COLORADO HEALTH ACCESS SURVEY

65 and Older Not All the Same:

Latino Aging in Colorado

APRIL 2017

Amid the ongoing surge in Colorado's senior population, one group stands out: Latinos.

The number of Latinos aged 65 and older is projected to increase 217 percent by 2040, from 78,900 in 2016 to 250,420. At that point, they will make up nearly 17 percent of Colorado's seniors compared with about 10.6 percent today. ^{1,2}

This rapid population growth will have sweeping implications, particularly when it comes to health. The data show that older Latinos tend to report worse health than non-Latinos. Understanding the drivers of poor health among this growing population is critical to support their healthy aging.

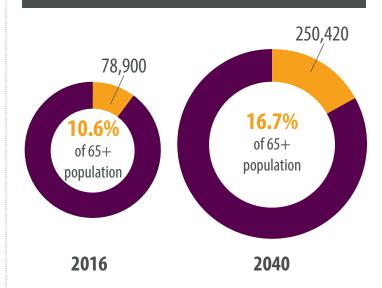
CHI's analysis of data from the Colorado Health Access Survey found that older Latinos were more likely than other seniors to:

- Report barriers to receiving health care, including access to providers and transportation;
- Put off needed health care because it cost too much; and,
- Have fewer preventive care visits and more trips to the emergency department.

Colorado is taking steps to address these factors and improve the health of older Latinos.

The Latino Age Wave, a Denver-based group that supports older Latinos, is pioneering an initiative to foster locally driven solutions to issues such as health access. And at the state level, Colorado has charged a legislatively appointed commission, the Strategic Action Planning Group on Aging, with making recommendations for strategies to accommodate Colorado's growing — and increasingly diverse — senior population.





Source: Colorado State Demography Office

This publication continues CHI's analyses of the experience of older adults in Colorado. It explores the unique needs of Latinos ages 65 and over in Colorado and spotlights some local initiatives that could help Latinos age more healthfully.

Latino Seniors Falling Behind in Health

Colorado's Latino seniors report worse health than non-Latino seniors, according to data from the 2015 Colorado Health Access Survey (CHAS). One of three Latinos ages 65+ (34 percent) rates their health as fair or poor, the two lowest options, nearly double the rate (18.2 percent) of non-Latinos.³

Several chronic conditions are contributing to this poor health.⁴ More than 40 percent of Latino seniors say they have diabetes compared with 14 percent of non-Latino seniors. Nearly 60 percent of Latino seniors say they have high blood pressure, compared with 52 percent of non-Latino seniors.

Lack of health insurance is often linked to poor health status and outcomes, but in the case of older Latinos, there's a different story behind health disparities.

Nearly all seniors have health insurance, regardless of race or ethnicity, through the federal Medicare program, which kicks in for most at age 65.5 On the 2015 CHAS, almost all of Latino seniors reported having insurance. This suggests that other factors are driving differences in health outcomes. CHAS data reveal that access to care, affordability and patterns in the use of health care among older Latinos may be at the root of these differences.

Poor Access to Care, Not Insurance, is One Culprit Behind Health Disparities

Access to care among Latino seniors is different than among non-Latinos. The percentage of older Latinos who face barriers to receiving care is nearly three times the rate of non-Latinos.

About 29 percent reported they were unable to get an appointment with a health care provider as soon as they needed one compared with 11 percent of non-Latinos.

These disparities may stem, in part, from an unfamiliarity with aspects of the health system.

About 68 percent of Latino seniors say they don't know which services are available in their community, more than 10 percentage points higher than the non-Latino population.⁶

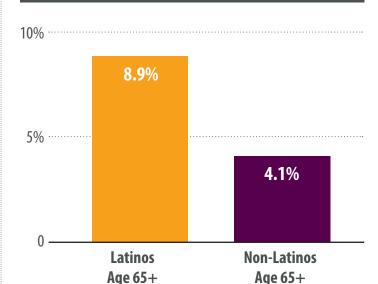
Similarly, nearly half of Latino seniors say they lack adequate information about public insurance programs such as Medicare or Medicaid compared with 40 percent of non-Latinos.⁷

While many organizations provide information and referral resources to seniors, ensuring that the information is delivered in culturally relevant,

Figure 2.

You were unable to find transportation to the doctor's

office or the doctor's office was too far away



Source: 2015 Colorado Health Access Survey

understandable methods can help Colorado's Latino seniors connect with needed resources.

Access to transportation is another barrier more prominent among older Latinos. Nearly one of 10 Latino seniors say they were unable to receive care because they couldn't find transportation to the doctor's office or it was too far away. That's more than double the percentage of non-Latinos who reported the same problem.⁸

Cost Concerns Impede Access to Care for Latino Seniors

Only 15 percent of Latinos over the age of 65 say they feel well protected when it comes to paying for their health care needs. For many, this results in putting off needed care.

Latino seniors reported not getting needed care because of cost at much higher rates than non-Latino older adults in Colorado. The most dramatic discrepancy is specialty care: 15 percent of Latino seniors skipped needed specialist care due to cost compared with 3.8 percent of non-Latinos. These barriers to accessing care can cause Latino seniors to postpone treatment until an emergency arises.

The largest percentage of Latino seniors skipped needed dental care due to cost (19 percent). This trend is similar among non-Latinos, but just 12.5 percent passed up a necessary trip to a dental provider.

Table 1.
Older Coloradans Who Didn't Get Care Due to Cost

	Latinos Aged 65+	Non-Latinos Aged 65+
Did not fill a prescription for medication due to cost	12.4%	6.4%
Did not get doctor care that you needed due to cost	10.1%	4.5%
Did not get specialist care that you needed due to cost	15.0%	3.8%
Did not get dental care that you needed due to cost	19.1%	12.5%
Had problems paying or were unable to pay any of your/ your family's medical bills	14.4%	6.6%

Source: 2015 Colorado Health Access Survey

Barriers to Care Drive Different Patterns in Use

Familiarity with providers, transportation and cost influence how often older Latinos seek care and where they receive services.

Latino seniors are more likely to go to an emergency department to receive care than non-Latino seniors. Twenty percent of older Latinos reported receiving care at an emergency department in the past 12 months compared with 15 percent of non-Latinos. 9 Nearly one in 10 (nine percent) consider the hospital emergency room to be their usual source of care — the place they typically go when they get sick.

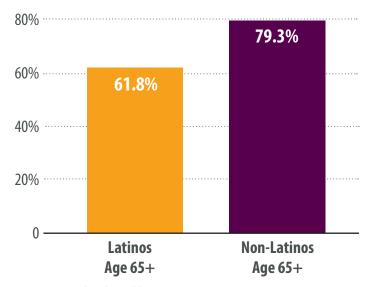
Among those who turned to an emergency department for care, Latinos were nearly twice as likely to say it was for a condition that could have been treated by a regular doctor — 46.3 percent compared with 25.9 percent of non-Latino seniors, according to the CHAS. ¹⁰

Improving access to preventive care could drive down rates of unnecessary emergency department use. More than one third of Latino seniors report not receiving a preventive care visit in the past year, nearly a 20-point difference from the non-Latino elderly population (62 percent compared with 79 percent).¹¹

Still, most older Latinos report having a usual source of care. Working with clinics to provide information to patients about the value of regular preventive care — especially in areas with many older Latinos — could help increase preventive check-ups and decrease costly emergency room visits.

Figure 3.

Had a visit for a check-up, physical examination or other preventive care in the past 12 months



Source: 2015 Colorado Health Access Survey

Growing Old in Colorado: Creating a Supportive Community for all Seniors

Understanding the unique and disproportionate challenges that older Latinos face as they age can inform state and local initiatives aimed at supporting this population. By shedding light on the health, access and care for Latino seniors, the data illuminate opportunities to create an environment that facilitates healthy aging.

State Initiative: Colorado Leaders Identify Strategies for Supporting Older Adults

Colorado policymakers are tackling some of these issues, looking holistically at the aging population and identifying strategies for meeting common and diverse needs.

The Strategic Action Planning Group on Aging,* created by 2015 legislation, delivered policy recommendations to the governor in November 2016 that included nine overarching goals and 82 proposed steps for supporting all of Colorado's older adults. These priorities ranged from creating a permanent office for coordinating Colorado's aging initiatives to bolstering the ability of Coloradans to save for retirement. One overarching goal

^{*} The Colorado Health Institute was retained to provide research and analysis support for the Strategic Action Planning Group on Aging.

SPOTLIGHT

Looking Local: Aging in Montbello

Denver's Montbello neighborhood is a test site for new ideas about how to leverage the community's strengths to meet the health needs of Latino seniors.

The Latino Age Wave — a Denver-based group focused on supporting Latino seniors — is spearheading a project called the Coordinated Care Network, which is funded by the Rose Community Foundation and the Colorado Health Foundation. Simply put, the project aims to illuminate the experiences of older Latinos in the community while building leadership to strengthen supports for the aging population.

CHI interviewed staff of the Latino Age Wave for this report to learn about a local perspective on the opportunities for advancing health and health access among the aging Latino community.

The organization settled on Montebello — located in northeast Denver, 10 miles south of Denver International Airport — because of the high concentration of Latino families, strong grassroots interest and the need for efforts to improve senior health.

The project is in its early stages. A promotora — someone who works as a health adviser and educator in their community — kicked off the planning process in 2016, working within Montbello to better understand the biggest roadblocks to obtaining care for aging family members.

This work brought several issues to the forefront, including transportation and access to care, which have proven to be the most challenging

to address. The next step will be working with community members to identify homegrown solutions.

Metro Denver has several senior transportation programs, but options are few in Montbello. The pool of volunteer drivers living in the community is limited due to a relatively low number with driver's licenses.

Finding the right clinic can also be a challenge. Latino seniors may be turned off by long wait times or fear that they'll be turned away because of their immigration status. During the Coordinated Care Network planning process, the *promotora* heard from several Montbello families who said they struggle to find a nearby clinic where they feel comfortable.

Many said they like the Stout Street Clinic, operated by the Colorado Coalition for the Homeless. But it is a 30-minute drive for most Montbello residents.

The Coordinated Care Network demonstration project will ask 100 multigenerational Latino families and many service providers in Montbello for their ideas about how to bridge gaps in access to care. The project team hopes to improve programs and services that are already in place, with an eye toward preventive care.

The goal is to use a family-centered approach that considers the role of each family member during health care discussions and decision-making. Looking ahead, the network will leverage the strengths of the Latino community to support families and seniors throughout the aging process.

centered on implementing local plans for communities.

Another legislatively appointed statewide group — the Respite Care Task Force — released recommendations for respite care — temporary relief for caregivers — in January 2016. The legislature appropriated \$900,000 in 2016 to implement the recommendations, which include expanding respite services statewide and a study of the return on investment of respite care.

While these did not single out the Latino community, they are particularly pertinent for this group because caring for family is a cultural norm among Latinos. One of four Latino seniors living at home reports receiving assistance from a friend or family member almost every day, almost 10 percentage points higher than the 16 percent rate among non-Latinos.

Fndnotes

- 1 U.S. Census Bureau, 2010 Census (downloaded from Demography office)
- 2 Colorado State Demography Office. Accessed August 2016. https://demography.dola.colorado.gov/population/ data/race-forecast-regions/
- 3 Colorado Health Institute. Colorado Health Access Survey. 2015.
- 4 Colorado Department of Public Health and Environment. Colorado Behavioral Risk Factor Surveillance System. 2015.
- Colorado Health Institute analysis of the Colorado Health Access Survey. 2015
- 6 State of Colorado. Community Assessment Survey of Older Adults, 2010.

- 7 CASOA
- 8 Colorado Health Institute analysis of the Colorado Health Access Survey. 2015.
- 9 Ibid.

10 lbid.

- 11 Ibid.
- 12 https://www.colorado.gov/pacific/agingstrategy
- 13 Colorado Respite Care Task Force. Report to the General Assembly. 2016. Available at: https://drive.google.com/ file/d/0B6jLab7wPgJtZlNgTGJZdmNnLUplcjk1SkhYQmd0M VVmMHhr/view

About the Colorado Health Access Survey

The CHAS is the premier source of information on health insurance coverage, access to health care and use of health services in Colorado. Every other year more than 10,000 households in the state complete the telephone interview — administered in both English and Spanish — which first fielded in 2009. For the 2015 survey, 10,136 interviews were completed on both cell phones and landlines between March 2 and June 26. Visit www.coloradohealthinstitute.org for more analyses, data and information about the survey.

CHAS Analysis:

http://www.coloradohealthinstitute.org/key-issues/detail/ health-coverage-and-the-uninsured/colorado-health-access-survey-1

CHAS Data:

coloradohealthinstitute.org/data-repository/category/ colorado-health-access-survey





The CHAS is fielded, analyzed and managed by the **Colorado Health Institute**.

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