



Flashpoints and Fixes

An Asset and Gap Analysis of
Barriers to Care for Coloradans
with High Health Needs



EXECUTIVE SUMMARY • APRIL 6, 2015

Prepared by the Colorado Health Institute
for the Colorado Health Access Fund of The Denver Foundation

Dear Colorado Community,

The Colorado Health Access Fund was created by a donor to The Denver Foundation with a commitment to Coloradans with high health care needs. This commitment led to the development of a Field of Interest Fund designed to invest statewide to increase access to health care for those with high health care needs by being responsive to the local climate and looking for long-term solutions.

Before launching the Colorado Health Access Fund at The Denver Foundation, we took the time to understand the unique health care needs within various regions throughout our state. We respect the good work already being done, and we are committed to having a meaningful impact. To design our funding model, we asked the Colorado Health Institute to collect data, building on existing community health assessments and filling in the gaps with additional data, both numbers and stories, to understand the climate of health in Colorado. This comprehensive approach gave us a full understanding of the needs right now. While the Colorado Health Access Fund advisory committee determined that it will focus on the issue of behavioral health care, we hope that this report will provide information that will help many in the community to identify gaps and opportunities in health care funding.

We know that the health care landscape will continue to change. We are also committed to maintaining the relevance of the fund. This will require ongoing evaluation of the health care climate and evaluation of grantees that are directly impacted through the Colorado Health Access Fund.

Currently, there is a substantial investment in health care across Colorado, and this fund is one of many sources committed to improving health and increasing access to care for Coloradans. We will work with funding partners to ensure that we are aware of and supporting one another's efforts. We are committed to continuing these conversations in the years to come. Together, we can explore how to collectively sustain the efforts of this work to ensure it has a long-lasting impact.

This report will help to inform the impressive work that is already occurring and the work yet to be completed. As we continue to invest in communities, we will report back on our acquired knowledge. We look forward to learning from the communities and our partners as well.

Sincerely,



David Miller
President and CEO
The Denver Foundation



Monica Buhlig
Director, Basic Human Needs
The Denver Foundation



Michele Lueck
President and CEO
Colorado Health Institute



Introduction

It is a time of rapid change for health and health care in Colorado, with hundreds of thousands of Coloradans gaining health insurance. But much work remains to be done.

Many Coloradans still lack insurance and may for years to come. Even those with insurance, especially the newly insured and those covered by public insurance programs, are encountering obstacles when they attempt to use their insurance cards to get health care.

The Colorado Health Access Fund at The Denver Foundation is a Field of Interest Fund created to improve the state of health and health care for those with high health care needs in Colorado. A Field of Interest Fund is separate from The Denver Foundation's community grantmaking and has specific criteria designed for the use of the funds based upon the original intent of the fund's creators.

The Colorado Health Institute was engaged to study the issue of access to care and to identify opportunities for The Denver Foundation's Colorado Health Access Fund to intervene in a meaningful way. This report presents a suggested grantmaking framework.

The analysis addresses the four focus areas of the Colorado Health Access Fund:

- *Educating those with high health needs as well as their families and caregivers*
- *Transitions in care*
- *Innovations in care delivery*
- *Improving access to care, particularly in rural communities*

To prepare this report, the Colorado Health Institute analyzed a range of quantitative data, relying especially on the Colorado Health Access Survey (CHAS), the

most comprehensive look at the health of Coloradans. We used existing community health analyses, such as the health priorities identified by local public health agencies through Colorado's Public Health Improvement Plan. We conducted a series of key informant interviews with health experts around the state. And we convened nine regional community dialogues to solicit insight on the greatest needs and the best opportunities for change at a local level.

The Colorado Health Institute proposes a theory of change that focuses on six "flashpoints" where Coloradans with high health care needs most often experience barriers when they attempt to access health care (See page 8). Our research suggests focusing on these flashpoints when considering grant proposals.

The central principle of the change theory is that by improving these flashpoints – market by market, for both individuals and families – we will be improving overall health and well-being. Investing in the best mix of flashpoints will accelerate improvement in specific markets and for specific populations.

Flashpoint 1: Uninsured

Insurance coverage is, in general, a necessary first step to accessing health care for most Coloradans. But even with a significant increase in the number of insured resulting from the Affordable Care Act and other health reforms, many Coloradans will remain uninsured, often for the long term.

Funding opportunity: Address the high barriers to coverage faced by the uninsured. Support efforts that increase awareness of low-cost health insurance options; mitigate the effects of churning on and off of insurance; and increase the quantity and quality of safety net care.

Flashpoint 2: Underinsured

Merely having insurance often is not enough. It must be sufficient to cover health needs and it must be accepted by nearby providers. Many newly insured Coloradans have enrolled in the lowest-cost bronze level plans through the marketplace and may find themselves unexpectedly underinsured. Others are covered by Medicaid and may have problems finding providers who accept their coverage.

Funding opportunity: Address the health and financial consequences faced by the underinsured. Support efforts that increase awareness of the pros and cons of enrolling in various metal levels. Build health literacy about plan benefits, cost sharing and how to best use coverage to access needed medical care.

Thoughts from the Field

"In small communities, when you're used to working with nothing, it's amazing what we can do with something."

Participant in Alamosa dialogue

Flashpoint 3: Inadequate Primary Care

Primary care is often the first stop for Coloradans attempting to access health care. And for many people, it is not easy to find a primary care provider to accept their insurance or make an appointment. The shortage of primary care providers in many areas of the state is one of the biggest hurdles. High costs, lack of transportation and cultural or linguistic issues also present barriers.

Behavioral health services are increasingly considered part of primary care. Many Coloradans face barriers in obtaining the behavioral health services they need because of a shortage of psychiatrists and other behavioral health providers, concerns about cost, lacking coverage and stigma surrounding mental health care.

Funding opportunity: Increase the availability and accessibility of primary care. Support efforts that integrate primary care and behavioral health care; improve the cultural competence of primary care providers; promote innovative approaches to expanding the primary care workforce; and reduce the stigma surrounding behavioral health care.

Flashpoint 4: Inadequate Specialty Care

Coloradans frequently encounter obstacles when they need to see a specialist. This is especially true for the uninsured, the underinsured or those covered by public insurance. The lack of necessary specialty care has long been a problem in Colorado, and it appears that it may become more acute. Some of the challenges include attracting and retaining specialists in rural communities, payment and contracting with insurers and lack of transportation to specialists.

Funding opportunity: Increase the availability and accessibility of specialty care. Support efforts that further the use of telehealth and other innovative technologies that connect people in remote areas to specialists as well as provide needed transportation and self-care education for patients in remote areas.

Flashpoint 5: Inadequate Community-Based Services

Colorado has significant gaps in support for people transitioning from health care providers, including hospitals, into home and community-based programs.

Funding opportunity: Increase the availability and effectiveness of community-based services. Support efforts that empower Coloradans who are transitioning from hospitals or care facilities to their homes or communities with knowledge and supportive services. Increase the community, home and transportation infrastructures and focus on non-medical areas such as housing and transportation.

Flashpoint 6: Inadequate Prevention and Wellness Services

Colorado has a number of areas that must improve in order to support the prevention, wellness and self-care programs that we now know can make such a difference in health and quality of life.

Funding opportunity: Increase the availability and effectiveness of prevention and wellness initiatives. Support efforts that work upstream to keep Coloradans healthy. Promote partnerships with community organizations such as churches and local health departments. Increase knowledge of chronic disease self-management. Implement curricula in high schools and community centers to recognize signs of behavioral health issues.

Analyzing the Data

The report shows geographic disparities in coverage and access to care. These disparities are summarized in Table 1 on pages 6 and 7, which shows regional performance on seven access to care barriers measured by the CHAS.

Red boxes denote regions that are far below the state average. Yellow boxes indicate regions that are at or near the average. And green boxes are for regions that are much better than the state average. The table includes public health priorities identified by local public health agencies.

Often, access to care for Coloradans with high needs is associated with the economic conditions of an area. Many economically depressed areas also have a relatively high percentage of residents reporting poor health and barriers to care, as illustrated by rows with multiple red cells in Table 1. These areas include the southeastern plains, Pueblo County and Arapahoe County.

We also asked local experts to help interpret the data. While the San Luis Valley reports low rates of people who did not get needed mental health care, local experts told us the seemingly positive data actually reflects the stigma surrounding mental health issues in rural areas. They believe the rate is much higher.

Where to find more information

- The full Flashpoints and Fixes report is available here: <http://denverfoundation.org/community/page/colorado-health-access-fund>
- The Request for Proposals is available at <http://denverfoundation.org>
- For questions related to the data or the report, contact Jeff Bontrager at the Colorado Health Institute, 720-382-7093 or bontragerj@coloradohealthinstitute.org.
- Questions about the Fund should be addressed to Monica Buhlig, 303-996-6492 or mbuhlig@denverfoundation.org.

Conclusion

This is the recommended grantmaking strategy for the Colorado Health Access Fund:

1. **Find the Focus. Create a targeted grantmaking road map.**
2. **Support the Legacy. Pay tribute to the original and intended use of these funds.**
3. **Partner Regionally. Design a platform that encourages communities to collaborate in order to leverage the funding.**
4. **Maintain Momentum. Build on innovations and investments already in place, and develop strategies for sustainability.**

Colorado is a diverse state. Its people share some common health needs, but other needs vary by region. Demands on care will continue to grow as more people gain insurance, the senior tsunami builds and the state population climbs.

A targeted grantmaking strategy, framed around the six flashpoints and guided by the strategic principles above, can make a positive change for thousands of Coloradans, including those with high health care needs.

Table 1. Health Hotspots

■ Better than state average ■ At or around state average ■ Worse than state average

Region Colorado Health Statistics Regions	FLASHPOINT 1	FLASHPOINT 2	FLASHPOINT 3	FLASHPOINT 3	FLASHPOINT 3	FLASHPOINT 4	FLASHPOINT 4	FLASHPOINT 5
	Uninsured	Under-insured	Could not get in to see doctor	Did not see a doctor due to cost	Did not get mental health care	Did not see a specialist due to cost	Did not get care due to transport	Aging (Growth in 65+ pop by 2020)
1 Logan, Sedgwick, Phillips, Morgan, Washington, Yuma	15.3%	22.7%	13.9%	13.4%	8.0%	14.5%	6.1%	12.2%
2 Larimer	15.1%	12.9%	14.0%	7.6%	7.4%	8.8%	3.2%	32.6%
3 Douglas	5.4%	14.7%	10.5%	5.2%	4.7%	5.1%	1.0%	49.3%
4 El Paso	13.1%	12.0%	14.8%	9.8%	7.8%	11.3%	5.9%	31.4%
5 Elbert, Lincoln, Kit Carson, Cheyenne	9.3%	20.8%	11.2%	6.9%	9.0%	10.1%	2.7%	37.1%
6 Crowley, Kiowa, Otero, Bent, Baca, Prowers, Huerfano, Las Animas	16.7%	20.4%	14.1%	10.9%	7.2%	11.7%	4.7%	16.0%
7 Pueblo	10.9%	13.1%	16.7%	15.3%	7.0%	14.4%	3.3%	26.5%
8 Saguache, Mineral, Rio Grande, Alamosa, Conejos, Costilla	16.8%	14.7%	19.3%	9.4%	3.9%	7.9%	6.2%	22.3%
9 Dolores, San Juan, La Plata, Montezuma, Archuleta	15.2%	20.9%	15.2%	11.7%	6.3%	12.6%	4.8%	36.3%
10 Delta, Gunnison, Montrose, San Miguel, Ouray, Hinsdale	22.7%	10.7%	15.5%	15.6%	7.9%	11.5%	5.2%	21.7%
11 Moffat, Routt, Jackson, Rio Blanco	24.8%	12.5%	16.1%	14.8%	5.4%	9.3%	2.4%	33.9%
12 Garfield, Eagle, Grand, Summit, Pitkin	19.4%	13.0%	15.6%	9.2%	5.6%	14.8%	3.7%	51.1%
13 Lake, Chaffee, Fremont, Custer	12.8%	15.5%	18.0%	12.8%	8.4%	14.9%	5.4%	21.9%
14 Adams	15.3%	16.3%	13.4%	16.3%	12.4%	14.5%	5.4%	34.9%
15 Arapahoe	16.9%	12.3%	18.4%	13.3%	7.2%	13.7%	4.5%	35.5%
16 Boulder, Broomfield	11.8%	12.3%	12.5%	12.9%	7.7%	9.1%	1.2%	37.3%
17 Gilpin, Clear Creek, Park, Teller	13.8%	16.8%	15.9%	13.5%	16.9%	14.3%	9.2%	40.7%
18 Weld	9.3%	13.1%	22.0%	16.6%	1.2%	11.4%	4.2%	38.0%
19 Mesa	18.5%	15.6%	10.3%	13.7%	7.5%	11.3%	2.9%	29.9%
20 Denver	18.4%	11.1%	16.0%	14.1%	8.9%	13.4%	7.6%	24.4%
21 Jefferson	11.6%	17.2%	12.9%	12.5%	9.6%	12.5%	2.2%	32.1%
Colorado average	14.3%	13.9%	15.0%	12.3%	7.8%	11.9%	4.4%	32.3%

Table 1 (continued). Health Hotspots

■ Better than state average ■ At or around state average ■ Worse than state average

Region Colorado Health Statistics Regions	FLASHPOINT 6 SOCIAL DETERMINANTS OF HEALTH				Local Public Health Priorities
	Obesity	Fair-poor health status	Percent jobless (2013)	At or below 100% FPL	
1 Logan, Sedgwick, Phillips, Morgan, Washington, Yuma	27.3%	12.9%	5.4%	25.8%	Physical Activity, Nutrition, Healthy Weight
2 Larimer	17.5%	10.7%	5.4%	26.3%	Mental Health, Raising Healthy Kids
3 Douglas	17.2%	7.9%	5.4%	17.4%	Mental Health
4 El Paso	23.6%	11.3%	8.0%	22.9%	Obesity
5 Elbert, Lincoln, Kit Carson, Cheyenne	24.9%	10.0%	5.2%	21.6%	Substance Use, Obesity, Oral Health, Unintended Pregnancy, Teen Sexual Health, Chronic or Heart disease, Mental Health, Tobacco
6 Crowley, Kiowa, Otero, Bent, Baca, Prowers, Huerfano, Las Animas	28.9%	18.7%	8.2%	32.1%	Obesity, Chronic or Heart Disease, Unintended Pregnancy, Access to Care, Substance Use
7 Pueblo	29.7%	21.4%	9.6%	25.4%	Obesity, Unintended Pregnancy
8 Saguache, Mineral, Rio Grande, Alamosa, Conejos, Costilla	24.3%	15.3%	9.1%	35.3%	Clean Air & Water, Mental Health, Substance Use, Obesity, Safe Food, Capacity Building, Access to Care, Chronic or Heart Disease, Tobacco
9 Dolores, San Juan, La Plata, Montezuma, Archuleta	16.9%	18.0%	6.4%	25.2%	Obesity, Access to Care
10 Delta, Gunnison, Montrose, San Miguel, Ouray, Hinsdale	18.4%	16.0%	7.6%	23.0%	Clean Water, Obesity, Mental Health, Substance Use, Safe Food
11 Moffat, Routt, Jackson, Rio Blanco	18.5%	17.1%	5.8%	24.0%	Oral Health, Injury Prevention, Mental Health, Clean Air, Clean Water, Substance Use, Unintended Pregnancy
12 Garfield, Eagle, Grand, Summit, Pitkin	10.8%	12.4%	6.5%	20.5%	Mental Health, Substance Use, Obesity, Access to Care, Chronic or Heart Disease, Older Adults, Clean Air, Maternal/Child Health
13 Lake, Chaffee, Fremont, Custer	24.5%	15.1%	8.1%	24.8%	Obesity, Oral Health, Mental Health, Substance Use, Unintended Pregnancy, Clean Air, Clean Water, Safe Food, Access to Care
14 Adams	27.0%	16.6%	7.5%	24.8%	Mental Health
15 Arapahoe	22.4%	12.9%	6.5%	25.8%	Mental Health
16 Boulder, Broomfield	13.9%	8.0%	5.4%	21.3%	Mental Health, Substance Use, Obesity
17 Gilpin, Clear Creek, Park, Teller	19.4%	18.7%	6.9%	15.9%	Disease Prevention, Injury Prevention, Mental Health, Substance Use, Obesity, Access to Care, Chronic or Heart Disease, Transportation
18 Weld	31.2%	12.4%	7.1%	23.7%	Mental Health, Substance Use, Obesity
19 Mesa	24.3%	17.5%	8.1%	22.8%	Mental Health, Obesity, Unintended Pregnancy
20 Denver	19.8%	13.1%	7.0%	29.6%	Mental Health, Obesity, Access to Care, Healthy Living
21 Jefferson	17.5%	13.8%	6.3%	20.2%	Obesity
Colorado Average	21.3%	13.1%	6.8%	24.0%	

Figure 1.

Theory of Change: The Path to Better Health

