The Colorado Health Access Survey (CHAS) finds that people who speak Spanish at home are more likely than the state’s non-Spanish speakers to report poor physical and oral health. There is little difference between the two groups, however, when it comes to mental health.

Worse health among those who speak Spanish at home — the survey’s definition of Spanish speakers — may reflect greater barriers to health care. For example, Spanish speakers are significantly more likely to report not having a usual source of care and not receiving preventive medical care.

Spanish speakers make up about 12 percent of Colorado’s population, up from 11 percent in 2009.

**Setting the Stage: Colorado’s Spanish Speakers**

Most Spanish-speaking Coloradans are Hispanic, but 12 percent are not. National reports suggest that non-Hispanic Spanish speakers may be people living in homes with Spanish speakers or non-Hispanics who grew up in countries where the predominant language is Spanish.

**Hispanics and Spanish Speakers**

Health care data comparing Spanish-speaking Coloradans with non-Spanish-speaking Coloradans mirrors the data for Hispanics and non-Hispanics.

Hispanics are significantly more likely to report poor physical and oral health than non-Hispanics.

And more Hispanics report lacking preventive medical care and transportation to the doctor than non-Hispanics.

*All of the numbers in this paper are for the under-65 population, which usually is not eligible for Medicare.*
The most striking difference is in education. One of three (31 percent) Spanish speakers has not completed high school, compared with just five percent of non-Spanish speakers.

What the CHAS Tells Us

Nearly one of five Spanish speakers (19 percent) reports fair or poor physical health — the two lowest options — compared with 11 percent of non-Spanish speakers. However, the word “fair” may be interpreted differently in Spanish and English, potentially impacting this reported difference.

About 31 percent of Spanish speakers report that their oral health is fair or poor, double the rate of non-Spanish speakers (15 percent).

But mental health is a different story. There is only a marginal difference between the two groups in those reporting at least eight poor mental health days in the past 30 days, and the difference is not statistically significant.

The CHAS tells us that Spanish speakers face more barriers to accessing care than non-Spanish speakers, which most likely contributes to health disparities.

About 25 percent of Spanish speakers report not having a usual source of care compared with 17 percent of non-Spanish speakers. More than half (57 percent) of Spanish speakers did not have a preventive care visit in the last 12 months compared with 37 percent of those who do not speak Spanish.

And Spanish speakers are almost twice as likely as non-Spanish speakers to report that they don’t have transportation to the doctor’s office.

Still, the CHAS reports similar findings for Colorado’s Spanish speakers and non-Spanish speakers in several areas: not being able to get an appointment when it is needed; insurance not being accepted by a clinic; a clinic not accepting new patients; and not being able to miss work to get care.

Comparing CHAS Data with National Findings

A 2008 national study that compared Spanish-speaking and English-speaking Hispanics found that Spanish-speaking Hispanics were significantly more likely to report fair or poor physical health than those who speak English, even after adjusting for age, gender and education.

The study also found that Spanish-speaking Hispanics have less access to care.¹

These results mirror those of the CHAS, although the
CHAS uses a broader definition of Spanish speakers and non-Spanish speakers.

Another national survey found, much as the CHAS did, that Hispanics were slightly less likely to report any mental illness than the general adult population.\(^2\) Reluctance to talk about mental health may result in underreporting by survey respondents. In addition, many Hispanics often mistake depression for temporary conditions such as nervousness or fatigue, according to the American Psychiatric Association.\(^3\)

One study that looked more in depth at the Hispanic population found that those proficient in English had higher rates of mental disorders than those who are less proficient.\(^4\) Some experts believe that English proficiency may lead to more stressful jobs.

**Conclusion**

The CHAS establishes a link between language and health. Spanish-speaking Coloradans are more likely than non-Spanish speakers to report fair or poor health. They also face higher barriers to care in several areas.

**Endnotes**


CHAS Analysis and CHAS Data can be found by clicking the buttons at the top right of the CHI home page: [coloradohealthinstitute.org](http://coloradohealthinstitute.org)

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