed in 2025 onward may vary slightly from previously published estimates, though these changes do not impact conclusions you might draw from the data (e.g. the 2021 statewide uninsured rate is now published as 6.7% rather than 6.6%). If you have questions or would like to confirm the accuracy of data published in 2021 or 2023, please contact the CHI CHAS team.
**chas@coloradohealthinstitute.org**

## Health Disparities

The CHAS highlights many disparities in Coloradans' health. Read CHI's Statement on Health Disparities:
**colo.health/3S78wgC**

CHAS data are available in a number of formats to make them as useful as possible. Find data and a library of analyses at **colo.health/CHAS25**

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